

Vandalia Health Network – AWV Dashboard Tips

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1. AWV Dashboard Overview

This Annual Wellness Visit dashboard is a Tableau dashboard created in Oracle Health Data Intelligence (formerly Cerner HealtheAnalytics). It was designed to provide an overview of attributed patients and their status with past and future annual wellness visits.

2. About Security

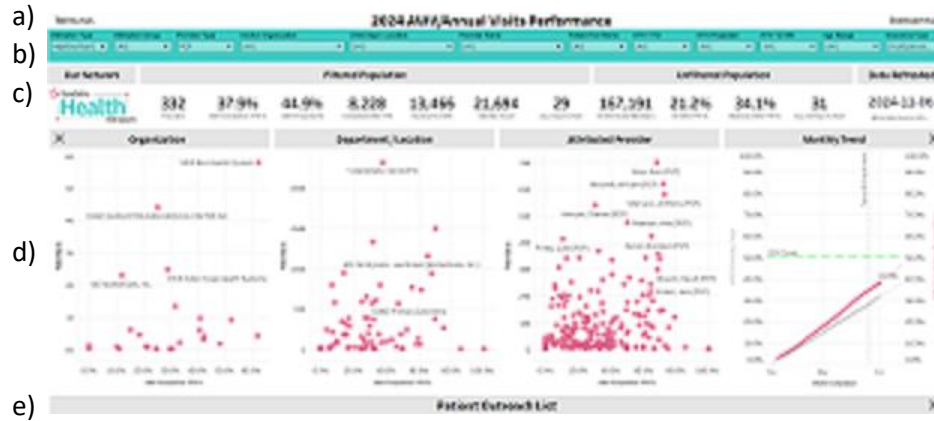
This dashboard includes organization or “row-level” security to limit the available organizations and patients to only those applicable to the current user. The visible organizations are determined by the user’s configuration in the personnel configuration tool, which is maintained by the VHN Population Health IT team. If any changes are needed, please request those changes with your VHN contact. If any critical errors or omissions are found, please create a high priority incident with the Vandalia Health Help Desk at (304) 388-HELP.

3. Using Tableau

Tableau is a data visualization software application that was designed to help people and organizations view and manage data and share insights. Tableau is embedded into Oracle Health Data Intelligence, and many of the dashboards and reports were created with it, including this dashboard. Knowing the basics of using Tableau will make analyzing and interpreting the data much easier.

To learn more about using Tableau and its standard features, please review the “Tableau Tips” document. It is linked in the upper left corner of this AWV dashboard.

4. Main Dashboard Components



a. Title and Tip Sheet Links

The top area of the dashboard shows the dashboard title. There is a link to the left of the title named “Tableau tips” which opens the Tableau tips/how-to document. There is a link to the right of the title named “Dashboard tips” which opens this document. These documents can be printed or saved as a PDF that can be emailed or printed later.

b. Data Filters



Under the Title are the main data filters. The dashboard security features will allow only specific attribution groups, organizations, and departments to be visible to each user.

The filters are configured to show only relevant values. That means that any filters applied will limit the lists available in the other filters. For example, if the “Provider Name” filter is adjusted to include one provider, then only that provider’s organization will show in the “Anchor Organization” filter. As another example, if filters are set to one provider that has 10 attributed patients, then the “Age” and “Insurance Type” filters will only show ages and insurances for those 10 patients. Not all available options will show in the filters.

c. Totals Section

Vandalia Health Network	Filtered Population				Unfiltered Population			Dashboard Refreshed:
	307 <small>Providers</small>	0.0% <small>AWV Completion YTD%</small>	0 <small>Completed AWV YTD</small>	13,691 <small>Overdue for AWV</small>	13,691 <small>Member Count</small>	81,407 <small>All Attributed Members</small>	0.0% <small>All AWV YTD%</small>	0.0% <small>Medicare AWV YTD%</small>

Under the blue filters is the Totals section.

The totals section is separated into four sections: the Vandalia Health Network, the Filtered Population, the Unfiltered Population, and Dashboard Refresh info.

i. The Vandalia Health Network

The Vandalia Health Network logo is shown. Clicking the logo will open the Vandalia Health Network web page.

ii. Filtered Population

The Filtered Population values change depending on each user’s organization security and the filters applied. For example, if the filters are adjusted to include only one provider, then the values in this section will show “1 Provider” and only the totals associated with that specific provider.

ii. Unfiltered Population

The Unfiltered Population values will change over time, but those values will not change because of the user’s organization or the applied filters. These values are meant to provide a broader Vandalia Health Network baseline for comparison. Note that the total of “All Attributed Members” is specific to members attributed using the methods in this dashboard – it is not the same as the total count of all Vandalia Health Network members.

iii. Dashboard Refreshed

The Dashboard Refreshed section shows the last date when the dashboard was refreshed and reprocessed. If the refresh doesn’t match the current date, it is highlighted in pink to draw attention to it. Hovering the mouse over “More Data Source Info” will show a popup with more details about the timing and frequency from the various data sources, as well as any configured future appointment types.

d. Charts - Scatter Plots and Monthly Trend

Three scatter plots are shown under the totals section in the center of the dashboard. Each scatter plot shows the number of members along the left side (the Y axis), and the AWV completion percentage rate along the bottom (the X axis). To the right of the scatter plots is

a Monthly Trend line chart that shows the completion rate for each month of the performance year.

Filters applied to the dashboard also apply to the charts. Hovering over points on the scatter plot will show a popup with more specific details that aren't visible otherwise.

Grouping for organizations, departments/locations, and providers is configured by the Vandalia Health Population Health IT team and can be adjusted when needed.

The difference between the three scatter plots is the group displayed.

i. **Organization**

This shows organization performance relative to others, when more than one organization is visible to the user. For users with security configured for one organization, only that organization's performance is shown.

ii. **Department / Location**

This shows department or location performance relative to others. Most organizations are also grouped into different departments/locations as child groups under the parent anchor organization. Organizations that have no child departments (and are generally smaller organizations) will show "**UNKNOWN" or something similar on this scatter plot.

iii. **Attributed Provider**


This shows individual provider performance relative to the others.

iv. **Monthly Trend**

This line chart shows the AWW completion rate over time in pink for the performance year. The completion rate shows in grey for the same filtered members, but for the previous performance year. A reference line for the performance year target is shown in green.

e. **Patient Outreach List**

The Patient Outreach list is shown at the bottom of the dashboard. It is a tabulated list of members with information about member demographics, past completed and future scheduled annual wellness visits, insurance coverage, and attributed provider. There are also details about which code was billed, and the data source for the visit information, such as a practice's EMR or a payor.

Filters apply to the Patient Outreach list. The list sorting can be changed by the user by clicking the sort icon  on a column header.

The list can also be downloaded in Excel format by using the Tableau download crosstab feature from the upper right corner. When the list is downloaded, existing filters will be applied to the downloaded file. Note that additional details not visible in the main dashboard list (such as patient phone and patient address) will be included in the download.

A separate Section 5 that expands on the details of the data in the Patient Outreach list is later in this document.

5. Advanced Details for Patient Outreach List

This section describes the data in the lower “Patient Outreach List” section and the logic in more detail.

The following are columns visible in the list when viewing the dashboard in a web browser. There are additional columns visible only in a downloaded crosstab of the list.

a. ID

This is a unique identifier for the patient. It is a multipurpose field that displays a payor member identifier for payor member-based lists, or the patient medical record number from an EMR-based lists.

b. Patient Full Name

The full name of the patient.

c. Gender

The gender of the patient.

d. DOB

The patient’s date of birth in YYYY-MM-DD format.

e. Age

The patient’s age on the date of the last dashboard refresh.

f. AWW Last

The patient's most recent annual wellness visit found in the available data. This is determined by payor paid claims when available, and EMR billed claims when available. NOTE: Payor paid claims typically trail several months behind the service date, and EMR billed claims can trail by as little as one day behind the service date for onboarded EMR systems.

The following codes are considered annual wellness visits:

For Medicare and Medicare Advantage plans

G-Codes:
G0438, G0439, and G0402

For MCO and Commercial plans

CPT Codes:
99381, 99382, 99383, 99384, 99385, 99386, 99387,
99391, 99392, 99393, 99394, 99395, 99396, 99397

g. Code

The patient's most recent annual wellness visit's billed or paid G-code or CPT code.

h. AWW Last Source

The source payor or EMR system where the annual wellness visit was found.

i. Days

The days between the visit's service date and paid date. This value is only available for paid claims, and the paid date is provided by the payor. A higher than typical value for a particular organization or provider could be a sign of billing or coding problems.

j. AWW Next

The patient's next known scheduled annual wellness visit. Because g-codes and CPT codes aren't available for future appointments, appointment types must be used instead. NOTE: Due to system and organization variations, this must be configured and maintained for each onboarded EMR system. A list of your organization's configured appointment types will show in the "More Data Source Info" popup. Please reach out to your Vandalia Health

Network contact to get this configured for your organization.

k. [AWV Next Source](#)

The source EMR system where the future scheduled annual wellness visit was found.

l. [AWV 12 Month](#)

A Yes/No indicator for whether an annual wellness visit was found within the past 12 months. For example, if a patient had an annual wellness visit in December of last year and the current date is in January, then this column would show “Y” because the patient had a qualifying visit within the past 12 calendar months.

m. [AWV YTD](#)

A Yes/No indicator for whether an annual wellness visit was found during the performance year.

n. [Insurance Type](#)

The patient’s last known type of insurance.

o. [Insurance](#)

The patient’s last known insurance. This is sourced from payor enrollment files, when available, and from an onboarded Millennium EMR system when not found in payor enrollment files.

NOTE: Payor enrollment files are a more reliable source for this information than Millennium. An asterisk (*) in front of the insurance name indicates the information was found in payor enrollment files.

p. [Attributed Provider](#)

The patient’s attributed provider using the attribution model selected in the “Attribution Type” filter.

6. Advanced Details for Attribution

This section describes the options for Attribution Type and Attribution Group in more detail. Not all attribution types are available for all providers and organizations.

a. Attribution Type HealthIntent

HealthIntent attribution is the default and recommended option.

The goal of this attribution model is to match each member with the most clinically appropriate provider.

This model is complex and takes several inputs into account.

The “Attribution Group” selection determines the member list used. The member lists are limited to payors onboarded into Analytics. As of 10/10/2024, those payors are as follows: Aetna, Unicare Anthem, CMS, Highmark, Highmark True Performance, Humana, PEIA, The Health Plan, and United Healthcare.

A summary of the steps taken to attribute a provider to a member:

1. Only providers configured in Analytics as an “Attributable PCP” will be included.
2. Use the manually attributed PCP from Analytics if one is defined, which is rare.
3. Use person-to-provider relationships in the following priority order:
 - CAMC’s Millennium
 - Payor Enrollment
 - External EMR (includes non-CAMC Millennium systems)
4. Relationships of lower priority will be skipped if a valid attribution is made. For example, if a provider can be attributed from CAMC’s Millennium system, payor enrollment and external EMR relationships will not be used.
5. For a relationship to be used, the patient must also have a qualifying outpatient visit with the same provider within the past 18 months.
6. If no provider is attributed from the above steps, use a “soft” attribution which requires 2 qualifying outpatient visits with the same provider within the past 18 months.
7. There are additional requirements related to qualifying visit types, provider types and specialties, and tie breakers.

b. Attribution Type Millennium

Millennium attribution is an option for organizations that use Cerner Millennium and have that system connected to Oracle Health Data Intelligence.

The goal of this attribution model is to match the assigned PCP from the connected Millennium system. It should be a very close match for each provider's Millennium Powerchart Dynamic Worklist.

This model is straight forward. The population of patients is limited to all patients that have had an encounter in the past 3 years. Each patient's currently assigned PCP within the Millennium system is attributed.

c. Attribution Type Payor

Payor attribution is an option for most organizations.

This uses a "hard attribution" model designed to match what the payor considers to be the attributed or paneled provider. The payor is selected with the "Attribution Group" filter.

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