

Santa Clara County

- **System Name: Santa Clara Valley Medical Center**
- **Contact: Vickie.Wilson@hhs.sccgov.org Bob.Sheridan@hhs.sccgov.org**
- **Dashboard name: Tableau**
 - **Dashboard target audience: Executive Leadership; clinic leadership; clinic staff; PRIME Coordinators**
 - **Dashboard use: Identify trends, monitor new workflows implementation, standardization and sustainability, identify REAL disparities**
- **Dashboard name: BI Launchpad**
 - **Dashboard target audience: clinic leadership; clinic staff; PRIME Coordinators**
 - **Dashboard use: Drills down to patient level detail for targeted outreach and performance improvement**

Tableau

- **Dashboard name: Tableau**
 - **Dashboard target audience: Executive Leadership; clinic leadership; clinic staff; PRIME Coordinators**
 - **Dashboard use: Identify trends, monitor new workflows implementation, standardization and sustainability, identify REAL disparities**
 - **Source of data: EMR & Data Warehouse (can move almost any structured data into the warehouse)**
 - **Analysis and reporting platform/application: Tableau**
 - **Drill down capability: System, Clinic, department, provider**
 - **Stratification available: Race, Ethnicity, Age, Language, sex, clinic, provider, specialty, and future state: sexual orientation/gender identity**
 - **Available monthly, triggered for refresh manually**
 - **Self service for Management teams: PRIME Coordinators, Executive Leadership; Clinic Leadership**



PRIME Metrics' Summary

As of August 2017

Domain	Project	ExternalID	MeasureName	YearMonth	Value	
		1.1.6	Tobacco Assessment and Counseling	2017-08	94.36%	
1.2 Ambulatory Care Redesign: Primary Care		1.2.1	Alcohol and Drug Misuse (SBIRT)	2017-08	0.04%	
		1.2.2	CG-CAHPS: Provider Rating	2016-06	73.59%	
		1.2.3	Colorectal Cancer Screening	2017-08	67.71%	
		1.2.4	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	2017-08	33.11%	
		1.2.5	Controlling Blood Pressure	2017-08	67.80%	
		1.2.7	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	2017-08	89.47%	
		1.2.8	Prevention Quality Overall Composite #90	2017-08	0.86%	
		1.2.11	REAL data completeness	2017-08	43.75%	
		1.2.12	Screening for Clinical Depression and follow-up	2017-08	32.23%	
		1.2.14	Tobacco Assessment and Counseling	2017-08	94.36%	
	1.3 Ambulatory Care Redesign: Specialty Care		1.3.1	Closing the referral loop: receipt of specialist report (CMS504)	2017-08	18.74%
			1.3.2	DHCS All-Cause Readmissions	2017-08	14.78%
			1.3.3	Influenza Immunization	2017-06	68.67%
			1.3.4	Post procedure ED visits	2017-08	1.63%
		1.3.5	Referral Reply Turnaround Rate	2017-08	30.98%	
		1.3.6	Specialty Care Touches	2017-08	3.32%	
		1.3.7	Tobacco Assessment and Counseling	2017-08	95.37%	
1.4 Patient Safety in the Ambulatory Care Setting		1.4.1	Abnormal results follow-up: % of abnormal results with appropriate follow-up	2017-07	90.76%	
			Abnormal results follow-up: INR	2017-07	93.50%	
			Abnormal results follow-up: Mammograms	2017-07	37.28%	
			Abnormal results follow-up: Potassium	2017-07	89.24%	
		1.4.2	Annual Monitoring for Patients on Persistent Medications	2017-08	91.06%	
			Annual Monitoring for Patients on Persistent Medications - ACE/ARBs	2017-08	90.97%	
			Annual Monitoring for Patients on Persistent Medications - Digoxin	2017-08	87.70%	
			Annual Monitoring for Patients on Persistent Medications - Diuretics	2017-08	91.29%	
		1.4.3	INR Monitoring for Individuals on Warfarin	2017-08	80.73%	
	Domain 2	2.1 Improvements in Perinatal Care	2.1.2	Exclusive Breast Milk Feeding (PC-05)	2017-03	54.07%
2.1.3			OB Hemorrhage: Massive Transfusion	2016-12	0.00%	

Location (All)

Specialty (All)

PCP (All)

Gender (All)

Race (All)



Tableau

- Drill Down View



BI Launchpad

- **Dashboard name: BI Launchpad**
 - **Dashboard target audience: clinic leadership; clinic staff; PRIME Coordinators**
 - **Dashboard use: Identify patients who are not in the numerator for the purpose of targeted action.**
 - **Source of data: EMR***
 - **Analysis and reporting platform/application: SAP**
 - **Drill down capability: System, Clinic, provider, patient**
 - **Stratification available: None, unless manually added**
 - **Available monthly, manually triggered for refresh**
 - **Self service for Management teams: PRIME Coordinators, Clinic Leadership/ Staff when targeting specific metric populations.**

MEDI-CAL 2020 - PRIME Metrics

As of 08/31/2017

1.1 Integration of Behavioral Health and Primary Care

Measure	Target	Measure Rate	Numerator	Denominator	Delta
1.1.1 Alcohol and Drug Misuse (SBIRT)		0.04%			
1.1.2 Care coordinator assignment	45.13%	40.95%			522
↓ 1.1.3 Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	33.45%	33.11%			24
1.1.4 Depression Remission at 12 Months CMS159v4	4.68%	3.81%			13
1.1.5 Screening for Clinical Depression and follow-up	37.15%	32.03%			1,855
1.1.6 Tobacco Assessment and Counseling	93.24%	94.37%			360

1.2 Ambulatory Care Redesign: Primary Care

Measure	Target	Measure Rate	Numerator	Denominator	Delta
1.2.1 Alcohol and Drug Misuse (SBIRT)		0.04%			
1.2.3 Colorectal Cancer Screening	65.71%	67.70%			438
↓ 1.2.4 Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	33.46%	33.11%			25
1.2.5 Controlling Blood Pressure	67.25%	67.79%			68
1.2.7 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	89.08%	89.48%			10
1.2.8 Prevention Quality Overall Composite #90		0.86%			
1.2.11 REAL data completeness	40.00%	43.76%			2,344
1.2.12 Screening for Clinical Depression and follow-up	37.15%	32.03%			1,855
1.2.14 Tobacco Assessment and Counseling	93.24%	94.37%			360

1.3 Ambulatory Care Redesign: Specialty Care

Measure	Target	Measure Rate	Numerator	Denominator	Delta
1.3.1 Closing the referral loop: receipt of specialist report (CMS504)	25.26%	18.74%			2,893
↓ 1.3.2 DHCS All-Cause Readmissions	14.52%	14.78%			9
↓ 1.3.4 Post procedure ED visits		1.63%			
1.3.5 Referral Reply Turnaround Rate		30.99%			
1.3.6 Specialty Care Touches		3.32%			
1.3.7 Tobacco Assessment and Counseling	94.21%	95.37%			267

BI Launchpad

Drill

Down

View

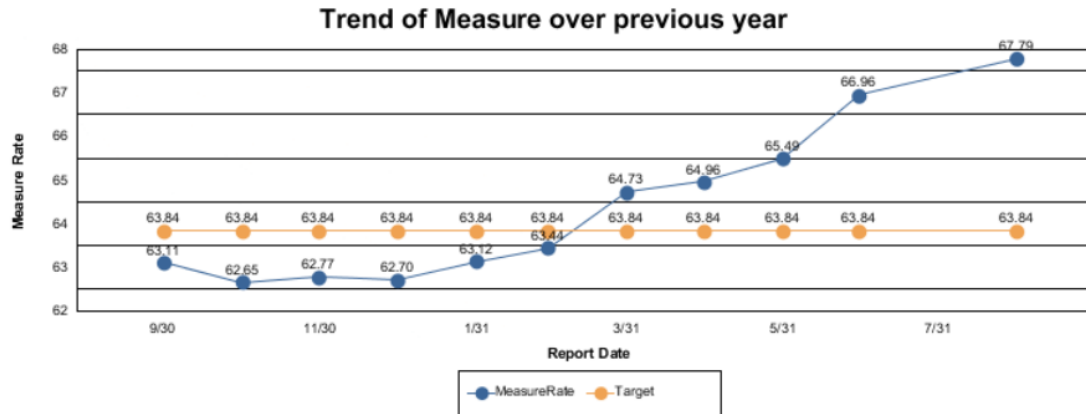
By clinic

1.2.5 Controlling Blood Pressure

Target: 67.25%

67.79%

68



Clinic	Measure Rate	Numerator	Denominator	Delta
Clinic Not Assigned	61.74%			13
HHS Valley	71.62%			23
HHS VHC a	66.48%			10
HHS VHC E	66.41%			16
HHS VHC a	67.01%			10
HHS VHC a	67.02%			3
HHS VHC a	70.86%			90
HHS VHC a	62.60%			6
HHS VHC a	67.70%			4
HHS VHC a	77.78%			1
HHS VHC a	73.13%			8

BI Launchpad

Drill

Ambulatory Care Redesign: Primary Care > 1.2.5 Controlling Blood Pressure > HHS VHK

Down
View

1.2.5 Controlling Blood Pressure

Target: 67.25%

67.79%

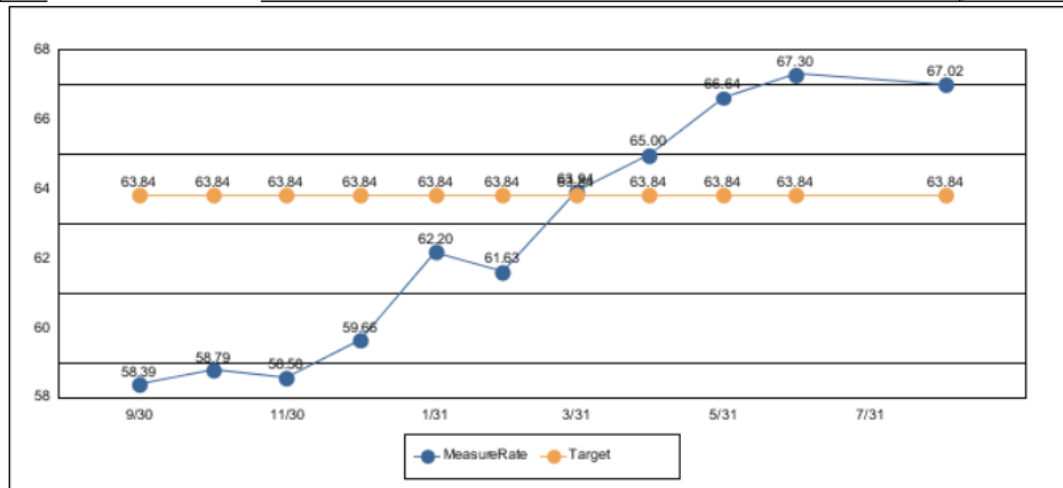
68

HHS

67.02%

3

By PCP



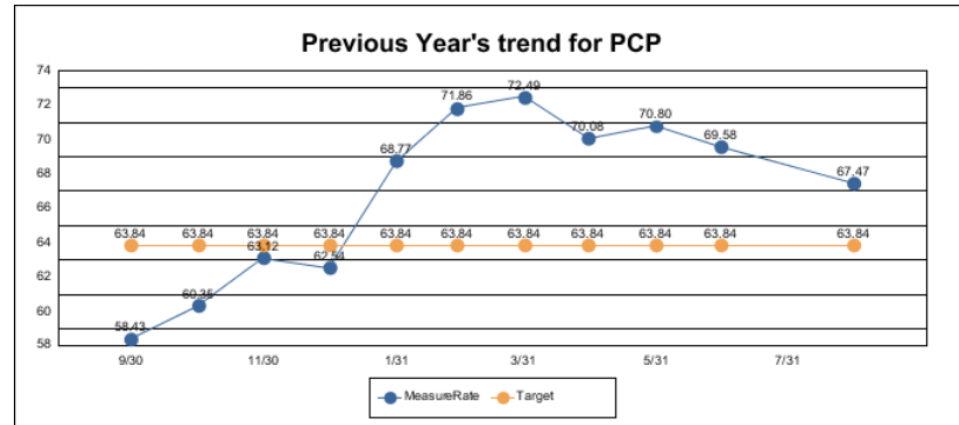
PCP	Measure Rate	Numerator	Denominator	Delta
	66.67%			1
	67.47%			1
	100.00%			0
	68.21%			3
	60.71%			13
	70.11%			7

BI Launchpad

Drill Down:

PCP and pts NOT in Numerator

nts > 1.2 Ambulatory Care Redesign: Primary Care > 1.2.5 Controlling Blood Pressure > HHS VHC



ulatory Care Redesign: Primary Care > 1.2.5 Controlling Blood Pressure > HHS VHC a

Patients not in Numerator Controlling Blood Pressure

HHS VHC at

As of 08/31/2017

Page 1 of 3

PatientName	MRN	BirthDate
R	6	1
T	1	3
M	1	1
R	5	7
D	7	3
M	5	3
G	8	3
S	1	3
C	0	3