

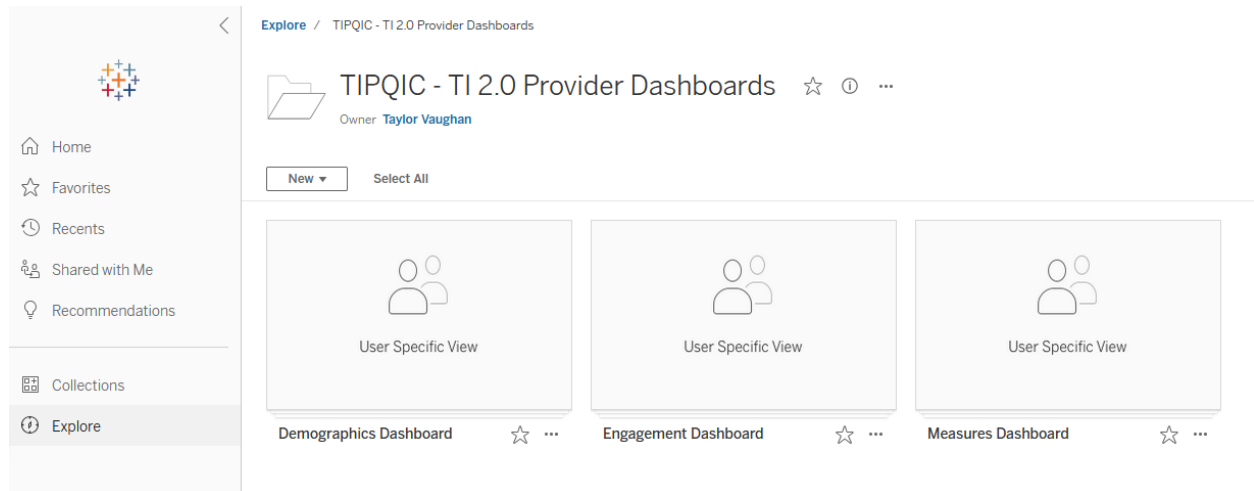
# Targeted Investments 2.0 Program

## Dashboards Summary

Last Updated: November 5, 2024

The ASU TIPQIC team has developed three Tableau dashboards for the TI 2.0 program to help providers improve their HEDIS® measure performance and support quality improvement efforts. This guide provides an overview of each dashboard to help providers analyze their data, gain insights into their performance, and understand their engagement in the TI 2.0 program. The measure and patient demographics dashboards will be updated monthly, while the engagement dashboard will be updated following QIC meetings or after TIP online projects are submitted and graded.

If you have any questions about dashboards, please email us at [tipqic@asu.edu](mailto:tipqic@asu.edu)



### Measure Performance Dashboard

The 'Measures Dashboard' will support your organization in achieving HEDIS® measure performance milestones during Years 4 and 5 of the program.

Two views are offered: Provider Summary and Provider Measure View.

#### Provider Summary

This view summarizes your organization’s performance measures across all areas of concentration in which you are participating. For the selected report period, your performance will be compared to the 2023 CMS Arizona average (which will later be updated to your target that will be set by AHCCCS before Year 4) and to the average performance of all TI 2.0 providers in the same area of concentration. You can change the report period using the 'Report Period Ending' dropdown.

Provider Summary | Provider Measure View

### TIPQIC Measure Dashboard

The dashboard was last updated on **October 28, 2024**. The analysis was performed with encounter data adjudicated through **August 31, 2024**.

Provider:  Report Period Ending:

The data in these columns are report period specific.

May 2024 Performance		Your Performance	Your Numerator/ Denominator	2023 CMS Arizona Average	% Diff. From AZ Avg.	AOC Performance	AOC Numerator/ Denominator	% Diff. From AOC
PEDS BH	Follow-Up After Hospitalization for Mental Illness (FUH) - 7 day	77.8%	112 / 144	68.7%	↑ 9.1%	74.4%	2,417 / 3,248	↑ 3.4%
	Follow-Up After Hospitalization for Mental Illness (FUH) - 30 day	95.1%	137 / 144	84.6%	↑ 10.5%	91.8%	2,982 / 3,248	↑ 3.3%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	36.5%	74 / 203	41.3%	↓ -4.8%	38.6%	2,050 / 5,314	↓ -2.1%
PEDS PCP	Child and Adolescent Well-Care Visits (WCV)	52.3%	1,567 / 2,998	45.0%	↑ 7.3%	54.4%	75,988 / 139,795	↓ -2.1%
	Prevention: Topical Fluoride For Children (National Standard)	25.4%	836 / 3,285	20.0%	↑ 5.4%	27.7%		
	Well-Child Visits in the First 30 Months of Life (W30) - WCV in		75 /		↑			

The colored arrows indicate whether your organization is performing above or below the CMS Arizona average or the average of all providers in the same AOC.

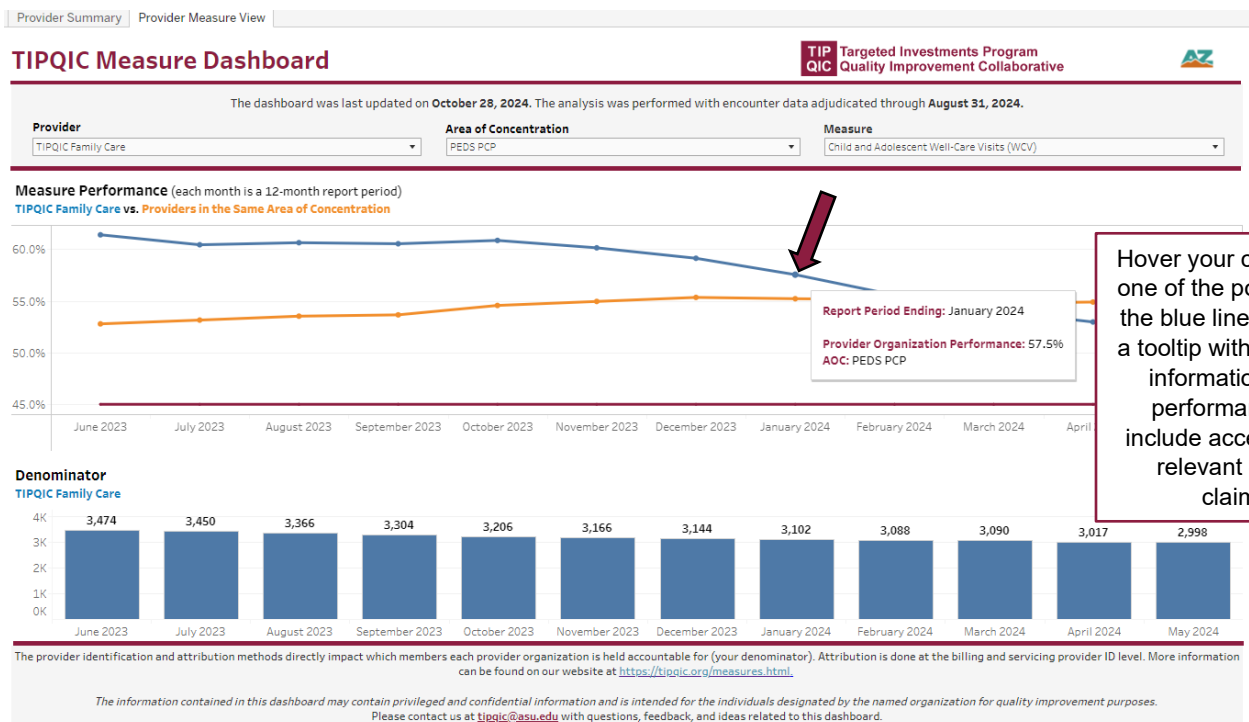
The provider identification and attribution methods directly impact which members each provider organization is held accountable for (your denominator). Attribution is done at the billing and can be found on our website at <https://tipqic.org/measures.html>.  
The information contained in this dashboard may contain privileged and confidential information and is intended for the individuals designated by the named organization for. Please contact us at [tipqic@asu.edu](mailto:tipqic@asu.edu) with questions, feedback, and ideas related to this dashboard.

### Provider Measure View

This dashboard displays your organization’s average measure performance and denominator over the past 12 report periods. Each period represents a 12-month timeframe ending in the month and year shown on the X-axis.

The blue line represents your organization’s performance on the selected measure, the orange line shows the average performance of all TI 2.0 providers in the same area of concentration, and the maroon line indicates the CMS Arizona average (which will later be updated to your target that will be set by AHCCCS before Year 4). These lines provide a benchmark for comparing your organization’s performance against other providers in the program and across the state.

The bar chart illustrates your organization’s denominator for each report period. The denominator is the number of members or member-hospitalizations who qualify for the measure and are attributed to your organization.



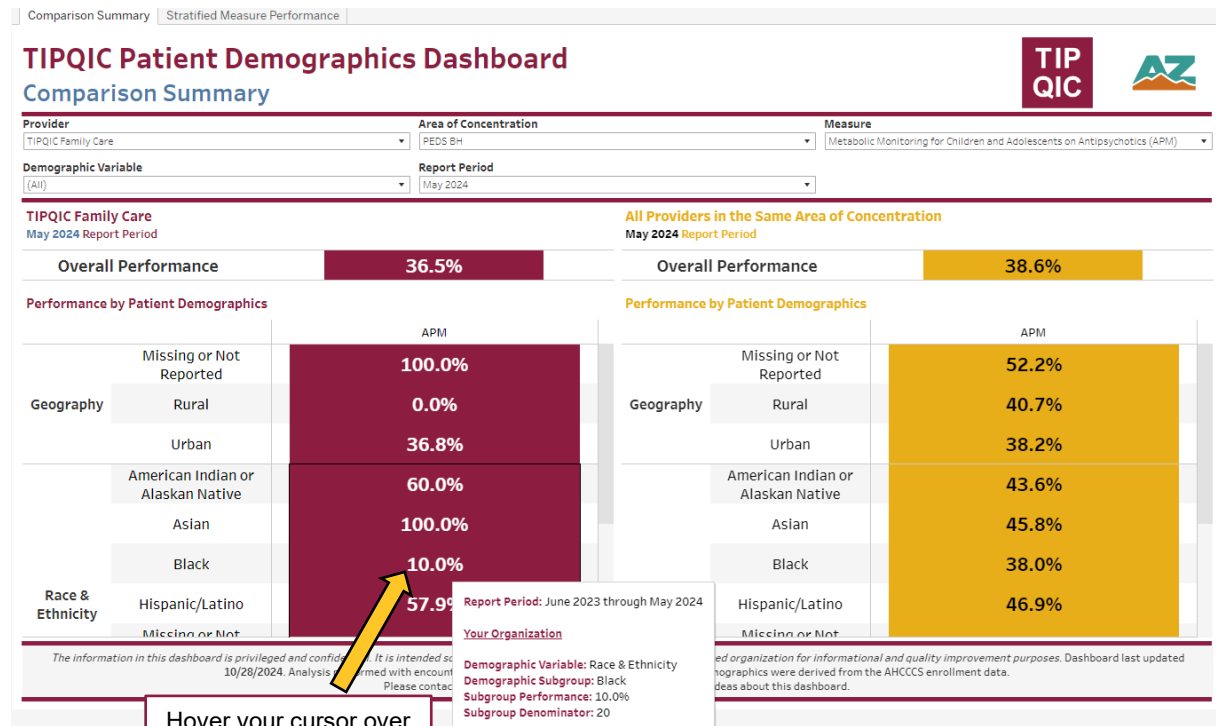
## Patient Demographics Dashboard

The 'Patient Demographics' dashboard was developed to support your organization's efforts to stratify quality measures with your patients' reported demographic data. Please note that the data presented in this dashboard is based on demographic information found in the AHCCCS enrollment files. As a result, it may not be accurate or fully represent your patients' true perceived identities.

Two views are offered: Comparison Summary and Stratified Measure Performance.

### Comparison Summary

This dashboard provides an overview of the demographic performance stratifications for TI-attributed patients on a specific measure. Your organization's data is displayed on the left in maroon, while the aggregate data for all providers in the same area of concentration is shown on the right in gold. On each side, the overall performance for the report period is displayed above, with performance stratifications shown below. You can view performance stratifications across all demographic variables simultaneously or focus on a single variable using the 'Demographic Variable' dropdown.

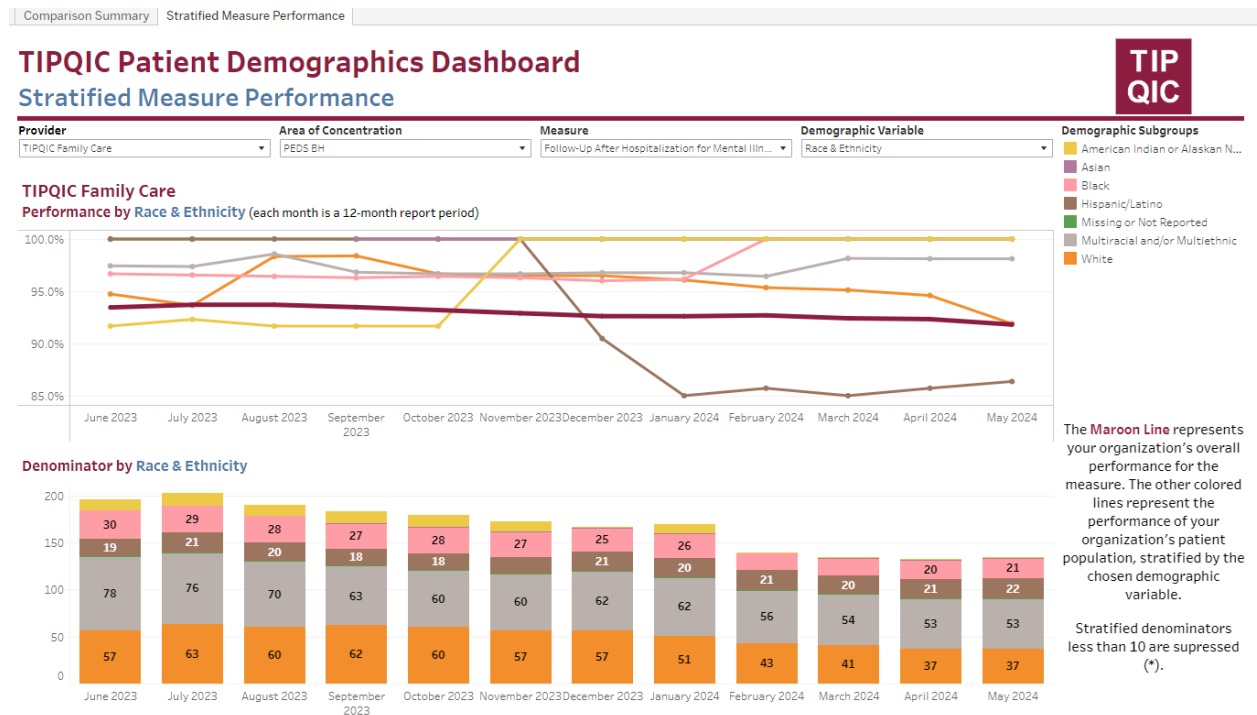


Hover your cursor over one of the points along the blue line to display a tooltip with additional information.

### Stratified Measure Performance

This dashboard shows your organization's average measure performance and denominator over the past 12 report periods, stratified by the selected demographic variable at the top. Each report period covers 12 months, ending in the month and year shown on the X-axis. You can change the demographic variable using the 'Demographic Variable' dropdown.

In the line graph, your organization's overall performance is represented by the maroon line, while your patients' demographic subgroup performances are indicated by the colors listed on the right side of the graph. The bar chart displays your organization's stratified denominator for each report period. Please note that stratifications in the bar chart will be censored (\*) if the denominator for a subgroup is less than 10.



## Provider Engagement

This dashboard will help you assess your organization's participation in the TIPQIC activities. The "Year 2 Summary" view will display your participation from the past year, with additional views planned to show your involvement in TI 2.0 throughout each subsequent year of the program.

### TIPQIC Engagement Dashboard Provider Engagement

Provider

Percent of Annual Payment 15%

Y2 QIC Attendance	QIC #1 (Feb. 5, 2024)	QIC #2 (May 9, 2024)	QIC #3 (Aug. 8, 2024)
TIPQIC Family Care	✓	✓	✓

Y2 TI Online Projects	Project Charter (Due Jun. 30, 2024)	Process Map (Due Jun. 30, 2024)	Root Cause Analysis (Due Sept. 30, 2024)	PDSA Cycle (Due Sept. 30, 2024)
TIPQIC Family Care Peds	✓	✓	Submitted	Submitted

Green checks indicate that you attended a QIC or passed your TIP online project assignment. Red Xs indicate that you did not attend a QIC or pass your assignment.

may contain privileged and confidential information and is intended for the individuals designated by the named organization for quality improvement purposes.  
 Dashboard last updated 10/28/2024. Engagement data is accurate as of 10/7/2024.  
 Please contact us at [tippqic@asu.edu](mailto:tippqic@asu.edu) with questions, feedback, and ideas related to this dashboard.