SPH analytics

Empowering Healthcare Transformation

Orchestrate™ MDinsight® 7.0

User Guide v1.0

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Chapter 4 Patients

CHAPTER 1 GETTING STARTED

In this Chapter

Welcome to the Getting Started chapter for the Orchestrate MDinsight 7.0 User Guide. This chapter is organized into the following topics:

Introduction

Purpose of this Guide

This purpose of this document is to provide you, an MDinsight user, with instructions and reference material to allow you to generate actionable reports, track progress toward care improvement, and enter data efficiently. This document contains a detailed look at the functionality, along with illustrations and step-by-step instructions for performing major tasks.

What is MDinsight?

SPH Analytics' MDinsight uses guided analytics to generate complete and accurate Patient Care Summaries using EMR, claims, and other sourced data for patient engagement and population health outcomes. The data is collected from multiple sources, such as payers, hospitals, and physician practices.

Analysis of patient needs optimizes access to care resources for increased quality, safety, cost control, and operational efficiency, protecting revenue streams in Accountable Care Organizations (ACOs). Evidence-based care protocols based on the most current published professional society guidelines go beyond the minimal care required for mandated reporting.

Within MDinsight, you can easily print and export data. With the appropriate role permissions, you can also share files with SPHA.

MDinsight performs the following functions:

- Aggregates comprehensive clinical and claims data from labs, practice management, EMR, and registry systems, as well as transcribed notes
- Analyzes collected data to identify patient care opportunities based on industry clinical guidelines for wellness screenings and chronic conditions
- Reports on quality performance at the patient, physician, practice, and program level
- Displays actionable information at the point of care
- Facilitates population-based management of chronic conditions and wellness screenings
- Supports clinical integration through data-sharing across care settings, including primary care and specialist practices
- Automates patient outreach through customizable outreach letters

MDinsight generates population-based reports identifying patients in need of a test or procedure, or who have had a test with an outcome that is outside the recommended range. The reports also show which patients are in need of a preventive screening, such as a colonoscopy or mammogram.

MDinsight improves timeliness of care, provides clinicians with care opportunities derived from evidence-based standards, and monitors patient outcomes so that care processes can be continually improved.

Browser Compatibility

MDinsight is designed for and tested to perform with the most popular browsers. We recommend you use the current version of your preferred browser to make sure MDinsight functions as intended, and so that you have the latest security updates. For best results, use the current versions of:

- Google Chrome (Windows, Apple, Linux)
- Microsoft Explorer (Windows)
- Mozilla Firefox (Windows, Apple, Linux)

Logging In

Because MDinsight is accessed with your web browser, you do not need to download anything to use MDinsight. You simply need a username and password, and the address of the Login page. If you have not already done so, contact your Local User Administrator (LUA) for a Symphony ID (username) and password.

▼ *To log in*

1. If you have never logged in before, contact your Local User Administrator to set you up as a new user in MDinsight. You will then be sent an email with your Symphony ID and a link to set up a password. This link expires 24 hours from the time it was sent.
2. Click the link in the email to answer a set of security questions. All questions must be answered before you can click the **Submit** button. The Password Reset page then displays.
3. Enter and confirm your unique **password**. The Login page displays. (Save this URL to your favorites list for easy access.)
4. Upon initial login, you will be presented with a Terms of Use statement. You must accept these terms and click **Submit** to gain access to MDinsight. The landing page then displays.
5. Click **Enter** on the MDinsight panel. The MDinsight Dashboard displays.

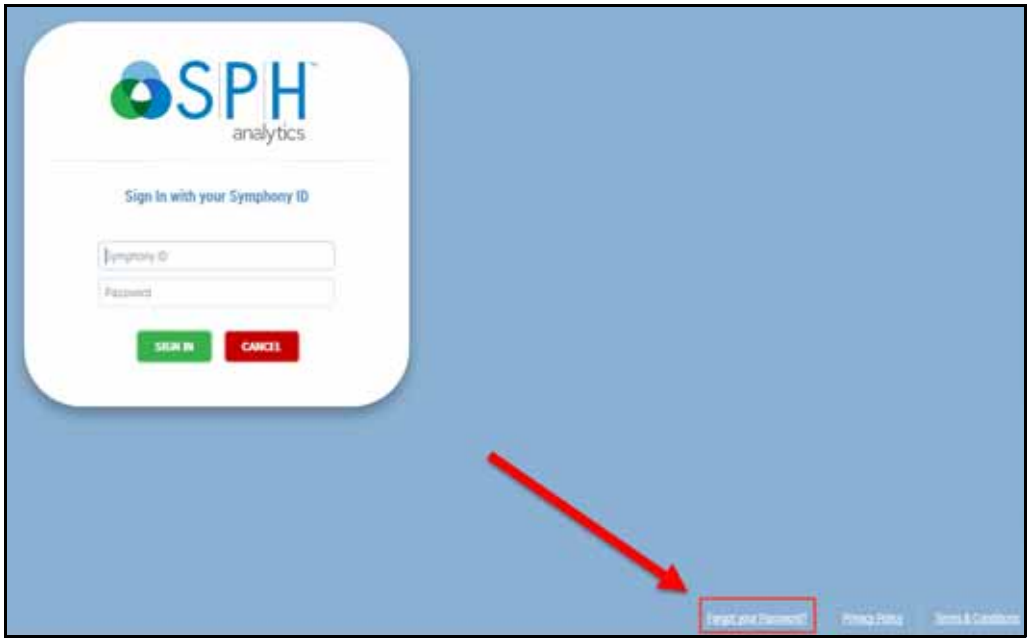
Once you have logged in for the first time, you can return to the Login page and sign in with your Symphony ID and password.

Resetting Your Password

MDI passwords expire after 90 days. Fifteen days prior to the expiration date, you will begin receiving messages prompting you to change your password. You can also reset your password if you forget it.

▼ *To reset your password*

1. Click **Forgot your Password?** at the bottom of the Login page.



2. Enter your **Symphony ID** and **password**. You will be emailed a validation code.

This code is only valid for five minutes after being generated.

3. Enter the validation code from the email.
4. Click **Submit**. The security questions page displays.
5. Answer the security questions you chose upon initial login.
6. Click **Submit**. The Password Setup page displays.
7. Enter and confirm your new password.
8. Click **Submit**.

Navigation and Feature Basics

When you first enter MDinsight, you will see a Dashboard page by default, with a Navigation menu to the left, a Home icon and back arrow icon in the top left corner, a Log Out icon in the top right corner, and more options in the bottom right corner.

An example is shown below.

Dashboard

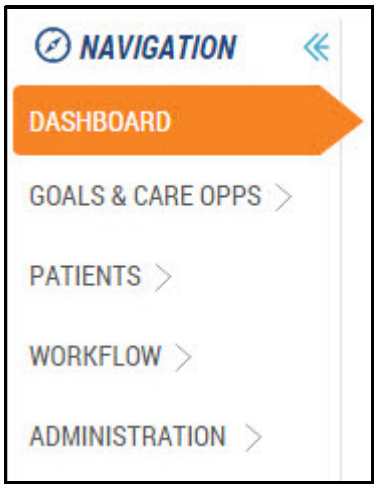
The default page displayed when you enter MDinsight is your Dashboard. The Dashboard presents summary graphs and statistics for your practice. It provides visual insights into the practice population without requiring you to filter through lists and reports. From the Dashboard, you can assess where action is needed, and drill down to more detailed information by clicking designated sections.

ⓘ For more information, see Chapter 2, *Dashboard*.

Home Icon and Back Arrow

- Click the **Home** icon at the top left of the page to return to the landing page, where you can select another product.
- Click the **back arrow** icon at the top left of the page to return to the previous page within MDinsight.

Navigation Menu



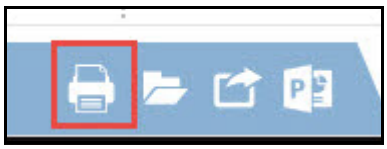
The Navigation menu, on the left side of every page, contains links to the main functions you can perform with MDinsight. You can collapse (hide) the Navigation menu by clicking the word **Navigation**, or the arrow. Click the **compass** icon to expand the Navigation menu.

Training Documents

Access training documents by clicking **Training Documents** at the bottom left of any page, next to the copyright information.

Printing

You can generate a screen capture of any MDinsight page as a PDF (Portable Document Format) file by clicking the **Print** icon in the bottom right corner of the page.



Once you have generated a PDF, you can rotate the image, save it to your computer, or print it.

▼ *To generate a PDF for printing*

- Click the **Print** icon at the bottom right of the page. The PDF is generated and the ExportPDF page opens to display it.

The option to print a physical copy of the PDF from the ExportPDF page may differ in appearance depending on your browser and plugins.

File Management

If you have been assigned a role that permits it, you can securely send and receive files to and from SPHA. If you need to exchange files, contact your Client Services representative to establish a workflow.

▼ *To manage files*

1. Click the file folder icon at the bottom right of the page. The File Management | Sent dialog box displays your sent files. (Your Client Services representative can help establish the workflow.)

   From here, you can select a sent file to export or print, or you can click **Received Files** to export, print, or download a file or files you have received.

   To send a new file, click **Send New File**.

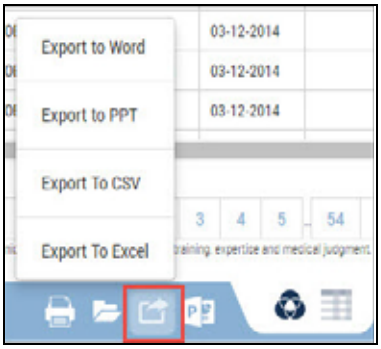
2. Read the legal disclaimer and click **Agree** to continue.
3. Click **Choose Files** to browse on your computer to the file you wish to send.
4. Click **Add File(s)**. The file you chose is listed under “List of files to upload.”
5. Click **Upload**.

Exporting (Saving and Printing)

You can export data from MDinsight to Microsoft PowerPoint, Word, or Excel/CSV files, which can then be saved to your computer or printed. Options for exporting/printing depend on the page you are viewing: graphics will be exported to Word or PowerPoint, but grids/lists can be exported to Word, PowerPoint, Excel, or CSV.

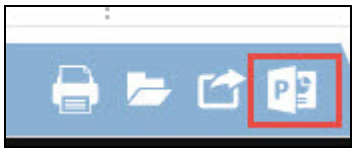
▼ *To export*

1. Click the **Export** icon at the bottom right of the page.
2. Click either **Export to Word**, **Export to PPT, Export To CSV**, or **Export To Excel**. **Note**: The Export to CSV and Export to Excel options are only available for lists/grids.
   A screen capture of the current page is downloaded and converted in your browser to the chosen file format. You can save or print this file.



Queuing

The Queue option allows you to take several screen captures in a row, creating a queue of images suitable for a slide deck or presentation. (To export these screen captures, click the **Export** icon as described in “Exporting,” above.)



▼ *To queue screen capture images*

1. While on the page you wish to capture, click the **Queue** icon, and then click **Add to Queue**.
2. Repeat as needed until you have visited every page you want to capture. The number of screen captures in the queue is displayed in parentheses. You can now export the queued images.

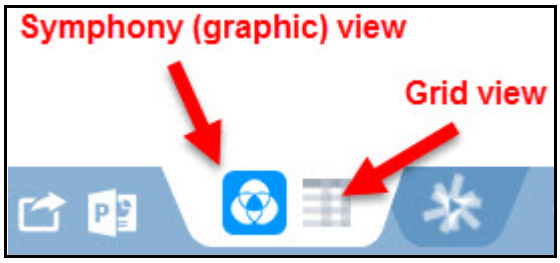
▼ *To clear the queue*

- Click the Queue icon, and then click **Clear Queue** to clear the queue.

Viewing Data

At the bottom of the page, the Symphony View and Grid View icons display on a white tab. Many sections of MDinsight allow you to switch between viewing the information as a graph and viewing it as a list of patients displayed in a grid.

- Click the **Symphony View** icon to view the graphical representation of data on the page.
- Click the **Grid View** icon (which looks like a spreadsheet) to view the list of patients whose data makes up the graphical representation (when available). From the grid view, for example, you can use the check box column to select patients and take such actions on them as sending them an outreach letter or viewing and printing the Patient Care Summary.

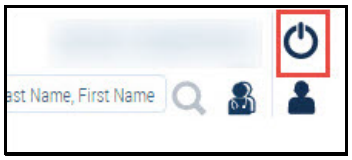


Logging Out

Logging out ends your MDinsight session. For security purposes, it is highly recommended that you always click the Logout icon to end your session, rather than closing the browser tab.

▼ *To log out*

- Click the **Logout** icon at the top right of the page.



CHAPTER 2 DASHBOARD

In this Chapter

Welcome to the Dashboard chapter for the Orchestrate MDinsight 7.0 User Guide. This chapter is organized into the following topics:

Your organization may not use all the MDinsight features and options described in this document. Organizations may deploy customized versions of MDinsight based on business needs and program objectives.

Introduction

The Dashboard presents summary graphs and statistics at a glance when you first sign in to MDinsight. It is intended to provide visual insights into the practice population without requiring you to filter through lists and reports.

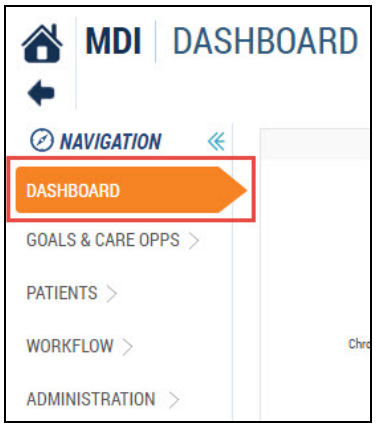
From the Dashboard, you can assess where action is needed, and drill down to more detailed information by clicking designated sections of the various available widgets.

Accessing the Dashboard

The Dashboard displays by default when you sign in to MDinsight. To access the Dashboard from another page, use the Navigation menu to the left.

▼ *To access the Dashboard*

- On the Navigation menu, click **Dashboard**. The dashboard displays.



Dashboard Widgets

The Dashboard contains the following widgets:

Care Opportunity Summary Widget

The Care Opportunity Summary widget analyzes and displays gaps in care (according to evidence-based guidelines) at the population level. It provides a visualization of care status by disease state. Click anywhere in the widget to view the full Care Opportunity page.

Each clinical suite is represented as a horizontal bar graph. By default, all suites are displayed. Gray, red, yellow, and green care opportunity statuses are graphed on the same bar.

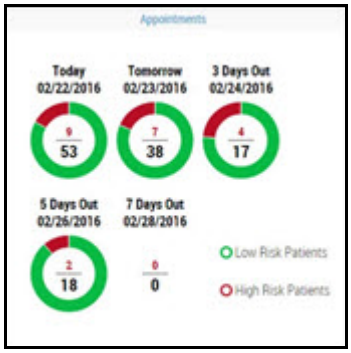
	Gray	Incomplete or data too old
	Red	Outcome out of range
	Yellow	Due within 60 days
	Green	Complete, meets criteria

Gray and red are graphed to the left of the “zero line.” Green and yellow are graphed to the right of this line. The patient denominator for each clinical suite is displayed to the right of the bar graph.

Hover over a color section in a suite bar to view the percentage of Incomplete, Out of Range, Upcoming, and Complete statuses.

ⓘ For more information, see Chapter 3, *Goals and Care Opportunities*.

Appointments Widget

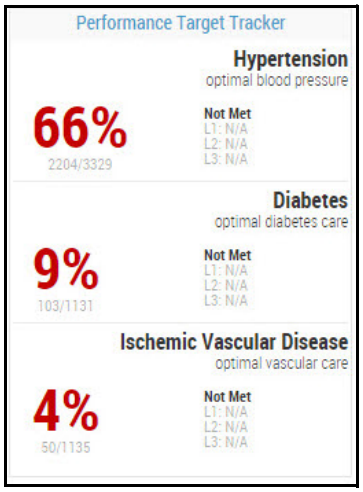


The Appointments widget displays appointments for low-risk (green) and high-risk (red) patients for Today, Tomorrow, 3 Days Out, 5 Days Out, and 7 Days Out. The total number of patients is shown in black text inside each circle graph, with the number of high-risk patients shown above the total number, in red. (High-risk patients fall into three or more chronic suites.)

Click a date category to view the Appointments page, filtered to the date you clicked.

ⓘ For more information, see Chapter 3, *Goals and Care Opportunities*, “View Appointments” on page 3-9, and Chapter 5, *Workflow*, “Appointments” on page 5-2.

Performance Target Tracker Widget



The Performance Target Tracker widget contains a table summary of the top three most watched/followed clinical measures, and the current target level achieved. For example, three top measures might be Optimal Blood Pressure, Optimal Diabetes Care, and Optimal Vascular Care.

The Performance column displays your practice’s measure percentage achievement, the numerator for that measure, and the denominator for that measure.

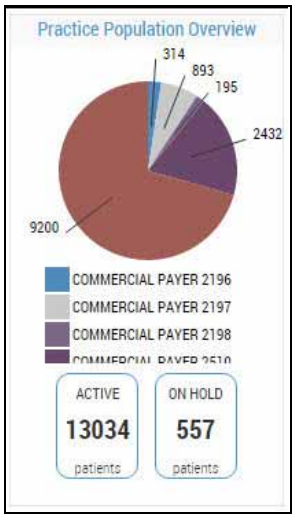
When populated, the Target column displays the target levels for the measure. These are taken directly from the target levels configured on the goal progress for those measures. The Target column also has a “Not Met” category for each measure.

If the group is not meeting goal (i.e., “Not Met”), the percentage in the Performance column is colored red. If the practice is meeting level 1 or above, the percentage is colored green.

Click the percentage to view the Goal Progress report, filtered to that suite and measure.

ⓘ For more information, see Chapter 3, *Goals and Care Opportunities*, “Goal Progress” on page 3-10.

Practice Population Overview Widget



The Practice Population Overview widget provides summary statistics on the population.

- **Active Patients**: Count of patients on active patient list (with no filters applied)
- **On Hold Patients**: Count of patients On Hold (with no filters applied)
- **Population Mix**: Pie chart showing a breakdown of population by membership

The pie chart only includes active patients (patients who are On Hold or Archived are not included).

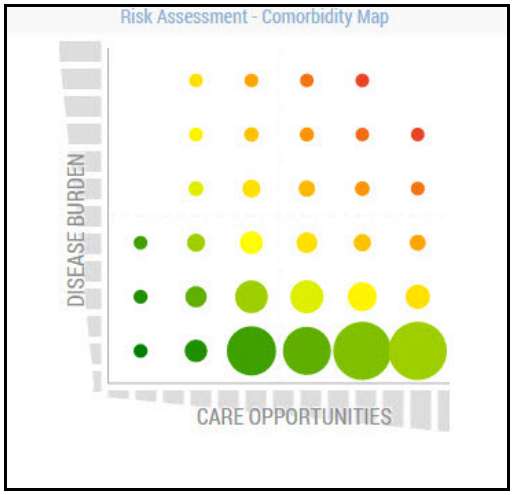
Note: At this time, you cannot click on the pie chart to view specific population information. You will need to filter when in the Active Patients list.

Click **Active** or **On Hold** to view the following pages:

- **Active Patients**: Patient list (no filters applied)
- **On Hold Patients**: On Hold list (no filters applied)

ⓘ For more information, see Chapter 4, *Patients*.

Risk Assessment – Comorbidity Map widget



The Risk Assessment - Comorbidity Map widget is a heat map that displays population risk. Its purpose is to identify and drive care to high-risk/high-cost patients. It plots each patient in the population on a matrix of disease burden (number of chronic suites) versus Care Opportunities (how controlled the disease(s) are). The highest-risk patients are those with the most chronic conditions, and most care opportunities. The bottom row consists of patients in one chronic suite, the second row up consists of patients in two chronic suites, and so on. The area farthest to the right on the bottom row consists of the greatest number of opportunities for care. Click anywhere in the widget to view the full Comorbidity Map page.

For more information, see Chapter 3, *Goals and Care Opportunities*, “Comorbidity Map” on page 3-23.

Reassignments Widget

The Reassignments widget displays incoming and outgoing patient assignment requests. Reassignment is the workflow process in which patients are requested, approved (or denied), and moved from one organization to another within a program. Reassignment utilizes the Master Patient Index to link patients across organizations.

To view further breakdown of reassignment categories, do one of the following according to your need:

- Click **Incoming – Pending Your Response** to view the Patient Pending-In list, the number of incoming requests in the queue. These requests are waiting to be approved or denied by your clinic. If a non-member patient is not approved or denied after 14 days, the non-member patient will receive an automatic approval and be reassigned to the requesting clinic. If the patient is a member, sponsor will respond accordingly. Requests for members never expire.
- Click **Outgoing – Pending Response from Others** to view the Patient Pending-Out list, the number of outgoing requests in the queue. This is the list of patients being requested by your clinic for reassignment. If the clinic does not respond in 14 days, the non-member patient will receive an automatic approval and will display in your active patient list. If the patient is a member, sponsor will respond accordingly. Requests for members never expire.
- Click **Removed** to view the Patient Completed list, showing the patients removed from the Active Patient list who are now on the Patient Completed List (no longer active in your clinic).
- Click **Added** to view newly reassigned patients on the Patient Added list. This is a quick view of the list of patients that have been approved by another clinic or sponsor for reassignment and are now added to your active patient list.
- Click **Denied** to view the Patient Completed list, including patient requests that were denied. This is a quick view of the patients that were denied for reassignment either by a clinic or a sponsor.

ⓘ For more information on reassignment, see Chapter 4, *Patients*, “Reassignment” on page 4-25.

CHAPTER 3 GOALS AND CARE OPPORTUNITIES

In this Chapter

Welcome to the goals and care opportunities chapter of the Orchestrate MDinsight 7.0 User Guide. This chapter is organized into the following topics:

Your organization may not use all the MDinsight features and options described in this document. Organizations may deploy customized versions of MDinsight based on business needs and program objectives.

Accessing Goal and Care Opportunity Features

From the Navigation Menu

▼ *To access Goals and Care Opportunities*

1. On the Navigation menu, click to expand the Goals & Care Opps submenu.
2. Click a goal or care opportunity feature.

From the Dashboard

You can access the following care opportunities from the Dashboard:

- Care Opportunities
- Goal Progress (by clicking the Performance Target Tracking widget)
- Comorbidity Map

Care Opportunities

Care Opportunity reports are used to manage and improve performance in quality programs and facilitate population-level campaigns for specific quality measures.

Care Opportunity Main Page

The Care Opportunity report on the Care Opportunity main page analyzes and displays gaps in care (according to evidence-based guidelines) at the population level. It provides a visualization of care status by disease state and by individual quality measure.

▼ *To access Care Opportunities*

- On the Navigation menu, click **Goals & Care Opps** > **Care Opportunities.**

TABLE 1. Care opportunity main page (Sheet 1 of 3)

Legend Number	Description
1	The Filters button helps select data from the group data set for care opportunities. 

TABLE 1. Care opportunity main page (Sheet 2 of 3)

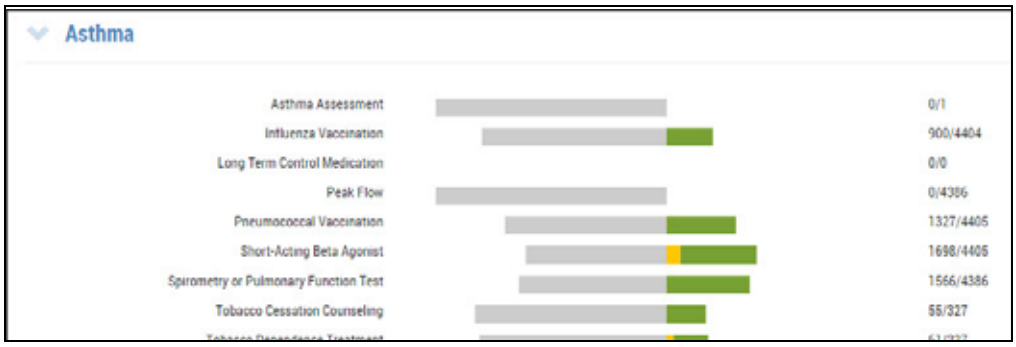
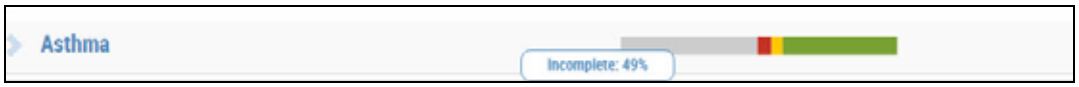
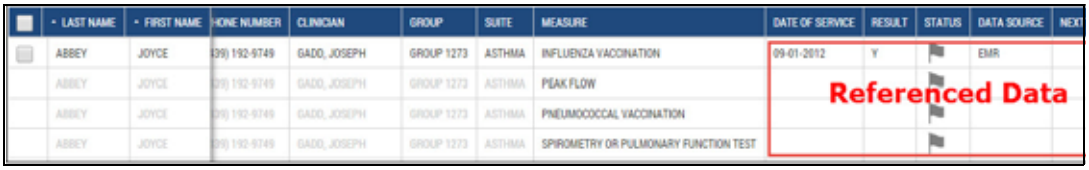
Legend Number	Description
2	Suites. Click the suite name to display individual measures. 
3	Horizontal data bar graphs. Main bars summarize the data from the group of measures for each suite. • Hover to display a statistical breakdown of group data.  **Gray**: Incomplete or data too old **Red**: Outcome out of range (red also includes status “Care provided after required time window status”) **Yellow**: Due within 60 days **Green**: Complete, meets criteria • Click a color selection to display a grid view of patients who represent that data. 
4	Total number of patients included in the suite.
5	Total patients Below Goal. Click the gray or red fields to display Incomplete or Out of range patients, or click the **Below Goal** background to display both. If a patient has multiple measures out of range, they are grouped in the grid view. 

TABLE 1. Care opportunity main page (Sheet 3 of 3)

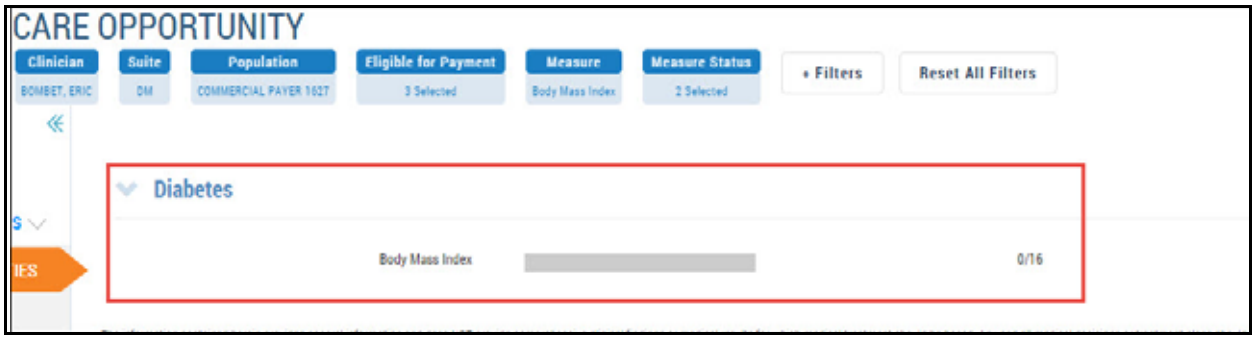
Legend Number	Description
6	Patient counts by category. Click the yellow field to display all Upcoming or the green field for all Completed. 

Using Filters To Generate Care Opportunities

Use filters to drill down to care opportunity information on a subset of the patient population. Filters work with the grid views.

▼ *To use filters for care opportunities*

1. On the Care Opportunity page, click **Filters**.
2. Select applicable filter criteria in the Filters dialog box. The Care Opportunity page displays the filter selections.



3. Click the data bar or switch to grid view by clicking the **Grid View** icon (which looks like a spreadsheet) at the bottom right of the page.

This example displays a list of patients who may be eligible for body mass index measurements in support of the diabetes suite.

Suites and Measures

Suites contain measures that can also be used to understand care opportunities in more detail.

▼ *To explore measures*

1. On the Care Opportunity page, click a suite's name to expand the suite measures.

   Hover over the colored sections of a data bar to display group percentages for the measure:

	Gray	Incomplete or data too old
	Red	Outcome out of range
	Yellow	Due within 60 days
	Green	Complete, meets criteria

2. Click a colored segment of a data bar to display a grid view of the patients representing that range of values.

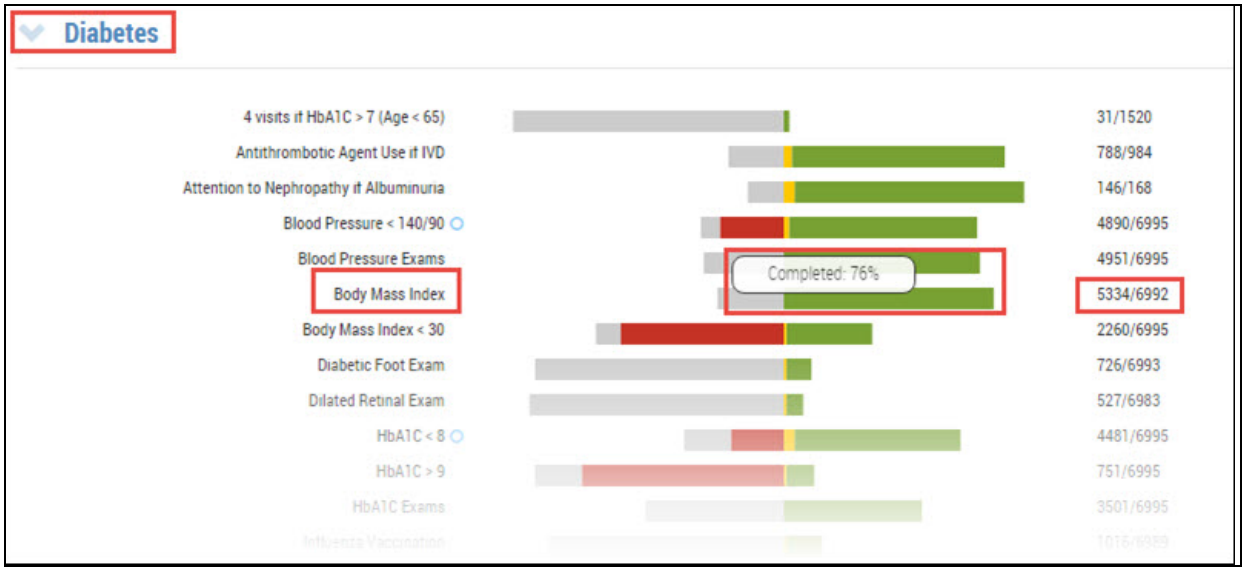
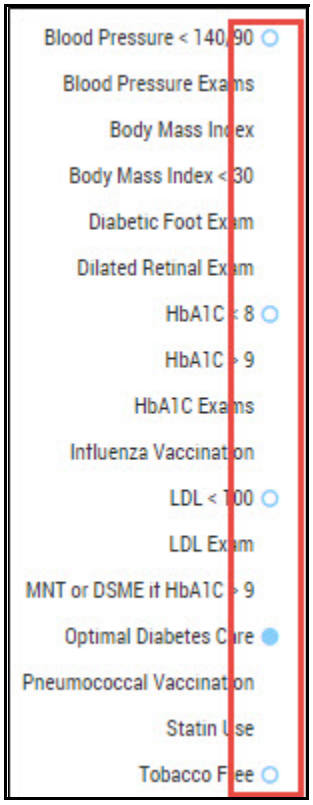
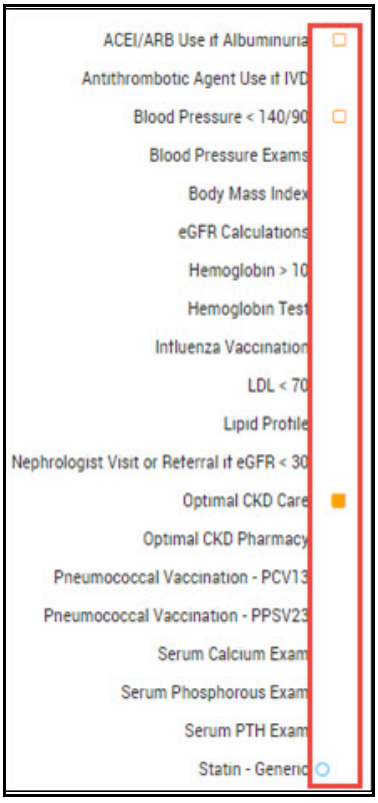


TABLE 2. Example details

Suite	Measure	Example Data Bar Information (hover to display)	Right-hand Column Information
Diabetes	Body Mass Index	76% of overall population completed (green); patients are in compliance with the parameters of the measure	• Numerator: Total number of patients (green and yellow) that meet the measure (e.g., 5,334) • Denominator: Total number of patients in the suite (e.g., 6,992)

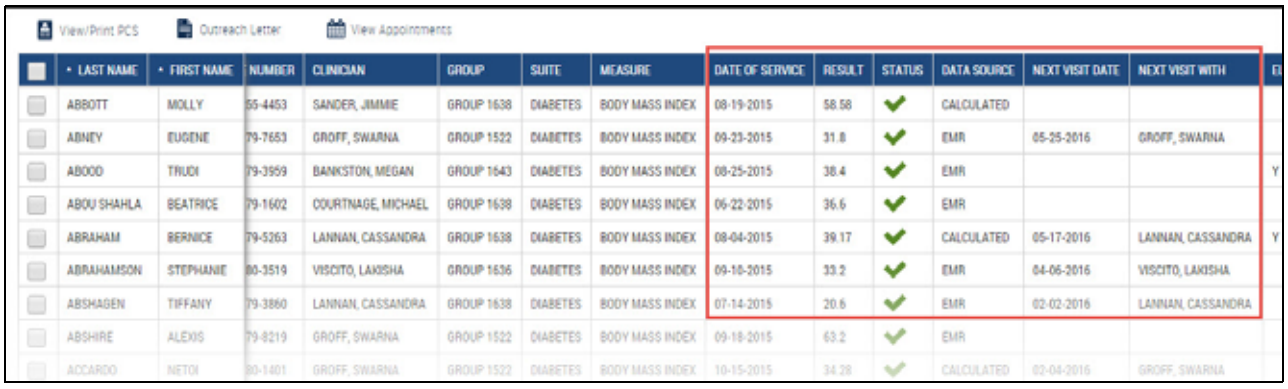


Ongoing, connected quality measures are indicated with symbols in the measures list where applicable. For example, in the Diabetes suite, Blood Pressure < 140/90, HbA1C < 8, LDL < 100, and Tobacco Free (unshaded circles) roll up to Optimal Diabetes Care (shaded circle).



Orange squares are used in the same way and are found in clinical suites that have two “optimal” measures.

Click a colored segment of a data bar to display a grid view of patients that fall in that measure's criteria, with detailed information on their success, scheduled visits, etc.



Taking Action on Care Opportunities

MDinsight's Care Opportunity feature offers several action options for patients identified as needing care.

▼ *To take action on care opportunities*

1. Select a patient using the check box column left of the patient's name.
2. Click one of the available features described in the table below.

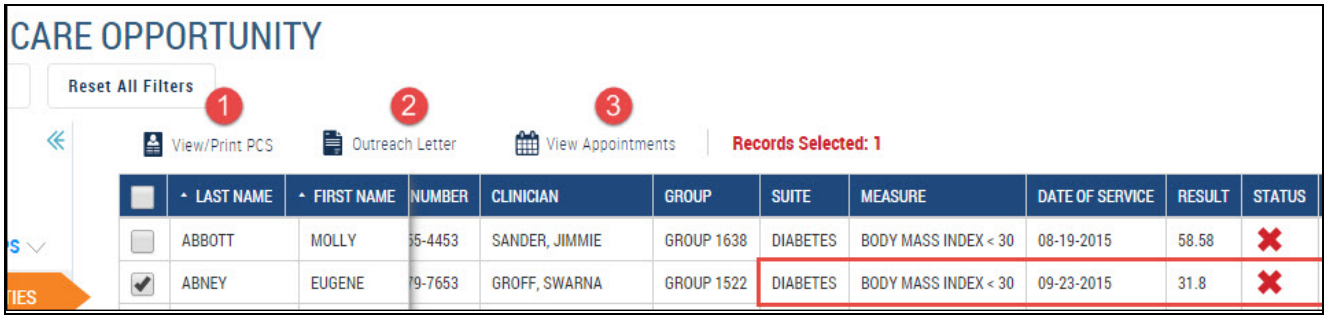


TABLE 3. Care opportunity

Legend Number	Description
1	View or print the Patient Care Summary (PCS). See reference below.
2	Generate an outreach letter. See “Outreach Letter” on page 3-9. Also refer to “Outreach Letter” on page 4-9.
3	View appointments. See “View Appointments” on page 3-9; and “Appointments” on page 5-2.

Patient Care Summary (PCS)

The Patient Care Summary (PCS) shows suite and measure information relative to care opportunities and more. See Appendix A, *Patient Care Summary*.

Outreach Letter

Generate an outreach letter to encourage patient compliance before or after a visit, or to prompt the patient to schedule a visit. For more information, see “Outreach Letter” on page 4-9.

GROUP 1522
402 North Vaughan Street
Brusly , LA 70719

Mon Feb 22 2016

Eugene Abney
6698 POSNER Street
Plaquemine, LA 87853

Dear Eugene:

We are committed to providing all our patients with the highest quality healthcare available. As part of that process we monitor our patients for gaps in care and regularly scheduled preventative and follow up visits.

Our records indicate it is time for a visit, so that we can take appropriate actions to help you maintain your best health. Please call our office to make an appointment at your earliest convenience. Thank you for trusting us with your health.

Sincerely,

Swarna Groff

View Appointments

The View Appointments option lets you select specific patients or the full list and view the specified patients on the Appointments page. See Chapter 5, *Workflow*, “Appointments” on page 5-2.

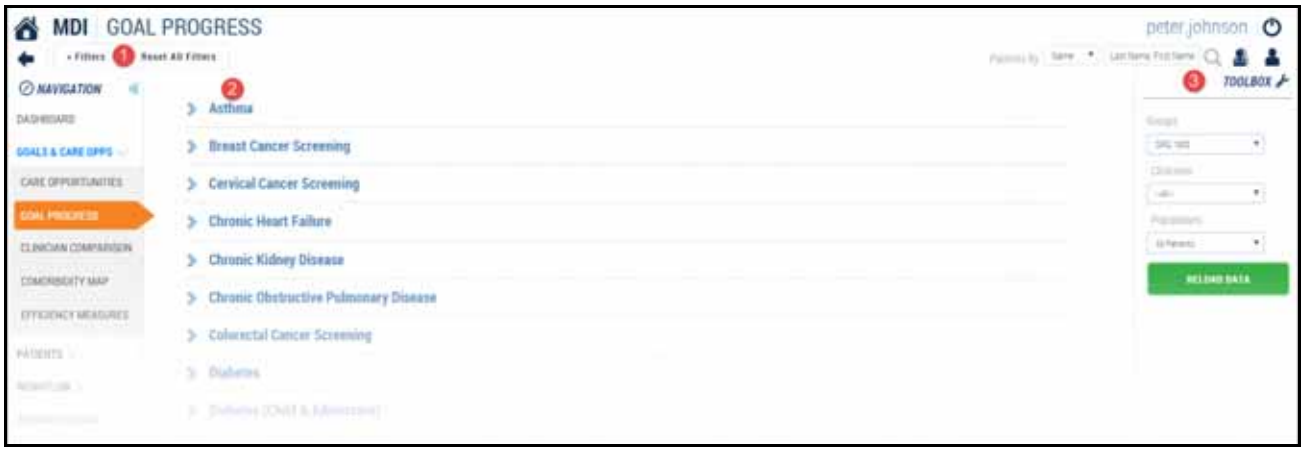
Goal Progress

The Goal Progress page allows you to view patient group trending or clinician progress in improving a population's health for single or multiple measures over a period of time.

Goal Progress Main Page

▼ *To access Goal Progress*

- On the Navigation menu, click **Goals & Care Opps** > **Goal Progress**.



Continued...

TABLE 4. Goal progress main page (Sheet 1 of 3)

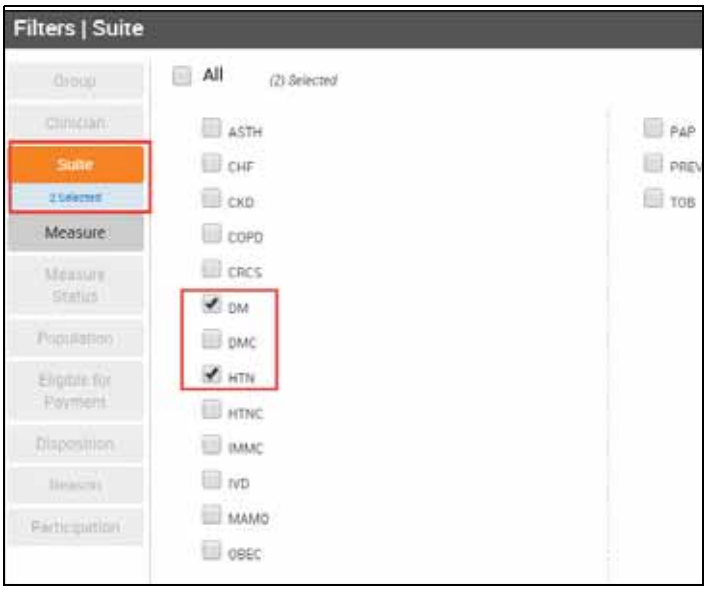
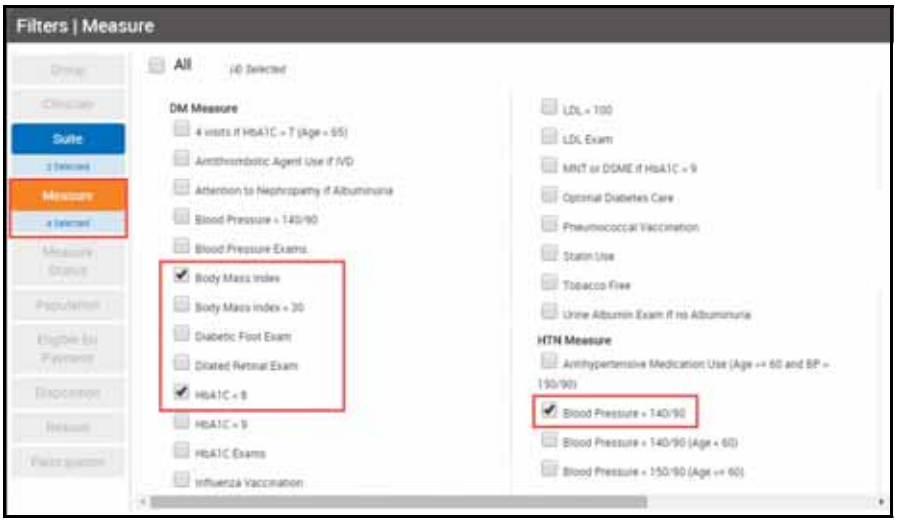
Legend Number	Description
1	The Filters button helps select data from the group of available suites and measures for checking goal progress. **1.** Click **Filters**. **2.** In the Filters | Suite dialog box, click **Suite**, and then select a suite (or multiple suites).  **Note**: If a filter is unavailable in this dialog box, more filters are available on the right side of the Goal Progress page. **3.** Click **Measure** and select the corresponding measures.  **4.** Click **Apply FIlters**.

TABLE 4. Goal progress main page (Sheet 2 of 3)

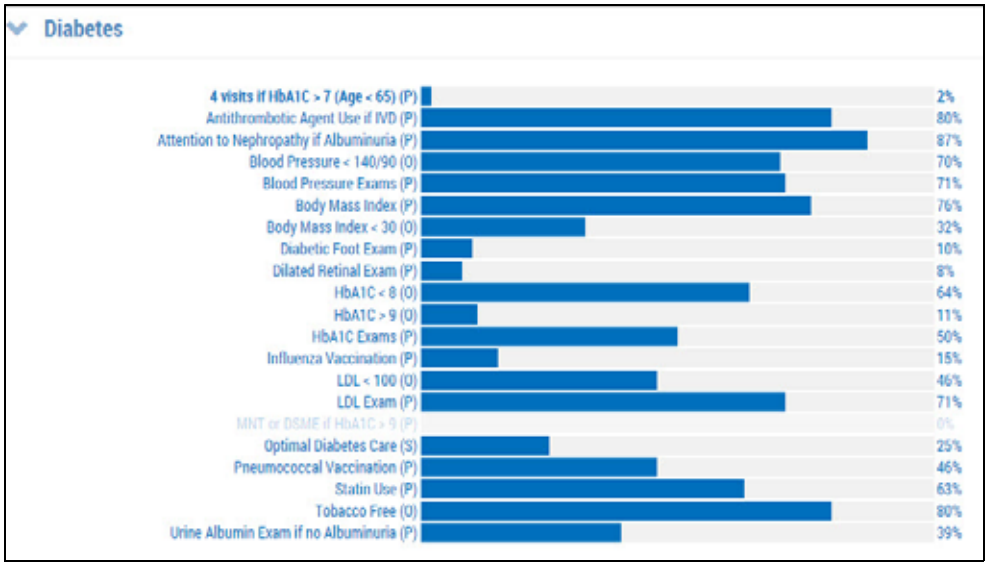
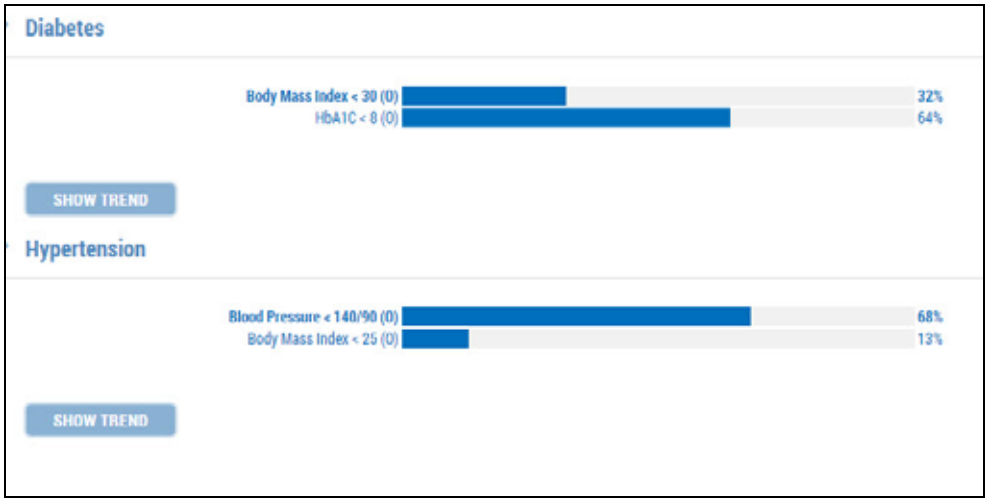
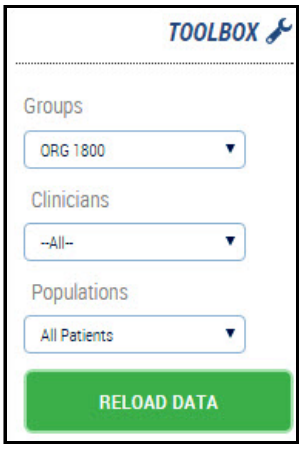
Legend Number	Description
2	Suites. **1.** Click the suite name to display individual measures.  **2.** Or, apply filters to display the selected suites and measures. 

TABLE 4. Goal progress main page (Sheet 3 of 3)

Legend Number	Description
3	Toolbox. **1.** If appropriate, apply further filters using the lists in the boxes. **2.** Click **Reload Data** to modify the suite and measure goal progress data displayed. 

Suites and Measures

This section presents more information on MDinsight's Goal Progress feature, which displays a results chart (convertible to grid view) and a trend graph.

▼ *To display the Goal Progress results chart*

- On the Navigation menu, click **Goals & Care Opps** > **Goal Progress**. The Goal Progress page displays.
  - If appropriate, click **Filters** to select suite and measure data to display.
  - You can export and print this page. For more information, see Chapter 1, *Getting Started*, “Printing” on page 1-8.

Graph View

The graph view displays by default.

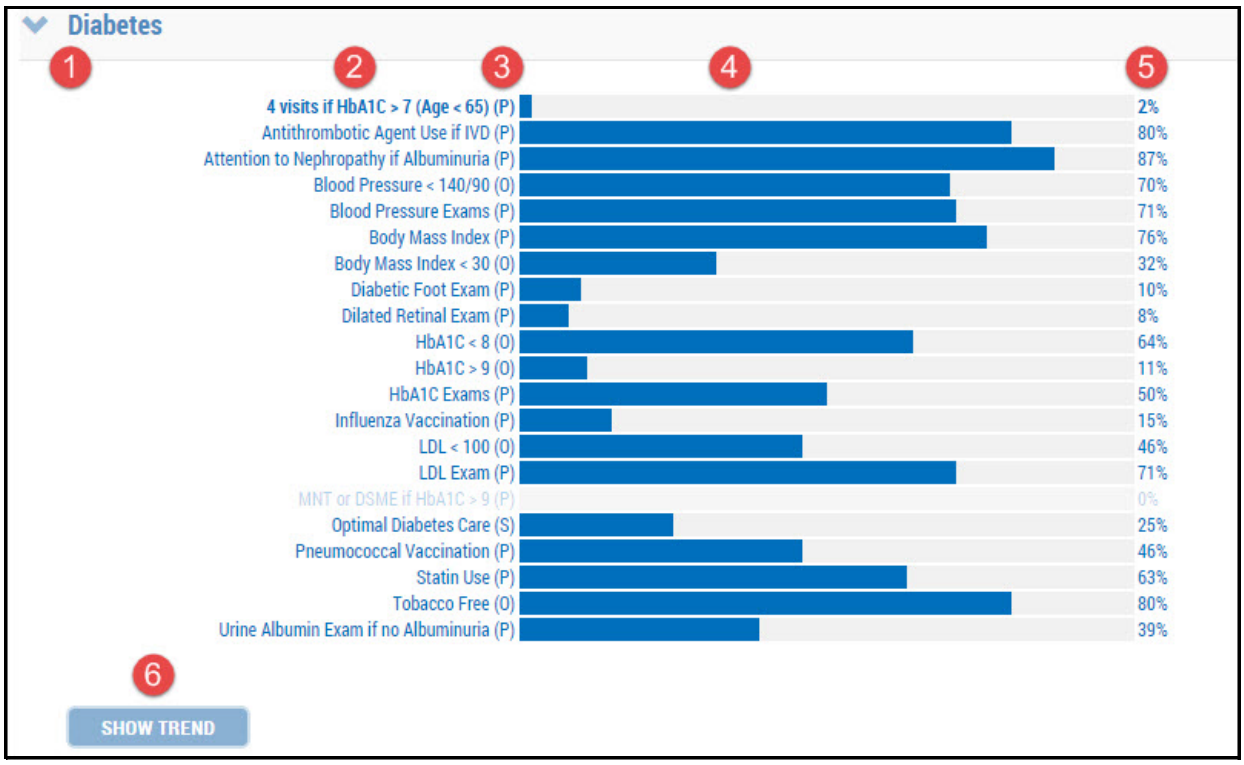


TABLE 5. Suites and measures graph view (Sheet 1 of 2)

Legend Number	Description
1	Suite name. Click the suite name to display the measures.
2	Measures related to that suite. Measures that are excluded using the Filters feature do not display.

TABLE 5. Suites and measures graph view (Sheet 2 of 2)

Legend Number	Description
3	Measure type. • **(P) Process:** Requires evidence the test/procedure was performed to receive credit (e.g. blood pressure exams) • **(O) Outcome**: Test outcomes must be within range to receive credit (e.g. blood pressure < 150/90) • **(S) Summary**: Optimal care algorithm results for that suite based on specified process and outcome measures (e.g. Optimal Diabetes Care)
4	Proportional graphic of current performance.
5	Current score.
6	Show Trend button. Click to display a trend graph of the data. For more information, refer to “Show Trend” on page 3-17.

Grid View

On the Goal Progress page, click the **Grid View** icon to display the Goal Progress suite-and-measure data in more detail. You can export this data to Excel using the Export icon at the bottom of the page.

1	2	3	PERFORMANCE GOALS 4				5
SUITE	MEASURE TYPE	MEASURE NAME	L1	L2	L3	PERFORMANCE	LEVEL
DIABETES	OUTCOME	HBA1C > 9	N/A	N/A	N/A	11% (751/6993)	
DIABETES	PROCESS	4 VISITS IF HBA1C > 7 (AGE < 65)	N/A	N/A	N/A	2% (31/1519)	
DIABETES	PROCESS	ATTENTION TO NEPHROPATHY IF ALBUMINURIA	N/A	N/A	N/A	87% (146/168)	
DIABETES	OUTCOME	BLOOD PRESSURE < 140/90	N/A	N/A	N/A	70% (4888/6993)	
DIABETES	PROCESS	BLOOD PRESSURE EXAMS	N/A	N/A	N/A	71% (4949/6993)	
DIABETES	PROCESS	BODY MASS INDEX	N/A	N/A	N/A	76% (5332/6990)	
DIABETES	OUTCOME	BODY MASS INDEX < 30	N/A	N/A	N/A	32% (2260/6993)	
DIABETES	PROCESS	DIABETIC FOOT EXAM	N/A	N/A	N/A	10% (726/6991)	
DIABETES	PROCESS	DILATED RETINAL EXAM	N/A	N/A	N/A	8% (527/6981)	
DIABETES	OUTCOME	HBA1C < 8	N/A	N/A	N/A	64% (4479/6993)	
DIABETES	PROCESS	ANTITHROMBOTIC AGENT USE IF IVD	N/A	N/A	N/A	80% (788/984)	
DIABETES	PROCESS	HBA1C EXAMS	N/A	N/A	N/A	50% (3500/6993)	
DIABETES	PROCESS	INFLUENZA VACCINATION	N/A	N/A	N/A	15% (1016/6986)	
DIABETES	OUTCOME	LDL < 100	N/A	N/A	N/A	46% (3218/6993)	
DIABETES	PROCESS	LDL EXAM	N/A	N/A	N/A	71% (4937/6993)	
DIABETES	PROCESS	MNT OR DSME IF HBA1C > 9	N/A	N/A	N/A	0% (0/0)	
DIABETES	SUMMARY	OPTIMAL DIABETES CARE	N/A	N/A	N/A	25% (1760/6993)	
DIABETES	PROCESS	PNEUMOCOCCAL VACCINATION	N/A	N/A	N/A	46% (3222/6991)	

Showing 1 to 18 of 21 entries

First Previous 1 2 Next Last

TABLE 6. Suites and measures grid view

Legend Number	Description
1	Suite name.
2	Measure type. • **(P) Process:** Requires evidence the test/procedure was performed to receive credit (e.g. blood pressure exams) • **(O) Outcome**: Test outcomes must be within range to receive credit (e.g. blood pressure < 140/90) • **(S) Summary**: Optimal care algorithm results for that suite based on specified process and outcome measures (e.g. Optimal Diabetes Care)
3	Measures related to that suite. Measures that are excluded using the Filters feature do not display.
4	Performance goals. If activated for your practice, these are numeric target values set for each suite/measure. Reaching goals by the clinician (or group) typically triggers bonuses in a pay-for-performance quality program. • **N/A**: No value set • **L1**: Score required to meet Level 1 performance (e.g. 65%) • **L2**: Score required to meet Level 1 performance (e.g. 70%) • **L3**: Score required to meet Level 1 performance (e.g. 75%) • **Performance**: Score, numerator, and denominator for the measure
5	Level. A graphic in this column shows which goal level has been reached. • **Blank**: None achieved

Show Trend

On the Goal Progress page, with a clinical suite and set of measures expanded, click **Show Trend** to display a trend graph of the Goal Progress data percentage of compliance over time.

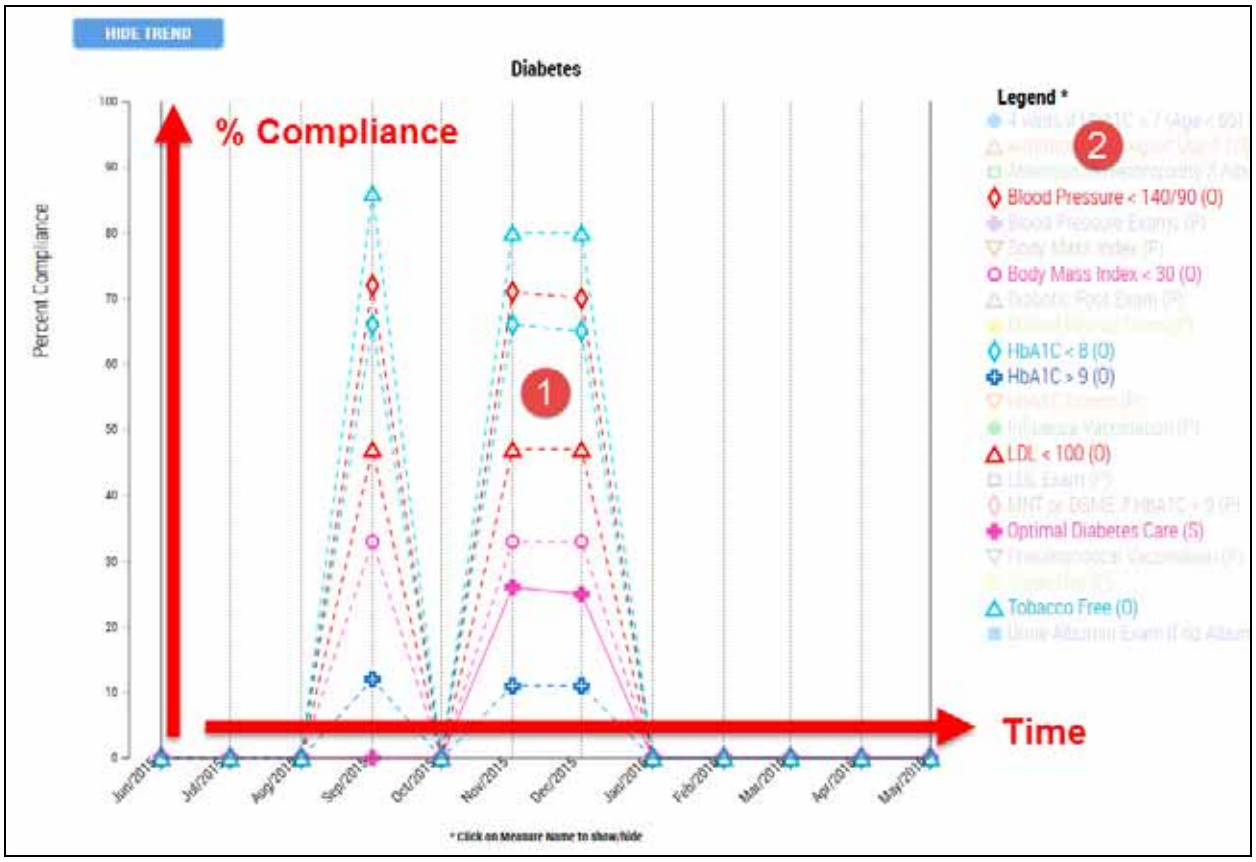


TABLE 7. Show trend

Legend Number	Description
1	Data plots by measure over time.
2	The graph legend lists the measures selected in the measure filter alphabetically and displays them in different colors. • Goal levels are included if appropriate, such as LDL < 100 (L1: 65%, L2: 70%, L3: 75%). • Click a measure in the legend to show or hide from display on the graph.

Clinician Comparison

The Clinician Comparison report compares performance between groups and clinicians within an organization.

To generate a PDF version of the reports, click the **Print** icon at the bottom of the page.

Clinician Comparison Main Page

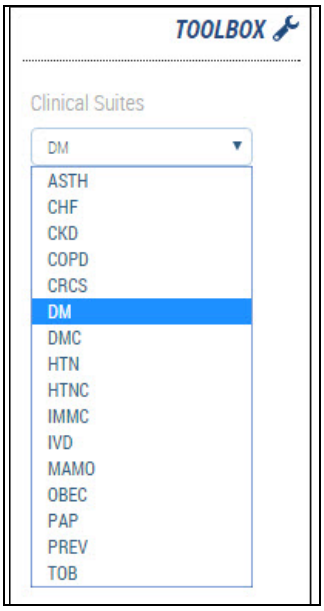
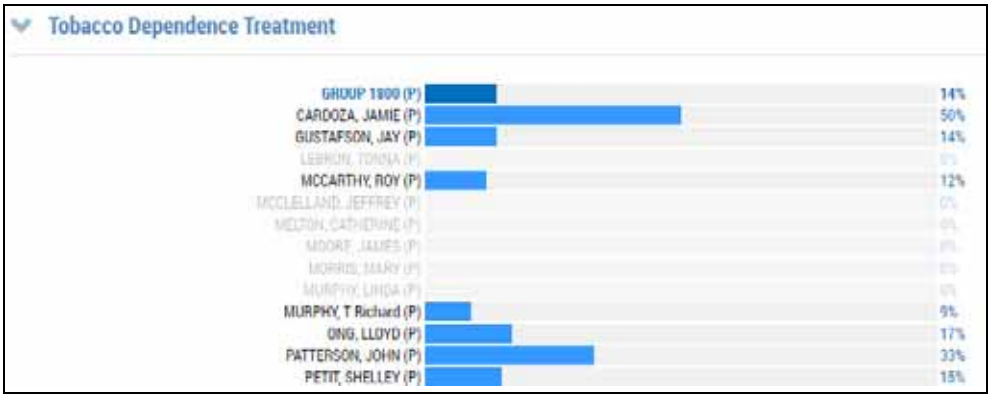
▼ *To access Clinician Comparison*

- On the Navigation menu, click **Goals & Care Opps** > **Clinician Comparison**.

TABLE 8. Clinician comparison main page (Sheet 1 of 2)

Legend Number	Description
1	Filters. Use these to select data to compare. **1.** Click **Filters**. **2.** In the Filters dialog box, select **Group**, **Clinician**, and **Population** choices to compare.  Depending on the organization, other filters such as Eligible for Payment may also be active in the dialog box.

TABLE 8. Clinician comparison main page (Sheet 2 of 2)

Legend Number	Description
2	Toolbox. Select the clinical suite from the list for clinician comparison on the right side of the page. 
3	Measures. Click the measure name to expand and view associated group and clinician statistics for a measure. 

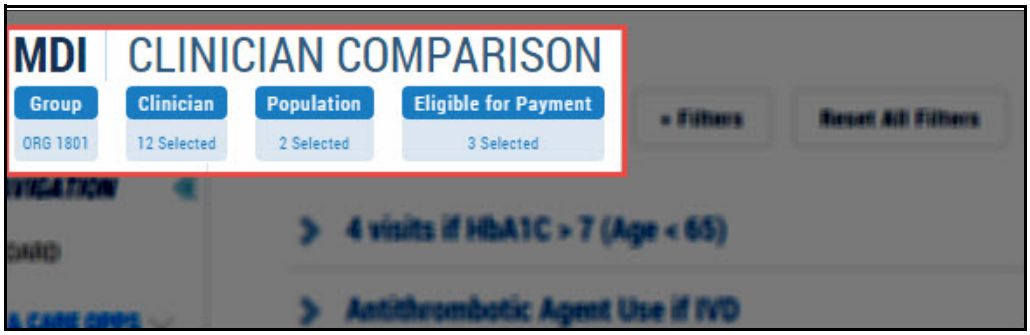
Creating Suites And Measures Clinician Comparisons

This section explains in more detail how to use the Clinician Comparison features under Goals and Care Opportunities.

Note: Clinical Comparison bar graphs can be exported to an MS Word document or PowerPoint file, and also exported from grid view to Excel or a comma-separated values (CSV) document for easier manipulation of columns.

▼ *To generate a clinician comparison*

1. On the Navigation menu, click **Goals & Care Opps** > **Clinician Comparison**.
2. Click **Filters** and select **Group(s)**, **Clinician**, **Population(s)**, and **Eligible for Payment** to compare.
3. Click **Apply Filter(s)**. The filter selections display on the Clinician Comparison page.



4. In the Toolbox, select a **Clinical Suite** from the drop-down list.

   Click the measure name to expand and view associated group and clinician statistics for a measure.

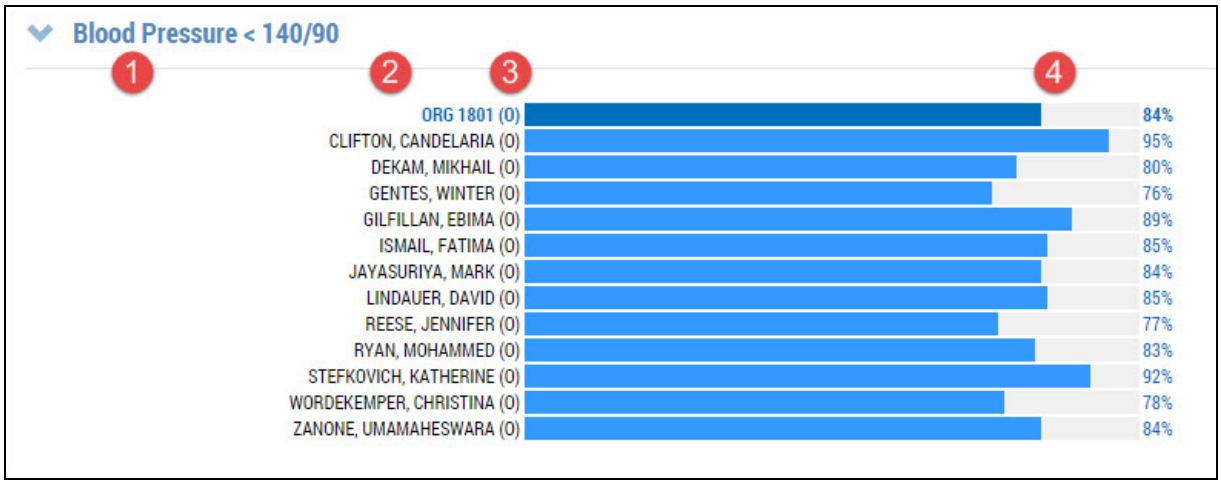


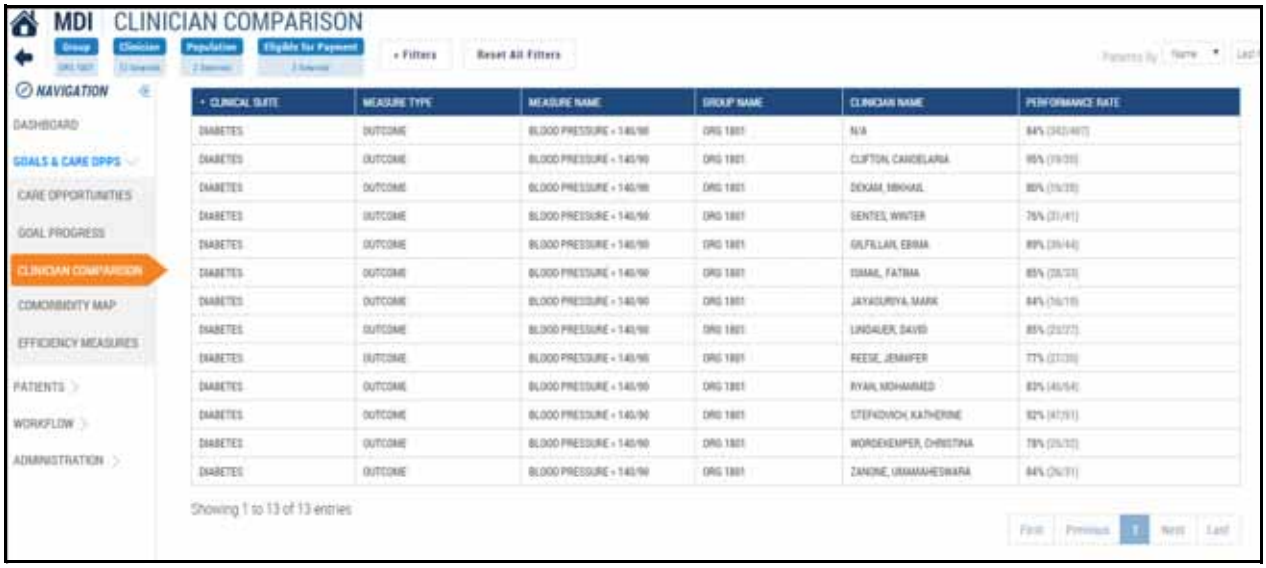
TABLE 9. Clinical suite—clinician comparison (Sheet 1 of 2)

Legend Number	Description
1	The measure for comparison. Click the measure name to expand.

TABLE 9. Clinical suite—clinician comparison (Sheet 2 of 2)

Legend Number	Description
2	Groups are displayed in orange, providers in light blue, and the top-level group in dark blue (on the first line).
3	Measure data status: • **(P) Process:** Requires evidence the test/procedure was performed to receive credit (e.g. blood pressure exams) • **(O) Outcome**: Test outcomes must be within range to receive credit (e.g. blood pressure < 150/90) • **(S) Summary**: Optimal care algorithm results for that suite based on specified process and outcome measures (e.g. Optimal Diabetes Care)
4	Measure score.

Click the **Grid View** icon for an alternate display of the Clinician Comparison.



Note: To view all measures in grid view, do not expand any of the individual measures, then click the **Grid View** icon.

Comorbidity Map

The Comorbidity Map helps assess patient population risk by highlighting patients with the highest chronic disease burden and highest risk for complications. Patients are plotted on the map relative to risk (the number of chronic suites and the number of unmet care opportunities). MDinsight's patient care features help providers to take action and shape better patient outcomes.

The Comorbidity Map has these characteristics:

- Visualization of population risk
- Patient-centric, not disease-centric
- Used to identify and manage high-risk (high-cost) patients
- Used to prioritize high-risk patients for access

Comorbidity Map Main Page

▼ *To access the Comorbidity Map*

- On the Navigation menu, click **Goals & Care Opps** > **Comorbidity Map**. You can also click the Comorbidity Map widget on the Dashboard.

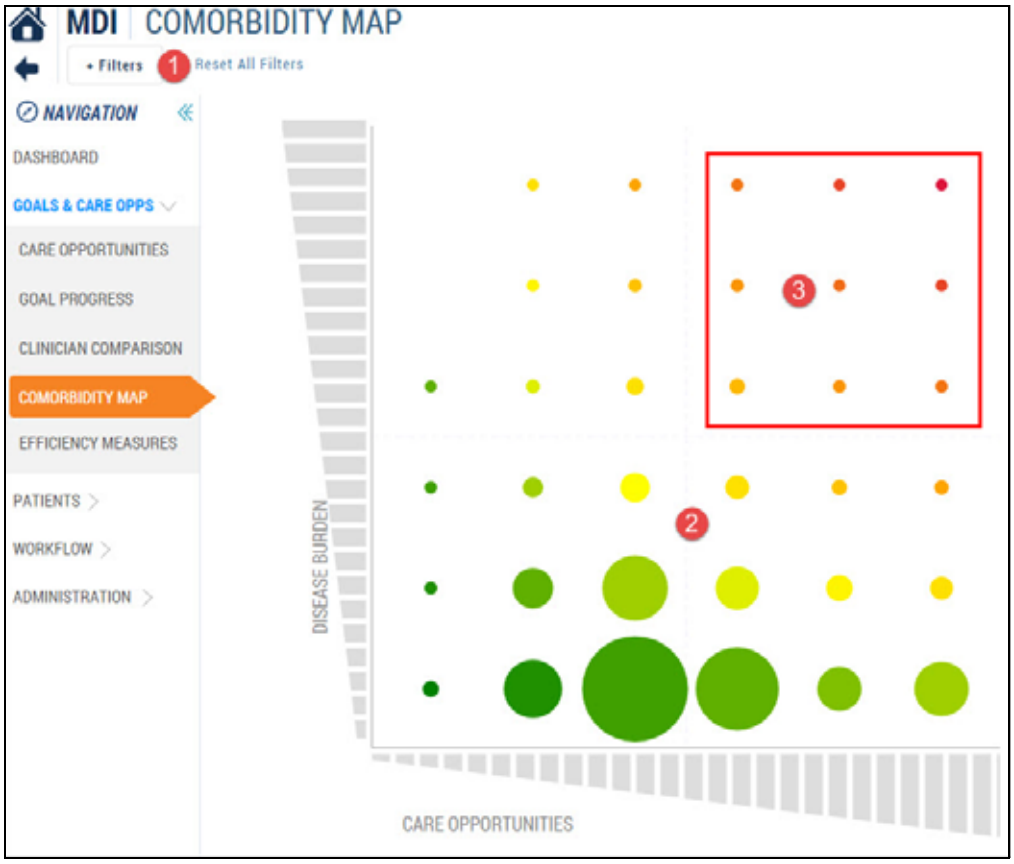


TABLE 10. Comorbidity Map (Sheet 1 of 2)

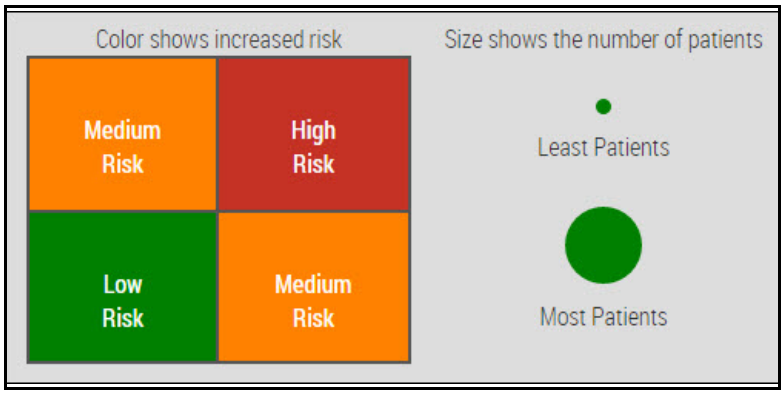
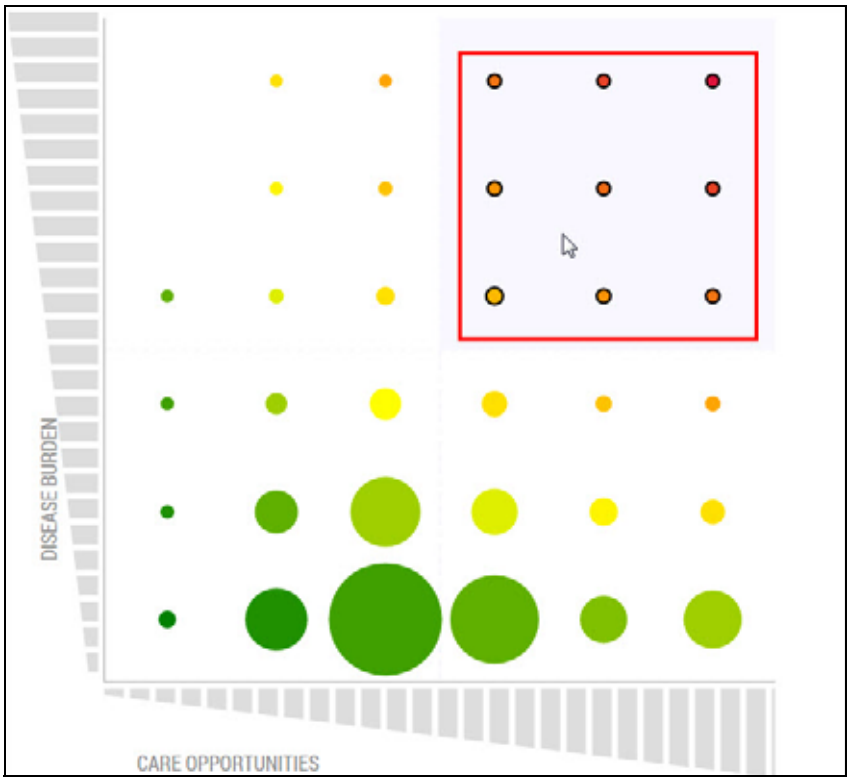
Legend Number	Description
1	Filters. Use these to select data to compare. If no filters are selected, all of the suites, measures, providers, and groups are automatically included in the Comorbidity Map.
2	Map area. Easy reference: • The bottom row represents patients in one chronic suite. • The second row represents patients in two chronic suites. • And so on, for each row. Details: • The Y- (vertical) axis represents the number of chronic conditions (i.e., suites) per patient (disease burden). • The X- (horizontal) axis shows the amount of care opportunities met per patient. • The size of each circle represents the number of patients in that cell. The larger the circle the more patients in that risk set. • The high-risk quadrant (top right) is red. • The low-risk quadrant (bottom left) is green. • The two medium-risk quadrants are orange. To access this legend from the Comorbidity Map main page, click **What do the circles mean?** 

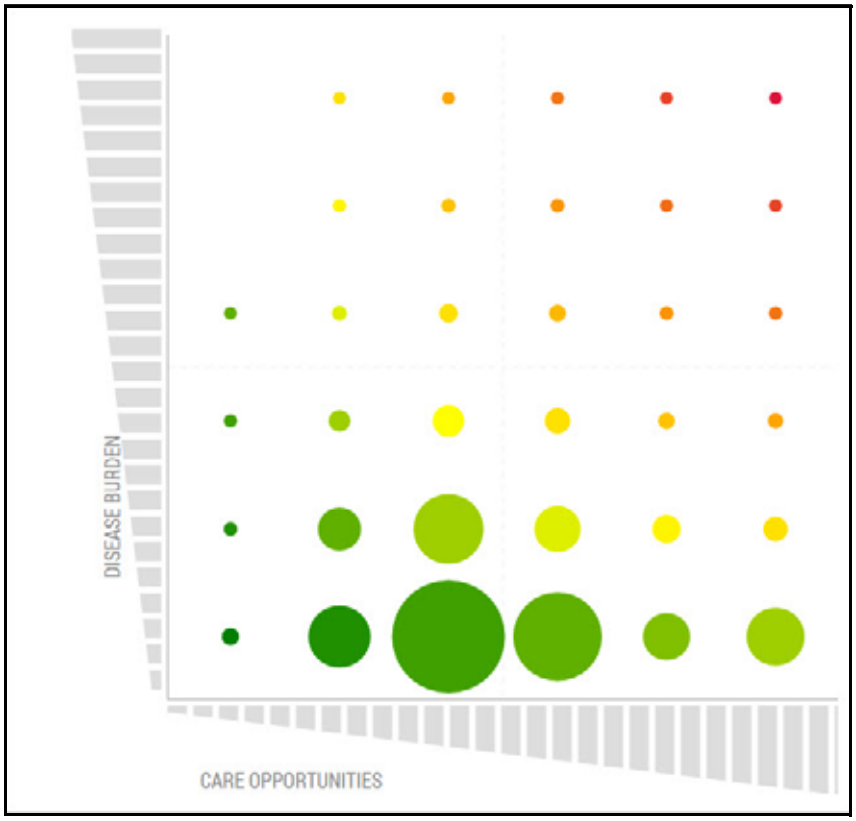
TABLE 10. Comorbidity Map (Sheet 2 of 2)

Legend Number	Description
3	High-risk quadrant. Selecting the circles in the upper-right part of the map displays the patients in need of (and potentially benefiting from) the fastest attention for chronic suites. You can select an entire quadrant or individual circles, singly or in multiples. 

Using The Comorbidity Map

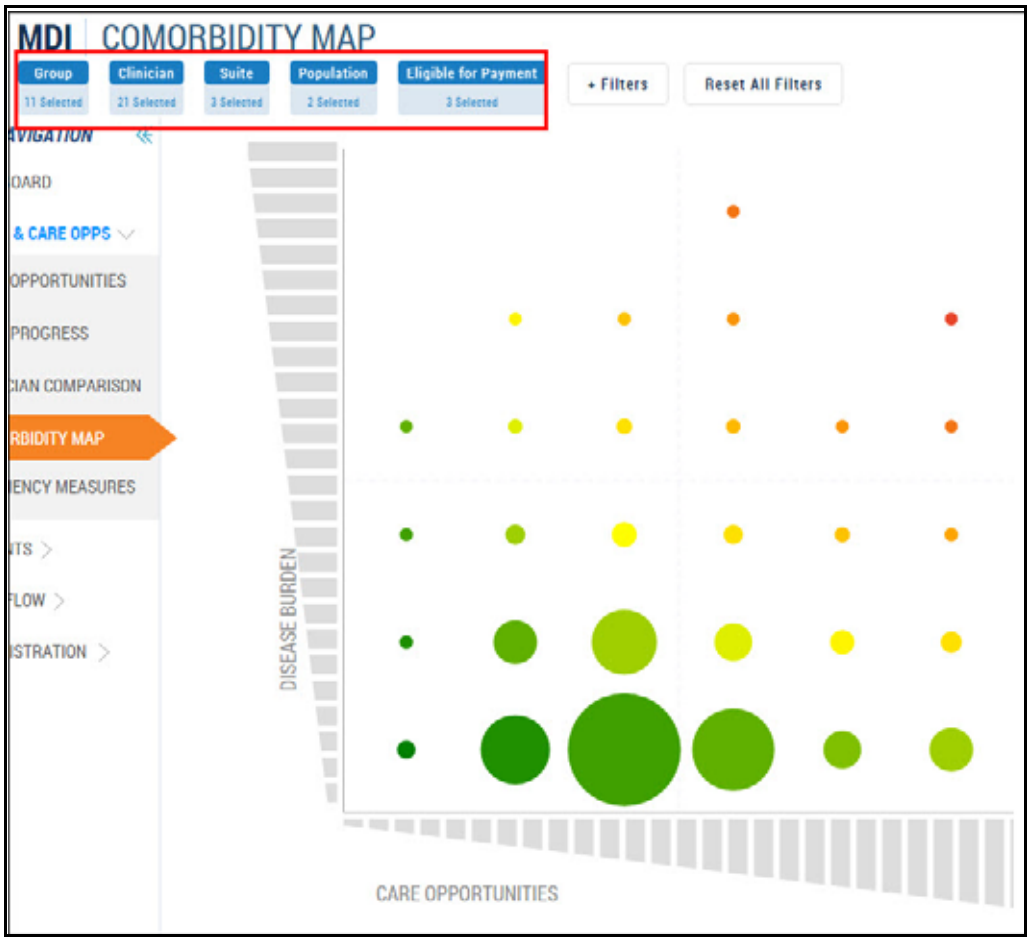
The following is an example of turning the visual data in the Comorbidity Map into provider action.

1. On the Navigation menu, click **Goals & Care Opps** > **Comorbidity Map**.

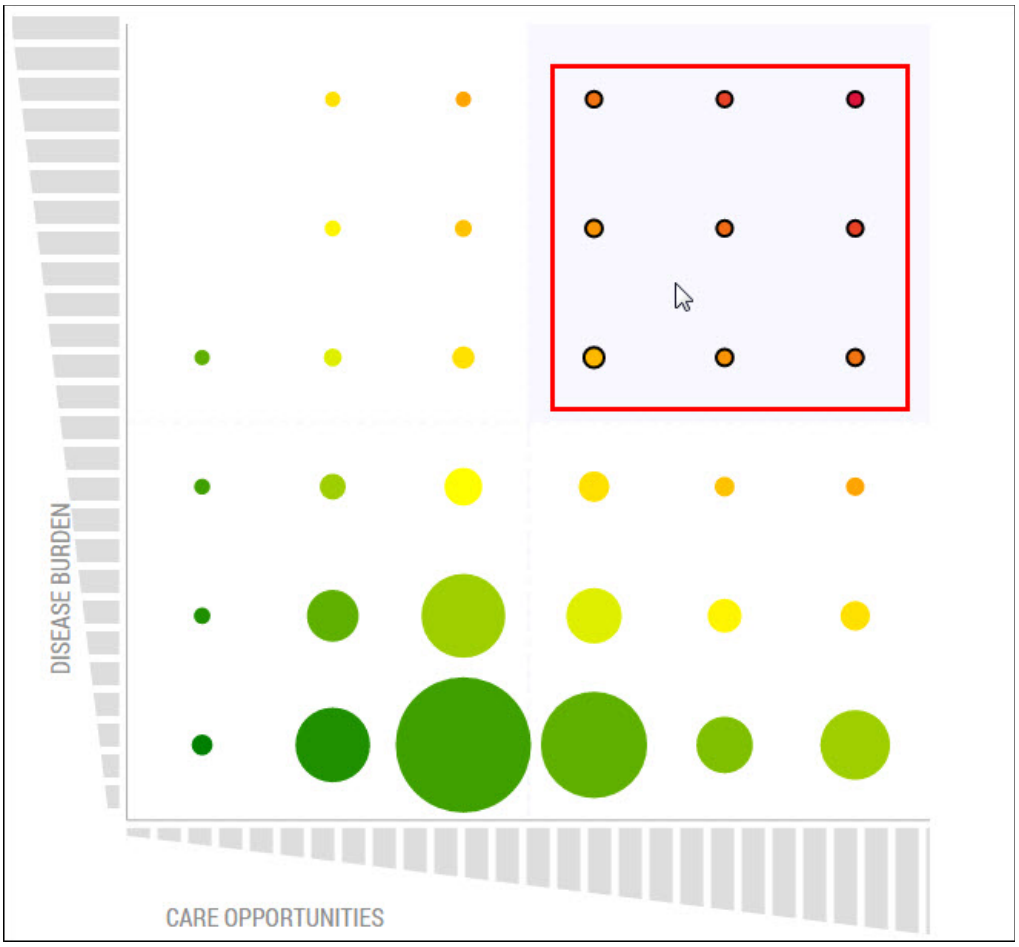


2. Click **Filters**. In the Filters dialog box, define a patient set by choosing by Group, Clinician, and/or Suite, and Population and Eligible for Payment, if applicable.

3. Click **Apply Filter(s)**. A revised Comorbidity Map displays.

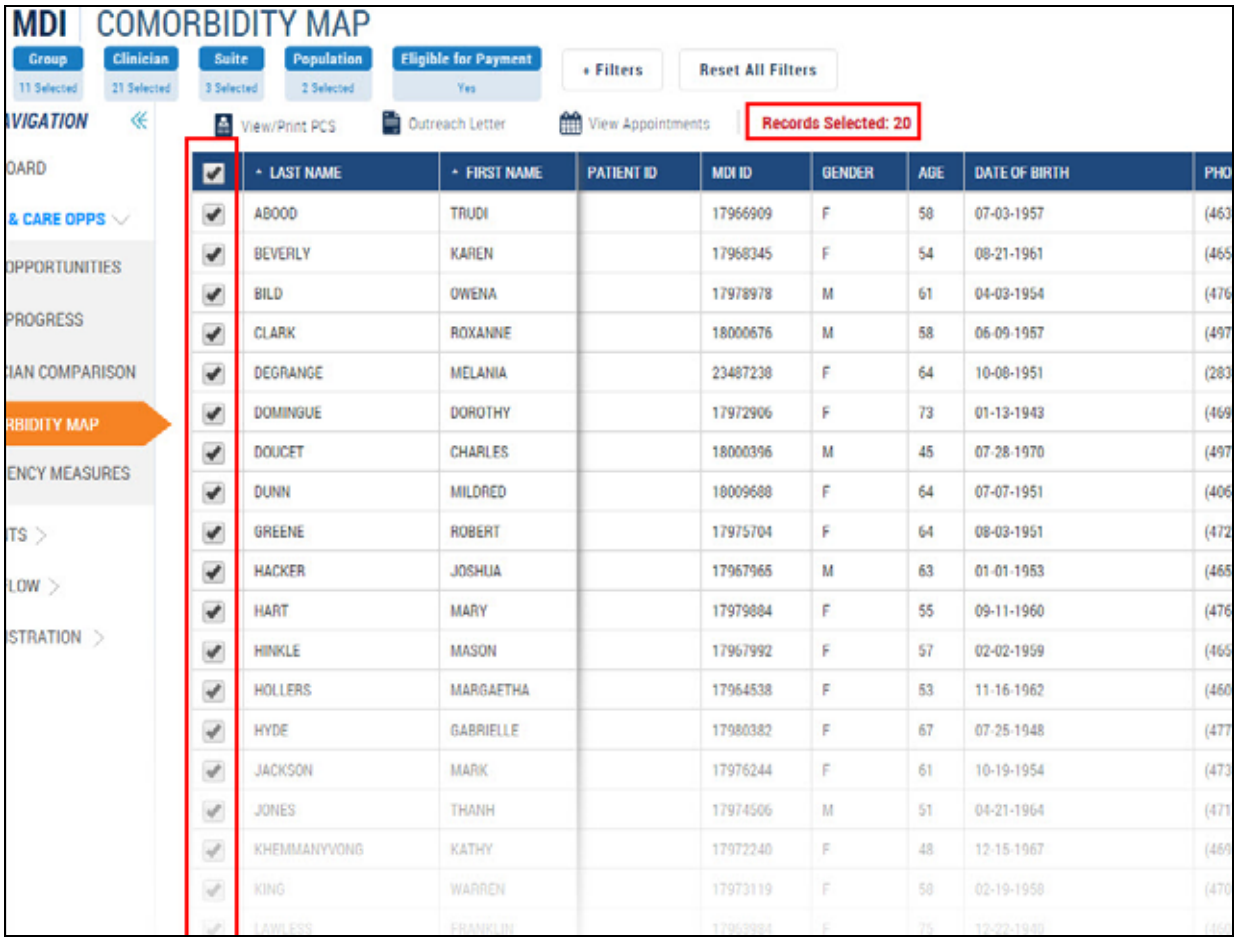


4. On the Comorbidity Map, click a dot or multiple dots to select. You can click in the upper-right (high-risk) quadrant to select the quadrant's patient risk data dots. Or, select individual circles for a more detailed list.



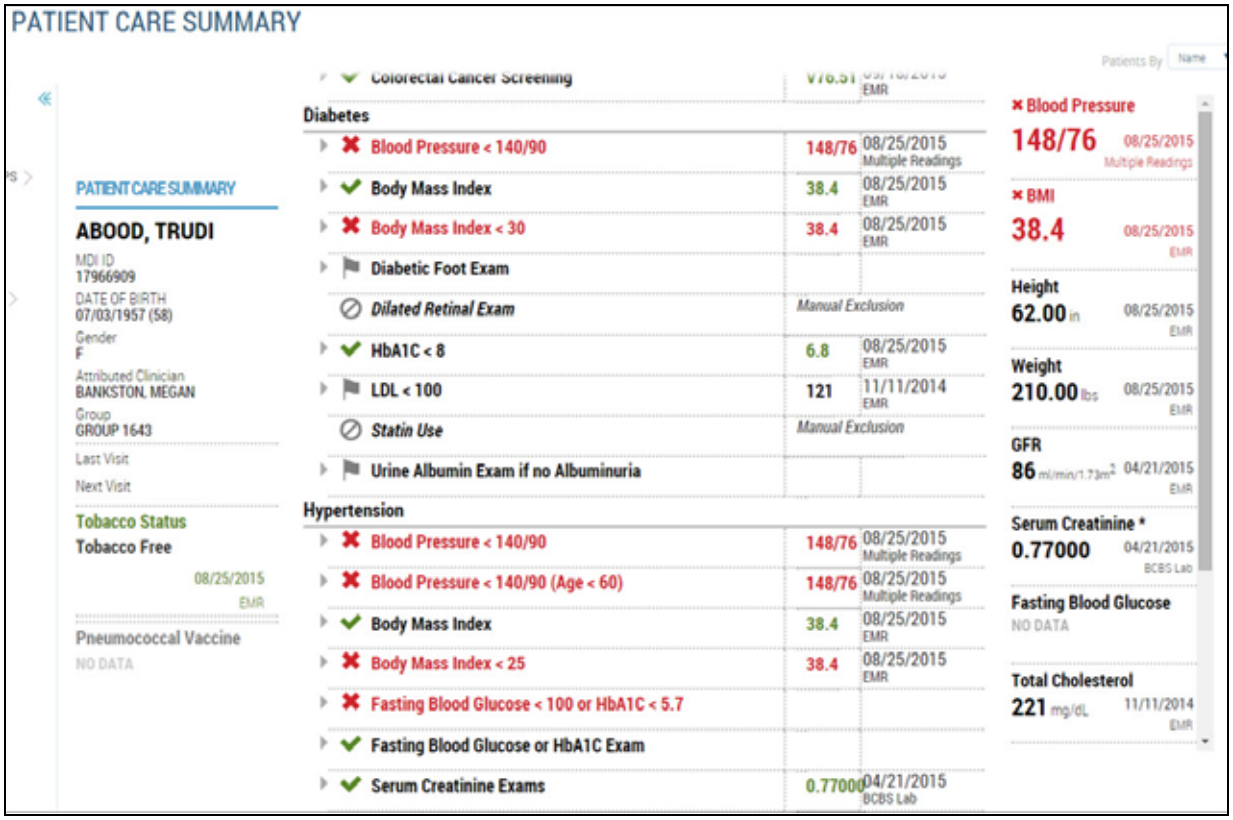
5. Click the **Grid View** icon to display a list of patients. 

6. Click an individual patient record to display. Or, using the heading check box at the top of the left column, select all patients. (The number of records selected is highlighted at the top of the patient list.)



7. Click **View / Print PCS**, then **View Summary** or **Print Reports** to generate Patient Care Summaries for the list.

Patient Care Summaries for the patients grouped in the high-risk quadrant can be used as a support tool to prioritize patients for care, generate outreach letters, or view and help schedule appointments. For more information, see Appendix A, *Patient Care Summary*.



CHAPTER 4 PATIENTS

In this Chapter

Welcome to the Patients chapter of the Orchestrate MDinsight 7.0 User Guide. This chapter is organized into the following topics:

Your organization may not use all the MDinsight features and options described in this document. Organizations may deploy customized versions of MDinsight based on business needs and program objectives.

Introduction

MDinsight allows you to:

- Understand, validate, and manage your active patient panel by:
  - Group and clinician attribution
  - Suite assignment

  - Active status
  - Membership status
- Perform actions on one or many patients:
  - View and print Patient Care Summary (PCS)
  - Generate an outreach letter
  - Add a disposition
  - Change a patient's clinician
  - View appointments
  - View patient traits
  - Direct Data Entry
- View demographic and other details about a particular patient

MDinsight supports this through four menu features:

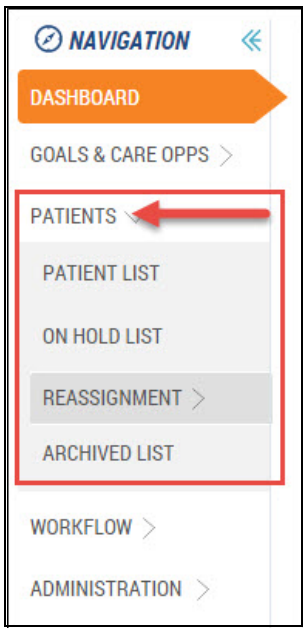
- Patient List
- On Hold List
- Reassignment
- Archived List

Access to these features depends on user roles.

Accessing Patient Features

▼ *To access MDinsight patient features*

1. On the Navigation menu, click to expand the **Patients** list.
2. Click a patient feature.



Patient List

Patient List Main Page

▼ *To access the Patient List main page*

- On the Navigation menu, click **Patients** > **Patient List**. Or, from the Dashboard, click the **Population Overview** widget. The Patient Active List displays.

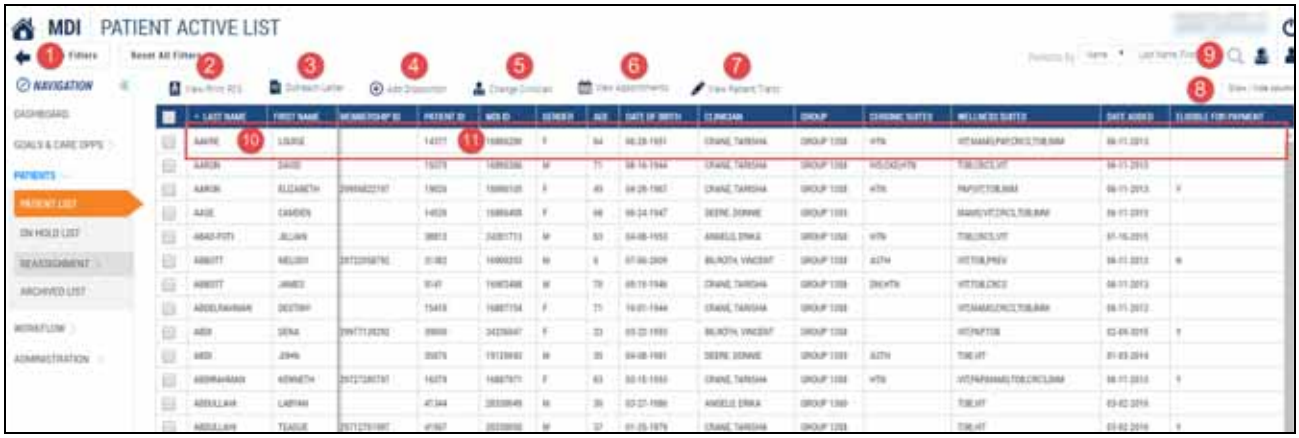


TABLE 1. Patient active list (Sheet 1 of 2)

Legend Number	Description
1	Click **Filters** to access the Filter dialog box. Narrow down the patients displayed on the Patient List by Group, Clinician, Suite, Population, and Eligible for Payment.
2	View and print PCS. See “Viewing and Printing Patient Care Summaries” on page 4-8. User steps are explained under “Viewing the Patient Care Summary” on page A-2 and “Printing the Patient Care Summary” on page A-5.
3	Generate outreach letter. See “Outreach Letter” on page 4-9.
4	Add disposition. See “Add Disposition” on page 4-12. **Note**: Changes need to be completed in the EMR as well, or the patient status may revert back to the original when the next files are processed.
5	Change clinician. See “Change Clinician” on page 4-14. **Note**: Changes need to be completed in the EMR as well, or the patient status may revert back to the original when the next files are processed.
6	View appointments. See “View Appointments” on page 4-15.
7	View traits. See “Patient Traits” on page 4-16. **Note**: This is also referred to as direct data entry (DDE).

TABLE 1. Patient active list (Sheet 2 of 2)

Legend Number	Description
8	Show / hide columns. Click to deselect or hide columns. • Membership ID • Patient ID • MDI ID • Gender • Age • Date of Birth • Clinician • Group • Chronic Suites • Wellness Suites • Date Added • Eligible for Payment
9	Patient search. See “Patient Search” on page 4-6.
10	Click a patient's name to view the Expanded Patient Details for a patient.
11	Click a patient's data to view their Patient Care Summary (refer to Appendix A, *Patient Care Summary*).

Patient Search

MDinsight has a powerful patient search feature to help you:

- Access Patient Care Summaries (see Appendix A, *Patient Care Summary*) for pre-visit prep and to evaluate care opportunities
- Determine a patient's MDI status (active, on hold, archived pending reassignment, etc.) and take follow-up action (disposition, reactivate, request reassignment)
- Validate and update a patient's clinician assignment
- View a patient's CMF eligibility (determine if patient is eligible for payment)

Patient search functions are located near the upper-right corner of each MDinsight page.

TABLE 2. Patient search (Sheet 1 of 2)

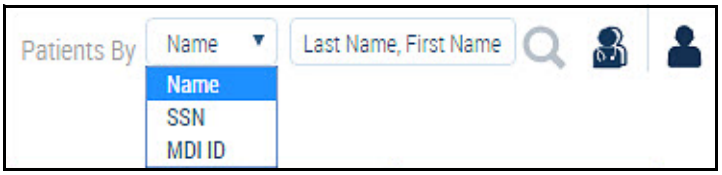
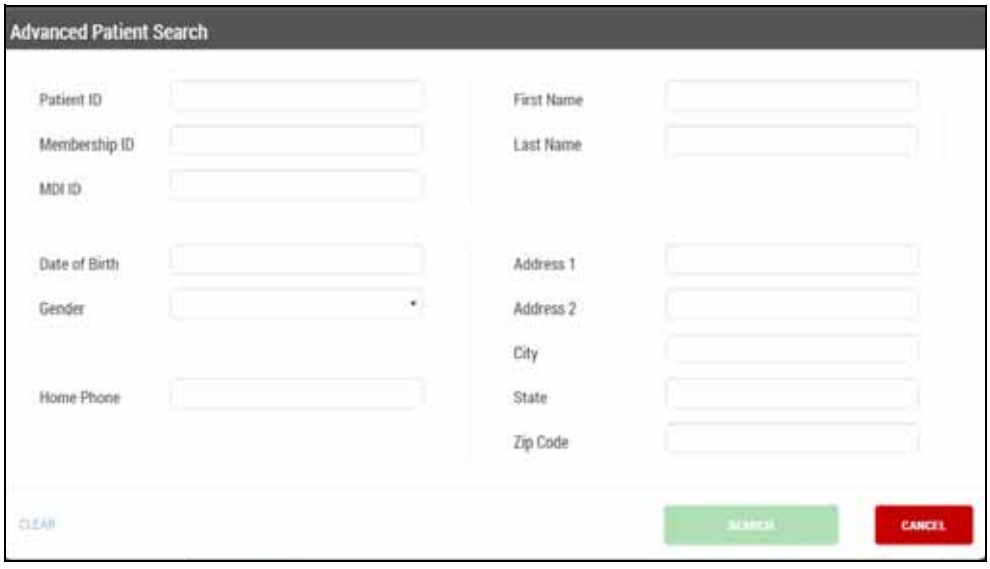
Legend Number	Description
1	Quick Search. **1.** Enter a patient's name and click the magnifying glass. • You can search by first name, last name, or a combination of the two. • You can also enter part of the name and an asterisk (*), then search. The search feature will display all patient names containing the searched letters. **2.** Select from the list of three options. • Default is Name. • To search by SSN, you can enter the full social security number or the last four digits. 

TABLE 2. Patient search (Sheet 2 of 2)

Legend Number	Description
2	Coordination of Care Plan Search. Search for a single patient's data across practices participating in the program. **1.** Click the **Coordination of Care Plan Search** icon. **2.** Complete the fields in the Coordination of Care Plan Search dialog box. **3.** Click **Search**. 
3	Advanced Patient Search. **1.** Click the **Advanced Patient Search** icon. **2.** Use any of the available fields in the Advanced Patient Search dialog box to search. You can use multiple criteria. **3.** Click **Search**. 

Search Notes

- Both quick search and advanced search allow wild cards (*) to be used for partial searches in the patient name and address fields.
- Both provider and sponsor users can search for patients via this functionality. If a payer sponsor is searching, search results are only returned for active members.
- The results of the patient search are returned in a list with action options.

- If the search results include a patient who has opted out of the program, the message "Patient Opted Out From Program" displays.

Viewing and Printing Patient Care Summaries

- You can view Patient Care Summaries, either one at a time or by selecting several patients at once**.** See Appendix A, *Patient Care Summary*, “Viewing the Patient Care Summary” on page A-2.
- You can view a Patient Care Summary as a PDF file, and send it to the printer. See Appendix A, *Patient Care Summary*, “Printing the Patient Care Summary” on page A-5.

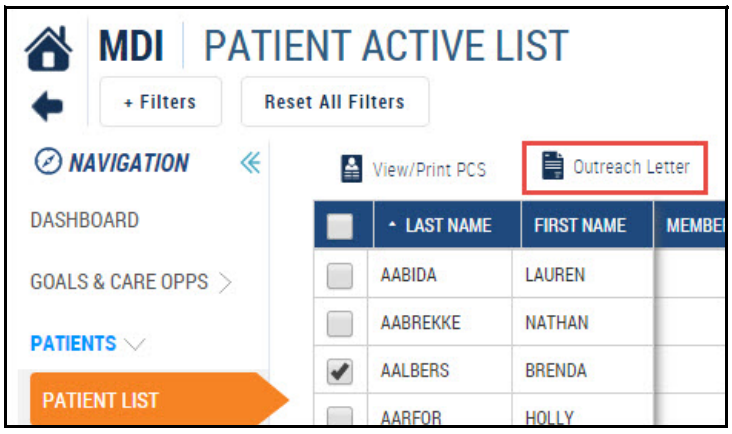
Outreach Letter

You can generate a form letter to be sent to a patient to remind them of preventive care or follow-up visits.

▼ *To generate an outreach letter*

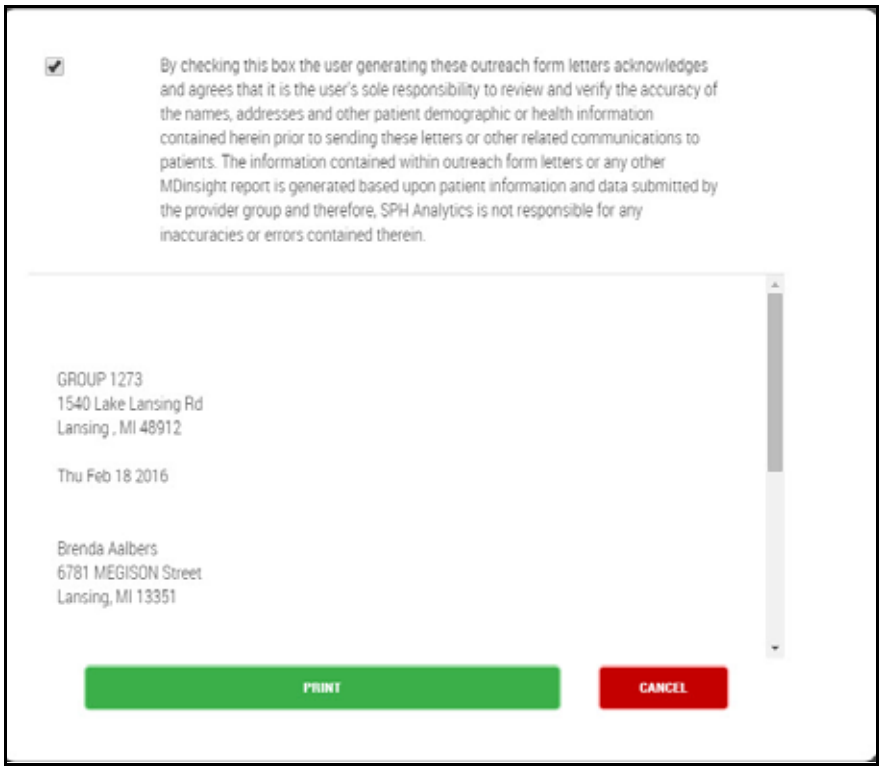
Note: This example is a generic letter, and the option to choose from multiple letters is not available as of this release.

1. On the Navigation menu, click **Patients** > **Patient List** to access the grid view of patients.
2. Select the check box next to the patient(s) for whom you are generating the outreach letter.



3. Click **Outreach Letter**.

4. Review the text in the dialog box. Select the agreement check box to display a draft of the text for the outreach letter(s).



5. Click **Print**. A PDF of the letter opens in a new tab.

GROUP 1273
1540 Lake Lansing Rd
Lansing , MI 48912

Thu Feb 18 2016

Brenda Aalbers
6781 MEGISON Street
Lansing, MI 13351

Dear Brenda:

We are committed to providing all our patients with the highest quality healthcare available. As part of that process we monitor our patients for gaps in care and regularly scheduled preventative and follow up visits.

Our records indicate it is time for a visit, so that we can take appropriate actions to help you maintain your best health. Please call our office to make an appointment at your earliest convenience. Thank you for trusting us with your health.

Sincerely,

Erica Botsford

6. Click the **Print** icon to send the outreach letter(s) to your local printer.

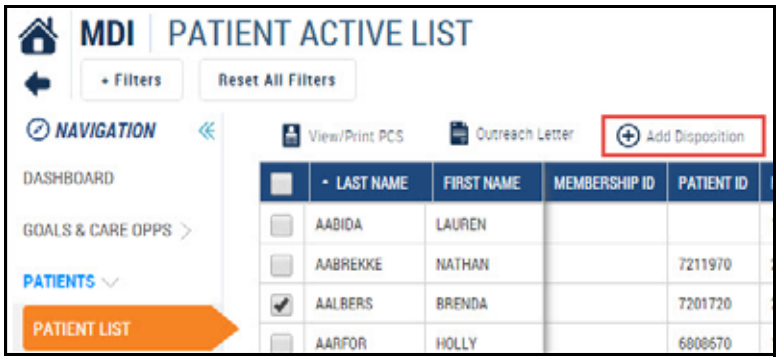
Add Disposition

Adding a disposition moves a patient from the Patient Active List to the inactive list with a disposition reason.

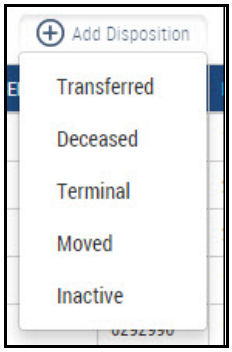
Note: Changes need to be completed in the EMR as well, or the patient status may revert back to the original status when the next set of files are processed.

▼ *To add a disposition*

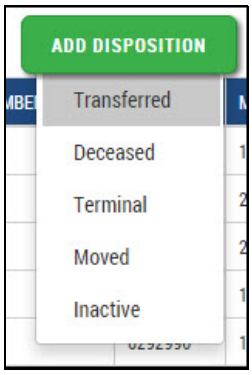
1. On the Navigation menu, click **Patients > Patient List** to access the grid view of patients.
2. Select the check box next to the patient for whom you are adding a disposition.



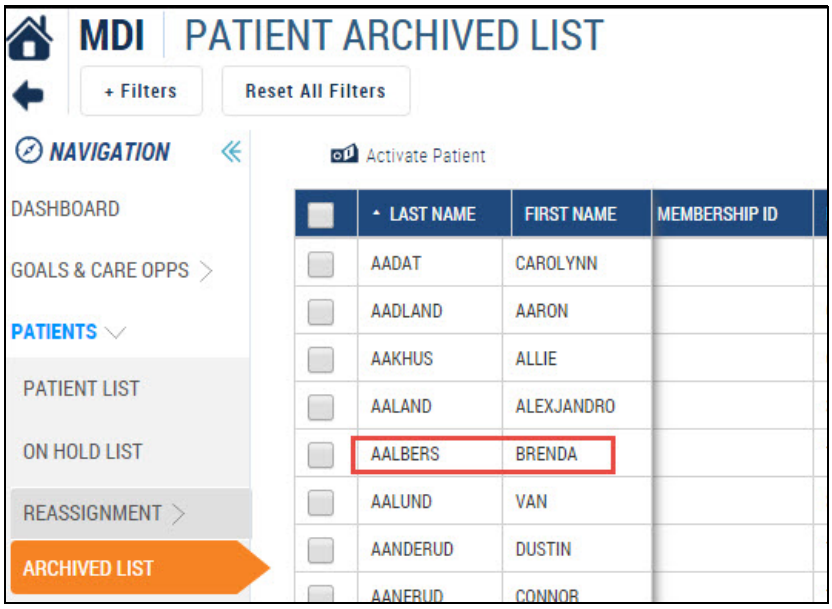
3. Click **Add Disposition**. The disposition category list displays.
4. Click a disposition category. The Add Disposition button displays.



5. Click the highlighted **Add Disposition** button.



The patient is moved to the Patient Archived List with the applicable disposition listed.



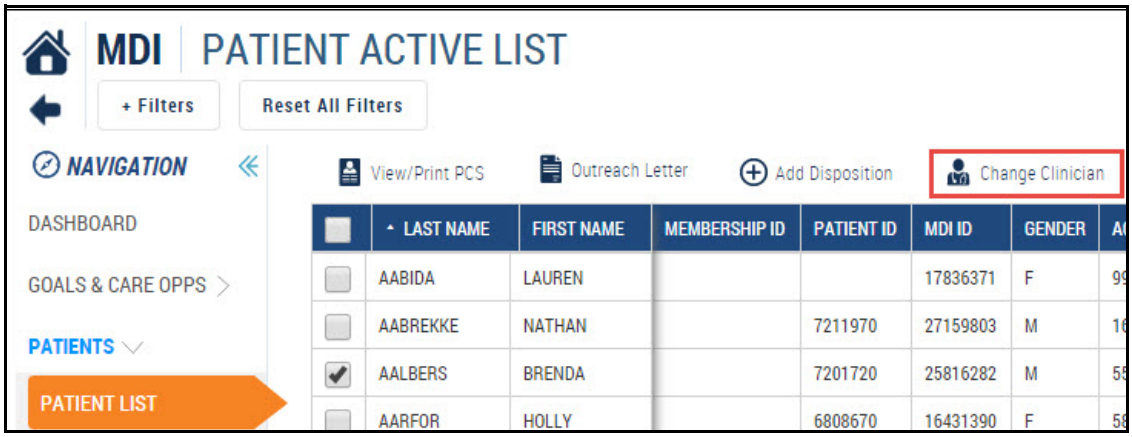
Change Clinician

MDinsight users with appropriate permissions can change a patient's attributed clinician. Multiple patients on the list can be attributed to the same clinician but only one clinician can be selected at a time. Selection is limited to clinicians belonging to the user's practice.

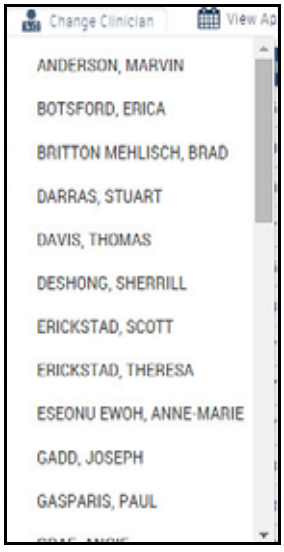
Note: You must also change the patient status in the EMR or the status will be overwritten with the next EMR refresh and will revert.

▼ *To change a clinician*

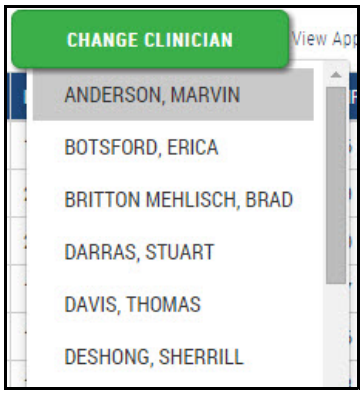
1. On the Navigation menu, click **Patients** > **Patient List** to access the grid view of patients.
2. Select the check box next to the patient for whom you are changing clinicians.



3. Click **Change Clinician**. The list of clinicians displays.
4. Click a clinician on the list. The Change Clinician button displays.



5. Click **Change Clinician**.



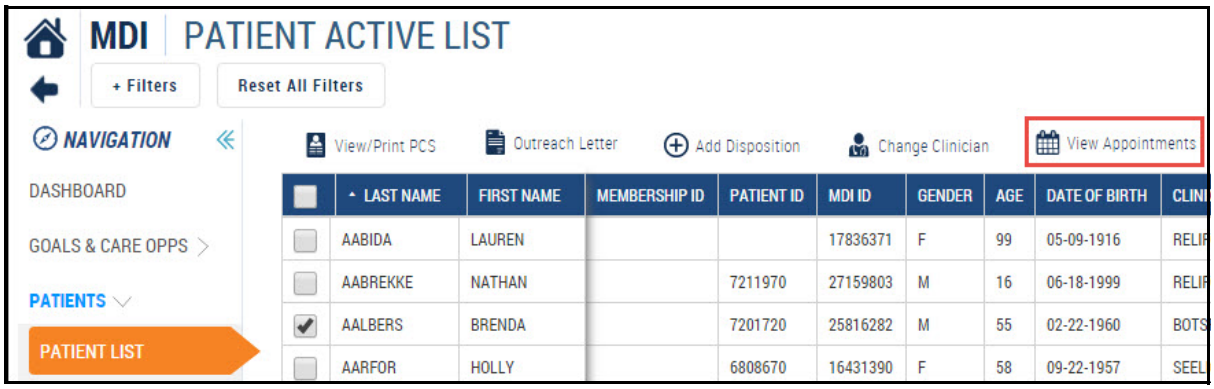
The patient is now associated with a new clinician. *Ensure that the EMR reflects this update*.

View Appointments

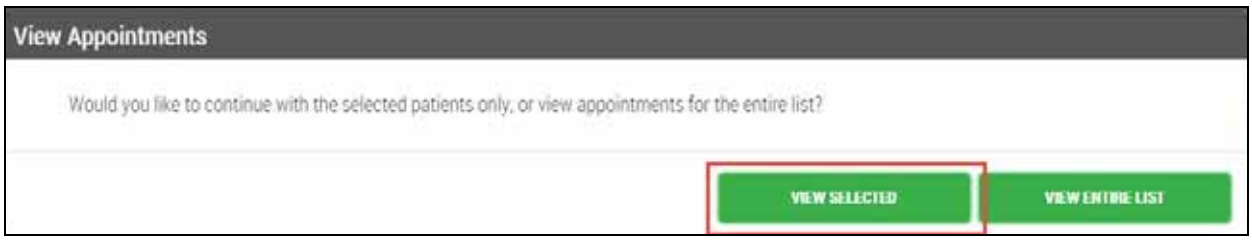
You can use these features to view upcoming appointments.

▼ *To view appointments*

1. On the Navigation menu, click **Patients** > **Patient List** to access the grid view of patients.
2. Select the check box next to the patient for whom you wish to view appointments.



3. Click **View Appointments**. The View Appointments dialog box displays.
4. For a single patient, click **View Selected**. The patient's appointment information displays.



Note: In this example, the patient does not have a scheduled appointment. The list will only display last and next visit information. It does not display all past and future appointments.

Patient Traits

Patient trait data can come from EMRs, claims, direct data entry (DDE), etc. This section explains how practices can view data and do direct data entry for measures within suites.

Traits are grouped by category:

- Vitals and General Information
- Diagnoses and Conditions
- Lab Results
- Tests and Procedures
- Medications
- Assessments and Planning
- Immunizations

View Patient Traits

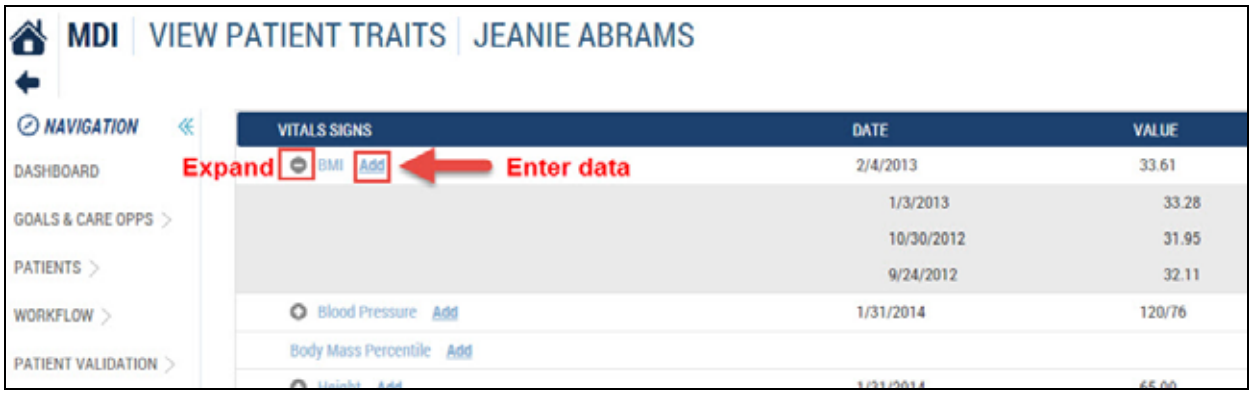
▼ *To view patient traits*

1. On the Navigation menu, click **Patients** > **Patient List** to access the grid view of patients.
2. Select the check box next to the patient for whom you wish to view patient traits.
3. Click **View Patient Traits**. The selected patient's traits display.

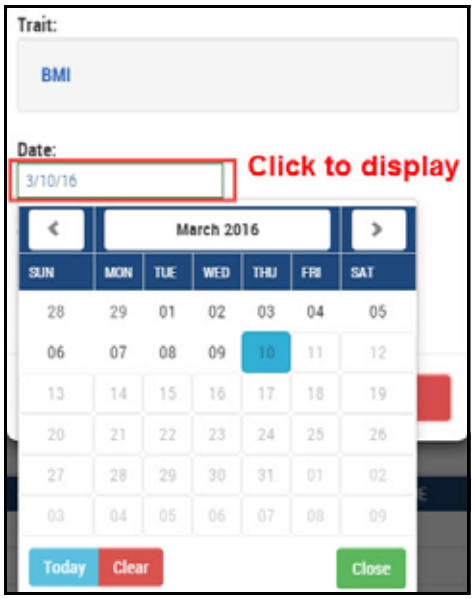
Enter Patient Data

▼ *To perform patient trait direct data entry*

1. Using the steps in the previous section, select a patient and **View Patient Traits**.
2. Click the **Expand** icon to show more data, or click **Add** to enter data. The Trait dialog box displays.

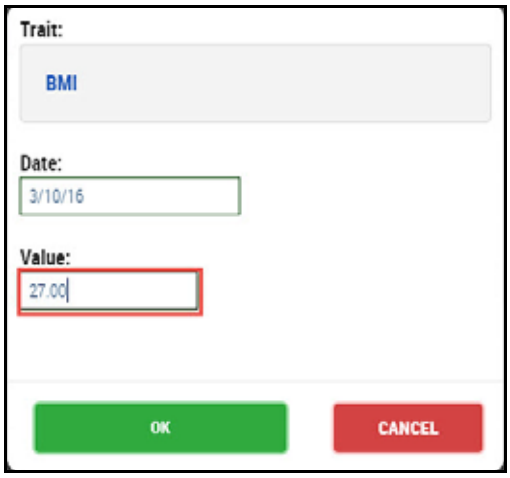


3. On the Trait dialog box, click the **Date** field to display a calendar.



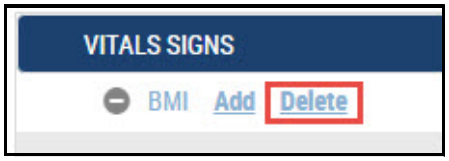
4. On the calendar, click a **date** and **Close**. (The default is today's date.)

5. Enter a trait value in the Value field.



6. Click **OK**. The new data displays on the Trait page.

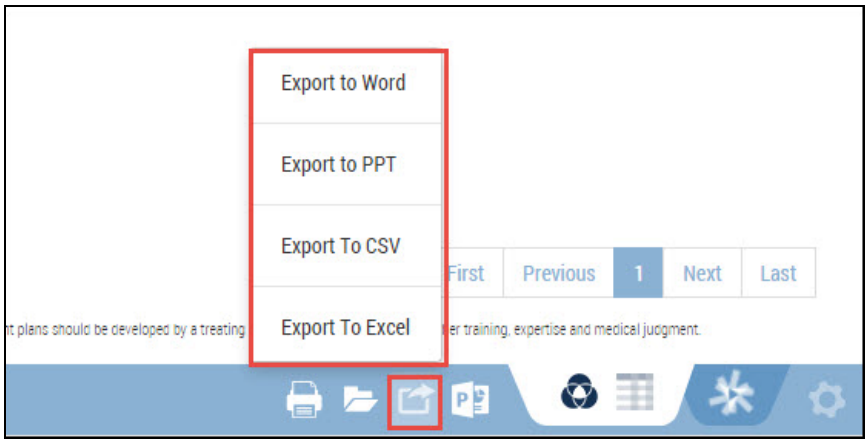
7. To delete the entry, click **Delete**. Only data entered with direct data entry can be deleted from this page.



Exporting The Patient List

▼ *To export a grid view of the patient list*

1. On the Navigation menu, click **Patients** > **Patient List**.
2. Click the **Export** icon at the bottom of the page. A list of export options displays.



3. Click an option to export the patient list in the chosen format.

On Hold List

Patients on the On Hold list are not included in MDinsight quality reporting. Only patients on the Active List are included in MDinsight quality reporting.

Patients should only be on the On Hold list temporarily. You should actively work the On Hold list and resolve the reasons patients are on hold.

Patient management via the On Hold list is only for provider organizations. MDinsight recognizes patient-clinician assignment by the primary care physician (PCP) assignment within the EHR. Updates to PCP assignments made in the EHR via back-end integration are automatically reflected in MDinsight, if the clincian is configured within the application.

On Hold Reasons

There are several reasons that a patient could be placed on hold.

- **Clinician Not in Program**: A patient is attributed in the EMR to a clinician who does not participate in the MDinsight quality program. These patients must be assigned to a new primary care physician.
- **No Clinician Assigned**: A patient has no clinician assigned in the EMR.

  Note: All patients who are assigned in the EMR to a clinician who is not configured in MDinsight will also have this status.

- **Patient Assigned Elsewhere**: A patient is already active at another organization. A request for reassignment must be done (and approved) for the patient to move from the On Hold List to the Active Patient List.
- **Reassignment Request Denied**: The request for reassignment has been denied by either another practice or the payer.
- **Reassignment Request Pending**: A reassignment request has been made and practice is awaiting a response from either another practice or the payer.

Patient On Hold List Actions

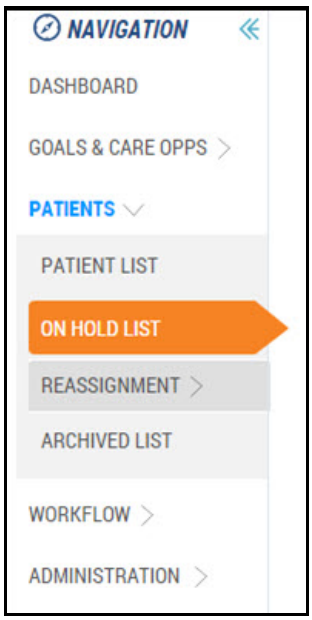
The following features are available from the On Hold List page. They are described elsewhere in this user guide.

- Outreach Letter
- Add Disposition
- Change Clinician
- Request Assignment

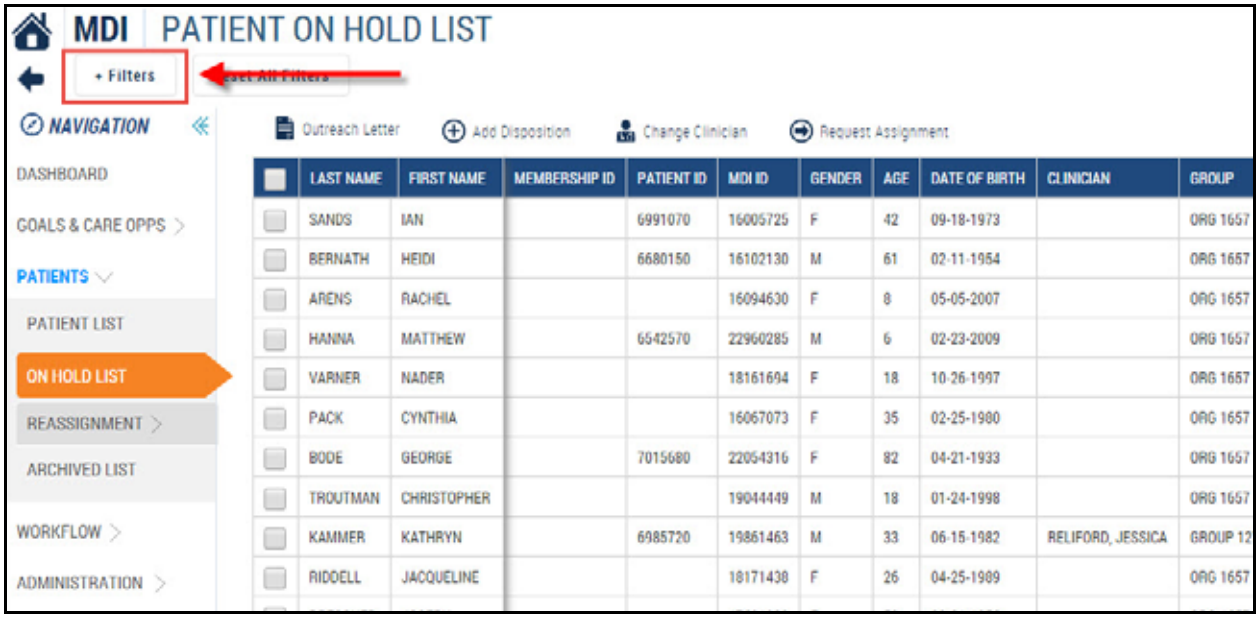
Reassignment Processing

▼ *To reassign a patient in MDinsight*

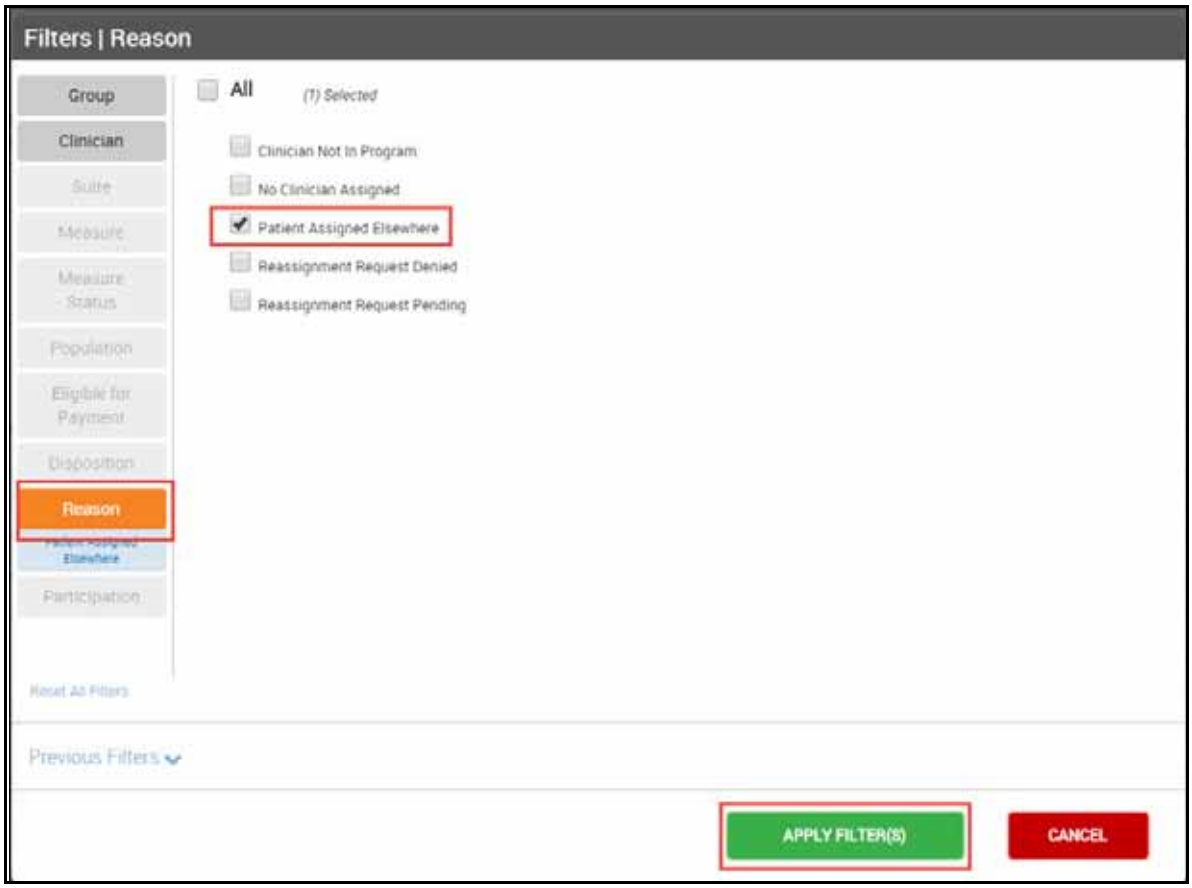
1. On the Navigation menu, click **Patients** > **On Hold List**. The patient grid view displays.



2. Click **Filters**. The Filters dialog box displays.



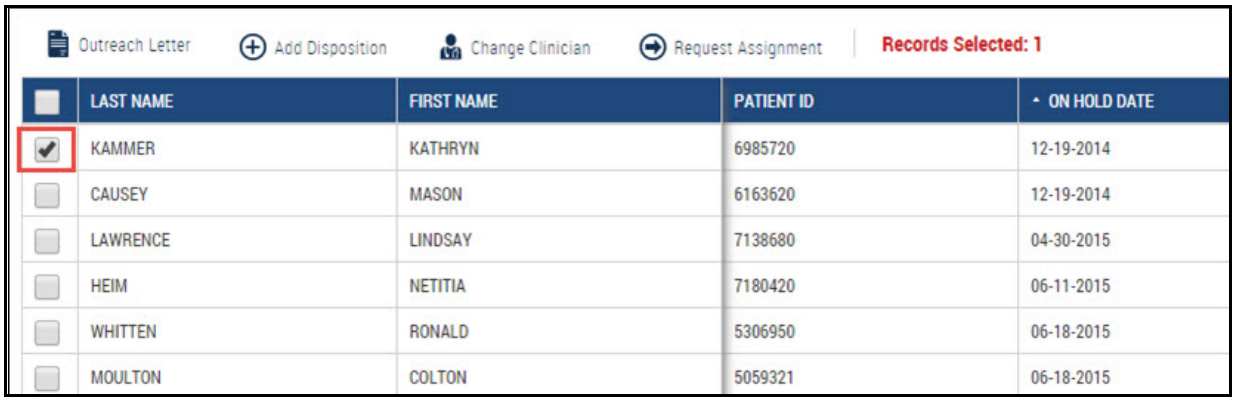
3. In the Filters dialog box, click **Reason**, and then select the **Patient Assigned Elsewhere** check box.



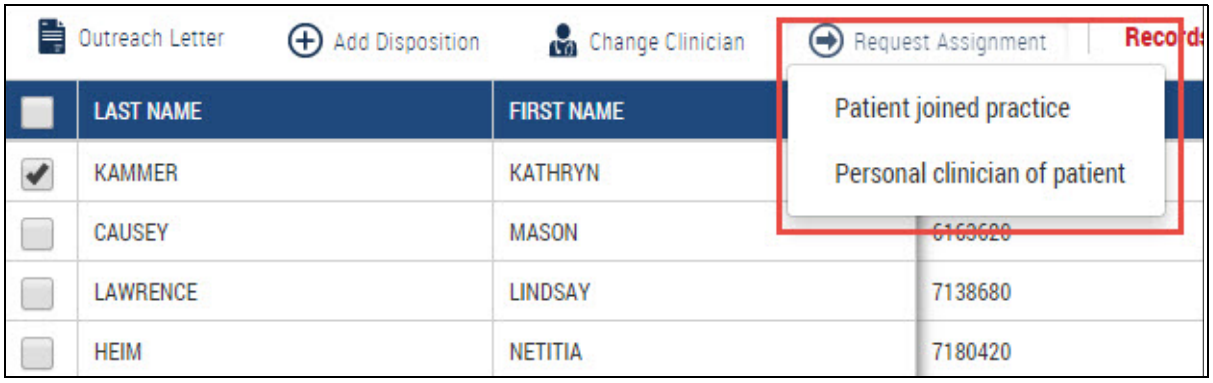
4. Click **Apply Filter(s)**. The patient grid view now displays the filtered results.

Note: This image of the patient grid view is simplified to show the filtered results. Your grid may have more columns.

5. Select a patient for reassignment using the check box column.



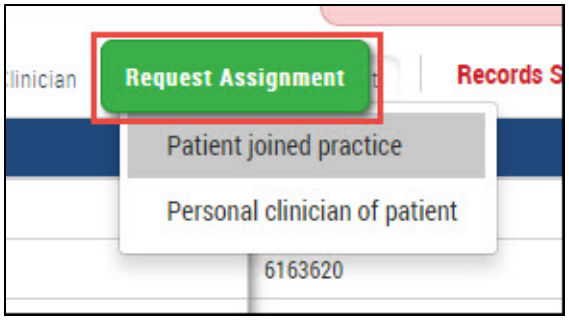
6. Click **Request Assignment** and choose:
   - **Patient joined practice**: The patient is new to the practice.
   - **Personal clinician of patient**: The patient is a current, established patient of the practice.



Either selection makes the Request Assignment button available.

7. Click **Request Assignment** to complete the reassignment.

Note: Patients who are members will have the request sent to the payer. Requests for non-members will be sent for approval or denial to the clinic at which the patient is active.



The patient's on-hold reason is automatically updated to Reassignment Request Pending to reflect the request.

Next Steps

How the patient is processed depends on whether or not the patient is a payer member.

- **If the patient is a member**, the program sponsor will review the request and either approve or deny, based on claims data received.
  - If the request is **approved**, the patient will be moved from the Patient On Hold List to the Active Patient List.
  - If the request is **denied**, the patient will remain on the Patient On Hold List and the on-hold reason will change to Request Denied.
- **If the patient is a non-member**, the request will be routed directly to the patient's current organization. The current organization will have 14 days to approve or deny the request.

If no action is taken within the 14-day period, the request will automatically be approved and the patient will be moved from the Patient On Hold List to the Active Patient List of the requesting practice. The practice that did not respond to the request will have the patient moved from Active Patient List to the Archived List.

Note: When your request is approved or denied, the patient will be moved from the Patient On Hold list to the Active Patient List. You can also see the change reflected on the Completed List.

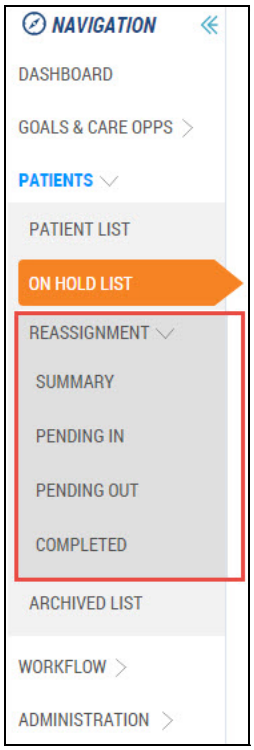
To view the Completed List, on the Navigation menu, click **Patients** > **Reassignment** > **Completed**.

Reassignment

These features in MDinsight let you reassign patients to providers using a workflow and patient lists.

▼ *To access Reassignment features*

- On the Navigation menu, click **Patients** > **Reassignment**.



Reassignment Summary

▼ *To access the Reassignment Summary page*

- On the Navigation menu, click **Patients** > **Reassignment** > **Summary**. (Also accessible via the Dashboard by clicking the Reassignments widget.) The Reassignment Summary page displays.

Reassignment Summary Page

TABLE 3. Reassignment summary page (Sheet 1 of 2)

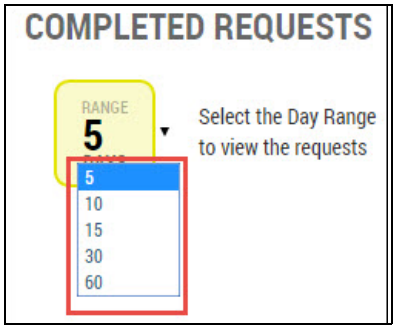
Legend Number	Description
1	Pending requests - Incoming. The number of incoming requests from other organizations or practices that require either an approval or denial from you. Click the number area to review the Patient Pending-In List. See “Pending In” on page 4-28.
2	Pending requests - Outgoing. The number of outgoing requests that have been sent to other organizations or practices for approval or denial. See “Pending Out” on page 4-29. Click the number area to review the Patient Pending-Out List.
3	Completed requests - Day range. The default lookback is five days. To change this, click the **Days** icon and click a different date range from the list. 
4	Number of patients removed from the Active Patient List and now on the Archived Patient List. Click to review. These patients were pending in requests that were approved, and have moved from active status to archived status.

TABLE 3. Reassignment summary page (Sheet 2 of 2)

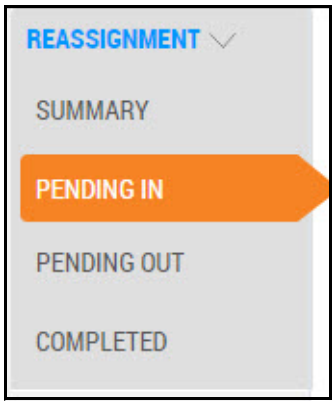
Legend Number	Description
5	Number of patients added to the Active Patient List. These patients were pending out requests that were approved. The patients have been moved from the On Hold list to the Active Patient List. Click to review the list. The list may take time to display. Click **X** to exit and view the entire Patient Active List. 
6	Number of patient requests denied, either by another practice or by the sponsor/payer. The patients are on the Patient Completed List, and the and the patient's On Hold reason has changed from Pending Reassignment to Reassignment Denied. Click to review the list.

Pending In

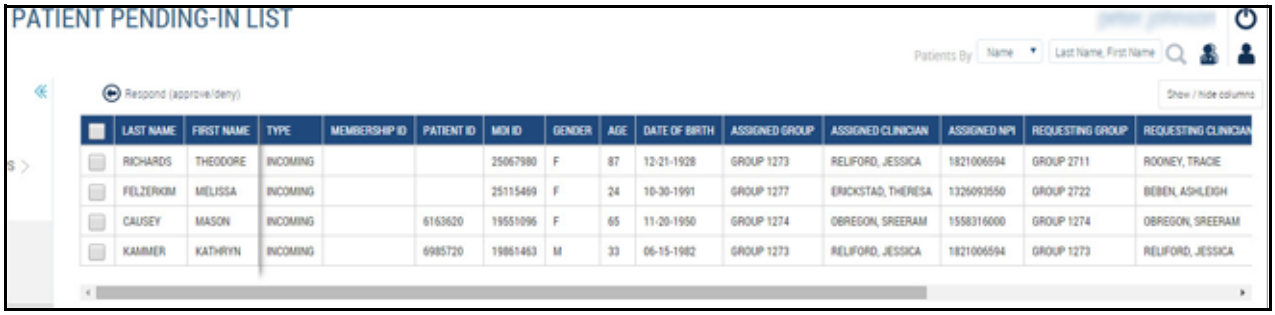
Pending In requests require an action of either approved or denied. If the Pending In request is not approved or denied within 14 days, the non-member receives an automatic approval and is reassigned to the requesting practice.

▼ *To view Pending In requests*

- On the Navigation menu, click **Patients** > **Reassignment** > **Pending In**. Or, click the **Pending Your Response** number in the Reassignments widget on the Dashboard (or the Reassignment Summary page).



Note: On the Reassignment Summary page, you can click **Pending requests - Incoming**.



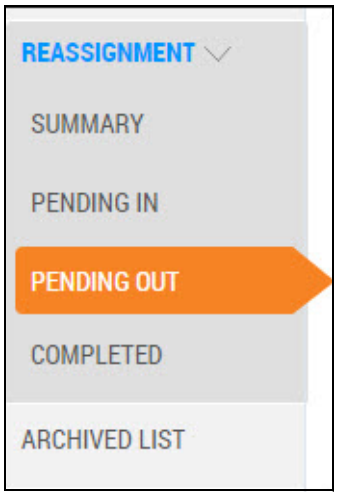
Pending Out

This is the list of patients being requested by your practice for assignment.

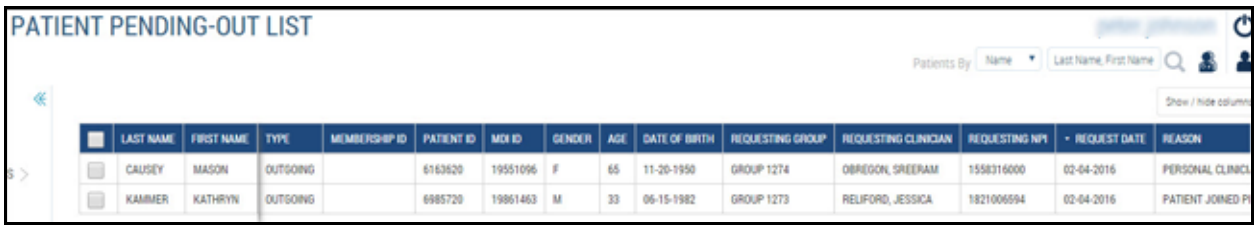
Note: If the assigned practice does not respond in 14 days, the non-member receives an automatic approval and displays in the requesting practice's active patient list.

▼ *To view Pending Out requests*

- On the Navigation menu, click **Patients** > **Reassignment** > **Pending Out**.



Note. On the Reassignment Summary page you can click **Pending requests - Outgoing**.

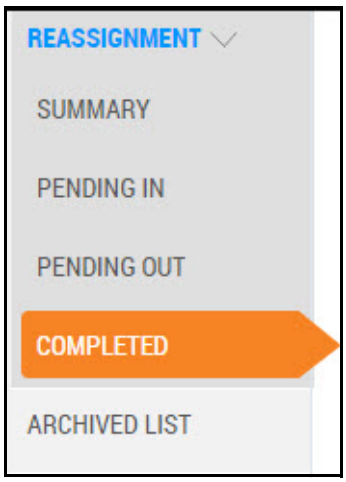


Completed

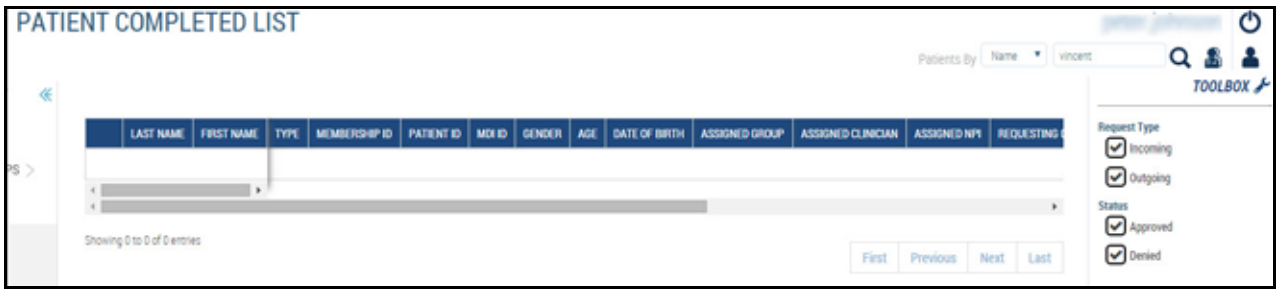
The Completed List is a quick view of all patients whose inbound or outbound reassignment requests have been approved or denied.

▼ *To view the Completed list*

1. On the Navigation menu, click **Patients** > **Reassignment** > **Completed**.

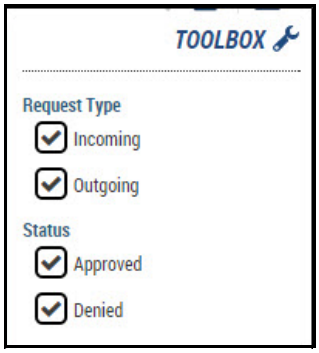


The Patient Completed List is read-only for most users.



2. Use the Toolbox check boxes to filter the list by:

- Request Type
  - Incoming
  - Outgoing
- Status
  - Approved
  - Denied



Patient Archived List

The Patient Archived List is for inactive and dispositioned patients. Patients on the Archived list are not included in MDinsight quality reporting.

Archived List Main Page

Patients appear on the Patient Archived List as a result of actions taken from the Patient List, On Hold list, or as a result of an EHR data feed indicating the patient has an inactive disposition or is deceased.

Available dispositions include:

- Archived
- Transferred
- Deceased
- Terminal
- Moved

There is only one action available on the Patient Archived List page: Activate Patient.

▼ *To access the Patient Archived List main page*

- On the Navigation menu, click **Patients** > **Archived List**.

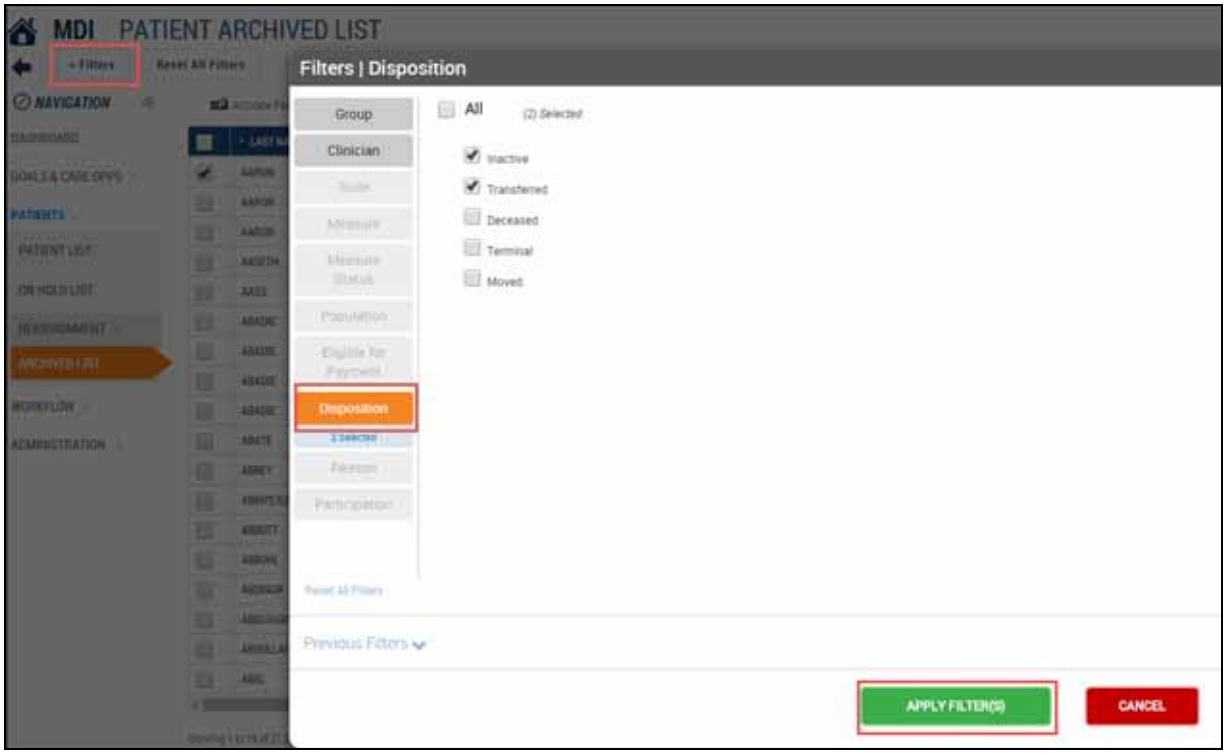
TABLE 4. Patient archived list

Legend Number	Description
1	Click **Filters** to access the Filter | Group dialog box. Narrow down the patients displayed on the Patient List by Group, Clinician, Suite, Population, and Eligible for Payment.
2	Show / hide columns. Click **Show/hide columns** and select the check boxes for the columns you wish to display in the Patient Archived List.
3	Activate Patient. See “Activate Patients” on page 4-33.

Activate Patients

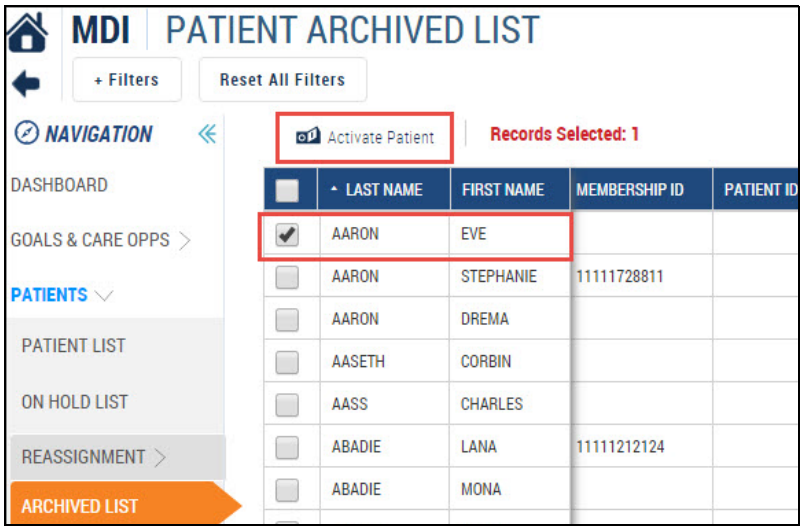
▼ *To activate a patient from the Patient Archived List*

1. On the Patient Archived List, click **Filters**. On the Filters | Group dialog box, click **Disposition**, and select patient disposition categories from the check boxes.



2. Click **Apply Filter(s)**. The filtered Patient Archived List displays.

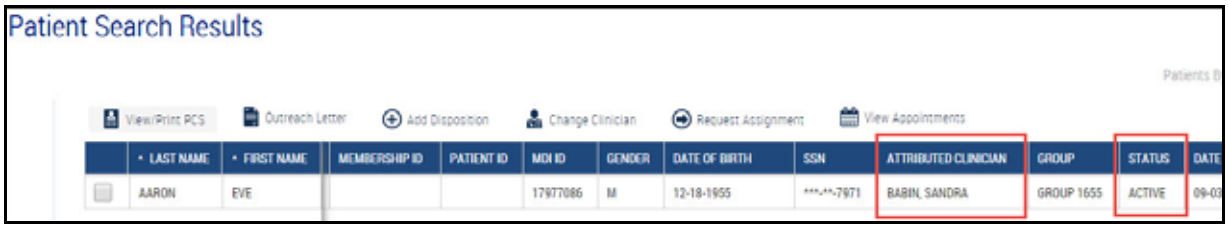
3. Select a patient using the check box column.



4. Click **Activate Patient**.

5. Click **Confirm**. The patient now appears on the Active Patient List, if they meet all of the requirements to be on the Active Patient List. Otherwise the patient will appear on the On Hold List with the applicable reason (e.g., No Clinician Assigned, Clinician Not in Program, Patient Assigned Elsewhere).

A search for the patient in the example above returns a record showing the status of Active.



CHAPTER 5 WORKFLOW

In this Chapter

Welcome to the Workflow chapter of the Orchestrate MDinsight 7.0 User Guide. This chapter is organized into the following topics:

Your organization may not use all the MDinsight features and options described in this document. Organizations may deploy customized versions of MDinsight based on business needs and program objectives.

Introduction

SPH Analytics collects appointment data from your scheduling system or practice management software. The elements displayed in the appointment grid are integrated with clinical data reporting for enhanced population management workflows.

Appointment information assists with the following workflows:

- Pre-visit Prep:
  - Streamlines mass Patient Care Summary queuing and printing in support of pre-visit activities
  - Combines the day's schedule with patient risk (from Comorbidity Map) and care opportunity count to prioritize pre-visit activities for high-risk patients
- Outreach:
  - Determines if outreach is necessary for patients identified as having care gaps through MDI analytics (Care Opportunity report, Comorbidity Map, etc.)
- Case Management:
  - Supports nurse case managers in pre-visit outreach and post-visit follow-up activities
- Patient List Management:
  - Validates patient attribution and patient active status to ensure accurate disease registries and quality scoring

Appointments

From the Appointments page, you can view and filter upcoming appointments, view and print Patient Care Summaries, and send outreach letters.

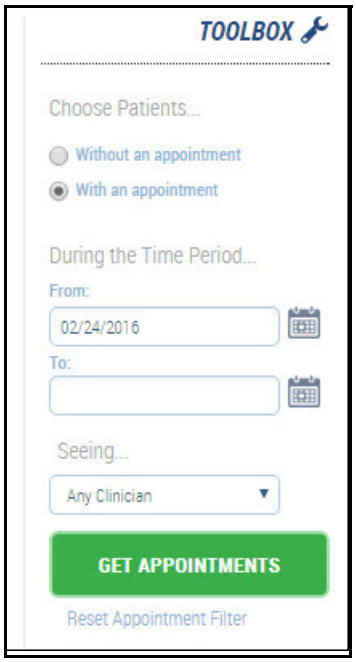
Viewing Appointments

You can identify which patients have future appointments.

▼ *To view appointments*

1. Click **Workflow** > **Appointments**, or click the Appointments widget on the Dashboard. All patients with future appointments beginning with today's date going forward are displayed. Click **Show / hide columns** to select which columns display from the check list.
2. Click **Filters** at the top left of the page to narrow down your results, if necessary. The Filters | Group dialog box displays.
   a. Narrow down the patients displayed in the Appointments grid by Group, Clinician, Suite, Measure, Measure Status, and Population.
   b. Click **Apply Filter(s)** to view filtered results in the grid.
3. Use the Toolbox on the right side of the page to filter as follows, if necessary:

- Choose patients with or without appointments
- Select a date range
- Clinician the patient is seeing (**Note**: this option displays the clinician the appointment is with, not necessarily the primary care physician for the patient. You can select by primary care physician in the Filters option described in step 2 above).



4. Click **Get Appointments**. The filtered patient grid view displays. Sort the results by clicking on a column header; for example, click the **Risk** column header to display low-risk or high-risk patients first. Click a patient's name to view expanded patient details.

Viewing and Printing Patient Care Summaries

- You can view Patient Care Summaries, either one at a time or by selecting several patients at once**.** See Appendix A, *Patient Care Summary*, "Viewing the Patient Care Summary" on page A-2.
- You can view a Patient Care Summary as a PDF file, and send it to the printer. See Appendix A, *Patient Care Summary*, "Printing the Patient Care Summary" on page A-5.

Printing an Outreach Letter

You can generate a form letter to be sent to a patient to remind them of preventive care or follow-up visits.

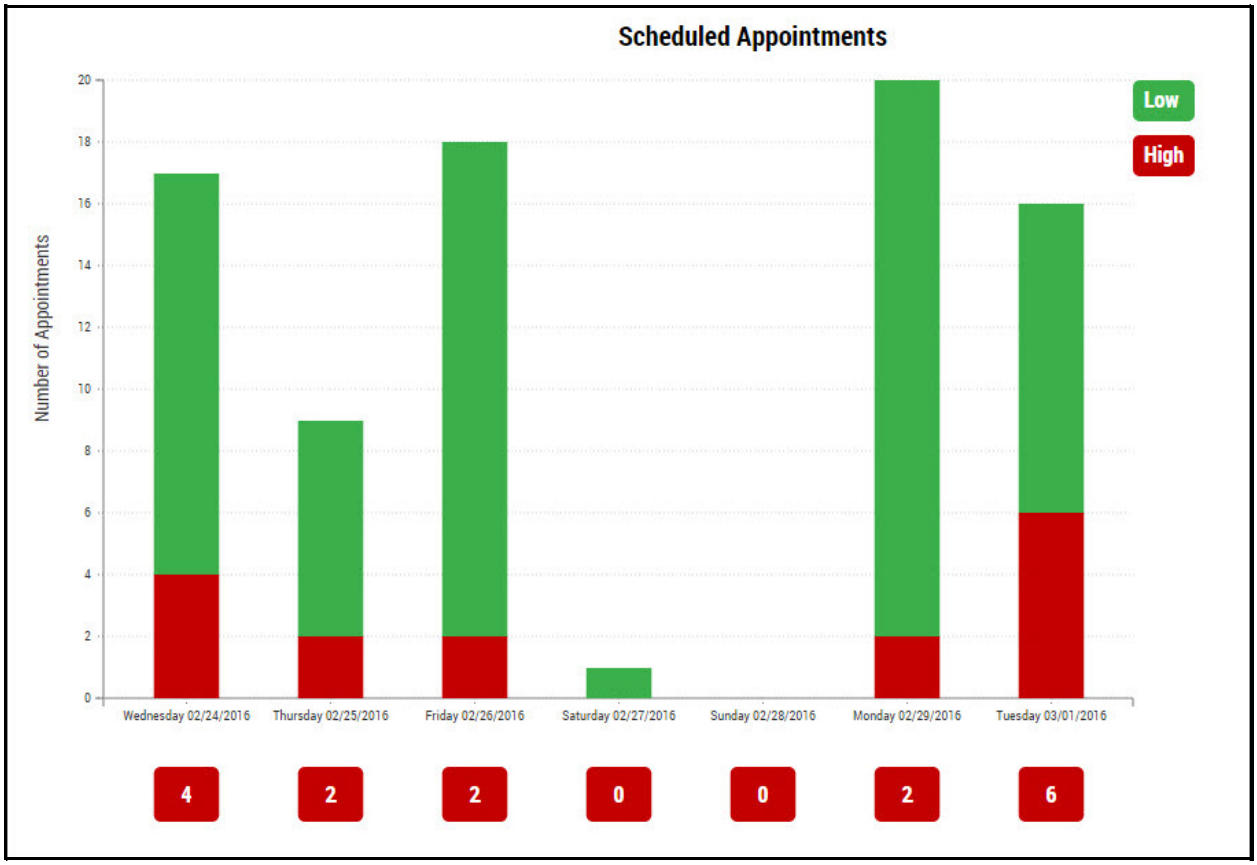
▼ *To print an outreach letter*

1. Click **Workflow** > **Appointments**, or click the Appointments widget on the Dashboard. All patients with future appointments beginning with today's date going forward are displayed. Click **Show / hide columns** to select which columns display from the check list.
2. Use the Toolbox on the right side of the page to filter the patient grid view, if necessary.
3. Refer to "Outreach Letter" on page 4-9, Steps 2–6, to complete the process.

Pre-Visit Prep

The Pre-Visit Prep page displays a bar chart that shows the volume of appointments per day on a rolling seven-day schedule. Days without appointments are blank.

The number of high-risk patients with visits scheduled on that day are represented in the red section on the bar, with low-risk patients represented in green. The high-risk patient count is also displayed below each day.



A high-risk patient is any patient who is assigned to three or more chronic suites. You can use this information in prioritizing patient visit prep activities.

▼ *To view Pre-visit Prep*

1. Click **Workflow** > **Pre-Visit Prep**. The bar chart displays.
2. Clicking anywhere on the bar will display all appointments in grid view, regardless of risk. Click the red count boxes below the day and date in the bar graph to view only the high-risk patients. From here, you can view and print Patient Care Summaries, or send outreach letters.

In grid view, the Risk column displays the number of unmet care opportunities for the patient. The Risk column is also color-coded. Red indicates a patient in three or more chronic conditions, orange indicates a patient in one or two chronic conditions, and green indicates a patient with no chronic conditions. In the below example, results have been sorted by highest Risk to lowest.

LAST NAME	FIRST NAME	ENDER	AGE	DATE OF BIRTH	PHONE NUMBER	LAST VISIT DATE	LAST VISIT WITH	NEXT VISIT DATE	NEXT VISIT WITH	RISK
ROSSO	LAWRENCE		72	03-22-1944	(248) 625-9646	12-17-2015	RIZK, JOHN	04-07-2016	RIZK, JOHN	17
ANDERSON	SHELLEY		52	01-09-1964	(810) 630-9628	01-18-2016	RIZK, JOHN	04-07-2016	RIZK, JOHN	16
BRUCE	PATRICIA		57	10-17-1958	(248) 212-5114	11-09-2015	RIZK, JOHN	04-07-2016	RIZK, JOHN	16
MCCLELLAN	GAIL		52	12-22-1963	(248) 802-6542	03-09-2015	RIZK, JOHN	04-07-2016	RIZK, JOHN	16
POWELL	LYLE		58	06-02-1957	(248) 467-9207	12-29-2015	RIZK, JOHN	04-07-2016	RIZK, JOHN	16
POWELL	ROBERTA		61	08-14-1954	(248) 467-9209	12-28-2015	RIZK, JOHN	04-07-2016	RIZK, JOHN	8
BRETZLOFF	STEPHANIE		32	08-29-1983	(248) 214-7332	03-24-2016	RIZK ABDALLAH	04-07-2016	RIZK ABDALLAH	4

CHAPTER 6 ADMINISTRATION

In this Chapter

Welcome to the Administration chapter of the Orchestrate MDinsight 7.0 User Guide. This chapter is organized into the following topics:

Your organization may not use all the MDinsight features and options described in this document. Organizations may deploy customized versions of MDinsight based on business needs and program objectives.

Introduction

MDinsight has four administration functions:

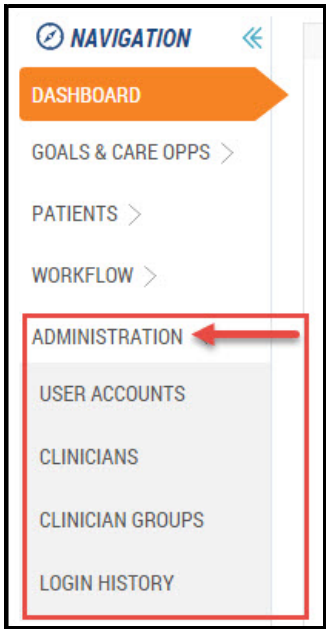
- User Accounts
- Clinicians
- Clinician Groups
- Login History

Access to these functions depends on user roles.

Accessing Administration Functions

▼ *To access MDinsight administration functions*

1. On the Navigation menu, click to expand the **Administration** menu list.
2. Click an administrative function.



User Accounts

Organizations using MDinsight perform user administration as part of their agreement with SPH Analytics. During implementation, the practice chooses a Local User Administrator who is trained on the functions. User administration tasks sent to the SPH Analytics client services team are forwarded to the practice's Local User Administrator.

User Accounts Main Page

Use these features to add, edit, or delete users.

▼ *To access the Users page*

- On the Navigation menu, click **Administration** > **User Accounts**.

TABLE 1. User accounts main page

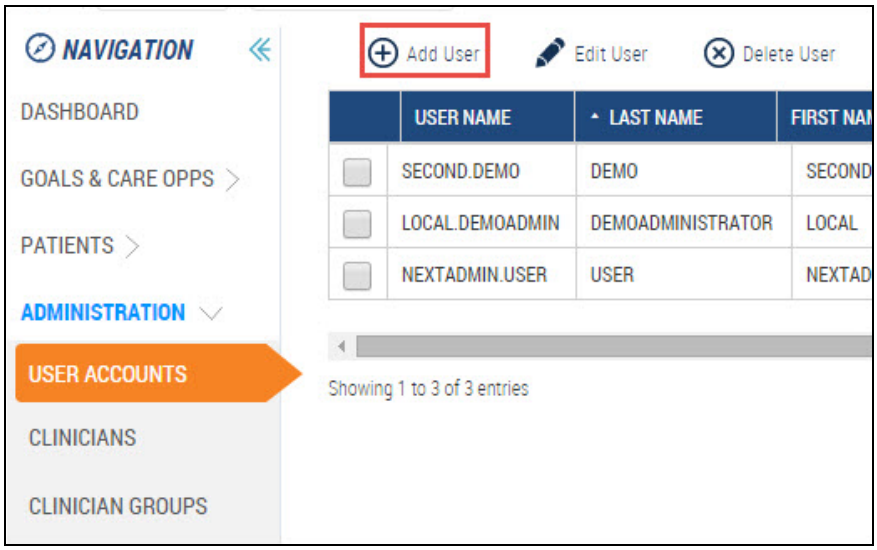
Legend Number	Description
1	Filter results by Clinician Group.
2	Add User. See “Adding New Users” on page 6-4.
3	Edit User. See “Editing Existing Users” on page 6-9.
4	Delete User. See “Deleting Users” on page 6-13.
5	Show / Hide Columns. Click to display in grid view: • SPH ID • Clinician Group • Email Address • Roles • Status
6	Click a user to access Edit User functions.

Adding New Users

This section explains how to add a new user to MDinsight.

▼ *To add a new user*

1. On the **Navigation** > **Administration** menu, click **User Accounts**. The list of users displays.
2. Click **Add User**.



3. Fill out the fields in the Add User dialog box.

4. Click **Save**.

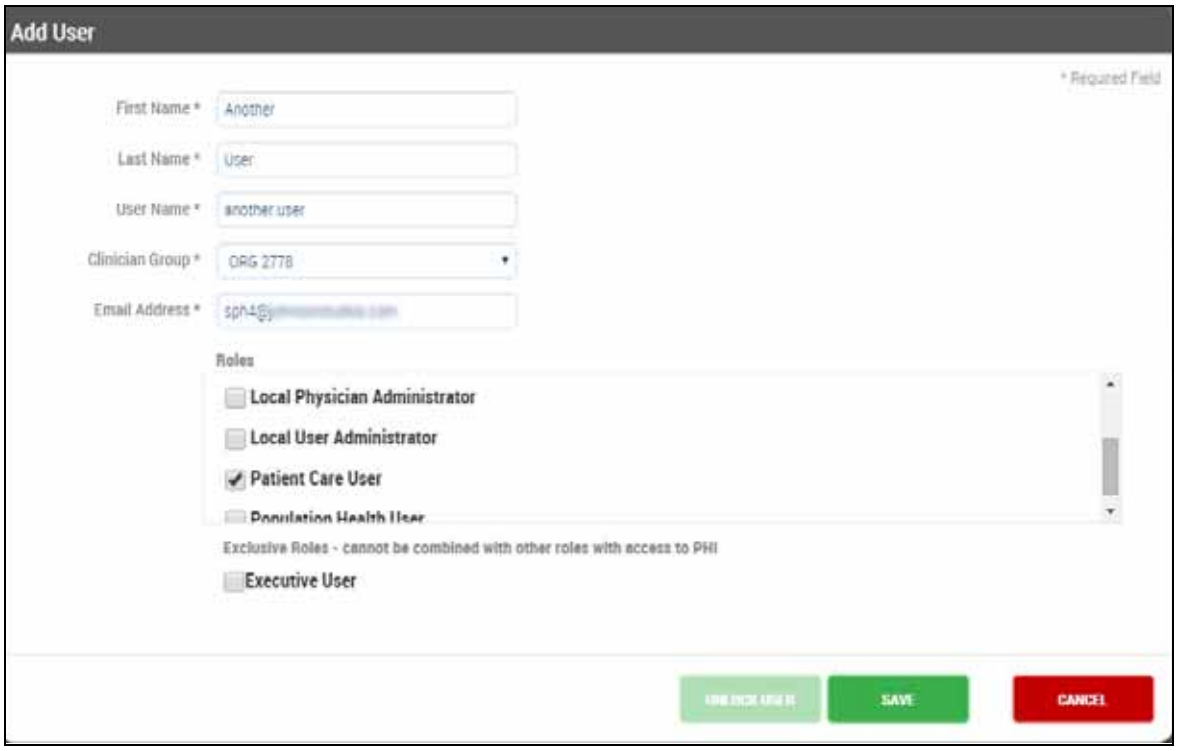


TABLE 2. Add User dialog box

Field / Check box	Description
First Name	Enter a user first name.
Last Name	Enter a user last name.
User Name	Enter a user name. Example: *firstname.lastname*
Clinician Group	From the drop-down list, select a clinician group that the user is associated with.
Email address	Enter an email address for the new user.
Roles	Different organizations may have different sets of role choices. For your organization, using the check box column, select one or more roles for the new user, based on the following definitions.

Role Definitions

For practices:

TABLE 3. Role definitions for practices

Role	Definition
Coordination of Care Search User	Intended for treating providers, or users acting on behalf of treating providers. This role allows authorized users to locate and view a Patient Care Summary for patients who are not part of their practice.
Data Manager	Intended for personnel responsible for uploading, monitoring, and downloading data and reports to and from MDinsight. The role has full access to the data files functionality.
Local Group Administrator	Intended for administrators responsible for configuring sub-groups of clinicians for reporting and organization. This role has full access to the group administration functionality, and read-only access to user and physician configuration.
Local Physician Administrator	Intended for administrators responsible for configuring clinicians for population health reporting. This role has full access to physician administration functionality, and read-only access to user and group configuration.
Local User Administrator	Intended for administrators responsible for configuring and maintaining user access to MDI for their organizations. This role allows adding, editing, deleting, and reactivating users, as well as password reset and unlock functionality. This role has full access to user administration functionality, but read-only access to physician and group configuration.
Patient Care User	Intended for clinical care team members attending to patients and managing patient populations. This role has access to population and patient-level clinical quality reports (Patient Lists, Care Opportunities, and Patient Care Summaries).
Population Health User	Intended for physicians and quality administrators monitoring physician and group performance. This role has access to goal progress, clinician comparison, and other analytics reports in addition to the same patient-level reporting as the Patient Care User.

The following exclusive practice role does not have access to PHI and cannot be combined with roles allowing access to PHI.

TABLE 4. Role with no access to PHI

Role	Definition
Executive User	Intended for users monitoring physician and group performance, who do not wish to view PHI. This role has access to the same analytics reports as the population health user, but without the patient-level reporting. This role cannot be granted in conjunction with any other PHI-enabled role.

For sponsors:

TABLE 5. Role definitions for sponsors (Sheet 1 of 2)

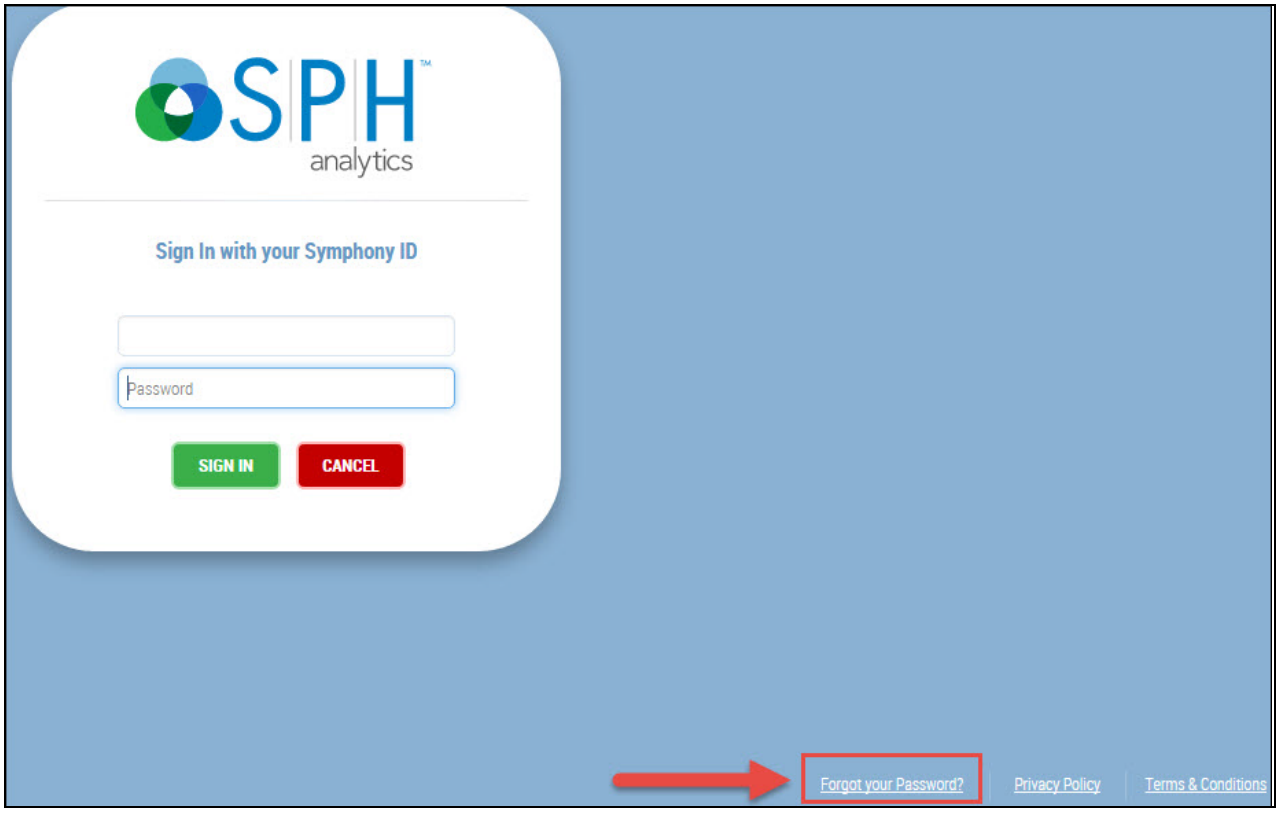
Role	Definition
Insurance Clinician Administrator	Intended for administrators responsible for configuring clinicians for population health reporting. This role has full access to clinician administration functionality, and read-only access to user and group configuration.
Insurance Data Manager	Intended for personnel responsible for uploading, monitoring, and downloading data and reports to and from MDinsight. The role has full access to the data files functionality.
Insurance Group Administrator	Intended for administrators responsible for configuring sub-groups of clinicians for reporting and organization. This role has full access to group administration functionality, and read-only access to user and physician configuration.
Insurance User Administrator	Intended for administrators responsible for configuring and maintaining user access to MDI for their organization. This role allows adding, editing, deleting, and reactivating users, as well as password reset and unlock. This role has full access to user administration functionality, but read-only access to physician and group configuration.
PHI User	Intended for team members who require access to patient-level information. This role has read-only access to all patient lists and Patient Care Summaries.

TABLE 5. Role definitions for sponsors (Sheet 2 of 2)

Role	Definition
Program Manager	Intended for team members monitoring physician, group, and program performance and analytics who also need access to the underlying patient-level data included in analytic reports.
Quality Team User	Intended for quality team members monitoring physician, group, and program performance and analytics. This role does not have access to PHI.
Reattribution User	Intended for users responsible for managing and acting on reattribution requests.

5. Click **Save**. The new user information displays in the grid view.

6. To log in with the new user account, access the MDinsight login page.
7. Click **Forgot your Password?**



8. In the Forgot Your Password dialog box, enter your **user name** and **email address**.

9. Click **Submit**. MDinsight sends a time-sensitive code to the email address.

10. Enter the **code** from the system-generated email in the dialog box.

11. Click **Submit**.

12. Complete the resulting dialog boxes to set up security questions.

13. Enter and confirm a **user password**.

Editing Existing Users

MDinsight Local User Administrators are most often called to perform three tasks for users:

- Unlocking users
- (Re)activating users
- Resetting passwords

These tasks are described in the following sections.

Unlocking Users

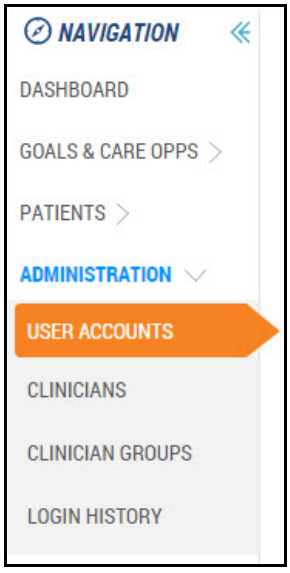
MDinsight locks user accounts after five invalid login attempts.

TABLE 6. User unlock roles

If you are...	Then...
An MDinsight user	Contact your Local User Administrator.
A Local User Administrator	Follow the steps below.

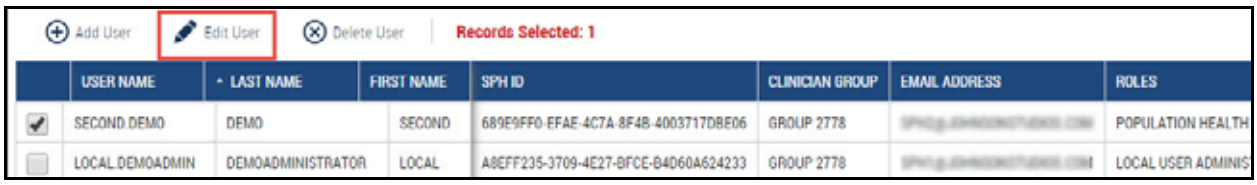
▼ *To unlock a user account*

1. On the Navigation menu, click **Administration** > **User Accounts**. The grid view of users displays.

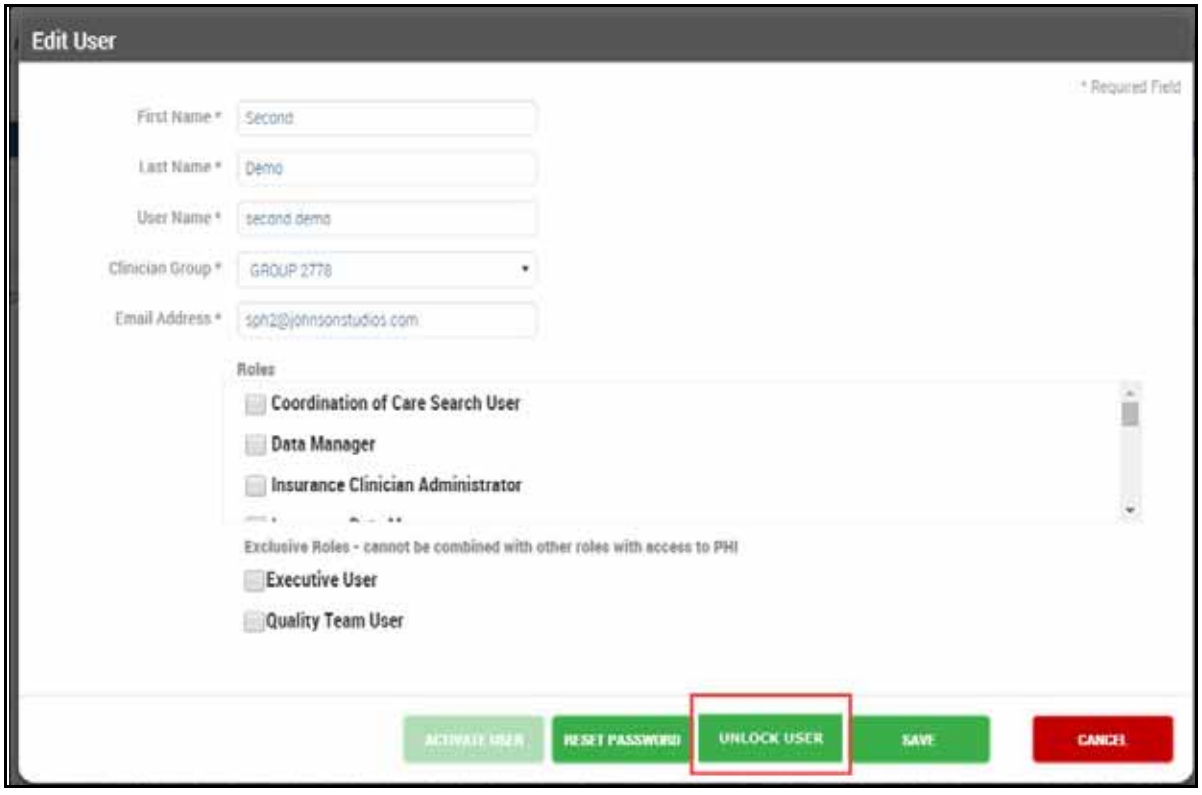


2. In the check box column, select an account to unlock.

3. Click **Edit User**. The Edit User dialog box displays.



4. Click **Unlock User** (the button is only available if the user account is locked). The selected user account is now unlocked.



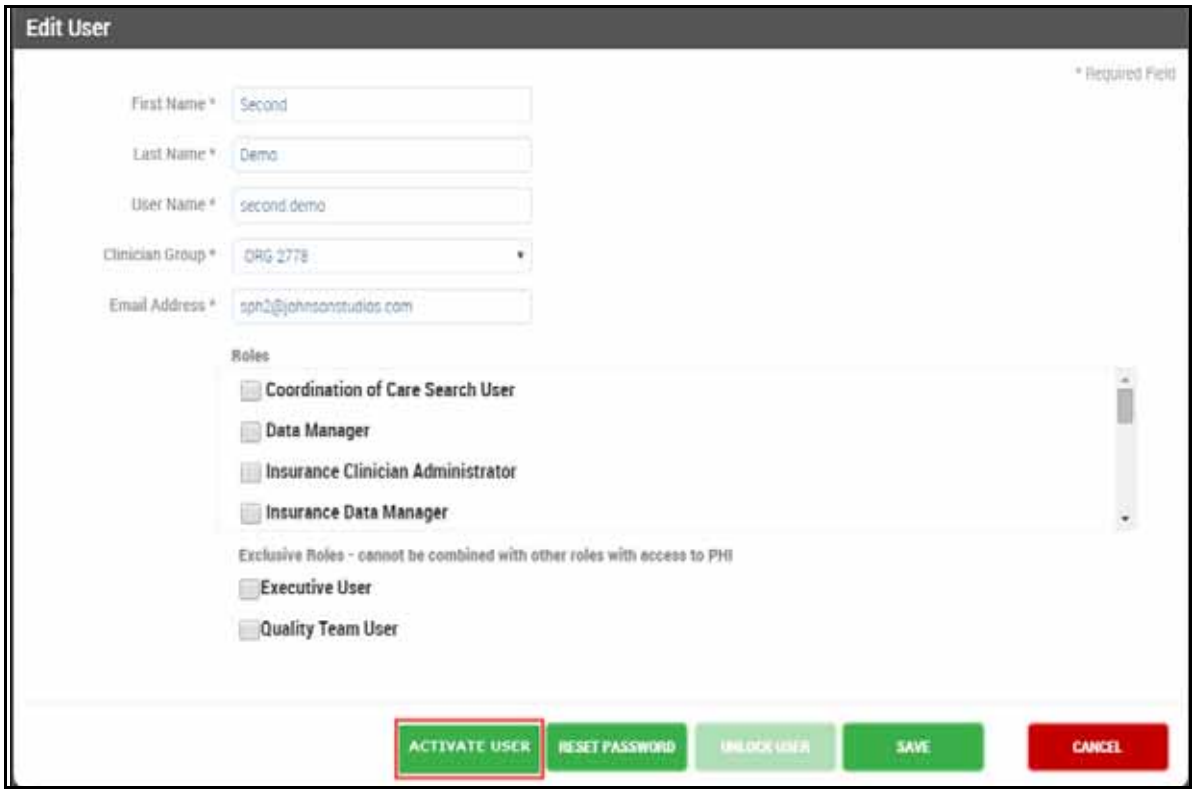
Reactivating Users

TABLE 7. Reactivating users—roles

If you are...	Then...
An MDinsight user	Contact your Local User Administrator.
A Local User Administrator	Follow the steps below.

▼ *To reactivate a user account*

1. On the Navigation menu, click **Administration** > **User Accounts**. The grid view of users displays.
2. In the check box column, select an account to unlock.
3. Click **Edit User**. The Edit User dialog box displays.
4. In the Edit User dialog box, click **Activate User**. The selected user account is now active.



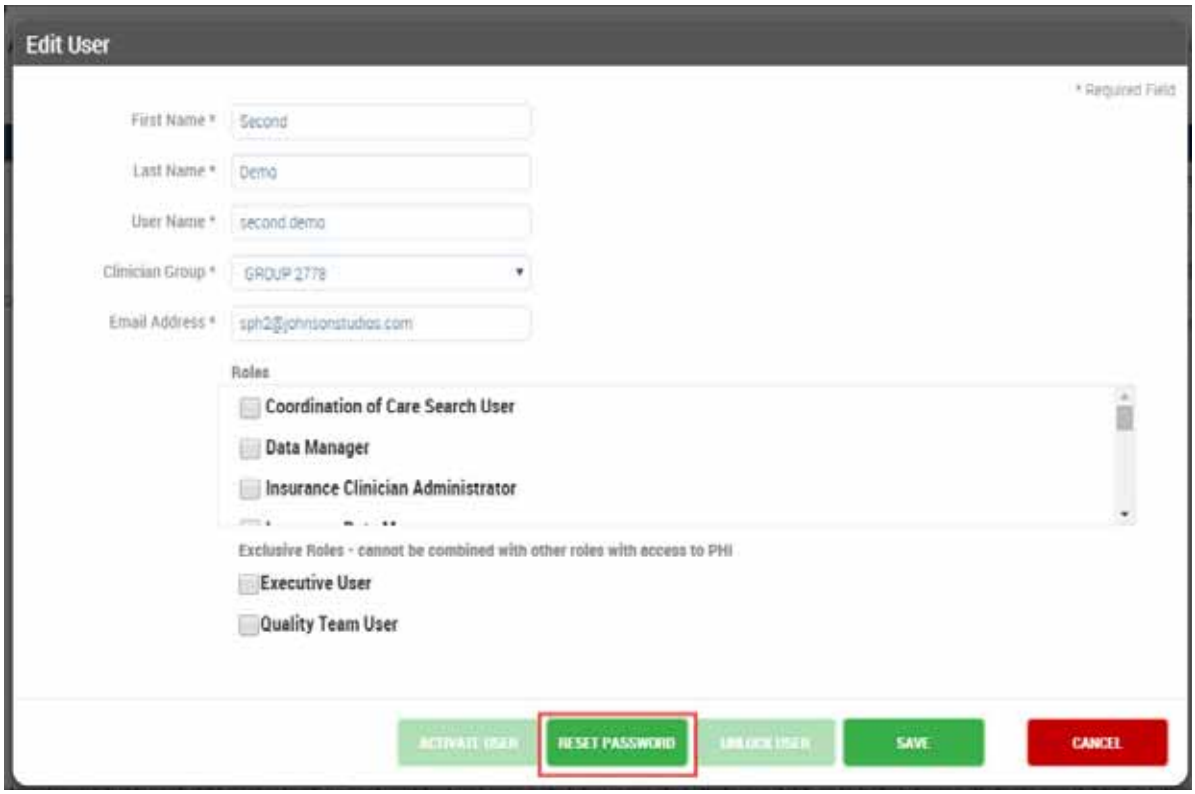
Resetting Passwords

TABLE 8. Reactivating passwords—roles

If you are...	Then...
An MDinsight user	Contact your Local User Administrator.
A Local User Administrator	Follow the steps below.

▼ *To reset a user password*

1. Use the steps in the previous section (“Unlocking Users” on page 6-9) to select a user profile to edit.
2. In the Edit User dialog box, click **Reset Password**. This sends reset instructions to the user's registered MDinsight email address.



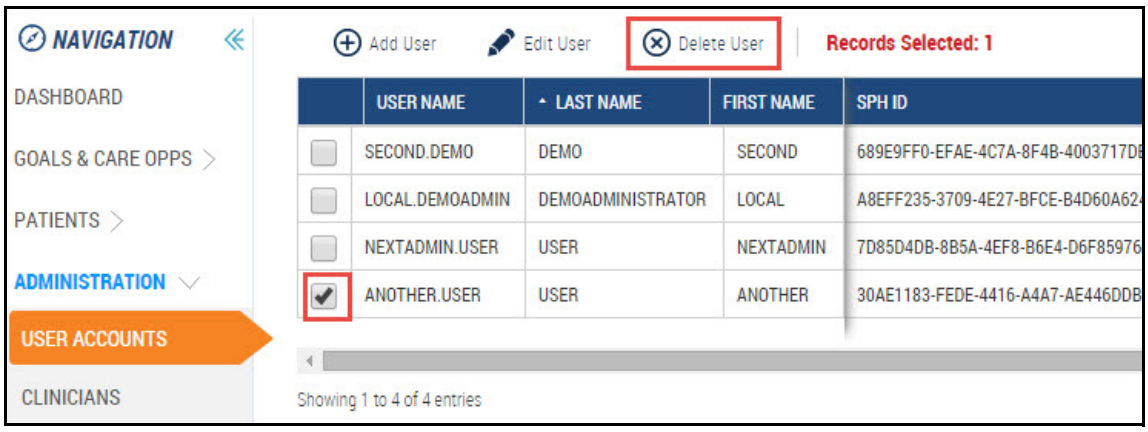
Note: If the user does not create a new password within 24 hours after the reset email is sent, a Local User Administrator must repeat the reset process.

Deleting Users

Local User Administrators may wish to delete a user from the organization.

▼ *To delete a user*

1. On the Navigation menu, click **Administration** > **User Accounts**.
2. In the check box column, select a user to delete.
3. Click **Delete User**.



4. In the Delete another user dialog box, click **Confirm**.

Clinicians

The addition of clinicians must be approved by sponsors. For clinician administration, contact SPH Analytics Client Services at 877-633-8812 or by email via Support@symphonyph.com.

Clinician Groups

For clinician group administration, contact SPH Analytics Client Services at 877-633-8812 or by email via Support@symphonyph.com.

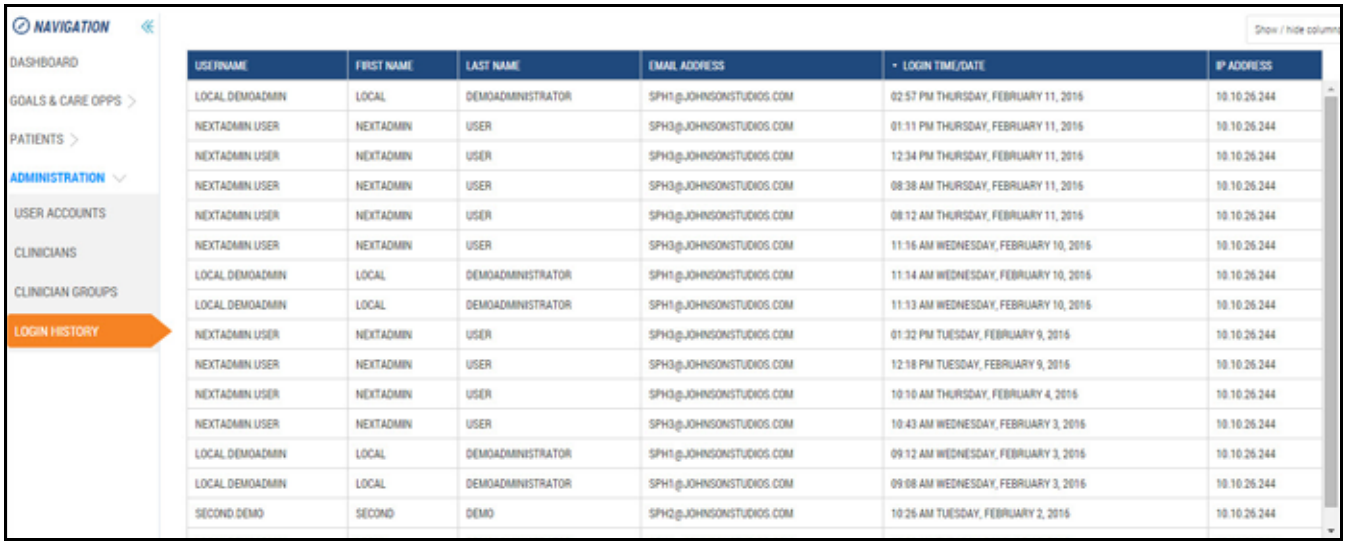
Login History

User login data is recorded and retained to meet all applicable HIPAA and sponsor legal and security requirements.

Access to login history depends on user roles.

▼ *To access login history*

- On the Navigation menu, click **Administration** > **Login History**.



APPENDIX A PATIENT CARE SUMMARY

In this Appendix

Welcome to the Patient Care Summary appendix of the Orchestrate MDinsight 7.0 User Guide. This chapter is organized into the following topics:

Your organization may not use all the MDinsight features and options described in this document. Organizations may deploy customized versions of MDinsight based on business needs and program objectives.

Introduction

The Patient Care Summary (PCS) is an overview of your selected patient's clinical data and care opportunities for every suite the patient is participating in. The Patient Care Summary lets you:

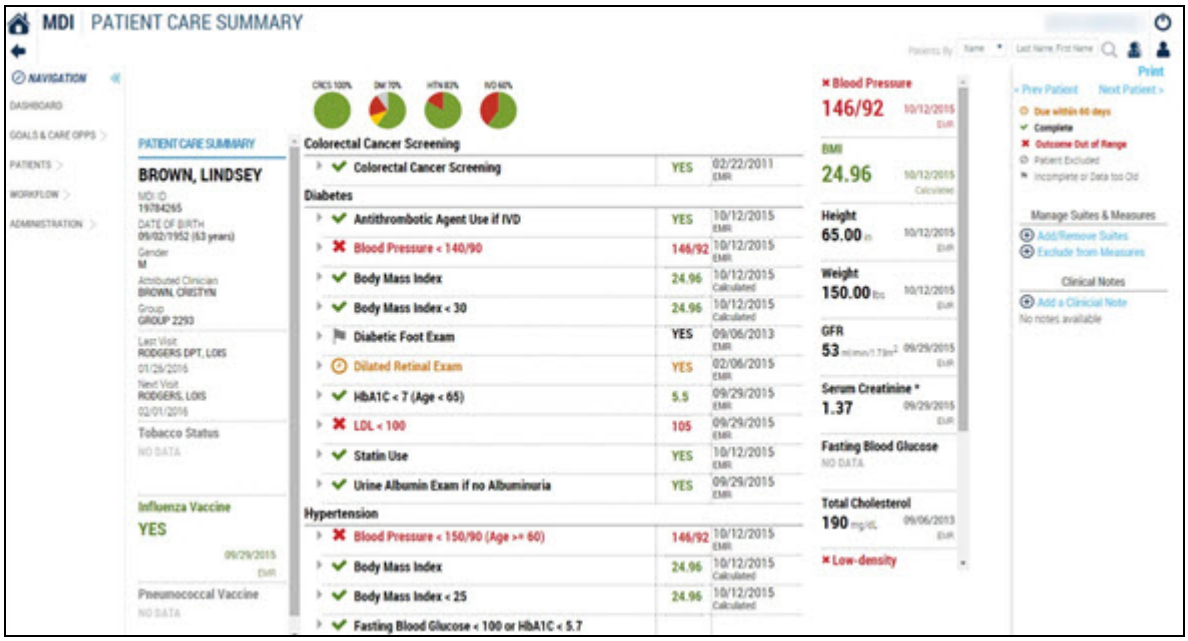
- Assess patient compliance with each suite
- View care opportunities for each quality measure
- View the status of individual clinical elements
- Manage the suites in which the patient is participating
- Exclude the patient from individual measures
- Enter and view clinical notes
- Update patient demographic data

Viewing the Patient Care Summary

This section explains how to view Patient Care Summaries in MDinsight. You can access Patient Care Summaries from any page that has a patient list, for example **Workflow** > **Appointments** and **Patients** > **Patient List**.

▼ *To view a Patient Care Summary*

1. Access a list of patients. For example, click **Workflow** > **Appointments** or **Patients** > **Patient List**, or click the Appointments widget on the Dashboard. All patients with future appointments beginning with today's date going forward are displayed.
2. To narrow down your results, click the **Filters** button at the top left of the page and/or use the Toolbox on the right side of the page to filter the patient grid view as described above in the Viewing Appointments section.
3. Using the check box column, select the patient or patients, and then click **View/Print PCS**.
4. Click **View Summary**. The Patient Care Summary displays. If you have selected two or more patients, use **< Prev Patient** and **Next Patient >** on the right side of the page to move through summaries.



Reading the Patient Care Summary

The Patient Care Summary puts a patient's information and quality measure summaries on a single page that is easy to read and is a useful tool to print or access for discussions with the patient regarding care.

TABLE 1. Patient Care Summary (Sheet 1 of 2)

Legend Number	Description
1	Patient overview. Displays key patient demographic details, assign clinician and group, appointment data, along with tobacco, influenza, and pneumococcal measures.
2	Suite snapshots. Pie charts indicate measure statuses within a suite, color-coded according to care opportunity legend. The percentage of measures met is indicated above the chart.
3	Suites and measures display. Click to expand and view underlying traits that make up the measure. Expand each trait to see a history-up to five entries-of recorded data for the trait. The trait value, date of service, and data source are visible. Consult your Clinical Suite Handbook for complete details of all of the suites and measures, including eligibility requirement, measure descriptions, exclusions, etc.
4	Health assessment data and vitals. Blood pressure, LDL, height, weight, and other relevant measurements.
5	Previous or Next Patient Care Summary. If you have selected multiple patients for care summaries, click to read the next or previous Patient Care Summary.
6	Care opportunity color-coding legend. Identifies status of the measure or data for the patient. • **Gray**: Incomplete or data too old • **Red**: Outcome out of range (red also includes status "Care provided after required time window status") • **Yellow**: Due within 60 days • **Green**: Complete, meets criteria
7	Manage Suites and Measures. Add or remove a patient from chronic suites and retain measure exclusions by using these features.

TABLE 1. Patient Care Summary (Sheet 2 of 2)

Legend Number	Description
8	Clinical Notes. Enter templated or free-form notes that are available to other members of the patient's care team.

Printing the Patient Care Summary

You can print directly from the PCS page, or you can generate a PDF, which you can save to your computer or send to your local printer.

To print directly from the PCS page, click **Print** on the upper-right corner of the page, or click the **print** icon at the bottom right of the page.

▼ *To print a Patient Care Summary as a PDF*

1. View a Patient Care Summary using the steps in “Viewing the Patient Care Summary” on page A-2.
2. Click **Print** on the Patient Care Summary screen.

3. The Patient Care Summary directly opens in a new tab (1, below) as a Portable Document Format (PDF) file. **Note**: Different browsers may display the tab slightly differently, such as *mdi.symphonyph.com*.
4. To print the PDF on your physical printer, click the **Print** icon (2, below).

5. Follow the steps in the Print dialog box (if applicable).

Managing Suites and Measures

These features allow you to add or remove the patient from chronic suites and to exclude the patient from specific measures directly from the Patient Care Summary.

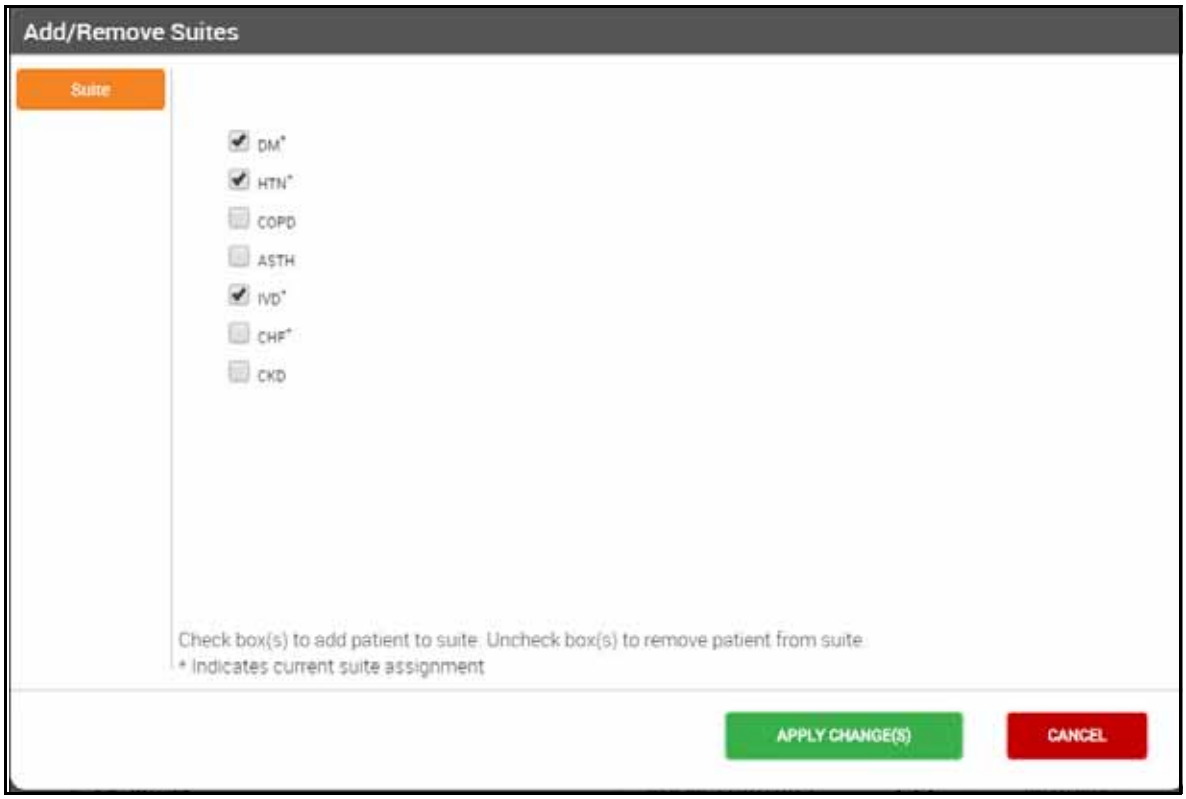
Adding and Removing Suites

Suite removal is restricted to chronic suites. Wellness suite eligibility is determined by a patient's age and gender.

▼ *To add or remove suites*

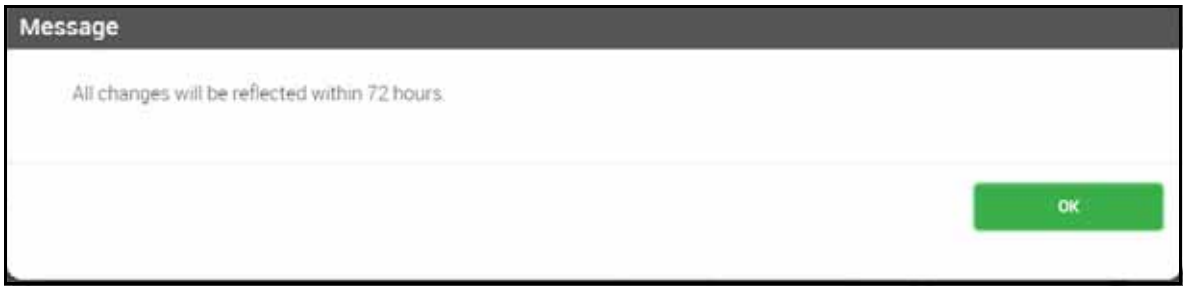
1. Access a Patient Care Summary using any of the methods described earlier in this appendix.

2. On the Manage Suites and Measures list on the right side of the page, click **Add/Remove Suites**. The Add/Remove Suites dialog box displays. Current patient suite assignments are designated with an asterisk (*).



3. Select a check box to add a suite, or clear a check box to remove a suite. In the example above, the patient will be removed from the CHF suite.
4. Click **Apply Change(s)**. The Confirm Suite Changes dialog box displays.

5. To confirm, click **Accept Change(s)**. A status message displays the next steps in the change process.



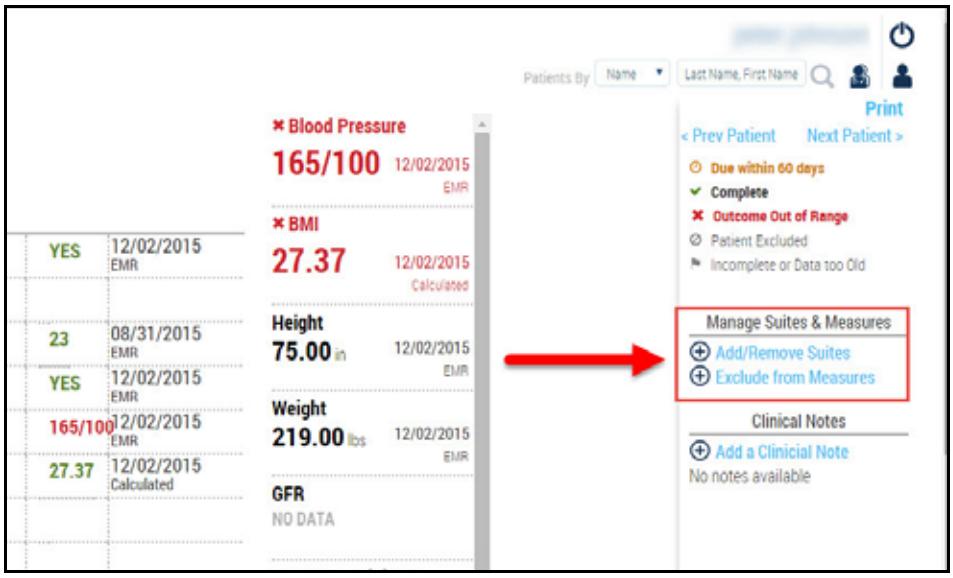
6. Click **OK**. When processed, the Patient Care Summary will no longer display that suite.

Excluding from Measures

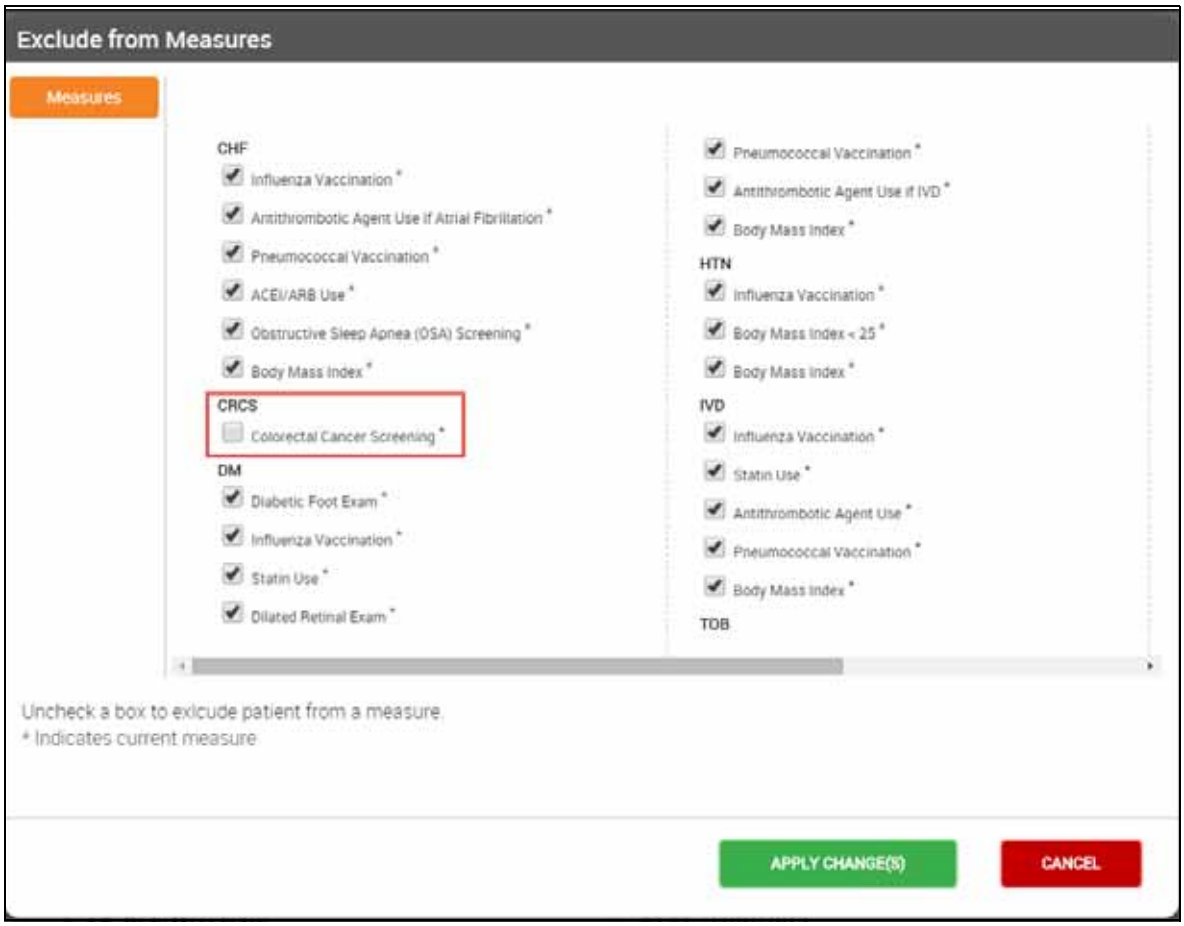
You can remove a patient from a specific quality measure by adding an exclusion. The patient will still be eligible for all other measures in the clinical suite; however, the patient will not be evaluated for the excluded measure.

▼ *To exclude a measure for a patient*

1. Access a Patient Care Summary using any of the methods described earlier in this appendix.

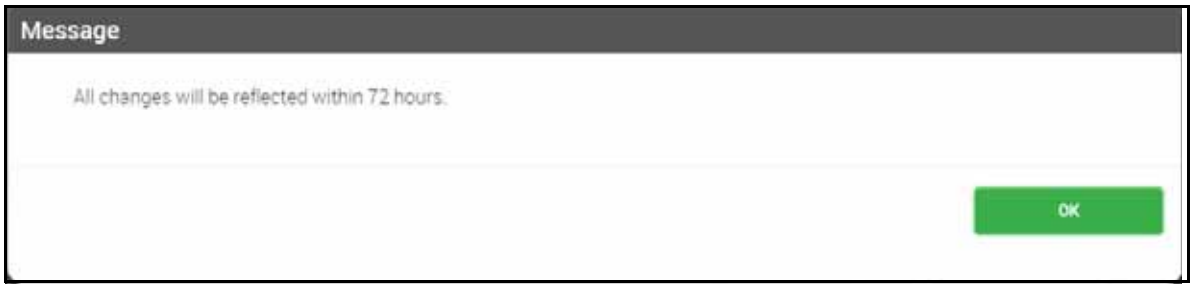


2. On the Manage Suites and Measures list, click **Exclude from Measures**. The Exclude from Measures dialog box displays. Current patient measure assignments are designated with an asterisk (*).

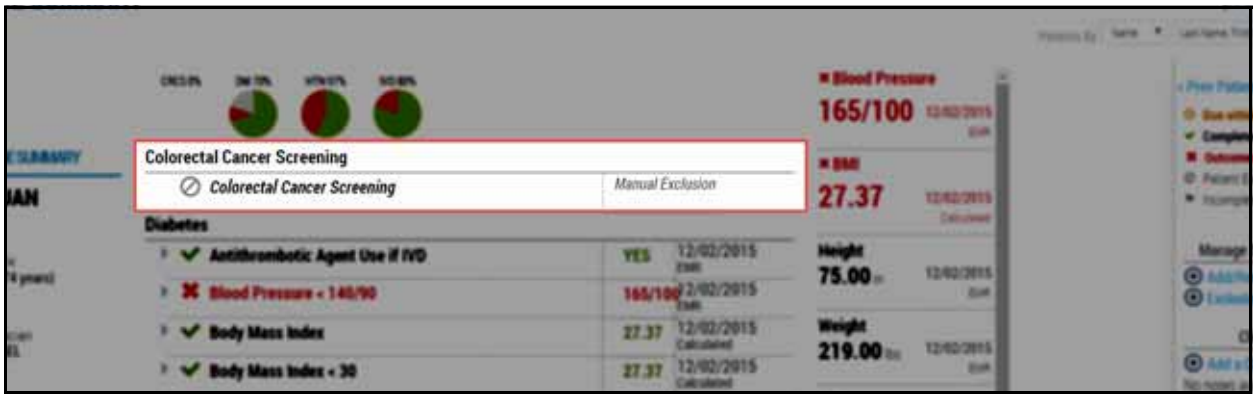


3. Clear a check box or boxes to exclude measures from reporting. In the example above, the patient will be excluded from the Colorectal Cancer Screening measure.
4. Click **Apply Change(s)**. The Confirm Measure Exclusions dialog box displays.

5. Click **Accept Change(s)**. A confirmation message displays processing information.



6. Click **OK**. When processed, the measure will display with a gray exclusion icon.



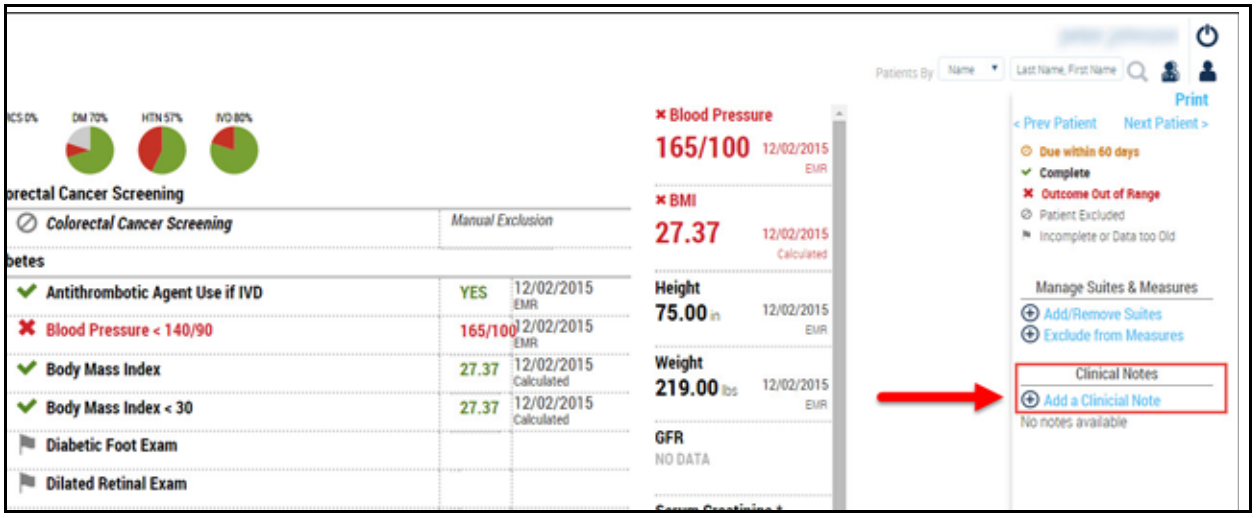
Clinical Notes

Care team members can add clinical notes to the Patient Care Summary to be read by other team members.

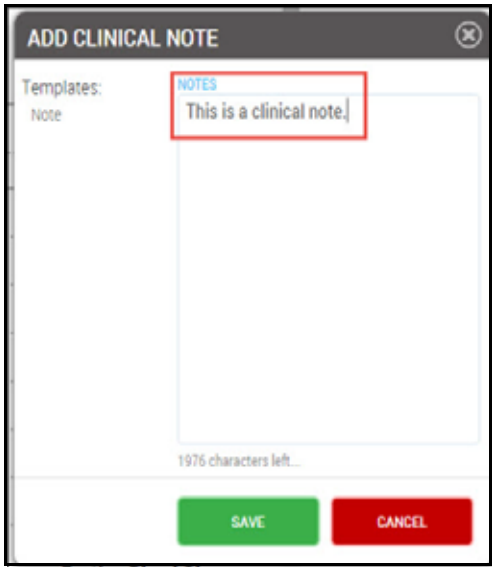
Adding Clinical Notes

▼ *To add a clinical note to a Patient Care Summary*

1. Access a Patient Care Summary using any of the methods described earlier in this appendix.

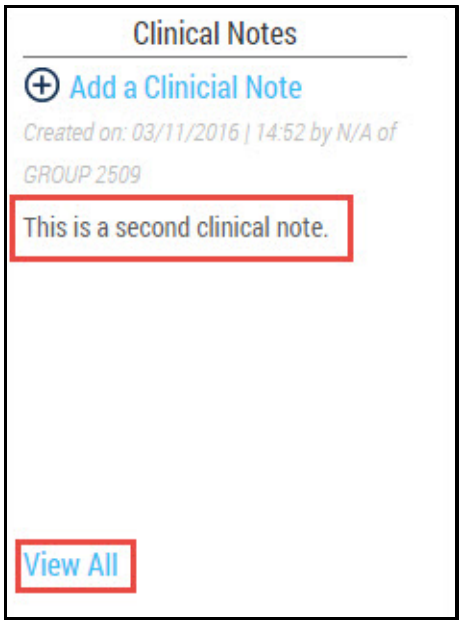


2. Under Clinical Notes on the right side of the page, click **Add a Clinical Note**. The Add Clinical Note dialog box displays.



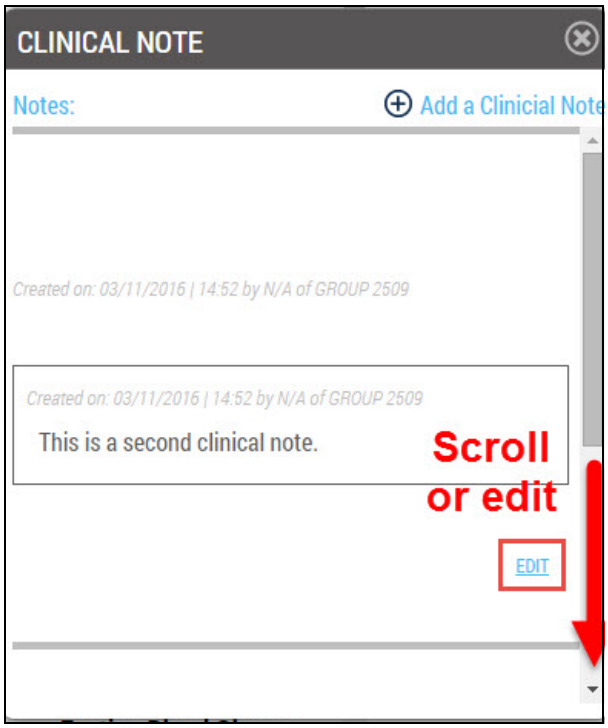
3. Enter text (up to 2000 characters) in the Notes field. (Consult your SPH Analytics implementation specialist regarding pre-loaded notes templates for this dialog box.)
4. Click **Save**. The note displays on the right side of the page.

5. Click **Add a Clinical Note** to add more notes. The most recent note will display on the Patient Care Summary page.



Editing Clinical Notes

1. Click **View All** to display all notes. The Clinical Note dialog box displays.
2. Scroll down to read all notes. Click **Edit** to revise a note.



APPENDIX B TERMINOLOGY

In this Appendix

Welcome to the Terminology appendix of the Orchestrate MDinsight 7.0 User Guide. This chapter is organized into the following topics:

Introduction

This appendix contains definitions of commonly used terms in MDinsight.

Organizational Terminology

Group: A set of clinicians grouped together in MDinsight for the purposes of aggregated quality reporting, patient attribution, and administration. A group can be a large health system, specialty practice, or family practice. Sub-groups may be created under large group organizations for granular reporting and administration. Sub-groups may be configured by facility physical location and/or specialty.

Sponsor: The organization responsible for the quality program being delivered in MDinsight.

Patient List Terminology

Assignment: Refers to assignment of a patient to a clinician.

Care Management Fee (CMF): Designates whether the clinician is eligible for bonus compensation for this patient. Requirements are determined by the program sponsor. Options are:

- **Yes**: Members who are eligible
- **No**: Members who are NOT eligible
- **All**: All members (Yes + No)
- **N/A**: Non-members

Coordination of Care Plan Search (CCP): Allows authorized roles to view patients' clinical data from multiple providers who participate in data sharing, including those outside the patient's Medical Home.

Member: A patient who has an active insurance plan with a payer configured in MDinsight.

Patient status is described using the following terms:

- An **active** patient appears on your Patient List and is currently active in the practice. Active patients are included in quality reporting.
- An **on-hold** patient is not included in quality reporting until the patient's status is resolved. Patients should only be on the On Hold list temporarily. A patient can be on hold for one of the following reasons:
  - **Clinician Not in Program**: A patient is attributed in the EMR to a clinician who does not participate in the MDinsight quality program. These patients must be assigned to a new primary care physician.
  - **No Clinician Assigned**: A patient has no clinician assigned in the EMR. **Note**: All patients who are assigned in the EMR to a clinician who is not configured in MDinsight will also have this status.
  - **Patient Assigned Elsewhere**: A patient is already active at another organization. A request for reassignment must be done (and approved) for the patient to move from the On Hold List to the Active Patient List.
  - **Reassignment Request Denied**: The request for reassignment has been denied by either another clinic or the payer.
  - **Reassignment Request Pending**: A reassignment request has been made and practice is awaiting a response from either another practice or the payer.
- An **archived** patient is no longer active in your practice and has been assigned a disposition as described below:
  - **Archived**: The patient is no longer active in your practice for a reason other than those listed here.
  - **Deceased**: The patient has died.
  - **Moved**: The patient has moved out of your geographical area and is no longer served by your practice.
  - **Terminal**: The patient is terminally ill and may have been placed in hospice or is otherwise no longer seeking active treatment at your facility.
  - **Transferred**: The patient has transferred his or her care to another practice or facility and is no longer active at your practice.

Reassignment: The process of changing a patient's clinician assignment from one organization to another.

Reporting Terminology

The building blocks of MDinsight reporting are programs, suites, measures, and clinical elements.

Clinical element: A discrete clinical attribute of a patient extracted from submitted data. A clinical element comprises a name (e.g., Blood Pressure), a value (e.g., 140/90), and a date (e.g., 1/1/2011). Clinical elements are analyzed to determine if a patient has met a measure. A measure may include one or more clinical elements. For example, when analyzing if a patient has met the colorectal cancer screening measure, MDinsight reporting may evaluate the following clinical elements: Colonoscopy, Fecal Occult Blood Test, Double Contrast Barium Enema, and Flexible Sigmoidoscopy.

Measure: A specific quality metric. Measures are based on current guidelines from leading professional societies and are designed to meet or exceed mandated reporting requirements such as HEDIS. A measure may be a ***process measure***, for which success is defined as a particular treatment or screening being performed, or an ***outcome measure***, for which success is defined based on the value of a clinical measurement, such as blood pressure value, or hemoglobin A1C value. An example of a measure description is “the percentage of the eligible population that has had a blood pressure exam in the past 12 months, with the most recent exam being < 140/80.” Measures are initially calculated at the patient level, and then MDinsight reporting aggregates the patient level information by clinician, group, and sponsor.

Program: Defined by the program sponsor. Programs consist of one or more suites of quality measures and performance targets for compliance for those measures.

Suite: A grouping of quality measures relevant to a specific chronic health condition (such as diabetes) or a wellness program (such as cancer screening or immunizations).

Care Opportunity Terminology

Care Opportunities are based on both the timeliness of a test or procedure (for process measures) and whether the test result is within acceptable clinical standards (for outcome measures).

Complete, meets criteria (Green): The patient meets both the process timeliness and the outcome standards for the measure.

Due within 60 days (Yellow): The patient is currently meeting the process and outcome standards for the measure, but additional intervention will be required within the next 60 days to continue to meet the quality standards.

Incomplete or data too old (Gray): The patient does not have any data within the lookback period or the data submitted for the patient is incomplete.

Outcome out of range (Red): The patient has data within the lookback period, but the result does not meet the target threshold for the measure.

Patient excluded (Gray Slash): The patient has been excluded from the measure and will not count toward the program scoring.