Healthix

FOCUS360°

User Guide

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Focus360 User Guide

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Introduction

Description

The Focus360° product is a web-based population health management tool that provides reports and analyses designed to enhance the ability of health care and community-based organizations to care for the people they serve. The product combines clinical activity reports with predictive analytics and quality measure status reports. Focus360 provides reporting and charts that combine data from entire patient rosters or subgroups.

Focus360 can be used to understand the clinical activity that patients receive outside one's own organization, identify patients at highest risk of various adverse events, and determine which patients have gaps in care that need to be addressed. The data in Focus360 is generally updated within 24 to 48 hours of clinical activity, unlike population health management tools that depend on claims or other data that can take weeks or months to update.

Audience

This user manual is intended for Behavioral Health Organizations (BHOs), Community Based Organizations (CBOs), Federally Qualified Health Centers (FQHCs), Independent Physician Associations (IPAs), and Accountable Care Organizations (ACOs) that are customers of the Focus360 population health management tool from Healthix. Focus360 allows users to access and evaluate a wide range of clinical data and analytics for their patients/clients.

During the initial setup of Focus360, customer organizations will work with their Healthix Relationship Manager and/or a Healthix Project Manager to enroll in the product, complete training, and acquire user account credentials. Healthix recommends that customer organizations include staff from their IT and Business Operations teams in the Focus360 setup process. Once the product has been set up and is operational, there is no limit on the number of users. The end users can be anyone who needs to check quality measure performance (this can include, but is not limited to data quality teams, IT teams, and physicians).

Log In Access

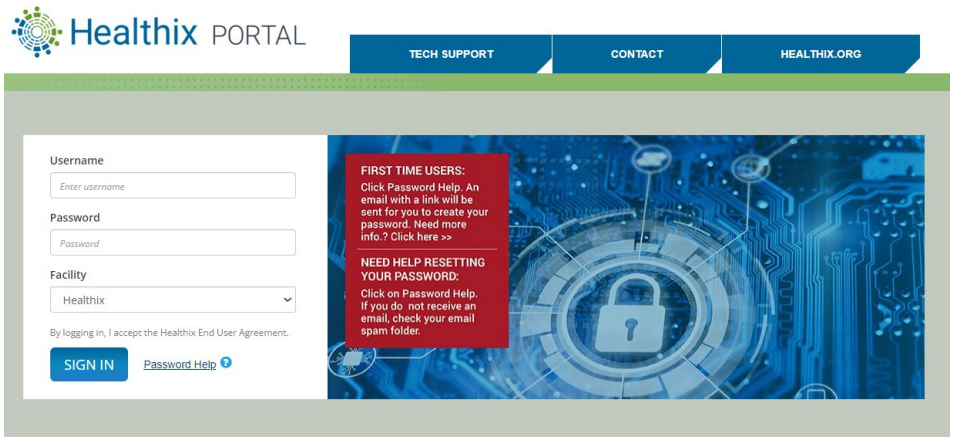
Supported Browsers

Focus360 is accessible via the Healthix Portal. For best performance, the recommended browsers for Focus360 are Windows Edge, Chrome and Firefox with the most recent versions

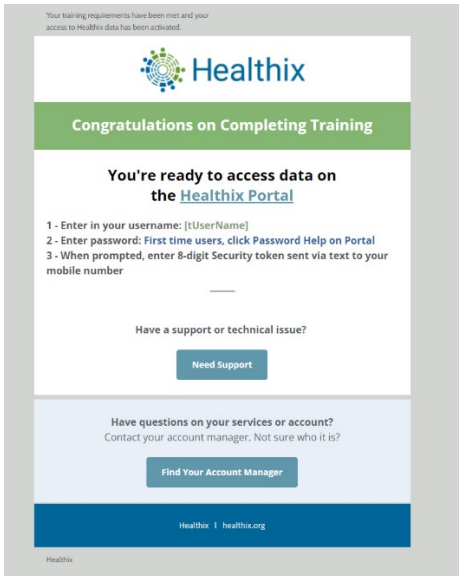
Log In Process

To access Focus360, please follow the steps:

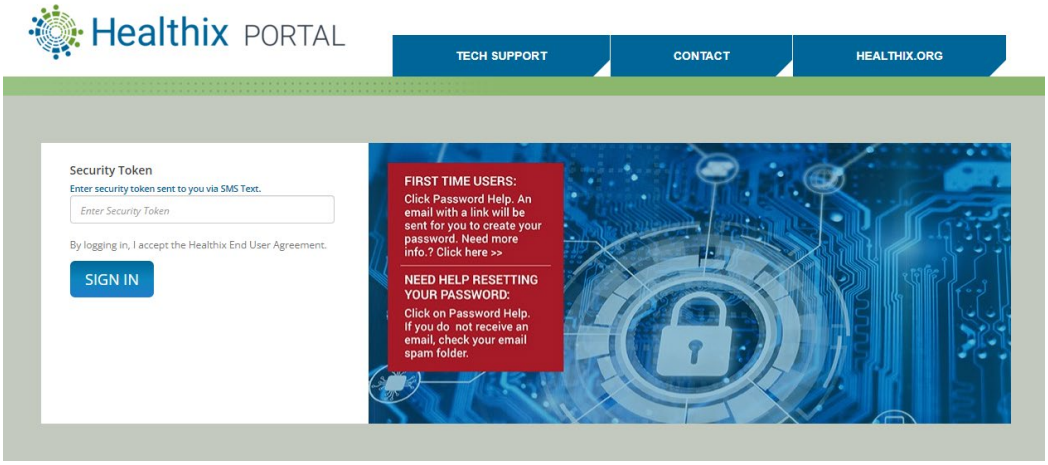
1. Navigate to the Healthix Portal (Portal.Healthix.org)



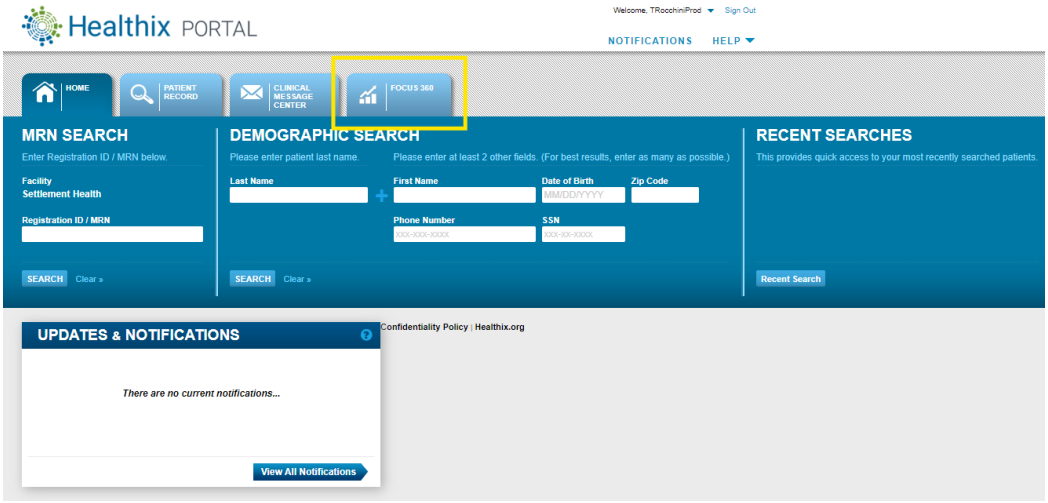
2. Enter your username and password. (Note: if you are a new Healthix portal user, you will receive an email with your login credentials upon completing any mandatory training videos – screenshot of email below).

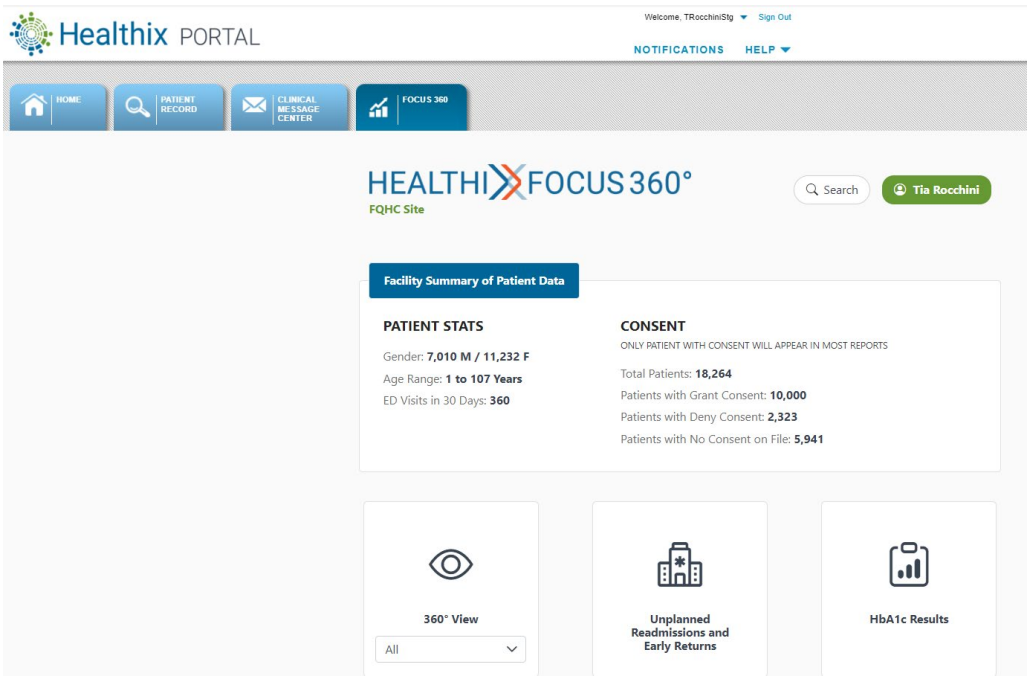


3. Complete multi-factor authentication by entering the security code sent to you via SMS text. (Note: If it is a first-time login attempt, you will be prompted to enter a phone number if there is not one already on file for your account.)



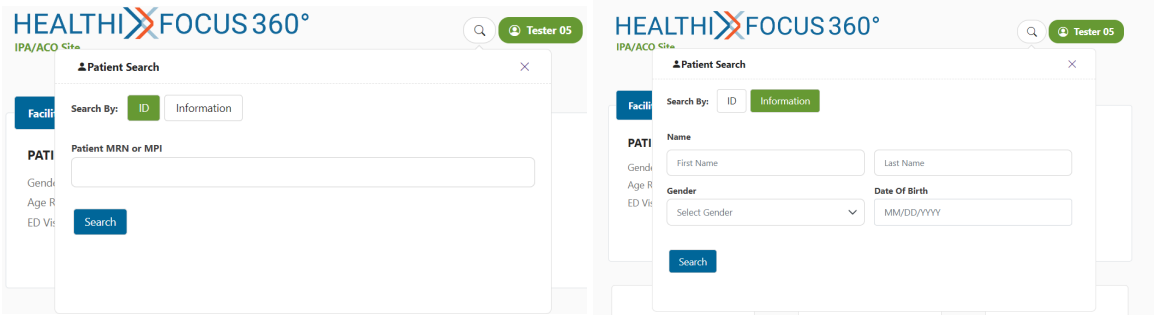
4. You are now in the portal. Select the Focus360 Tab to navigate to the Focus360 tool.





General Functionality

Search



Search can be found in the top right hand corner of your home landing page or any further navigation.

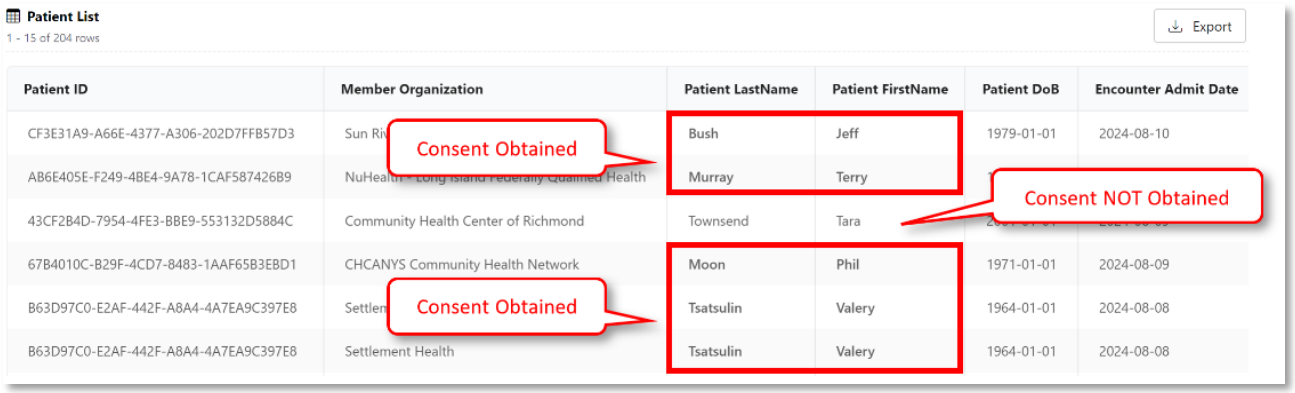
Parameters include:

- Search by ID: Patient MRN
  - This is the MRN or Patient ID designated by the customer organization

- Information: First Name and/or Last Name and/or Gender and/or Date of Birth.
  - Press “SEARCH” button to search, pressing “Enter” in keyboard will not generate a response.
  - The search requires one character minimum and will not autocomplete recommendations for the search.

Patient List

In the patient lists, you will see bold-text information and non-bolded information. The bolded information is selectable, as this indicates that the patient has granted consent. If selected, it will navigate to the Patient Profile page. If the text is non-bolded, this designates that there is no consent on file for the patient or the patient has denied consent and is not selectable.



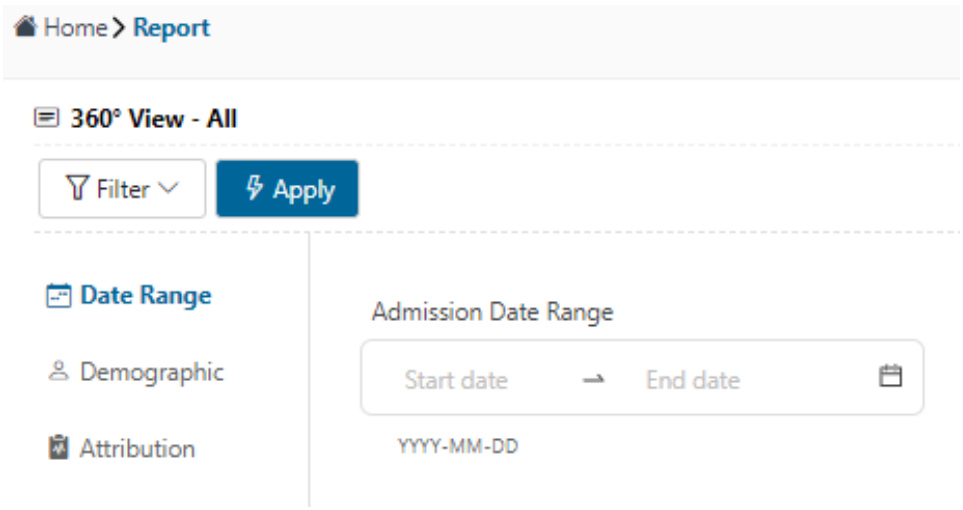
Sorting rows

Throughout the modules, you are able to click on the header of any patient list to sort it. Clicking in a column with letter characters will sort it alphabetically Z -> A, then clicking again will sort it alphabetically A -> Z. Clicking on any column with date value will sort it by MM/DD/YYYY.

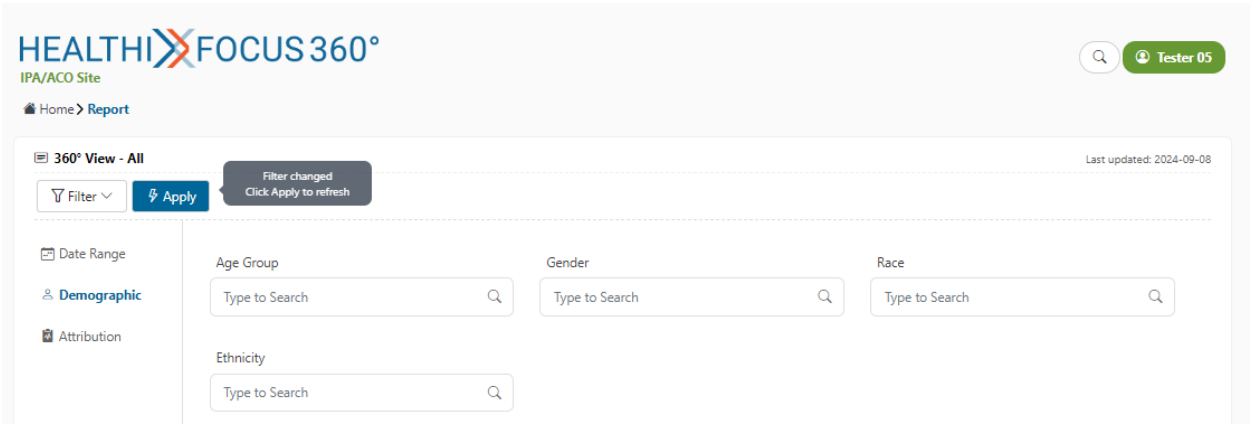
Filtering

Filters vary by report, but most include Date Range and Demographics.

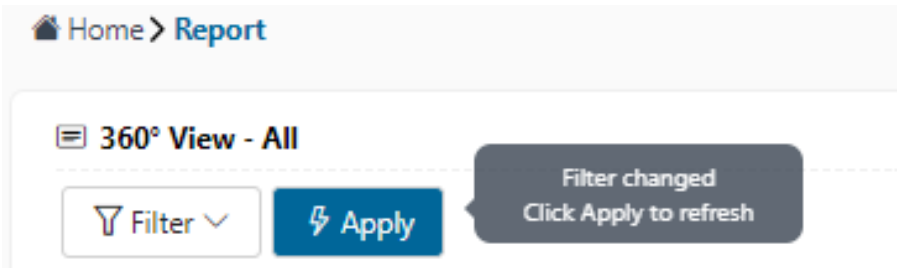
- Date Range – choose a standard timeframe – 7 days, 30 days, 90 days, 120 days, or enter specific start and end dates.



- Demographics Options: [please refer to Data dictionary for mapping definitions]
  - Age range: Multiselect 10 Age Brackets
  - Race: Multiselect 8 Categories
  - Ethnicity: Multiselect 4 Categories
  - Gender: Multiselect Gender (**see Data dictionary for more notes under Detailed Data Elements tab**)

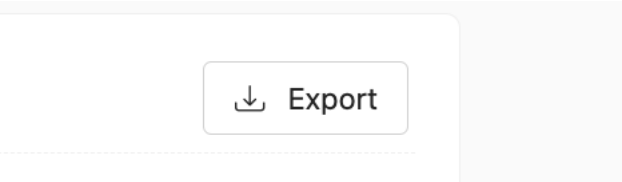


Note: You must click **APPLY** after selecting filter options to regenerate the patient list below.



Additional filters are provided in certain reports.

Download/Export



Any display can be downloaded to the local computer as an XLSX file that can be opened in Excel. Please note that a large number of rows can take a few minutes to generate the download.

Data Library

Where does the data come from?

The data in Focus360 comes from Healthix's database of participant's data. The data is pulled from the more than 9,000 healthcare organizations that are connected to Healthix.

What data can be found on Focus360?

- Encounter Data
- Comprehensive Clinical Data (Consent must be granted in order to access this data)

Which Patients Can be Found in Focus360?

Patients included in Focus360 are based on an organization's connection with Healthix. Connections can be via provider roster flat files, EHR connection, subscription file, etc. For any specific questions regarding your organization's connection source with Healthix, please contact your assigned Relationship Manager. If you don't know your Business Relationship Manager, you can look them up here: https://cx.healthix.org/find-your-relationship-manager.

Compliance

Consent Rules

In New York State, patient consent is required for health care organizations to view a patient's detailed health records through Healthix. The level of data accessible to view in

Focus360 is dependent on patient consent status. Consent rules for this product are as follows:

- **360 View** – If there is a grant or no consent on file, then the data is visible. If there is a deny consent on file, then the data is not visible.
- **Unplanned Readmissions and Early Returns** - If there is a grant or no consent on file, then the data is visible. If there is a deny consent on file, then the data is not visible.
- **HbA1c Results** - If there is a grant on file, then the data is visible. If there is a deny or no consent on file, then the data is not visible.
- **PCP Attribution** - If there is a grant or no consent on file, then the data is visible. If there is a deny consent on file, then the data is not visible.
- **Population Risk Management** – this is a predictive model which shows de-identified aggregate patient data as well as patient level data. Consent is not considered for aggregate data reporting. In the patient level list, if there is a grant, then the data is visible. If there is a deny or no consent on file, then the data is not visible.
- **Transition Risk Management** – this is a predictive model which shows de-identified aggregate patient data as well as patient level data. Consent is not considered for aggregate data reporting. In the patient level list, if there is a grant, then the data is visible. If there is a deny or no consent on file, then the data is not visible.
- **Quality Measures** - If there is a grant or no consent on file, then the data is visible. If there is a deny consent on file, then the data is not visible.

Modules

Focus360 is a system built on a web-based dashboard where reports can be selected, filtered, sorted, and downloaded for further analysis. From any report, you can click on a patient and access their full clinical history if they have provided consent. The clinical history includes diagnoses, encounters, procedures, labs, and medications.

The following lists are the available reports within the dashboard:

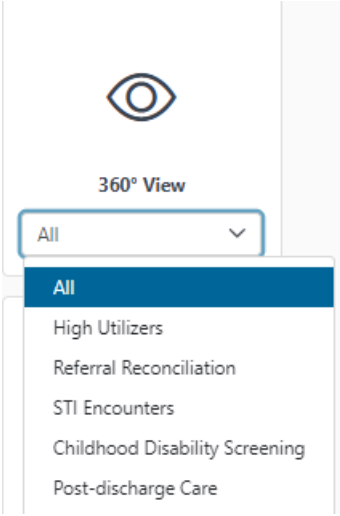
360 View

Description

This list includes encounters for your patient population that occurred outside of your facility. The 360 View searches Healthix's 9,000 participating organizations' encounters and indicates if there has been an inpatient, outpatient, or emergency encounter for your patients at any of our participating organizations.

The high-level use case is to allow your organization to have a sense of what kind of care your patients are receiving outside of your organization. The 360 view can inform the user of patient encounters that they may have otherwise not been aware of, so they can support the patient with follow-up care.

The default view is all encounters for all patients in the past 365 days, but you can pre-filter on certain cohorts. If you click on the drop-down menu in the 360 View button, you will be shown the following list:



Filters

The Following filters are included in the 360 View Module

- Date Range: See general functionality > Filters> Date Range section.
- Demographic: See general functionality > Filters> Demographics section.
- Attribution (Note: In order for this filter to populate, the Focus360 customer must provide us with a payer attribution file)
    - *Provider Attribution (only applicable for IPA/ACO customers): options based on attribution file*
    - *Health Plan Name: options based on attribution file*
    - *Line of Business: options based on attribution file*

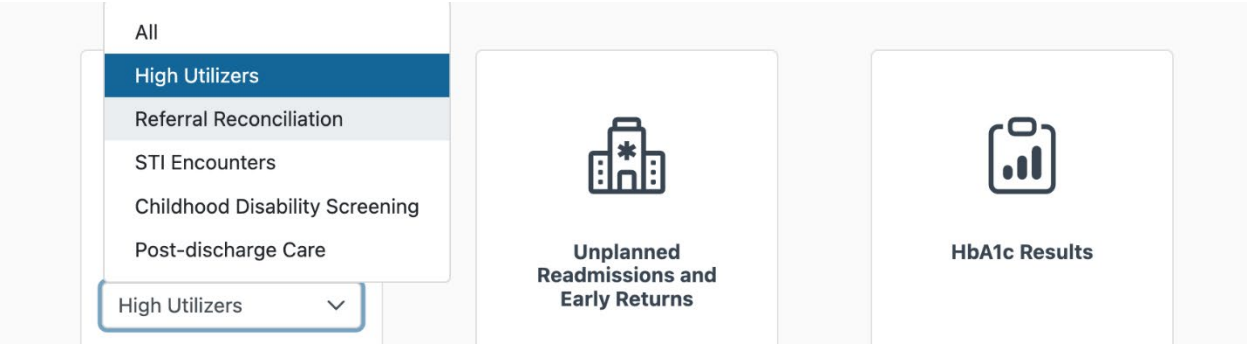
Columns

The report includes the following columns. Please refer to Focus360 Data dictionary on the definition of these Elements.

- Patient ID
- Member Organization
- Patient First Name
- Patient Last Name
- Patient DOB
- Encounter Admit Date
- Encounter Type
- Encounter Facility
- Facility Type
- Diagnosis Code
- Diagnosis Description
- Problem Code
- Problem Description
- Encounter MRN
- Encounter Discharge Date
- Sex
- Age
- Race
- Ethnicity
- Perferred Language
- Phone

Pre-Filtered 360 View Reports

High Utilizer



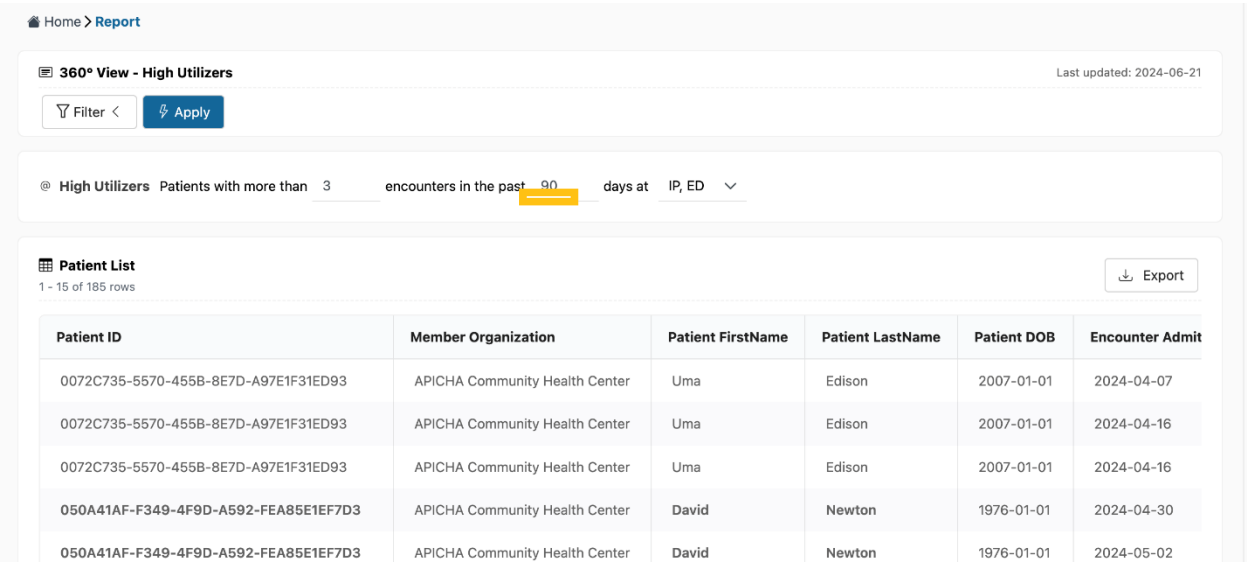
Selecting “High Utilizer” from the filter/drop-down will populate a subset patient list that includes any Healthix patients with more than three ED/IP encounters in last 90 days.

Users can click the provided filters to edit the number of encounters and days to regenerate a customized report.

High Utilizer module refreshes its data typically every 24-48 hours.

Please reference to the Data dictionary for definition of Inpatient [IP] and Emergency Department [ED].

Please refer to Filters and Columns under 360 View to review what data is available in this module.



Referral Reconciliation

This report lists encounters following the referral in an attempt to determine if the patient went to a provider to whom they were referred. Based on a custom roster provided by the the Focus360 customer, this module will include a list of patients who were referred to a specialist for care/follow-up. A timeline of interest is identified by the Focus360 customer.

Access to this module is dependent on configuration/activation per the Focus360 customer. Focus360 customers will need to send a secondary roster identifying referrals in order to access this module.

If the Focus360 customer is able to do so, a patient roster of patients that have had a referral to a specialist for care/follow-up within the timeframe of interest will be generated and shared to Healthix. Healthix will process and match up all encounters found for the

patient. Please note at this time, Healthix is not able to reduce the encounter report to match the exact intention/category/specialty of the provider referrals.

Please refer to Filters and Columns under 360 View to review what data is available in this module.

STI Encounters

Healthix will include patient encounters within the last 60 days with a diagnosis (ICD-10), treatment (CPT) or both related to an STI. Please refer to the Data Dictionary for detailed listing of codes.

Please refer to Filters and Columns under 360 View to review what data is available in this module.

Childhood Disability Screening

Healthix will include any inpatient encounters during last 90 days with ICD-10, CPT, HCPCS or SNOMED codes related to Childhood Disability Screening. Please refer to the Data Dictionary for detailed listing of codes.

Please refer to Filters and Columns under 360 View to review what data is available in this module.

Unplanned Readmissions and Early Returns

Description

There is a broad effort within health care to avoid repeated hospitalizations, particularly in situations where a patient was discharged without the proper care or planning that would allow them to remain at home. The Unplanned Readmissions and Early Returns module is designed to identify cases in which patients have returned to the hospital for a related cause within 30 days of a discharge. The module follows logic from CMS (source below) in determining which hospitalizations might be considered an unplanned readmission or early return.

- Simoes, J., Grady J., DeBuhr, J., et al. **2017 All-Cause Hospital-Wide Measure Updates and Specification Report: Hospital-Level 30-Day Risk-Standardized Readmission Measure–Version 6.0**. Prepared for the Centers for Medicare and Medicaid Services. New Haven, CT: Yale New Haven Health Services Corporation/Center for Outcomes Research & Evaluation, 2017.

When a user opens the module, they will find a spreadsheet-style report listing hospital encounters that meet the CMS criteria for an unplanned readmission (in the case of

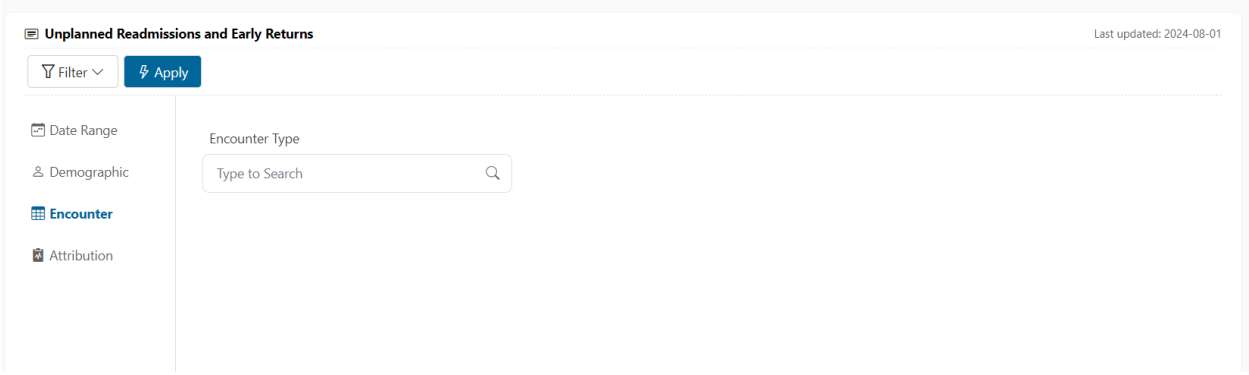
inpatient stays) or early returns (in the case of emergency department visits). Each encounter listed in the report occured withing 30 days from a prior hospitalization. As you read across the row for a given patient, fields like Encounter Admit Data and Encounter Facility refer to the second, or return, hopsitalization.

The report can be used to identify patients who may have received substandard discharge planning, or patients who are facing clinical, behavioral, or socioeconomic challenges that complicate their recovery. For support identifying patients who are at risk of a potential readmission, i.e. to support with proactive intervention, refer to the Transition Risk Management module.

Filters

You must click APPLY after selecting filter options to regenerate the patient list below.

- Date Range: See general functionality > Filters> Date Range section.
- Demographic: See general functionality > Filters> Demographics section.
- Encounter: Inpatient or Emergency



- *Attribution* (Note: In order for this filter to populate, the Focus360 customer must provide us with a payer attribution file)
    - *Provider Attribution (only applicable for IPA/ACO customers): options based on attribution file*
    - *Health Plan Name: options based on attribution file*
    - *Line of Business: options based on attribution file*

Columns

The report includes the following columns. Please refer to Focus360 Data dictionary on the definition of these Elements.

- Patient ID
- Member Organization
- Patient Last Name

- Patient First Name
- Patient DOB
- Encounter Admit Date
- Encounter Discharge Date
- Encounter Length of Stay
- Gender
- Age
- Encounter Facility
- Encounter Type

HbA1C Results

Description

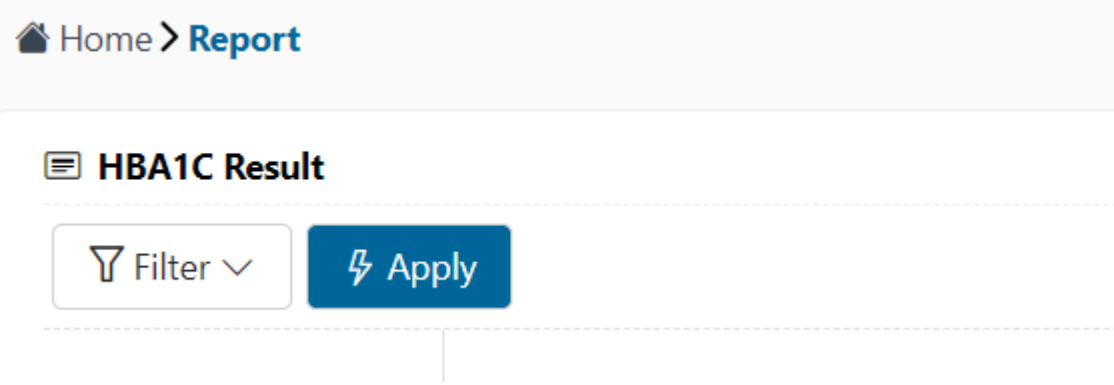
The HbA1c Results module provides access to HbA1c lab test results from a wide range of clinical labs connected to Healthix, including hospital labs. Opening the module brings the user to a report that shows HbA1c lab test results for all patients, with each row representing one lab test. A given patient may have multiple rows if they have had multiple HbA1c tests. The report also includes a column titled titled "HbA1c Flag" that categorizes the severity of the HbA1c test findings, correlating to the following values:

Controlled Diabetes	HbA1C result of < 7% + Dx of Diabetes
Elevated	HbA1C result of 7-7.9%
Pre-Diabetic	HbA1C result of 5.7-6.4%
Probable Diabetic	HbA1C result of 6.5-6.9%
Uncontrolled	HbA1C result of 8 or greater

Even if an organization does not specifically focus on diabetes management or prevention, HbA1c levels and diabetes status can be important contextual information for other reasons, such as the interaction of diabetes medicines with other treatments, or the additional daily care needed for advanced diabetes.

Filters

You must click **APPLY** after selecting filter options to regenerate the patient list below.



  - Demographic: See general functionality > Filters> Demographics section.
- Attribution (Note: In order for this filter to populate, the Focus360 customer must provide us with a payer attribution file)
  - *Provider Attribution (only applicable for IPA/ACO customers): options based on attribution file*
  - *Health Plan Name: options based on attribution file*
  - *Line of Business: options based on attribution file*

Columns

The report includes the following columns. Please refer to Focus360 Data dictionary on the definition of these Elements.

- Patient ID
- Member Organization
- Patient Last Name
- Patient First Name
- Gender
- Age
- Result Date
- HBA1C Flag
- HBA1C Result
- Test Location
- Facility Type
- Diabetes DX
- Diabetes DX Description
- Patient Date of Birth
- Race
- Ethnicity
- Patient Preferred Language
- Patient Phone

PCP Attribution

Description

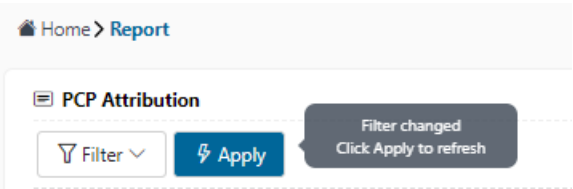
The PCP Attribution Module is intended to be used by primary care organizations, or IPAs and ACOs that include primary care organizations within the membership. The module requires Focus360 customers to submit an additional file that indicates which patients are attributed to which primary care organizations by a given health plan.

For primary care organizations that submit this kind of file to Healthix, the PCP Attribution module can be used to evaluate the PCP attribution process of the health plans they work with. Health Plans often provide primary care organizations with a list of patients the health plan has attributed to them. However, in practice, the attribution may not accurately reflect where the patient receives care. For example, a health plan may attribute a patient to organization A, but the patient actually receives their care from organization B. Since health plans may develop quality goals and incentives for primary care organizations to meet for their members, inaccurate patient attributions may negatively affect a primary care organization on these metrics.

The PCP Attribution module shows a report detailing patient encounters, but in this case, the only patients included in the report are those who have been attributed to the primary care organization using Focus360. There is column in the report that indicates which health plan has attributed the patient, and another column that indicates the facility the patient visited for each encounter. Using this information, Focus360 users can review the report to see if their attributed patients are receiving care at their own organization (as one would expect) or if they are receiving the majority of their care elsewhere. This information can provide helpful context when negotiating with health plans regarding attributed patients and quality incentives.

Filters

You must click **APPLY** after selecting filter options to regenerate the patient list below.



- Date Range: See general functionality > Filters> Date Range section.
- Demographic: See general functionality > Filters> Demographics section.
- *Encounter:* Select either lab encounters or non-lab encounters

Columns

The report includes the following columns. Please refer to Focus360 Data dictionary on the definition of these Elements.

- Patient ID
- Member Organization
- Patient Last Name
- Patient First Name
- Patient Atribution by
- Patient Attribution To
- Encounter Admission Date
- Encounter Facility
- Facility Type
- Patient Consent Status

Population Risk Management

Description

The Population Risk Management Module segments out a patient population to identify who is most at risk for an adverse event and/or disease. The module can be used for an organization to identify which patients they may want to allocate more resources towards.

Healthix partners with HBI Solutions, a company founded in 2011 by Stanford University faculty including a physician, a PhD data scientist, and a healthcare IT business executive who shared a vision of improving health and reducing costs. HBI's specialty is using natural language processing, maching learning and large language models to develop predictive analytics in support of this module and the Transition Risk Management module. The data from Healthix's participating organizations is run through the proprietary risk models developed by HBI to identify patients who are at higher risk for different disease categories/events.

HBI Solutions Risk Model Overview

In HBI Solutions Risk Modeling, Risk features are the elements that influence the risk of the cost, event, or condition. Below are the 11 categories of risk features used to identify a patient's risk for the event/diseases identified in each model:

Category	Description	Example
Acute Disease	An acute diagnosis code applied in the last 12 months	Patient diagnosed with acute disease [K20 Esophagitis] in the last 12 months
Chronic Disease Burden	A chronic diagnosis code applied in the last 24 months	Patient diagnosed with chronic disease [E11 Type 2 diabetes mellitus] in the last 24 months
Community Social Determinants	A characteristic of the zip code where the individual resides	Patient's zip code has a **Very High %** of residents with Medicaid insurance
Demographics	Gender and age	Female age group (75-84)
Disease Events	An inpatient, outpatient or ED event diagnosis in the last 12 months	Patient had 8 outpatient visits [Nausea and vomiting] in the last 12 months
Factors Influencing Health Status	A Lifestyle Diagnosis [Z-code] applied in the last 12 months	Patient diagnosed with [Z72 Problems related to lifestyle: Z72.0 Tobacco use] in the last 12 months
Laboratory Test	An abnormal laboratory test result during the encounter and/or in the last 24 hours	High MEAN PLATELET VOLUME during episode
Medication	A medication prescribed or billed in the last 12 months	Patient had 2 inpatient medications [methylxanthine] in the last 12 months
Utilization	Inpatient, outpatient or ED visits had in the last 12 months	Patient had 3+ (9) Emergency Room visit(s) in the last 12 months
Vital Sign	An abnormal vital sign result during the encounter and/or in the last 24 hours	Pulse Oximetry 24h – Low
Procedure	An inpatient, outpatient or ED procedure in the last 12 months as evidenced from an ICD10 procedure code	Patient had (B51 Imaging, Veins, Fluoroscopy) procedures in the last 12 months
CPT / HCPCS	An inpatient, outpatient or ED activity in the last 12 months as evidenced from an CPT or HCPCS code	Patient has 1 (99285 Emergency Department Visit High Severity & Threat) in the last 12 months

Source: HBI Spotlight Analytics V2.1 Population Risk Mgmt and Perf Reporting Guide

Filters

The following section lists out applicable filters for the Population Risk Management module with images. Note, you must click **APPLY** after selecting filter options to regenerate the patient list below.

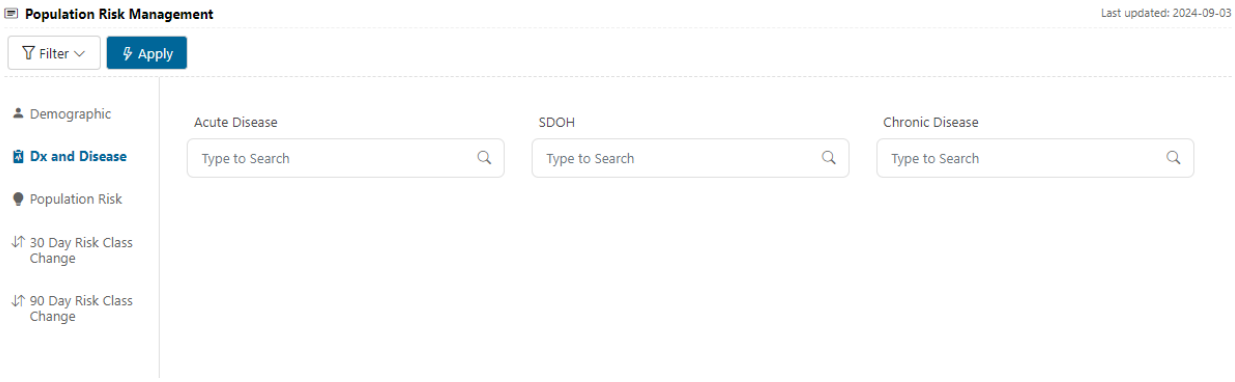
Filter: Demographic

- Demographic: See general functionality > Filters> Demographics section.

Filter: Dx and Disease

- Acute Disease
- SDOH
- Chronic Disease

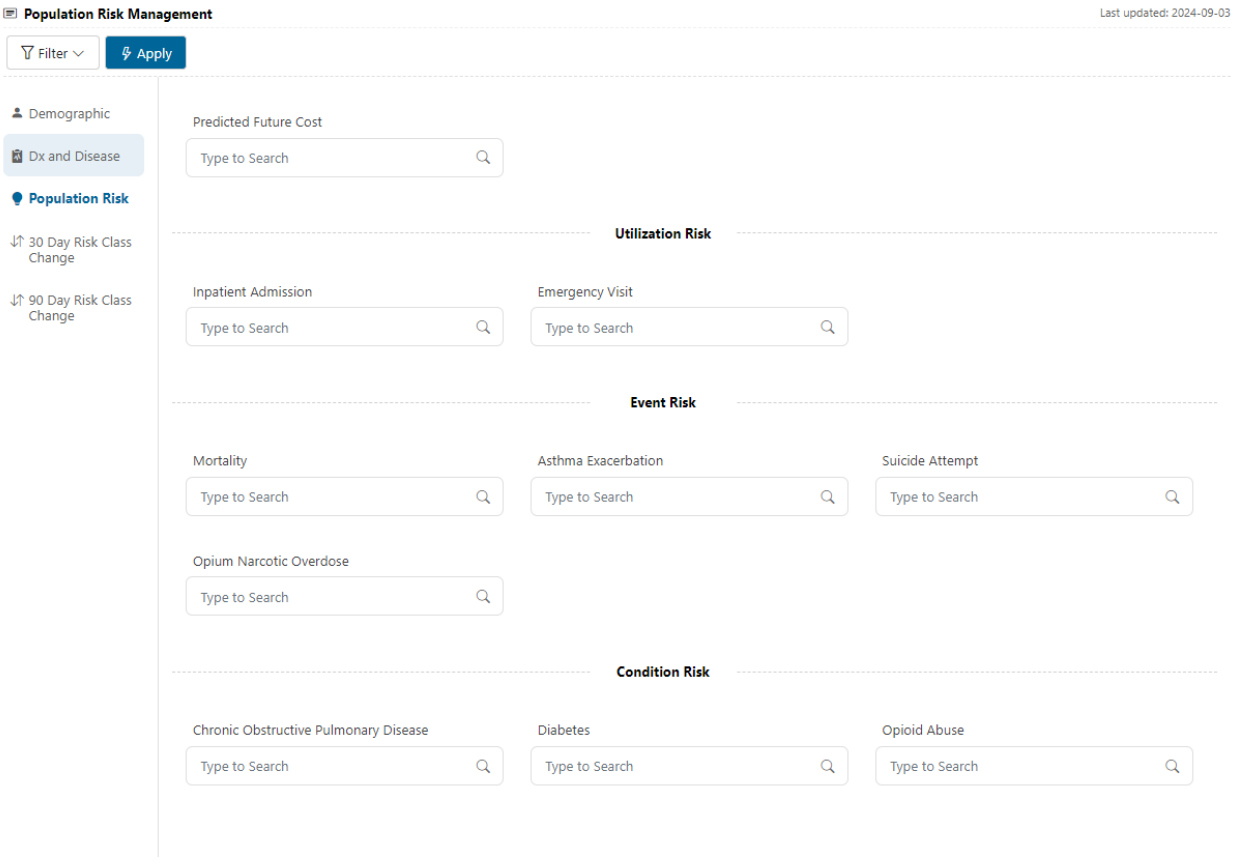
Refer to Data Dictionary > Filters Tab for detailed descriptions



Filter: Population Risk

Filter on Low, Moderate, High, or Very High Risk for the following categories:

- Cost
- Utilization
- Event
- Condition

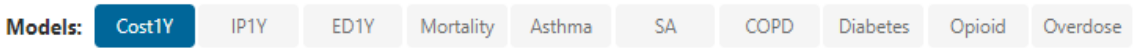


Filter: 30 and 90 Day Risk Class Change

Filter on the following change descriptions in risk class over the last 30 or 90 days:

- Decrease to Low
- Decrease to Moderate
- Decrease to High
- Increase to Moderate
- Increase to High
- Increase to Very High

Risk Models

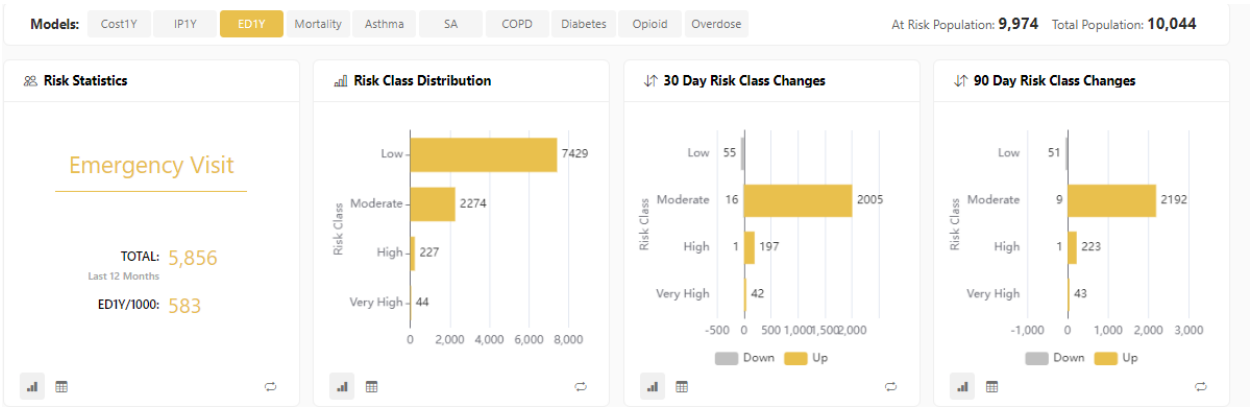


1. Cost1Y
    a. Future predicted total cost for the next 12 months, expressed as Low, Moderate, High, or Very High Risk
    b. Refer to the Healthix Feature Map.XLSX document, Cost tab for a full list of features and odds ratio associates with the Cost Risk Model.
2. IP1Y
    a. Risk of future inpatient (IP) admission in the next 12 months, expressed as a Low, Moderate, High, or Very High risk of an IP admission.
    b. Refer to the Healthix Feature Map.XLSX document, Inpatient 1 Year tab for a full list of features and odds ratio associates with the IP1Y Risk Model.
3. ED1Y
    a. Risk of future emergency department (ED) visit in the next 12 months, expressed as a Low, Moderate, High, or Very High risk of an ED visit.
    b. Refer to the Healthix Feature Map.XLSX document, Emegency 1 Year tab for a full list of features and odds ratio associates with the ED1Y Risk Model.
4. Mortality
    a. Risk of Death in the next 12 months, expressed as a Low, Moderate, High, or Very High risk of the event.
    b. Refer to the Healthix Feature Map.XLSX document, Mortality tab for a full list of features and odds ratio associates with the Mortality Risk Model.
5. Asthma
    a. Risk of an Asthma Exacerbation event in the next 12 months, expressed as a Low, Moderate, High, or Very High risk of the event.
    b. Refer to the Healthix Feature Map.XLSX document, Asthma tab for a full list of features and odds ratio associates with the Asthma Risk Model.

6. SA
    a. Suicide Attempt: Risk of a Suicide Attempt in the next 12 months, expressed as a Low, Moderate, High, or Very High.
    b. Refer to the Healthix Feature Map.XLSX document, Suicide tab for a full list of features and odds ratio associates with the Suicide Attempt Risk Model.
7. COPD
    a. Risk of a diagnosis of a Chronic Obstructive Pulmonary Disease in the next 12 months, expressed as a Low, Moderate, High, or Very High risk of the condition.
    b. Refer to the Healthix Feature Map.XLSX document, COPD tab for a full list of features and odds ratio associates with the COPD Risk Model.
8. Diabetes
    a. Risk of a diagnosis of Type 2 Diabetes in the next 12 months, expressed as a Low, Moderate, High, or Very High risk of the condition.
    b. Refer to the Healthix Feature Map.XLSX document, T2D tab for a full list of features and odds ratio associates with the Diabetes Risk Model.
9. Opiod
    a. Risk of a diagnosis of Opioid Abuse in the next 12 months, expressed as a Low, Moderate, High, or Very High risk of the condition.
    b. Refer to the Healthix Feature Map.XLSX document, Opioid tab for a full list of features and odds ratio associates with the Opioid Risk Model.
10. Overdose
    a. Risk of an Opioid or Narcotic Overdose event in the next 12 months, expressed as a Low, Moderate, High, or Very High risk of the event.
    b. Refer to the Healthix Feature Map.XLSX document, Overdose tab for a full list of features and odds ratio associates with the Overdose Risk Model.

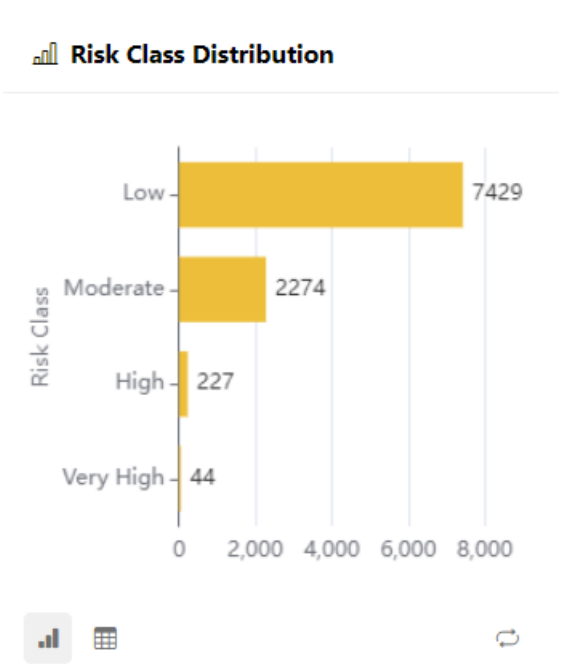
Modules Under Models

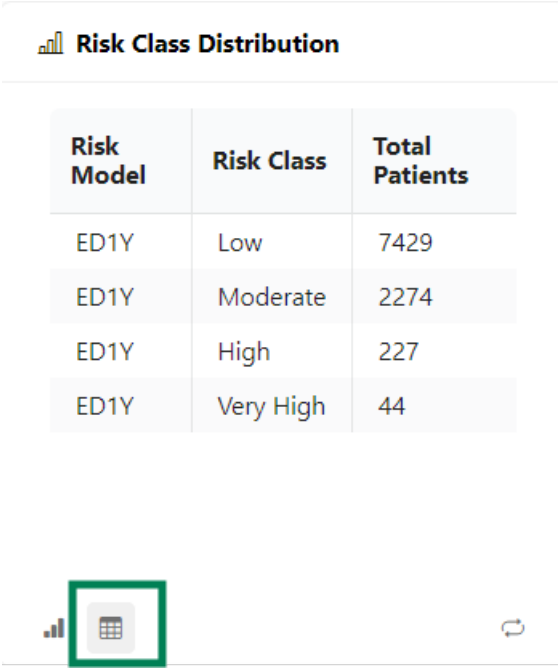
Based on the risk model selected, the three charts below will update to reflect the model.



- Risk Statistics
    - Visual Display of estimated cost, utilization and incidence for the selected event or condition in the last 12 months.
- Risk Class Distribution
    - Visual breakdown of your population into Low, Moderate, High or Very High risk for the selected risk model
- 30 & 90 Day Risk Class Changes
    - Visual breakdown of how many individuals within the population have had a change in risk class in the last 30 or 90 days

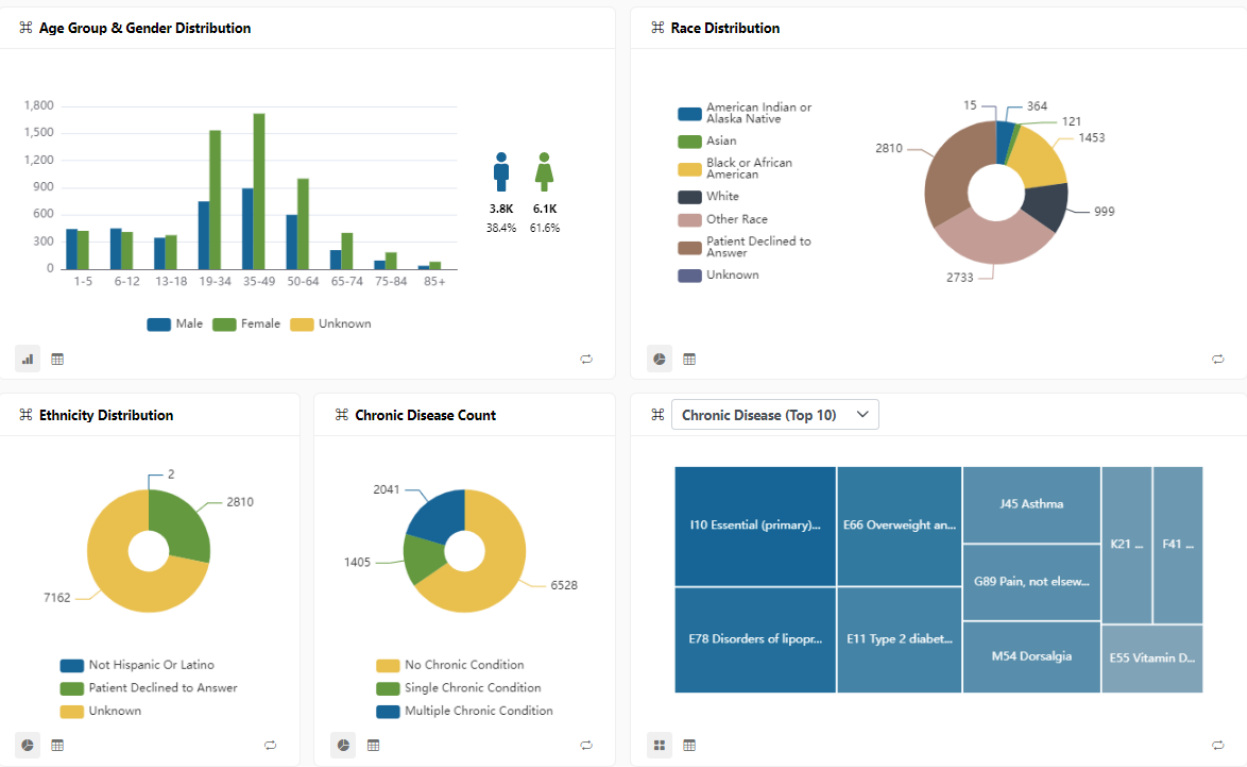
Note: The charts can be translated into a table view by selecting the table icon in the bottom right hand corner of any chart.





Descriptive Statistics

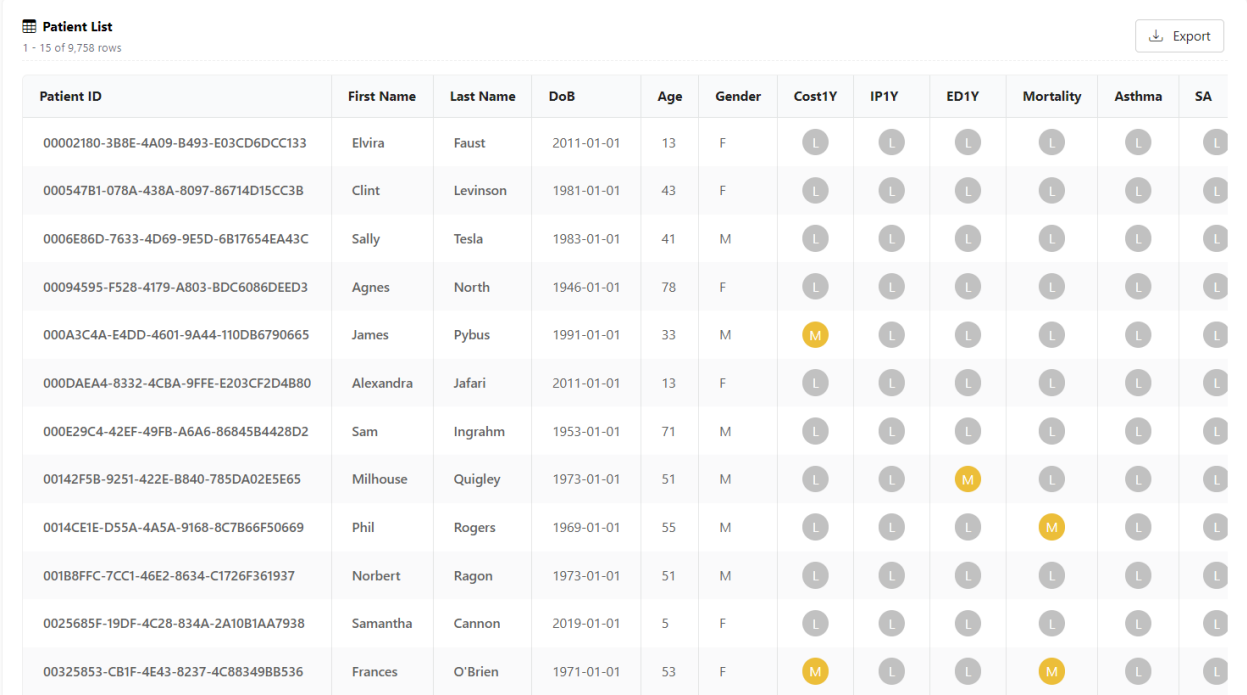
Below are tiles that display additional demographic and clinical characteristics about the individuals within their population. When filters are applied, these graphs will update to reflect the charactersitcs of the selected cohort.



- Age Group & Gender Distribution
- Race Distribution
- Ethnicity Distribution
- Chronic Disease Count
    - Groups individuals in the population into one of three categories: those with no chronic diseases in their profile, those with one chronic disease and those with more than one
- Top Chronic Diseases
    - The view defaults to the top 10 chronic diseases in the population, but can be changed to show the top 20, top 50, or all with the drop-down menu

Patient List

The patient list displays identifiers such as name, ID, date of birth, gender, age and assigned risk class for each risk model. When filters are applied, the patient list will update to reflect the charactersitcs of the selected cohort. The list can be exported to Excel by selecting ‘Export’ in the top right corner.



Patient List

1 - 15 of 9,758 rows

Export

Patient ID	First Name	Last Name	DoB	Age	Gender	Cost1Y	IP1Y	ED1Y	Mortality	Asthma	SA
00002180-3B8E-4A09-B493-E03CD6DCC133	Elvira	Faust	2011-01-01	13	F	L	L	L	L	L	L
000547B1-078A-438A-8097-86714D15CC3B	Clint	Levinson	1981-01-01	43	F	L	L	L	L	L	L
0006E86D-7633-4D69-9E5D-6B17654EA43C	Sally	Tesla	1983-01-01	41	M	L	L	L	L	L	L
00094595-F528-4179-A803-BDC6086DEED3	Agnes	North	1946-01-01	78	F	L	L	L	L	L	L
000A3C4A-E4DD-4601-9A44-110DB6790665	James	Pybus	1991-01-01	33	M	M	L	L	L	L	L
000DAEA4-8332-4CBA-9FFE-E203CF2D4B80	Alexandra	Jafari	2011-01-01	13	F	L	L	L	L	L	L
000E29C4-42EF-49FB-A6A6-86845B4428D2	Sam	Ingrahm	1953-01-01	71	M	L	L	L	L	L	L
00142F5B-9251-422E-B840-785DA02E5E65	Milhouse	Quigley	1973-01-01	51	M	L	L	M	L	L	L
0014CE1E-D55A-4A5A-9168-8C7B66F50669	Phil	Rogers	1969-01-01	55	M	L	L	L	M	L	L
001B8FFC-7CC1-46E2-8634-C1726F361937	Norbert	Ragon	1973-01-01	51	M	L	L	L	L	L	L
0025685F-19DF-4C28-834A-2A10B1AA7938	Samantha	Cannon	2019-01-01	5	F	L	L	L	L	L	L
00325853-CB1F-4E43-8237-4C88349BB536	Frances	O'Brien	1971-01-01	53	F	M	L	L	M	L	L

Transition Risk Management

Description

This module is designed to provide insights on your patients at risk of Inpatient or Emergency Department readmissions and revisits. The module includes active encounters and encounters discharged in the last 60 days for your organization's patients. The module runs these encounters through a risk model to identify patients risk level for a readmission or revisit during the critical 30 day period immediately after an inpatient discharge or emergency department visit.

Healthix partners with HBI Solutions, a company founded in 2011 by Stanford University faculty including a physician, a PhD data scientist, and a healthcare IT business executive who shared a vision of improving health and reducing costs. HBI's specialty is using natural language processing, maching learning and large language models to develop predictive analytics in support of this module and the Population Risk Management module. The data from Healthix's participating organizations is run through the proprietary risk models developed by HBI to identify patients who are at higher risk for different disease categories/events.

Please refer to the HBI solutions Risk Model Overview section for more information on factors influencing the risk model.

A potential use case for this module could be to help a healthcare organization identify which patients to proactively allocate more resources towards to avoid readmissions.

Filters

Filter: Date Range

See General functionality > Filters> Date Range section.

Filter: Attribution

- *Attribution* (Note: In order for this filter to populate, the Focus360 customer must provide us with a payer attribution file)
    - *Provider Attribution (only applicable for IPA/ACO customers): options based on attribution file*
    - *Health Plan Name: options based on attribution file*
    - *Line of Business: options based on attribution file*

Filter: Demographic

See General Functionality > Filters> Demographics section.

Filter: Dx and Disease

See Population Risk Management > Filter > Filter: Dx and Disease section.

Filter: Population Risk

See Population Risk Management > Filter > Filter: Population Risk section.

Filter:Transition Risk

Allows filtering on the following risk classes for either IP 30 day readmission or ED 30 Day Revsit Risk:

- Low
- Medium
- High
- Very High

Filter: Encounter

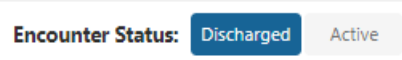
Allows filtering on select encounters based on –

- Primary Diagnosis Category
- Primary Procedure Category

Encounter Toggles

Encounter Status

The module can be filtered on Encounter Status – either Active or Discharged.



Discharged indicates they are no longer active in that specific encounter (i.e. admission and discharge date available) and ***Active*** indicates a patient is currently in an inpatient or emergency bed, while Discharged

Encounter Type

The module can be filtered on Encounter Type – either Inpatient or Emergency.

Inpatient (IP)

When Active Inpatient Encounters are selected, the charts below expresses the risk class distribution for the 30-day readmission risk and the length of stay distribution measured in days.

When Discharged Inpatient Encounters are selected, the chart represents the final risk class distribution at the time of discharge and the length of stay distribution measured in days.

Chart View vs.Table View – Risk Class Distribution Discharged Inpatient Encounters

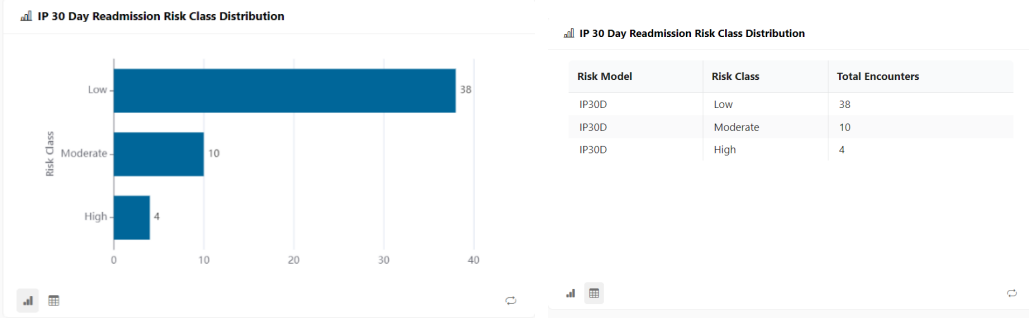
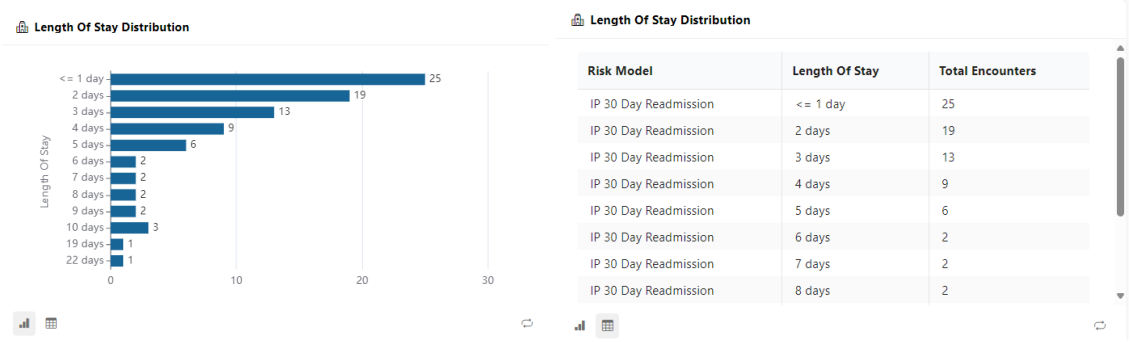


Chart View vs. Table View – Length of Stay Distributin Discharged Inpatient Encounters



Emergency (ED)

When Active Emergency Encounters are selected, the chart below expresses the risk class distribution for the 30-day revisit risk and the length of stay distribution measured in hours.

When Discharged Emergency Encounters are selected, the chart represents the final risk class distribution at the time of discharge and the length of stay distribution measured in hours.

Chart View vs. Table View – Risk Class Distribution Discharged Emergency Encounters

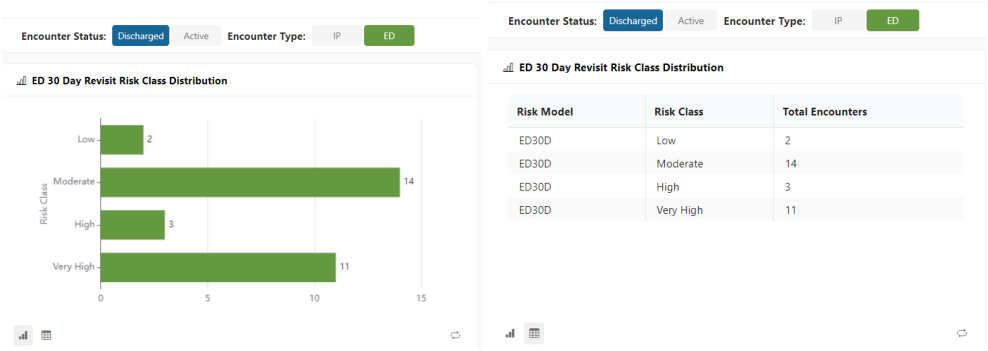
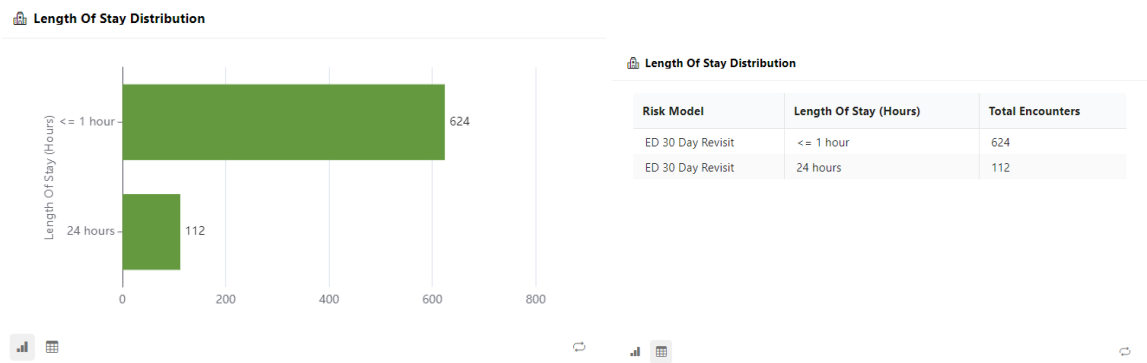


Chart View vs. Table View – Length of Stay Distribution Discharged Emergency Encounters



Total Encounters

Total Encounters in the top right corner will display of the total number of encounters in the last 60 days for your organization's patients – based on the encounter status and type toggle selected.

Please refer to Data dictionary for definitions of all Data Elements (*Inpatient/Emergency, Length of Stay, Risk Class, etc.*)

Patient List

The patient list includes a list of encounters based on the model selected (either IP30D or ED30D) and identifiers such as name, ID, date of birth and gender. The list includes an assigned risk score for the selected risk model (IP30D or ED30D) and the assigned risk score for the Mortality1Y risk model. Lastly, the patient list includes the following encounter information:

- Admission date
- Discharge date (if applicable)
- Admission source
- Discharge disposition
- Primary Diagnosis Code
- Primary Diagnosis Description
- Primary Procedure Code
- Primary Procedure Description

When filters are applied, the patient list will update to reflect the charactersitcs of the selected cohort. The list can be exported to Excel by selecting 'Export' in the top right corner.

Please refer to Data dictionary for direct data element definitions.

Quality Measures – Person View

Description

This module can be used to track quality measure outcomes for a set of quality measures that have been built into Focus360. By default, when a user opens the module, they will

see a report in which each row represents a patient that has been eligible for one of these quality measures. The report shows whether the patient is compliant, or is not compliant, with each measure for which they have met the eligibility criteria. The report can be sorted by Patient ID to show each patient's compliance status for all relevant quality measures. The report can also be filtered by measure or sub-measure to show the compliance status for all patients who have met the eligibility criteria for that measure.

The report shows whether a patient is compliant, the beginning and end of the eligibility period, and the facility where the patient received care that met the compliance criteria. Using this information, a Focus360 customer may decide to focus their care management resources on patients who are not compliant to close a gap in care. Customers who are committed to quality measure goals in value-based contracts may also find evidence that gaps have been closed for patients that otherwise would have been reported as non-compliant. This can help customers increase their performance metrics and qualify for incentive funding.

Quality Measures Included

Focus360 currently includes both encounter based and person-based quality measures (and sub measures) that are of high priority for FQHCs, BHOs, CBOs, IPAs and ACOs. Please refer to the Data Dictionary for information on quality measure numerator and denominator inclusion and exclusion criteria.

The measures and sub-measures currently in Focus360 are:

Person-Based Measures

- Breast Cancer Screening
- Blood Pressure Control for Patients with Diabetes
- Controlling High Blood Pressure
- Cervical Cancer Screening
- Eye Exam for Patients with Diabetes
- Hemoglobin A1C Control for Patients with Diabetes
    - HbA1c <8
    - HbA1c >9
- Kidney Health Evaluation for Patients with Diabetes
- Well-Child Visits in the First 30 Months of Life
    - 0-15 months
    - 15-30 months
- Child and Adolescent Well Care Visits

Encounter-Based Measures

- Follow-up After ED Visit for Substance
    - 30-day follow-up
    - 7-day follow-up
- Follow-up After Hospitalization for Mental Illness
    - 30-day follow-up
    - 7-day follow-up
- Prenatal and Postpartum Care
    - Prenatal Care
    - Postpartum Care
- Patient Engagement after IP discharge
    - Patient Engagement after IP discharge
    - Medication Reconcilitation post-discharge

Filters

- Demographics: See General Functionality > Filters> Demographics section.
- Attribution (Note: In order for this filter to populate, the Focus360 customer must provide us with a payer attribution file.):
    - *Provider Attribution (only applicable for IPA/ACO customers): options based on attribution file*
    - *Health Plan Name: options based on attribution file*
    - *Line of Business: options based on attribution file*
- Measure - Allows Filtering on the following:
    - Measure Name
    - Sub-Measure Name
    - Last Compliant Location

Columns

The report includes the following columns. Please refer to Focus360 Data dictionary on the definition of these Elements.

- Measure Name
- Sub Measure Name
- Compliant State
- Trigger Date
- Due Date
- Last Compliant Date
- Last Compliant Location
- Measurement
- First Name

- Last Name
- Patient ID
- Member Organization

Quality Measures – Measure View

Description

The "Quality Measures: Measure View" provides access to similar data as the "Person View" module, but the data is presented in a format that focuses on organizational performance by measure rather than individual patient compliance. The module helps Focus360 customers understand their current compliance rate by measure, comparative performance of sub-units within their organization, and which patients meet the eligibility criteria for a given measure.

Quality Measures Included

Refer to the Quality Measures – Person View > Quality Measures Included section for a full list of person and encounter-based measures and submeasures included.

Filters

- Demographic: See general functionality > Filters> Demographics section.
- Dx and Disease: See Population Risk Management > Filter > Filter: Dx and Disease for description.
- Attribution –(Note: In order for this filter to populate, the Focus360 customer must provide us with a payer attribution file)
    - *Provider Attribution (only applicable for IPA/ACO customers): options based on attribution file*
    - *Health Plan Name: options based on attribution file*
    - *Line of Business: options based on attribution file*

Measure List

At the top of the page, there is a report listing each measure and the current compliance rate for that measure. The measures are divided into two groups, Person-based and Encounter-based, that a user can toggle between. Each row shows the denominator of eligible patients, the numerator of compliant patients, and the calculated compliance rate. The compliance rates reflect performance as of 1 to 2 days prior, since Focus 360 data is typically updated within 24-48 hours of when it is recorded by a provider organization.

Selecting a measure on the list (the line item will be highlighted in blue when selected), will update the Measure Comparison and Patient List charts to display data unique to the selected measure.

Measure Comparison

The next section of the page is a chart showing the comparative performance of sub-units within the larger organization. Focus360 users can review these comparative scores and help identify best practices at certain locations that can be shared with others to improve overall performance. The chart reflects performance on the specific quality measure selected in the Measure List section.

Patient List

The last section of the page is a report that shows individual patient compliance status. When a specific performance measure is selected at the top of the page, this report updates to display the individual patients who have met the eligibility criteria for that measure. This information closely matches the report in the "Quality Measures: Person View" module, but it is filtered to the specific quality measure selected in the Measure List section. The columns include –

- Patient ID
- First Name
- Last Name
- Date of Birth
- Age
- Gender
- Compliant State (Y/N)
- Trigger Date
- Due Date
- Last Compliant Date
- Last Compliant Location

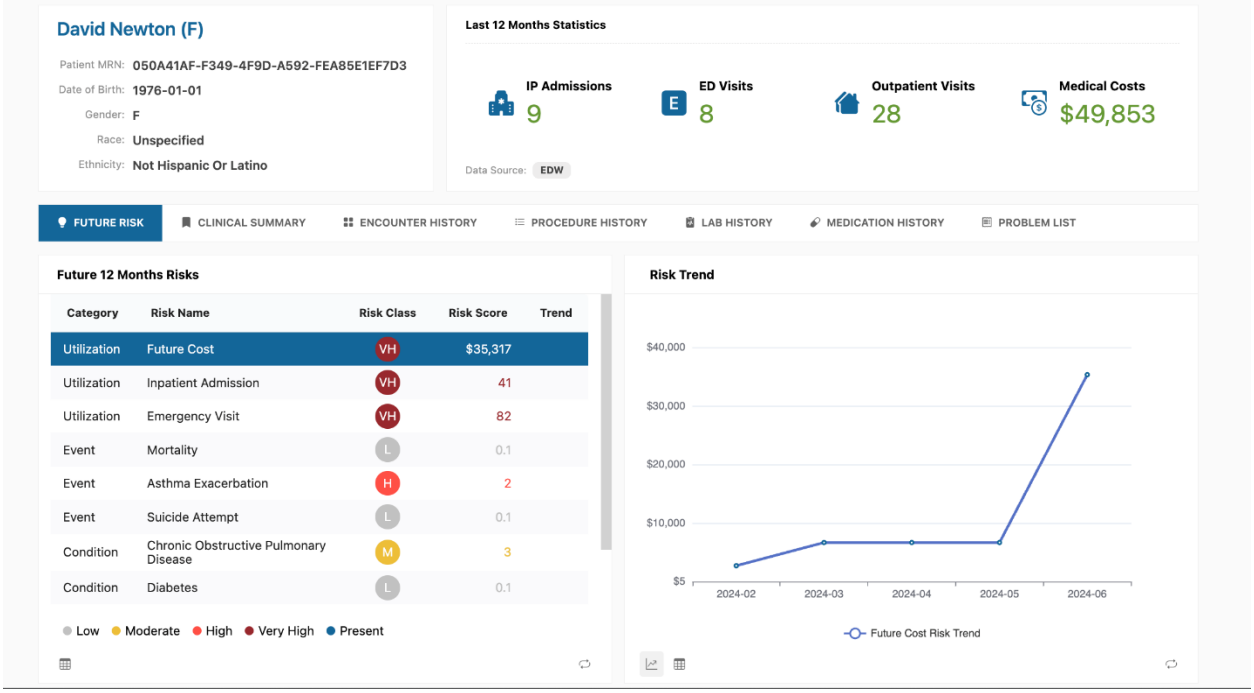
Patient Profile

Description

The Patient Profile in Focus360 is a central source of demographic, predictive risk, and clinical information for a selected patient. It includes summary statistics on utilization and comprehensive lists of clinical history, encounters, procedures, labs, medication, and problems.

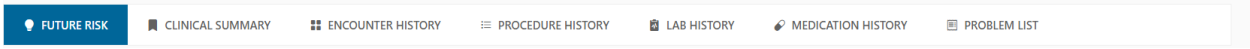
The patient profile can be accessed by search or via clicking on the patients name within a module or report. Access to the patient profile is consent driven. The patient profile will only be accessible for patients who have granted consent. If there is no consent or a deny consent status on file for a patient, then a Patient Profile will not be provided for that patient in Focus360.

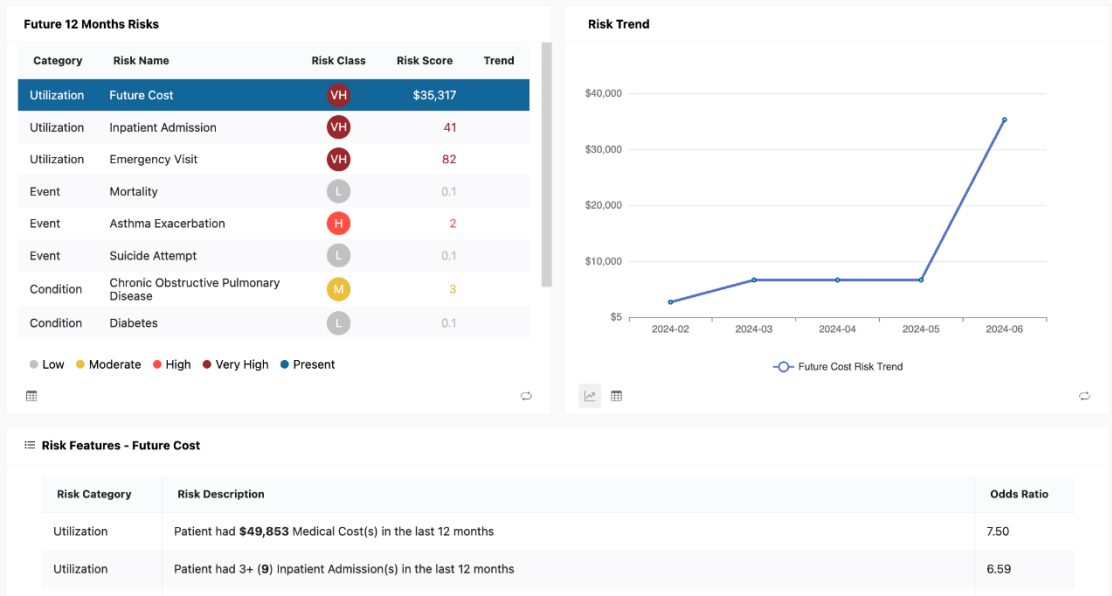
As described under the Patient List section, a bolded patient name indicates that consent has been obtained, thus if selected, will navigate to the Patient Profile. If the text is not bolded, this means that consent for that patient was not obtained and is not selectable.



Tabs

Future Risk





This portion of the patient profile will provide details around the patient's risk for each of the ten Risk Models (Refer to Population Risk Management > Risk Models for more information on each model).

Risk Model Categories (Risk Model Name):

- Utilization (Future Cost, Inpatient Admission and Emergency Visit)
- Event (Mortality, Asthma Exacerbation, Suicide Attempt, Overdose)
- Condition (COPD, Diabetes, Opiod Abuse)

Risk Class:

- L = Low: definition – Relative risk < 1
- M = Medium: definition - Relative risk between 1 - 3
- H = High: definition - Relative risk between 3 - 5
- VH = Very High: definition - Relative risk > 5

See Data Dictionary for definition of Risk Score and HBI Solutions Resources explaining risk model education available in Data Dictionary.

Selecting a risk model under the Future 12 Months Risks tab will update the Risk Trend Graph and the Risk Features table

Risk Features

The list of risk features includes the categories, description, and odds ratio . The Risk Features more information on why a patient is Low/Medium/High/Very High Risk for the

selected risk model. See Population Risk Management > HBI Solutions Risk Model Overview for more information on risk features, and see Data dictionary for the definition of Risk Feature.

Risk Categories- The options for Risk Categories are listed below in order. Within each category, Within each category, features are sorted high to low by odds ratio.

- Demographics
- Utilization
- Acute disease/ disease event
- Procedures
- Factors influencing health status
- Laboratory results
- Medications
- Community social determinants

Risk Description -See Data dictionary for the definition of Risk Description

Odds Ratio- See Data dictionary for the definition of Odds Ratio

Diagnoses/ Clinical Summary

Includes a comprehensive list of the patient's chronic diseases in the past 24 months, acute disease conditions in the past 12 months, COVID-19 Related history, and Lifestyle Diagnosis (including ICD10 codes that begin with the letter Z, broken down into 3 categories: Social Determinants of Health, BMI & Lifestyle Factors, and Other Factors Influencing Health)

Encounter History

A comprehensive list of all inpatient, outpatient, and emergency encounters for the patient in the last 24 months. Includes encounter type, facility, admission and discharge date, and diagnosis information.

Procedure History:

A comprehensive list of all procedures for the patient in the last 24 months. Includes admission date, encounter facility, procedure code and description.

Lab Results

A comprehensive list of lab history for the patient from up to 24 months prior. Includes test code, result description test coding system, result date, test location and result value.

Medications

A list of medication history for the patient from up to 24 months prior. Includes drug code, drug description, drug coding system, and dispensed date/time.

Note that this is not a complete history of medications, nor should it be considered a complete list of medications and should not be used as a sole source for a medication reconciliation activity

Problem List

A list of problems documented for the patient from up to 36 months prior. Includes problem code, problem description, problem facility, and date.

Platform Support

Customer Support

If you encounter any issue with Focus360, you can open a helpdesk ticket with our Customer Support team by visiting https://cx.healthix.org/contact

Please make sure you specify if the issue is application related or data related and include as much detail about the issue as possible.

Troubleshooting & FAQ's

The sections below describes commonly asked questions and minor errors that may occur and how to resolve them.

Identifying and solving problems

Error	Cause	Solution
Unable to login	This can be due to a variety of reasons.	Please open a ticket with our Customer support team here.
Login is blocked	This can be due to a variety of reasons, such as your security settings.	Please open a ticket with our Customer support team here.
Data issue (missing, etc)	This can be due to a wide variety of reasons.	Please contact our Customer Support team. Healthix will review this on a case by case basis to determine the cause.

This is a table that outlines common errors that may occur, what typically causes them, and how to resolve it

Frequently Asked Questions

Who do I contact if I have questions about the product?

If you have any questions with respect to how to use the product, support, troubleshooting, data analysis, or billing, please contact your Business Relationship Manager. If you don't know your Business Relationship Manager, you can look them up here: https://cx.healthix.org/find-your-relationship-manager

Is Healthix NCQA Certified?

Yes, 80% of Healthix data is NCQA certified with Primary Source Verification! You can find our certification status here.