



# **Provider Portal Training Manual: Asthma Risk Portal**

Accessing and Navigating the Asthma Risk Portal

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# Accessing Power BI

## Creating your account


Before you are able to use Power BI, you will first have to set up a username and password that PFK's system recognizes. This will let you log into Power BI at any point in the future.

1. You will receive an invitation email from Microsoft that looks like this:

 Please only act on this email if you trust the individual and organization represented below. In rare cases, individuals may receive fraudulent invitations from bad actors posing as legitimate companies. If you were not expecting this invitation, proceed with caution.


Sender: Baker, Hannah ([Hannah.Baker@nationwidechildrens.org](mailto:Hannah.Baker@nationwidechildrens.org))  
Organization: Nationwide Children's Hospital  
Domain: [nationwidechildrens.org](http://nationwidechildrens.org)

If you accept this invitation, you'll be sent to [https://myapps.microsoft.com/?tenantid=8f7d57a9-4988-4be2-b64f-97e297adcfee&login\\_hint=\[REDACTED\]](https://myapps.microsoft.com/?tenantid=8f7d57a9-4988-4be2-b64f-97e297adcfee&login_hint=[REDACTED])

[Accept invitation](#) 

***THIS INVITATION MAY HAVE BEEN SENT TO YOUR JUNK! PLEASE CHECK YOUR SPAM!***

2. Click **Accept Invitation**. This link will lead you here:



## Create account

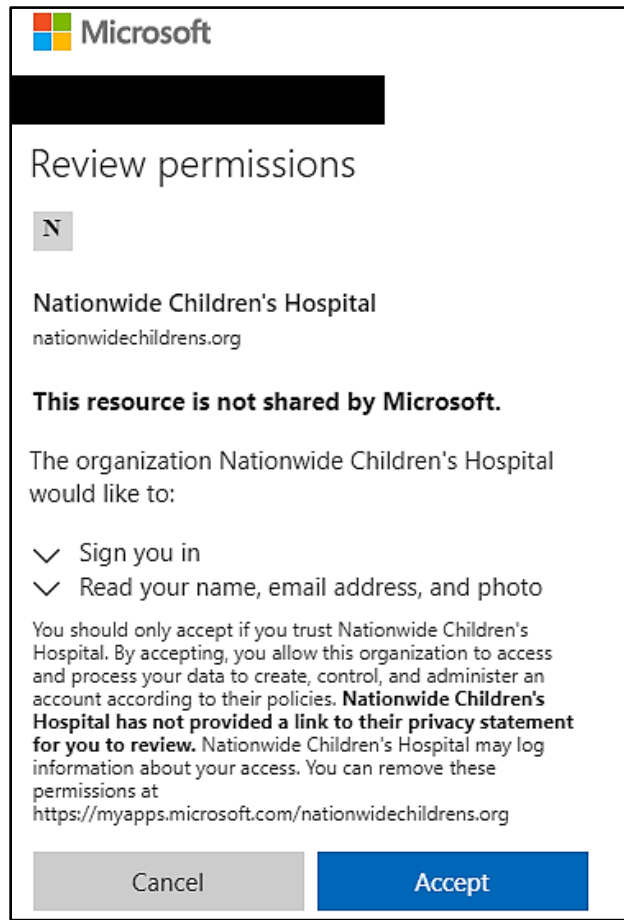
Looks like you don't have an account with us. We'll create one for you using

**Your email address**

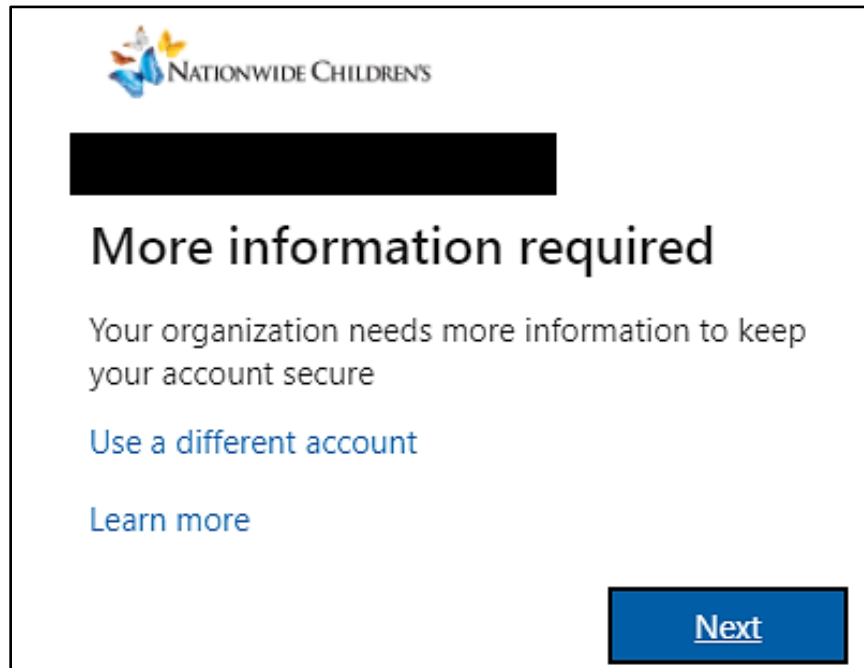
[Next](#)

3. Follow the steps to create a password
4. Verify your email

5. Once verification is complete, you will then be led to this page:



6. Click **accept**. You will then be asked to enter more information (birth date, etc.):

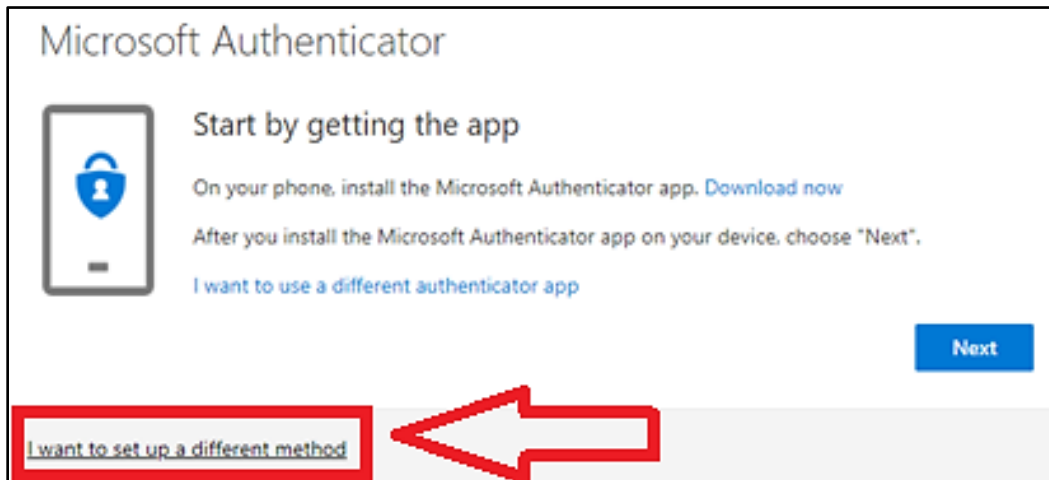


7. After clicking **next**, Microsoft will prompt you to set up an authentication method.

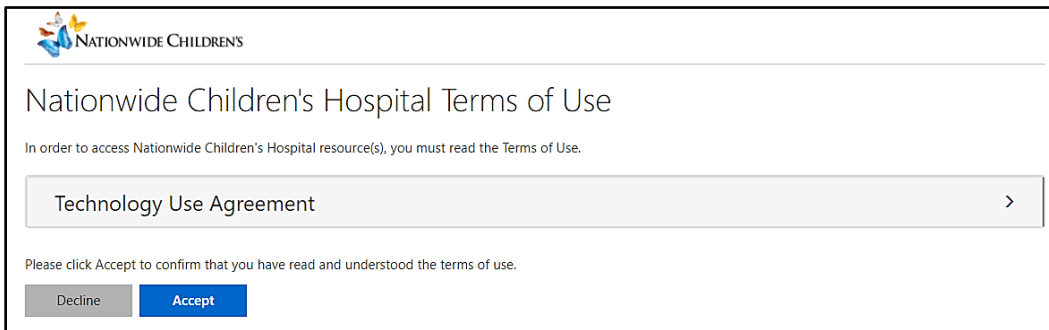
## Setting Up an Authentication Method

You can either install the **Microsoft Authenticator** app on your smart phone or click **I want to set up a different method** to enter your phone number.

*We suggest clicking “I want to set up a different method” in order to receive a code via text to log in. Users often find this method easier than installing the authenticator app.*

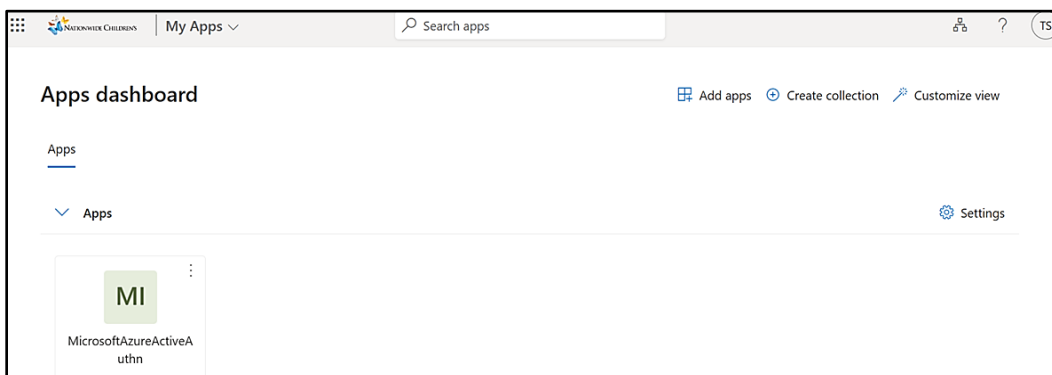


1. After either installing the app or entering the code, you will receive a “Success!” message. When you click **Done** you will be led to this screen:



\*You will need to open the Technology Use Agreement and read through it before clicking **Accept**.

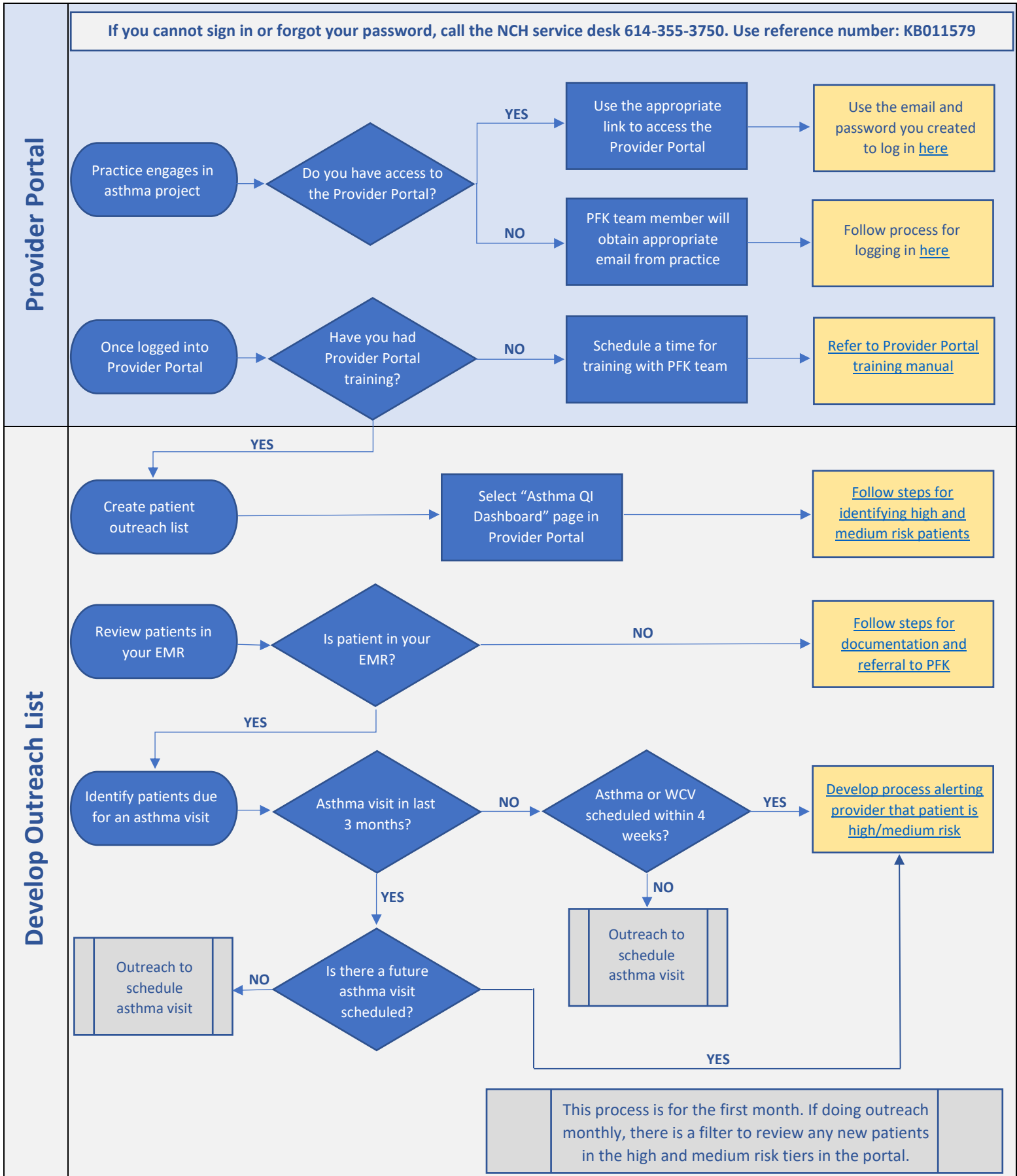
2. Once complete, you will be led to the “My Apps” screen as shown below. This screen means you have successfully created a username and password for Power BI.



3. From this screen, please click this link:

[Provider Portal](#)

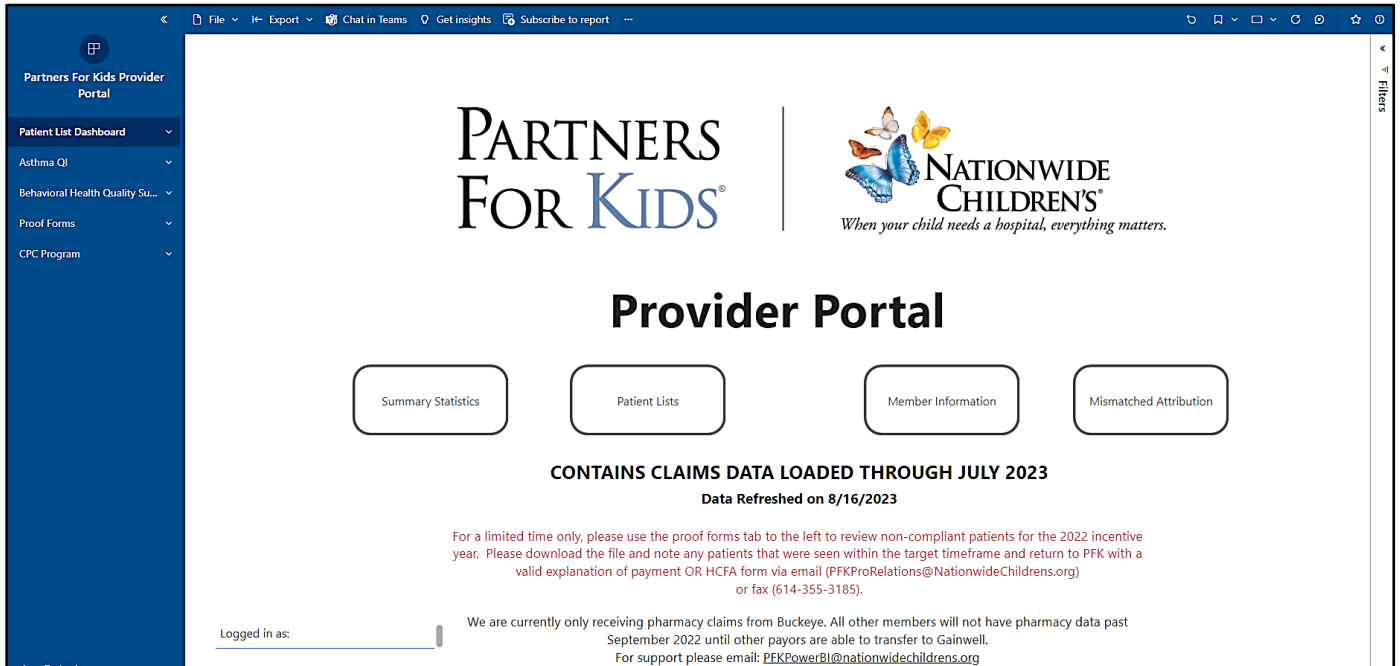
# Asthma Process Map





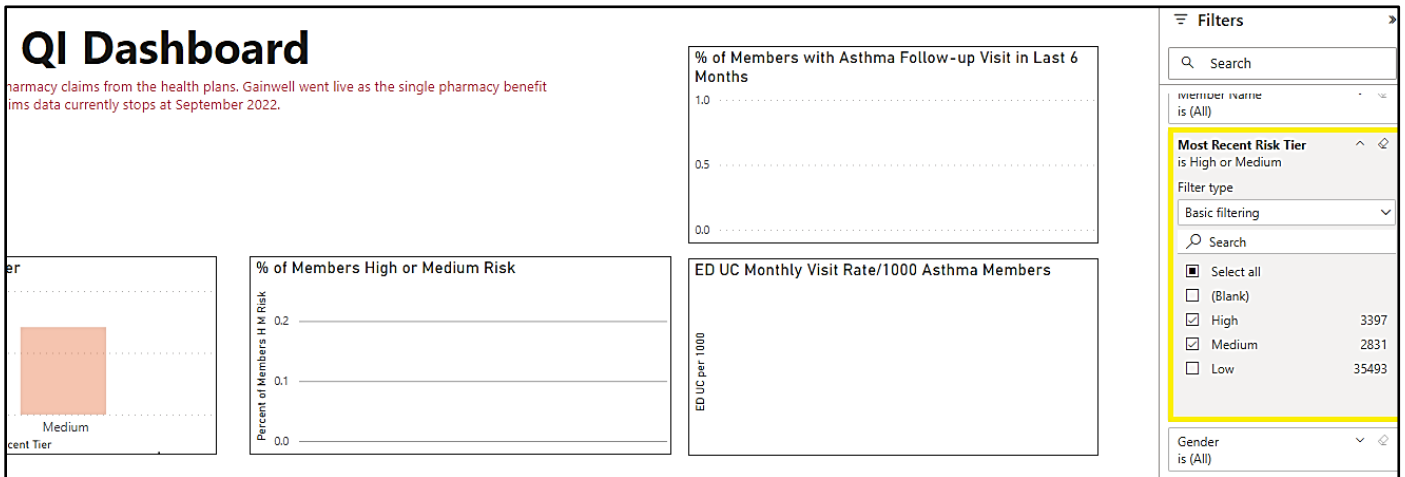
# Asthma Patient List Development

1. Log into the PFK Provider Portal, you will be brought to the **Home** page:

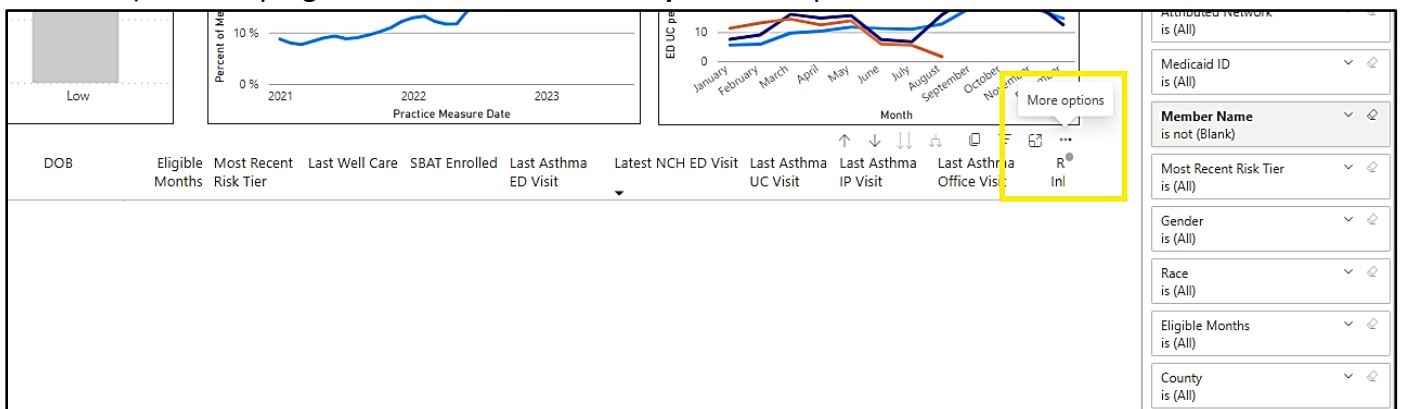


2. Select **Asthma QI** in the left menu to be brought to the **Dashboard**:

3. In the filters on the right side, in the **Most Recent Risk Tier** menu select **high** and **medium**:




4. In the top right corner of the **Utilization in Last 12 Months** list, hover over the **ellipsis** (three horizontal dots) in the top right corner and select the **Export data** option:



5. Once you have clicked **Export data** you will be led to this screen:


## Which data do you want to export?

Export your data in the format that suits your needs. If you have a lot of data, the number of rows you export might be limited depending on the file type you select. [Learn more about exporting data](#)




**Data with current layout**

Export this data in the same layout you see now, but without any icons, colors, or other formatting you added.



**Summarized data**

Export the summarized data used to create your visual (for example, sums, averages, and medians).



**Underlying data**

*Visual does not have aggregates or measures*

File format:

- .xlsx (Excel 150,000-row max) ^
- .xlsx (Excel) with live connection (500,000 row max)
- .xlsx (Excel 150,000-row max)**
- .csv (30,000-row max)

6. Select **Summarized Data**. Under **File Format**, choose **.xlsx (Excel 150,000-row max)**. Select **Export**.



# Asthma Patients Not Identified in the EMR

1. Look up each patient in your EMR.
2. If the patient is not in your EMR, document the patient as “not in EMR” in the exported patient list.
3. Once you have gone through the High/Medium Risk Asthma Patient list, send the list via secure email to your PFK contact.

## Creating EMR Alerts

1. All high and medium risk patients can be flagged in the EMR to alert office staff and providers when they enter a patient’s chart that has this designation.
2. The dashboard can show lists of all patients in the high/medium risk tiers and can also show when patients have moved to new risk tiers by using the **Outreach Filter** and filtering for **Left High or Medium Risk Tiers** or **New to High or Medium Risk Tiers**:

**QI Dashboard**

armacy claims from the health plans. Gainwell went live as the single pharmacy benefit  
ns data currently stops at September 2022.

**% of Members with Asthma Follow-up Visit in Last 6 Months**

**% of Members High or Medium Risk**

**ED UC Monthly Visit Rate/1000 Asthma Members**

**Filters**

Search

Filters on all pages

**Outreach Filter**  
is New To High or Medium Risk Tiers or Left High or Medium ...

Filter type  
Basic filtering

Search

<input type="checkbox"/> High or Medium Risk, PDC >= 80%	4514
<input type="checkbox"/> High or Medium Risk, No Controller	1137
<input checked="" type="checkbox"/> Left High or Medium Risk Tiers	835
<input type="checkbox"/> Low Risk, PDC < 80%	3595
<input type="checkbox"/> Missing 6 Month OP Follow-up	33559
<input checked="" type="checkbox"/> New To High or Medium Risk Tiers	558

Attributed Practice is (All)

Attributed Organization is (All)

3. An example of an alert placed in a practice’s EMR is shown below. Providers can entire the portal to review the patient’s claim history or review a pre-printed patient profile to assess risk factors.

**NextGen Alerts**

**Alerts** !

**Chart Alerts**

**HIGH RISK ASTHMA**

HIGH RISK ASTHMA

# Reviewing and Printing PFK Asthma Patient Profiles

1. Select individual member template within Asthma QI pages:



Partners For Kids Provider Portal

Patient List Dashboard

Asthma QI

Dashboard

Individual Member Template

Behavioral Health Quality Su...

Proof Forms

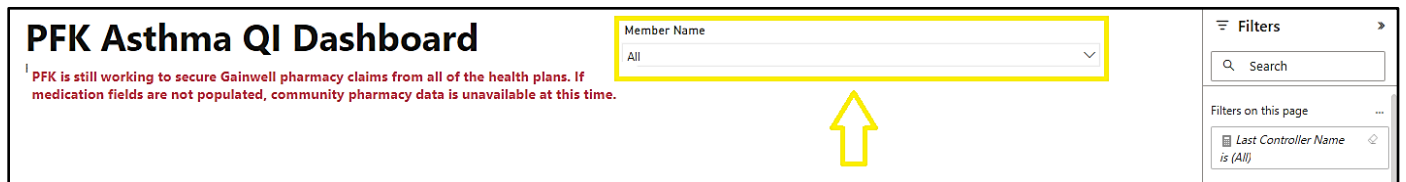
CPC Program

PARTNERS FOR KIDS

NATIONWIDE CHILDREN'S  
When your child needs a hospital, everything matters.

Provider Portal

2. Start searching for patient in top right of page:



PFK Asthma QI Dashboard

Member Name

All

PFK is still working to secure Gainwell pharmacy claims from all of the health plans. If medication fields are not populated, community pharmacy data is unavailable at this time.

Filters

Search

Filters on this page

Last Controller Name is (All)

- Start typing first and last name into member search bar in top right of member template  
**OR**
- Right click and copy a patient name from the dashboard spreadsheet and paste it into the member name search bar

3. Printing the member template:

- Click on **File** in the top left of the page and select **Print this page** in the dropdown.



File

Print this page

Generate a QR code

Chat in Teams

Get insights

Subscribe to report

PFK Asthma QI Dashboard

Gainwell pharmacy claims from the health plans. Gainwell went live as the single pharmacy benefit manager in October 2022. Pharmacy claims data currently stops at September 2022.

# Patient Outreach Recommendations and Data Definitions

## Reviewing specific populations

1. Identify high and medium risk patients
  - a. Select high risk bar + ctrl select medium risk bar OR
  - b. Go to **Most Recent Risk Tier** filter on right side and select **high** and **medium**
2. Outreach filters: There are several ways to identify specific asthma populations via filters on the right side of the dashboard. Once a filter is applied, the spreadsheet will adapt to only show the patients that meet that parameter within the filter. Outreach filters were developed to identify specific patients that could have targeted interventions detailed below:
  - a. High or Medium Risk and PDC  $\geq$  80%
    - i. These patients have been picking up their controller inhaler regularly but have had events that have put them at risk. Assess inhaler technique and consider if this patient is a candidate to have their therapy stepped-up. [PFK Asthma Pathway](#)
  - b. High or Medium risk and no controller inhaler filled
    - i. Review these patients to identify if they may be candidates to start on a controller inhaler
  - c. High or Medium risk and PDC < 80%
    - i. These patients may be able to improve controller inhaler adherence. PDC is proportion of days covered and is a summary of how often a patient is picking-up their controller inhaler from a pharmacy. A PDC of < 80% may put patients at risk for future asthma exacerbations
      - I. Considerations:
        - a. Are there barriers to filling the medication at the pharmacy?
        - b. Does the patient and family understand that the medication should be used even when they are feeling okay?
          - i. Review asthma action plan
          - ii. Review appropriate [Mediglyph](#) with patient
        - c. Explain how the medication decreases inflammation in the lungs making the airways more open and therefore are less likely to have an asthma flare
  - d. Low risk and PDC < 80%
    - i. These patients may be able to improve controller inhaler adherence
      - I. Considerations:
        - a. Are there barriers to filling the medication at the pharmacy?
        - b. Does the patient and family understand that the medication should be used even when they are feeling okay?
          - i. Review asthma action plan
          - ii. Review appropriate [Mediglyph](#) with patient
        - c. Explain how the medication decreases swelling in the lungs making the airways more clear and therefore are less likely to have an asthma flare
  - e. No outpatient asthma visit in 6-months
    - i. Patient has not been seen by their PCP or a specialist for asthma in the previous 6-months
    - ii. Follow-up to schedule them for an asthma visit to review asthma symptoms and any medications
  - f. New to high or medium risk tiers
    - i. Previous 12-months of claims data has moved them into high or medium risk, and they were in low risk the previous month

- ii. Consider what events may have put the patient at risk and consider if there are modifiable factors to improve outcomes
- iii. Identify if the patients need an asthma follow-up visit

## Navigating and Understanding Spreadsheet of Utilization in Last 12 Months

1. Expand to only see spreadsheet
  - a. Click the header of the spreadsheet
  - b. Hover on spreadsheet
  - c. In the top right corner of the spreadsheet an arrow will appear that if clicked upon will expand the spreadsheet to the full screen and will be easier to navigate
2. Definitions
  - a. Eligible months:
    - I. This is the number of months in the previous 12 months that a patient has been covered by a Medicaid plan. If the number is less than 12, there may be incomplete claims data that PFK does not have while the patient was not covered by Medicaid
  - b. Most recent tier:
    - I. Low: < 15% chance of an asthma-related ED or IP visit in next 12-months
    - II. Medium: 20% chance of an asthma-related ED or IP visit in next 12-months
    - III. High: 25-33% chance of an asthma-related ED or IP visit in next 12-months
  - c. Last well care visit:
    - I. This is the most recent claim that the patient received a well care visit
    - II. If the line is blank, PFK has not yet received a well care visit claim in the previous 12-months
  - d. SBAT enrolled
    - I. [School Based Asthma Therapy](#): If the patient is in a school district that has SBAT services, they may be eligible to refer to the NCH SBAT program if they have a diagnosis of persistent asthma and are treated with a controller inhaler. If there is a 'Y' in this position, the patient is already enrolled in SBAT
  - e. Last asthma ED, UC, IP or asthma office visit:
    - I. This is the most recent claim where asthma was the primary diagnosis for the specified location
  - f. Latest NCH ED visit
    - I. This data comes from the NCH electronic medical record and will show asthma-related ED visits at NCH up to 7-days-60-days prior to present day. This will capture more current ED visits that PFK may not have a claim for yet
  - g. Rescue inhalers:
    - I. Total number of rescue inhaler pharmacy fill events that occurred in previous 12-months (This is not an accumulation of the number of rescue medications dispensed, it counts the number of times a patients filled rescue medications)
  - h. Oral Steroids
    - I. Number of short course (< 10 day) oral steroid pharmacy fill events that occurred in previous 12-months. The date of most recent oral steroid fill is included to determine how recently a patient required an oral steroid

- i. Controller inhalers
  - I. Number of controller medication pharmacy fill events that occurred in previous 12-months
  - II. Percent days covered: (Number of days covered by controller inhaler in time frame) ÷ (number of days in time frame) \* 100%
  - III. Date of the most controller inhaler fill
  - IV. Name of the last controller
    - a. Can use this to quickly identify if a patient may be able to step-up therapy if asthma is poorly controlled. If on an inhaled corticosteroid alone (e.g. Flovent®), could step-up to a low dose combination inhaled corticosteroid/long-acting beta agonist (e.g. Symbicort®)
- j. Last controller prescriber
  - I. This can be used to identify if the provider prescribing the controller is at the attributed practice or not. Patients may be seen by an asthma specialist and therefore they are most likely to be the prescribing provider
- k. Last Asthma Express Visit
  - I. [Asthma Express](#) is an NCH Homecare program that assess patients' homes for asthma triggers, work on removing those triggers and also provides additional education around medication use. The service region is in the following Central Ohio counties: Franklin, Licking, Delaware, Union, Madison, Pickaway, Fairfield, Ross and Fayette
  - II. If there is a date for this column, it is the most recent date a patient received an asthma express service

## Individual Member Template

1. Searching for a patient attributed to your practice:
  - a. Start typing first and last name into member search bar in top right of member template OR
  - b. Right click and copy a patient name from the dashboard spreadsheet and paste it into the member search bar
2. Printing the member template
  - a. Click on file in the top left of the page and select 'print this page' in the dropdown
3. Data within profile:
  - a. Historical oral steroid graph
    - i. Vertical bars will appear when a patient had a claim for a short course oral steroid
    - ii. Review for patterns of seasonality and predictability of future asthma exacerbations
  - b. Historical acute asthma visits
    - i. Dates will show up here in chronological order for IP, ED and UC visits when asthma was the primary diagnosis for the claim. An ED and IP date may be the same if a patient was first seen in the ED and then admitted
  - c. CAERS risk tier history
    - i. Shows a chronological history of how 'at risk' a patient has been for an asthma related ED or IP visit
  - d. Chronological dates of medication fills for rescue medications, oral steroids and controller medications

- i. Identify patterns of poor adherence to controller inhalers that align with potential oral steroid use, or asthma-related acute care visits that would reinforce the importance of regular controller medication use