How to Understand a CHI Provider Web Report

The Consumer Health Inventory (CHI) Provider Web Report contains key measures of emotional and physical functioning, health outcomes, behavioral symptoms, and population risk markers based on the screening items for substance use, pain, sleep, and missed activity days. The Provider Web Report displays the aggregate of CHI completed under the selected provider type – individual, group, or facility, depending on the type of user as identified on the report by the MIS# (Magellan provider number). The report can be used to track the needs and improvement of a consumer population.

The CHI Provider Web Report has two pages
- Page one shows graphs of population, outcome, and screening measures.
- Page two shows detail tables on counts, demographics, and averages of key measures. The detail tables provide a comparison to the aggregate of all provider-based CHIs completed in that time period.

The CHI Provider Web Report has two date parameter reports
- The CHI "standard provider web report" time period is the most recent complete month and 24 months prior.
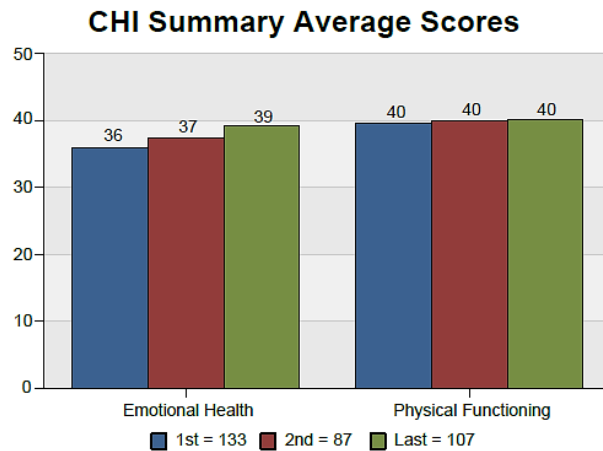- The "CHI date parameter report" allows you to choose a start and end date.

Magellan encourages providers to use the Provider Web Report monthly, quarterly, and/or annually to assess change. To count all surveys in the time period and maximize the count of "Last" surveys, we recommend that you pull the web report as soon as possible after the end date of the report.

Logic of "Last" survey: Outcomes require a true First and true Last survey. CHIs are not marked first and last—therefore the following rules apply:

- In the standard 24-month rolling report, if the Last survey is after the selected time period but before the report pull date, the Last survey and series will be included in the report.
- In the date parameters report, outcomes will only be shown for members with Last surveys in the selected timeframe. If the Last survey is after the selected time period but before the report pull date, the Last survey and series will not be included.
- The first survey in the series will be included even if it is earlier than the 24 months or the selected date parameter.
- Any survey which is not paired but is in the time period is counted but not included in outcomes.
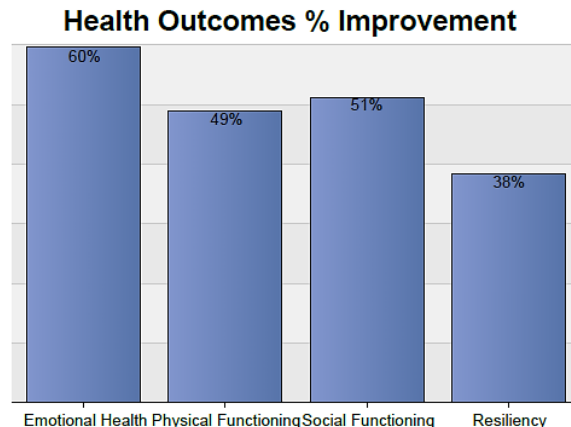
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CHI summary average scores

The first, second, and last CHI-per-member averages are displayed for the emotional and physical functioning scores. (See Appendix B for a description of the CHI questions that comprise the emotional health and physical functioning scores.) The first CHI in the time period for the member is counted as the first CHI. The second CHI in the time period for the member is counted as the second CHI unless it is the Last survey, in which case it is only counted as the Last. The number of CHIs in each assessment count (first, second, and last) is below the chart. As there are "other" assessment counts, these numbers will not equal the total assessment count. These scores show population change over time in treatment and are best used with set intervals and tracking that all members complete a CHI at the end of treatment.

CHI Summary Average Scores

	Emotional Health	Physical Functioning
1st	36	40
2nd	37	40
Last	39	40

■ 1st = 133 ■ 2nd = 87 ■ Last = 107
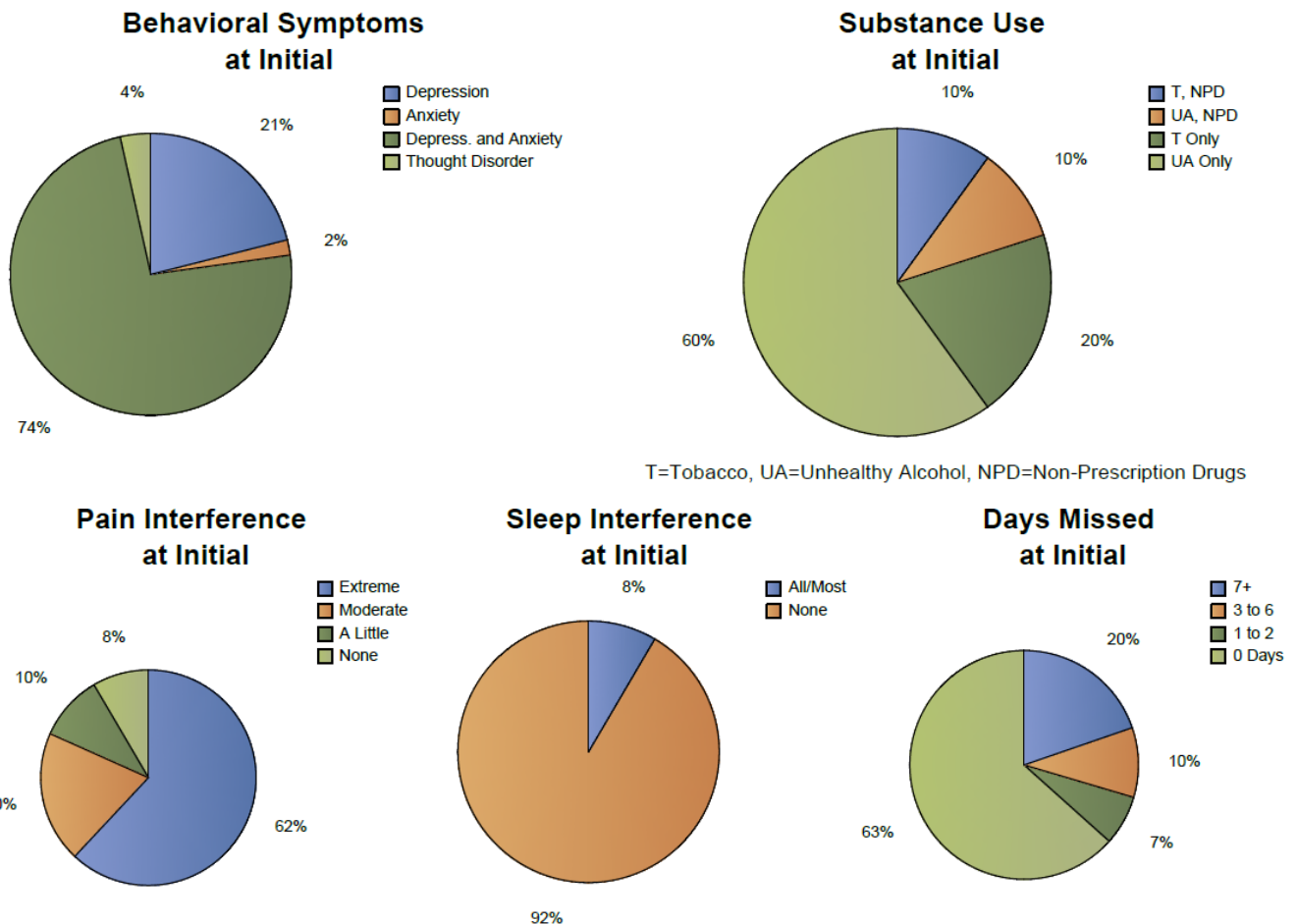
Health outcomes percent improvement

This chart displays outcomes in four key areas: Emotional Health, Physical Functioning, Resiliency, and Social Functioning. Only members with a Last CHI in the time period are included in this measure. The percentage of members who have any improvement from paired First to Last assessment are shown. Note: The count of members with outcomes is the same as the count of members with a Last assessment. To maximize outcome measurement, you should have members complete the CHI at the end of treatment.

Health Outcomes % Improvement

Emotional Health	Physical Functioning	Social Functioning	Resiliency
60%	49%	51%	38%

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Screening: behavioral symptoms, substance use, pain, sleep interference, and missed days from work, school or other activities

The screening charts only include an initial CHI to provide a snapshot for screening members at the beginning of treatment. Additionally, only members meeting the risk thresholds are included; therefore they do not necessarily reflect the total population. *For the risk thresholds, see Appendix A.*

The Behavioral Symptoms and Substance Use charts do not include members with no symptoms, so they do not reflect the total population. Also, the population is grouped with meaningful symptom sets such as depression and anxiety or unhealthy alcohol and tobacco use together. The symptom sets assist in identifying more complex populations with additional referral or programming needs. If you have less than one percent of a population within a symptom set, the set will not display on the chart. *For itemized specific symptom percentages for your whole population at First, Second, and Last assessments, consult the detail tables.*

Behavioral Symptoms at Initial

Legend:
- Depression
- Anxiety
- Depress. and Anxiety
- Thought Disorder

4%, 21%, 2%, 74%

Substance Use at Initial

Legend:
- T, NPD
- UA, NPD
- T Only
- UA Only

10%, 10%, 60%, 20%

T=Tobacco, UA=Unhealthy Alcohol, NPD=Non-Prescription Drugs

Pain Interference at Initial

Legend:
- Extreme
- Moderate
- A Little
- None

8%, 10%, 20%, 62%

Sleep Interference at Initial

Legend:
- All/Most
- None

8%, 92%

Days Missed at Initial

Legend:
- 7+
- 3 to 6
- 1 to 2
- 0 Days

20%, 10%, 7%, 63%

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Three detail tables (please refer to your report)

Domain/Item percentages

The top of the first summary table displays the average scores for the domains of Emotional Health, Physical Functioning, and Resiliency/Strengths by First, Second, and Last Assessment. A comparison to all provider CHIs is given. This comparison should be used for general comparison of population scores and change.

Summary counts

The bottom of the first summary table displays the percentage of members meeting the threshold for risk for each screening item by First, Second, and Last assessment. A comparison to all provider CHIs is given. This comparison should be used for general comparison of population scores and change. *For the risk thresholds, see Appendix A.* The second table is a summary count of total members (unduplicated) with CHI and total CHIs taken.

Demographics and service types

The third table displays totals and percentages by demographics (e.g., male/female, age groups) and, if applicable, service type. Service type categories will only display if used. If a service type is not shown, no assessments during the time period were identified with that service type. Service categories cannot be selected at this time for reporting.

Additional Materials on the Consumer Health Inventory, such as the *CHI Provider Guide*, can be found in the Outcomes Library on www.MagellanProvider.com under Education.

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Appendix A: Risk Markers

Difficulty Sleeping	The percentage of patients reporting sleeping interference as measured by the top two response choices (all/most of the time).
Unhealthy Alcohol Use	The percentage of patients reporting unhealthy alcohol levels as measured by the NIAA response set and benchmarks. Uses Q10/11 - How many days a week and how many drinks a day: • Unhealthy alcohol use for males refers to consuming 4 or more drinks per day or more than 14 drinks in a week. • Unhealthy alcohol use for females refers to consuming 3 or more drinks per day or more than 7 drinks per week.
Non-Prescription Drug Use	The percentage of patients reporting non-prescribed medication use as measured by the top three response choices (1-2 days a week, almost every day, every day).
Thought Disorder	The percentage of patients reporting thought disorder symptoms as measured by the top two response choices (all/most of the time).
Depression	The percentage of patients reporting depressive symptoms as measured by the Quality Metrics definition of having an emotional health score less than 42.
Pain	The percentage of patients reporting pain interference as measured by the top two response choices (quite a bit, extremely).
Anxiety	The percentage of patients reporting anxiety symptoms as measured by the top two response choices (All of the time, most of the time).
Tobacco	The percentage of patients reporting current tobacco use.

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Appendix B: Domains

Emotional Health	The Emotional Health Domain contains four questions from the SF-36 on moods that interfere with daily functioning, yet the questions themselves do not pertain to functioning. The proprietary scoring is normed by Quality Metrics based on research across the U.S. population. The questions and improvements by item can be used at face value. The four questions are: • Have you been very nervous? • Have you felt calm and peaceful? • Have you felt downhearted and depressed? • Have you been happy?
Physical Health	The Physical Health Domain contains four questions from the SF-36 on functional health, or how health interferes with daily functioning. The proprietary scoring is normed by Quality Metrics based on research across the U.S. population. The questions and improvements by item can be used at face value. The four questions are under: "Does your health now limit you in these activities? If so, how much?" • Moderate physical activities, such as getting groceries or going to the mailbox? • Climbing several flights of stairs? • Bending, kneeling or stooping? • Walking several hundred yards?
Social Functioning	Social Functioning is one item, and improvement is any positive movement: • How much of the time has your health been a problem with such things as seeing friends or family?
Resiliency	The Resiliency Domain contains two questions, and improvement is movement from Low to Some to Strong Resilience: • I think that I can deal with daily problems. • I am hopeful that treatment/therapy can help me. The scoring for Low/Some/Strong Resilience is: • If both items have Agree/Strongly Agree = Strong Resilience • If both items have Neutral, Disagree, and Strongly Disagree = Low Resilience • All others = Some Resilience

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