Peds A Quality Improvement Collaborative

William Riley, PhD
George Runger, PhD

Session #2
March 3rd, 2020

Disclosures

There are no disclosures for this presentation

QIC Participation

- To track attendance, please ensure clinical and administrative representative log-in separately
- All participants will be automatically muted when joining the Zoom webinar
- Participants can direct questions to the Q&A box (preferred)
  - If a participant would like to speak, can either directly message Kailey or "raise hand" to be promoted to speaker
- Will have polling questions within the presentation

Agenda

| TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Virtual QIC Participation	Kailey Love
11:35 AM – 12:20 PM	Review FY 2019 Performance • Peer Learning • Failure Modes	William Riley
12:20 PM – 12:30 PM	Explanation of Attribution Methodologies & Target Setting Process	George Runger
12:30 PM – 12:55 PM	Q&A Session	QIC Team
12:55 PM – 1:00 PM	Next Steps • Post Event Survey	Kailey Love

ASU QIC Team

William Riley, PhD
Project Director
ASU

Kailey Love, MBA, MS
Project Manager
ASU

Gevork Harootunian, MS
Principle Statistical Programmer
ASU
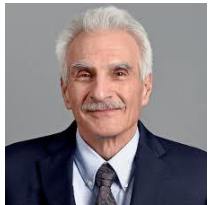
George Runger, PhD
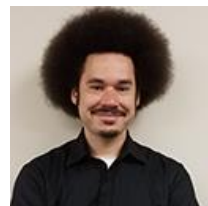Project Co-Director
ASU

Stephanie Furniss, PhD
Data Analysis Manager
ASU

Tameka Sama, MBA
Center Administrator
ASU

Charlton Wilson, MD
Medical Director
Mercy Care

Neil Robbins, PhD
Data Scientist Specialist
ASU

Peds A QIC Organizations

Peds A QIC Organizations		
ARIZONA YOUTH & FAMILY SERVICE INC	SOUTHWEST HUMAN DEVELOP INC	CHILD & FAMILY SUPPORT SERVICE INC
CASA DE LOS NINOS	ENCOMPASS HEALTH SERVICES INC	TMC MEDICAL NETWORK
PREMIER MEDICAL GROUP LLC	BLACK FAMILY AND CHILD SERVICES INC	ARIZONA'S CHILDREN ASSOCIATION
ARIZONA AUTISM UNITED INC	DESERT VALLEY PEDIATRICS	JEWISH FAMILY & CHILDRENS SERVICE
CANTON PEDIATRICS PC	CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES	SPECTRUM HEALTHCARE GROUP INC
DISTRICT MEDICAL GROUP INC	NORTH VALLEY PEDIATRICS PC	CHANGEPOINT INTEGRATED HEALTH dba CCC
SCOTTSDALE PEDIATRICS AND PEDIATRIC NEPHROLOGY	MOUNTAIN VIEW PEDIATRICS PC	TOUCHSTONE BEHAVIORAL HEALTH
HEALTHY KIDZ PEDIATRICS PLLC	CANYON PEDIATRICS INC	LITTLE COLORADO BEHAVIORAL HEALTH CENTER INC
EMPACT - SUICIDE PREVENTION CENTER	ARIZONA COMMUNITY PHYSICIANS	VALLE DEL SOL INC
A NEW LEAF INC		

Learning Objectives

1. Use trend analysis to evaluate milestone performance.
2. Identify causes for performance.
3. Explain target setting for milestone performance.
4. Apply attribution methodologies.

Year 4 Measures-Pediatric Primary Care

| Chosen Performance Measure	Measure Description	Measure Weighting	Measure Targets	Measure Sets
Well child visits in third, fourth, fifth and sixth years of life	Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.	TBD	TBD	🔵🔵🟢🟡
Adolescent well-care visits	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year.	TBD	TBD	🔵🔵🟡
Well-child visits in the first 15 months of life	Percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: --No well-child visits --One well-child visit --Two well-child visits --Three well-child visits --Four well-child visits --Five well-child visits --Six or more well-child visits	TBD	TBD	🔵🔵🟡

Measure Sets Key (Hyperlinked)			
CMS Core Set Peds	CMS ScoreCard	Statewide (STCs)	NCQA HEDIS™
🔵	🔵	🟢	🟡

PCP Well-Child Visits Ages 3-6 2019 Trends (FY Oct –Sept)

- National Medicaid (2017) = 0.73
- AHCCCS All (2019) = 0.63
- AHCCCS TIP (2019) = 0.75

Patient(s) 3 - 6 years of age that had one well-child visit with a PCP in the last 12 reported months.
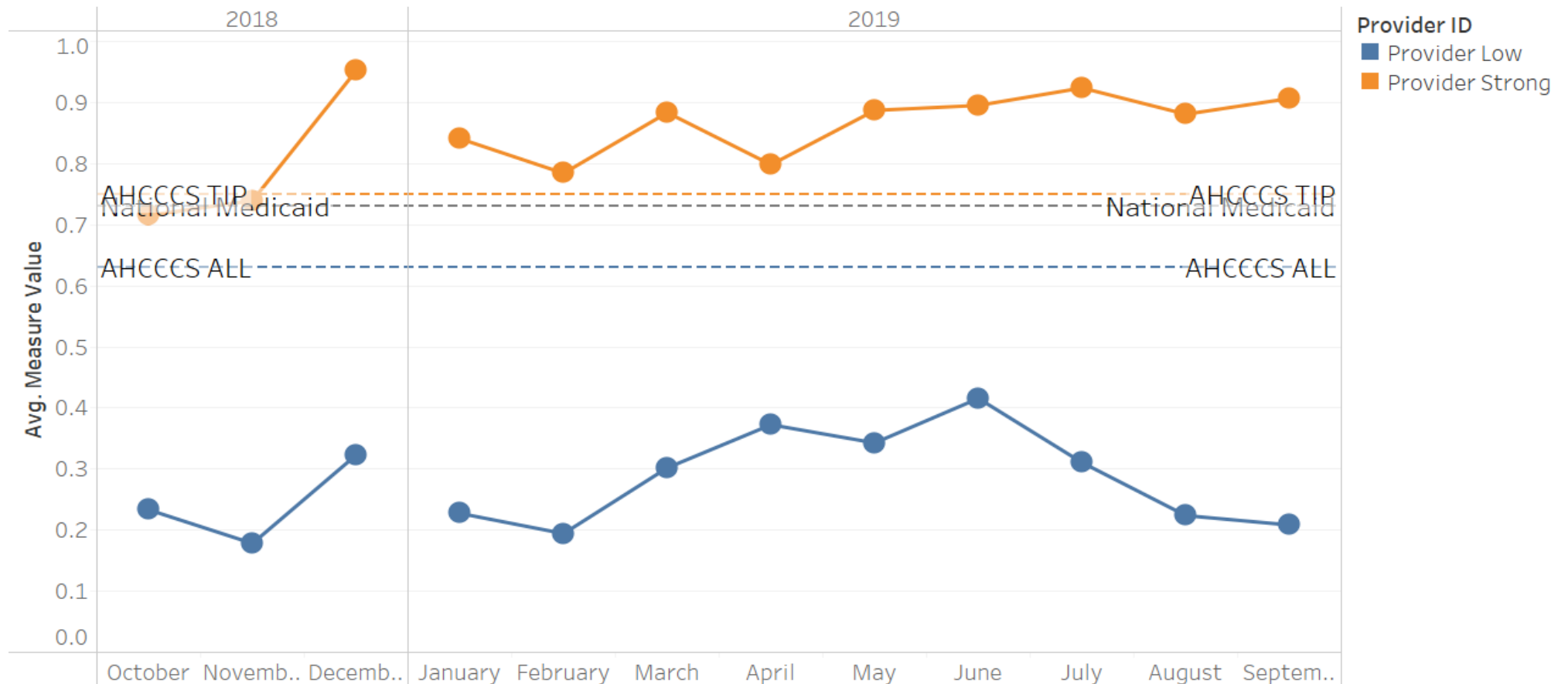
<mark>Dr. LOW</mark>
Failure Modes Analysis
Peds PCP: Well-child Visits Ages 3-6 (FY 2019)

1. From your experience, please select the <u>most</u> likely reason for the low performance by Dr. Low's clinic

    a. Appointment cancelled and not rescheduled

    b. No appointment made for the annual visit by parents/guardians

    c. Dr. Low examined the patient, but it was not coded

    d. No clinic outreach process to contact parent/guardians for visit

    e. The assignment of the patient was not known by Dr. Low's clinic

    f. Other: Please select and specify in Q&A box

Performance Management Questions

- Process Stability
  - What type of variation is present?
    - Common Cause or Special Cause
- Process Capability
  - Performance of stable process
- Process Acceptability
  - Is milestone target met?

Dr. STRONG
Failure Modes Analysis
Peds PCP: Well-child Visits Ages 3-6 (FY 2019)

2. From your experience, please select the <u>most</u> likely reason for the strong performance by Dr. Strong's clinic

    a. Appointment cancelled and successfully rescheduled

    b. Dr. Strong examined the patient and clinic's process ensured correct coding

    c. Clinic outreach process in place to contact children/guardians

    d. Provider/plan process for updated assignments in place

    e. Other: Please select and specify in Q&A box

Year 4 Measures- Pediatric Behavioral Health

Chosen Performance Measure	Measure Description	Measure Weighting	Measure Targets	Measure Sets
Pediatric follow-up after hospitalization for mental illness ages 6-17 (30 - Day)	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the child received follow-up within 30 days after discharge	TBD	TBD	🔵🔵🟡
Pediatric follow-up after hospitalization for mental illness ages 6-17 (7 - Day)	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the child received follow-up within 7 days after discharge	TBD	TBD	🔵🔵🟡
Metabolic monitoring for children and adolescents on antipsychotics	Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.	TBD	TBD	🟡

Measure Sets Key (Hyperlinked)			
CMS Core Set Peds	CMS ScoreCard	Statewide (STCs)	NCQA HEDIS
🔵	🔵	🟢	🟡

BH Metabolic Screening 2019 Trends (FY Oct –Sept)

- National Medicaid (2017) = 0.35

- AHCCCS All (2019) = 0.39

- AHCCCS TIP (2019) = 0.42

Patient(s) 1 - 17 years of age who had two or more antipsychotic medications and had metabolic monitoring during the 12 month report period.
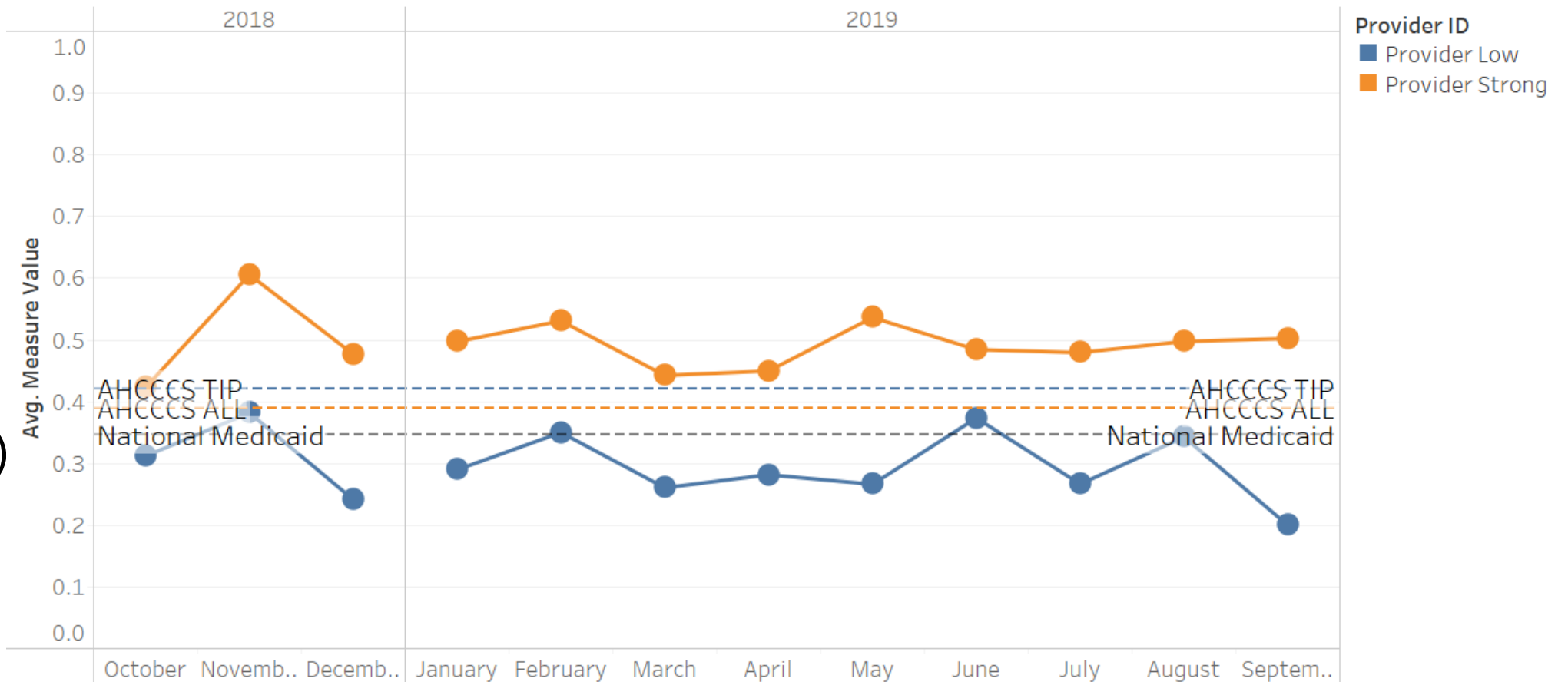
Failure Modes Analysis
Peds BH: Well-child Visits Ages 3-6 (FY 2019)

3. What is the <u>most</u> likely reason for the low performance by Dr. Low's clinic?

Please insert your response in the Q&A box (located at the bottom of the screen in the middle)

Failure Modes Analysis
Peds BH: Well-child Visits Ages 3-6 (FY 2019)

4. What is the <u>most</u> likely reason for the low performance by Dr. Low's clinic?

Please insert your response in the Q&A box (located at the bottom of the screen in the middle)

Performance Measurement

- A number of measures and methods to evaluate health care performance, e.g.,
  - NCQA HEDIS (Healthcare Effectiveness Data and Information Set), CMS Core Set, Joint Commission, AHCCCS state
- Administrative data measures are (more) easily handled
- Not all measure sets the same
  - But all TIP measures are a subset of the HEDIS set

Performance Measurement

- Measures often calculated as a **numerator/denominator**
  - *Example: Patient(s) 3 - 6 years of age that had one well-child visit with a PCP in the last 12 reported months.*
  - Each child 3-6 enters denominator and a child enters numerator only if care is received and documented in claim
- But many **details** in measure calculations
  - Rules for continuous enrollment, Provider type and specialty, Dates of services, Retroactive enrollment, Period of performance, Claims lag, etc.,
  - …and Measure details change periodically
- HEDIS measures computed with NCQA certified software

TIP Measures

Aug 1, 2019…………July 31, 2020

- Typically computed over a year period of performance (or longer)
  - *Patient(s) 3 - 6 years of age that had one well-child visit with a PCP in the last 12 reported months.*

Sept 1, 2019…………Aug 31, 2020

Oct 1, 2019…………Sept 30, 2020

- Computed with year-ending at a month
  - 12 month rolling average

TIP Year 4

Example Timeline from Clinical Service to Your Performance Report

Provider to MCO Typical Data Lag before 90% Completion (Approximate):
- 7 days pharmacy
- 90 days services
- 120 days for readmissions counts

MCO to AHCCCS

AHCCCS to CHiR:

Data reporting

Date of Clinical Service

Days 7 - 120

Days 7 -90

Monthly

Monthly

HEDIS Resources

- Care 1st
  - General resource page: https://www.care1staz.com/az/providers/qualitymanagment.asp
    - At-a-glance guides for Key Pediatric Measures, Key Behavioral Measures (17 and younger), and Key Behavioral Measures (18 and older) provide CPT and ICD-10 codes for all of the TIP measures.

- Mercy Care Plan
  - General resource page: https://www.mercycareaz.org/providers/advantage-forproviders/hedis
    - *2019 HEDIS Billing Guide and Tips* contains codes for all TIP measures except metabolic monitoring of adolescents, and initiation of alcohol/drug dependence treatment.
  - The following two guides from 2017 (not listed on resource page above) contain codes for all the TIP measures:
    - HEDIS tips for PCPs: https://www.mercycareaz.org/assets/pdf/acc-providers/ref-materials/HEDIS-Tips-for-PCPs%20MC%20UA.pdf
    - Tips for BH measures: https://www.mercycareaz.org/assets/pdf/acc-providers/ref-materials/HEDIS-Tips-for-Behavioral-Health-Measures%20MC%20UA.pdf

- United Healthcare
  - Reference guide for adult health: https://www.uhcprovider.com/content/dam/provider/docs/public/reports/path/PATH-Reference-Guide-for-Adult-Health.pdf
  - Reference guide for pediatric health: https://www.uhcprovider.com/content/dam/provider/docs/public/reports/path/PATH-Reference-Guide-for-Pediatric-Health.pdf

- NCQA https://www.ncqa.org/hedis/

Assignment and Attribution

- **Assignment** by health plans link members to PCPs within 30 days of enrollment
  - Facilitate, coordinate care of member
  - Performance measures often based on provider "responsible" for member care
  - But members might obtain services elsewhere, or not seek services within the performance period
- **Attribution** is used to account for the provider most closely associated with the member's care
  - TIP performance based on member (or episode) attribution

PCP Attribution Methodology

1. Did Member have a physical examination or assessment by one of the PCP specialties **and** PCP assigned via enrollment?
   - If Yes, Member is attributed to assigned PCP.

2. Did Member have a physical examination or assessment by **any physician** with one of the PCP specialties? Non-physician specialties (e.g., physician assistant) do not qualify.
   - If Yes, Member is attributed to PCP seen. If more than one physical examination or assessment, use most recent.

3. Did Member have an ambulatory or nursing facility visit or professional supervision service by one of the PCP specialties **and** PCP assigned via enrollment?
   - If Yes, Patient is attributed to assigned PCP.

4. Did Member have any ambulatory visits, nursing facility visits, or professional supervision services by one of the PCP specialties?
   - If Yes, Member is attributed to PCP seen for the largest number of visits (any combination of these visit types). The most recent visit breaks ties.

5. Did Member have a prenatal, postpartum, or antepartum visit, or routine obstetrical care service performed by one of the PCP specialties **and** PCP assigned via enrollment?
   - If Yes, Member is attributed to assigned PCP.

6. Did Member have any prenatal, postpartum, or antepartum visit, or routine obstetrical care service by one of the PCP specialties?
   - If Yes, Member is attributed to PCP seen for the largest number of these visit types. The most recent visit breaks any ties.

7. Member is attributed to PCP assigned **via** enrollment. The PCP can be any specialty.

Attribution Examples
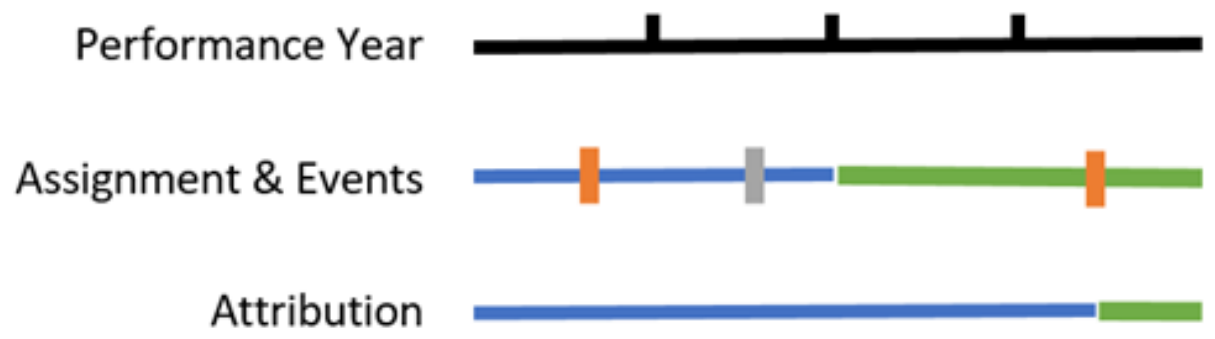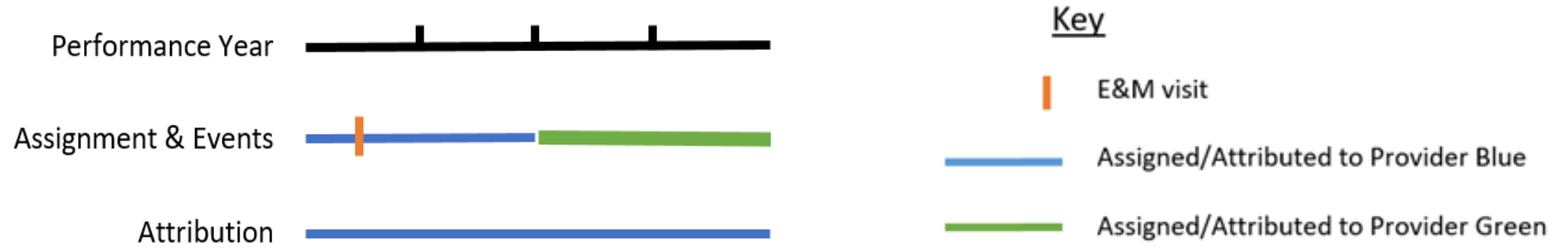
PCP TIP Performance

- TIP performance is calculated at the **provider group (TIN)** level
  - *Patient(s) that had five well-child visits with a PCP during the first 15 months of life.*
  - If well child examinations performed by Nurse Practitioner Jones in visits 1-5 and Dr. Smith in visit 6, child is in numerator
- Attribute **members** to the provider group
  - All measures for member associated with provider group

PCP Performance

- TIP performance calculated from numerators, denominators, and attribution in September, 2020
  - Monthly QIC performance calculated similarly from numerators, denominators, and attribution for year ending in month
  - Observe and improve based on trends over times

Behavioral Health (BH) Performance

- *Example: Patient(s) 1 - 17 years of age who had two or more antipsychotic medications and had metabolic monitoring during the 12 month report period.*
  - Social Worker (or Psychologist) manages the active episode of care (ex: schizophrenia)
  - Without prescription privileges, a Psychiatric RN or Psychiatrist prescribes the antipsychotic
  - Prescriber might only see the patients once ever 6 months while the SW/Psychologist sees them on weekly or bi-weekly

Behavioral Health (BH) Performance

- *Example: Patient(s) 6 - 17 years of age hospitalized for mental illness or intentional self-harm that had a follow-up encounter with a mental health practitioner within 30 days after discharge.*
- Not guaranteed to be in an active episode preceding the hospitalization, thus not necessary have an established BH provider

BH Attribution (Draft)

- **Draft Awaiting Final Approval**
- Attribution is at the episode level to **all** BH providers in episode
- BH attribution is at the episode/measure level to possibly more than one entity

  - *Example: Patient(s) 1 - 17 years of age who had two or more antipsychotic medications and had metabolic monitoring during the 12 month report period.*
  - Social Worker (or Psychologist), Psychiatric RN or Psychiatrist who prescribes the antipsychotic

BH Attribution (Draft)

- **Draft Awaiting Final Approval**
- Attribution is at the episode level to **all** BH providers in episode
  - *Example: Patient(s) 6 - 17 years of age hospitalized for mental illness or intentional self-harm that had a follow-up encounter with a mental health practitioner within 30 days after discharge.*
  - Attribute to providers for which there is a follow up within the required window (alternative is at any point in the report period)
  - Attribute to BH providers in a window of **N days prior** to the hospitalization

Target Setting Process

- Objectives
  - Foster cooperation among participants
  - Incentivize everyone to succeed
- For state level measures, general recommendations at https://www.medicaid.gov/state-resource-center/
- Improvement goals versus external (or absolute) goals compare
  - Percentage improvement from baseline, previous performance
  - External targets from similar reporting entities, e.g., AHCCCS or national Medicaid performance, or over time
    - E.g., a vaccination coverage rate among children greater than 80%
  - Goals to encourage performance improvement

Performance Measurement Targets

- Blend methods with a Tier System
  - Typically 3-5 tiers
- Performance of Group to improve from tier in baseline to higher tier in period of performance to meet incentive (top tier to maintain)
- Tier boundaries set from AHCCCS baseline performance period in aggregate
  - Absolute boundaries between tiers

100%

0

Tiers for Groups
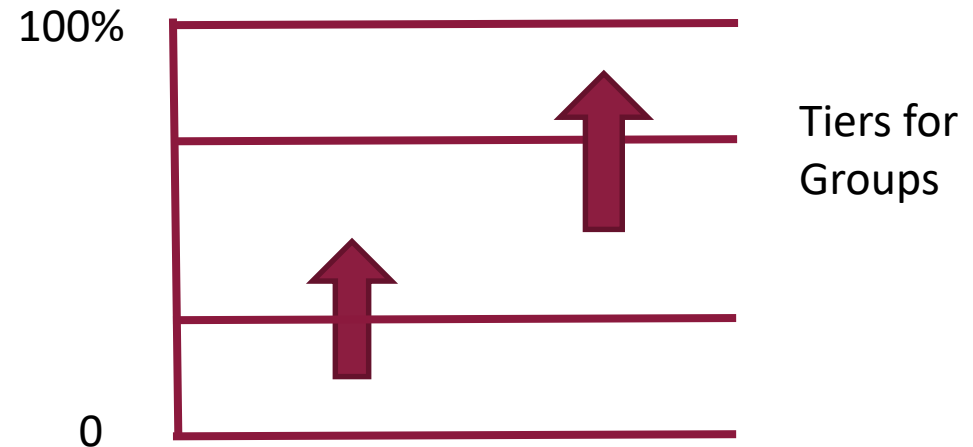
Q&A

- Please insert any questions in the Q&A box

Next Steps

- Next Steps
  - Post-Event Survey: 2 Parts
    - General Feedback Questions
    - Continuing Education Evaluation
  - Continuing Education will be awarded post 2020 QIC session (November 2020)

- Questions or concerns?
  - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns regarding performance data

Thank you!

TIPQIC@asu.edu

PCP Provider Types/Specialties:

Provider Type		Provider Specialty	
Code	**Description**	**Code**	**Description**
08	MD-Physician	050	Family Practice
08	MD-Physician	055	General Practice
08	MD-Physician	PCP	Primary Care Provider
08	MD-Physician	060	Internal Medicine
08	MD-Physician	150	Pediatrician
08	MD-Physician	176	Adolescent Medicine
08	MD-Physician	880	Pediatric - Behavioral/Developmental
18	Physicians Assistant	000	Any/None
19	Registered Nurse Partictioner	000	Any/None
29	Community/Rural Health Center	000	Any/None

- Different provider types/specialties can apply for other HEDIS measures
- Full list will be available on project website

PCP Provider Types/Specialties:

Provider Type		Provider Specialty	
Code	Description	Code	Description
31	DO-Physician Osteopath	050	Family Practice
31	DO-Physician Osteopath	055	General Practice
31	DO-Physician Osteopath	PCP	Primary Care Provider
31	DO-Physician Osteopath	060	Internal Medicine
31	DO-Physician Osteopath	150	Pediatrician
31	DO-Physician Osteopath	176	Adolescent Medicine
31	DO-Physician Osteopath	880	Pediatric - Behavioral/Developmental
C2	Federally Qualified Health Center (FQHC)	000	Any/None
IC	Integrated Clinics	000	Any/None

- Different provider types/specialties can apply for other HEDIS measures
- Full list will be available on project website

Provider Types and Specialties: Example Behavioral Health

Provider Type		Provider Specialty	
Code	**Description**	**Code**	**Description**
08	MD-Physician	191	Pediatric - Psychiatrist
08	MD-Physician	192	Psychiatrist
08	MD-Physician	965	Psychoanalysis
08	MD-Physician	195	Psychiatrist and Neurologist
11	Psychologist	000	Any/None
19	Registered Nurse Practitioner	098	Psyc/Mental Health Nurse Practitioner
31	DO-Physician Osteopath	191	Pediatric - Psychiatrist
31	DO-Physician Osteopath	192	Psychiatrist
31	DO-Physician Osteopath	965	Psychoanalysis
31	DO-Physician Osteopath	195	Psychiatrist and Neurologist
77	BH Outpatient Clinic	000	Any/None
85	Licensed Clinical Social Worker (LCSW)	000	Any/None
C2	Federally Qualified Health Center (FQHC)	000	Any/None
IC	Integrated Clinics	000	Any/None

- Different provider types/specialties can apply for each HEDIS measures
  - Additional types/specialties are in progress for whether they qualify
- Full list will be available on project website