

AHCCCS Targeted Investments Program

Adult A Quality Improvement Collaborative

William Riley, PhD
George Runger, PhD

Session #2
March 5th, 2020

Disclosures

There are no disclosures for this presentation

Attendance

- To track attendance, please ensure clinical and administrative representative log-in separately by computer via the link provided in the invite

QIC Participation

- All participants will be automatically muted when joining the Zoom webinar
- All questions should be directed to the Q&A box
- If a participant would like to speak or we are requesting verbal participation, select “raise hand” to be unmuted
- Will have polling questions within the presentation

Audio Settings ^



Chat



Raise Hand



Q&A

Leave Meeting

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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Post Event Survey	Kailey Love

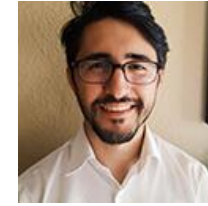
ASU QIC Team



William Riley, PhD
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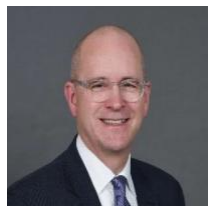
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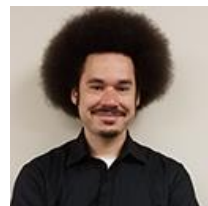
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Adult A QIC Organizations

Adult A QIC Organizations

BLACK FAMILY AND CHILD SERVICES INC	WEST VALLEY INTERNAL MED LLC	ALIA FAMILY PRACTICE INC
BANNER UNIVERSITY MEDICAL CENTER PHOENIX	SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES	CRISIS PREPARATION & RECOVERY INC
ST LUKES BEHAVIORAL HOSPITAL LP	CASA DE LOS NINOS	CONCENTRA PRIMARY CARE OF ARIZONA PA dba HATFIELD
TUCSON MEDICAL CENTER	BANNER THUNDERBIRD MEDICAL CENTER	SUMMIT HEALTHCARE ASSOCIATION
BANNER UNIVERSITY MEDICAL CENTER SOUTH CAMPUS LLC	BANNER UNIVERSITY MEDICAL GROUP	BANNER DEL E WEBB MEDICAL CENTER
MULTI SPECIALTY PHYSICIANS	BANNER UNIVERSITY PRIMARY CARE PHYSICIANS LLC	CHICANOS POR LA CAUSA INC
GUGGIARI MED PC	BANNER PRIMARY CARE PHYSICIANS	TERROS INC
RECOVERY INNOVATIONS INC	COPE COMMUNITY SERVICES INC	BANNER BEHAVIORAL HEALTH HOSPITAL
THE GUIDANCE CENTER INC	TMC MEDICAL NETWORK	ENCOMPASS HEALTH SERVICES 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-Adult Primary Care



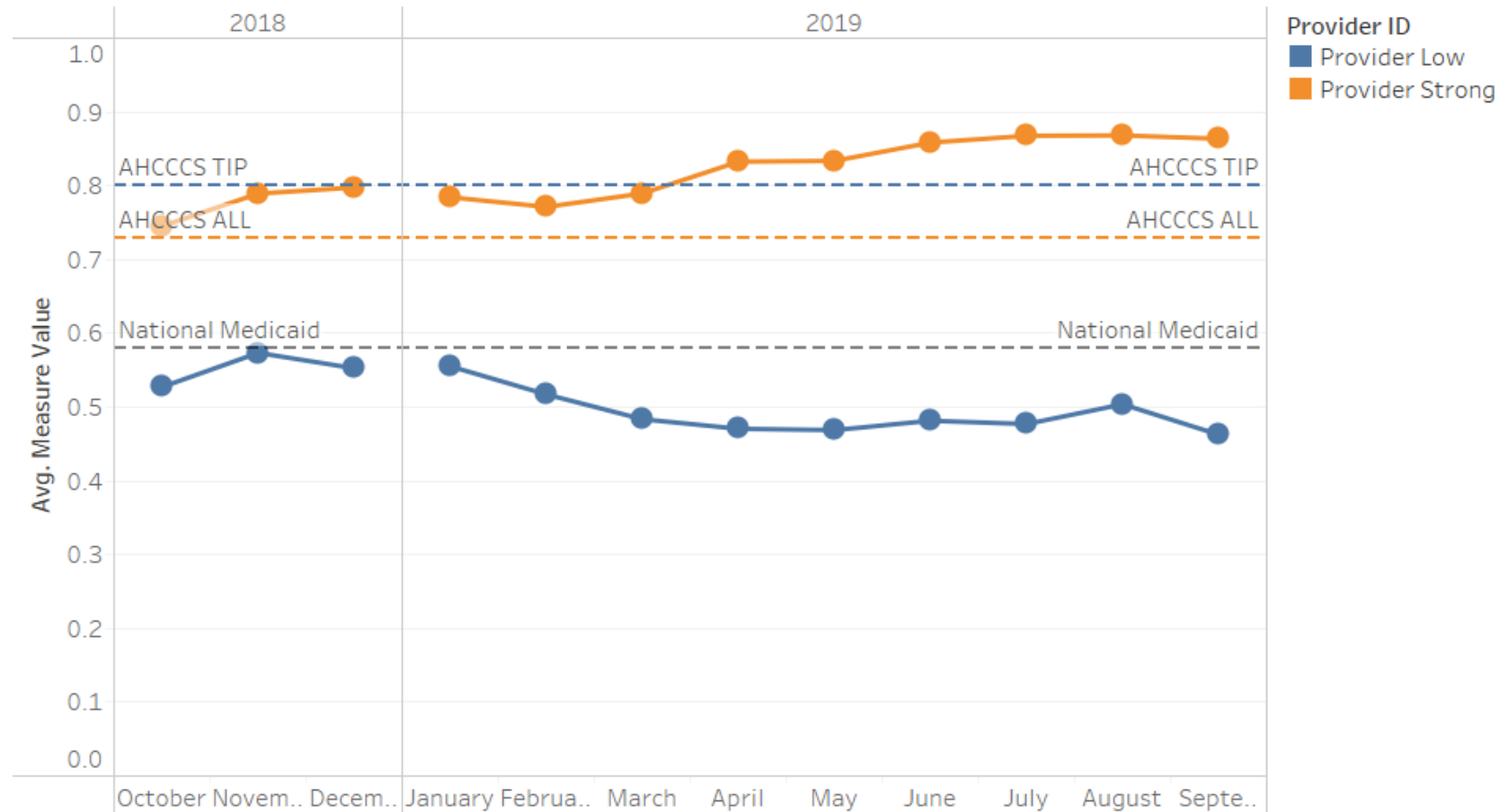
Chosen Performance Measure	Measure Description	Measure Weighting	Measure Targets	Measure Sets
Follow up after hospitalization for mental illness: 18 and older (30 - Day)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge	TBD	TBD	
Follow up after hospitalization for mental illness: 18 and older (7 - Day)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge	TBD	TBD	
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotic medications	Percentage of beneficiaries ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	TBD	TBD	

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

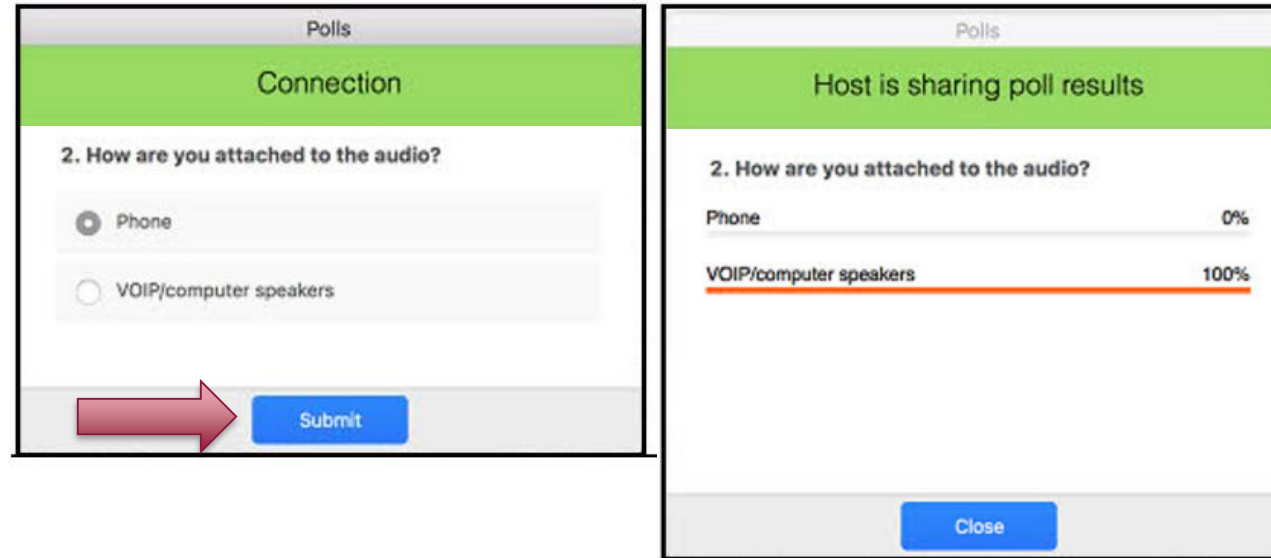
Follow-up Visit for Adult MI Hospitalization: (30-day) 2019 Trends (FY Oct–Sept)

- National Medicaid (2017) = 58%
- AHCCCS All (2019) = 73%
- AHCCCS TIP (2019) 80%

Adult 30-Day Self Harm Follow-up Encounter



Peer Learning: Polling Preview



Dr. LOW




Failure Modes Analysis Adult PCP: (FY 2019)

1. From your experience, please select the most likely reason for the low performance by Dr. Low's clinic
 - a. Did not know member was hospitalized
 - b. Knew member was hospitalized but did not know it was mental illness related
 - c. FUH was completed, but claim was not submitted
 - d. Clinic process did not link patient to mental health practitioner
 - e. 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?

Year 4 Measures-Adult Behavioral Health

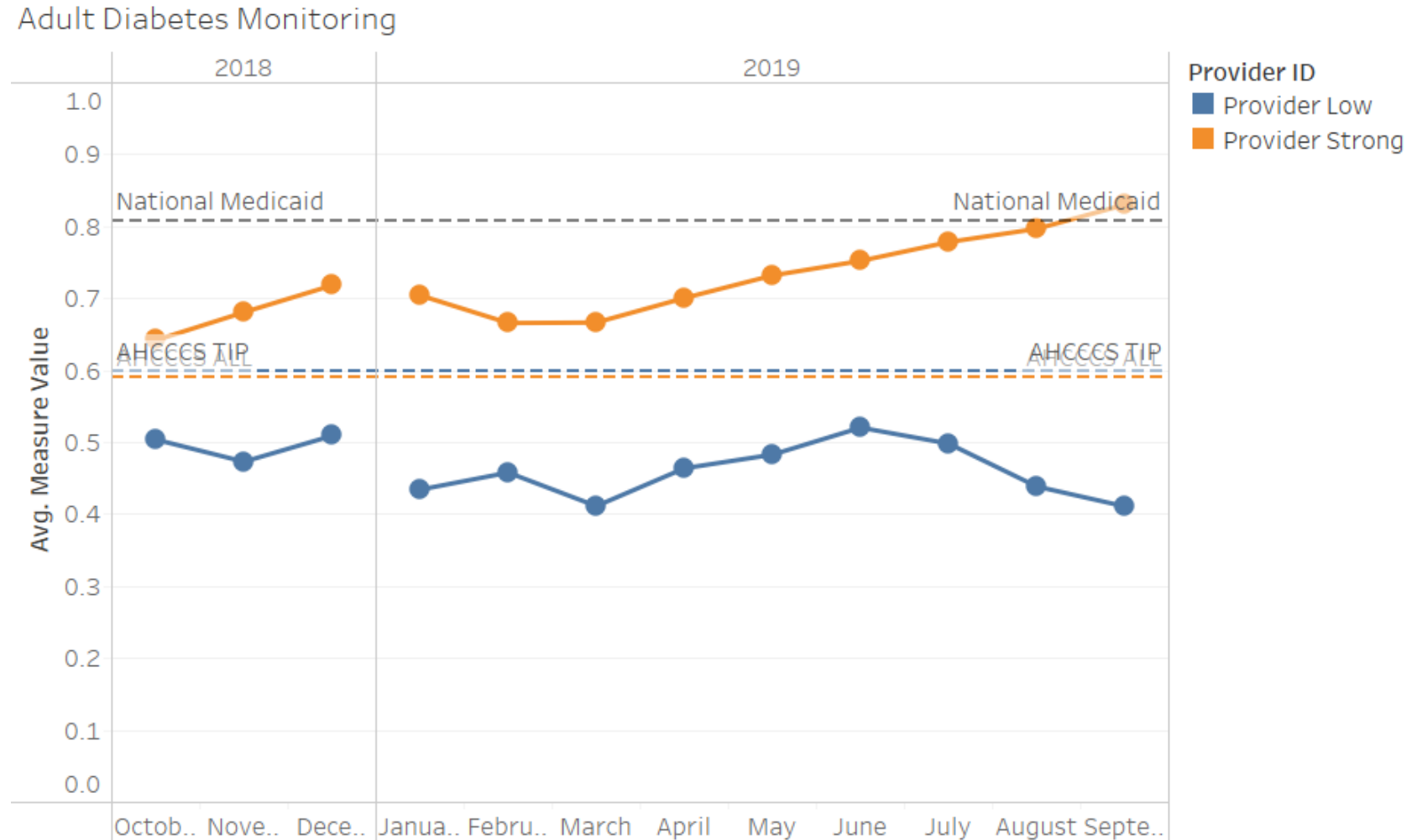
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Measure Sets Key (Hyperlinked)			
CMS Core Set Peds	CMS ScoreCard	Statewide (STCs)	NCQA HEDIS
			

Diabetes Screening for Adults on Antipsychotic Medication: 2019 Trends (FY Oct – Sept)

- National Medicaid (2017) = 80.8%
- AHCCCS All (2019) 59%
- AHCCCS TIP (2019) 60%



Dr. STRONG
Success Analysis
Adult BH: (FY 2019)

4. What is the most likely reason for the strong performance by Dr. Strong's clinic?

Open ended question – please insert your responses into the Q&A box

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: Percentage of beneficiaries ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.*
 - Each qualified member dispensed medication enters denominator and 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

- Typically computed over a year period of performance (or longer)
 - ... and had a diabetes screening test during the measurement year.
 - Computed with year-ending at a month
 - 12 month rolling average

Aug 1, 2019.....July 31, 2020



Sept 1, 2019.....Aug 31, 2020



Oct 1, 2019.....Sept 30, 2020



TIP Year 4

Example Timeline from Clinical Service to Your Performance Report



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/>

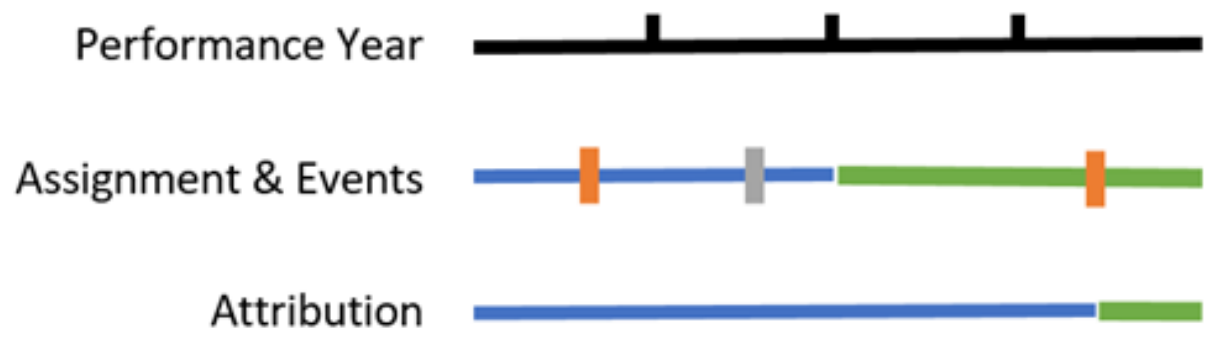
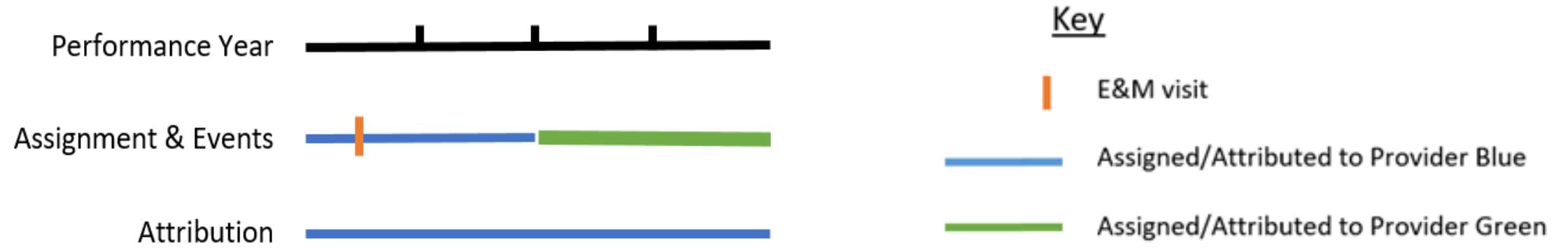
Assignment and Attribution

- **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
- 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: Percentage of beneficiaries ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.*
- 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: Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. Percentage of discharges for which the beneficiary received follow-up 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: Percentage of beneficiaries ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.*
 - Social Worker (or Psychologist), Psychiatric RN (or Psychiatrist) who prescribes the antipsychotic

BH Attribution (Draft)

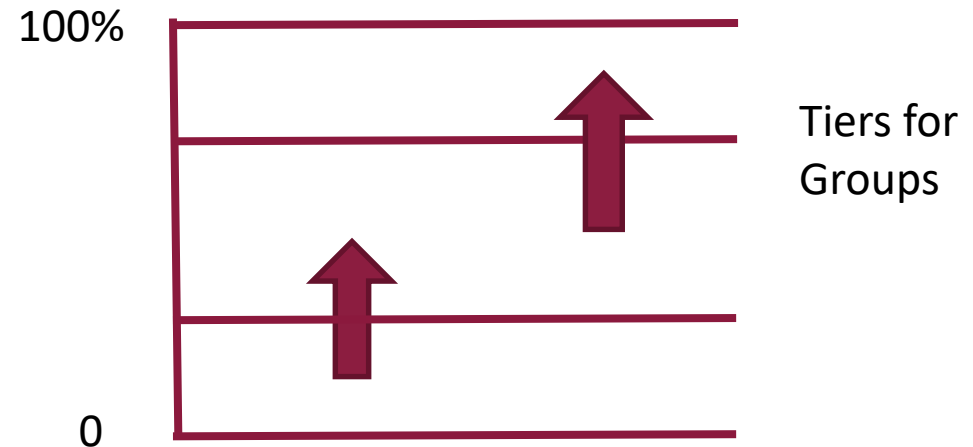
- **Draft Awaiting Final Approval**
- Attribution is at the episode level to **all** BH providers in episode
 - *..were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner ... within 30 days after discharge.*
 - Attribute to providers for which there is a follow up within the required window
 - 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



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 all 2020 QIC sessions (November 2020)

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

Post-Event Survey



Support English ▾

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Please click Continue to participate in a short survey.**

you will be leaving zoom.us to access the external URL below

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Are you sure you want to continue?

Continue

Stay on zoom.us

Thank you!

TIPQIC@asu.edu

PCP Provider Types/Specialties:

General Practice – Physician, Allied & Clinic Types

Provider Type		Provider Specialty	
Code	Description	Code	Description
08	MD-Physician	050	Family Practice
31	DO-Physician Osteopath		
08	MD-Physician	055	General Practice
31	DO-Physician Osteopath		
08	MD-Physician	PCP	Primary Care Provider
31	DO-Physician Osteopath		
08	MD-Physician	060	Internal Medicine
31	DO-Physician Osteopath		
18	Physicians Assistant	000	Any/None
19	Registered Nurse Practitioner		
IC	Integrated Clinics		
C2	Federally Qualified Health Center (FQHC)		
29	Community/Rural Health Center		

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

PCP Provider Types/Specialties:

OB-GYN – Physician & Allied

Provider Type		Provider Specialty	
Code	Description	Code	Description
08	MD-Physician	089	Obstetrician and Gynecologist
31	DO-Physician Osteopath		
08	MD-Physician	091	Obstetrician
31	DO-Physician Osteopath		
08	MD-Physician	090	Gynecologist
31	DO-Physician Osteopath		
08	MD-Physician	958	Gynecological Oncology
31	DO-Physician Osteopath		
08	MD-Physician	092	Maternal and Fetal Medicine
31	DO-Physician Osteopath		
09	Certified Nurse-Midwife	000	Any/None
19	Registered Nurse Practitioner	095	Women's HC/OB-GYN NP

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

PCP Provider Types/Specialties:

Pediatric- and Adolescent-specific types

Provider Type		Provider Specialty	
Code	Description	Code	Description
08	MD-Physician	150	Pediatrician
31	DO-Physician Osteopath		
08	MD-Physician	176	Adolescent Medicine
31	DO-Physician Osteopath		
08	MD-Physician	880	Pediatric - Behavioral/Developmental
31	DO-Physician Osteopath		
08	MD-Physician	*	*
31	DO-Physician Osteopath		

* Additional pediatric specialties are under review.

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

Mental Health Practitioner Provider Types and Specialties:

Physicians

Provider Type		Provider Specialty	
Code	Description	Code	Description
08	MD-Physician	191	Pediatric - Psychiatrist
31	DO-Physician Osteopath		
08	MD-Physician	192	Psychiatrist
31	DO-Physician Osteopath		
08	MD-Physician	189	Psychosomatic Medicine
31	DO-Physician Osteopath		
08	MD-Physician	965	Psychoanalysis
31	DO-Physician Osteopath		
08	MD-Physician	195	Psychiatrist and Neurologist
31	DO-Physician Osteopath		

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

Mental Health Practitioner Provider Types and Specialties:

Allied & Clinics

Provider Type		Provider Specialty	
Code	Description	Code	Description
A4	Licensed independent Substance Abuse Counselor (LISAC)	000	Any/None
85	Licensed Clinical Social Worker (LCSW)		
11	Psychologist		
86	Licensed Marriage & Family Therapist (LMFT)		
87	Licensed Professional Counselor (LPC)		
88	School Based Guidance Counselor		
89	School Based Certified School Psychologist		
IC	Integrated Clinics		
C2	Federally Qualified Health Center (FQHC)		
77	BH Outpatient Clinic		
19	Registered Nurse Practitioner	098	Psyc/Mental Health Nurse Practitioner

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