

AHCCCS Targeted Investments Program

Peds A Quality Improvement Collaborative

William Riley, PhD
George Runger, PhD

Session #3
April 7, 2020

Disclosures

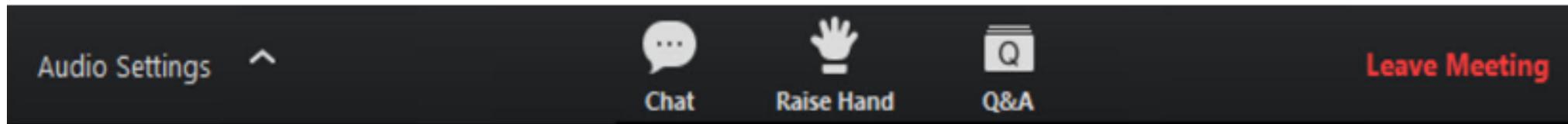
There are no disclosures for this presentation

Reminders & Updates

- Attendance
 - To track attendance, please ensure clinical and administrative representative log-in separately by computer via the link provided in the invite
- Dashboard
 - Adult and Peds PCP providers have been provided access to the dashboard
 - BH providers will be provided access once the attribution process is finalized

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



ASU QIC Team



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Data Scientist Specialist
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Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:40 AM	Overview <ul style="list-style-type: none">• Agenda• Objectives• Feedback	Bill Riley
11:40 – 12:30 PM	Peer Learning <ul style="list-style-type: none">• 6+ Well-Child Visits in first 15 months• 3-6yrs Well-Child Visits	Presenter: North Valley Pediatrics PC Respondent: Mountain View Pediatrics Presenter: AZ Community Physicians Respondent: District Medical Group
12:30 PM – 12:40 PM	Update on Target Setting	George Runger
12:40 PM – 12:50 PM	Q&A	All
12:50 PM – 1:00 PM	Next Steps <ul style="list-style-type: none">• Post Event Survey	Kailey Love

Post-Event Survey Feedback

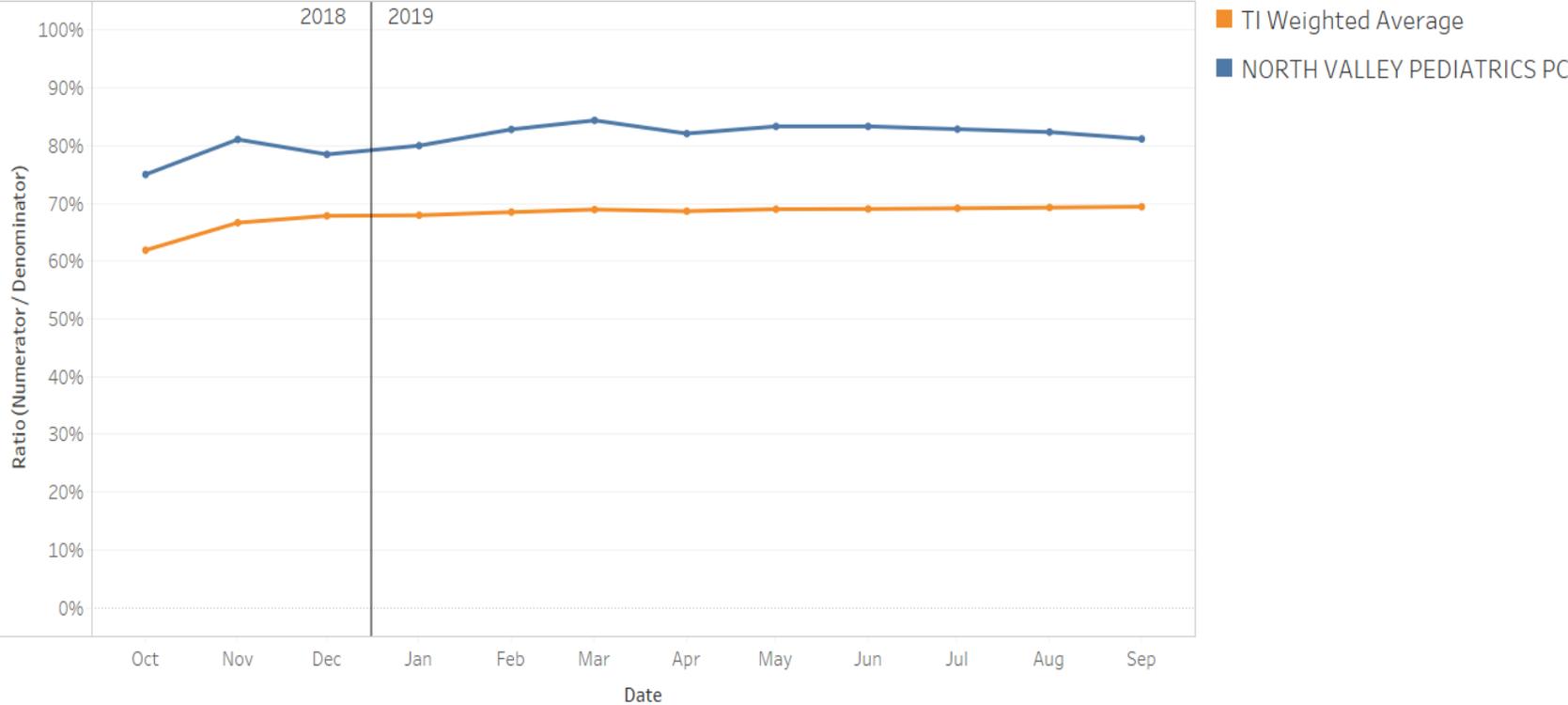
Learning Objectives

1. Evaluate milestone performance using trend analysis.
2. Identify failure modes in the milestone performance.
3. Critically apply improvements to milestone performance.

6 or More Well-Child Visits

Presenter: North Valley Pediatrics

6 or More Well-Child Visits with a Primary Care Physician in the First 15 Months of Life
Data were calculated using PCP attribution methodology, and represent a 12-month rolling average ending on the last day of the month of each data point



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?

6 or More Well-Child Visits

Presenter: North Valley Pediatrics

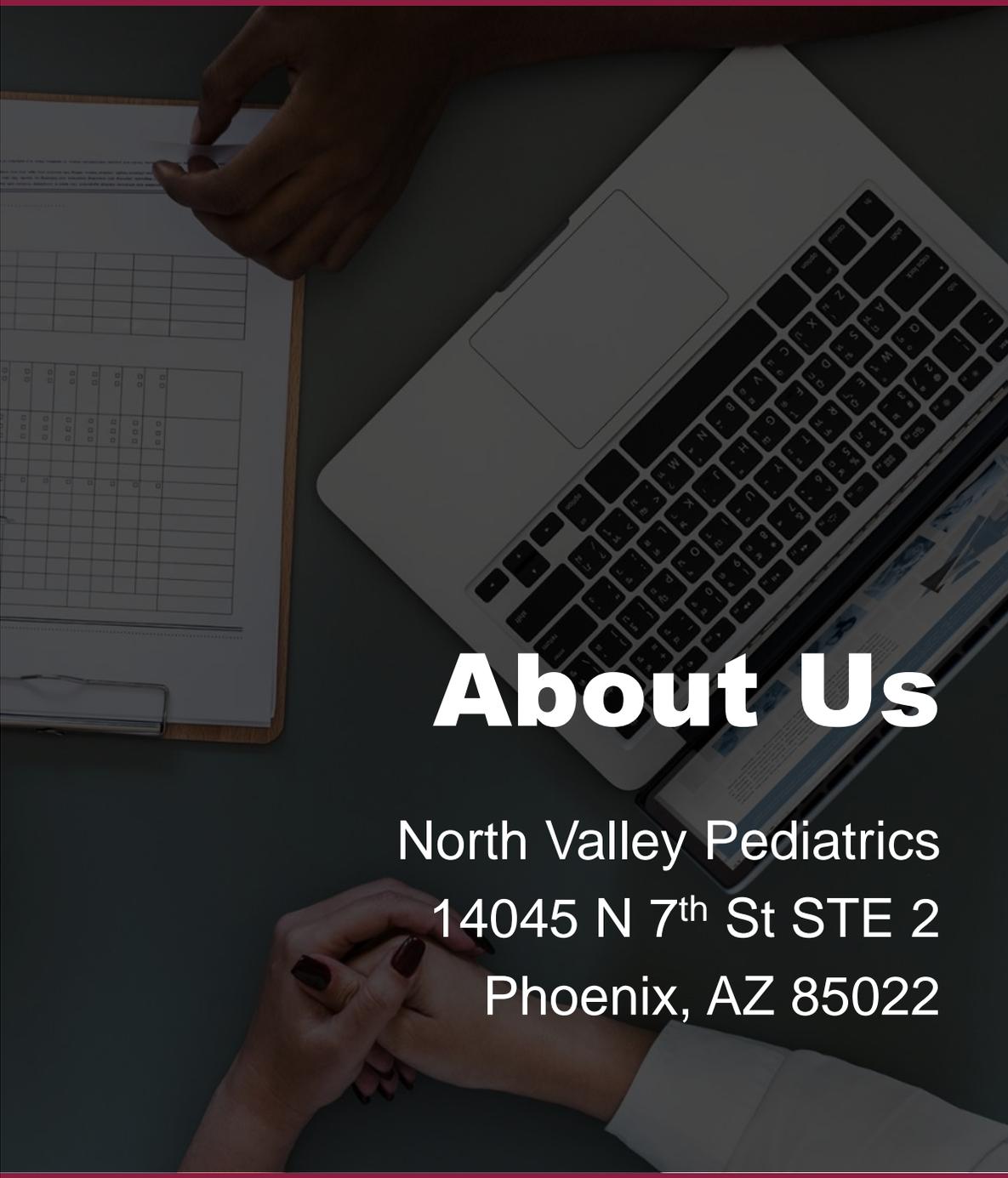
- Please identify at least three features of your current process that have contributed to why your performance on this metric is strong.
- What led you to develop each of the steps to improve the performance for this metric?
- What obstacles did you overcome in order to develop the steps in #2?
- What do you feel are the top steps that you still need to improve? What needs to be done for you to make this improvement?



North Valley Pediatrics

TIPS Infant Measure
Dr. JoAnn Kolnick &
Dr. Louis Trunzo

- North Valley Pediatrics was established in 1992 by Dr. Louis G. Trunzo
- Currently seeing 2nd/3rd generation Patients
- One practice location, M-F 8:30 – 5:00pm, Saturdays as necessary.
- 2 Front Desk, 3 MA, 1.5 Physicians



About Us

North Valley Pediatrics
14045 N 7th St STE 2
Phoenix, AZ 85022



Developing the Practice Culture for Excellence



Reports, Reports, Reports



Overview

Meeting The Measures

Reports

HEDIS MEASURE 6 WELL CARE EXAMS BY 15 MONTHS

- 99391 4 visits before 12 months. Call pts at 9 & 10 months.
- 99392 2 visits before 15 months. Call pts at 13 & 14 months.
- MMR vaccine recommended at 12 months
- Gaps in Care patients screened for documented well care and/or attribution.

Well Care Saturdays and Late Thursdays

Extending Office Hours to Fit Patient Needs

- 11 and 16 year olds, Tdap and Menactra in July and August
- Currently, infants for well care and well care requests

Gap in Care Reports From Plans

Cleaning up Reports

- Patients on panel we have not seen. Call and/or fix attribution.
- Pt who have met measure, but plan is missing documentation. We send documentation to plan. Pt could have switched plans, had short term out of state residence.
- EMR glitch, newborn well care code in note, some newborns not getting picked up because of diagnosis code.

Obstacles

Office Motivation and Work Flow

- Front office motivation and education.
- Clinical providers and MAs education needed a different approach. It required making alerts, catching loss opportunities.
- Well Care Vitals for all infants under 2 years old, at all visits.
- Parent resistance: split shots, copays, time required for visit
- Seasonality: Sick season decreases appointment availability and employee time
- Changing the office culture through education and motivation took time. (Years, and started before TIPs.)

Future Goals

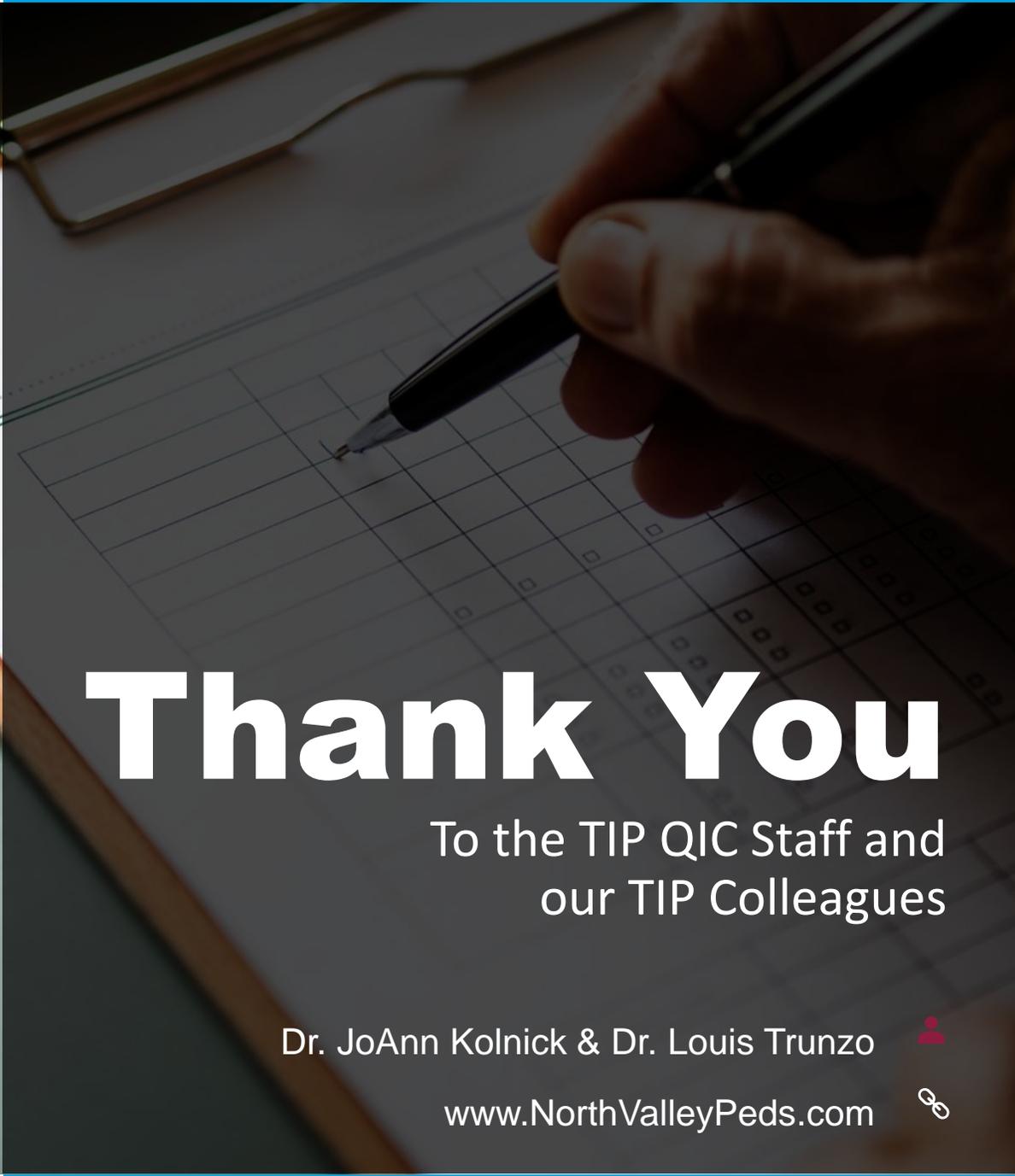
Moving Forward...

- We would like to continue ongoing staff education, including weekly staff meetings.
- We would like to have the ability to continue the High Risk Registry.
- We would like to be able to have the patients on the “Gap in Care” reports reflect our patients in the EMR better.
- We would like to have the HEDIS Measures so streamlined that that our HEDIS measure workflow worked on “autopilot.”

- Run Internal EMR Reports
- Work Gap in Care Reports from Plans
- Set Employee Expectations
- Rinse and Repeat

A photograph of a teal stethoscope resting on a medical chart with a grid pattern. The word "Summary" is overlaid in large, bold, white text on the right side of the image.

Summary



Thank You

To the TIP QIC Staff and
our TIP Colleagues

Dr. JoAnn Kolnick & Dr. Louis Trunzo

www.NorthValleyPeds.com



Discussion Questions

Respondent: Mountain View Pediatrics

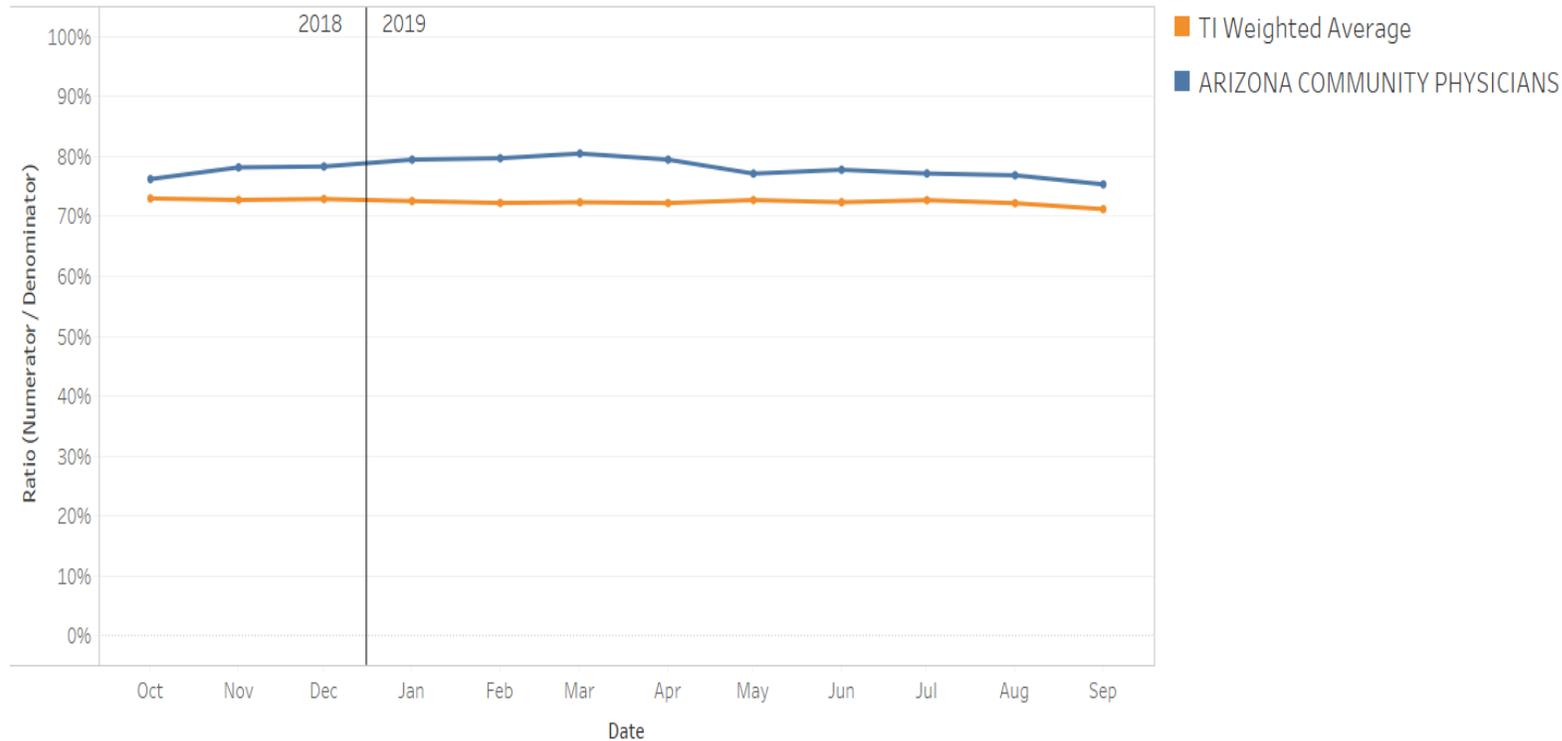
- Please give your response regarding what was helpful to you from their presentation for your organization.
- Please identify 2 or 3 challenges that you have had with this metric. Explain why each of these have been difficult.
- Ask if they had a similar challenge and what they did to overcome the challenge.

Metric: 3-6 Years Well Child Visit

Presenter: AZ Community Physicians

Well-Child Visit for Patients 3-6 Years of Age with Primary Care Provider in the Last 12 Months

Data were calculated using PCP attribution methodology, and represent a 12-month rolling average ending on the last day of the month of each data point



Metric: 3-6 Years Well Child Visit

Presenter: AZ Community Physicians

- Please identify at least three features of your current process that have contributed to why your performance on this metric is strong.
- What led you to develop each of the steps to improve the performance for this metric?
- What obstacles did you overcome in order to develop the steps in #2?
- What do you feel are the top steps that you still need to improve? What needs to be done for you to make this improvement?

Arizona Community Physicians



Abacus Health

Melissa Levine

Karen Popp

Michael Hodes

Key Features to Success



- Not a TI program, but a broad-based pediatric outreach program
- Allocation of value-based income tied to quality performance across all payers
- Monthly process to generate gap lists
- Single list/process for all pediatric-focused quality metrics
 - Well-child visits first 15 months of life
 - Well-child visits 3-6 years
 - Adolescent wellness visits
 - Childhood immunizations
 - Adolescent immunizations
- Similar process for adult medicine sites

Process Development

- Confidence in internally generated quality reporting
- Responsibility lies with each office/physician
- Central office to support sites
- Monthly lists are not overly burdensome
- Refine monthly process based on feedback

Monthly Lists

Below are the criteria used to pull the patients. The patients are identified with a gap of "W15".

- Patients 35 to 75 days old with < 2 visits(should have 2 visits by 30 days old).
- Patients 75 - 135 days old with < 3 visits(should have 3 visits by 2 months old, or 60 days).
- Patients 135 - 195 days old with < 4 visits(should have 4 visits by 4 months old, or 120 days).
- Patients 195 - 285 days old with < 5 visits(should have 5 visits by 6 months old, or 180 days).
- Patients 285 - 395 days old with < 6 visits(should have 6 visits by 9 months old, or 270 days).
- Patients 395 - 420 days old with < 7 visits(should have 7 visits by 12 months old, or 365 days).

Monthly Lists

- The list also includes patients 12 to 18 years old as of year-end without a current well-child / physical or are due in the next 3 months. These patients are identified with a gap of "AWC".
- The list also includes patients 3 to 6 years old as of year-end without a current well-child / physical or are due in the next 3 months. These patients are identified with a gap of "W34".
- Also included are patients 16, 19 or 22 months old as of the current month who have not received all the HEDIS recommended immunizations (excluding influenza). These patients are identified with a gap of "CIS" and the specific missing immunizations. You will want to double check the patient records to confirm the immunizations were not given.
- Finally, patients 16 to 18 old as of the current month who have not received two meningococcal vaccines. These patients are identified with a gap of "Menin" and how many meningococcal vaccines they received.
- If this list includes patients you no longer treat, please inactivate them. This will remove these patients from future monthly lists and the year-end incentive calculations.

Sample Report



Well Visit Gap List								
Generated March 10, 2020								
Gap	CPE Visits Completed	Expected Visits	Last AWV/CPE	Birth Dt	MRN	First Name	Last Name	Future Visits (90 days)
W15	2	3	2/12/2020					V20 - 03/18/2020 - Dr name
AWC			3/7/2019					None on File
AWC			> 18 months					None on File
W34			4/10/2019					None on File
CIS-DTAP-PNEU-MMR-VZV-HepA								None on File
CIS-DTAP-VZV								WBC - 03/16/2020 - Dr. Name
HPV-1								None on File
Menin-1								None on File

Work in Progress...



Obstacles

- Educate site coordinators (office managers) on how to use the lists
- Correctly identifying all the data in the system

Improvement

- Work with staff making outreach calls to better overcome obstacles (staff training and scripts)

Discussion Questions

Respondent: District Medical Group

- Please give your response regarding what was helpful to you from their presentation for your organization.
- Please identify 2 or 3 challenges that you have had with this metric. Explain why each of these have been difficult.
- Ask if they had a similar challenge and what they did to overcome the challenge.

Dashboard Example

Use the filters to see your performance on each measure. Click Download to export this view as an image, PDF or PowerPoint file. If you have questions or comments, please contact us at TIPQIC@asu.edu.

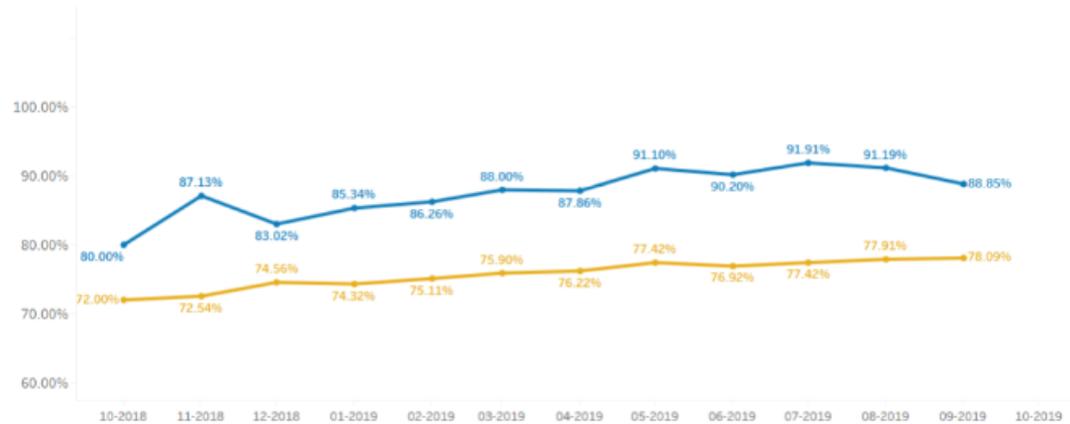
Provider Type
 ADULT PCP

Select Measure

- Patient(s) 18 years of age and older hospitalized for mental illness or intentional ..
- Patient(s) 18 years of age and older hospitalized for mental illness or intentional ..
- Patient(s) with schizophrenia, schizoaffective disorder or bipolar disorder taking..

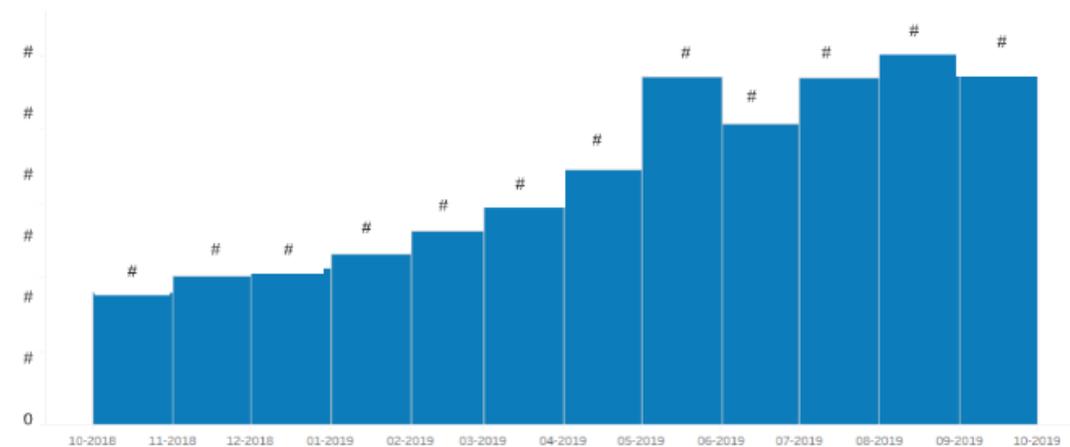
Performance on Measure (Each month is a year-to-date performance on the measure)

Your Name vs. Providers in same Area of Concentration



Denominator

Your Name

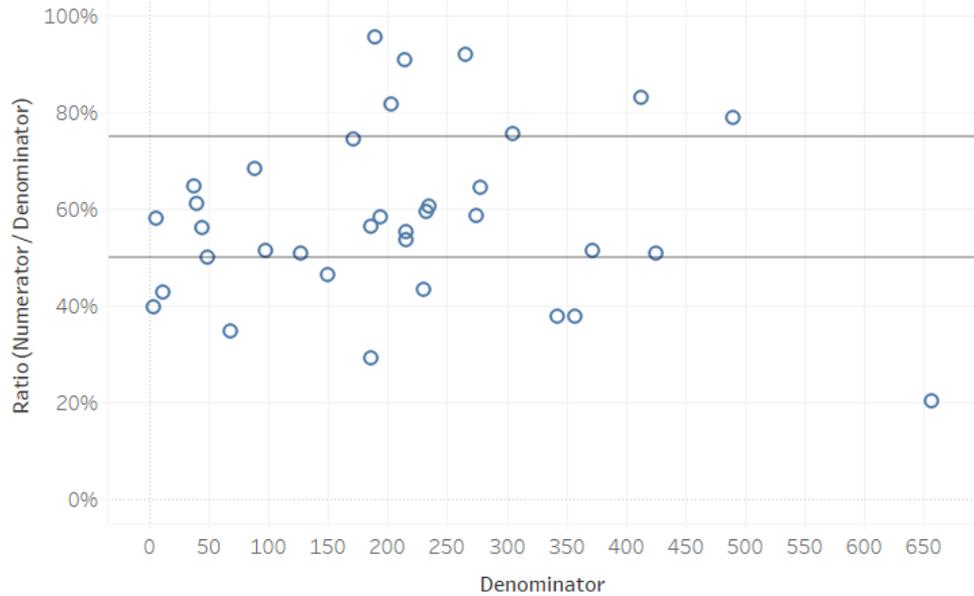


PCP Target Setting Methodology Update

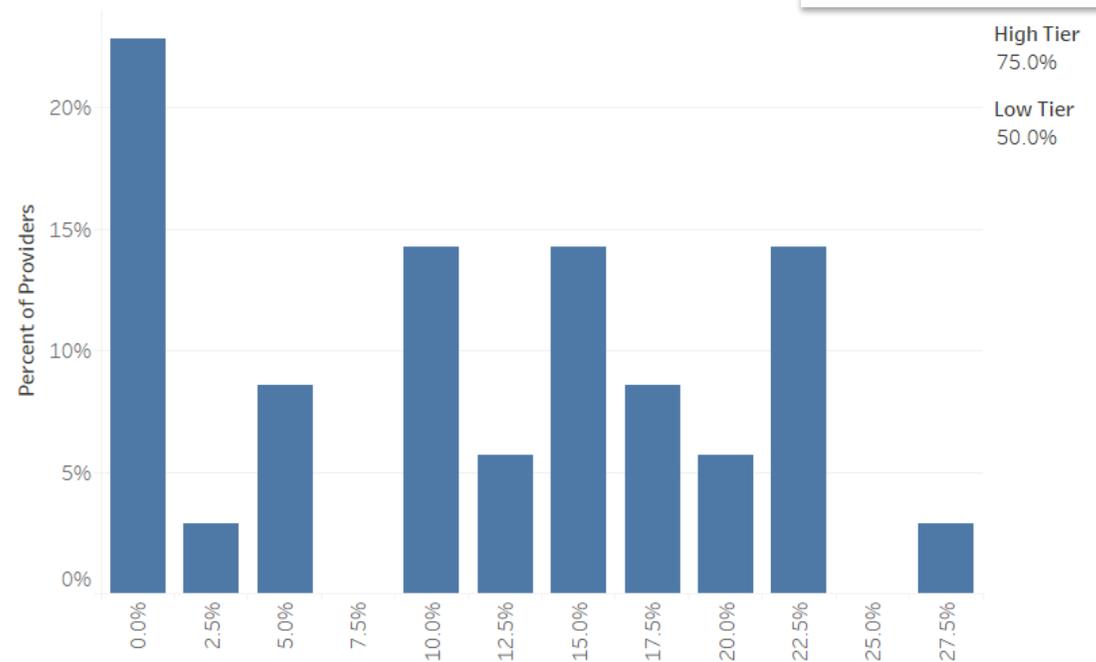
- Goal is to drive aggregate performance and encourage participants to achieve goals
- Reviewed
 - National Performance
 - AHCCCS Historical Performance
 - TIP Historical Performance
 - AHCCCS Minimal Performance Standards (MPS)
- Comprehensive analysis conducted
- Committee made recommendations based on blinded data

PCP Target Setting Visual

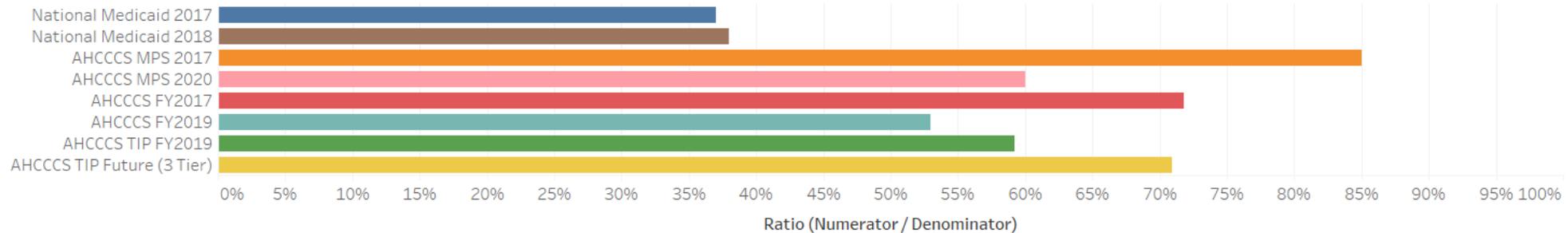
Example Data



Percentage-point change by provider



Aggregate Ratios



PCP Targets

AOC	Measure Description	Low Target		High Target
Adult PCP	Diabetes screening for people with schizophrenia/bipolar disorder using antipsychotic medications	56%		83%
	7-day follow-up after hospitalization for mental illness, 18+	50%		75%
	30-day follow-up after hospitalization for mental illness, 18+	63%		85%
Peds PCP	6+ well-child visits in the first 15 months of life	65%		80%
	Well-child visit, 3-6 years of age	60%		85%
	Adolescent well-visit, 12-21 years of age	40%	60%	80%

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 ▾

**Thank you for attending the Webinar.
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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Thank you!

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