

AHCCCS Targeted Investments Program

Peds B Quality Improvement Collaborative

William Riley, PhD
George Runger, PhD

Session #3
April 22, 2020

Disclosures

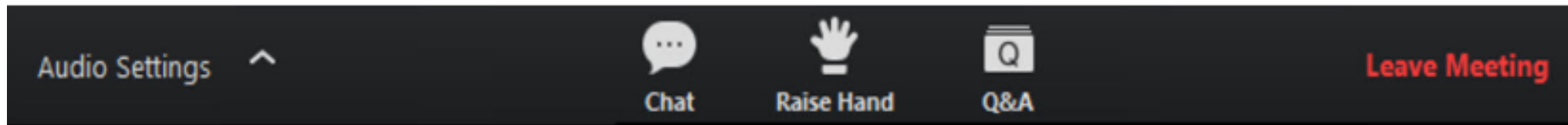
There are no disclosures for this presentation

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



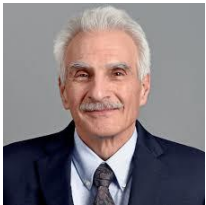
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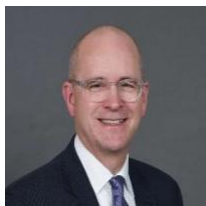
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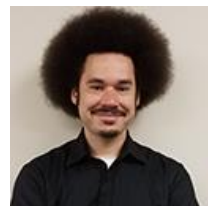
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Medical Director
Mercy Care



Neil Robbins, PhD
Data Scientist Specialist
ASU

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: Pendleton Pediatrics Respondent: Banner University Medical Group Presenter: Pleasant Pediatrics Respondent: Healing Hearts
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

Feedback

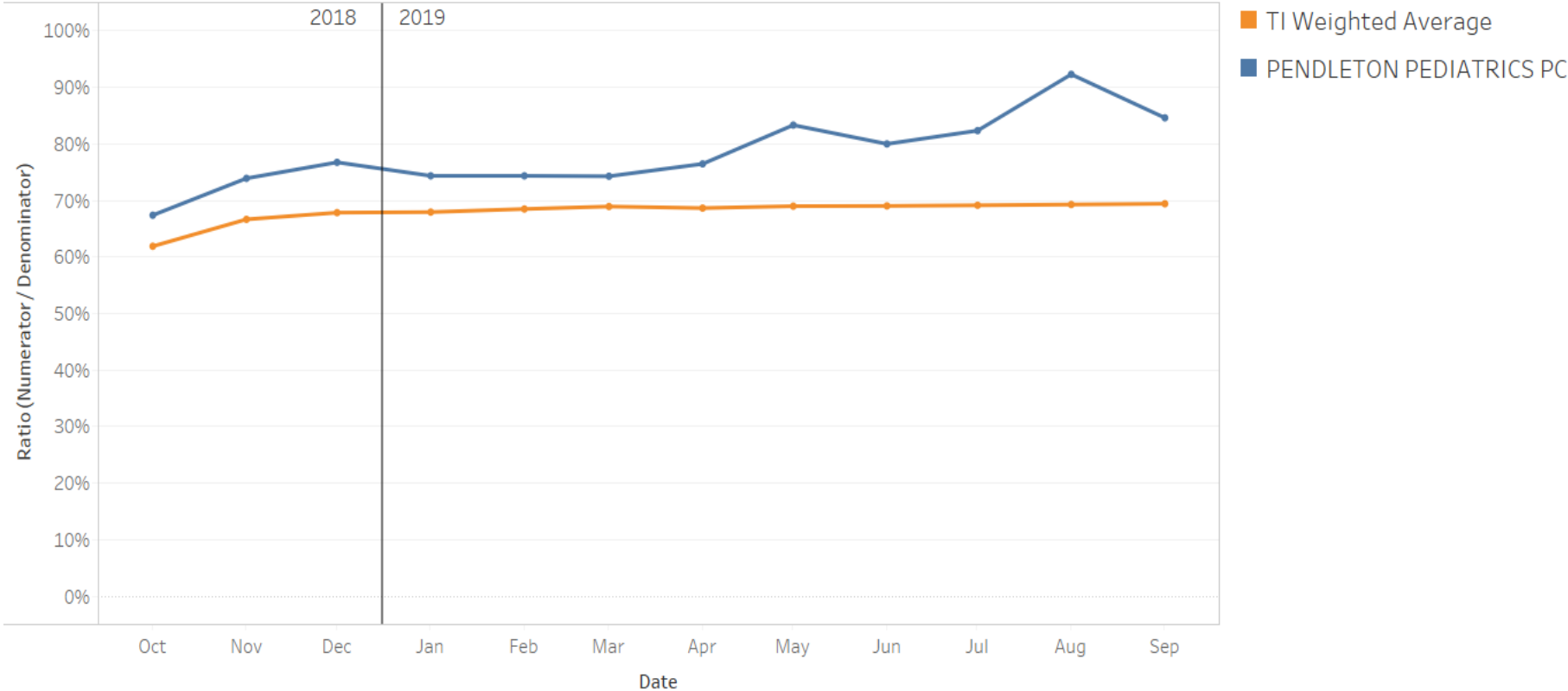
Learning Objectives

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: Pendleton 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: Pendleton 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?

PENDLETON PEDIATRICS

Peds B QIC
Session #3

Judith Pendleton, MD
Lynn Johnston

Strategies for Success: Tangible and Intangible Factors

- Repetition in stressing the importance and timing of well care
 - Reminder calls or texts to confirm day before appointment
 - Well care handout information next appointment and immunizations
 - Appointments made prior to leaving the office
 - Assessing sibling's well care appointment status
- Strongly identify practice as “immunization only”
 - Culture of practice – like-minded parents, focus preventative medicine
 - Awareness of immunization needs/timing reinforces well schedule

Improvements and Action Plan as a Result of

- Informal analysis of why people do not come for well appointments
- Entire office aware of policies
- Change in our emphasis on well care and target explanation of why important
- Limited practice to parents who agree to immunize their children

Obstacles

- Continued inability to motivate other people: human nature
- Ineffective communication, language and cultural barriers
- Insurance or self pay constraints: view of well care as unnecessary
- Accepting potential loss patients who wish alternate immunization schedules

Goals for Improvement

- “Catching” sick kids behind on well care: enlisting scribes, appointments made in the exam room
- Follow up on no show patients: staff to call (often incorrect contact information, sometimes seeing other MD)
- How to continue to get parental compliance for well care after 18-24 months?

Discussion Questions

Respondent: Banner University Medical Group

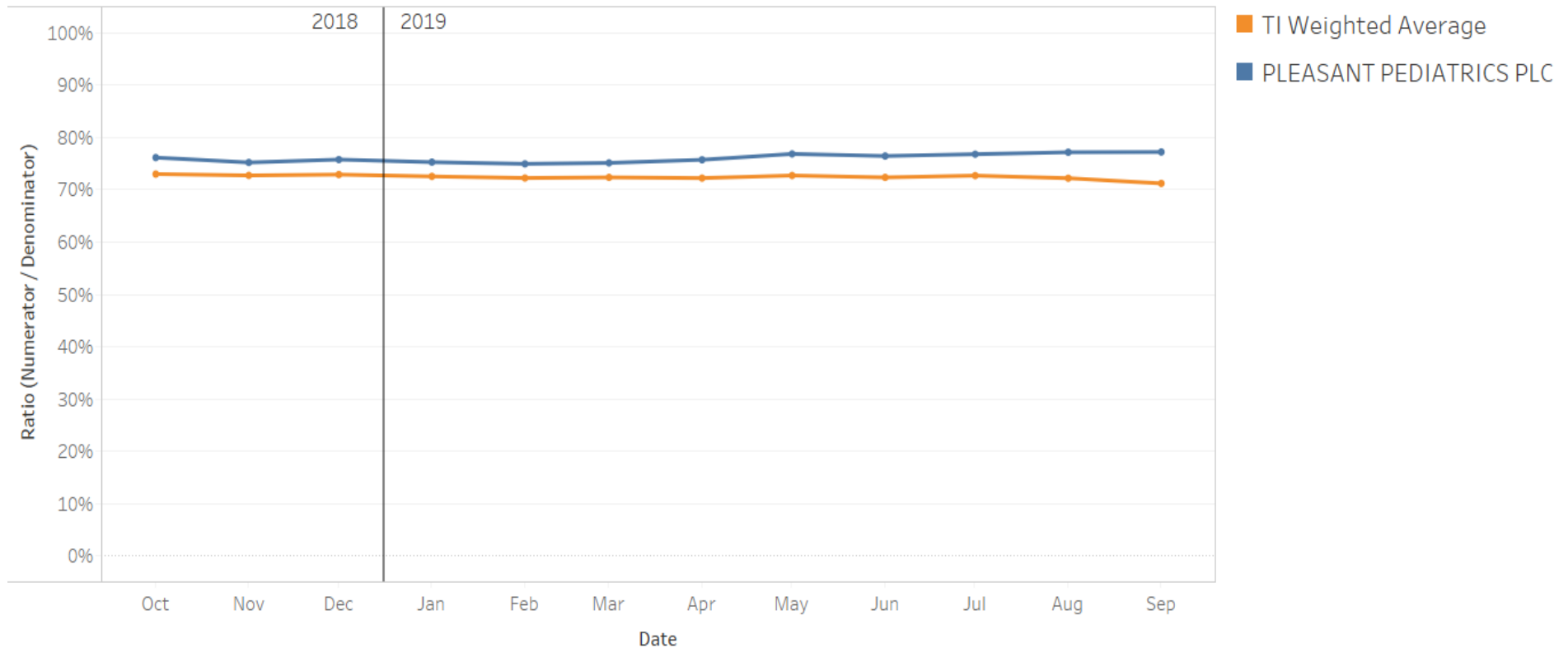
- Please give your response regarding what was helpful to you from their presentation for your organization.
- Please identify 2 or 3 challenges that you have had with this metric. Explain why each of these have been difficult.
- Ask if they had a similar challenge and what they did to overcome the challenge.

Metric: 3-6 Years Well Child Visit

Presenter: Pleasant Pediatrics

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: Pleasant 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?

PLEASANT PEDIATRICS

Peds B QIC
Session #3

Dr. Sandhya Ravi, MD
Pleasant Pediatrics

Current Process

- Patient Recalls
- Submit secondary claims to AHCCCS plans
- Catch up of Well appointment at sick appointments

Recalls

- Identify the pts who are behind on WCC

Challenges:

- Effort
- High no show rate among the recalled patients
- Challenges with workflow

Dual insurance patients

- Many patients w/ Private Insurance as pri and AHCCCS as sec
- We submit the claims to secondary AHCCCS plans, even though primary paid 100% of the claim

Challenges

- Extra effort from our billing staff for no expected payment from AHCCCS
- Challenges submitting claims with vaccines

Well checks at Sick appt

- If pts is behind on Well Check, do both at the sick appt

Challenges:

- Can't add WCC every time
- Time-consuming for providers
- Training staff to identify these pts

More things we can do

- Actively clean up our roster
 - Pts who no longer coming to our practice
- Actively reconcile the roster with AHCCCS plans
 - Call the new patients added to the roster
 - We need payors to give us a easy way to download rosters
 - One of the plan we need to download 50+ files to get full roster
- Text/Email reminder

Discussion Questions

Respondent: Healing Hearts

- 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.

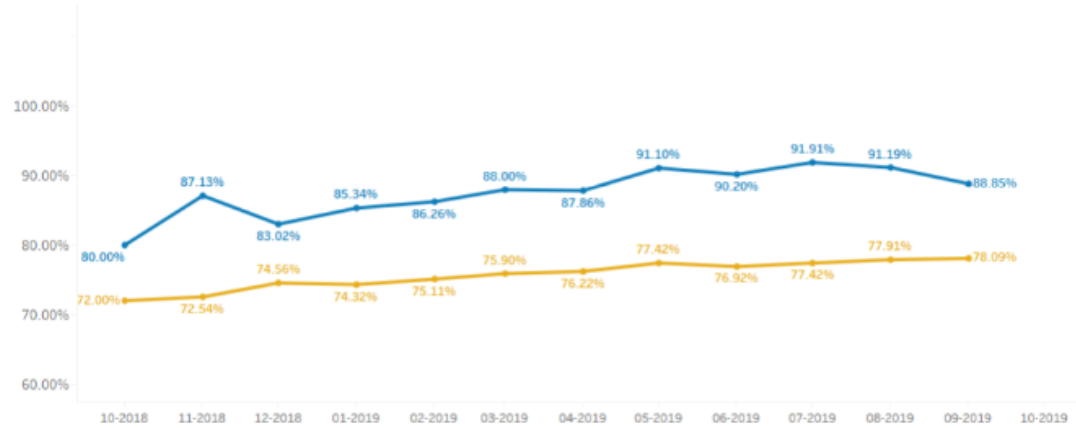
Provider Type
 ADULT PCP

Select Measure

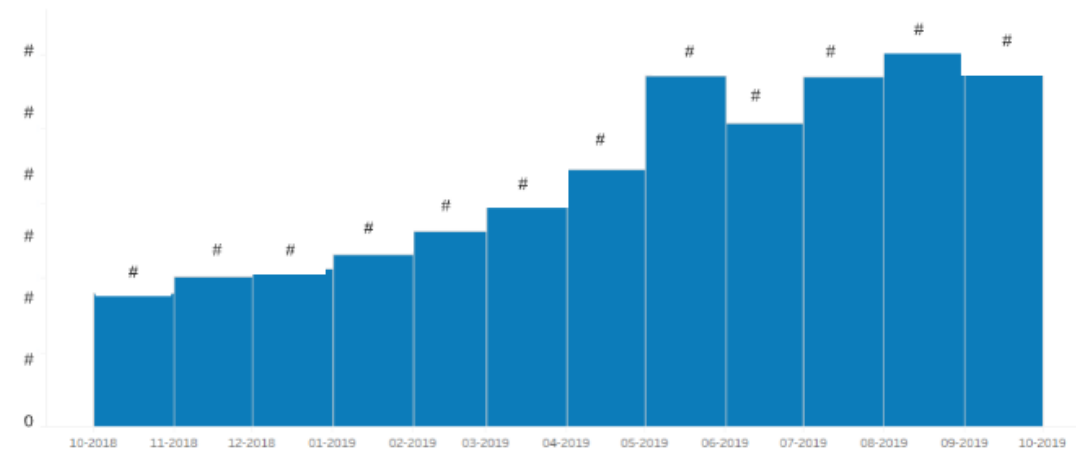
- Patient(s) 18 years of age and older hospitalized for mental illness or intentional ..
- Patient(s) 18 years of age and older hospitalized for mental illness or intentional ..
- Patient(s) with schizophrenia, schizoaffective disorder or bipolar disorder taking..

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

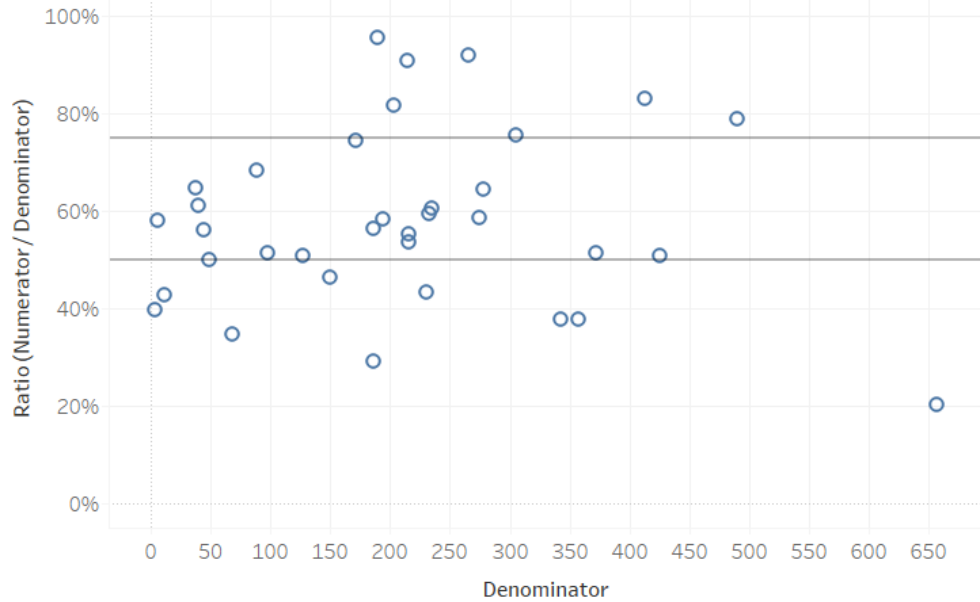


PCP Target Setting Methodology Update

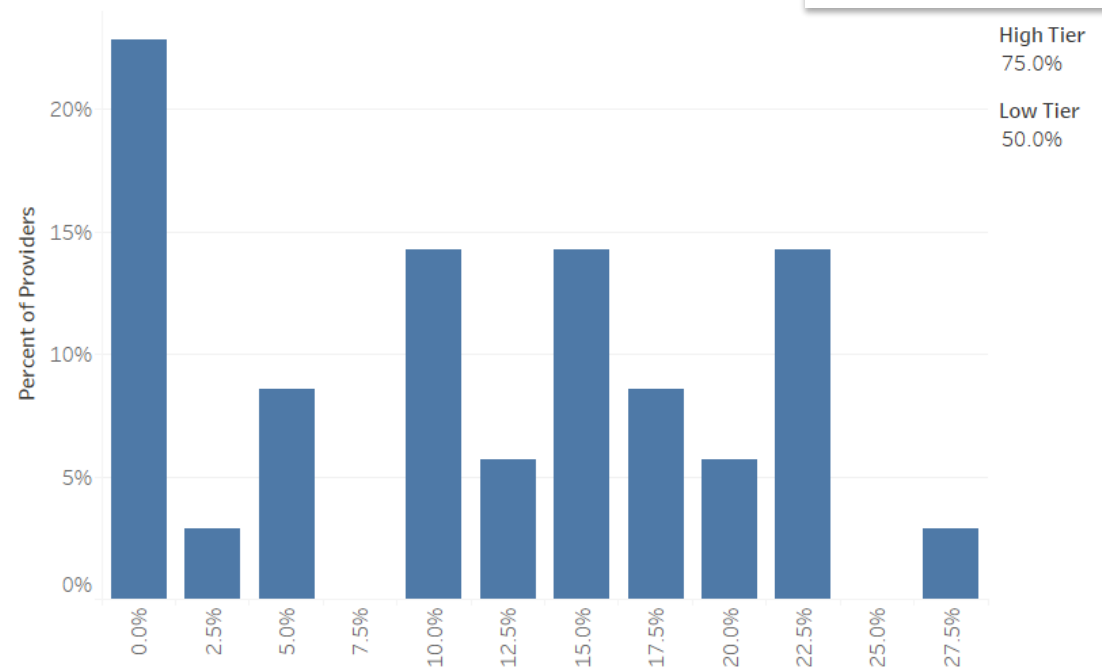
- Goal is to drive aggregate performance and encourage participants to achieve goals
- Reviewed
 - National Performance
 - AHCCCS Historical Performance
 - TIP Historical Performance
 - AHCCCS Minimal Performance Standards (MPS)
- Comprehensive analysis conducted
- Committee made recommendations based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

PCP Target Setting Visual

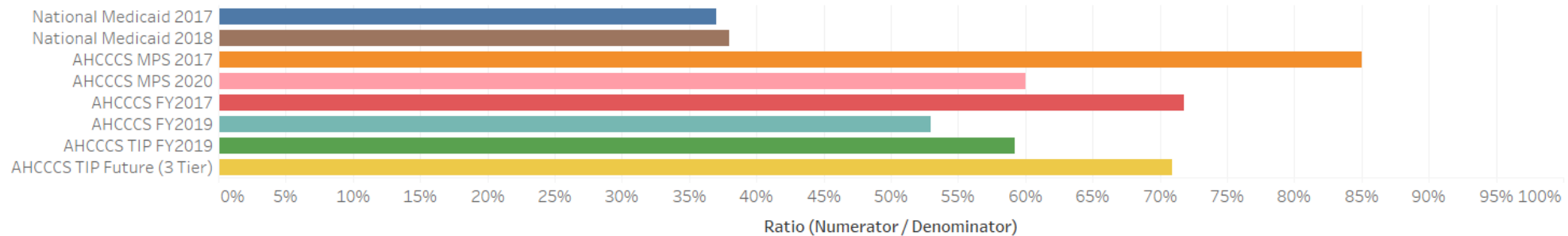
Example Data



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%

Decisions for Incorporating CoCM Codes:

- *PCP measure evaluation (i.e., 7/30-day follow up after hospitalization for mental illness measures):* CoCM codes will count as a qualified visit for numerator.
- *BH evaluation (i.e., 7/30-day follow up after hospitalization for mental illness measures):* In post-discharge period, CoCM codes will count as a qualified visit for numerator. In period prior to hospitalization (i.e., 90 days prior), CoCM codes will qualify the BH provider in denominator.
- *PCP attribution:* CoCM codes will not be included among E&M codes or other qualifying visit in PCP attribution process.

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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