

AHCCCS Targeted Investments Program

Peds A Quality Improvement Collaborative

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Session #4
May 5, 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
- Participation
 - All questions should be directed to the Q&A box
- Dashboard
 - Primary care **and** behavioral health performance available in dashboards

Agenda

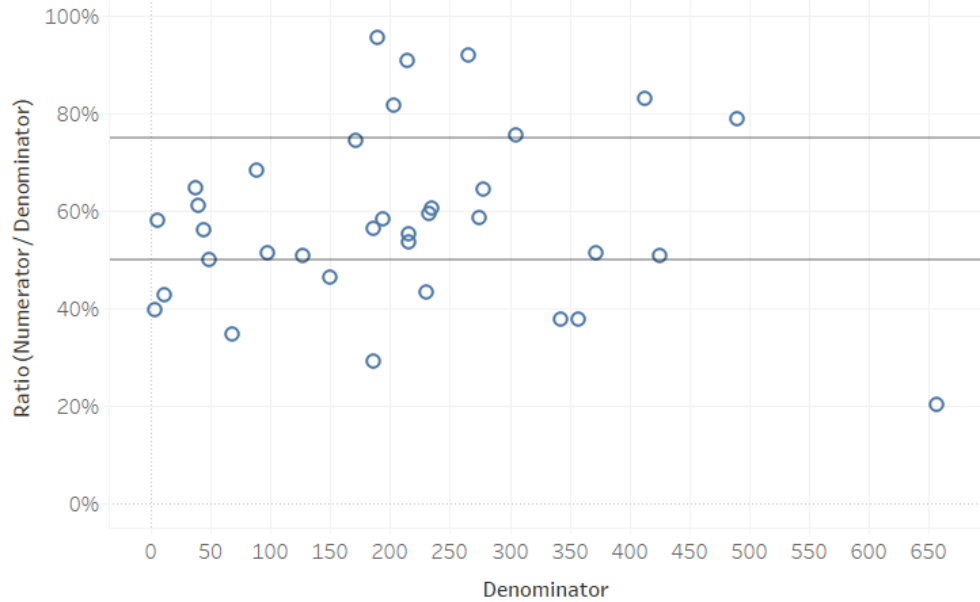
TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Overview <ul style="list-style-type: none">• Agenda	Kailey Love
11:35 AM – 11:45 AM	BH Target Setting	George Runger
11:45 AM – 12:40 PM	Peer Learning Quality Improvement <ul style="list-style-type: none">• 3 Generations of Data Analytics• Run Chart Calculations• Separating Noise from Signal	Bill Riley Presenter: Arizona Children's Association
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

PCP & BH Target Setting Methodology Update

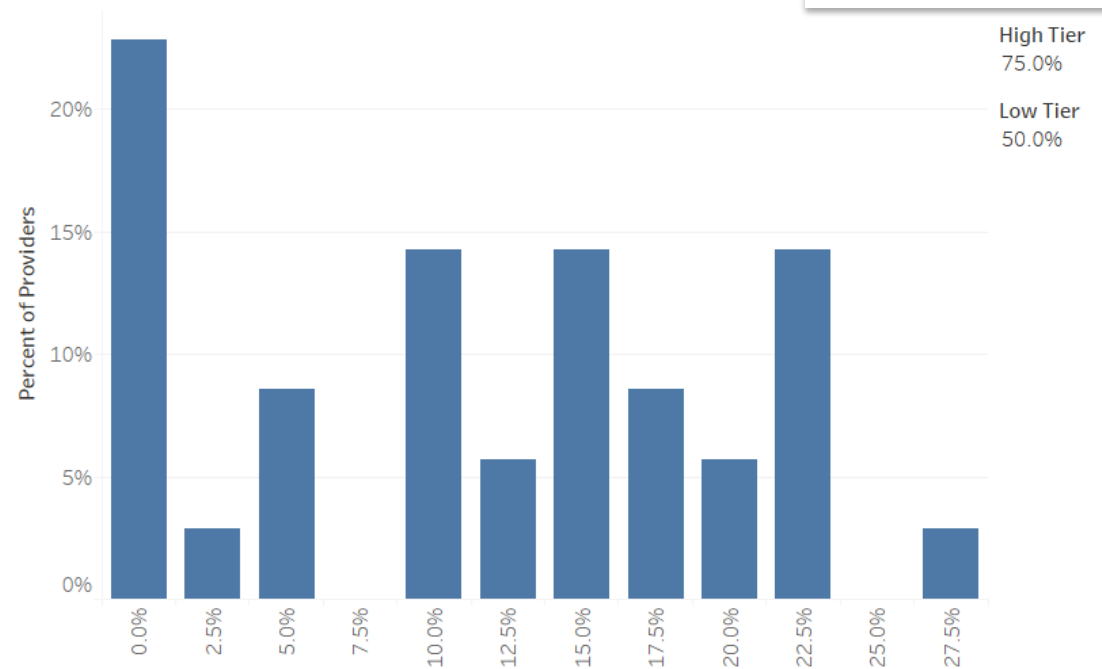
- Goal is to drive aggregate performance and encourage participants to achieve goals
- Reviewed
 - National Performance
 - AHCCCS Historical Performance
 - TIP Historical Performance
 - AHCCCS Minimal Performance Standards (MPS)
- Comprehensive analysis conducted
- Committee made recommendations based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

PCP & BH Target Setting Visual

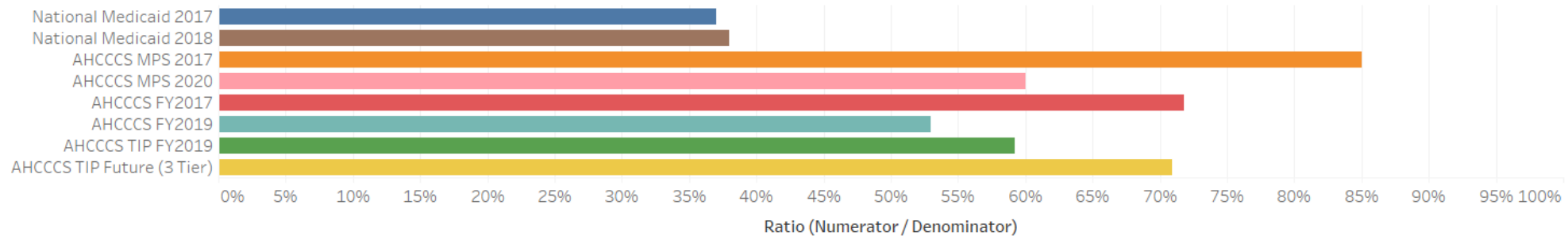
Example Data



Percentage-point change by provider



Aggregate Ratios



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.

PCP Targets

AOC	Measure Description	Low Target		High Target
Adult PCP	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	63%		85%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	50%		75%
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	56%		83%
Peds PCP	Well-Child Visits (Ages 3-6 Years): 1 or More Well-Child Visits	60%		85%
	Well-Child Visits (Ages 0-15 Months): 6 or More Well-Child Visits	65%		80%
	Adolescent Well-Care Visits: At Least 1 Comprehensive Well-Care Visit	40%	60%	80%

BH Targets

AOC	Measure Description	Low Target	High Target
Adult BH	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	N/A	90%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	70%	80%
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	70%	80%
Peds BH	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (30-day)	N/A	90%
	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (7-day)	70%	80%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	N/A	50%

Learning Objectives

1. Critique the advantages of dynamic analysis compared to static analysis.
2. Interpret a run chart to identify common cause and special cause.
3. Differentiate between noise and signal in process performance.

Quality Improvement

- 3 Generations of Data Analytics
- Run Chart Calculations
- Separating Noise from Signal

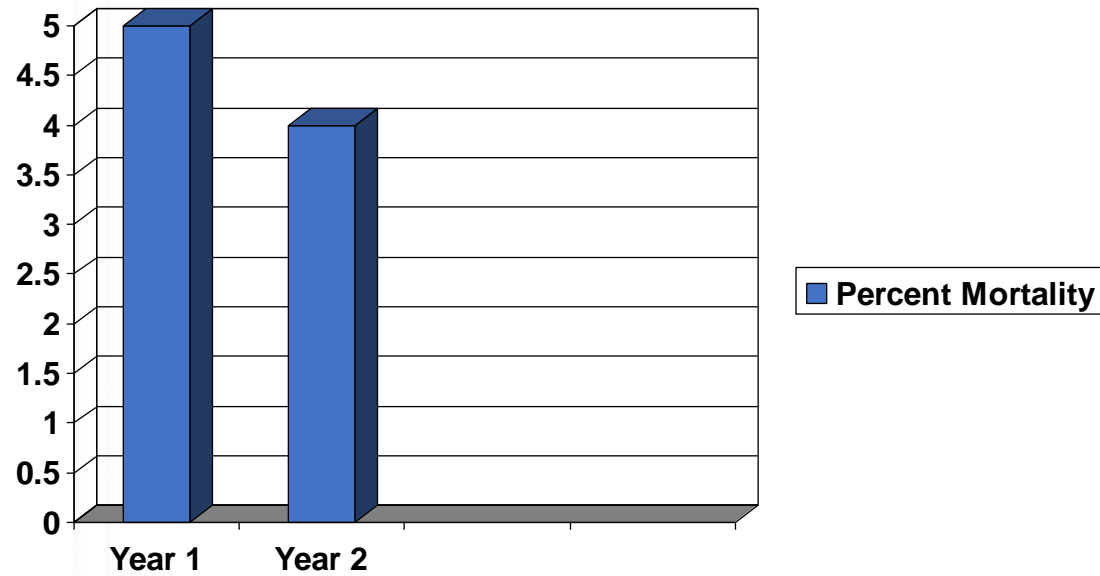
Variation

- There are two ways to depict variation:
 - Static Fashion
 - Two periods in time
 - Dynamic Fashion
 - Statistical process control techniques analyze variation over time
 - Is to understand process behavior

Static & Dynamic Data Analysis

- Case Study:
 - The Cardiac Surgery Department at a major teaching hospital was concerned about the mortality rate.
 - They decided to try harder to do everything right in order to improve.
 - After 2 years of trying harder, the following results were shown.

CABG Mortality Rates Static Comparison



Discussion

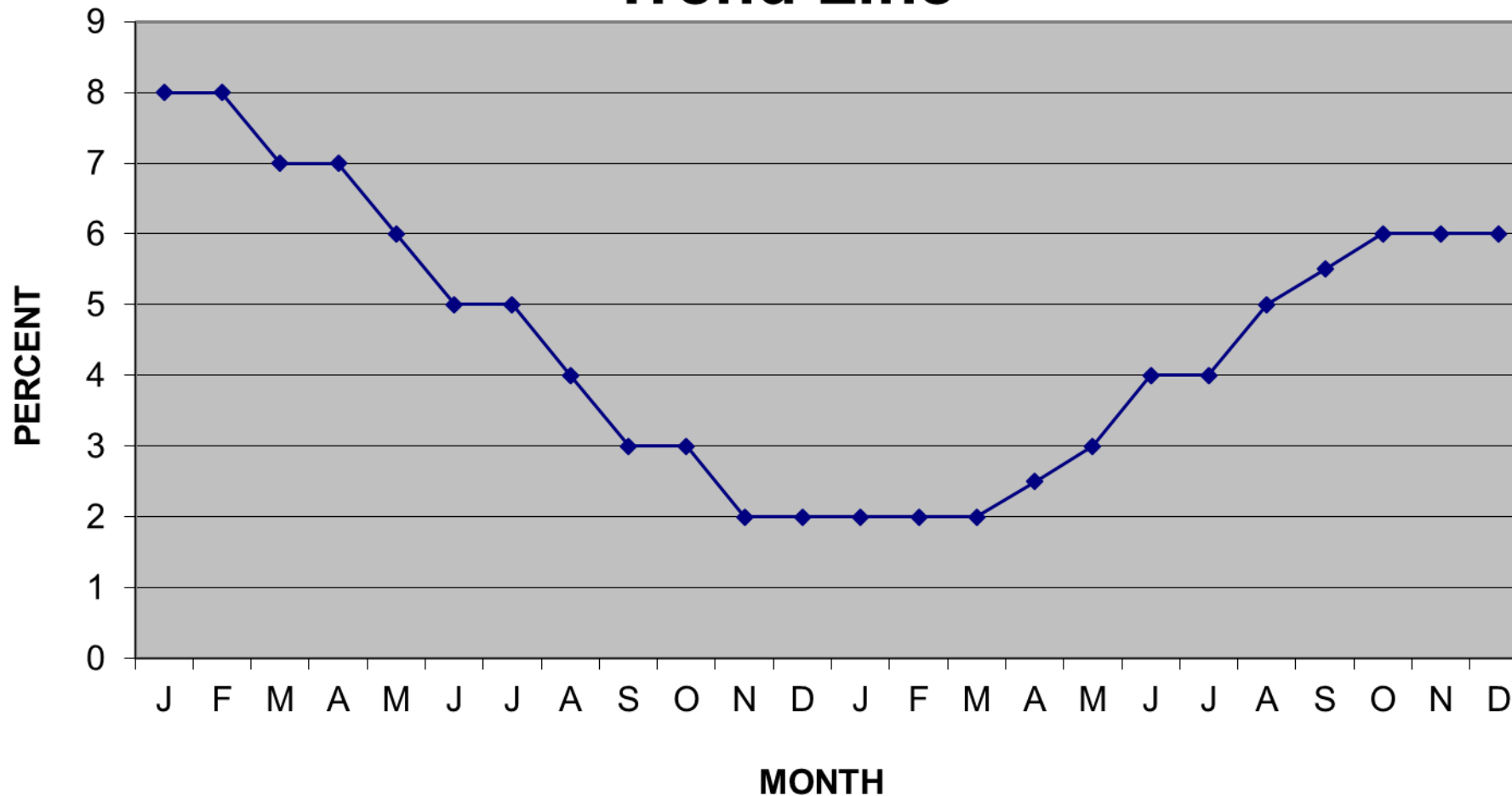
- The Cardiac Surgery Department announced a 20 percent improvement in quality (Mortality rate went from 5% to 4%).

CABG Mortality Rates

2 Year Analysis

	J	F	M	A	M	J	J	A	S	O	N	D
Year 1	8	8	7	7	6	5	5	4	3	3	2	2
Year 2	2	2	2	2.5	3	4	4	5	6	6.5	6.5	6.5

CABG MORTALITY RATE Trend Line

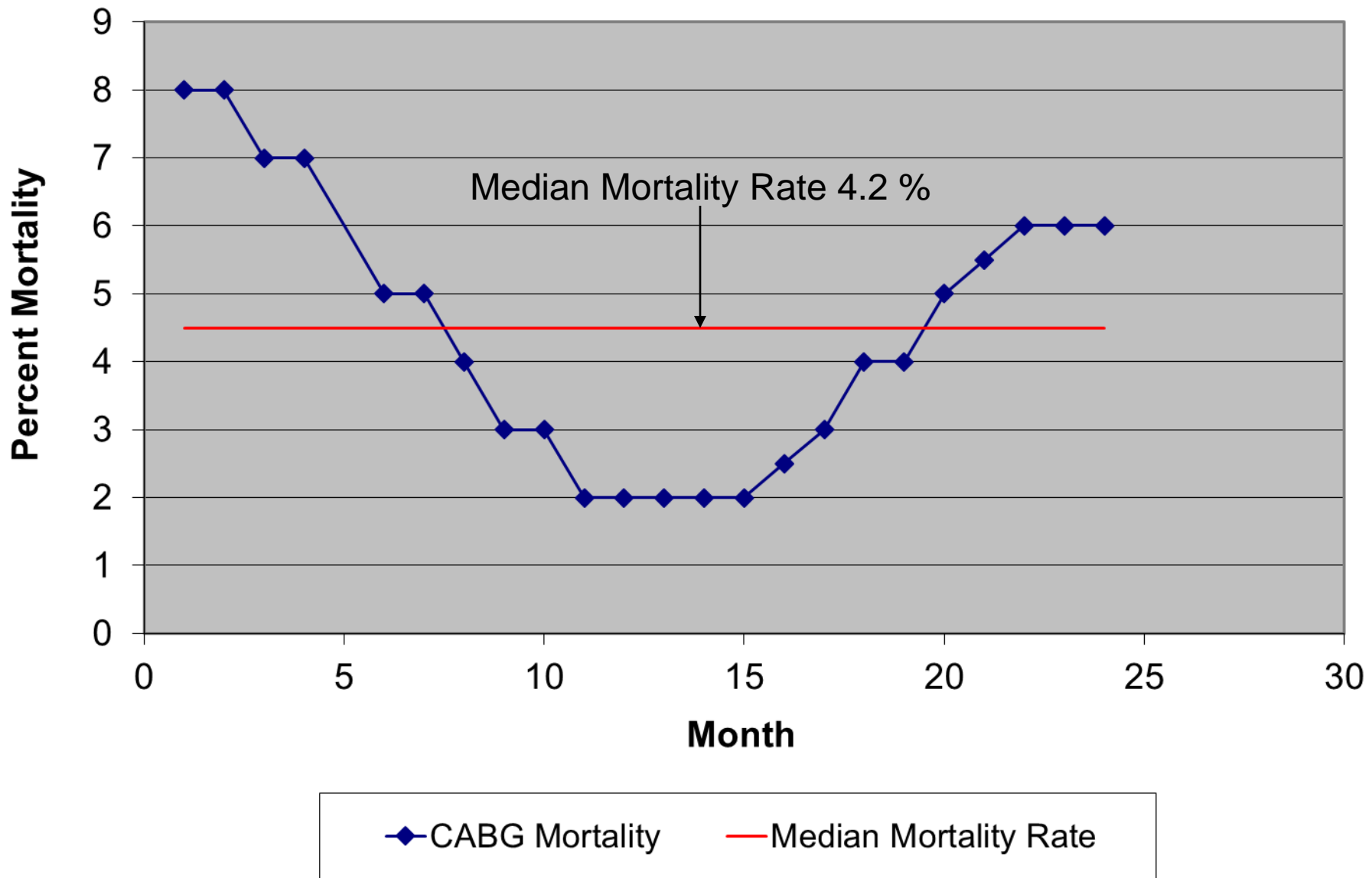


◆ CABG Mortality

Variation

- All processes have variation
- When is variation meaningful?
- The underlying process determines the quality and results
- Understanding and reducing variation in process is goal or process control

CABG Mortality Rate: Run Chart



Two Types of Variation

- **Common Cause**
 - Inherent in every process
 - Reflects a stable process because variation is predictable
 - Is random variation
- **Special Cause**
 - A noticeable shift or trend in data over time
 - Process is unstable or unpredictable
 - Process is out of statistical control
 - Not present in every process

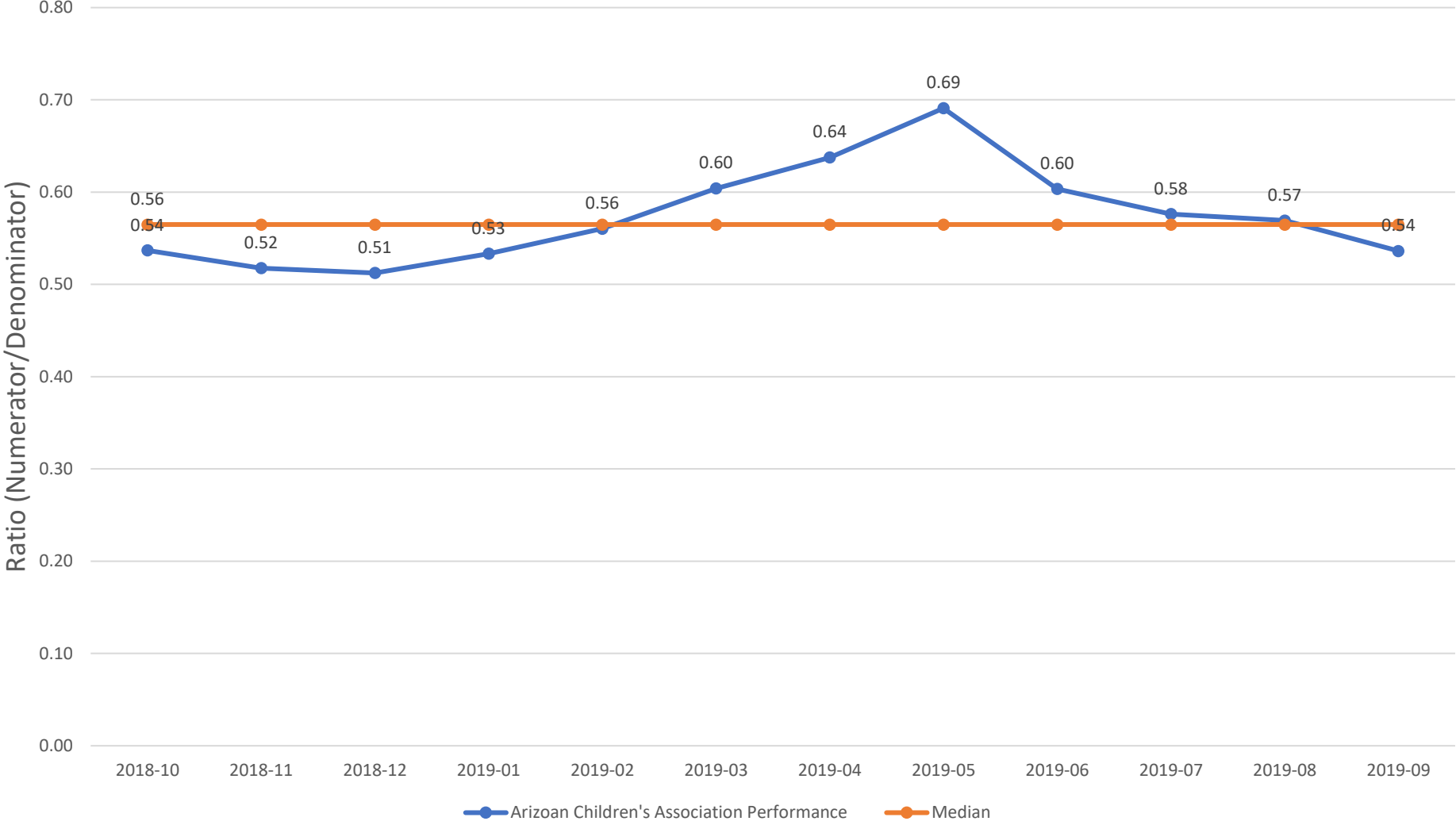
Process Stability & Process Capability

- Process Stability
 - Whether or not a process is in control
 - Stable process-no special cause variation
 - Unstable process-has special cause variation
- Process Capability
 - The performance level of a stable process

Noise and Signal

- Noise
 - Common cause variation inherent in every process.
 - Tampering: responding to common cause variation.
- Signal
 - A special cause variation that has an assignable reason.
 - A definite indication that the process has changed.

Arizona Children's Association Run Chart (FY Oct 2018 to Sept 2019) Metabolic Monitoring for Children on Antipsychotics



Discussion Questions: Arizona Children's Association

1. Please identify at least three features of your current process that have contributed to why your performance on this metric is strong.
2. What led you to develop each of the steps to improve the performance for this metric?
3. What obstacles did you overcome in order to develop the steps in #2?
4. 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?



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Jessica Conlon

Melissa Jackson

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Metabolic Labs - Current Process (#1)

- Prior to COVID-19: A requisition for labs were completed by the BHMP. When we had in person appointments, the MA would receive a copy of the requisition.
 - Currently, the BHMP will tell the MA the clients who received an order because it is sent electronically to the lab (Sonora Quest), the parent has to go to the office to pick up the order, or provide a fax number so the MA can fax the order (Lab Corp).
- If the lab is not completed by the next appointment, the MA will call the guardian 3 days prior to the appointment to ensure the lab draw was completed.
 - If not, MA will discuss with the BHMP, to see if the appointment can continue as scheduled, or if it needs to be rescheduled.



New Process Developed (#1)

- In addition to the steps on the previous page, we have added two more steps:
 - Within the progress note, the BHMP will choose the specific lab that was ordered. By completing this task, we are able to track labs ordered as compared to labs completed, within NextGen and run reports.
 - Monthly reports are provided to our Interim Medical Director, Chief Compliance & Quality Officer, and Medical Integration Officer, with follow up discussions at the BHMP Quarterly Meeting to help remind of the need to complete orders for lab draws.



Metabolic Labs - Current Steps (#1)

- Step 1: BHMP completes lab request/order
- Step 2: Guardian will ensure lab draw complete
- Step 3: MA will follow up with guardian when calling to confirm next appt, if labs not completed yet.
- Step 4: Next appointment will be rescheduled to allow for labs to be drawn. Likely a bridge script is provided until the next appointment, if needed.
- Step 5: Labs are completed
- Step 6: Monthly analytic reports are run in regards to metabolic labs.
- Step 7: Additional reminders and education for the BHMPs will occur as needed, based on data results from monthly reports.



Reasons for Improvements (#2)

- We added to our previous process with running of a monthly metabolic lab report to allow for increasing our follow up within this area.
 - Our initial process was to track manually. This was not only very time consuming but also not entirely accurate.
 - By putting in place the metrics to run reports, this allowed for us to develop the steps needed for improvements with tracking and performance.
- We added a new position, Medical Integration Officer, to assist with ensuring we increase our compliance in regards to BHMP related analytics, i.e. metabolic labs, AIMS completed, etc.



Obstacles Overcome (#3)

- We do want to make note that within the obstacles we had, which were all minor in nature, we didn't have obstacles to overcome with the BHMPs as:
 - A number of our BHMPs have primary care backgrounds prior to transitioning to behavioral health, which makes it more routine for them to order labs compared to other BHMP's who are used to only ordering labs once or twice a year, or in response to specific psychotropic medication changes.
 - BHMP's training packets, the importance of following AZ requirements for metabolic testing is included and reiterated.



Obstacles Overcome (#3)

- The first obstacle we had was in relation to NextGen being able to be run reports that assisted with increasing tracking and accuracy with results.
- We added to our already existing report on our HEDIS Antipsychotic Medication/Psychosocial First Service report already ran.
 - Rather than creating an entirely new report we used the existing report to obtain the information needed by simply adding two columns, one for “labs ordered” and “one for labs completed.”
- Our second obstacle was in regards to the use of a hard copy of lab requests. Through switching to electronic lab requests we have found the labs are being completed more frequently now.



Steps Still Needed for Improvement

Step 1: Increase our compliance with the labs ordered.

Step 2: Increase our compliance with the labs completed.

- What needs to be done for these improvements?
 - Increase training with new BHMPs hired
 - Ongoing education with BHMPs
 - Increase follow up by MAs
 - Set standard within the organization to inform policy for metabolic labs and ongoing prescription of medication.
 - Medical Integration Officer – “The BHMP Enforcer”



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Website: www.ArizonasChildren.org

Email: Info@ArizonasChildren.org

Phone: **800.944.7611**

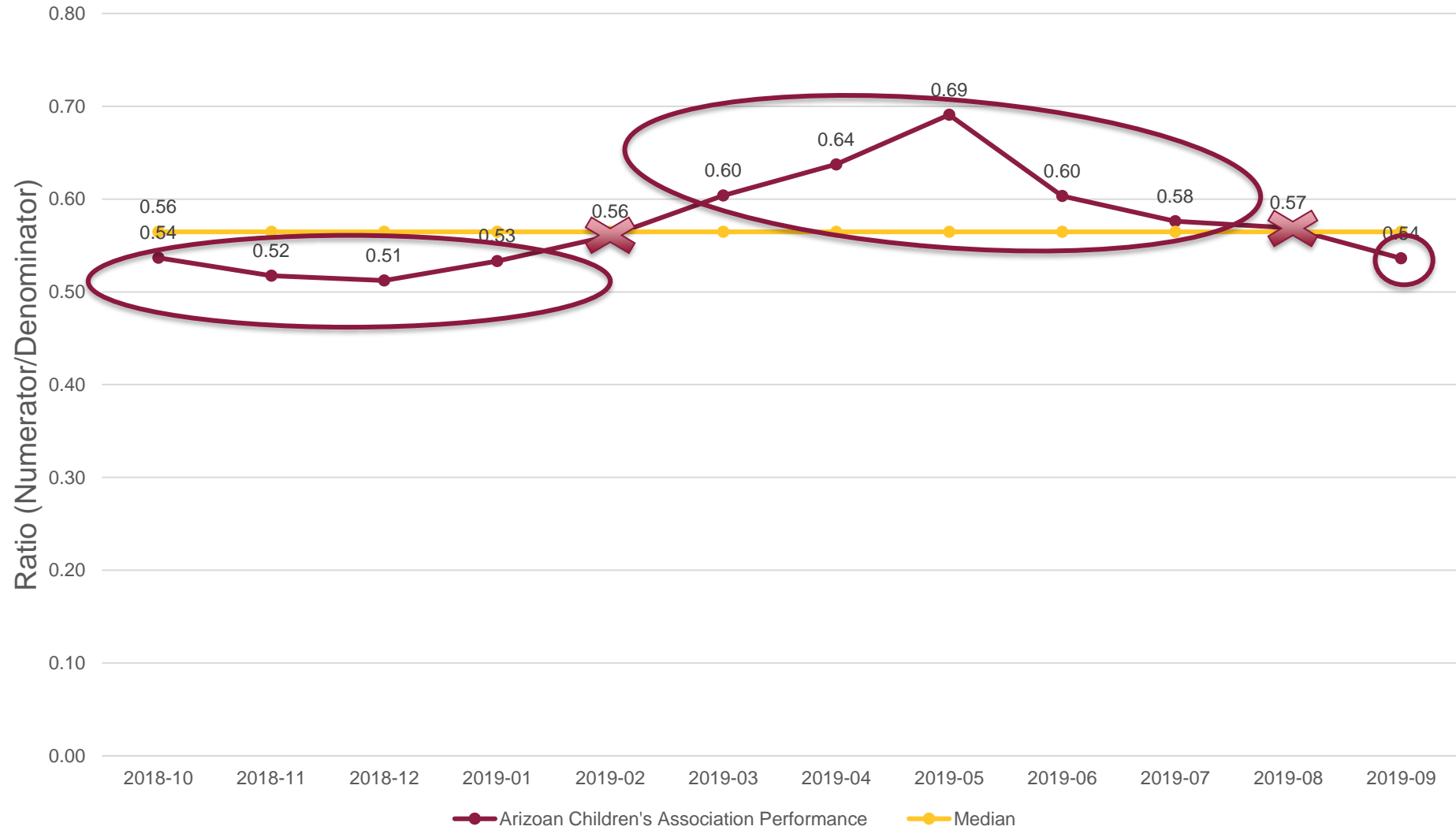


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Arizona Children's Association Run Chart (FY Oct 2018 to Sept 2019) Metabolic Monitoring for Children on Antipsychotics



Process Questions

1. Based on the run chart, can you identify any events that may have affected your process performance?
2. Does the run chart analysis help you understand your performance on this measure?

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

Thank you!

TIPQIC@asu.edu