Adult B Quality Improvement Collaborative

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Session #4
May 13, 2020

Disclosures

There are no disclosures for this presentation

Reminders & Updates

- Attendance
  - To track attendance, please ensure clinical and administrative representative log-in <u>separately</u> by <u>computer</u> 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 • Agenda	Kailey Love
11:35 AM – 11:45 AM	BH Target Setting	George Runger
11:45 AM – 12:40 PM	Peer Learning Quality Improvement • 3 Generations of Data Analytics • Run Chart Calculations • Separating Noise from Signal	Bill Riley Presenter: Resilient Health
12:40 PM – 12:50 PM	Q&A	All
12:50 PM – 1:00 PM	Next Steps • 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
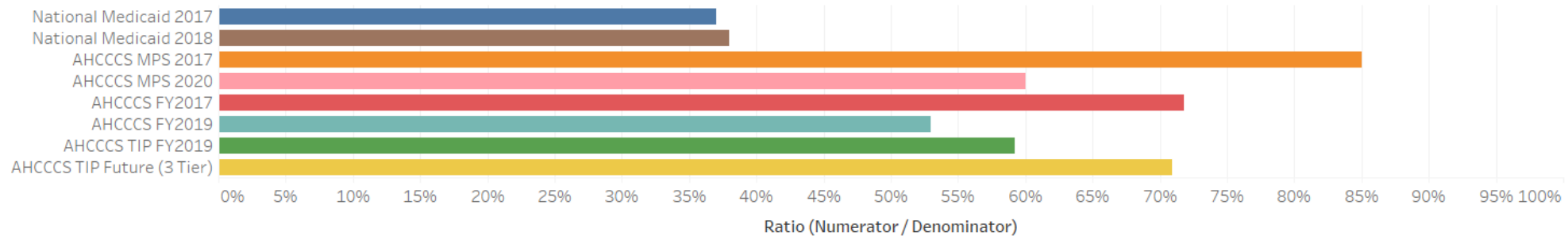
PCP & BH Target Setting Visual

Example Data
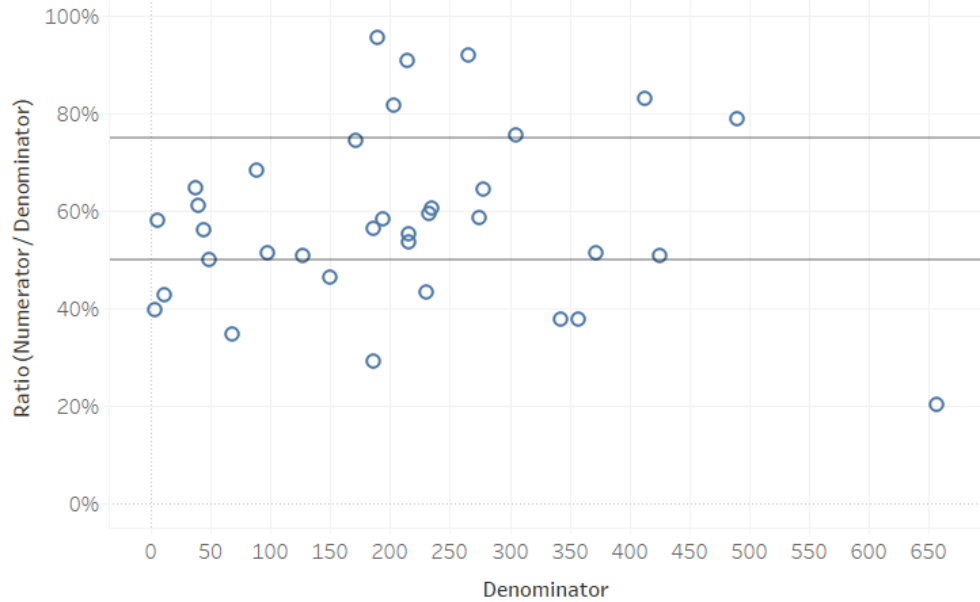
Percentage-point change by provider

High Tier
75.0%

Low Tier
50.0%
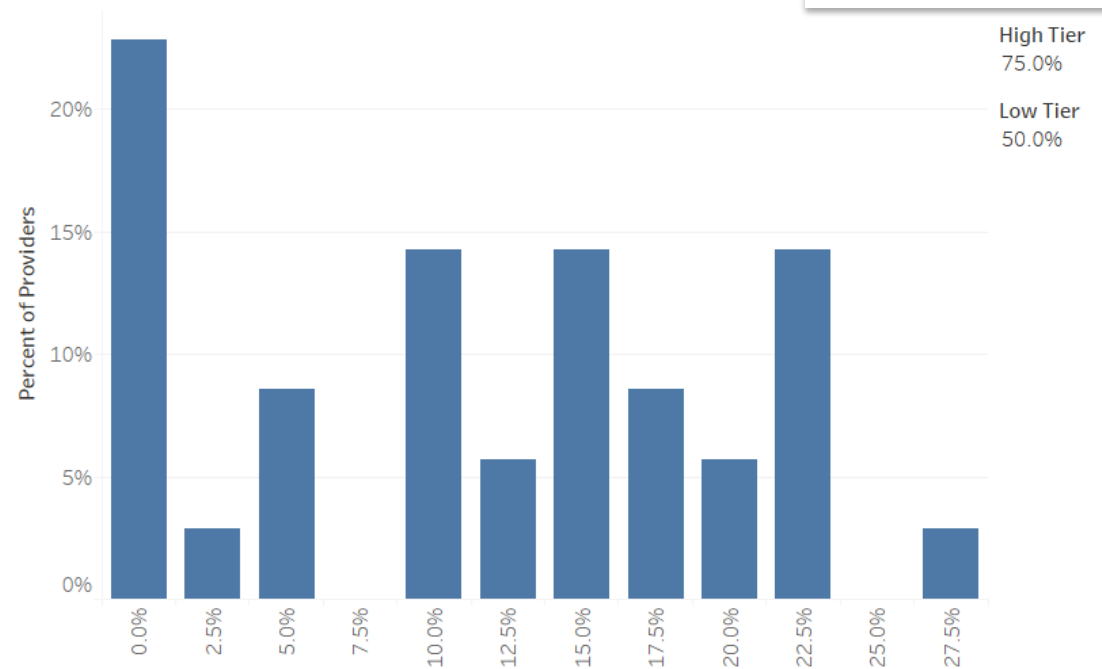
Aggregate Ratios

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 <u>not</u> 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.

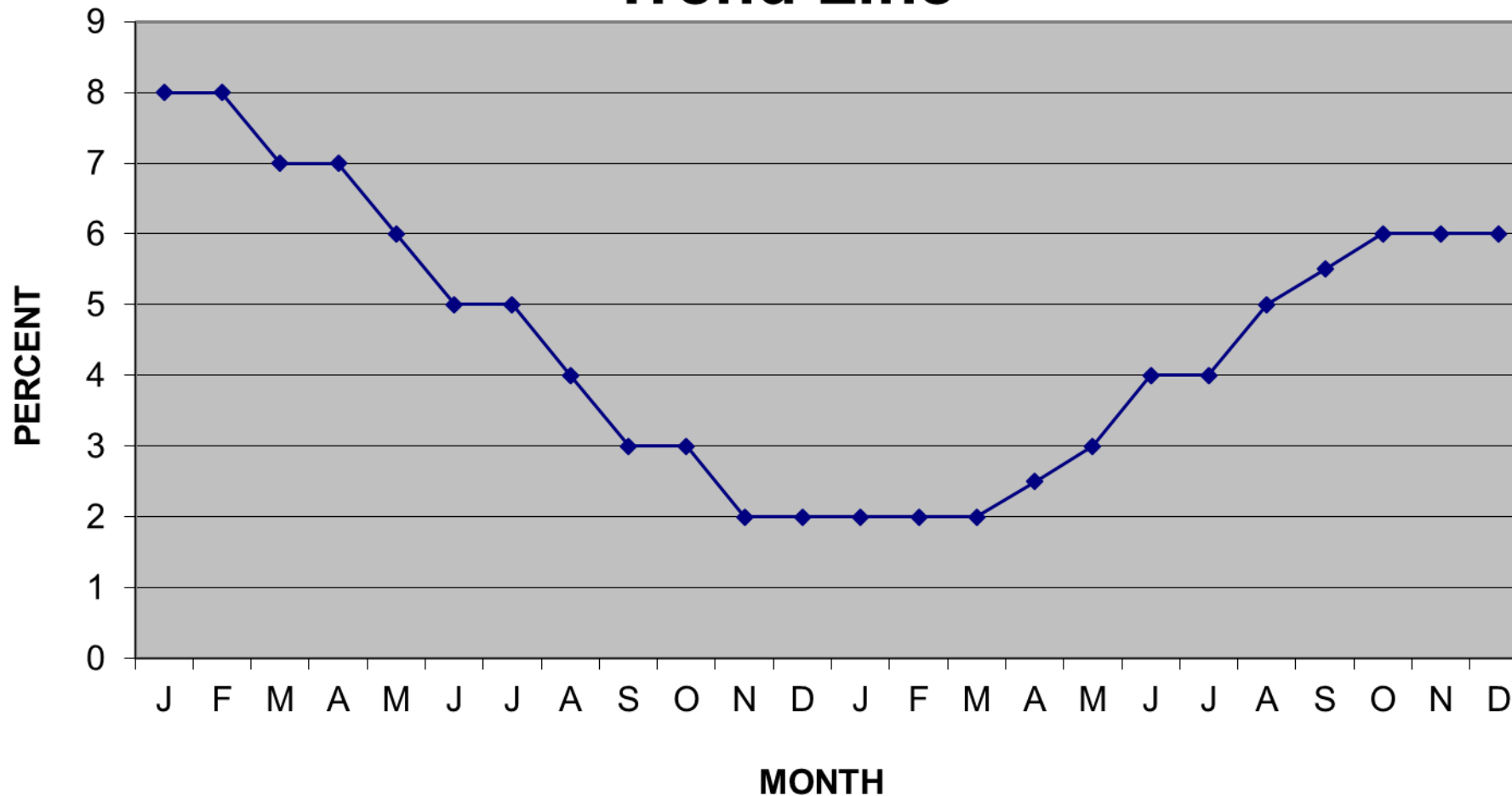# CABG Mortality Rates Static Comparison
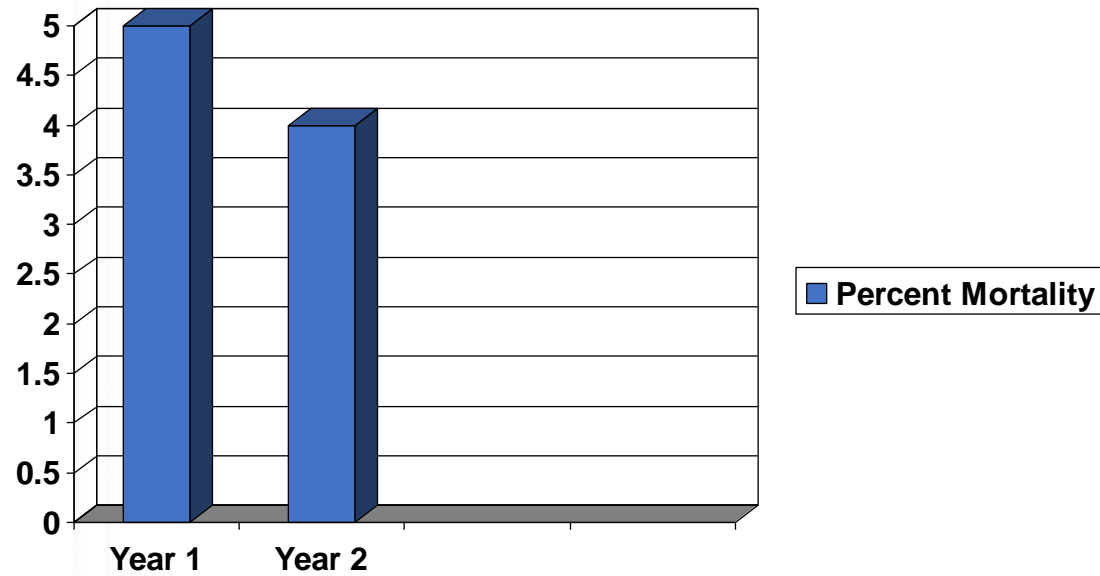
Discussion

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

CABG Mortality Rates
2 Year Analysis

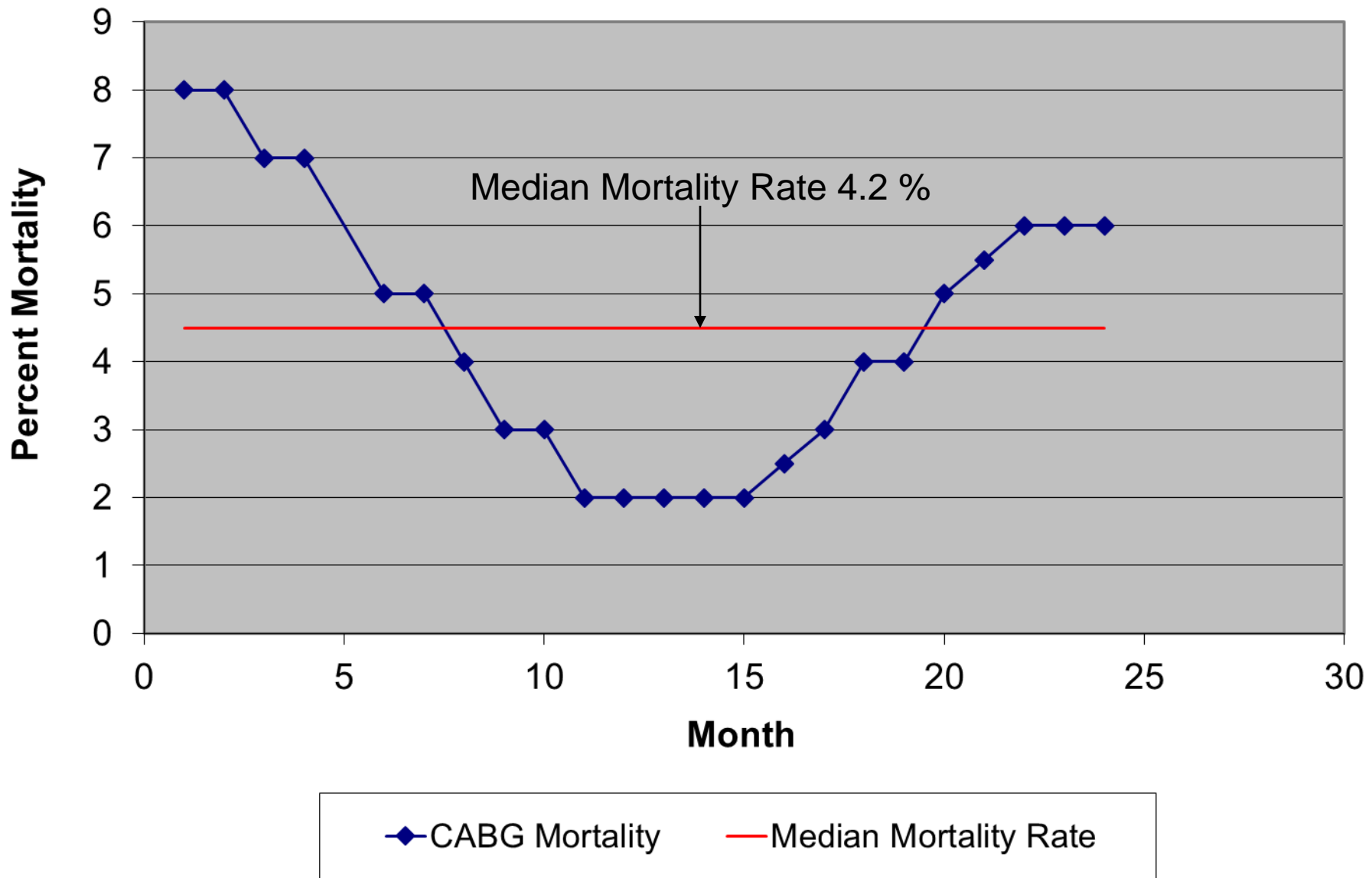|	J	F	M	A	M	J	J	A	S	O	N	D
Year 1	8	8	7	7	6	5	5	4	3	3	2	2
Year 2	2	2	2	2.5	3	4	4	5	6	6.5	6.5	6.5

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: <u>Run Chart</u>

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
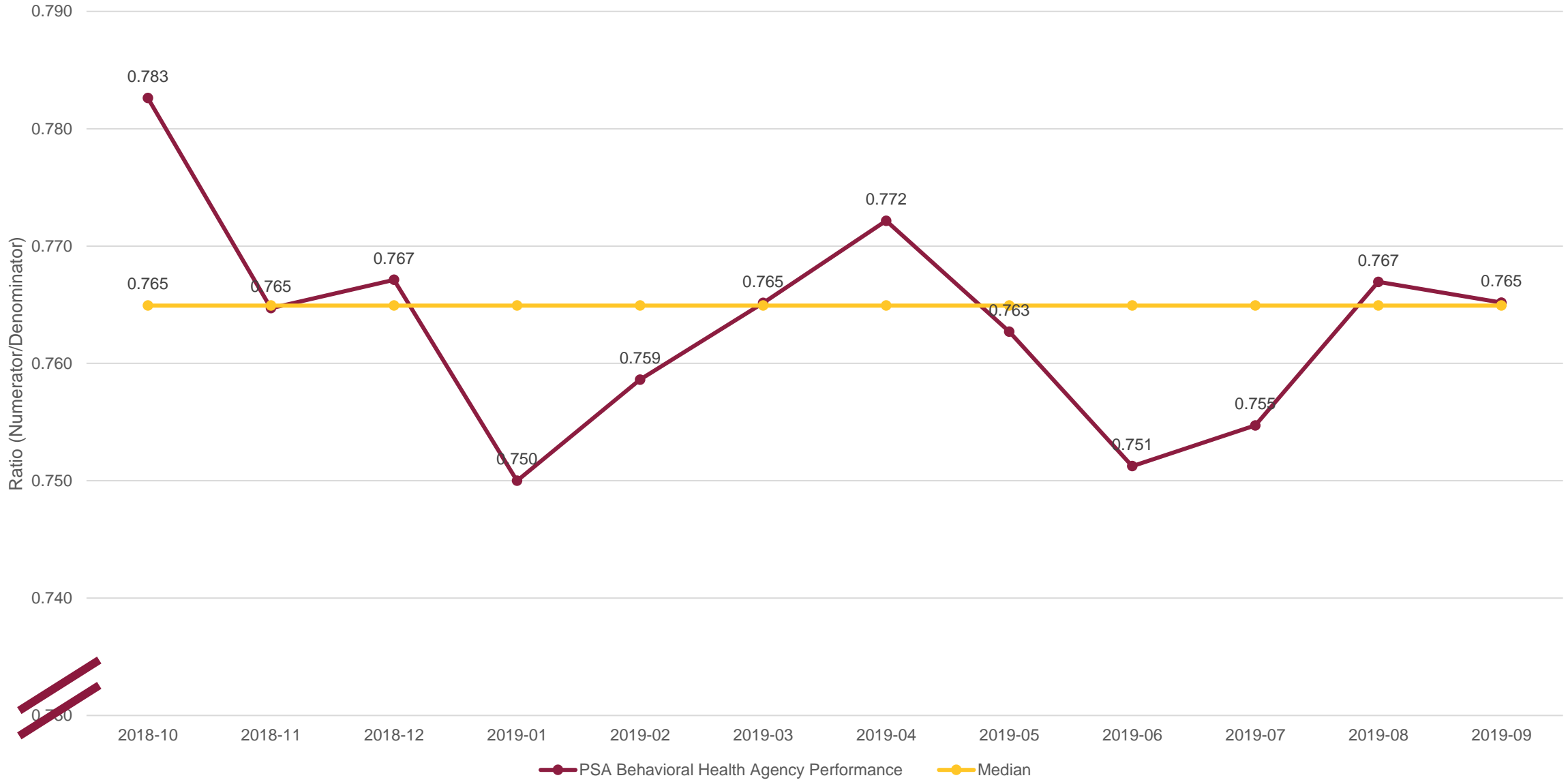
  – Not present in every process

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 <u>stable</u> process

Noise and Signal

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

Resilient Health Run Chart (FY Oct 2018 to Sept 2019)
7 Day Follow-up After Hospitalization

Ratio (Numerator/Denominator)

0.790
0.780
0.770
0.760
0.750
0.740
0.730

0.783
0.765
0.767
0.765
0.750
0.759
0.765
0.772
0.763
0.751
0.755
0.767
0.765

2018-10 2018-11 2018-12 2019-01 2019-02 2019-03 2019-04 2019-05 2019-06 2019-07 2019-08 2019-09

●— PSA Behavioral Health Agency Performance   ●— Median

Discussion Questions: Resilient Health

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?

Resilient Health

Kimberly Quiros

Tyler Stott

Please identify at least three features of your current process that have contributed to why your performance on this metric is strong.

- Our partnership with Health Current

  We receive ADT notifications which are processed daily by Care Coordinators or other designated staff at each location.

  Care coordinators/designed staff work with the hospital to establish a care plan for when the participant gets released.
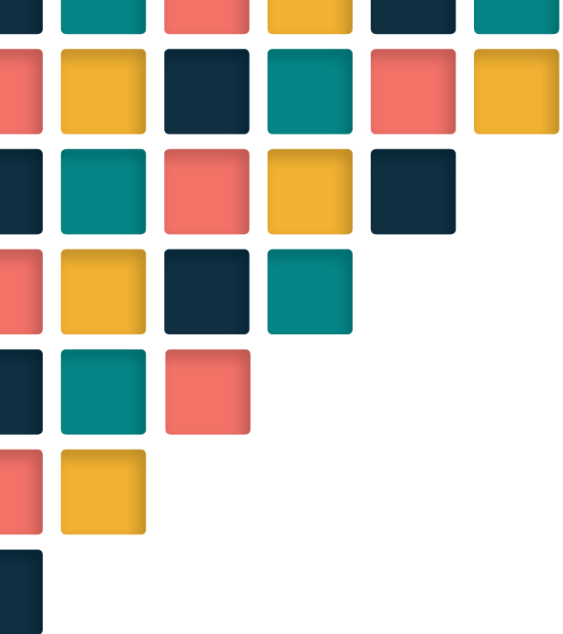
  Care coordinators/designed staff coordinates follow-up appointments. If an appointment is missed they identify barriers and get them rescheduled.

- Each member is assigned a Care Coordinator or designated staff person responsible for their follow-up.

- Internal policy is to follow-up within 24 hours of notification.

Resilient
Health

What led you to develop each of the steps to improve the performance for this metric?

- Our participation with the Targeted Investments Program (TIP) helped us establish our relationship with Health Current and create an internal ADT policy.

- We had a structured hospital follow-up process for SMI members and adopted that process for all members within the organization.

Resilient
Health

What obstacles did you overcome in order to develop the steps in #2?

- We did not have Care Coordinators or designated staff to perform these tasks previously, except for our SMI clinic.

- We added Care Coordinators/designated staff for all members.

Resilient
Health

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?

- We need to continue to build strong relationships with hospital social workers in order to establish discharge plans for all members.

- We need to continue to build strong relationships with PCP's to ensure the member is getting a follow-up PCP appointment when needed.
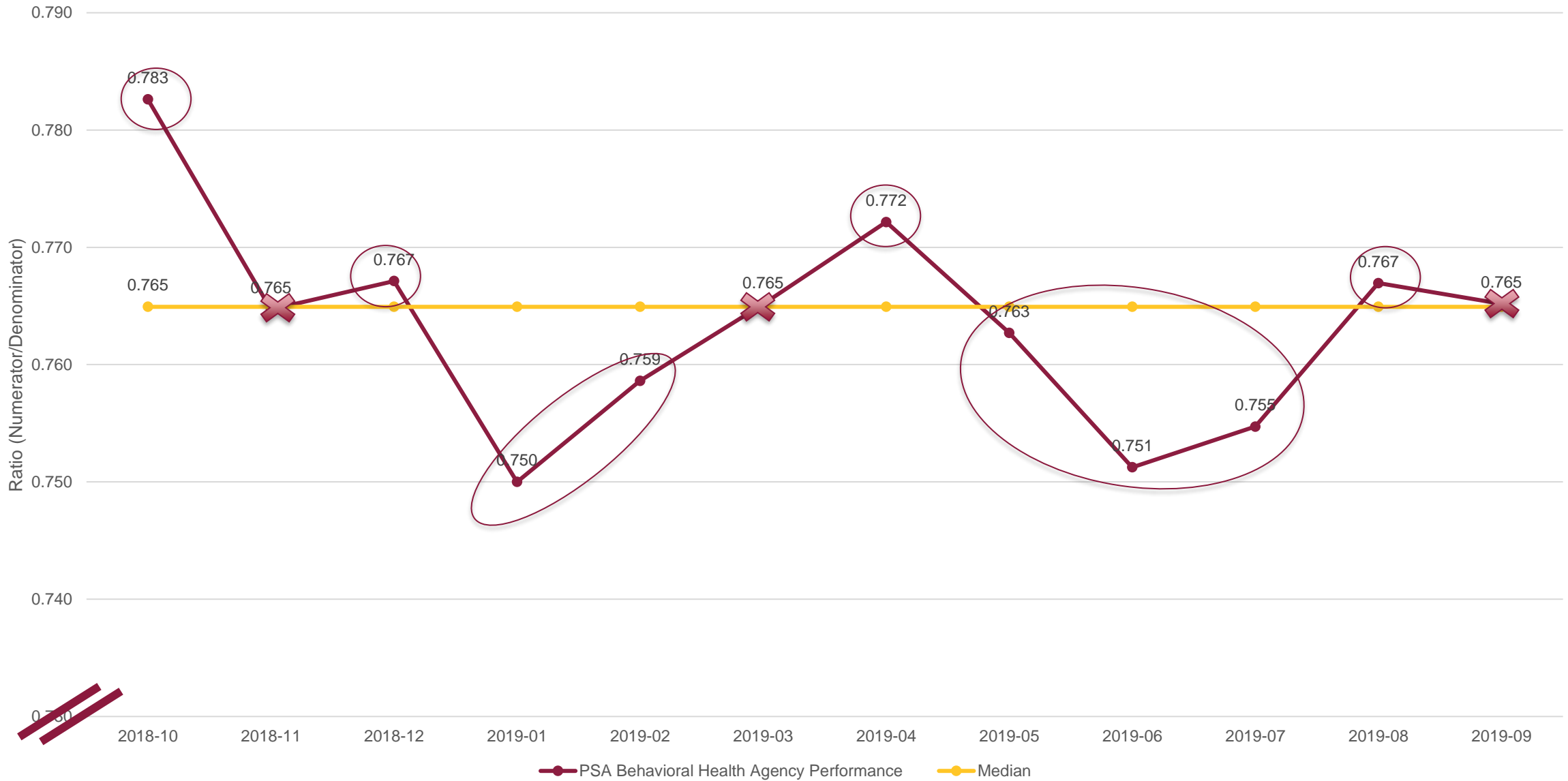
Resilient
Health

Thank you for allowing us to present.

Resilient Health TIP team

Resilient Health Run Chart (FY Oct 2018 to Sept 2019)
7 Day Follow-up After Hospitalization

Process Questions

1. Does the run chart analysis help you understand your performance on this measure?

2. What new steps would you engineer into your process to improve performance to a new level?

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!

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