AHCCCS Targeted Investments Program

Adult C Quality Improvement Collaborative

William Riley, PhD
George Runger, PhD

Session #4
May 19, 2020

ASU College of Health Solutions
Arizona State University

AHCCCS Arizona Health Care Cost Containment System | Targeted Investments

ASU College of Health Solutions
Arizona State University
Center for Health Information and Research

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

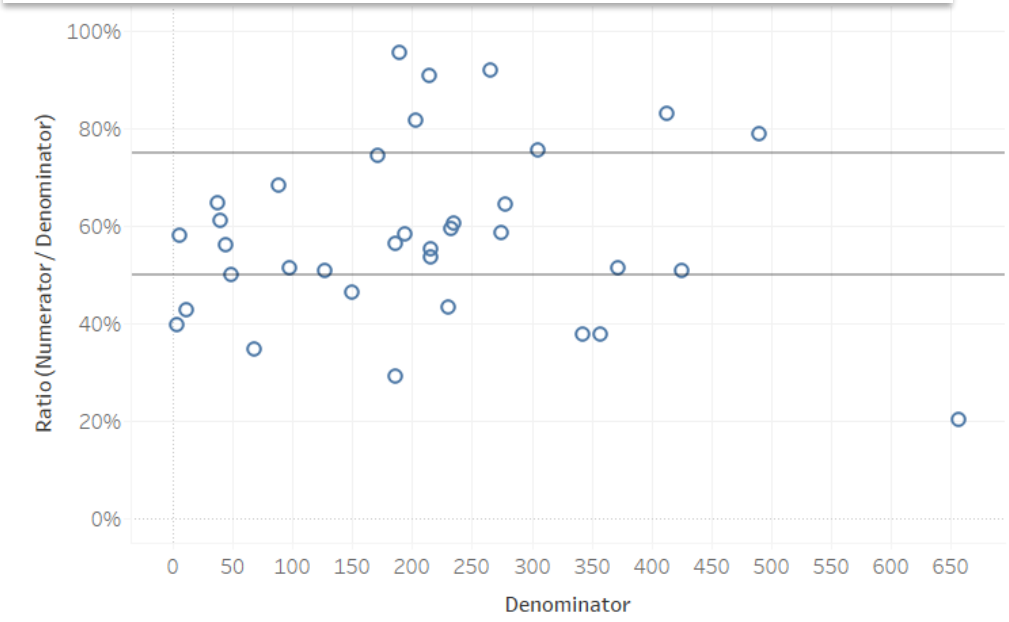
TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Overview • Agenda	Kailey Love
11:35 AM – 11:45 AM	BH Target Setting	George Runger
11:45 AM – 12:40 PM	Peer Learning Quality Improvement • 3 Generations of Data Analytics • Run Chart Calculations • Separating Noise from Signal	Bill Riley Presenter: Horizon Health
12:40 PM – 12:50 PM	Q&A	All
12:50 PM – 1:00 PM	Next Steps • Post Event Survey	Kailey Love

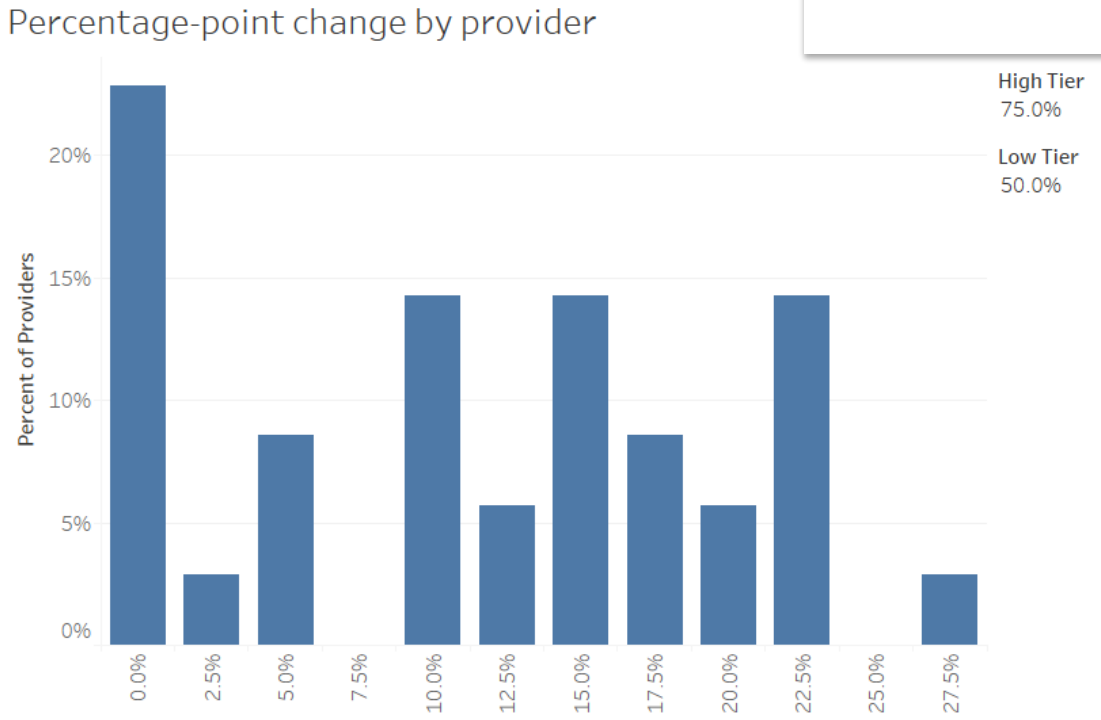
PCP & BH Target Setting Methodology Update

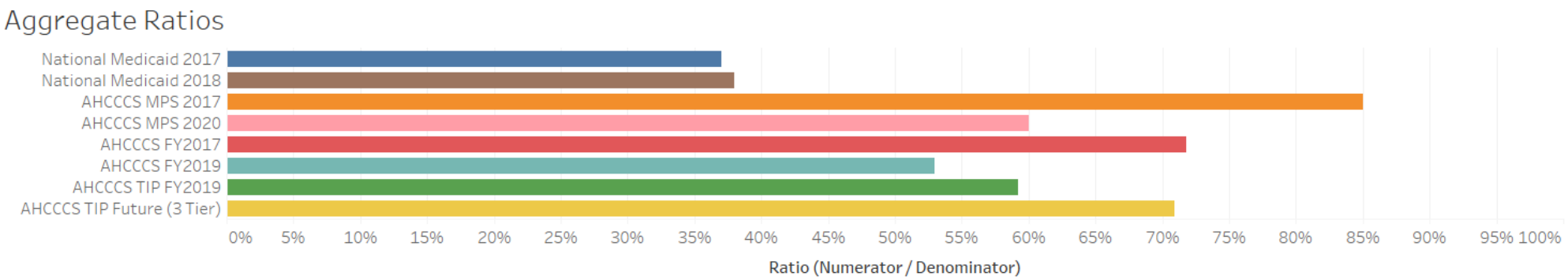
- Goal is to drive aggregate performance and encourage participants to achieve goals
- Reviewed
  - National Performance
  - AHCCCS Historical Performance
  - TIP Historical Performance
  - AHCCCS Minimal Performance Standards (MPS)
- Comprehensive analysis conducted
- Committee made recommendations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

PCP & BH Target Setting Visual

Example Data







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.

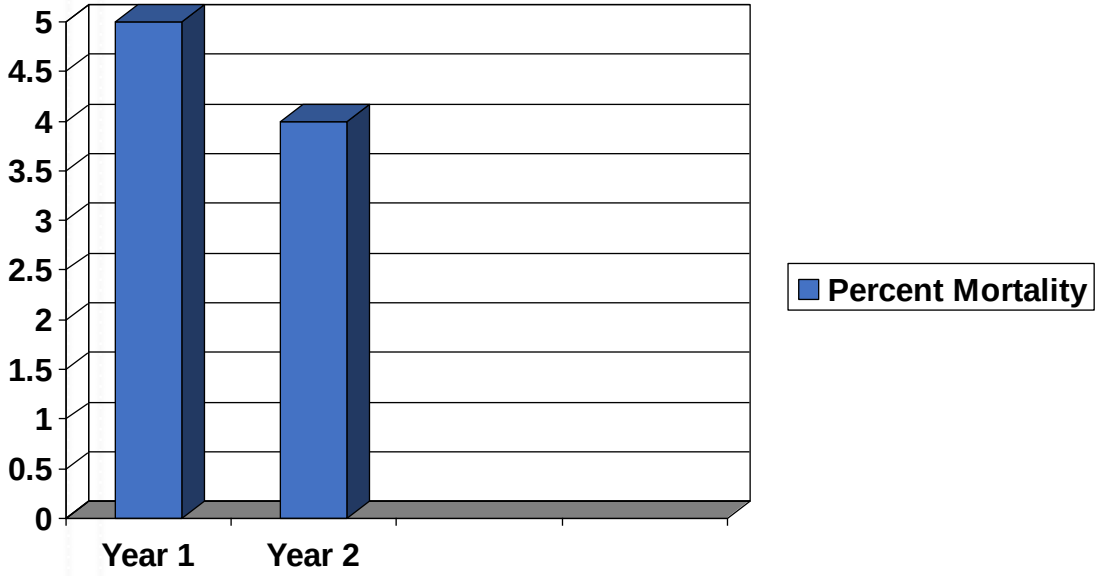
Variation

- 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

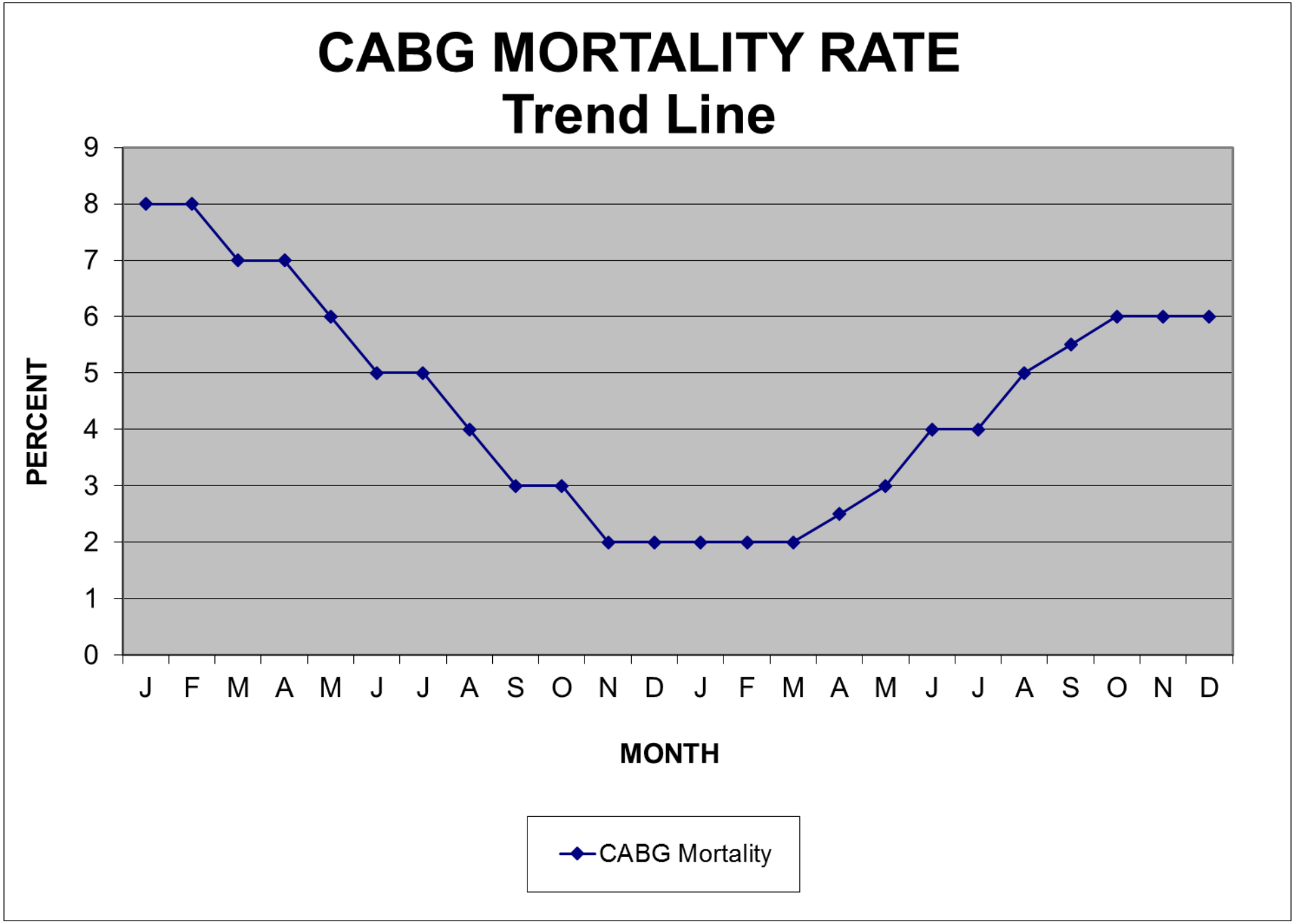


Discussion

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

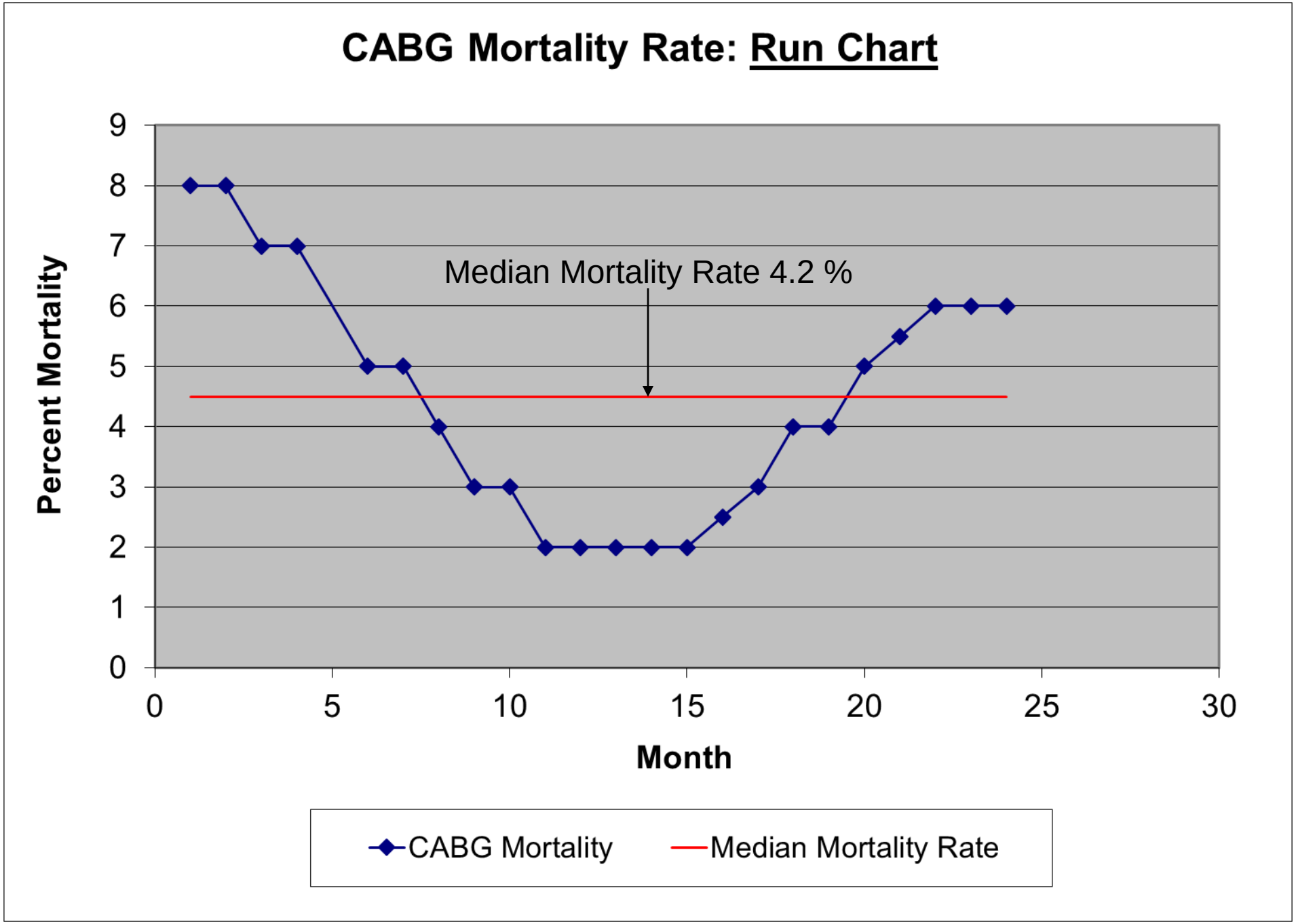
CABG Mortality Rates
2 Year Analysis

	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
PERCENT
9
8
7
6
5
4
3
2
1
0
J F M A M J J A S O N D J F M A M J J A S O N D
MONTH
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
Percent Mortality
9
8
7
6
5
4
3
2
1
0
Median Mortality Rate 4.2 %
0
5
10
15
20
25
30
Month
CABG Mortality
Median Mortality Rate

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

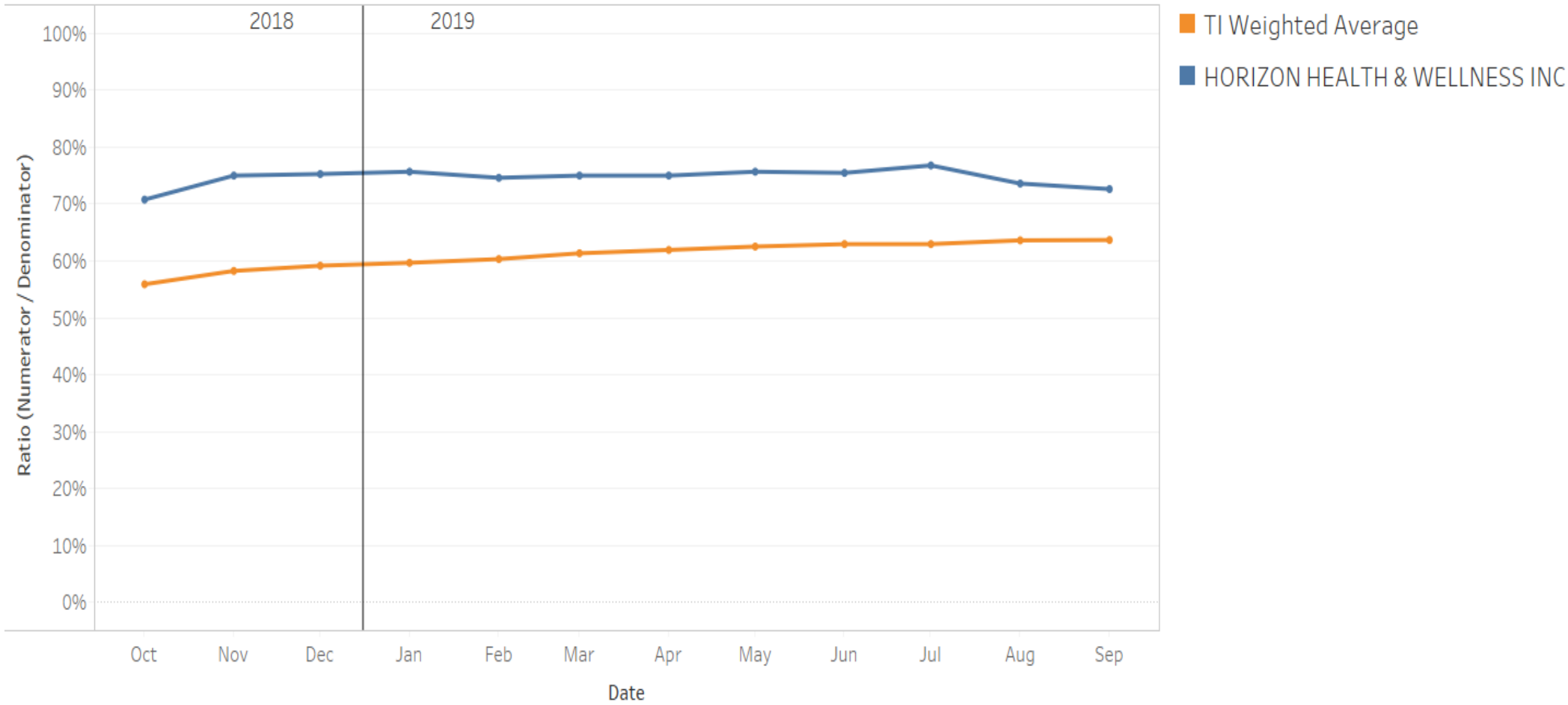
- Process Stability
  - Whether or not a process is in control
  - Stable process-no special cause variation
  - Unstable process-has special cause variation
- Process Capability
  - The performance level of a stable process

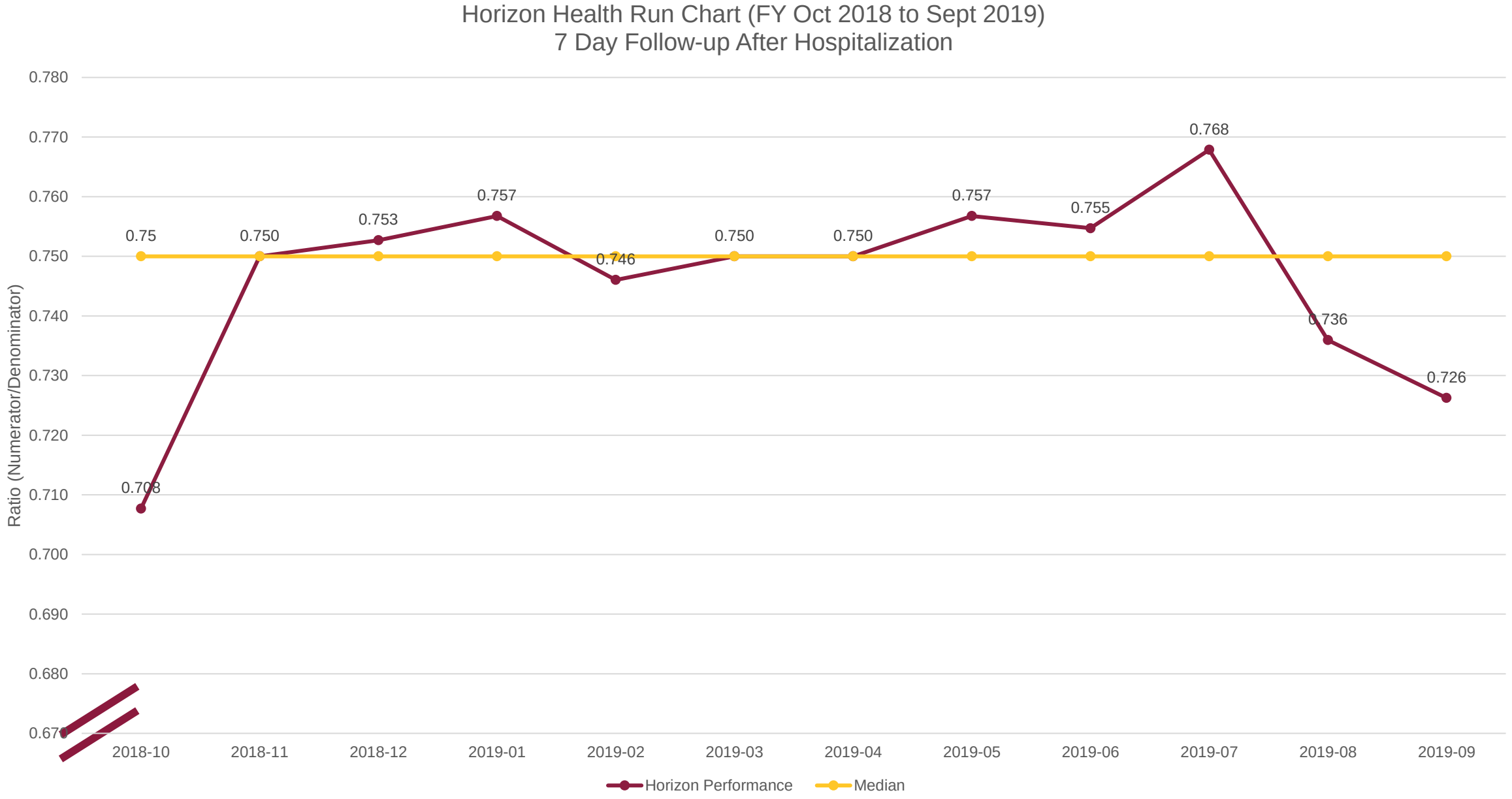
Noise and Signal

- 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.

7 Day Follow-up Visit for Adult Patients Discharged from Mental Health Related Hospitalization

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




Horizon Health Run Chart (FY Oct 2018 to Sept 2019)
7 Day Follow-up After Hospitalization
Ratio (Numerator/Denominator)
0.780
0.770
0.760
0.750
0.740
0.730
0.720
0.710
0.700
0.690
0.680
0.670
0.75
0.750
0.753
0.757
0.746
0.750
0.750
0.757
0.755
0.768
0.736
0.726
0.708
2018-10
2018-11
2018-12
2019-01
2019-02
2019-03
2019-04
2019-05
2019-06
2019-07
2019-08
2019-09
Horizon Performance
Median

Discussion Questions: Horizon 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?

7 Day Follow-up After Hospitalization

Karl Kleinebreil

Horizon
Health And Wellness

Features of Current Process

Large Behavioral Health Team

- Why did we develop: Started as a BH/Social Services Agency
- Obstacles: Integrating the teams is challenging (avoiding silos)

Health Current Daily Alerts - Admissions

- Why did we develop: Timely information going to the right staff
- Obstacles: Multiple attempts to get report “right” with 2 EHRs

Discharge Team Engagement

- Surveys
- Specialized training for BH Care Managers / Counselors
- Specific engagement materials
  - Why did we develop: Care Managers have frequent contact with Patients / Unique relationships
  - Obstacles: Packets are cumbersome, unbillable services, getting the right amount of data and resources

Horizon
Health And Wellness

Still needs Improvement

Top steps that you still need to improve?

- Cleaner reports to track our progress over time

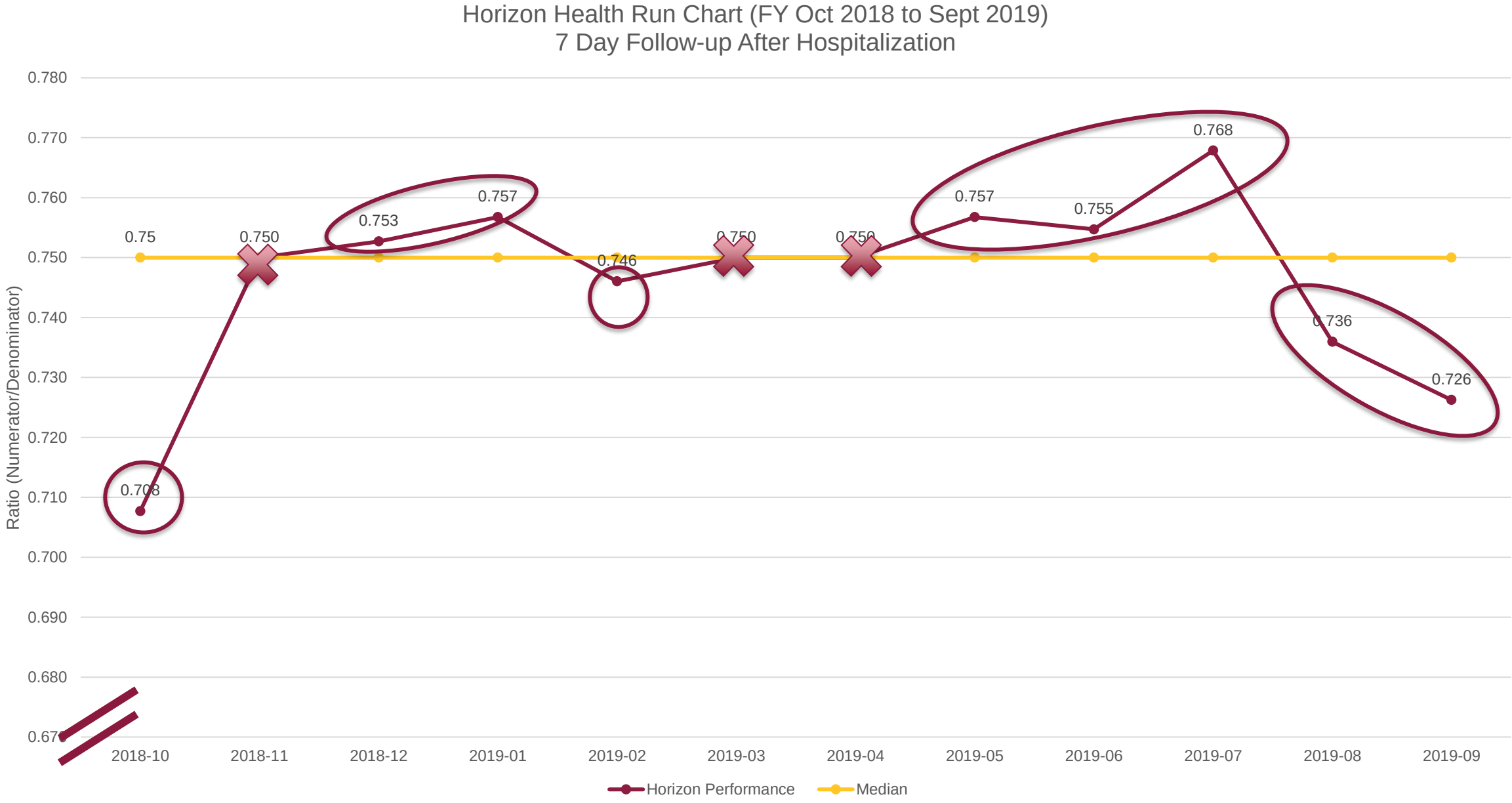
What needs to be done for you to make this improvement?

- We are moving to a new EHR (consolidating 2 EHRs into one EHR)

Horizon
Health And Wellness

Questions for Audience Members

- Have you had…
  - Obstacles with getting the “right” EHR?
  - Obstacles for daily admit alerts from health current?
  - Obstacles to gathering needed discharge data?
- Is there a preferred format or data view to receive desired information regarding admissions and discharges?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0.750
0.753
0.757
0.746
0.750
0.750
0.757
0.755
0.768
0.736
0.726
0.708
2018-10
2018-11
2018-12
2019-01
2019-02
2019-03
2019-04
2019-05
2019-06
2019-07
2019-08
2019-09
Horizon Performance
Median

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!

TIPQIC@asu.edu

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