

AHCCCS Targeted Investments Program

Adult A Quality Improvement Collaborative

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Charlton Wilson, MD

Session #5
June 4, 2020

Disclosures

There are no disclosures for this presentation

Updates

- Data through January of 2020 will become available mid-June
- No QIC sessions in July, will resume QIC's in August
- If any questions, please email us at TIPQIC@asu.edu

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	Quality Improvement Technique <ul style="list-style-type: none">• Cause and Effect Analysis	Bill Riley
11:45 AM – 12:30 PM	Peer Learning Presenter <ul style="list-style-type: none">• Cause and Effect Analysis Applied	Cope Community Services
12:30 PM – 12:45 PM	Discussion	Charlton Wilson
12:45 PM – 1:00 PM	Next Steps	Kailey Love

Learning Objectives

1. Create a Cause and Effect Diagram
2. Critically analyze and interpret a Cause and Effect Diagram
3. Apply a Cause and Effect Diagram to improving performance on a TIP milestone.

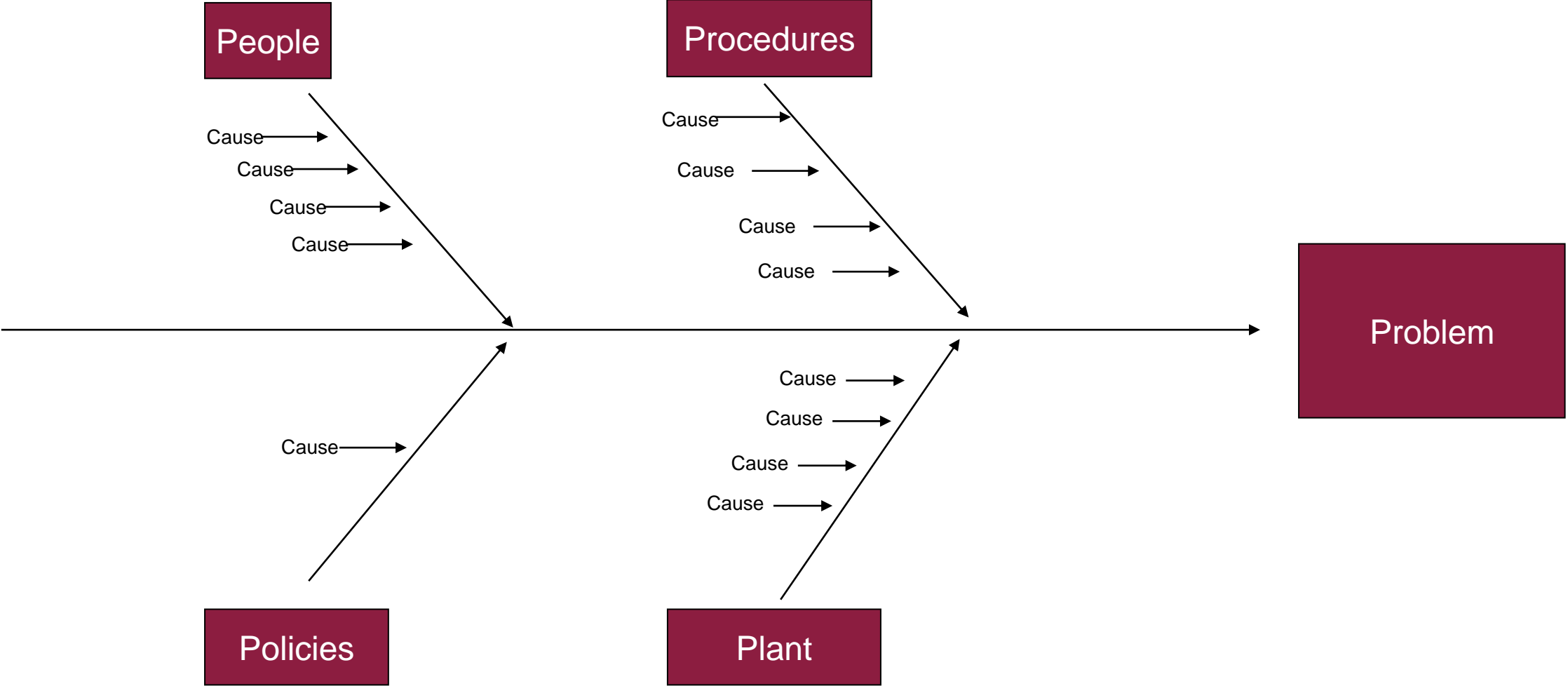
Cause and Effect Analysis

- If special cause:
 - Identify the signal
 - Root Cause Analysis (cause and effect analysis and hierarchy of causes)
- If no special cause:
 - There is only random variation, process is stable and capable
 - If the process capability is not what you want
 - Reengineer the process
 - Cause and Effect Analysis

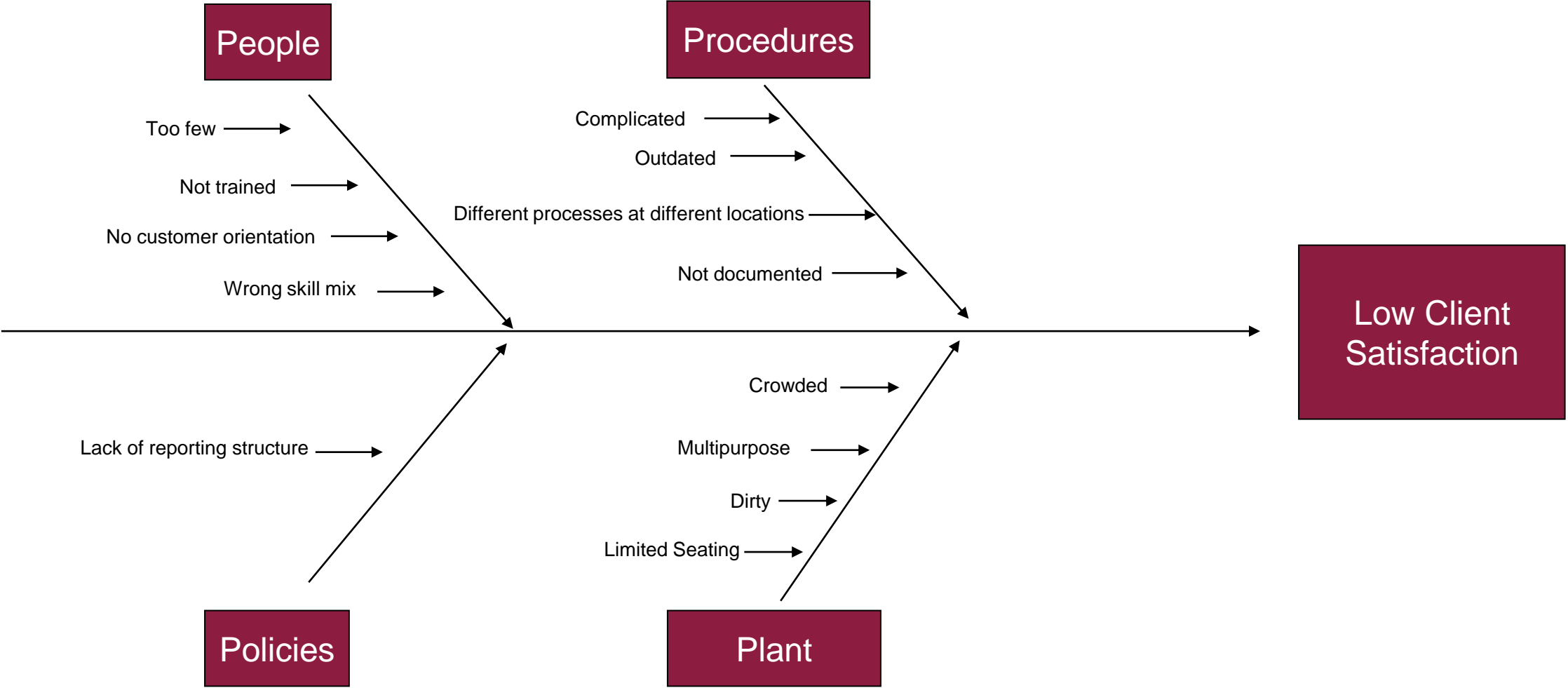
Case Study

- Surveys indicate that client satisfaction at the Main Street Counseling Center are 20% below the industry benchmark
- Therapist and staff expressed concern regarding their client satisfaction rates
- They believed they were providing high quality service

Cause and Effect Diagrams (4 P's)



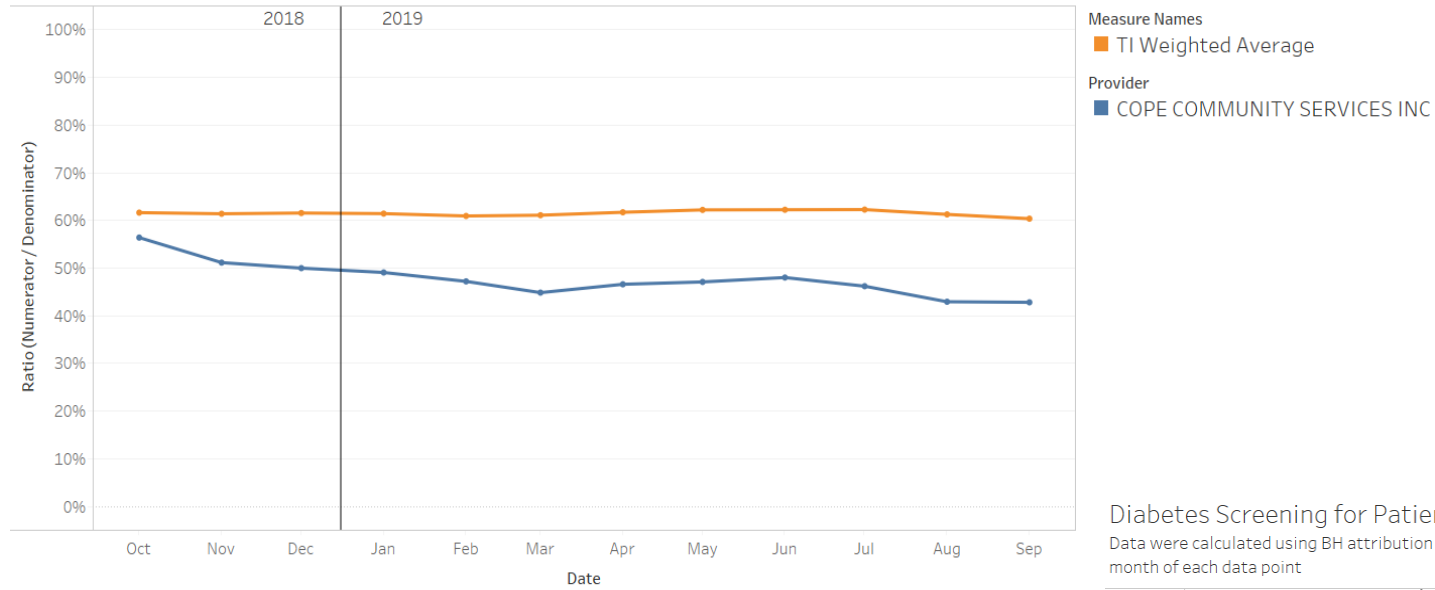
Cause and Effect Diagrams (4 P's)



PCP Performance

Diabetes Screening for Patients on Antipsychotic Medication

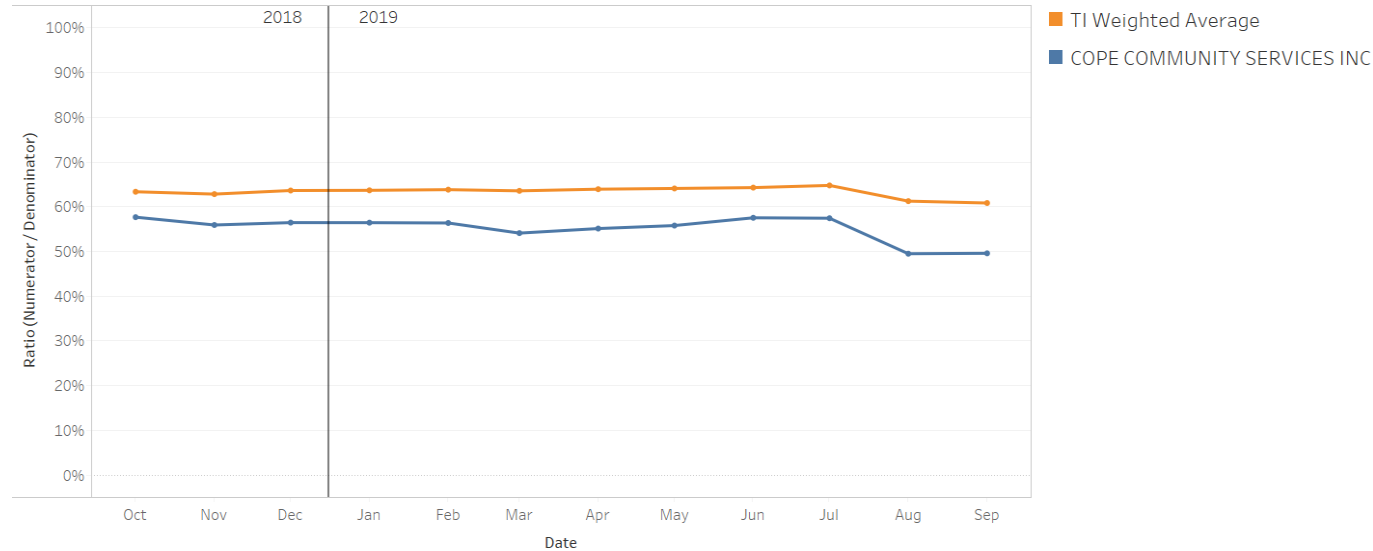
Data were calculated using PCP attribution methodology, and represent a 12-month rolling average ending on the last day of the month of each data point



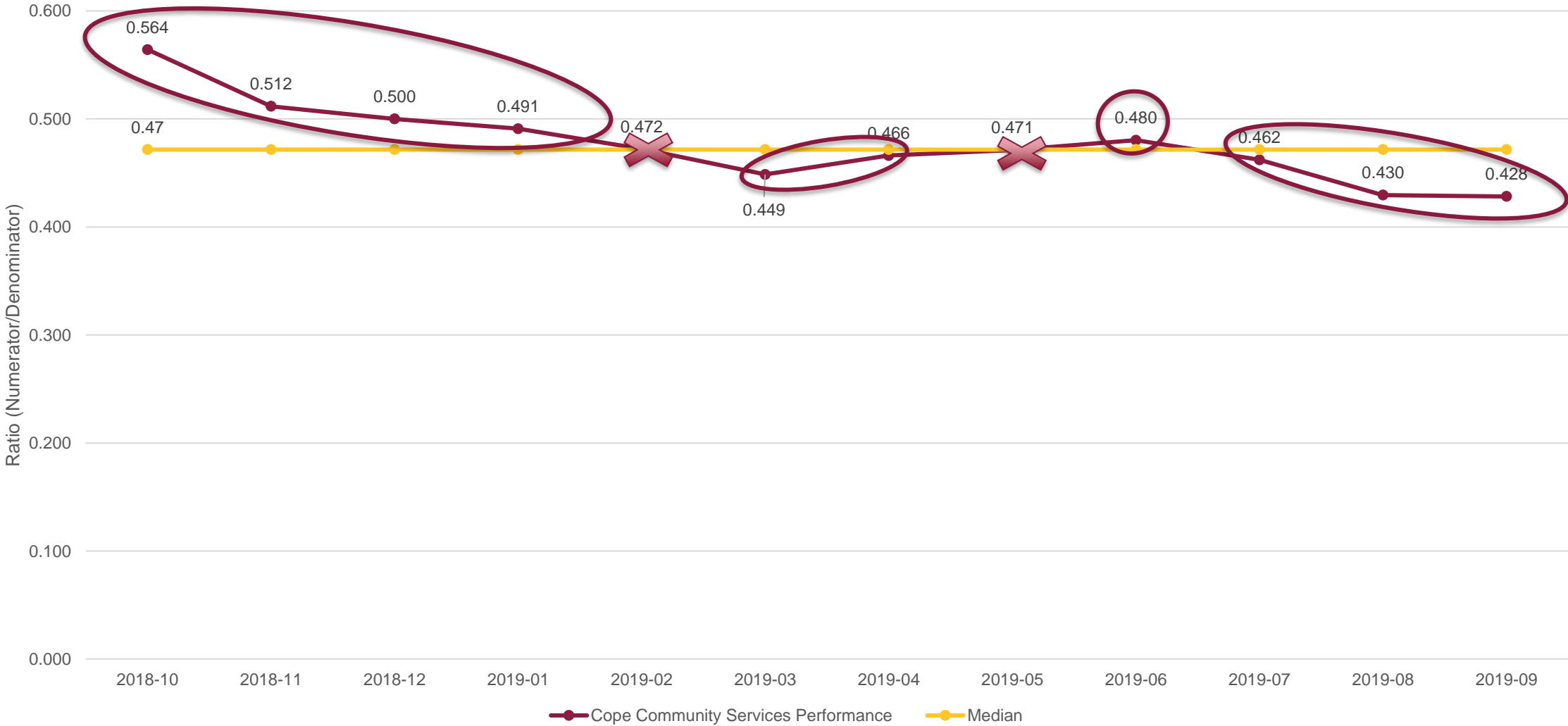
BH Performance

Diabetes Screening for Patients on Antipsychotic Medication

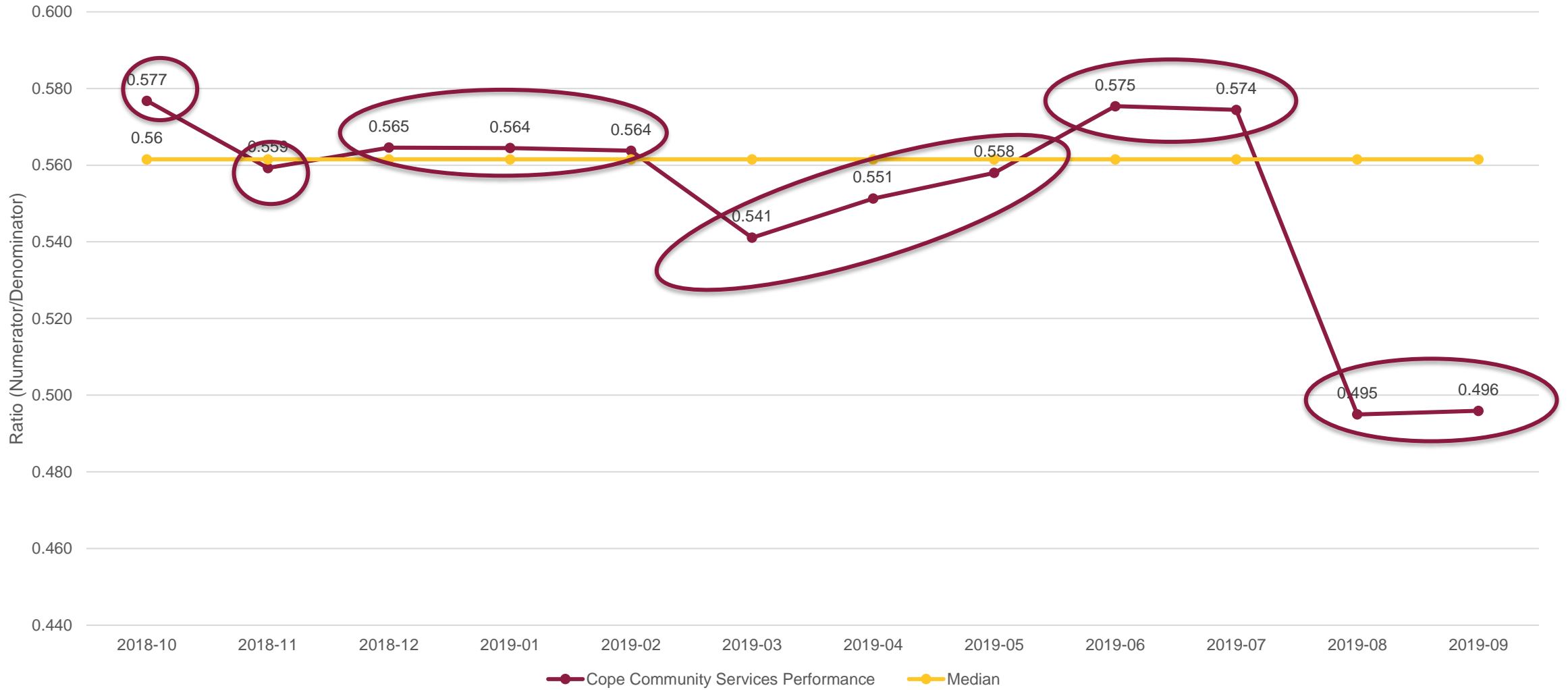
Data were calculated using BH attribution methodology, and represent a 12-month rolling average ending on the last day of the month of each data point



Cope Community Services Run Chart (FY Oct 2018 - Sept 2019) Diabetes Screening for People with Schizophrenia PCP Performance



Cope Community Services Run Chart (FY Oct 2018 - Sept 2019) Diabetes Screening for People with Schizophrenia BH Performance



COPE Community Services, Inc.

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Creating Pathways to Better Health

Jenifer Regan, MA

Rachel Vega, BHP

About COPE

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- COPE Community Services is a private, nonprofit healthcare organization that creates pathways to better health by offering innovative solutions for behavioral and physical healthcare, wellness, and recovery to individuals and families.
- COPE offers comprehensive programs, specialty services, resources, and support to address general mental health and substance abuse issues, serious mental illness, physical healthcare, and wellness concerns.



COPE snapshot

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- 45 years old
- Have 9 outpatient clinics across pima county.
- 5 of the clinics are fully integrated- PCP and Behavioral health.
- Children services are located at two sites.
- 3 residential sites, for mental health and substance abuse.
- Two Methadone Clinics, and all sites also offer suboxone, for the treatment of opioid addiction. COPE has provided MAT for the last 20 years.
- Serve over 15,000 individual clients per year on average.

Diabetes screening- Measure

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Ensuring that there is a diabetes Screening, on an annual basis, for individuals diagnosed with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder, who are prescribed an atypical antipsychotic medication.

COPE base score (10/2018-9/2019)

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Measure	10/2018-9/2019	Y4 Target
Diabetes Screening (PCP)	42.89%	56%
Diabetes Screening (BH)	49.59%	70%

What surprised us about the data?

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- A surprise to the team was that the scores were about the same between the PCP and behavioral health data- we would have expected the one for behavioral health to be higher, since it is something that we have had as a rule for many years.

Cause & Effect Analysis Time!

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- Our team used the PDSA model- Plan-Do-Study-Act
- Look at what the process is, what the data shows, and examined the health record to ensure we have everything in place we need to bill for this service.
- Then with the assistance of this collaborative with Dr. Riley and Kailey we created a cause and effect analysis.

Cause & Effect Analysis - First Assemble the Team

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- Choose a group that understands the process and can give perspectives on what the barriers are.
- Choose individuals who are in a position to implement change.
- For us that team was: QM Director, 3 site Directors, Housing Director, and the TIP team.

Cause & Effect Analysis - Examine the Data

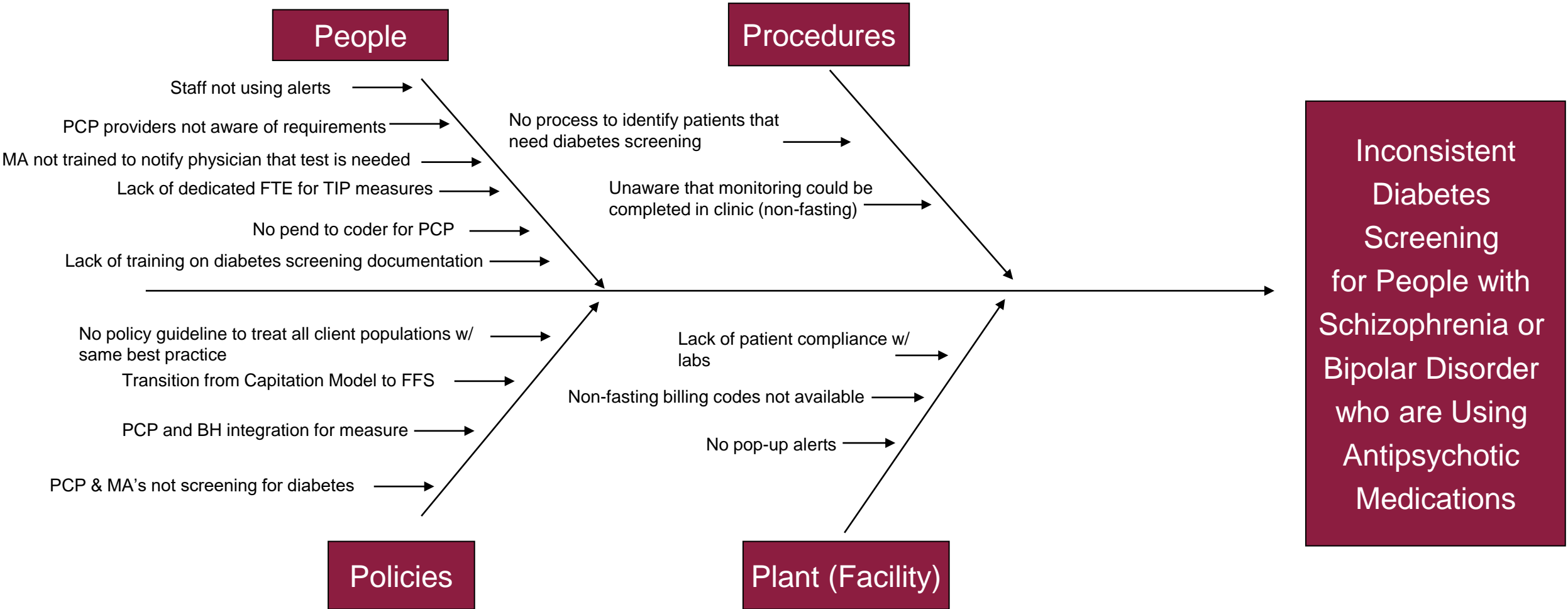
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Chart audits to see if the screening was being ordered when patients came in and what the follow up afterwards looked like.

Review of billing codes from TIP milestones to see if the codes were available in our electronic health record.

Review of process of how labs are ordered and completed.

HYPOTHETICAL – Cope Community Services Cause and Effect Diagram ~ 2019



Cause & Effect Analysis - Findings

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- Review of the codes found that the non-fasting procedure code was missing from our health record. HUGE FINDING- we also did not know before doing this that this code could give us credit for this measure.
- Found that staff were referring patients out for the needed lab work, but because they require fasting, the rate of the client following through was very low.
- Data pulled from record gave us a list of all patients who require this annual screening.

PDSA - Our intervention plan

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- Code for non-fasting blood draw procedure added to the health record.
- Trainings of all providers, Medical assistants, and clinical teams on the correct codes.
- MA's trained to alert the provider when it appears that this test is needed.
- Flagging of records of individuals in need of this screening so that front desk will see it when they schedule appointments.
- Care management team to do outreach to encourage patients to get both the non fasting screening and the fasting screening.

Monitoring Plan:

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- Our TIP QI specialist will be doing audits of patients who come in with this diagnosis to see if the blood draws were done while the patient was in the clinic.
- Results will be shared with leadership and clinical teams in real time, to give continued feedback.

Concerns moving forward

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- It is difficult for us to know when someone has completed labs outside of COPE, especially if they do not participate in Health Current.
- It is difficult to ensure that patients will follow through with fasting labs.
- Covid has made it difficult for patients coming into the clinic, without this we are still relying on patient follow through to an external lab.
- Given that it is already June, we are concerned that with COVID that we might not be able to make as much progress as we need to to make the MPS.

Discussion Questions

- Based on your cause and effect analysis, was it helpful to identify multiple causes rather than a single cause?
- Did this approach help you to better understand the process steps to achieve this metric?
- What do you plan to do moving forward?

Q&A

- Please insert any questions in the Q&A box

Next Steps

- Next Steps
 - Post-Event Survey: 2 Parts – New Questions!
 - 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