AHCCCS Targeted Investments Program

Adult C Quality Improvement Collaborative

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Session #5
June 16, 2020

College of Health Solutions
Arizona State University

AHCCCS | Targeted Investments
Arizona Health Care Cost Containment System

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

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 • Agenda	Kailey Love
11:35 AM – 11:45 AM	Quality Improvement Technique • Cause and Effect Analysis	Bill Riley
11:45 AM – 12:30 PM	Peer Learning Presenter • Cause and Effect Analysis Applied	Kingman Hospital
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.
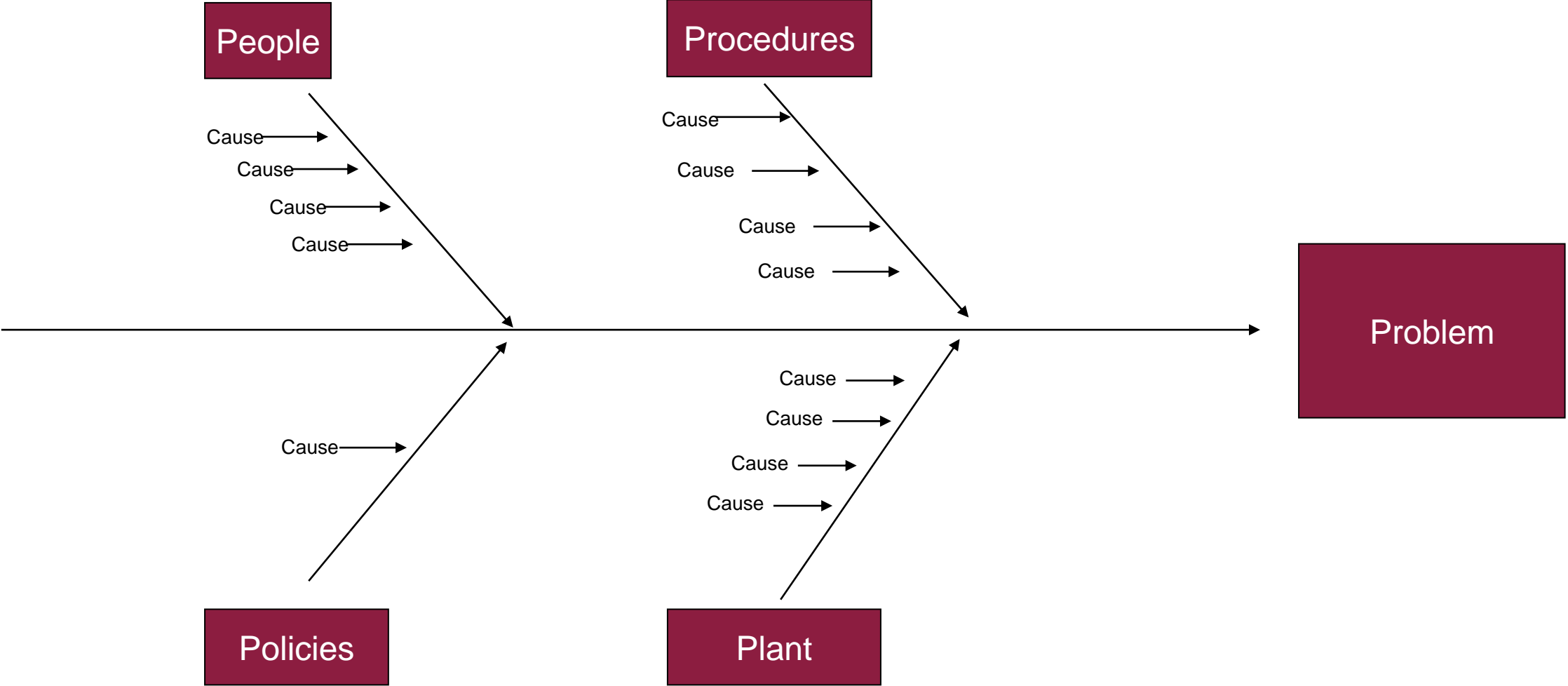
Cause and Effect Analysis

- 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
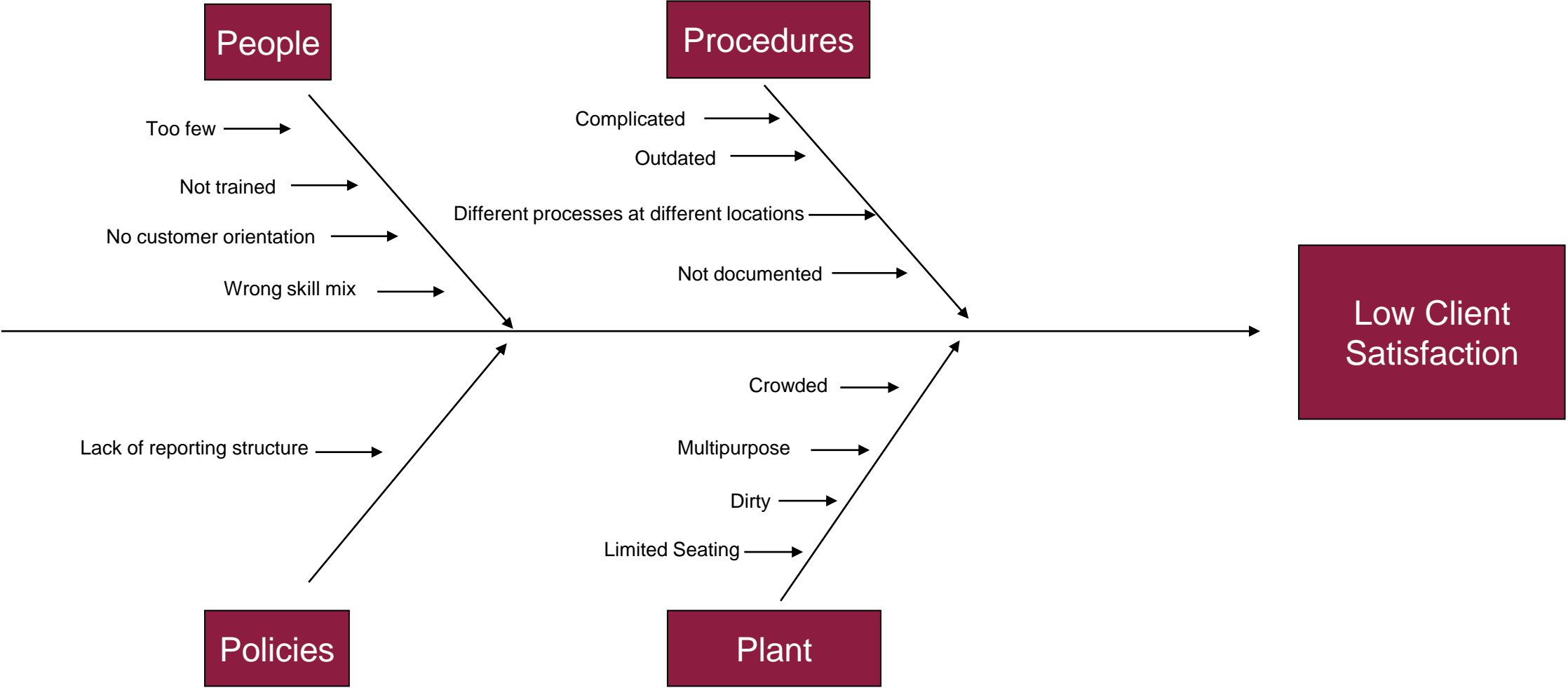   - Cause and Effect Analysis

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)

People

Procedures

Cause

Cause

Cause

Cause

Cause

Cause

Cause

Cause

Cause

Cause

Cause

Cause

Cause

Problem

Policies

Plant

Cause and Effect Diagrams (4 P's)

People
- Too few
- Not trained
- No customer orientation
- Wrong skill mix

Procedures
- Complicated
- Outdated
- Different processes at different locations
- Not documented

Policies
- Lack of reporting structure

Plant
- Crowded
- Multipurpose
- Dirty
- Limited Seating

Low Client Satisfaction
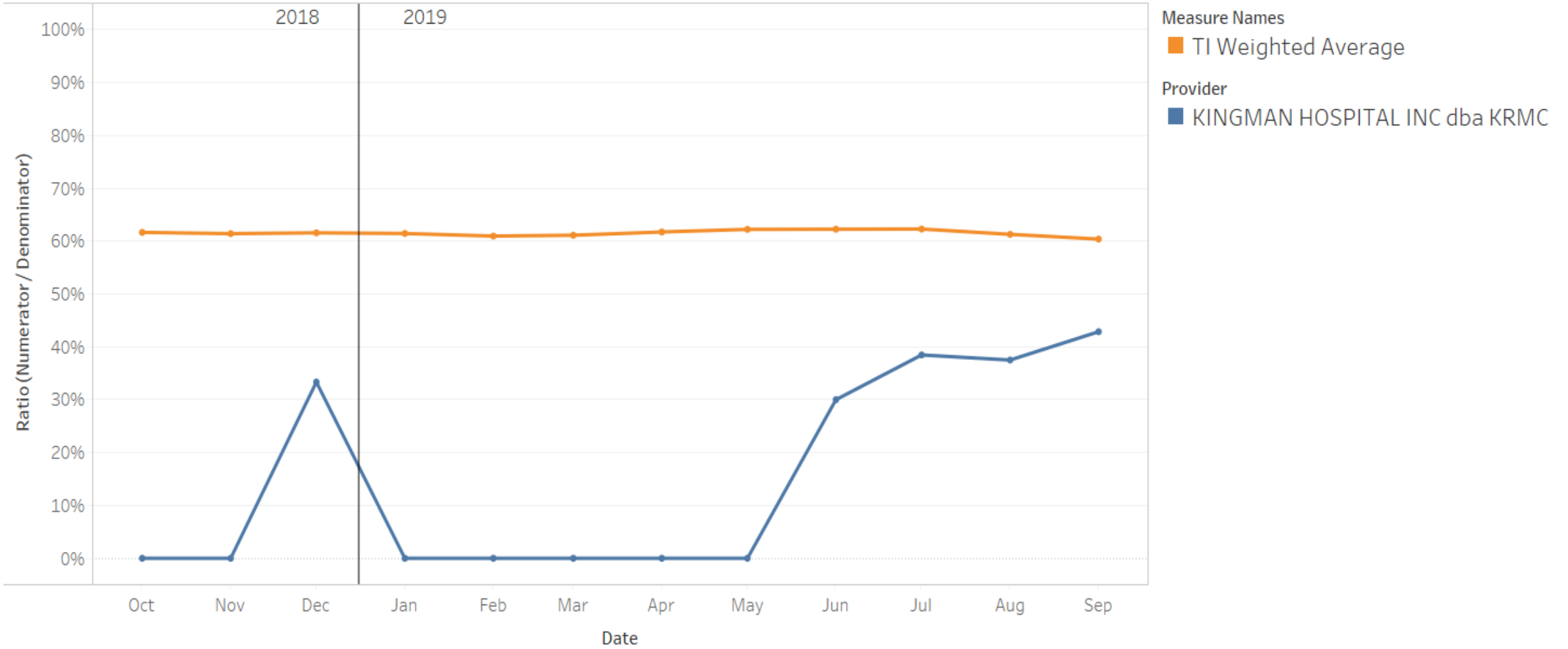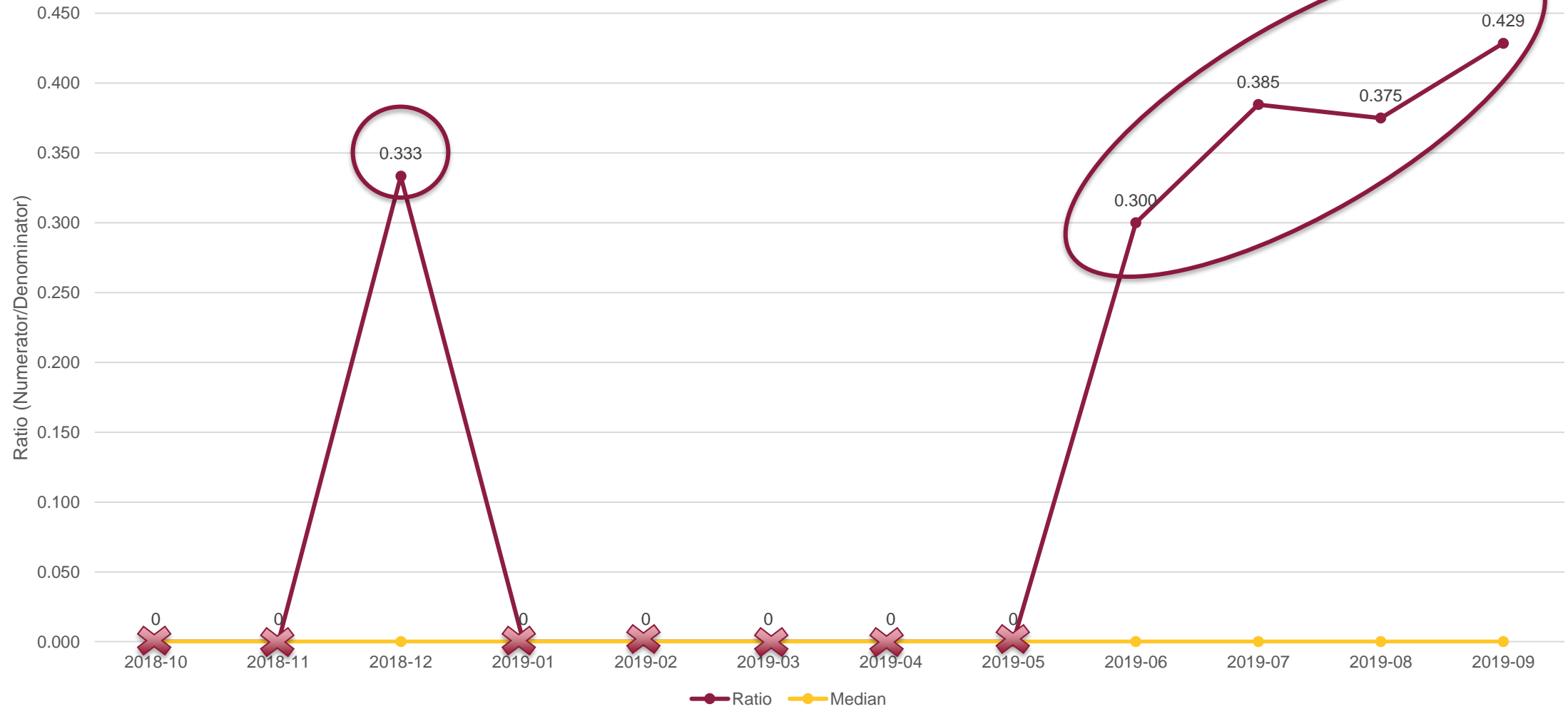
Diabetes Screening for Patients on Antipsychotic Medication

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

Kingman Run Chart (FY Oct 2018 - Sept 2019)
Diabetes Screening for Patients on Antipsychotic Medication

Kingman Hospital

Denise Casson

Director of Behavioral Health
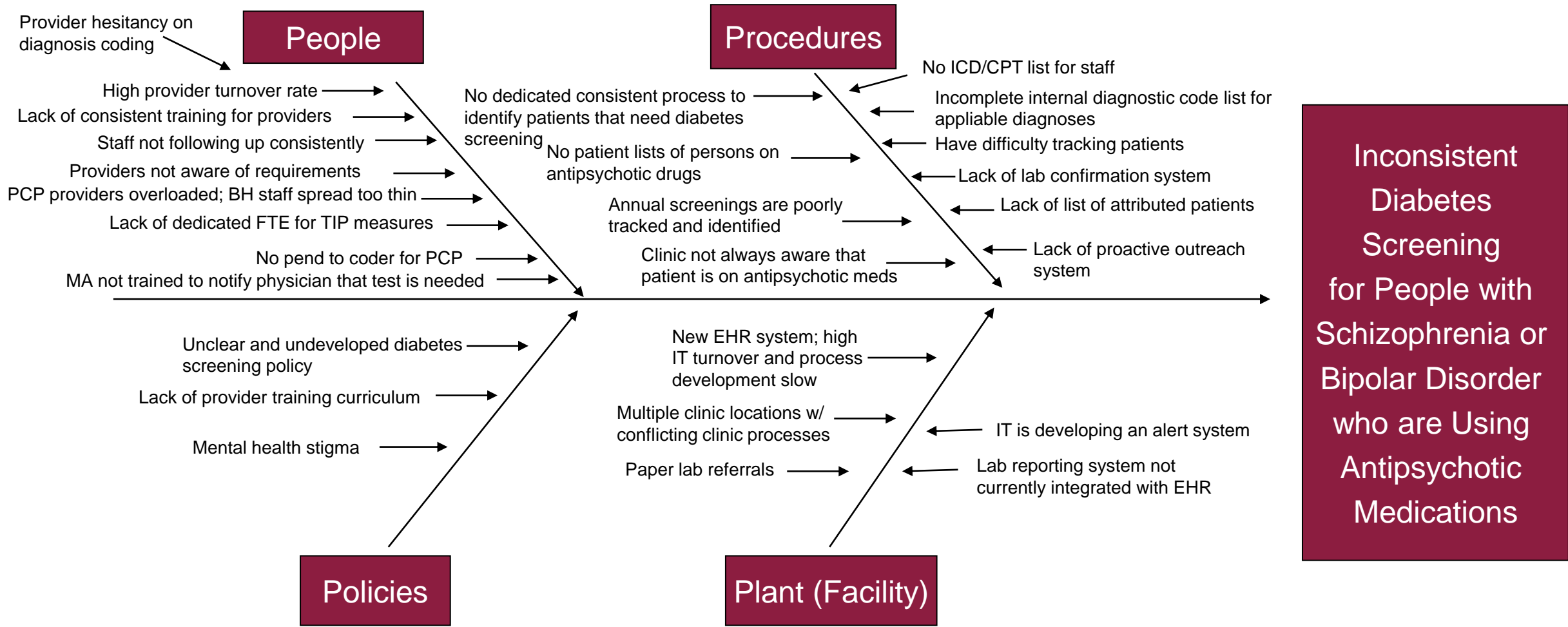
Presentation Questions

- Please provide an overview of your organization
  - Largest hospital in Tri-State area; 130+ beds
  - Large Medicare/Medicaid population
  - Underserved rural community
  - Behavioral integration in 6 clinics
    - 3 of these clinics in the Targeted Investment program
- When did you learn about needing to do complete this measure?
  - At January ASU QIC Kick-Off Meeting
- Please describe your current process for this measure. Have you changed your process? How so? If not, what are you considering on implementing moving forward?
  - In the TI clinics, we primarily focus on disease management. Most processes were focused on Medicare population.
  - Diabetes screening is a new process and currently being developed to help identify and monitor patients that have psychiatric diagnoses or medications

Presentation Questions

- How much deliberate design has been done to engineer this process to achieve the outcomes that you want? (Prior to and following the establishment of this measure)
    - Not previously. Currently in the planning stage.
- Who led this effort? Who was on the team for this effort? Did you have the correct representation of team members from your organization?
    - Led by - Denise Casson
    - Will involve:
        - IT
        - Clinic Managers, providers, and support staff within clinics
        - Behavioral Health Team
- How often do you get feedback regarding your performance? (Before this metric and currently)
    - Now we receive updates on our performance through the QIC dashboard
    - Monthly queries
- What staff training have you done?
    - Staff training on TI grant extensive
    - On diabetic screening, minimal to no training – still in planning process

Kingman Hospital
Cause and Effect Diagram ~ 2019

People

Provider hesitancy on diagnosis coding

High provider turnover rate
Lack of consistent training for providers
Staff not following up consistently
Providers not aware of requirements
PCP providers overloaded; BH staff spread too thin
Lack of dedicated FTE for TIP measures
No pend to coder for PCP
MA not trained to notify physician that test is needed

Procedures

No dedicated consistent process to identify patients that need diabetes screening
No patient lists of persons on antipsychotic drugs
Annual screenings are poorly tracked and identified
Clinic not always aware that patient is on antipsychotic meds

No ICD/CPT list for staff
Incomplete internal diagnostic code list for appliable diagnoses
Have difficulty tracking patients
Lack of lab confirmation system
Lack of list of attributed patients
Lack of proactive outreach system

Policies

Unclear and undeveloped diabetes screening policy
Lack of provider training curriculum
Mental health stigma

Plant (Facility)

New EHR system; high IT turnover and process development slow
Multiple clinic locations w/ conflicting clinic processes
Paper lab referrals

IT is developing an alert system
Lab reporting system not currently integrated with EHR

Inconsistent Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications

Discussion Questions

- Based on your cause and effect analysis, was it helpful to identify multiple causes rather than a single cause?
  - Yes, having an opportunity to brainstorm and talk through obstacles was very helpful
- Did this approach help you to better understand the process steps to achieve this metric?
  - Improved understanding of metric itself
  - If you don't understand the criteria and how it is being pulled/how to fit the criteria, you'll never meet it
- What do you plan to do moving forward?
  - Will be able to give direction to staff and IT for queries to be pulled
  - Providers will receive notification through EHR

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!

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