

**AHCCCS Targeted Investments Program**

# **Adult A Quality Improvement Collaborative**

**William Riley, PhD**

**Session #6**  
**August 6, 2020**

# Disclosures

There are no disclosures for this presentation

# Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Overview <ul style="list-style-type: none"><li>• Agenda</li><li>• Data Update</li></ul>	Kailey Love Neil Robbins, PhD
11:35 AM – 12:00 PM	Using Data to Reduce Costs & Improve Care – Targeted Investments QIC Program	Health Current
12:00 PM – 12:15 PM	Health Information Exchange Use Case	Cope Community Services
12:15 PM – 12:50 PM	Discussion and Q&A	All
12:50 PM – 1:00 PM	Next Steps <ul style="list-style-type: none"><li>• Post Event Survey</li></ul>	Kailey Love

# Data Updates

- Dashboard last updated 7/30/2020
  - Performance periods ending March 2019 – March 2020
  - Based on claims adjudicated as of May 31, 2020
- Why do our previously reported denominators (or performance) change when the dashboard is updated?
  - Changes can be caused by addition of, removal of, or revision to one or more of the following:
    1. Adjudicated claims
    2. Member eligibility
    3. Outcome of the attribution process
      - Each member's attribution is re-evaluated for all report periods prior to the Dashboard update
    4. Provider IDs or Group Billing IDs
    5. Allowed billing codes
      - E.g., inclusion of Collaborative Care Model codes for follow-up after hospitalization measures

# Data Updates continued

- Response to COVID-19
  - We are monitoring the data as well as CMS and NCQA Guidelines
- Inclusion of Telehealth & Telephonic visits
  - Anticipate additional telehealth and telephonic codes will be included
  - We are reviewing AHCCCS Temporary and Permanent Telephonic Codes Sets as well as NCQA guidance for 2020
  - We will notify TI-Participants of decisions via email, QICs, and website
- Please look at [www.TIPQIC.org](http://www.TIPQIC.org) for additional details

# Have any questions for the TIP Data Team?

Please e-mail [TIPQIC@asu.edu](mailto:TIPQIC@asu.edu) to schedule a Zoom meeting

Provider meetings often cover topics such as:

- How to read the Dashboard
- Attribution methods
- HEDIS performance criteria
- Performance reporting



# Using Data to Reduce Costs & Improve Care – Targeted Investments QIC Program

**Christy Dye, MPH**  
Chief Business Development Officer

**Peter Steinken, Pharm.D.**  
Director of Community Engagement

**August 2020**

## Learning Objectives

1. Demonstrate how to retrieve relevant information regarding four Targeted Investment Program measures from Health Current.
2. Apply methods and strategies for customizing HIE data and services to know when a patient encounter requires action to meet a Targeted Investment Program measure.



# How the HIE Can Help to Achieve Targeted Investment Program Measures

## HIE vs. Other Data Sources

Source	Strengths/Weaknesses
HIE	<ul style="list-style-type: none"><li>• Frequency can be customized to provider need</li><li>• Comprehensive (all treating providers)</li><li>• Part 2 limitations for some providers &amp; services</li></ul>
EHR	<ul style="list-style-type: none"><li>• Provider services/data only</li></ul>
Claims	<ul style="list-style-type: none"><li>• Lagged</li><li>• Contingent on quality, completeness of coding</li><li>• Comprehensive (all treating providers)</li></ul>
Staff	<ul style="list-style-type: none"><li>• Anecdotal</li></ul>
Special Data Extracts (ACO, health plan, CIN)	<ul style="list-style-type: none"><li>• Targeted</li><li>• May only be partial population</li></ul>

## TI Performance Measures & HIE Data Support

Y4 Measure	Performance Goal	HIE Service
Pediatric Wellness Visits	# of visits in first 15 months of life	HIE Portal, ADT Alerts, HIE Data Reports
Diabetes Screening	A1c test during measurement year	HIE Portal, LAB Alerts, HIE Data Reports
Hospitalization for Mental Illness	Follow up from discharge 7/30 days	HIE Portal, ADT Alerts
Metabolic Monitoring	Metabolic testing in measurement year	HIE Portal, LAB Alerts

## Using the HIE Portal

### **HIE Portal**

Secure online access to a consolidated patient record, including specialized view of SMI patient crisis data

- Includes all treating physical care providers. Can include behavioral health services with patient consent.
- Individualized – one patient at a time
- Used by care managers & clinicians to identify the complete patient history for care coordination, transitions of care, changes, etc.
- Can use 36-month period for population health activities (risk stratification, outreach campaigns, etc.)

## Data Available (varies by data source)

- Demographics
- Encounters (Inpatient/ED/Outpatient)
- Results (Lab/Rad/Trans)
- Allergies/Adverse Reactions
- Medications/Prescriptions
- Conditions (Diagnosis/Problems)
- Procedures/Treatments
- Immunizations
- Vital Signs
- Advance Directives
- Payers
- Family History
- Social History
- Clinical Documents
  - Discharge Summary
  - CCD/CCDA
  - Emergency Room Report
  - Encounter Summary
  - Progress Notes
  - Transition of Care/Referral Summary
  - History & Physical Report
  - Operative Note
  - Consultation Note
  - BH Court Orders

# Finding Visits, Hospitalizations & Clinical Lab Results

healthcurrent

Steinken, Peter (psteinken)

Summary

4 of 6 Search Results Views Filter Actions

More Patient Information

### Encounters (8)

AMB (2) ER (1) IN (0) OTHER (5)

Admission Type	Date	Source
Emergency	04/04/2019	Dignity Health Mercy Gilbert Medical Center:HL7

### Results (19)

Lab (5) Img (0) Trans (1) Path (0) Other (0) Unknown (13)

Name	Date	Source
↓ Uric Acid, Protein, Urine, Random, Normalized, Comprehensive Metabolic Panel, WBC, RBC, Hematocrit, Hemoglobin, Platelet Count, MCV, MCH, MCHC, RDW(cv), MPV, Segmented Neutrophils, Lymphocytes, Monocytes, Absolute Neutrophil, Absolute Lymphocyte, Absolute Monocyte, Absolute Eosinophil, Absolute Basophil, Eosinophils, Basophils, RDW(sd), NRBC RE, Nucleated Red Blood Cell Percent, Immature Granulocytes, Absolute Immature Granulocytes	06/30/2020	Sonora Quest Lab
↑ Pregnancy, Qualitative	12/16/2019	Sonora Quest Lab
HPV mRNA w/Rflx Genotype 16, 18/45, 799, TP Pap Panel	01/17/2019	Sonora Quest Lab
Lipid Panel, TSH with Reflex Free T4, WBC, RBC, Hematocrit, Hemoglobin, Platelet Count, MCV, MCH, MCHC, RDW(cv), MPV, Segmented Neutrophils, Lymphocytes, Monocytes, Absolute Neutrophil, Absolute Lymphocyte, Absolute Monocyte, Absolute Eosinophil, Absolute Basophil, Eosinophils, Basophils, RDW(sd), Immature Granulocytes, Absolute Immature Granulocytes	10/04/2016	Sonora Quest Lab
↑ HPV mRNA, 799, TP Pap Panel	10/04/2016	Sonora Quest Lab

### Medications (4)

Name	Dose	Source
Prenatal Multivitamin	1.0	Dignity Health Chandler Regional Medical Center:HL7

### Prescriptions (4)

Name	Strength	Dosage Form
Prenatal Multivitamin		

### Immunizations (4)

Vaccine	Lot Number	Status
No data available for this section		completed

### Conditions (37)

Problems (31) Diagnoses (6)

Title	Alternate	Source
Patient currently pregnant (finding)		Dignity Health Chandler

### External Documents (1)

Document Name	Creation Date	Data Source
Transition of Care/Referral Summary	07/31/2020	Dignity Health Chandler

Hospital Inpatient, Emergency, and Ambulatory Encounters easy to search within the HIE portal, along with corresponding Lab / Rad Results and Transcribed Reports

## Using HIE Alerts

### Patient Alerts

Event-driven notifications triggered by admissions, discharges, registrations and clinical/laboratory results

- Notification that an identified event has happened to a member of a pre-defined population (e.g. high needs patients, chronic care panels, SMI, condition-specific panels)
- Used by care managers, case managers & clinicians for monitoring care plan activities (e.g. annual labs, needed tests) & utilization of services

## Setting Up Alerts for Visits, Hospitalizations & Lab Results

# Upload your list of patients to the HIE

[illegible]



## Types of Alerts

### Admission / Discharge / Transfer (ADT)

- Emergency Department Visits
- Hospital Inpatient Admits
- Outpatient Treatment Visits

### Laboratory Results

- By Ordering Provider
- Out of Range Results
- COVID-19 Lab Results/Antibody Tests

## Alert Delivery

### Real-time Alerts

- Individualized based on identified event
- Immediate care team response, next day coordination of care, follow through on tests ordered

### Batch Alerts

- Aggregate reports for all patients experiencing the event or condition being monitored
- Can be trended to monitor performance over time at a team/clinic level

# Setting Up Alerts for Visits, Hospitalizations & Lab Results

## Real-time Alerts sent via Direct Secure Messaging

Provider Directory Mirth Results Web Mail psteinken Sign Out

healthcurrent Refresh Compose Reply Reply all Forward Delete Mark More

Inbox Drafts Sent Junk Trash

DSM

Fwd: SFAC: Banner Health Network, PN: [redacted] TYPE: Inpatient Admit, DATE: Fri, 6 Oct 2017 02:05 03/22/2018 12:15 1 KB

Fwd: SFAC: NAH, PN: [redacted] TYPE: Inpatient Discharge, DATE: Sun, 26 Mar 2017 11:37 10/06/2017 15:09 229 KB

Fwd: SFAC: Banner Health Network, PN: [redacted] TYPE: Inpatient Admit, DATE: Fri, 6 Oct 2017 02:05 04/17/2017 12:24 12 KB

Select Threads Messages 1 to 10 of 10

Fwd: SFAC: Banner Health Network, PN: [redacted] TYPE: Inpatient Admit, DATE: Fri, 6 Oct 2017 02:05

From [redacted] Date 10/06/2017 15:09

----- Original Message -----

Subject: SFAC: Banner Health Network, PN: [redacted] TYPE: Inpatient Admit, DATE: Fri, 6 Oct 2017 02:05

Date: 10/06/2017 15:03

From: alertinguser@direct.azhcc.org

To: [redacted]

PN: [redacted]

DOB: [redacted]

SFAC: Banner Health Network

SMRN: [redacted]

LOC: 5A,510,2,426,0CCPD

DIAG: N/A

TYPE: Inpatient Admit

MRN: [redacted]

FAC: UHC

DATE: Fri, 6 Oct 2017 02:05

PCP: [redacted]

SENT DATE: 2017-10-06 15:03:59 MST

CDA SFAC: Banner Health Networ...

Alert Notification has CDA (or PDF Encounter Summary) attached which contains more clinical data pertinent to that Encounter

# Setting Up Alerts for Visits, Hospitalizations & Lab Results

## Batch Alerts sent via Direct Secure Messaging or SFTP

Batch Notifications							
Banner Health :		ED Admit			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
		BH-Desert Med Ctr	GERALD R SHOCKEY	N/A		17-Jul-2018 07:39 AM	N/A
		BH-Page Community Hosp	SCOTT D SADLER	N/A		17-Jul-2018 10:51 AM	N/A
		BH-Boswell Med Ctr	RAMA	N/A		17-Jul-2018 12:19 AM	N/A
		BH-Page Community Hosp	DAVID	N/A		17-Jul-2018 10:43 PM	N/A
Dignity Health Chandler Regional Medical Center :		ED Admit			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
			TERESA M AYELA-UWANGUE	N/A		17-Jul-2018 09:07 AM	EMERGENCY DEPT[undefined]
HonorHealth Osborn Hospital :		ED Discharge			2018-07-18 07:30 AM		
Patient	DOB	Source MRN	PCP	Diagnosis	Facility MRN	Date	Location
		HH-NMH	SUSAN	786.52-Painful respiration R07.89-Other chest pain		17-Jul-2018 04:34 AM	SCOTTSDALE OSBORN MEDICAL

Sending Facility, Visit Type, Sending ID, Patient, DOB, Patient ID, PCP, Diagnosis, Date, Time, Location  
 Banner Health,ED Admit,N/A, NO,N/A,11-Jan-2019,07:28 PM,N/A  
 Banner Health,ED Discharge,N/A, NO,N/A,12-Jan-2019,10:40 PM,N/A  
 Banner Health,ED Admit,N/A, NO,N/A,12-Jan-2019,01:24 PM,N/A  
 Banner Health,ED Discharge,N/A, BLANK,N/A,12-Jan-2019,03:16 PM,N/A

## Alert Decisions

### Pilot:

- Which patients?
- Which alerts?
- Who will receive alerts?
  - Primary and backup / Manager and staff
- How will they be managed?
  - Addressed
  - Complete
  - Documentation

### Rollout:

- How to expand use?

# Historical “look-back” Reports for Diagnoses, Encounters, Lab Results, etc.

	A	B	C	D	E	F	G
1	Historical Extract File Data Fields						
2	Data included in workbook sheets is based on a 100 member sample panel!						
3	Diagnoses:						
4	• Patient Name						
5	• DOB						
6	• Health Current Patient Identifier						
7	• Clinical item key						
8	• Diagnosis						
9	• Code						
10	• Code System						
11	• Received On						
12	• Source Facility						
13							
14	Inpatient/Emergency Room Output						
15	• Patient Name						
16	• DOB						
17	• Health Current Patient Identifier						
18	• Activity time						
19	• Encounter id						
20	• Code						
21	• Label						
22	• Source Facility						
23	Labs Results						
24	• Patient Name						
25	• DOB						
26	• Clinical item key						
27	• Health Current Patient Identifier						
28	• Order Number						
29	• Source						
30	• Ordering Provider						
31	• Lab Description						
32	• Observation Code						
33	• Observation Value						
34	• Results Units						
35	• Reference Range						
36	• Order Date						
37	• Order Time						
38	• Availability time						
39							
	Data Content Outline	Diagnosis Output	IPER output	Lab Results	Medications	RX_CT_Orders	

# Future Initiatives to Support TI Providers

## HIE Data Reports

**Health Current Data Request Form**

The following form must be completed by any entity seeking data from Health Current. Complete this form and submit the same to your Health Current account manager. Please attach any additional documentation as needed and consult your account manager for assistance.

**I. Requestor Information**

a. Participant Organization Name: \_\_\_\_\_

b. Participant Project Contact: \_\_\_\_\_, email: \_\_\_\_\_

**II. Scope of Request**

a. Date of request: \_\_\_\_\_

b. Short description of request: \_\_\_\_\_  
 Targeted Investment Program Y4 Measure Report:  
 1. # of visits in first 15 months of life  
 2. A1c test during measurement year  
 3. Follow up from discharge 7/30 days  
 4. Metabolic testing in measurement year +

c. Date requested to receive report by: \_\_\_\_\_

d. Is this a recurring report?: \_\_\_\_\_, if so at this frequency: \_\_\_\_\_

e. Preferred format of report (e.g. CSV, CCD, PDF): \_\_\_\_\_

f. Patient Panel(s) to be used for report (if applicable/known): \_\_\_\_\_

**III. Permitted Use**

Select the permitted use(s) for which you intend to use this report. Note that the Health Current Minimum Necessary Standard Procedure sets parameters around the types of individuals about whom data may be accessed and a maximum time-period for access – indicated above each category. **\*\*Only fill out the section pertaining to your organization: Health Plan, Healthcare Provider, or Health Current Internal Request.**

**I am a...Healthcare Provider**

Data available up to 36 months prior to date of request for:

- ☐ Care Coordination (current; prospective; past patients provider is transitioning)
- ☐ Care or Case Management (current; prospective; past patients provider is transitioning)
- ☐ Transition of Care Planning (current; prospective; past patients provider is transitioning)
- ☐ Population Health (current patients; past patients with Health Current approval)

Data available up to 13 months prior to date of request for:

- ☐ Payment (current; prospective; past patients with payment obligation to Participant)
- ☐ Limited Healthcare Operations – Quality Assessment and Improvement, Developing Clinical Guidelines and Protocols, Conducting Patient Safety Activities (current and past patients)

**PROCEED TO PAGE 2 IF YOU ARE A HEALTH PLAN OR PLACING AN INTERNAL HEALTH CURRENT DATA REQUEST**





**Imagine  
fully  
informed  
health.**





# healthcurrent

Imagine fully informed health

# COPE Community Services, Inc. & Health Current's HIE

26

Working Together To Improve Care

Rachel Vega, BHP  
QM Targeted Investment Specialist

Jenifer Regan, MA  
Director of Youth and Family Services

# Why engage with Health Current?

27

- COPE medical services. We are not in it alone.
- Communication barriers.
- Accurate information.
- Timely information.



# Discovering how it can work for COPE

28

- Previous participation.
- What can we do with this?
- Patient Panels.
- A clearer picture.

# Why use HIE and getting started

29

- Outreach to Health Current.
- Review of capabilities.
- Consent process.
- Let's set it up!



# Our experience with Health Current

30

- Prompt response.
- Productive meetings.
- Helpful updates and support.
- A few honorable mentions.

# Examples of processes

31

- Batch report.
- Real time notifications and example.
- Patient query before and during care.



# Batch Report

32




• Cope Community Services Batch Notifications	Today 05:00
• Cope Community Services Batch Notifications	Mon 05:00
• Cope Community Services Batch Notifications	Sun 05:00
• Cope Community Services Batch Notifications	Sat 05:00
• Cope Community Services Batch Notifications	Fri 05:00

	1	2	3	4	5	6	7	8	9	10	11	
1	Sending Facility	Visit Type	Sending ID	Patient	DOB	Patient ID	PCP	Diagnosis	Date	Time	Location	
2	Banner University	ED Admit	18659334				RN CONVE	N/A	27-Jul-2020	08:26 AM	484	
3	Banner University	ED Admit	8311458				NO FAMILY	N/A	28-Jul-2020	12:28 AM	484	



# Real Time Alerts

33

		Subject	★	From	Date	Size
		• SFAC: Yavapai Regional Medical Center:HL7, PN: TYPE: ED Admit, EVENT DATE: 202007280931		azhiealerts@direct.healthcurren...	Today 09:31	9 KB
		• SFAC: Banner University Medical Center Tucson:HL7, PN: I TYPE: ED Admit, EVENT DATE: 202007280806		azhiealerts@direct.healthcurren...	Today 08:06	7 KB
		• SFAC: St. Mary's Hospital:HL7, PN: . TYPE: ED Discharge, EVENT DATE: 202007272230	★	azhiealerts@direct.healthcu...	Today 01:09	7 KB

PN:  
DOB:  
SFAC: Tucson Medical Center:HL7  
SMRN: 5070474:TMC  
LOC: TMC, EMERGENCY DEPARTMENT, TMC  
DIAG: N/A  
TYPE: ED Discharge  
PATIENT ID: /  
FAC: Cope Community Services:PG  
EVENT DATE: 202007272044  
PCP:  
SENT DATE: 202007270845  
Sent via Mirth Mail

# Query Individual Patient Record

34

**Advanced Filter: Patients**

Search Type

☐ My Patients ☒ All Patients

[Clear Search Criteria](#)

Search Requirements:

- First Name and Last Name and Date of Birth

**Reason For Search**

Search Reason\*

**Demographic Search**

Last Name\*

Gender

First Name\*

Date of Birth\*

Street 1

Street 2

City

State

Country

ZIP Code

**Identifier Search**

Patient Alias

?

Insurance Plan ID

Phone Number

Results

100

Submit

Cancel

# Query Result

35

## Conditions (5)

<input type="checkbox"/>	Name	Date	Source	
<input type="checkbox"/>	Patient encount...	03/03/2020	TMC	
<input type="checkbox"/>	Vaginal delivery...	06/10/2017	TMC	
<input type="checkbox"/>	Term pregnanc...	06/09/2017	TMC	
<input type="checkbox"/>	Normal labor (fi...	06/09/2017	TMC	
<input type="checkbox"/>	305058001		TMC	2

## Medications (2)

<input type="checkbox"/>	Date	Name	Source
<input type="checkbox"/>	03/03/2020	oxyCODONE-ac...	TMC
<input type="checkbox"/>	03/03/2020	ibuprofen (ADVI...	TMC

## Laboratories (14) Transcriptions (0) Imaging (0) Other Orders (0)

<input type="checkbox"/>	Date	Name	Source
<input type="checkbox"/>	07/28/2020	OR Storz Images	TMC
<input type="checkbox"/>	03/03/2020	Type & Screen	TMC
<input type="checkbox"/>	02/28/2020	Choriogonadotropin (preg...	TMC
<input type="checkbox"/>	02/28/2020	Type & Screen	TMC
<input type="checkbox"/>	! 02/28/2020	CBC W Auto Differential p...	TMC

## Allergies (1)

<input type="checkbox"/>	Allergen	Reactions	Reported
<input type="checkbox"/>	ATROPINE	UNK	06/18/2007



# Examples in complex care

36

“I work with clients with developmental disabilities and TBI. Some of them have difficulty communicating regarding their ailments and emotions and others cannot communicate them at all; this frequently results in sudden onset, acting out behaviors. These behaviors range from aggression toward others, property damage, and hurting themselves. Usually the caregivers want to bring them in and have the psychiatric provider treat the behaviors with psychotropic medications. This is inappropriate if this is the patient's way of communicating that something is wrong. Prior to HIE, it was difficult to get information from medical facilities. I had one patient who required several ambulance trips to the hospital before the staff there understood my role and would talk to me. The patient ended up having an extremely high ammonia level that was causing his aggressive behavior. He spent twenty two days in the hospital and it required a medication change. We still have to monitor this patient's ammonia levels closely.”

# Other positive results

37

Frequently, I would have a patient 'disappear' and would call hospitals to find out they were there. Since HIE, I am notified as soon as I have a patient go in the hospital. Sometimes, it is someone who has been acting out and we get a new perspective.

I had a client hospitalized with COVID 19 near the beginning of the month. Prior to hospitalization, the caregivers thought his refusal to walk and his urinary incontinence were behavioral and wanted more psychotropic medication. I had you send me his discharge summary during team meeting and read pertinent parts of it to the team. It turned out the COVID, a blood clot, and a pressure sore on his heel were why he wasn't walking and DDD nurse now sees a need for a referral to endocrinologist because she thinks his diabetes is the cause of his incontinence. This has given the treatment team more to work with and consider before determining these symptoms as just behavioral. Since having HIE information, I have also had clients where medical doctors ruled out physical causes of behaviors and we dealt with the behavior with medications or a behavioral modification plan. I think HIE is one of the best things to happen for my patients.

- Karin Brands, Recovery Coach/Case Manager



## Shaping Care Management

- A broader and clearer picture
- Comprehensive assessment
- Prevention of gaps

# Leveraging Health Current

39

- Warm Hand Off.
- Triage, rooming, and care space.
- POC information.
- More integrated care plans with clearer health goals.



# The right HIE format for COPE

40

- Type and Frequency of notifications.
- Distribution of information to teams.
- Considerations of staff time and expectations.



# Workflow Considerations

41

- Patient appointment Process
- Rooming Space
- Point of Care information

# HIE wish list

42

## HEDIS items; claims based information

- Prevent duplication of services and tests.
- Assisting organizations to meet population metrics and health goals.

## Increase of participating facilities/providers

- SNF, Urgent Care, Private practitioners.

## Format of reports: PCP feedback

- Discharge information.



# Always room for improvement

43

- Interested in feedback from cohorts on other ways to utilize HIE
- Thank you for this opportunity and for listening.

# THANK YOU

44

Rachel Vega, BHP  
QM Targeted Investment Specialist  
COPE Community Services, Inc  
924 N. Alvernon Way, Suite 110  
Tucson, AZ 85711  
520-207-9348

# 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](mailto:TIPQIC@asu.edu) if questions or concerns regarding performance data

# Thank you!

[TIPQIC@asu.edu](mailto:TIPQIC@asu.edu)