

AHCCCS Targeted Investments Program

Adult C Quality Improvement Collaborative

William Riley, PhD

Session #6

August 18, 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">• Agenda• Data Update	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	Horizon Health & Wellness
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">• Post Event Survey	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 for additional details

Have any questions for the TIP Data Team?

Please e-mail 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



healthcurrent

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

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

The screenshot displays a patient summary page for Peter Steinken. The page is organized into several sections:

- Encounters (8):** A table showing admission types. One entry is highlighted:

Admission Type	Date	Source
Emergency	04/04/2019	Dignity Health Mercy Gilbert Medical Center:HL7
- Results (19):** A table of lab results. Two entries are highlighted:

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
- Medications (4):** A table showing prenatal multivitamins.

Name	Dose	Source
Prenatal Multivitamin	1.0	Dignity Health Chandler Regional Medical Center:HL7
- Prescriptions (4):** A table showing prenatal multivitamins.

Name	Strength	Dosage Form
Prenatal Multivitamin		
- Immunizations (4):** A table showing vaccine status.

Vaccine	Lot Number	Status
No data available for this section		completed
- Conditions (37):** A table showing patient conditions.

Title	Alternate	Source
Patient currently pregnant (finding)		Dignity Health Chandler
- External Documents (1):** A table showing care/referral summaries.

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

Two red arrows point from a central text box to the 'Emergency' encounter and the 'Uric Acid' lab result. The central text box contains the following text:

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

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

The screenshot shows a web mail interface with a left sidebar containing folders like 'Inbox', 'Drafts', 'Sent', 'Junk', and 'Trash'. The main area displays an email with the subject 'Fwd: SFAC: Banner Health Network, PN: [redacted] TYPE: Inpatient Admit, DATE: Fri, 6 Oct 2017 02:05'. The email content includes a header with 'From: [redacted] Date: 10/06/2017 15:09' and a body section titled 'Original Message' with the following details:

- 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]

Below the header, the following information is listed:

- 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

An attachment icon is visible in the top right of the email body, labeled 'CDA SFAC: Banner Health Networ...'. A red arrow points to this attachment icon. A green box highlights the attachment icon and its label.

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
[REDACTED]	[REDACTED]	[REDACTED]-BH-Desert Med Ctr	GERALD R SHOCKEY	N/A	[REDACTED]	17-Jul-2018 07:39 AM	N/A
[REDACTED]	[REDACTED]	[REDACTED]-BH-Page Community Hosp	SCOTT D SADLER	N/A	[REDACTED]	17-Jul-2018 10:51 AM	N/A
[REDACTED]	[REDACTED]	[REDACTED]-BH-Boswell Med Ctr	RAMA	N/A	[REDACTED]	17-Jul-2018 12:19 AM	N/A
[REDACTED]	[REDACTED]	[REDACTED]-BH-Page Community Hosp	DAVID	N/A	[REDACTED]	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
[REDACTED]	[REDACTED]	[REDACTED]	TERESA M AYELA-UWANGUE	N/A	[REDACTED]	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
[REDACTED]	[REDACTED]	[REDACTED]-HH-NMH	SUSAN	786.52-Painful respiration R07.89-Other chest pain	[REDACTED]	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, [REDACTED] N/A, NO,N/A,11-Jan-2019,07:28 PM,N/A
 Banner Health,ED Discharge, [REDACTED] N/A, NO,N/A,12-Jan-2019,10:40 PM,N/A
 Banner Health,ED Admit, [REDACTED] N/A, NO,N/A,12-Jan-2019,01:24 PM,N/A
 Banner Health,ED Discharge, [REDACTED] 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?

HIE Data Reports

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

	A	B	C	D	E	F	G	
1	Historical Extract File Data Fields							
2	<i>Data included in workbook sheets is based on a 100 member sample panel!</i>							
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								

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



Partnering with Health Current



Using Data to
Drive Services and
Improve Service Quality

Karl Kleinebreil
Morgan Rambach



Using the Data

- What are some specific examples of how you use Health Current in your organizational processes, including reports and so forth?
 - Inpatient/ER admits
 - Counting total admits
 - 7 day and 30 day discharge follow up
 - Identify patients with high hospital utilization
 - A1C monitoring - Additional lab data assists our focus
 - General documentation searches
 - Mammograms, Colon Screenings, PCP visits, Medication lists

Why Engage

- What caused you to engage and utilize Health Current?
 - Encouragement from Health Plan (Az Complete Health)
 - TIPS required it
 - I am super data hungry

Partnership with Health Current

- What experience have you had with Health Current?
 - Setting up data feeds – to and from Health Current
 - Setting up Patient Panels
 - Utilizing automated Data Feeds
 - Special request reports – (A1C, other labs)

Support from Health Current

- How has the HIE supported you in the Targeted Investments program?
 - Daily and weekly data feeds regarding hospitalizations
 - Custom Lab Data Reports

Leveraging the Data

- How have you leveraged Health Current to assist you with the Targeted Investments program?
 - Next day Hospital Admit Data allows us to reach out to patients while they are still inpatient
 - Labs data supplements our own records
 - Leads to more informed treatment
 - Helps us focus on those who need labs
 - Reduces unnecessary costs (labs, screenings, etc.)

Technical Changes

- What technical changes have you made to incorporate the HIE into your practice?
 - Trial and Error: Developing the right patient panel/panels
 - Merging the HIE report with Internal Reports to track our response

Workflow Changes

- What workflow and clinical changes have you made to incorporate the HIE into your practice?
 - Trial and Error: Process for data flow to clinical staff
 - Managing the surge in discharge follow up appointments
 - HIE Consent Form

Improvements Needed

- How could the HIE be improved to better support you in achieving the Targeted Investment milestones?
 - Report repository for “On Demand” reports
 - Identifying BH Hospitalization vs. Physical Health
 - Enroll more providers with more data

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