

AHCCCS Targeted Investments Program

Adult B Quality Improvement Collaborative

Matthew Martin, PhD

Session #7

September 9, 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	Kailey Love
11:35 AM – 11:55 AM	Process Mapping Overview	Matthew Martin, PhD
11:55 AM – 12:15 PM	Process Mapping Use Case	Clearpath
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

Learning Objectives

1. Critically analyze a process for performance improvement
2. Apply process mapping technique to targeted investment program metric

What is a Process?

- Series of steps to produce product or service
- Almost always cross functional
- Is a value chain
- Organization is only as effective as its processes
- A sequence of steps which transform some input into a final output

Effectiveness of Care

Table: Percentages of Patients Receiving Recommended Treatment

Effectiveness of Care Measures	2016	2017	2018
Childhood Immunization Status – VZV (Chicken Pox)	92.0	92.0	92.0
Cervical Cancer Screening	74.3	74.3	75.2
Controlling High Blood Pressure	62.4	62.2	61.3
Persistence of Beta Blocker Treatment After Heart Attack	84.4	85.4	82.1
Comprehensive Diabetes Care – Eye Exams	53.6	55.0	55.9
Colorectal Cancer Screening	62.0	63.0	64.1

Process Improvement

Process Improvement

- How to improve when poor performance
 - System
 - People

Process Improvement

- _____% of problems are in the process
- _____% of problems are the people

Two Techniques to Analyze Process

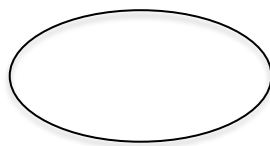
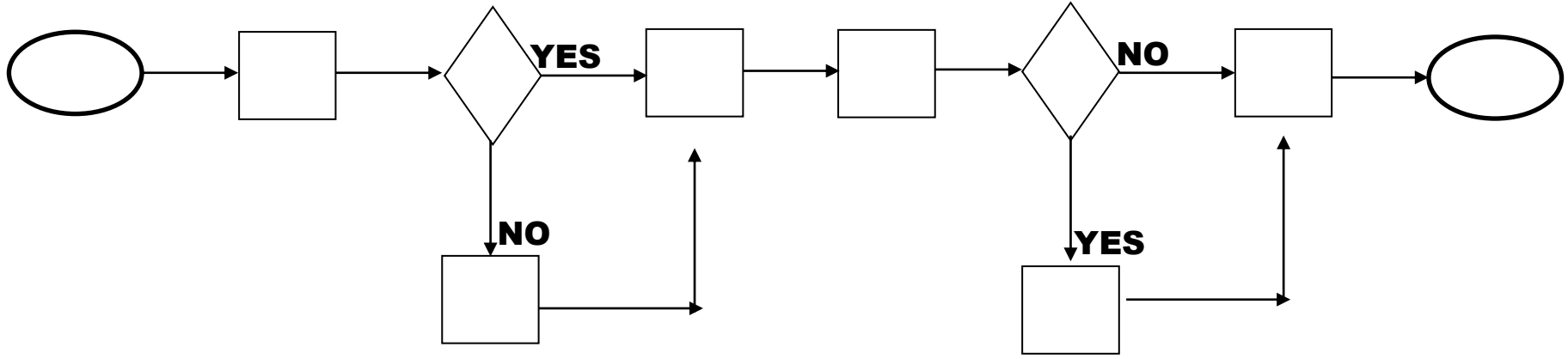
- 1) Process Map
- 2) Statistical Process Control

Process Map

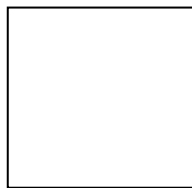
- A diagram with symbols to summarize main process components

Basic Flow Chart

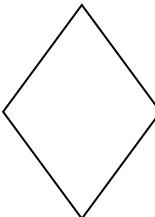
Process Map Template



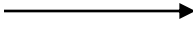
process beginning and end



task

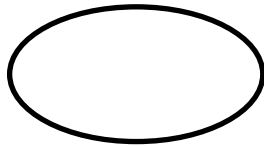
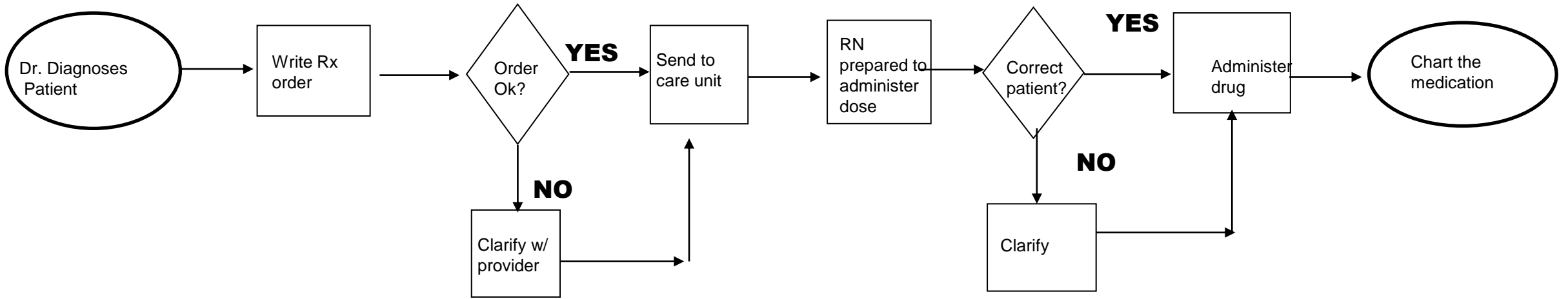


decision

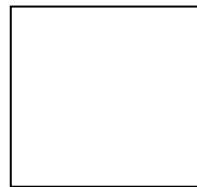


connector

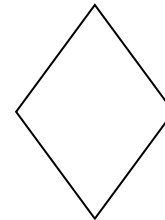
Process Map Example: Simple In-Patient Medication Administration



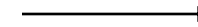
process beginning and end



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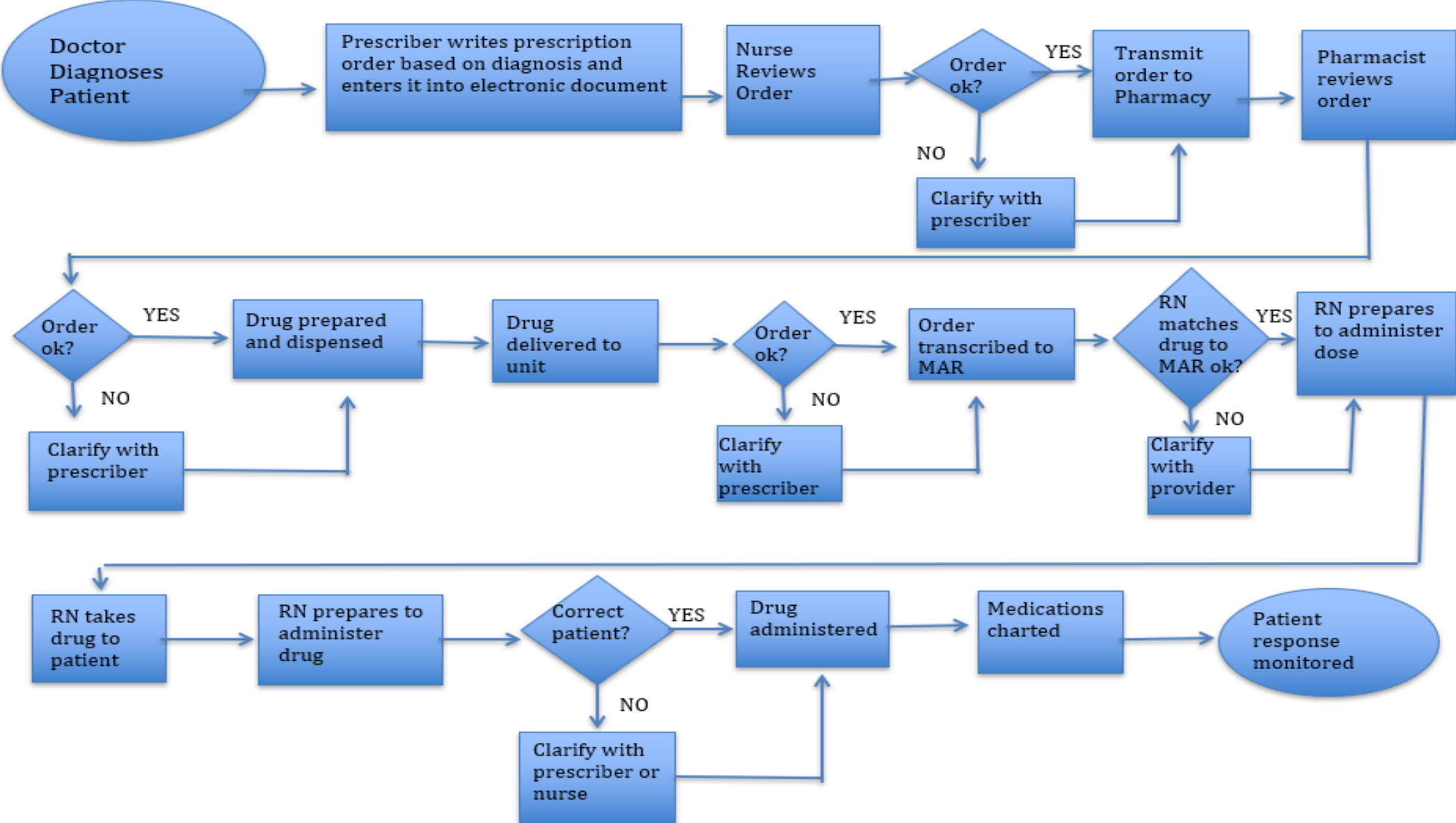


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Process Map Example: Expanded In-Patient Medication Administration



Problem Areas in Process Map

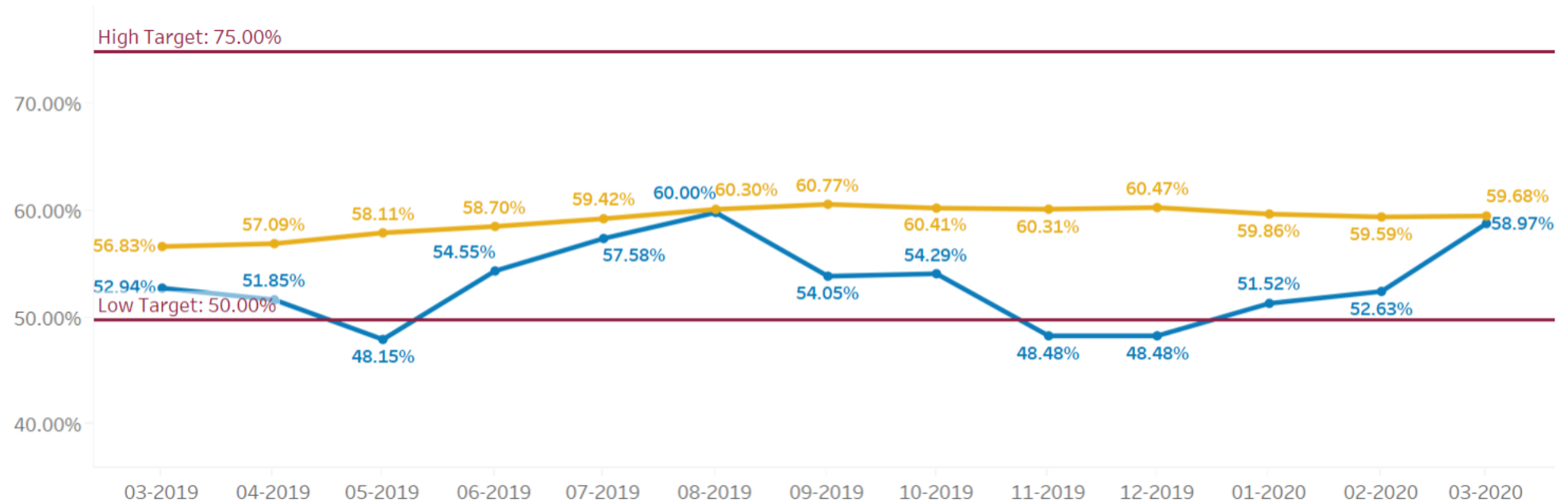
1. Disconnects—where handoff from one group to another is poorly handled
2. Bottleneck—point in process where volume overwhelms capacity
3. Redundancy—activity that is repeated at 2 points in process, e.g., data entry at more than 1 point
4. Rework—work is fixed or corrected (at another point in process or returned)
5. Inspection—point in the process where appraisal occurs--creates potential delay

Clearpath Performance

Select Filters: 1. Provider: KEVIN W CLEARY DO LTD 2. Area of Concentration: ADULT PCP 3. Measure: Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)

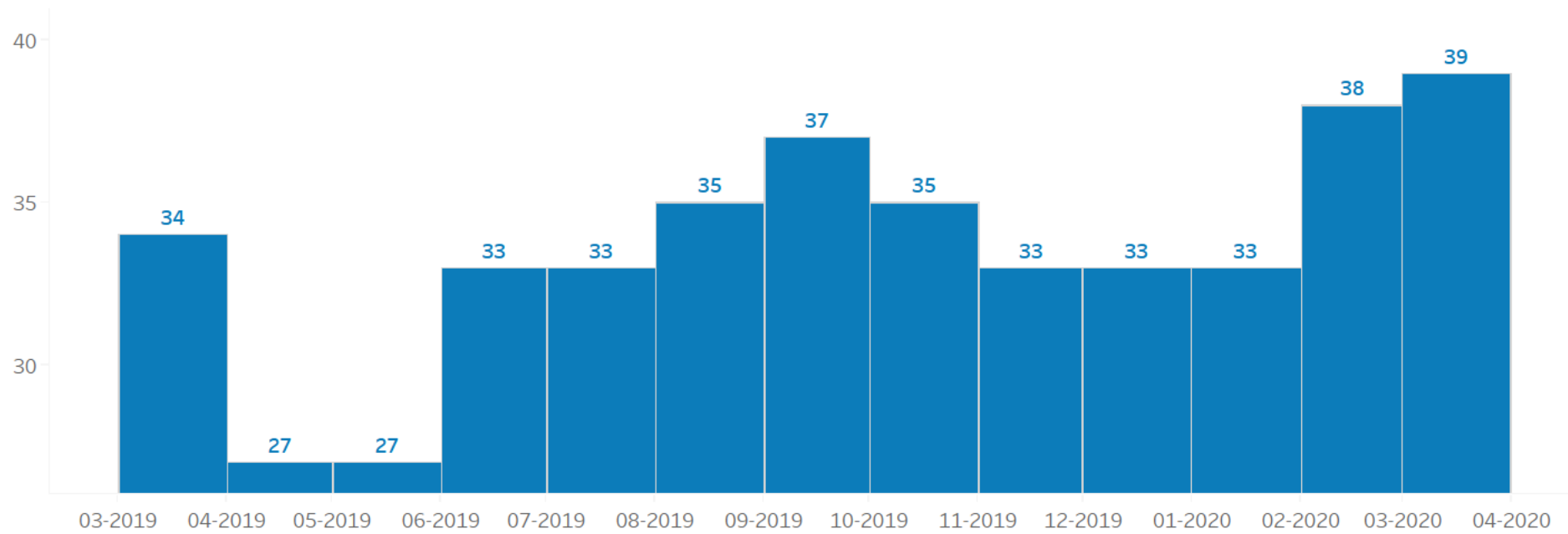
Performance on Measure (Each month is a 12-month rolling average)

KEVIN W CLEARY DO LTD vs. Providers in same Area of Concentration

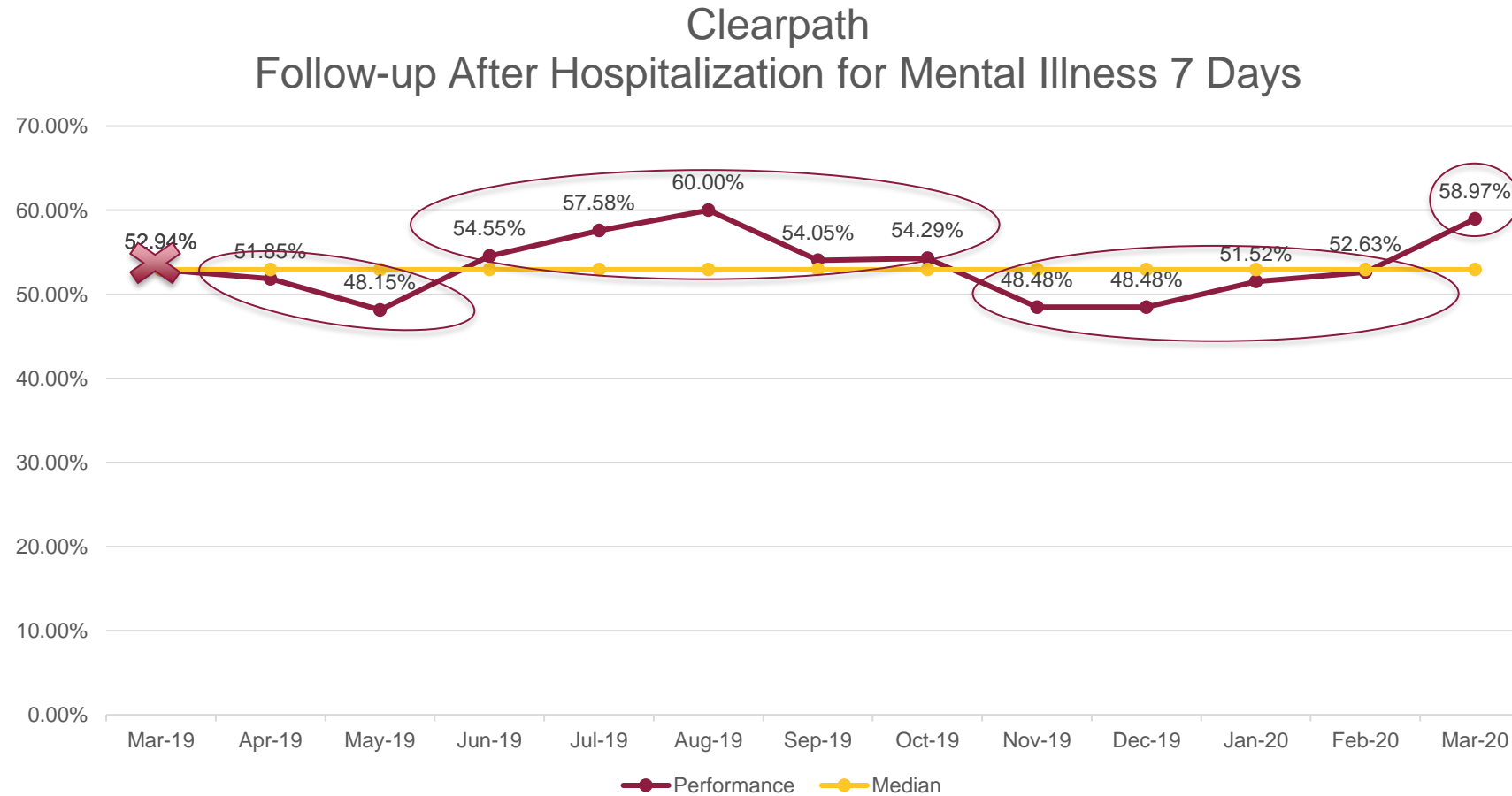


Denominator

Denominator
KEVIN W CLEARY DO LTD



Run Chart



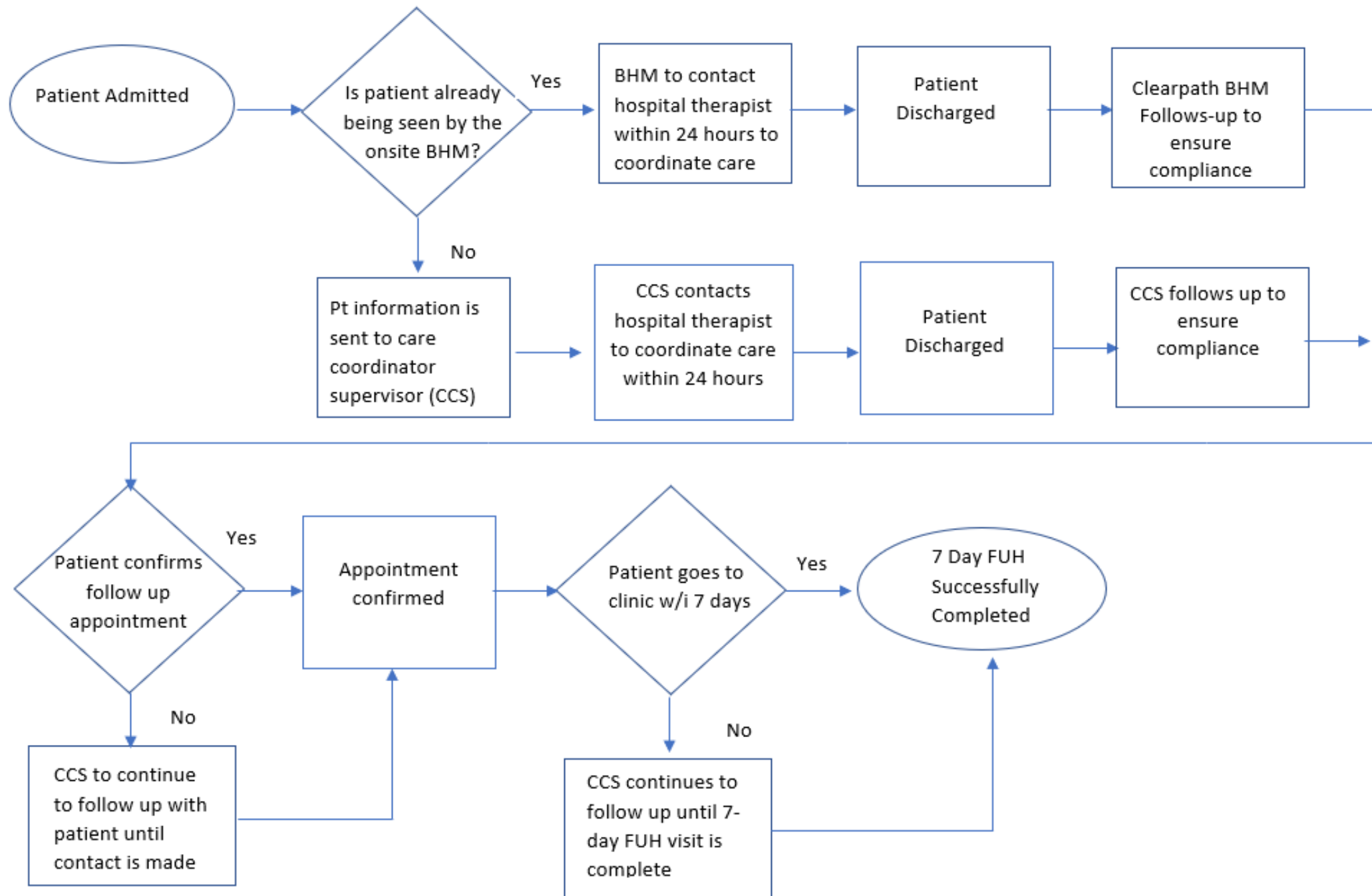


Andrea Durand, DBH, LCSW
Director of BH Integration

Janelle Romero PA-C
PCP and Owner

Overview of ClearPath Family Healthcare

- Owned and Operated by Janelle and Shaun Romero
- Primary medical care facility treating adults and children
- Focus on treating both body and mind, ClearPath has utilized the collaborative care model for integrating BH since 2018
- Offers extension services to assist in barriers to treatment such as social determinants of health, on call services, RX delivery, onsite/mobile imaging and labs
- Offers extension programs that combine both physical and behavioral concerns of chronic illnesses (chronic pain and long-term opiate use, diabetes and mental health).



Discussion Questions

1. Is this the performance you expected for the first three months?

Mostly. We expected an uptick, but we also expected it to be slow since implementing new workflows takes time

2. What has led to this performance?

- Process changes to include the front office staff notifying us of admit and discharge alerts or discharge summaries
- Implement new protocol for CCS outreaching patients
- Working with HIE to ensure alerts are set up properly
- Outreach to BH hospital discharge planners educating them about our program

Discussion Questions

3. Did you change anything in your process January through March?

- We made small changes to the workflow as we realized what works and didn't work when it comes to quick communication between the BHM and CCS
- Implemented a well check process in case we could not reach the patient
- Continued to outreach BH hospitals
- Worked with AHCCCS MCO's to obtain high risk patient lists

4. What are the pain points or problem areas in your process?

- Being notified of BH discharge and admits in real time. HIE part two data limits
- Being a Primary Care Office instead of a BH agency limits communication with hospitals as many are not educated on the CoCM model
- COVID has limited our ability to outreach hospitals, no visitors allowed
- COVID has limited hospital communication due to resource time constraints
- COVID limits patients feeling comfortable coming in for follow up visits

Discussion Questions

5. What do you want to do to improve for the rest of the year?

- Continue to outreach hospitals as much as we can
- Continue to work with MCO's who can provide real time alert/discharge data in the portal
- Continue to refine and improve process/workflow changes if we start to notice barriers
- Reconcile any incorrect patient assignments with MCO's

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