Peds A Quality Improvement Collaborative

Dr. Stephanie Furniss
Dr. Neil Robbins
Dr. George Runger

TIP Year 5: Session #2
November 03, 2020

Disclosures

There are no disclosures for this presentation

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Overview • Agenda	Kailey Love
11:35 AM – 12:00 PM	Internal Reporting vs HEDIS reporting	Dr. Stephanie Furniss Dr. Neil Robbins
12:00 PM – 12:20 PM	Internal Reporting: Use Case 1	Arizona Children Association Dr. Jessica Conlon, DBH, LMFT Melissa Jackson, LPC, MS
12:20 PM – 12:40 PM	Internal Reporting: Use Case 2	Spectrum Healthcare Group Lisa Sherrill
12:40 PM – 12:55 PM	Discussion & Q&A	All
12:55 PM – 1:00 PM	Next Steps	Kailey Love

Learning Objectives

1. Understand the importance of internal performance reports in the context of value-based payment systems

2. Identify key components of a robust internal reporting system

3. Explain performance evaluation for your group's area of concentration

4. Describe an approach your Group can take to harmonize performance data

Polling Questions

- Do you run/use internal reports?
- What has been useful to track internally?

Internal Reporting *versus* HEDIS Measures (TIP Dashboard)

	Internal Reporting	HEDIS Measures (TIP Dashboard)
Audience	Medical Group, QI team, Providers & Staff, Administrators	Purchasers, Payers, Patients/members, Medical groups
Purpose	Understanding Customers & Processes, Motivation and focus, Baseline, Evaluation of changes	Comparison, Basis for choice, Reassurance, Spur for change
Measures & Collection process	Few, Simple and requires minimal time, cost, and expertise	Very few, Complex and requires moderate effort and cost
Time period	Short, current	Long, past
	Measurement for Improvement	**Measurement for Accountability**

Solberg LI, Mosser G, McDonald S. The three faces of performance measurement: improvement, accountability, and research. Jt Comm J Qual Improv. 1997;23(3):135-147.

Internal reporting is critical for QI

- Clinical operations need to focus resources to clinical QI objectives
- Use internal reporting; it need not be identical to accountability measures to be effective
  - Self reliant
  - Timely feedback
  - Proactive intervention
  - Continuous improvement
- Improve likelihood of meeting accountability milestones to earn incentive payments, and for future VBC

Example: Peds PCP Measure Parameters

W15: 6+ well-child visits, 0-15 months

Internal Reporting for QI

- Clinical QI Objective
  - Members to have 6+ well-visits with a PCP by the time the member turns 15 months old

- Clinical / Operational information needed
  - Members under 15 months
  - Age or time until 15 months
  - Number of well visits completed
  - Last well visit
  - Next scheduled well visit

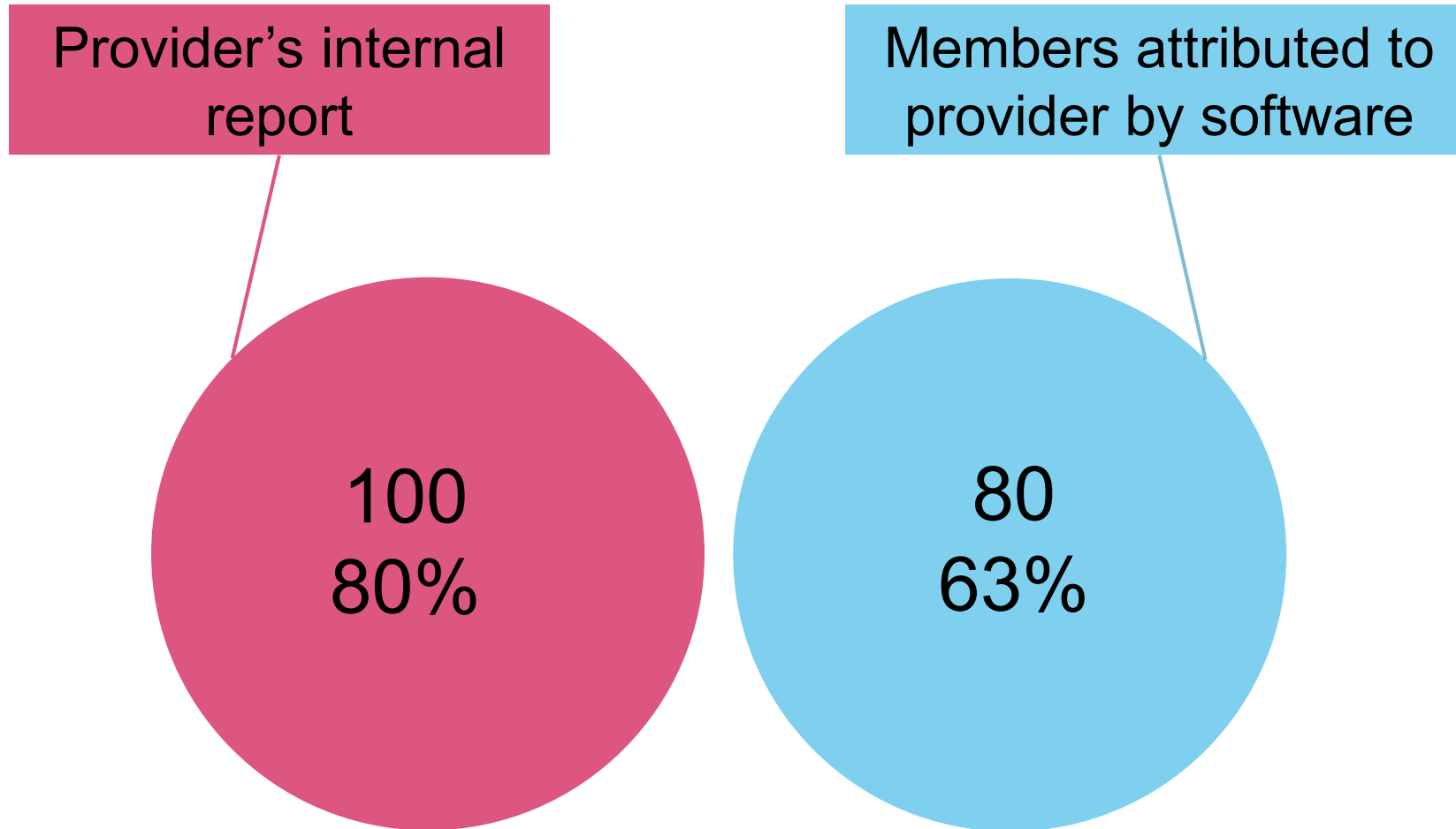## Additional information needed to align with HEDIS measures

- Enrolled in an ACC plan from 31 days through 15 months, with no more than 1 gap of no longer than 45 days
- Well-visits must be at least 14 days apart
- Member is excluded in used hospice services

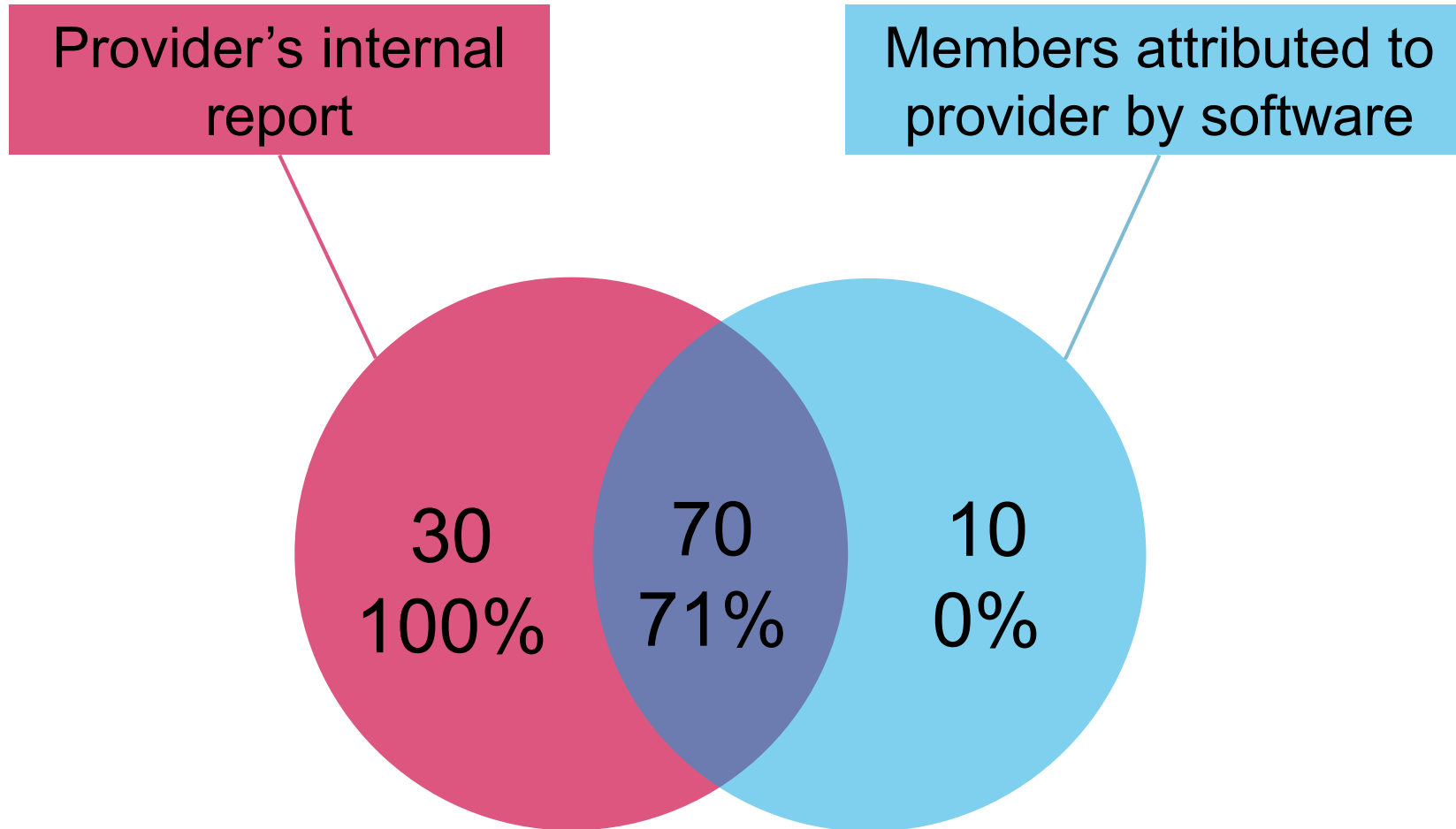Resource intensive & Detracts from clinical QI objective

Harmonize Internal Reports & Accountability Reports

- Performance measures may not match internal reports
- Important to understand why they differ
  - Explore and explain differences in denominators and performance to identify reporting gaps
  - Ensure consistent view of improved trends
  - Identify process errors
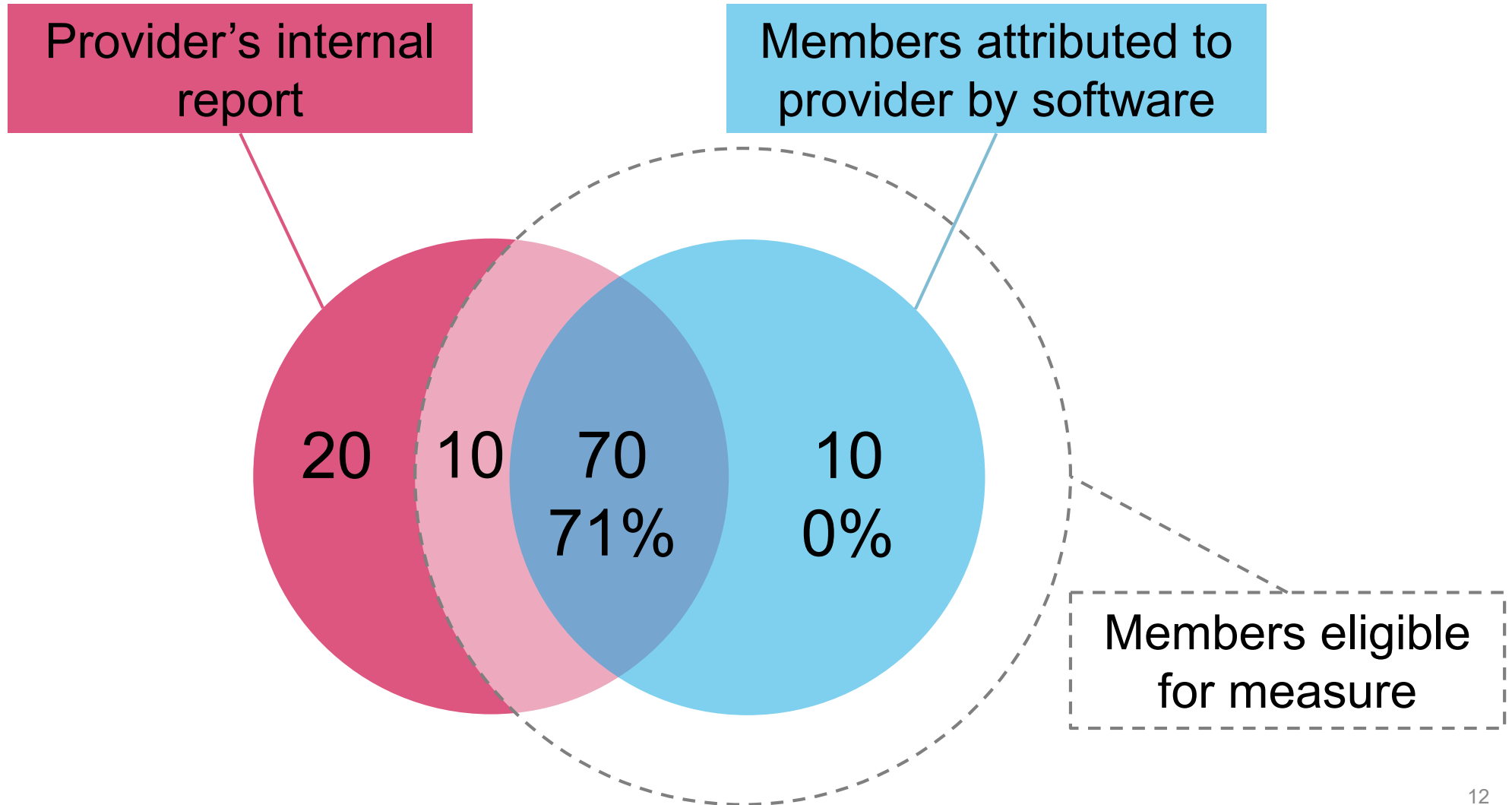 - Identify additional members your practice is held accountable for

Comparing Internal & Accountability Reports
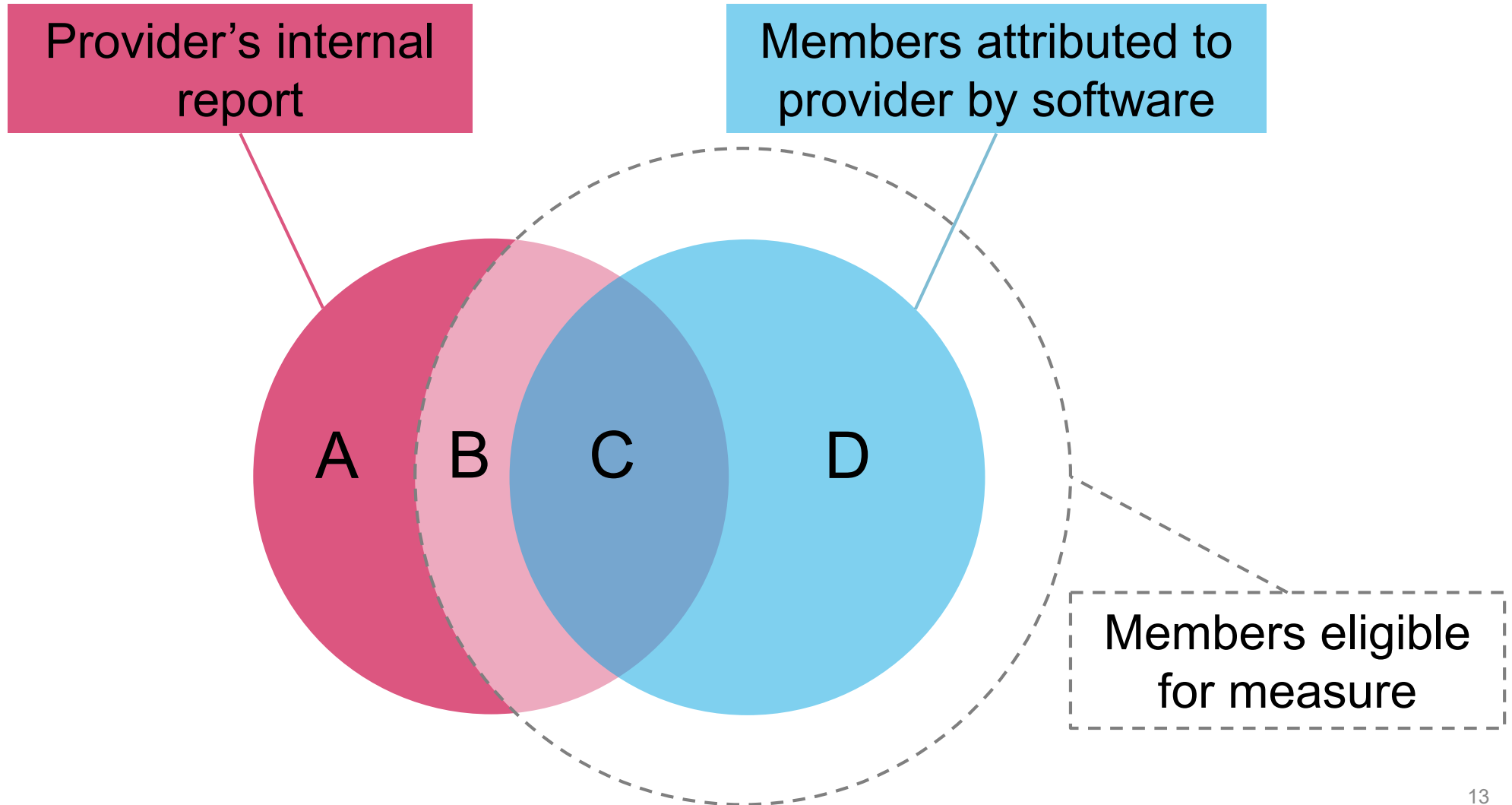
Provider's internal report

Members attributed to provider by software

100
80%

80
63%

Comparing Internal & Accountability Reports

Provider's internal report

Members attributed to provider by software

30
100%

70
71%

10
0%

Comparing Internal & Accountability Reports

Provider's internal report

Members attributed to provider by software

20   10   70
            71%   10
                   0%

Members eligible for measure

Comparing Internal & Accountability Reports

Provider's internal report

Members attributed to provider by software

A B C D

Members eligible for measure

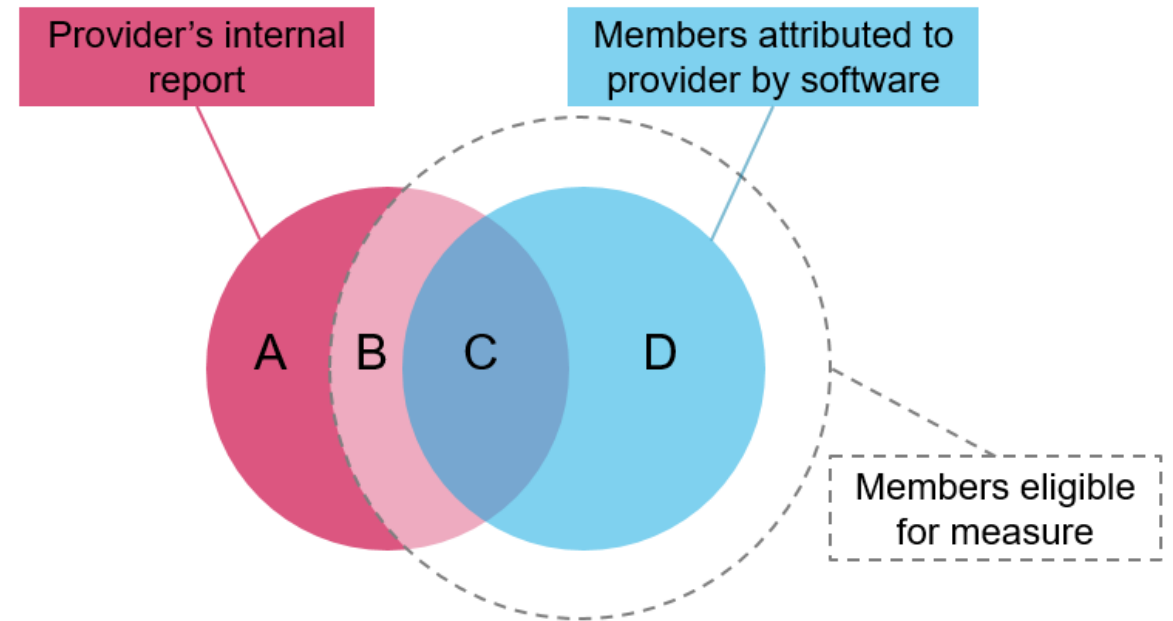# Comparing Internal & Accountability Reports

Group C: Alignment

- In provider's internal report, eligible for the measure, and attributed to the provider

- To harmonize, study processes for groups outside of C

- **Objective is still QI of clinical care**

Provider's internal report

Members attributed to provider by software

A B C D

Members eligible for measure
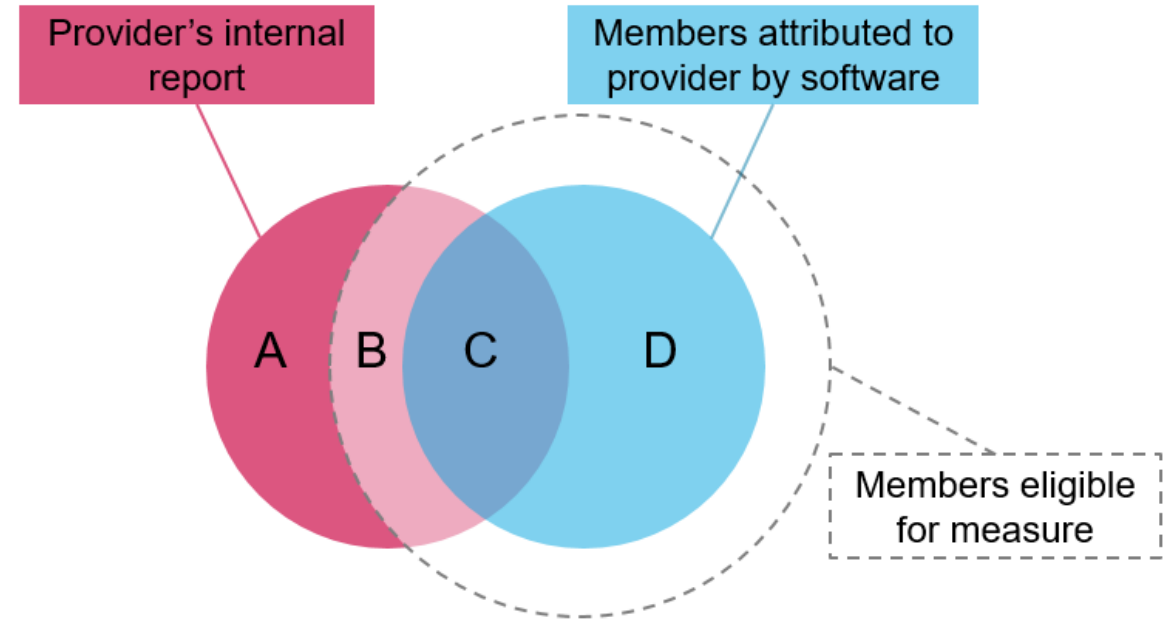
Comparing Internal & Accountability Reports
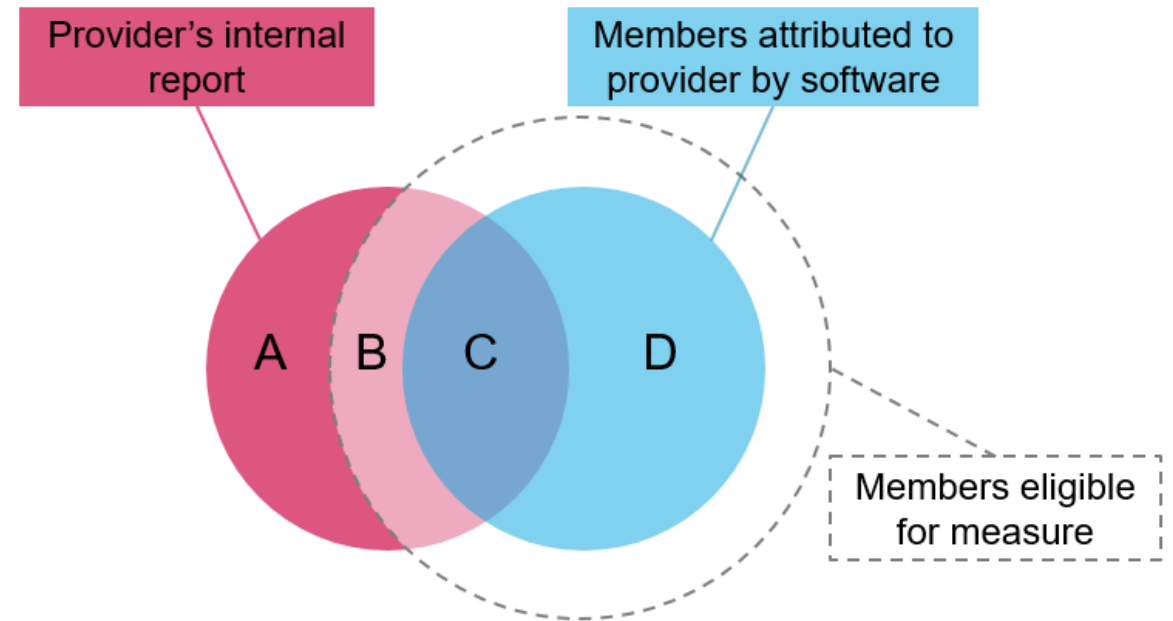
Group A: Ineligible

- In provider's internal report, but not eligible for the measure

- Reasons for ineligibility can help identify data quality issues

- **QI still benefits if member moved to numerator**

Comparing Internal & Accountability Reports

Group B: Misattribution

- In provider's internal report, eligible for the measure, but not attributed to the provider

- Check Provider ID's

- **QI still benefits if member moved to numerator**

Provider's internal report

Members attributed to provider by software

A   B   C   D

Members eligible for measure

Comparing Internal & Accountability Reports

Group D: Extra Attribution

- Eligible for the measure and attributed to the provider, but not in the provider's internal report

- Expand internal reports to improve internal monitoring

- **Member engagement and outreach for QI**

Provider's internal report

Members attributed to provider by software

A   B   C   D

Members eligible for measure
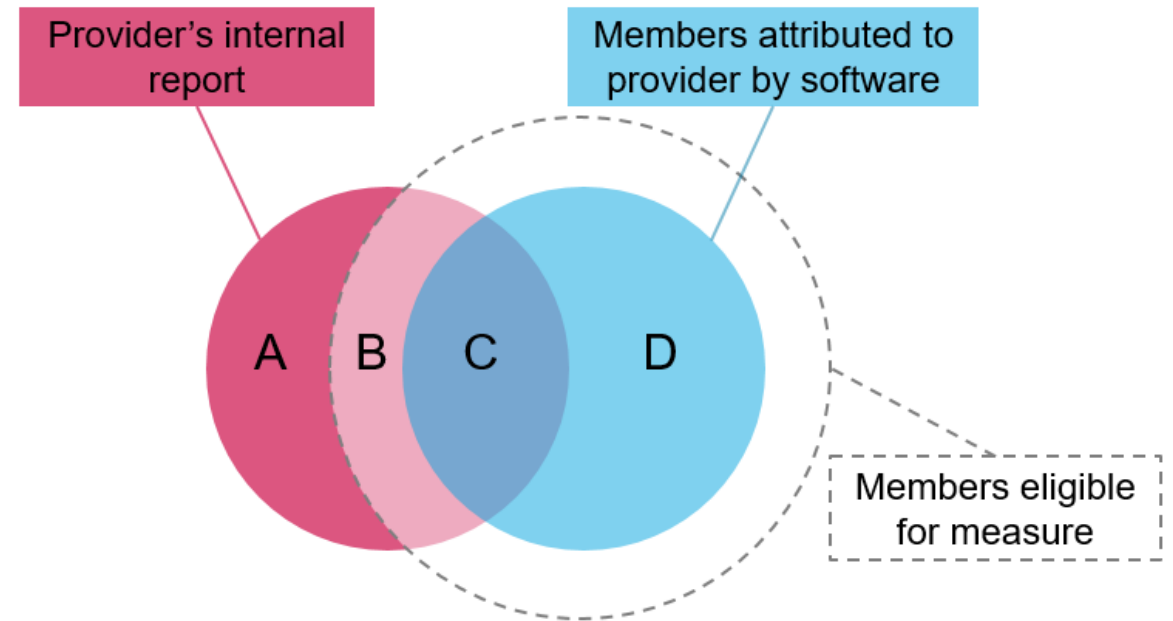
Summary

- Internal reporting is critical to a Clinic's QI efforts
- HEDIS measures are important for accountability and to identify gaps and limitations in internal reporting (e.g., unengaged members)
- Valuable to compare results from your internal reports with the results from HEDIS certified software to
  - Explore and explain differences in denominators and performance to identify reporting gaps
  - Ensure consistent view of improved trends
  - Identify process errors
  - Identify additional members your practice is held accountable for
- Email TIPQIC@asu.edu if interested

Internal Reporting

Dr. Jessica Conlon, DBH, LMFT

Melissa Jackson, LPC, MS

11/3/2020

Who We Are

Arizona's Children Association (AzCA) is a nonprofit organization that was **founded in 1912**, as an orphanage to care for homeless, neglected and dependent children.

We are **one of the oldest and largest** statewide child welfare and behavioral health nonprofit agencies in Arizona.
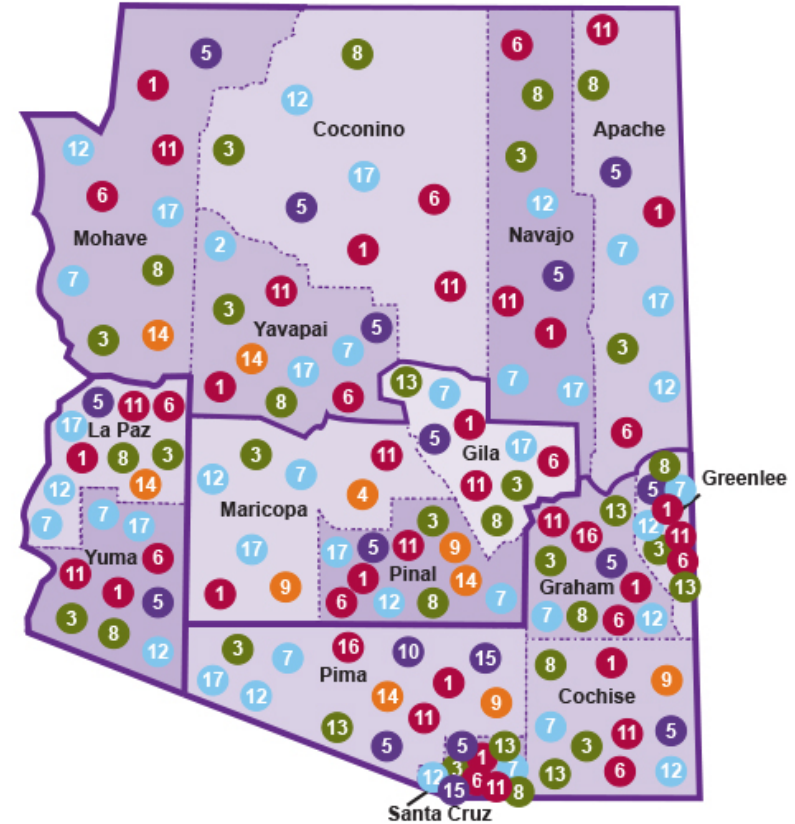
ARIZONA'S CHILDREN ASSOCIATION

Our Programs & Services

AzCA programs and services are offered in all **15 counties** in AZ and serve more than **42,000** children and families each year.

MEMBERS OF ARIZONA'S CHILDREN ASSOCIATION FAMILY OF AGENCIES

Child Haven Golden Gate Community Center In My Shoes Las Familias new directions institute FOR INFANT BRAIN DEVELOPMENT The Parent Connection SOUTHERN ARIZONA CENTER AGAINST SEXUAL ASSAULT

1. Adoption
2. Child Haven
3. Foster Care
4. Golden Gate Community Center
5. In My Shoes
6. Independent Living Services
7. In-Home Family Support
8. Interstate Compact for the Placement of Children (ICPC)
9. Kinship and Adoption, Resource and Education (KARE) Family Center

10. Las Familias
11. New Directions Institute
12. Outpatient Behavioral Health
13. Parent Aide
14. Parents as Teachers
15. Southern Arizona Center Against Sexual Assault (SACASA)
16. The Parent Connection
17. Therapeutic Foster Care

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Use of Internal Reports

- As an agency we have been using internal reports for many years as generated by our electronic medical record, NextGen.

- With regards to TIP, establishing an internal reporting system was dependent on a few things.

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TIP Internal Reporting

- Needed to first establish if any existing reports could be used or revised to incorporate the data that was needed.

- Initially, with regards to the hospitalizations, we only had one report related to the HEDIS measure for hospitalizations.

- For the metabolic labs, we only had a report which pulled the clients who were prescribed antipsychotics, and were scanning in labs as clients or labs provided those results to us separately.

- We changed our internal reports system slightly for TIP and the following slides review this process.

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TIP Internal Reporting

- The hospitalizations metric:
  - We were already completing a template for our clients with MercyCare who were hospitalized, and this existed within our EMR.
  - A few changes were made to this template to be inclusive of all pertinent information for TIP tracking, and were able to begin using this form for all clients (all insurance plans).
  - IT created a report to pull all information from the template.
  - We used the template report in conjunction with our already established HEDIS report. This allowed for us to create our ongoing Hospital Tracking Report.

Hospital Discharge Summary Template

Hospital Discharge Summary

○ Initial D/C Plan ○ Updated D/C Plan ○ Final D/C Plan [i] ⊙ Clear All   ☑ Refresh Template

☐ DCS ☐ JPO ☐ DDD   Date: 10/28/2020

Facility: [   ]   Inpatient BHMP: [   ]   Phone: [( ) -]   Admit Date: [/ /]

Inpatient SW/CM: [   ]   Phone: [( ) -]

Outpatient BHMP: [   ]   Phone: [( ) -]   Provider Staff Name: [Melissa J Jackson]

Notification Date: [/ /]   Discharge Date: [/ /]   **Active Diagnosis**

Clinical Information ──────────────────────────────

Reason for hospitalization/LOC treatment:
[   ]

Anticipated Barrier(s) and Progres towards addressing these barriers to discharge successfully:
[   ]

Services provided in last 90 days:
[   ]

Dates contact made with hospital team and results of this contact:
[   ]

Peer to peer: (BHMP to BHMP) Date: Peer to peer: (BHMP to BHMP) Results:
[/ /]   [   ]

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Hospital Discharge Summary Template

Peer to peer: (BHMP to BHMP) Discussion:

Type of Discharge Service

Specific Services and Frequency *(if service not currently in place, identify steps to obtain)*

Placement and support: Plan A:

Placement and support: Plan B:

Placement and support: Plan C:

Alternative Level of Care Recommended (OOH): ○ Yes   ○ No   Date recommended: [/ /]

Packet has been sent to health plan: ○ Yes   ○ No

Any LOC recommendations **must result from** a peer to peer discussion **followed by** a CFT review of alternatives within 24 hrs then a packet must be submitted to health plan within 24 hours of the informed consent discussion.

Comments:

Follow Up Services

Substance Use Treatment: ○ Yes   ○ No

Treatment Services, list the appointment time for first post d/c meeting. (ie. Therapy, MMWIA supports, crisis team) do not list psychiatry

Service: [ ]   Provider: [ ]   Date: [/ /]   Time: [ ]

▶ Add   ▶ Update

Service Type	Service Provider	Service Date	Service Time

Psychiatric Follow up Appointment: BHMP: [ ]   Date: [/ /]   Time: [ ]

Address: [ ]

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Hospital Discharge Summary Template

D/C Paperwork Requested from Inpatient Facility: ○ Yes ○ No   Date Requested: [/ /]   Request Method: [ ]

Request POC Name: [ ]   POC Phone: [( ) -]

Post discharge CFT meeting: Date: [/ /] Time: [ ] Location: [ ] Provider Rep: [ ]

30 Day Post Discharge CFT Meeting: Date: [/ /]

Discharge Crisis Plan Updated: Date: [/ /]

Medications

Medication Name
[ ]

Dosage
[ ]

Source
[ ]

Frequency
[ ]

Start Date
[/ /]

End Date
[/ /]

▶ Add   ▶ Update

Medication Name	Dosage	Frequency	Source	Start Date	End Date
ADDERALL	30 mg	1 2x per day	Banner Scottsdale	09/01/2020	/ /
ABILIFY	5 mg	twice a day	Aurora Glendale	02/14/2020	/ /
(picklist)	(auto fills with picklist)	Document frequency stated	Hospital prescribing	10/07/2019	/ /

☐ **Hospital D/C Complete**

☐ Supervisor Review

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EMR Template Report

MRN	last_name	first_name	intake_date	DOB	program_locations	default_payer	Care_Coordinator	Total_Times_Hospitalized
123456	Smith	Jane	2/9/2020	12/28/2005	CAZ Apache Junction	AZ Complete Health RBHA	Smith BA - Jane	3
789101	Jones	Judy	10/6/2017	9/5/2003	CAZ BH Phoenix Central	Mercy Care Plan AZ	Jones BA - Tim	2
112131	Doo	Scooby	8/28/2020	5/11/2005	CAZ Buckeye	AZ Complete Health RBHA	Church BA - Bobby	1
415161	Jetson	Elroy	10/16/2017	7/15/2011	CAZ Buckeye	Mercy Care Plan AZ RBHA	Love BA - Mike	2
718192	Brite	Rainbow	1/10/2020	10/6/2005	CAZ Chandler	United Health Care	Garcia BA - Natalie	2
321222	Prime	Optimus	10/9/2020	8/4/2005	CAZ Maryvale	American Indian Health Pgr	Speedwagon BA - Mario	1
324252	Bunny	Bugs	4/30/2020	4/11/2008	CAZ Surprise Ste 401	Mercy Care Plan AZ RBHA	Brown BA - Andrew	2
627282	Smurf	Papa	7/13/2020	1/5/2006	SAZ BH Columbia Str Tucson	Mercy Care Plan AZ RBHA	Kent BA - Clark	2
930313	Pooh	Winnie	4/25/2016	6/24/2008	WAZ BH Yuma	Mercy Care Plan AZ	Bell BA - Anna	3

EMR Template Report

enc_date	DC Type	Notification_Dt	Admit_Date	ActualDC_Dt	Length_of_Stay	Facility_Name	Reason
10/13/2020	Updated	8/19/2020	8/18/2020	11/3/2020	77	Aurora Tempe	DTO/ DTS
10/15/2020	Final	10/8/2020	10/8/2020	10/15/2020	7	Phoenix Childrens Hospit	SI
10/13/2020	Updated	10/2/2020	10/2/2020			Oasis	SI
10/14/2020	Final	10/7/2020	10/6/2020	10/12/2020	6	Banner Scottsdale	SI reported SI with reported inte
10/15/2020	Updated	9/8/2020	9/8/2020	9/21/2020	13	Destiny Springs	SI
10/14/2020	Initial	10/9/2020	9/30/2020	10/9/2020	9	Oasis	Anxiety
10/12/2020	Initial	10/8/2020	10/8/2020			Banner Scottsdale	Auditory Hallucinations and DTS
10/14/2020	Initial	10/9/2020	10/8/2020	10/16/2020	8	Aurora Glendale	Hallucinations
10/12/2020	Initial	9/25/2020	9/25/2020	10/2/2020	7	Oasis	SI

EMR Template Report

DCS	DDD	JPO	PlanA	psych_appt	psych_appt_status
Y	N	N	BHIF		BOOKED - 20200901
N	N	N	Clt to come back home with current behavioral health services and psychiatric follow up	10/21/2020	BOOKED - 20201014
Y	N	N	BHRF		BOOKED - 20201006
Y	N	Y	Canyon State with discussed services		NO SHOW - 20201006
N	N	N	Client will discharge to BHIF placement	9/18/2020	chart complete - 20200916
N	N	N	The client will return home and engage in outpatient services with AzCA: HNCM and individual/family therapy (mother declined psych eval).		BOOKED - 20201014
N	N	N		10/26/2020	NO SHOW - 20201021
Y	N	N	Clt will go back home with aunt and continue services.	10/21/2020	BOOKED - 20201020
N	N	N	Clt will go to BHIF	10/6/2020	KEPT - 20201006

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EMR Template Report

psych_appt	psych_appt_status	PostDC_Asmt_Dt	Most_Recent_Asmt	Asmt_Type	PostDCCFT	PostDC_SP_Dt
	BOOKED - 20200901		8/7/2020			
10/21/2020	BOOKED - 20201014	10/19/2020	10/19/2020	PartE	10/19/2020	10/19/2020
	BOOKED - 20201006		8/31/2020			
	NO SHOW - 20201006	10/15/2020	10/15/2020	PartE	10/15/2020	10/9/2020
9/18/2020	chart complete - 20200916	9/28/2020	9/28/2020	PartE	9/23/2020	9/28/2020
ych eval).	BOOKED - 20201014	10/14/2020	10/14/2020	Comp		10/14/2020
10/26/2020	NO SHOW - 20201021		7/28/2020			
10/21/2020	BOOKED - 20201020	10/20/2020	10/20/2020	PartE	10/20/2020	10/8/2020
10/6/2020	KEPT - 20201006	10/6/2020	10/6/2020	PartE	10/6/2020	10/6/2020

EMR Template Report

Most_Recent_SP	PostDC_CrisisPln_D	Most_Recent_CrisisP	30day_PostDCCFT	OOH_Req
8/7/2020		2/21/2020		Yes
10/19/2020		4/21/2020	11/2/2020	No
9/11/2020				Yes
10/29/2020		2/11/2020	10/29/2020	No
9/28/2020		3/24/2020		Yes
10/14/2020				No
8/20/2020		4/30/2020		No
10/20/2020			11/12/2020	No
10/6/2020		3/18/2020	11/6/2020	Yes

2nd Report Used for Hospital Tracking
EMR HEDIS Post Hospital DC Report

mrn	last_name	first_name	date_of_birth	age_today	default_locations	Psychiatric Provider	default_payer	Care Coordinator	open_programs
123456	Smith	Jane	12/28/2005	14	CAZ Apache Junction	Grant - Adam	AZ Complete Health RBHA	Smith BA - Jane	| Outpatient - Effective: 2/19/20
789101	Jones	Judy	9/5/2003	17	CAZ BH Phoenix Central	Hill - Alison	Mercy Care Plan AZ RBHA	Jones BA - Tim	| Outpatient - Effective: 9/15/20
112131	Doo	Scooby	5/11/2005	15	CAZ Buckeye	Fisher - Steven	United Health Care	Church BA - Bobby	| Outpatient - Effective: 10/13/20
415161	Jetson	Elroy	7/15/2011	9	CAZ Buckeye	Morgan - Tim	Mercy Care Plan AZ RBHA	Love BA - Mike	| Outpatient - Effective: 7/3/20
718192	Brite	Rainbow	10/6/2005	15	CAZ Chandler	Grant - Adam	United Health Care	Garcia BA - Natalie	| Outpatient - Effective: 7/20/20
321222	Prime	Optimus	8/4/2005	15	CAZ Maryvale	Hill - Alison	Banner University Family Care	Speedwagon BA - Mario	| Outpatient - Effective: 9/2/20
324252	Bunny	Bugs	4/11/2008	12	CAZ Surprise Ste 401	Fisher - Steven	United Health Care	Brown BA - Andrew	| Outpatient - Effective: 9/18/19
627282	Smurf	Papa	1/5/2006	14	SAZ BH Columbia Str Tucson	Morgan - Tim	Mercy Care Plan AZ RBHA	Kent BA - Clark	| Outpatient - Effective: 10/13/20
930313	Pooh	Winnie	6/24/2008	12	WAZ BH Yuma		Banner University Family Care	Bell BA - Anna	| Outpatient - Effective: 10/14/20

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EMR HEDIS Post Hospital DC Report

discharge_date	reason	7day_CFT_ind	30day_CFT_ind	7day_Med_ind	7day_Service_ind	7day_Amst_ind	30day_Service_ind
10/14/2020	DTO/ DTS	No	Yes	No	No	No	No
10/18/2020	Auditory Hallucinations and DTS	No	No	No	No	No	No
10/13/2020	DTS	Yes	Yes	Yes	No	Yes	No
10/16/2020	DTS	No	Yes	No	No	No	Yes
10/13/2020	DTO	No	No	No	No	No	No
10/12/2020	S/A-AOD	No	Yes	Yes	No	No	Yes
10/14/2020	DTS	Yes	Yes	Yes	No	Yes	Yes
10/12/2020	SI	Yes	Yes	Yes	Yes	Yes	Yes
10/16/2020	SI	No	Yes	Yes	No	No	No

Final Hospital Tracking Report

Site	MRN	Last Name	First Name	DOB	default_payer	Care Coordinator	DC Type	Admit Date	Discharge Date
CAZ Apache Junction	123456	Smith	Jane	12/28/2005	DCS	Smith BA - Jane	Final	10/1/2020	10/9/2020
CAZ BH Phoenix Central	789101	Jones	Judy	9/5/2003	American Indian Health PGm	Jones BA - Tim	Initial	9/30/2020	10/9/2020
CAZ Buckeye	112131	Doo	Scooby	5/11/2005	United Health Care	Church BA - Bobby	Final	10/7/2020	10/13/2020
CAZ Chandler	718192	Brite	Rainbow	10/6/2005	Banner University Family Care	Love BA - Mike	Final	9/24/2020	10/2/2020
CAZ Maryvale	321222	Prime	Optimus	8/4/2005	Mercy Care Plan AZ	Garcia BA - Natalie	Final	9/28/2020	10/4/2020
CAZ Surprise Ste 401	324252	Bunny	Bugs	4/11/2008	Mercy Care Plan AZ	Speedwagon BA - Mario	Final	9/30/2020	10/20/2020
MAZ Casa Grande	415161	Jetson	Elroy	7/15/2011	Steward Health Choice AZ	Kent BA - Clark			
MAZ Florence	516141	Stark	Tony	2/6/2013	Mercy Care Plan AZ	Kent BA - Clark	Updated	10/20/2020	
SAZ BH Columbia Str Tucs	627282	Smurf	Papa	1/5/2006	United Health Care	Bell BA - Anna	Final	9/23/2020	10/5/2020
SAZ BH Sierra Vista 942 Fr	282726	Dumbledore	Albus	2/17/2006	Banner University Family Care	Brown BA - Andrew	Final	9/27/2020	10/8/2020
WAZ BH Yuma	930313	Pooh	Winnie	6/24/2008	Banner University Family Care	Hernandez BA - Jorge	Initial	10/20/2020	

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Final Hospital Tracking Report

7day CFT	30day CFT	7day Pysch Eval	Meaningful Service w/in 7 Days	Assessment billed w/in 7 days	Service w/in 30 days	Psych Eval w/in 30 Days (8-30	Notes	
Yes	Yes	YES	No	Yes	No			20 Min.
No	No	No	No	Yes	No		(10/27/2020) Supervisor Follow-Up Needed: Task not completed. (10/21/2020) Please communicate with the CM the need to schedule the hosp dc psych eval.	25 min
Yes	Yes	YES	No	Yes	No		Family declined the therapy referral, initially. Was able to get the family to agree to therapy with IOP.	5 min
Yes	Yes	YES	No	No	No			40 min
Yes	Yes	YES	Yes	Yes	Yes			20 min
Yes	Yes	YES	No	Yes	No			25 min
							Emergent Referral - Chart opened 10/29/2020. Psych eval scheduled for 11/9/2020.	10 min
							Psych eval scheduled for 11/2/2020. Template last updated 10/26/2020.	5 min
No	No	YES	No	No	No			20 min
Yes	Yes	YES	Yes	No	No			10 min
							(10/27/2020) Please communicate with the CM the need to update the template.	10 min

Final Hospital Tracking Report

Excel Tabs

- The key for color codes in notes to reference for staff for follow up.

- Current Hosp DC's: Clients are kept on this portion of the list for 30 days post hosp dc.

- Template – TIP Goal Met: Client's who have received a service within 30 days of hosp dc are moved to this tab after 30 days and then removed to a final monthly list once all clients have transitioned to this tab for a specific month.

- Templates – TIP Goal Not Met: Clients who have not received a TIP service within 30 days of dc.

- Melissa's Tab: Clients whose referral was closed, was only seen for observation and not admitted inpatient, etc.

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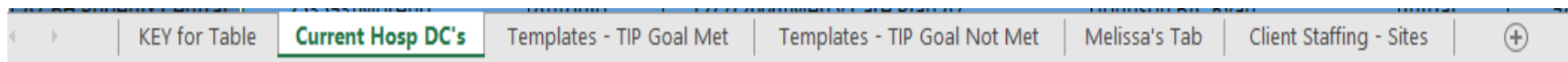
TIP Internal Reporting

For the Metabolic Lab Metric

- Again, for the metabolic labs we only had a report which pulled the clients who were prescribed antipsychotics.

- We had a separate process of scanning in labs as clients or labs provided those results to us. This then moved to electronic notifications of labs completed.

- We were able to work with our IT Department to add the labs ordered and completed tabs to the existing antipsychotics report.

Metabolic Labs Report

default_locations	mrn	last_name	first_name	date_of_birth	age_today	default_payer	open_programs
CAZ Apache Junction	123456	Smith	Jane	12/28/2005	11	DCS	| Outpatient - Effective: 10/1/19
CAZ BH Phoenix Central	789101	Jones	Judy	9/5/2003	13	American Indian Health PGm	| Outpatient - Effective: 10/1/18
CAZ Buckeye	112131	Doo	Scooby	5/11/2005	7	United Health Care	| Outpatient - Effective: 2/20/20
CAZ Chandler	718192	Brite	Rainbow	10/6/2005	7	Banner University Family Care	| Outpatient - Effective: 8/12/20
CAZ Maryvale	321222	Prime	Optimus	8/4/2005	14	Mercy Care Plan AZ	| Outpatient - Effective: 8/28/20
CAZ Surprise Ste 401	324252	Bunny	Bugs	4/11/2008	12	Mercy Care Plan AZ	| Outpatient - Effective: 10/1/19
MAZ Casa Grande	415161	Jetson	Elroy	7/15/2011	6	Steward Health Choice AZ	| Outpatient - Effective: 10/1/19
MAZ Florence	516141	Stark	Tony	2/6/2013	14	Mercy Care Plan AZ	| Outpatient - Effective: 6/18/20
SAZ BH Columbia Str Tuc	627282	Smurf	Papa	1/5/2006	17	United Health Care	| Outpatient - Effective: 9/9/19
SAZ BH Sierra Vista 942	282726	Dumbledore	Albus	2/17/2006	14	Banner University Family Care	| Outpatient - Effective: 6/3/19
WAZ BH Yuma	930313	Pooh	Winnie	6/24/2008	12	Banner University Family Care	| Outpatient - Effective: 3/20/20

Metabolic Labs Report

Active AntiPsychotic Meds [start date]	first_med_dt	last_lab_orders	last_lab_results
Risperdal 1 mg/mL oral solution [20190122]	1/22/2019	7/17/2019	7/17/2019
Seroquel 100 mg tablet [20181017]	10/17/2018	2/19/2020	4/10/2020
Abilify 10 mg tablet [20200323]	3/23/2020	4/6/2020	6/23/2020
olanzapine 5 mg tablet [20200908]	9/8/2020		
Abilify 5 mg tablet [20201020]	10/20/2020		
Seroquel 25 mg tablet [20200409] /Seroquel 100 mg tablet [20200304]	3/4/2020	4/15/2020	5/4/2020
risperidone 1 mg/mL oral solution [20200428]	4/28/2020	5/23/2020	7/16/2020
Abilify 5 mg tablet [20191223] /Zyprexa 5 mg tablet [20191223]	12/23/2019	1/15/2020	3/5/2020
Abilify 5 mg tablet [20200130]	1/30/2020	5/13/2020	7/24/2020
risperidone 0.5 mg tablet [20200804]	8/4/2020	8/4/2020	10/22/2020
Abilify 5 mg tablet [20200326]	3/26/2020		

Internal Reports Created/Used Most Frequently

- The creation of the reports are most often a collaboration between our IT department, CPQI Team, and Population Health.

- The hospital reports are updated daily through notifications received by staff, and notifications sent by hospitals/insurance plans to our 'dischargeplanning' and 'emergentreferral' distribution email.

  - The hospital tracking report is updated weekly with the two other reports described previously, being pulled once a week.

  - The discharges listed on the hospital tracking report are then removed from the tracking report once all have been completed follow-up services for 30 days, and this is then listed on a trending report we complete monthly to review with each site during a monthly hospital meeting.

  - In addition to this our CPQI team has recently created a dashboard with all the information from the hospital tracking report that allows for a general overview and then for sites to review individually.
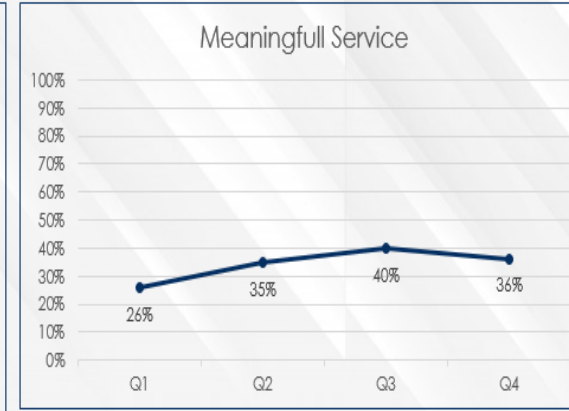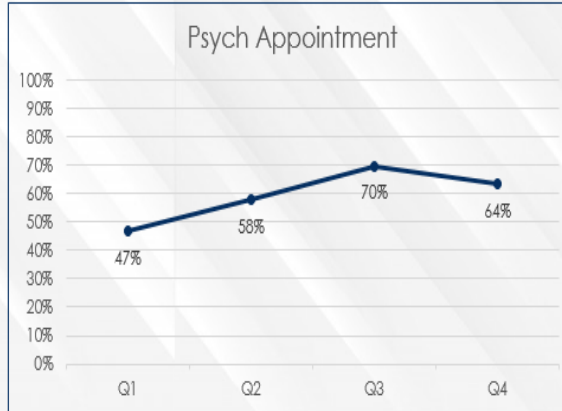
- The Metabolic Labs report is pulled monthly.

ARIZONA'S CHILDREN ASSOCIATION

Hospital Dashboard – CPQI Team

Hospital Dashboard – CPQI Team
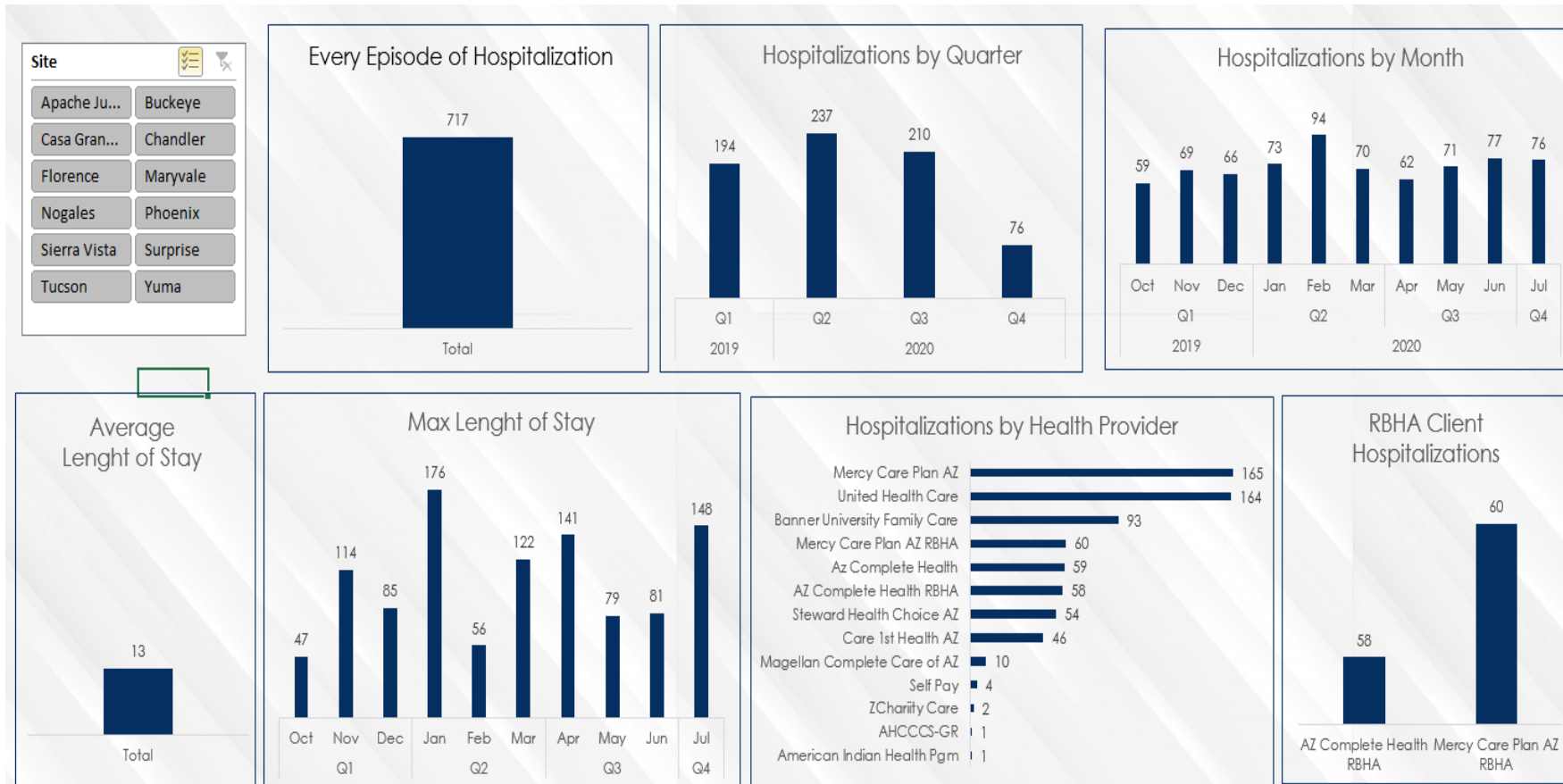
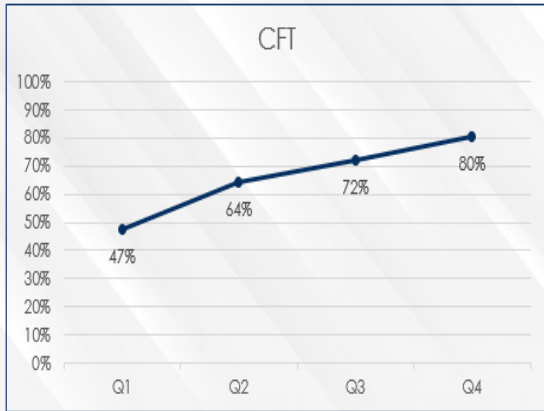# Hospital Dashboard – CPQI Team
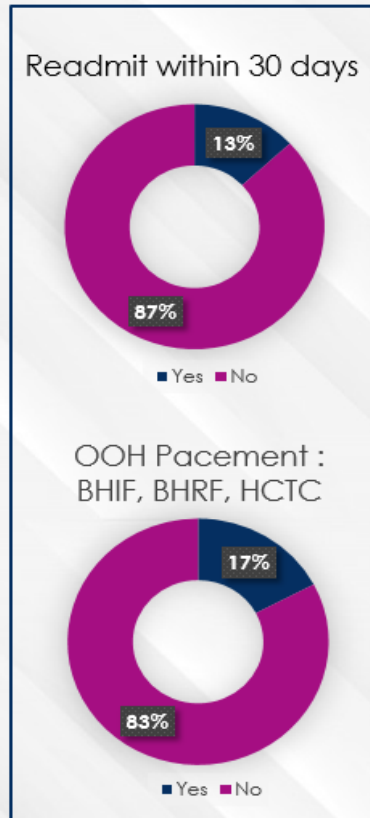
30 Day Post
Hospital Discharge Compliance
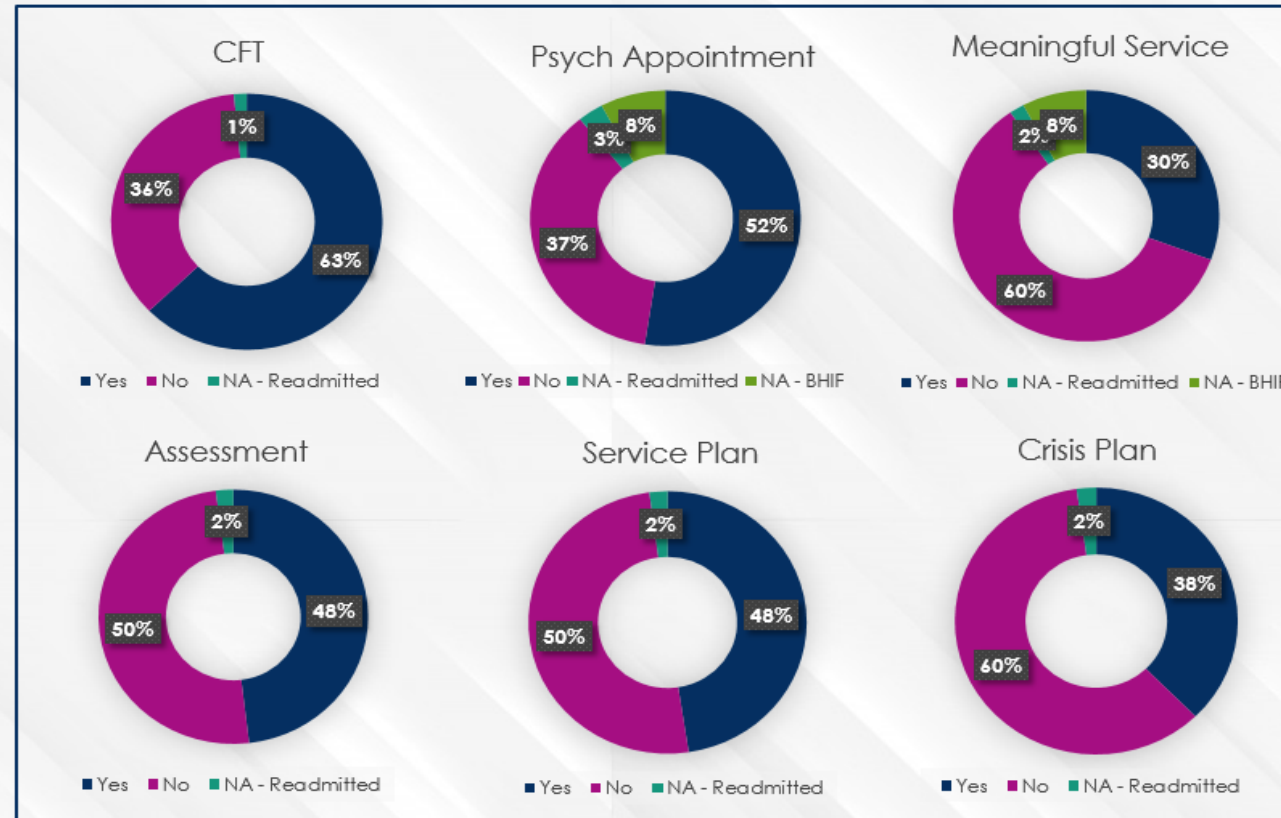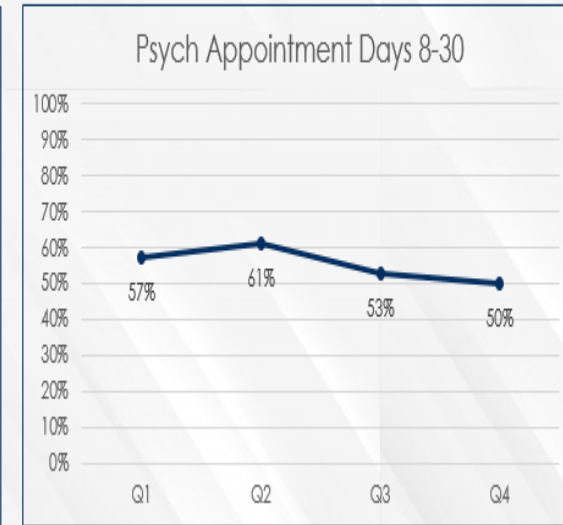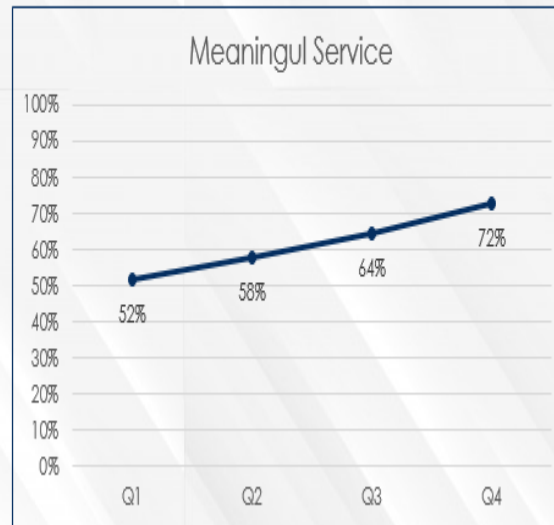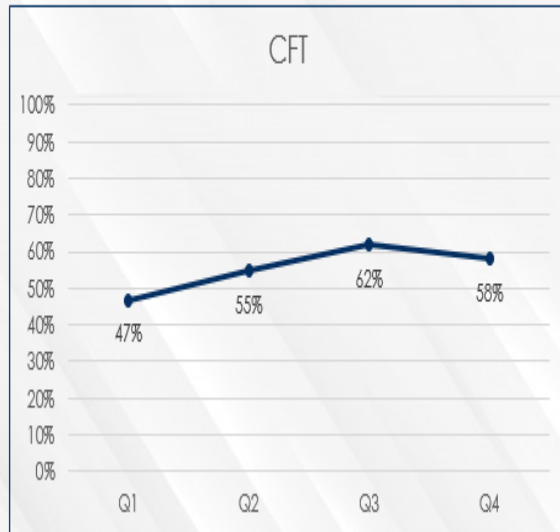
Hospital Dashboard – CPQI Team
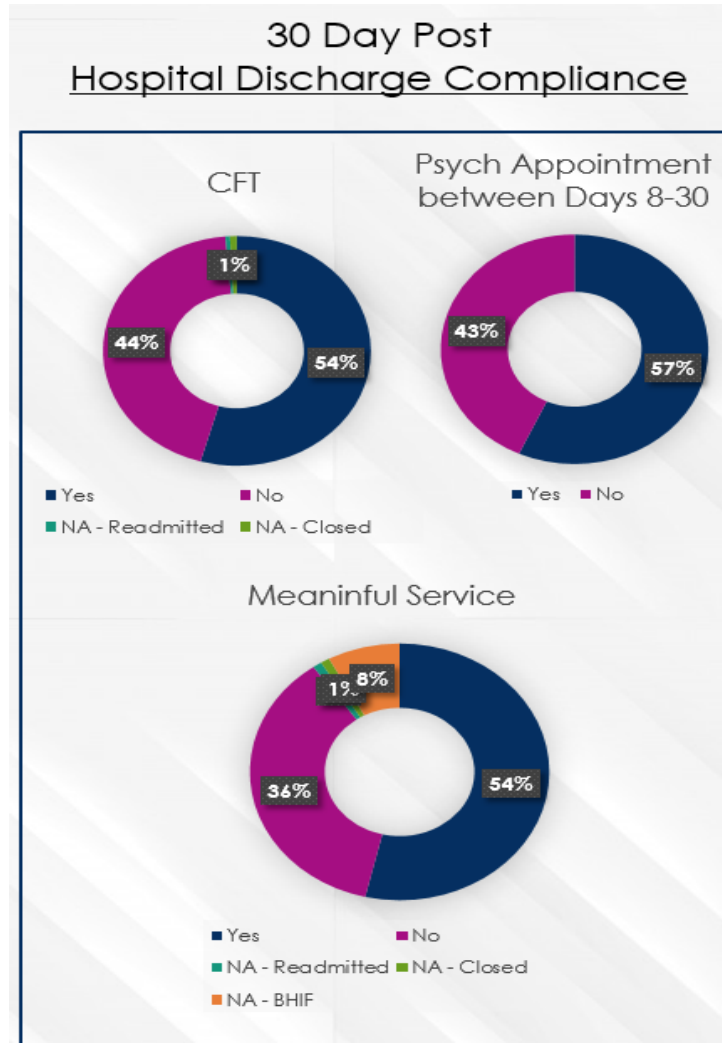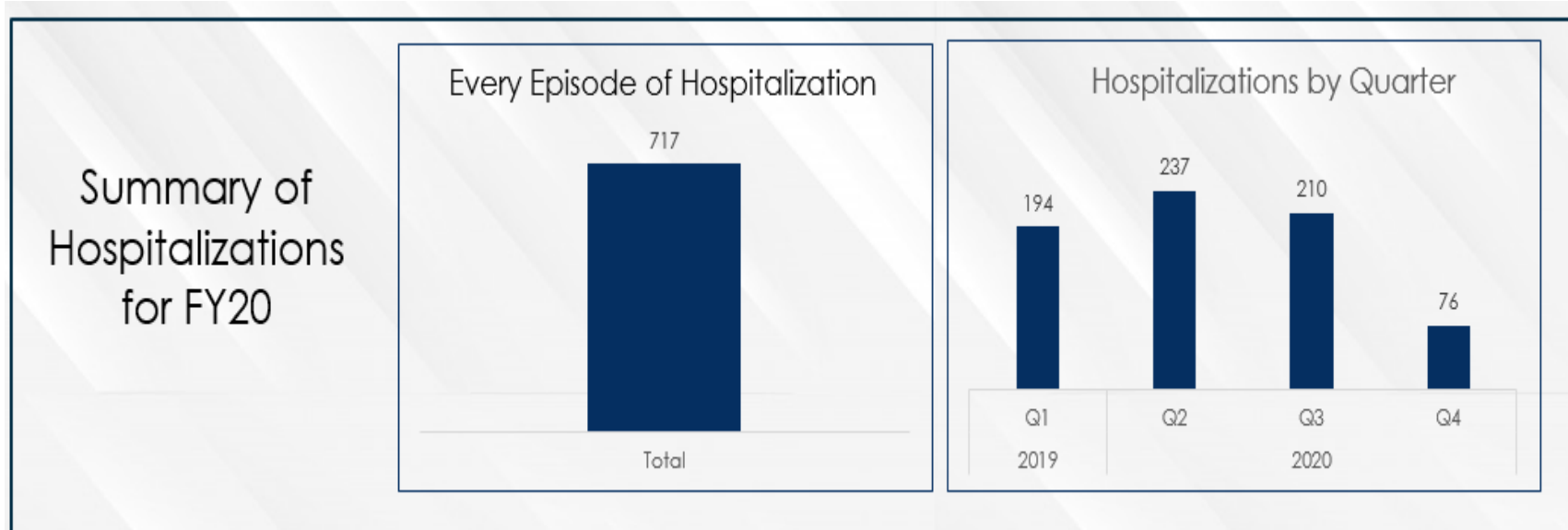
Hospital Dashboard – CPQI Team

Compliance Trends - 7 Day Post Hospital Discharge
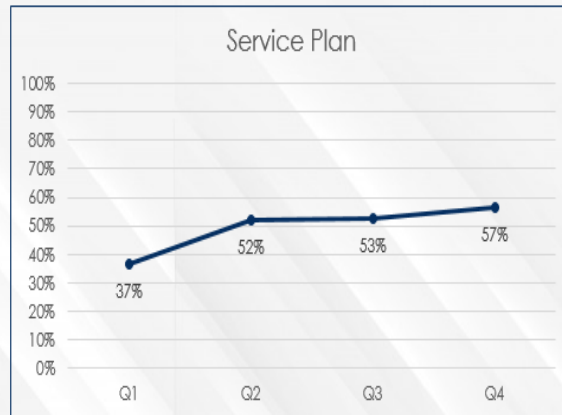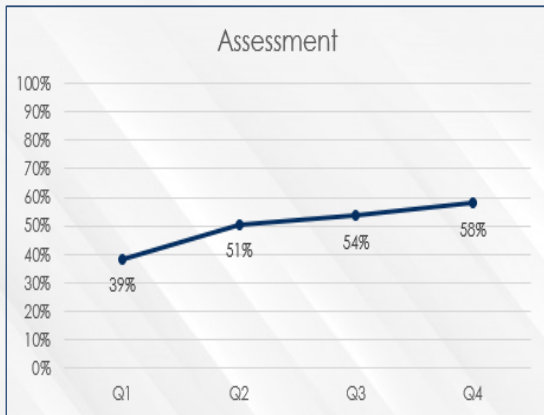
Hospital Dashboard – CPQI Team

Compliance Trends - 30 Day Post Hospital Discharge

Use of HIE Information

- We work closely with the HIE (Health Information Exchange) to receive information pertaining to our clients.

- We receive daily notifications through an SFTP report that our IT department created in conjunction with HIE to get the notifications daily.

- There are times that the inpatient admissions and discharges are noted on this daily HIE report. We will update the template if needed; however, more times than not staff have been in communication with the hospital staff and have prepped for the day of discharge already.

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AzCA Overall Timeline for TIP Internal Reporting

Month	Realizations/Accomplishments
Sep-19	Began prepping to track hospitalizations
	Created a training and the hospital discharge summary template
	Had all sites trained by end of September
Oct-19	Began using the template 10/15/2020
Nov-19	Implemented a hospitalization meeting once a month (Regional Director of BH, CPQI Manager, Trainer, and Pop Health Manger)
	Began sending out the hospital tracking report weekly to Site Administrators
Dec-19	Realized we needed to add Site Admin's to the monthly hospitalization meeting beginning in January
	Worked with IT to have the template report pull over into report from NextGen, which included readmissions
	Made it a requirement for all clients (all health plans) to have a hospital dc template as soon as we received notification of hospitalization
	Used the distribution email lists for 'dischargeplanning' and 'emergent referrals' for both internal and external communication on hospitalizations
Jan-20	We invited our OOH team to participate in the weekly hospital tracking report emails and the monthly meeting
	Created guideline of final template having to be completed within 7 days of dc, and if not, then site will have to track manually
	Implemented the emergent intake clinician to complete the initial template for emergent clients

ARIZONA'S CHILDREN ASSOCIATION

AzCA Overall Timeline for TIP Internal Reporting

Feb-20	Improved tracking for readmissions
	Began working with sites individually on ways to improve their own follow-up process
	Review of billing codes associated with the HEDIS report with the Site Admin's to help improve understanding
	Began to implement staffing's for clients with higher rates of re-admission
	Received feedback of need for a handout to provide to families with regards to discharge process and follow-up services/appts
Mar-20	Increased our monthly tracking and trending to show bigger picture to sites
	We were able to increase our 7 day psych eval dc appointments and decrease the 8-30 day psych evals completed
	Continued encouraging sites to increase internal staffing's for re-admissions/higher needs clients
	Began providing the full template report to sites to see all client information pertaining to hospitalization
Apr-20	Began identifying an greater increase in re-admissions (possibly COVID related)
	Began including a notes section for staff on the tracking report for what needed to be completed/followed-up on
May-20	Notifications transitioned to being sent to Site Admins fordirect follow up to happen internally at the site
	Began tracking crisis notifications to better determine those with increased crisis contacts as a means of decreasing likelihood of hospitalizations
	Began having our referrals coordinator who receives all notifications for hospitalizations to track emergent and client hospitalizations for possible identification of trending on the front end of our process

ARIZONA'S
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AzCA Overall Timeline for TIP Internal Reporting

Jun-20	Began to see an increase of staffing requests to occur for higher needs clients with higher rates of readmission
	Clarified billing for clients who transfer to RTC from hospitalizations
Jul-20	Reminders offered to staff related to final template being completed within 7 days of DC, trends with COVID, TIP metrics, specific site plans to continue improving follow-up services
	Check-in with Site Admins to see if any additional information is needed
	Increase of Emergent Referrals
Aug-20	Reviewed need to get vitals with psych follow up appointments and possible use of HIE for hosp vital information to be used due to COVID
	Reviewed the notes section and the need to send responses to requests such as psych eval and therapy appointments completed in higher level of care post hosp dc
	Continue seeing increase of Emergent Referrals
Sep-20	Created a "If-Then" flow sheet for our MAs to help clarify hospital discharge appts needs versus RTC discharge appts needs
	Introduced hospital portal
	Increase in no show for hospital psych dc appts which lead to a decrease in meeting the 7 day mark for those appts

ARIZONA'S CHILDREN ASSOCIATION

TIP Internal Reporting – Where we are now….

- We have a solid process in place related to hospital notifications from various sources:
  - Staff notification
  - Hospital notifications
  - Insurance plan notifications
  - HIE Alerts
- We are better able to track readmissions
- We have increased our internal staffing with our clients who have higher costs/utilization of services
- Noted that our numbers were quite different than on TIP's dashboard so we worked closely with TIP/ASU and our IT department to find out that not all our NPI numbers were accounted for with claims. Corrections were made and the TIP dashboard now closely aligns with our internal tracking and reports.

ARIZONA'S CHILDREN ASSOCIATION

TIP Internal Reporting – Next Steps

- Continue to improve our processes to ensure accuracy with the data gathered.
- Working more closely with the sites to ensure follow-up with needed data or completing of templates occurs in a more timely manner.
- Continue with our new hospitalization dashboard.
- Have worked to include our NMT (Neurosequential Model of Therapeutics) Supervisors within our weekly tracking report emailed out, and our monthly meeting, to allow for identification of clients who would benefit from NMT services.
- Increase our ability to staff cases internally with more than one crisis contact within a month to allow for increasing support and decreasing likelihood of hospitalizations (hopefully).

ARIZONA'S CHILDREN ASSOCIATION

Follow-Up Contact Information

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Medical Integration Officer

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Population Health Manager

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mjackson@arizonaschildren.org

ARIZONA'S CHILDREN ASSOCIATION

Establishing internal reporting

- Culture of data informed decision making
- CEO driven
- Established Performance Improvement Measures Committee in 2017
  - Supervisors, managers, directors, team leaders
  - Meets bi weekly
  - Mutual accountability

Frequently produced internal reports

- Business Management
  - Value of service
  - Direct service
  - No shows/cancels
  - Patient volume
- Quality Management
  - Chart audits
  - Safety measures
  - Quality of care
  - Satisfaction surveys
  - Time studies

- Process Improvement
  - Intakes
  - Hospitalizations
- Population Health
  - VBP Contract performance
  - TI performance
- Program Evaluation
  - Crisis
  - Pain Management

Electronic Health Records

Old Systems

- Primesuite – primary care
- Cerner – primary care
- Avatar – behavioral health (still in use)

New System

- Advanced MD

Report developers

- Quality management team produces most reports
- Billing & finance teams
- Program directors, operations managers, supervisors
- Safety officer

Reporting frequency

- Monthly
  - Value of service for staff
  - Direct service for staff
  - No shows/cancels
- Quarterly
  - Chart reviews for quality measures
  - Metabolic testing
- Annual or biannual
  - Safety
  - Satisfaction

- Access database to track
  - Measures
  - Due dates
  - Data sources
- Weekly
  - Well visits
  - Visit volume
  - No show/cancels
  - Hospitalizations
  - Covid testing
  - Value of service
  - Billed charges

Hospital follow up: data sources

- Crisis team reporting
- HIE
- Health Plan Notifications
- Hospital outreach

Hospital follow up: Tracking

	A	B	C	D	E	F	G	H	I	J	K
7	**Weekly stats**	Feb	March	April	**May**	**June**	**July**	**August**	**September**	**October**	
8	Total Discharges	7	6	4	4	7	6	3	6	3	
9	TIP Discharges / Not Ext enrolled	5	5	2	2	4	3	0	4	2	
10	TIP 7 day FU	2	2	1	0	2	1	0	4	1	
11	TIP 30 day FU	3	4	2	2	3	1	0	4	1	
12											
13	7 day FU %	40%	40%	50%	0%	50%	33%	#DIV/0!	100%	50%	
14	30 day FU %	60%	80%	100%	100%	75%	33%	#DIV/0!	100%	50%	
15											
16											
17											
18	Cumulative Stats	Feb	March	April	**May**	**June**	**July**	**August**	**September**	**October**	
19	Total Discharges	7	13	17	21	28	34	37	43	46	
20	TIP Discharges	5	10	12	14	18	21	21	25	27	
21	TIP 7 day FU	2	4	5	5	7	8	8	12	13	
22	TIP 30 day FU	3	7	9	11	14	15	15	19	20	
23		Feb	March	April	**May**	**June**	**July**	**August**	**September**	**October**	
24	7 day FU %	40%	40%	42%	36%	39%	38%	38%	48%	48%	
25	30 day FU %	60%	70%	75%	79%	78%	71%	71%	76%	74%	
26											
27											
28											
29											
30											
31											

Currently Inpatient | Post discharge follow up | Follow up complete | Stats

READY

Hospital follow up: Collected Data

Challenges:

1) Collection of follow up data for children who follow up with another provider.
2) Hospital cooperation

Enrollment	Payer	Facility Name	Admit Date	TIP?	Discharge D	Note	7 day completed	30 day completed
Crisis Child	Care1st	Oasis	09/30/20	Yes	09/30/20	WYGC Enrolled	NA	NA
Crisis	Care1st	Quail Run	9/2/2020	Yes	9/9/2020		Yes	Yes
enrolled	Care1st	Quail Run	6/7/2020	Yes	6/16/2020		Yes	Yes
CRISIS	SHC-Crisis Fund	St Lukes	4/27/2020	No	4/27/2020		No	Yes
Crisis	SHCA-CMDP	Destiny Springs	7/28/2020	Yes	7/28/2020	WYGC Enrolled	NA	NA
Enrolled	Health Choice T19 Child	Oasis	9/12/2020	Yes	9/21/2020		Yes	Yes
Crisis	HCA Crisis Funding	Destiny Springs	09/24/20	No	10/1/2020	Out of Area	NA	NA
CHILD	SHC-Crisis Fund	Destiny Spring	4/15/2020	No	4/24/2020	D/C w/o COC	No	No
Crisis	BCBS / Health Choice Ch	Valley Wise M	8/5/2020	No	8/12/2020		No	Yes
Enrolled	BCBS of AZ HCA MHBG	Valley Wise M(	9/20/2020	No	10/5/2020	10/6 Kathie C.	Yes	Yes
CHILD	SHC	Oasis	2/10/2020	Yes	2/18/2020		Yes	Yes
CRISIS	CARE1ST	Spring Mounta	5/2/2020	Yes	5/1/2020		No	Yes
Enrolled	Health Choice T19 Child	Oasis	9/10/2020	Yes	9/21/2020	9/24 1:30PM Kathie C	Yes	Yes

Currently Inpatient | Post discharge follow up | Follow up complete | Stats | ⊕

Child Hospital Follow Up Internal Data
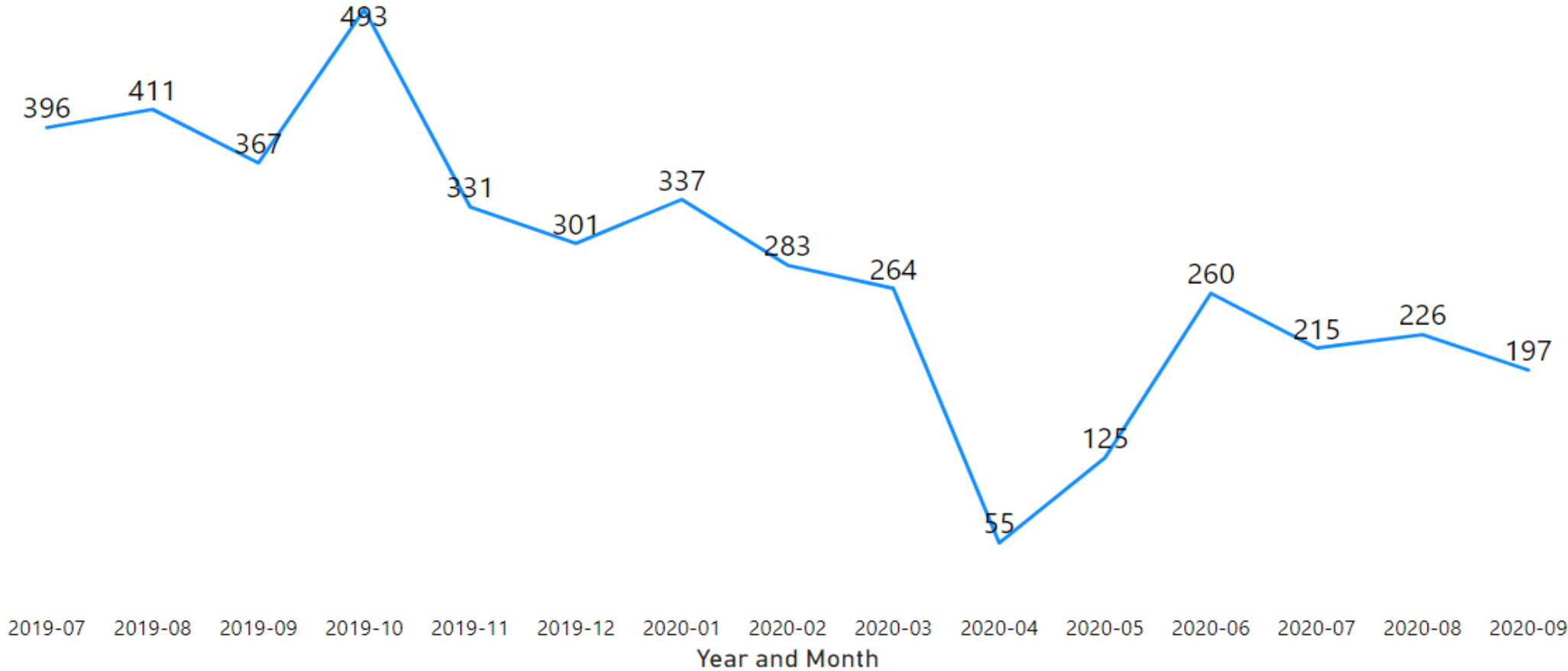
N=18

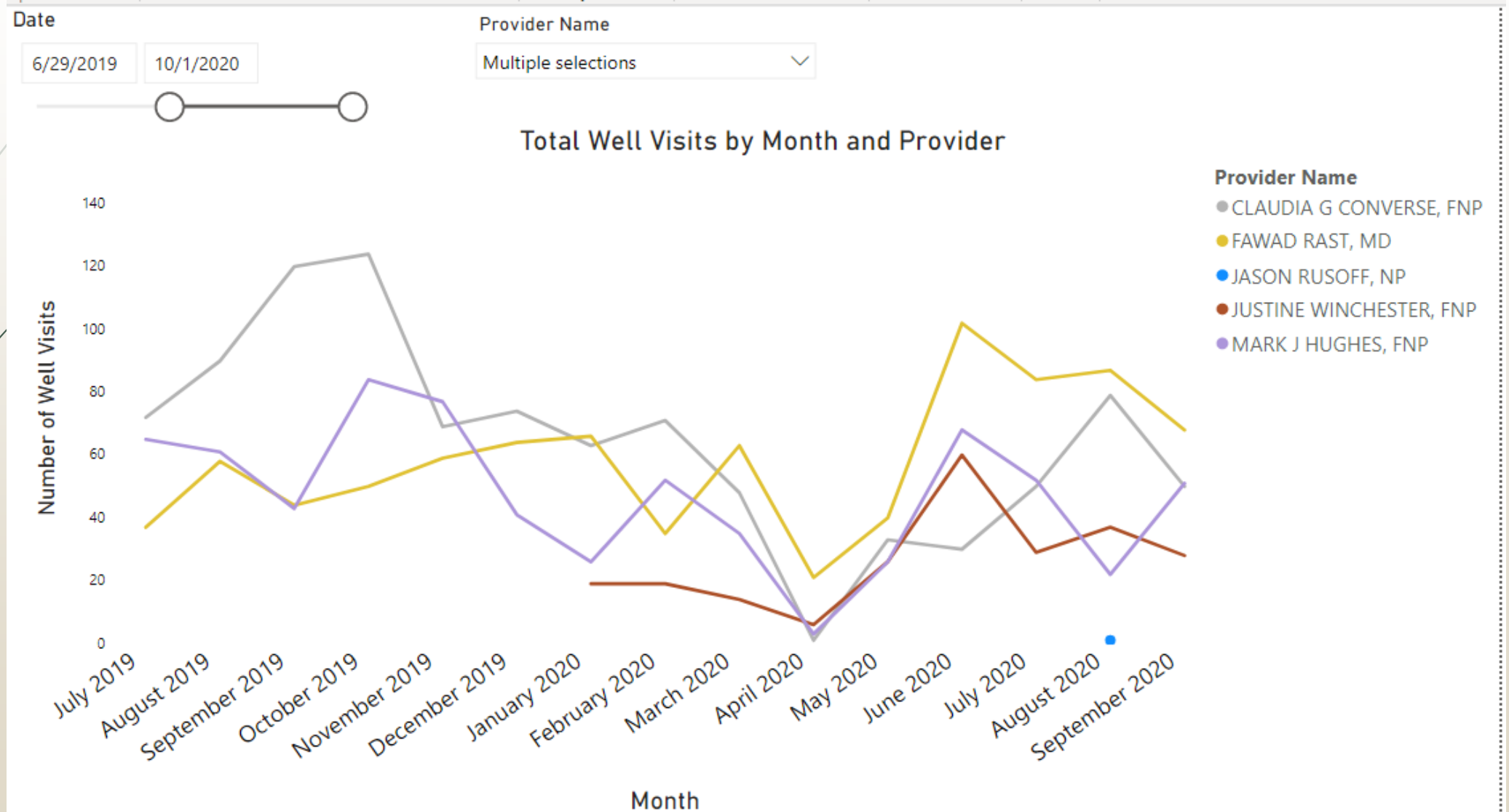— 7 day FU %   — 30 day FU %
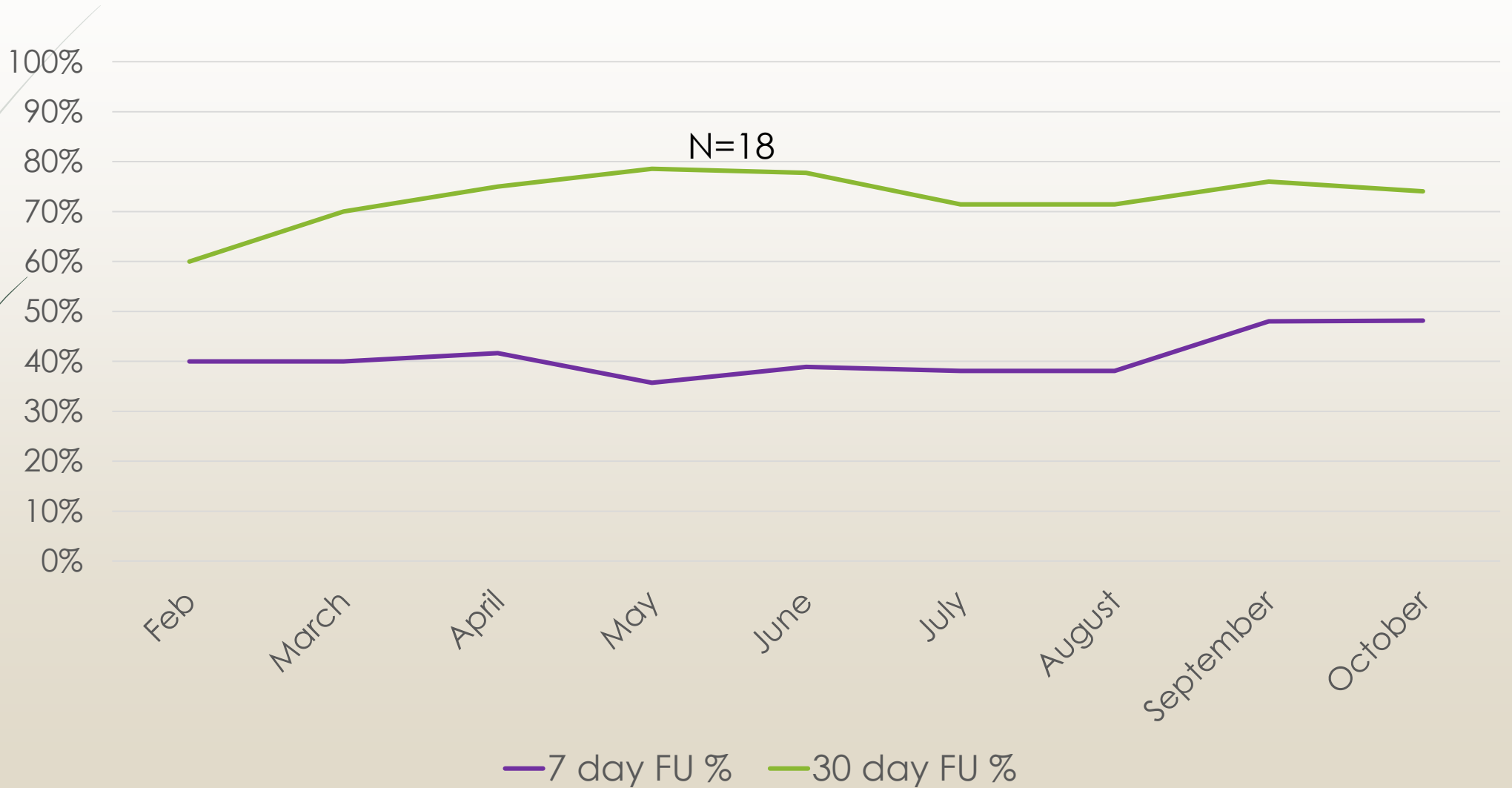
Well Visit Tracking

Challenges:

1) Covid
2) PCP attribution process at health plan
3) Inability to change attribution

Total Well Visits by Month

EXAMPLE – WELL VISIT TRACKING

Metabolic testing

Challenges:

1) EMR Limitations

	E	F	G	H
		TIP Children		
	Week Ending 7/17/20	Count	Percent Complete	
	Total TIP Attributed Children with anti-psychotics	4		
	Total TIP Children with Cholesterol Completed	3	75%	
	Total TIP Children with A1c or Glucose Completed	3	75%	
	Total TIP Children with Both Completed	3	75%	
	Children % Both Complete			
	75%			

HIE

- Used in estimating hospitalizations in pain management patients
- Adding in hospitalizations
- Covid testing
- Roster changes

TI Impact on Internal Reporting

- Hospital follow up
  - Trending our data
- Well visits
  - Tracking our own data
- Metabolic testing
  - Added child tracking
  - Tracking all patients, not just a sample
- Justice referrals
  - Data elements we are collecting

Thank you!!

Lisa Sherrill

lisas@spectrumhg.org

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