

AHCCCS Targeted Investments Program

# Adult A Quality Improvement Collaborative

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

TIP Year 5: Session #2  
November 05, 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></ul>	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	Crisis Preparation & Recovery Michael Magarinos
12:20 PM – 12:40 PM	Internal Reporting: Use Case 2	Southeastern Arizona Behavioral Health Services Kristin Ross Stephen Guarrera
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

1. Does your Group run and use internal reports?
2. What has been useful to track internally?
  - Please answer in Q&A box

# Internal Reporting

*versus*

# 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**

6

# 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: Adult PCP/BH Measure Parameters

**SSD: Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications**

## Internal Reporting for QI

- Clinical QI Objective
  - Members on antipsychotic medications have an increased risk of diabetes; therefore, need to have a diabetes screening test annually
- Clinical / Operational information needed
  - Members with active antipsychotic medication
  - Last diabetes screening test date

## Additional information needed to align with HEDIS measures

- Dx of schizophrenia, schizoaffective disorder or bipolar disorder
- Age 18-64
- Enrolled in an ACC plan for the full year, with no more than 1 gap of no longer than 45 days
- Member is excluded if has dx of diabetes or used hospice services

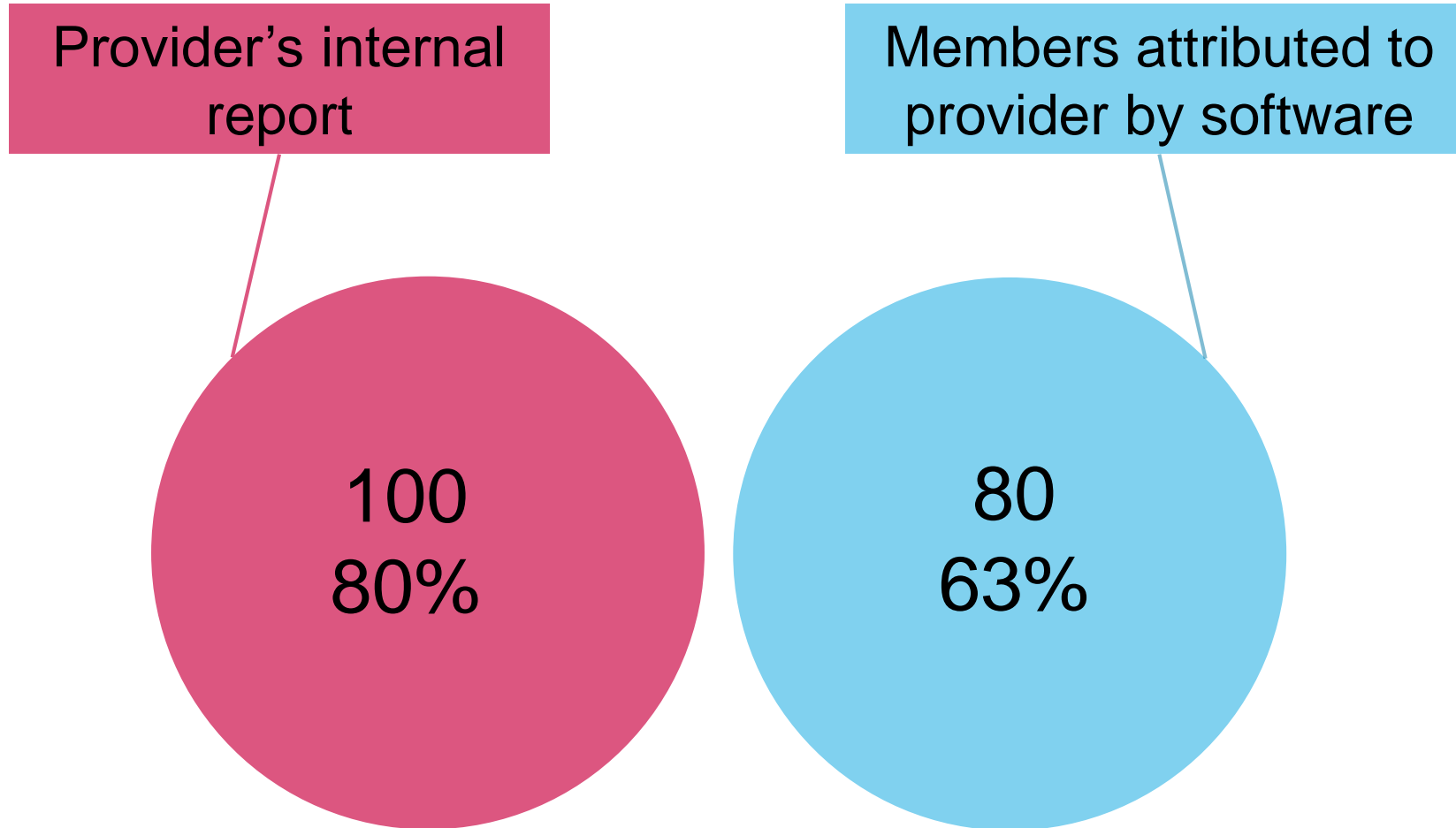
Resource intensive & Detracts from clinical QI objective



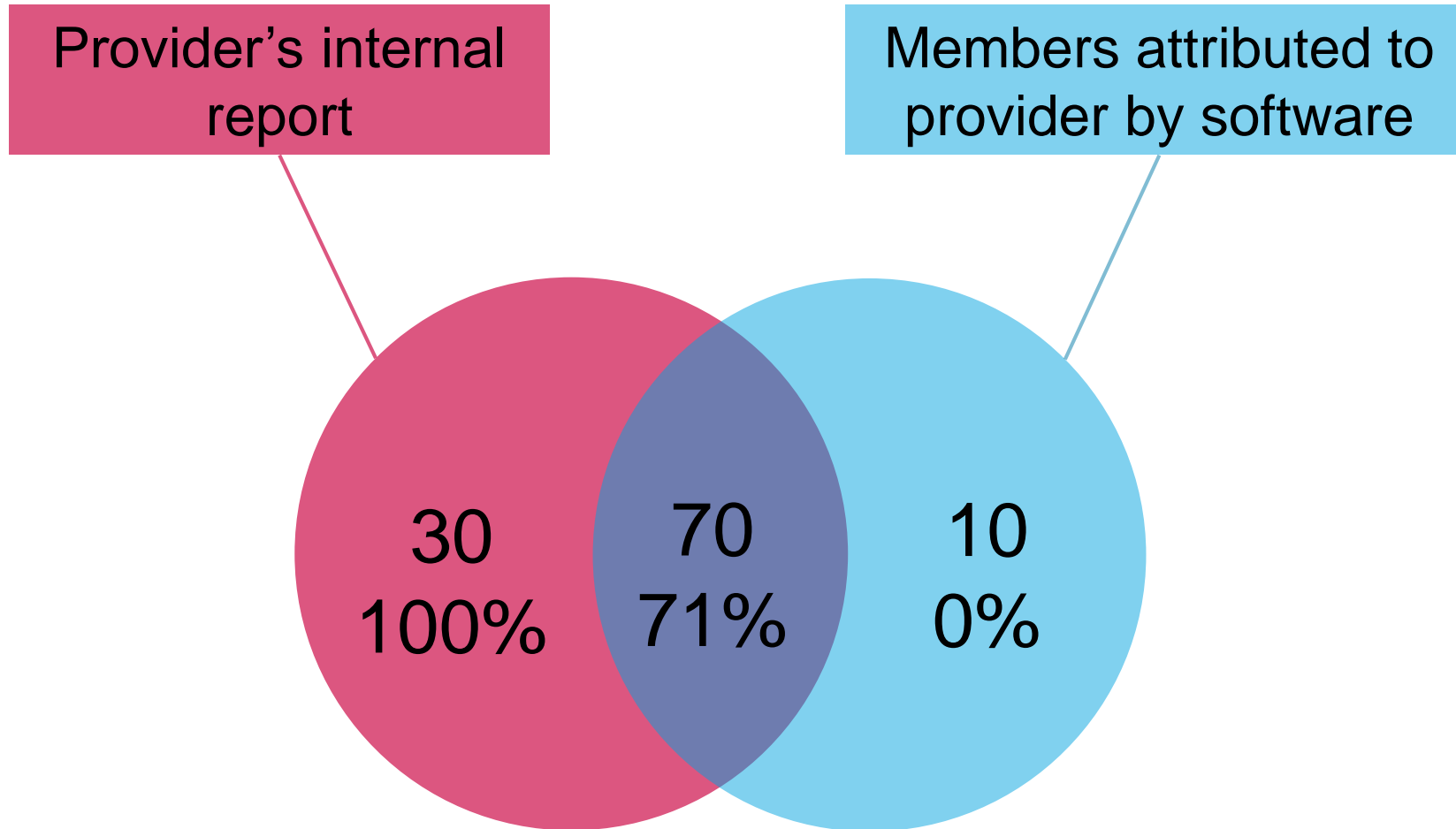
# Harmonize Internal Reports & Accountability Reports

- 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

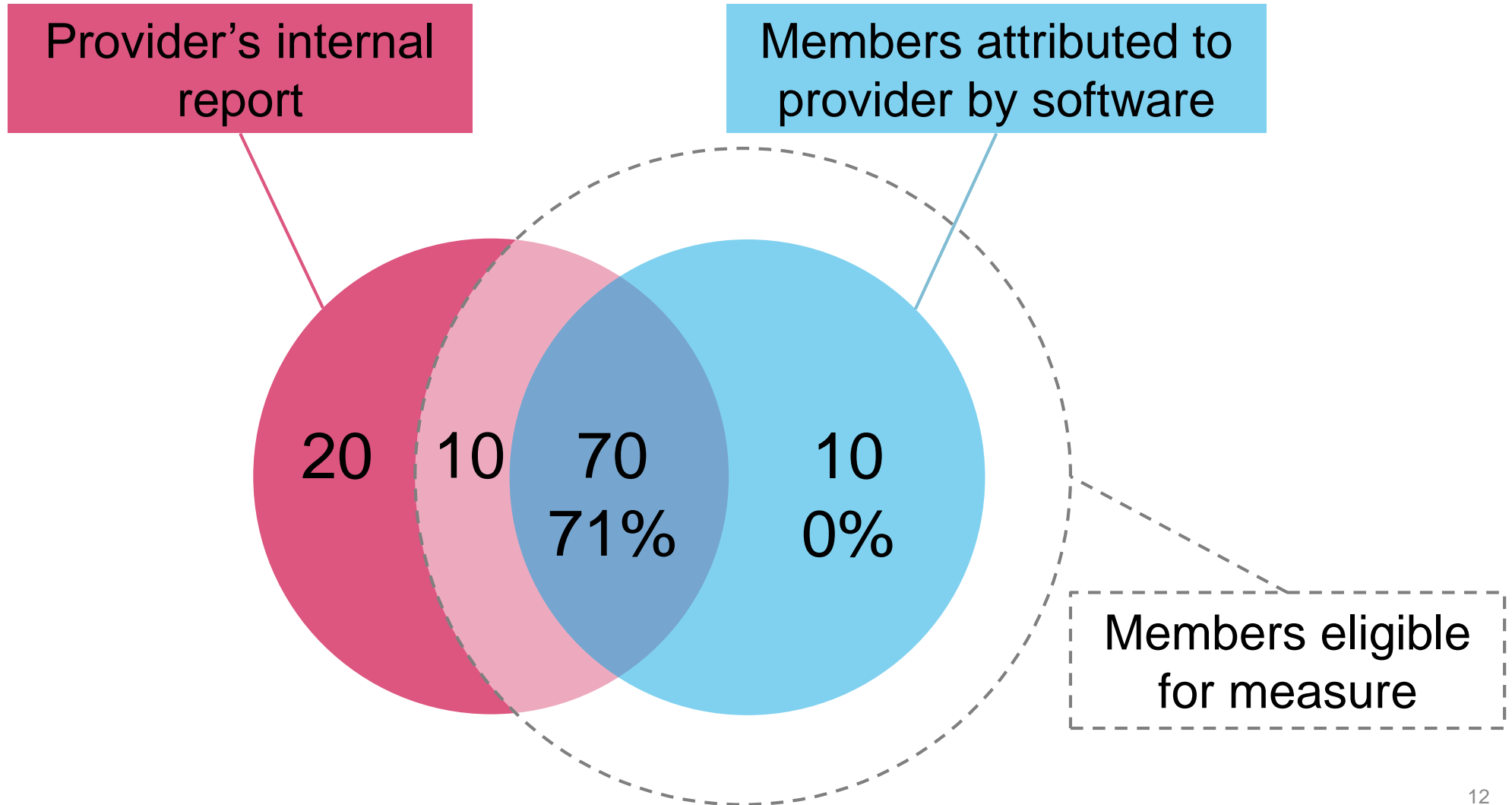
# Comparing Internal & Accountability Reports



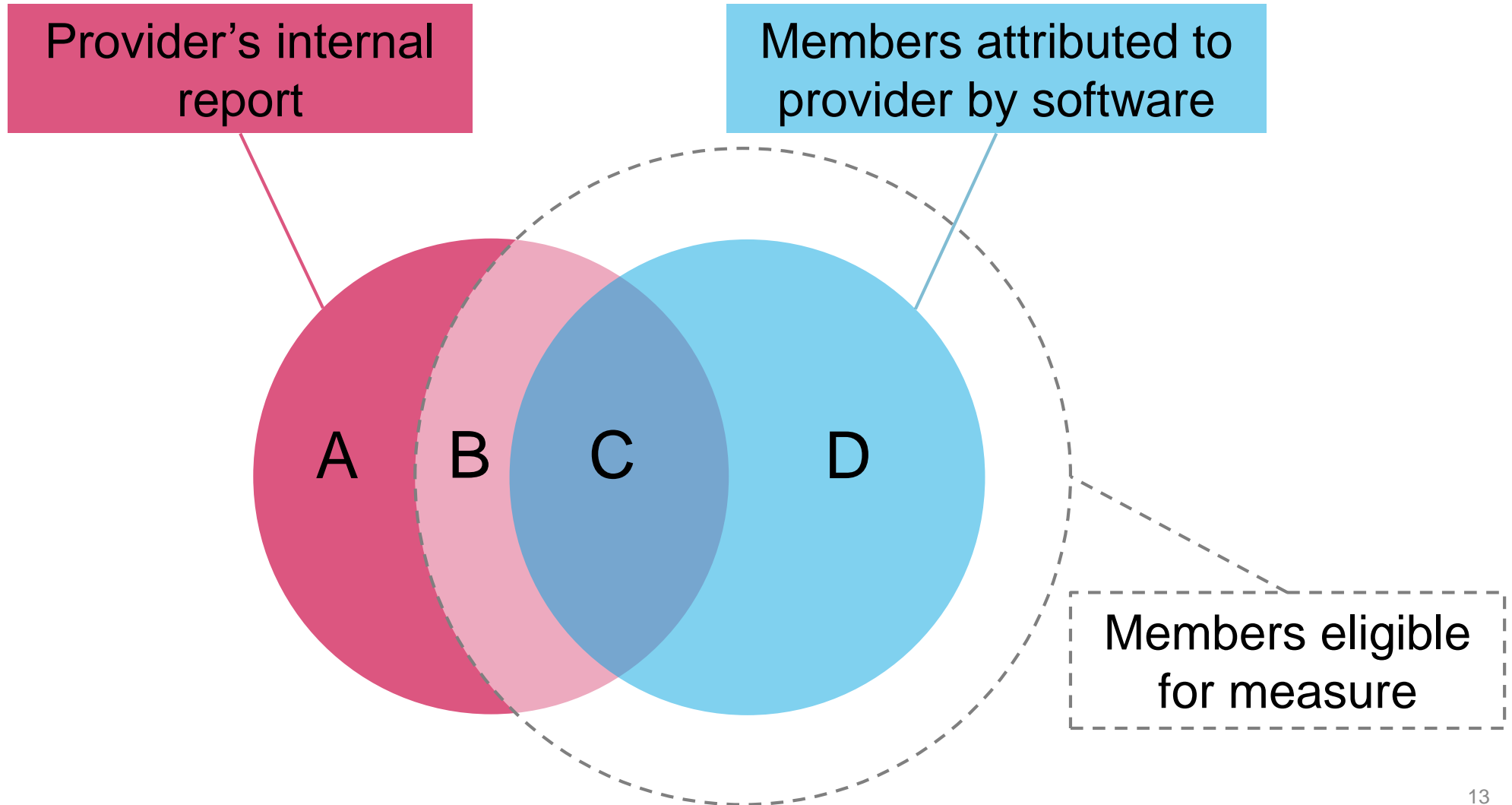
# Comparing Internal & Accountability Reports



# Comparing Internal & Accountability Reports



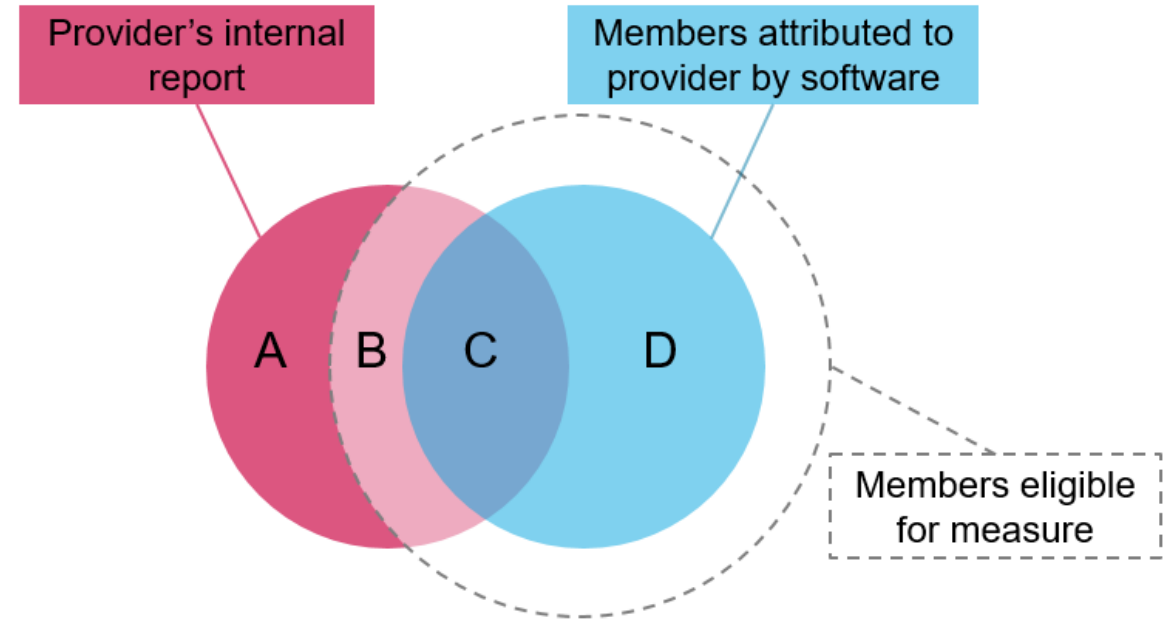
# Comparing Internal & Accountability Reports



# Comparing Internal & Accountability Reports

## Group C: Alignment

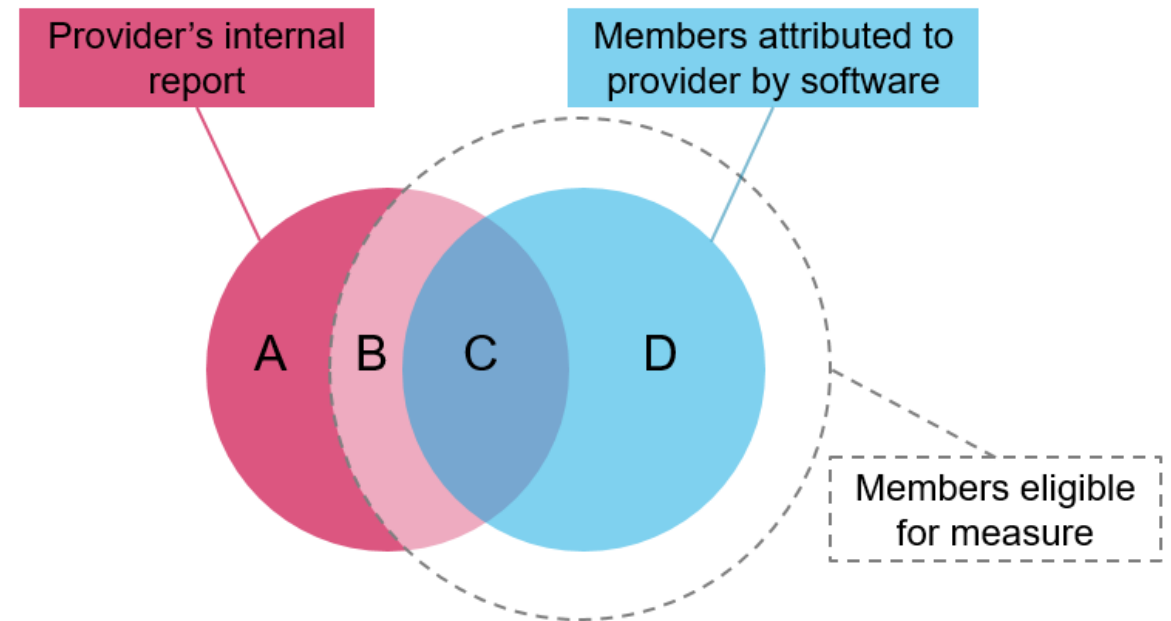
- In provider's internal report, eligible for the measure, and attributed to the provider
- To harmonize, study processes for groups outside of C
- **Objective is still QI of clinical care**



# Comparing Internal & Accountability Reports

## Group A: Ineligible

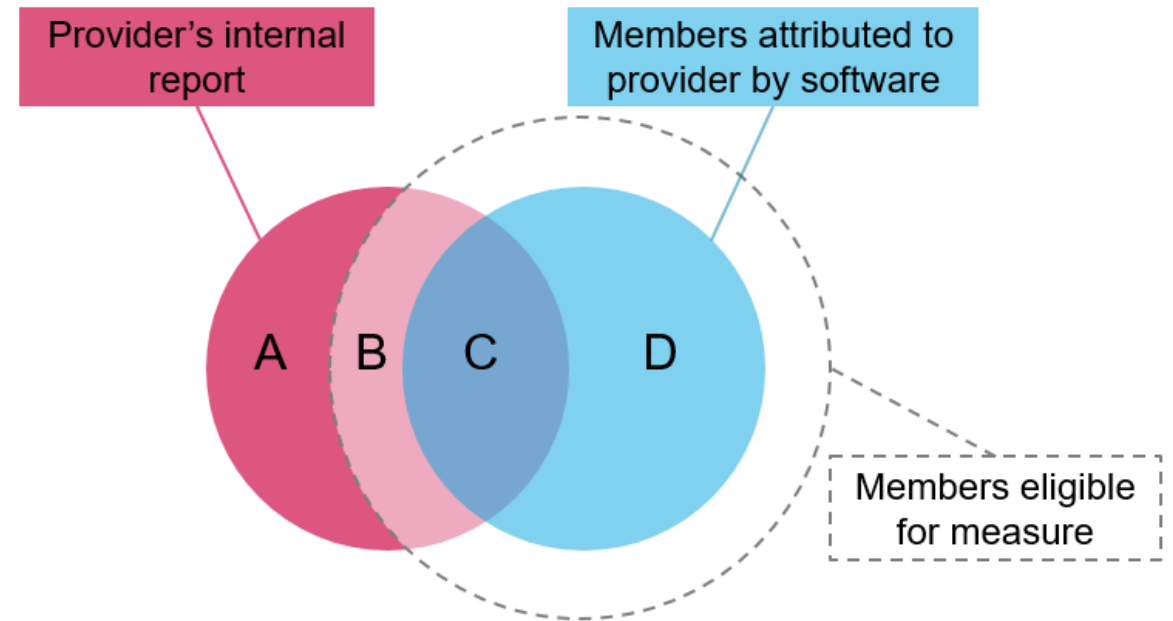
- In provider's internal report, but not eligible for the measure
- Reasons for ineligibility can help identify data quality issues
- **QI still benefits if member moved to numerator**



# 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**

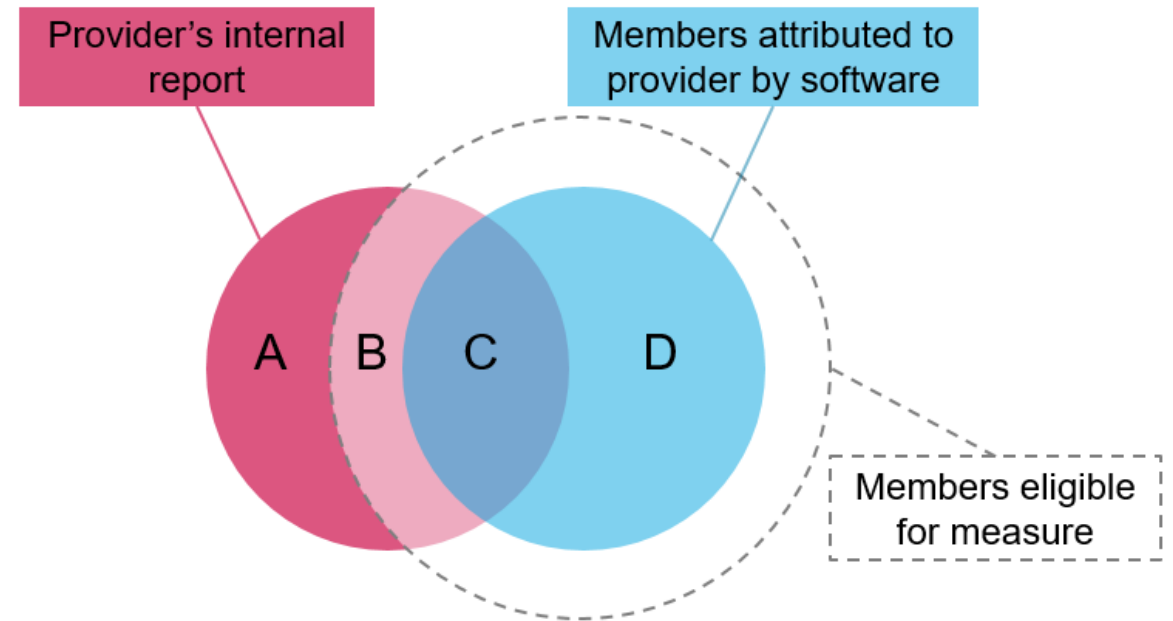




# Comparing Internal & Accountability Reports

## 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**

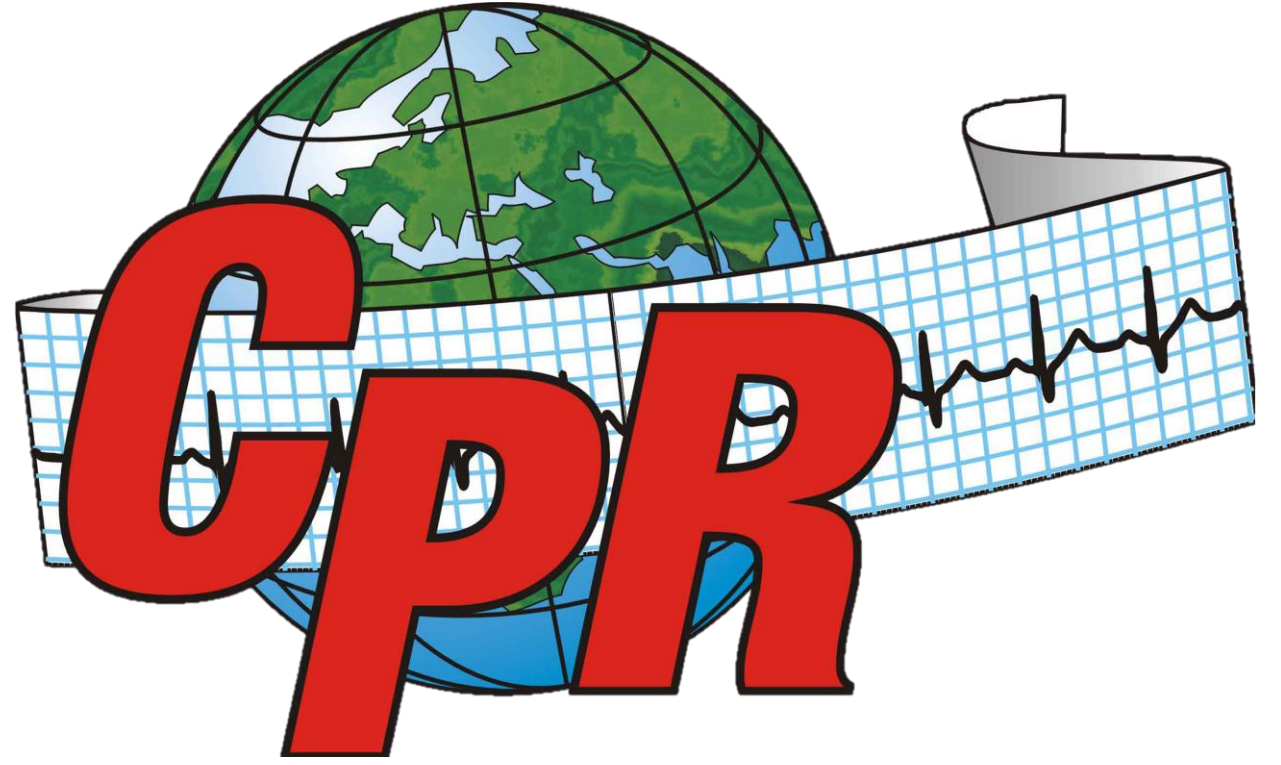


# Summary

- 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](mailto:TIPQIC@asu.edu) if interested

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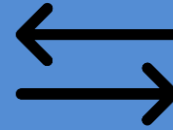
# Crisis Preparation And Recovery



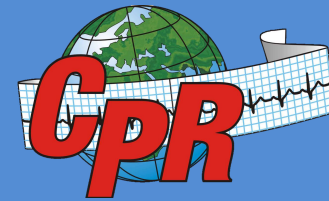
Crisis Services



Transitional Care



Public Safety Programs



SMI Evaluations



Specialty Behavioral Health



Medication Management



# The data integration challenge in Health Care

- Step 1- Mastering your own data (internal reporting)
- Step 2- Integrating outside sources (e.g. HIE, health plan data)
- Step 3- Seamlessly sharing data across disciplines (e.g. coordination of care with medical providers, real time data sharing with health plans)



# STEP 1- Mastering your own data

- Leveraging technology
- Creating an internal reporting process
- Showing people how to lead with data
- Timeliness of information



# Leveraging Technology- EMR capabilities

The image shows a screenshot of the NextStep Solutions EMR interface. On the left is a dark blue sidebar with the NextStep Solutions logo and a user profile for Michael Magarinos. The main content area is titled 'PNP' and contains a grid of report options. A 'Main Menu' button is located at the bottom center of the report grid.

**NextStep SOLUTIONS**

Michael Magarinos (mmagarinos)  
@ CPR

MAIN MENU

REMINDERS

MESSAGE CENTER 0

SCHEDULER

CHANGE PASSWORD

MAINTAIN USERS

CHANGE LOCATION

PRINT

LOGOUT

## PNP

PNP NOTES PRODUCTIVITY REPORT	SUPPORT STAFF REPORT	DIAGNOSES REPORT
PNP- INFORMED CONSENT REPORT	PNP DISCHARGE AND TRANSFER REPORT	PNP CASELOAD REPORT
MA PRODUCTIVITY REPORT	DIABETIC SCREENING REPORT	PNP WORKFLOW REPORT
PNP- SECONDARY CLINICIAN, CITY, INSURANCE REPORT		

Main Menu

# Leveraging Technology- Internal Reporting

Dashboard ↑

SCHEDULER CLI...

- (All)
- Adam Carter
- Albert Pierce
- Angela Chen
- Heather Ryan
- James Theiss
- Kari Miller
- Lindsay Hill

PRIMARY INSURANCE

- (All)
- 
- Aetna Behavioral Health
- Aetna Health Plans
- Aetna Medicare
- Allwell
- Ambetter
- Arizona Complete Health ACC (T19)

AHCCCS PLAN

- (All)
- 
- AHCCCS QMB - ONLY
- AHCCCS SLMB-PART B BUY-IN
- AZ COMPLETE HEALTH CARE
- BANNER - UNIVERSITY LTC
- BANNER UNIV FAMILY CARE
- CARE1ST HEALTH PLAN

NEXT APPOINTMENT

- (All)
- 2020
  - October
    - 28
    - 29
    - 30

PNP WORKFLOW REPORT

C...	P...	F..	L..	D..	IS THE CLIENT ON A CONTROLLED ...	IS THE CLIENT ON AN ANTIPSYC...	L...	LAST...	L...	L...	LA...	LA...	L..	LATEST GLUCOSE ...	NEXT APPOINT...	R...
10...	C...	B...	L...	1...	YES	YES						1/3...	7...	106	10/30/2020 3:0...	A...
10...	C...	B...	G...	7...	NO	NO							9...		10/28/2020 10:...	A...



# Leveraging Technology- Internal Reporting

Dashboard

### NEXT SCHEDULED APPT

- (All)
- 
- 2020
- 2021

### AHCCCS PLAN

- (All)
- 
- AHCCCS AMERICAN INDIA...
- AHCCCS QI1-PART B BUY-IN
- AHCCCS QMB - ONLY
- AHCCCS SLMB-PART B B...
- AZ COMPLETE HEALTH CA...
- BANNER UNIV FAMILY CARE
- CARE1ST HEALTH PLAN
- HEALTH CHOICE AZ
- INACTIVE
- LTC DD DES
- MAGELLAN COMPLETE C...
- MERCY CARE PLAN
- MERCY CARE PLAN - LTC
- NONAHC NON-AHCCCS
- NONE
- UNITEDHEALTHCARE
- UNITEDHEALTHCARE LTC

### CLINIC

- (All)
- Casa Grande Clinic
- Estrella Clinic
- FDIW
- Public Safety
- Public Safety PNP
- Scottsdale Clinic
- Tempe Clinic

### DIABETIC SCREENING REPORT

C...	A...	AHCCCS PLAN	PRIMARY PROGRAM	NEXT SCHEDULED...
9...	A...	MERCY CARE...	Tempe Clinic	11/2/2020
4...	A...	MERCY CARE...	Tempe Clinic	12/10/2020
5...	A...	AZ COMPLET...	Tempe Clinic	11/6/2020
1...	A...	MAGELLAN C...	Tempe Clinic	
1...	A...	UNITEDHEAL...	Tempe Clinic	12/16/2020
5...	A...	MERCY CARE...	Tempe Clinic	
5...	A...	AHCCCS SLM...	Tempe Clinic	11/4/2020
5...	A...	UNITEDHEAL...	Tempe Clinic	12/10/2020

### CLIENTS ON ANTIPSYCHOTICS BY CLINIC

Clinic	Client Count
Casa Grande Clinic	6
Scottsdale Clinic	92
Tempe Clinic	165
<b>Total</b>	<b>263</b>

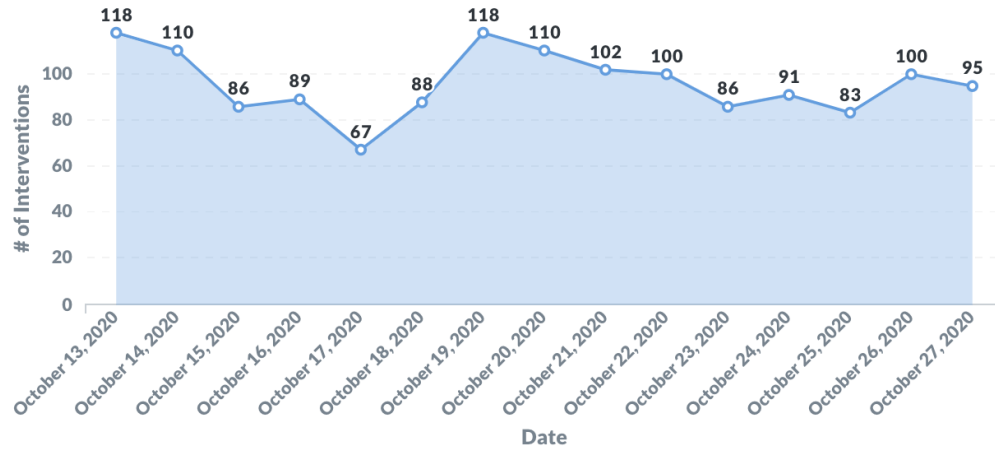
# Leveraging Technology- Business Intelligence

CPR daily KPI's

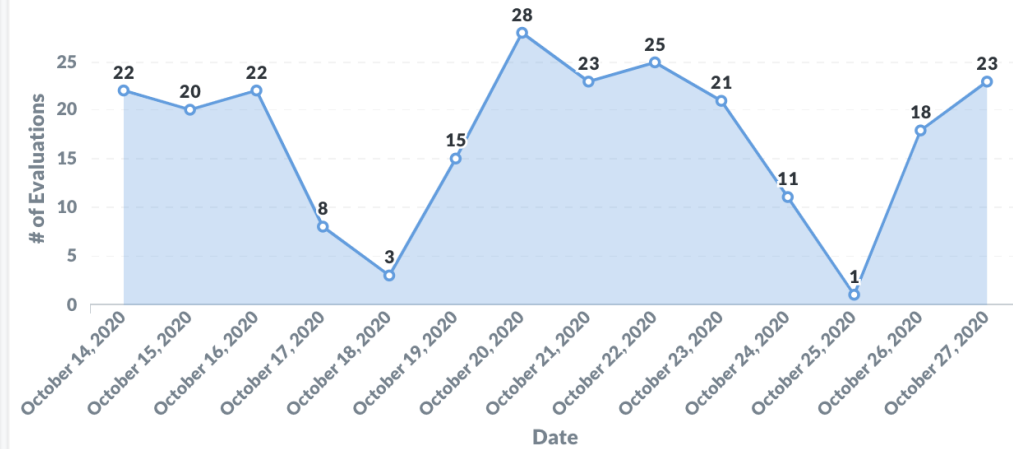
No description yet

+ ↕ Aa ↻

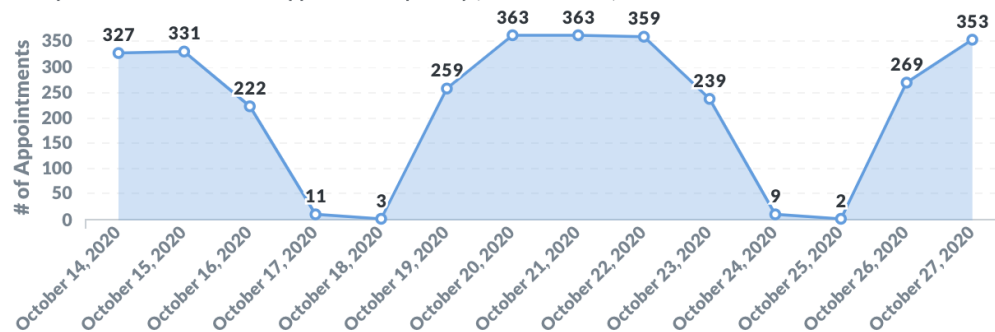
Sample Department 1 by day (past two weeks)



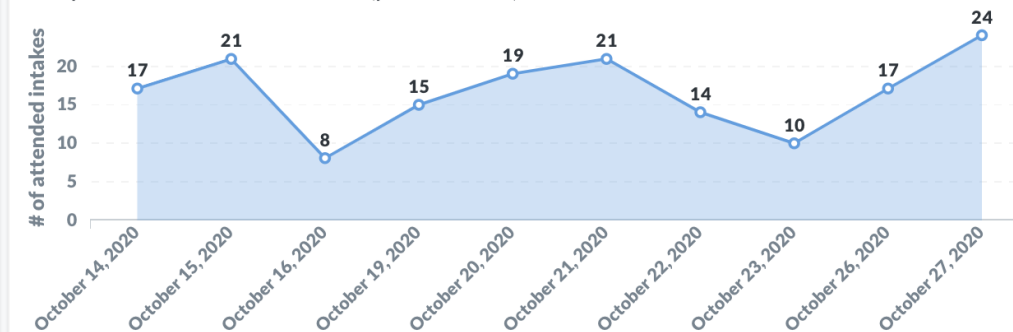
Sample department 2 per day (last two weeks)



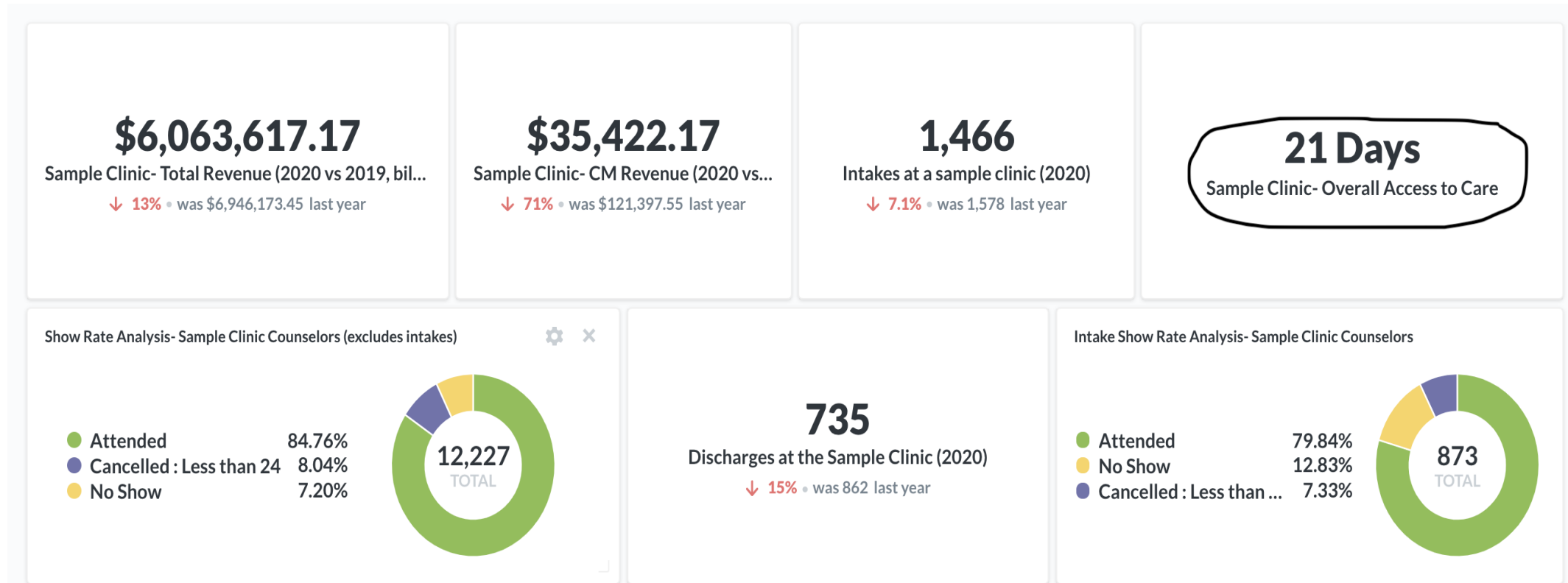
Sample clinic- Total attended appointments per day (last two weeks)



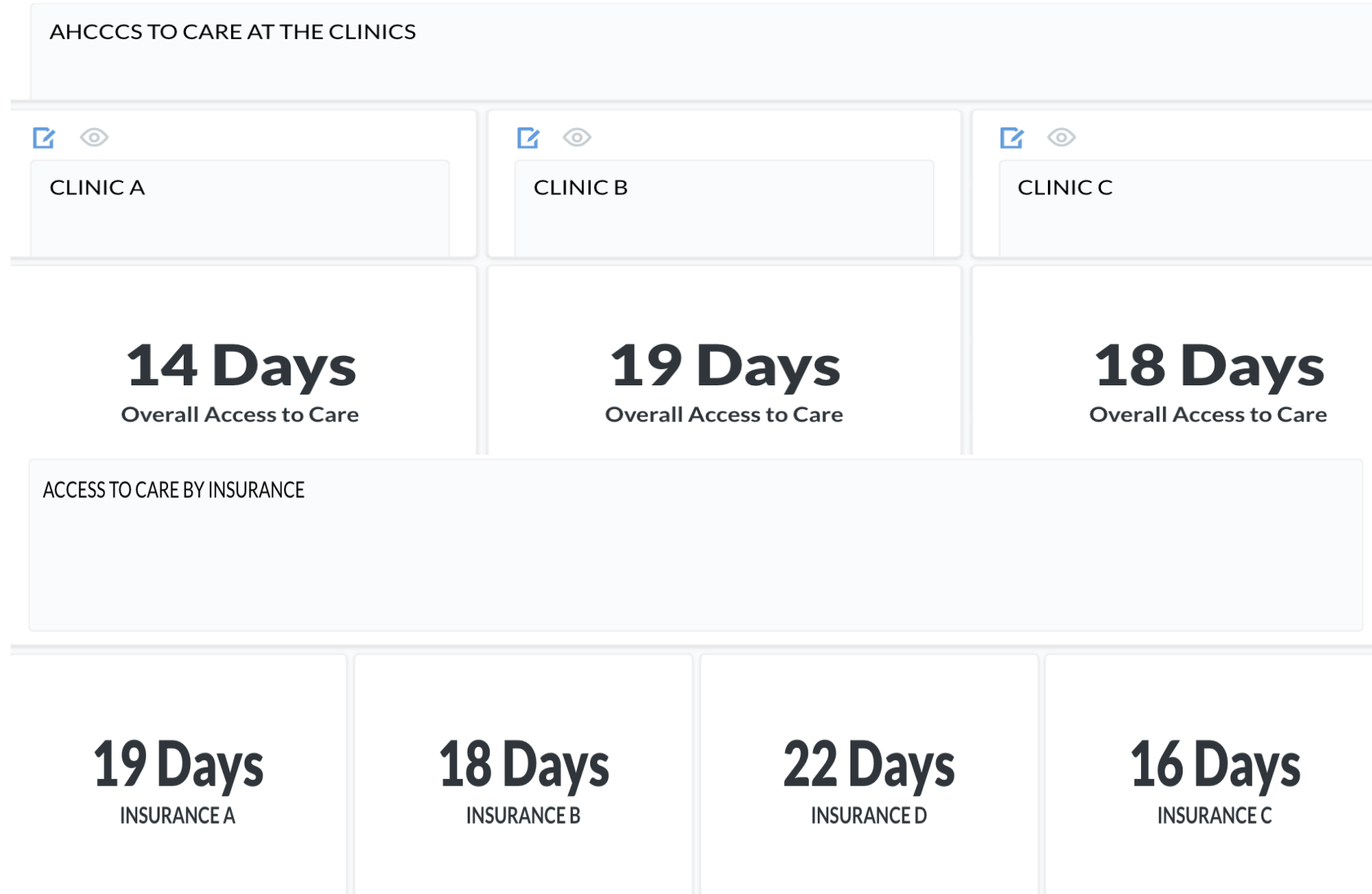
Sample Clinic- Total Attended Intakes (past two weeks)



# Leveraging Technology- Business Intelligence



# Leveraging Technology- Business Intelligence



# Leveraging Technology- Business Intelligence

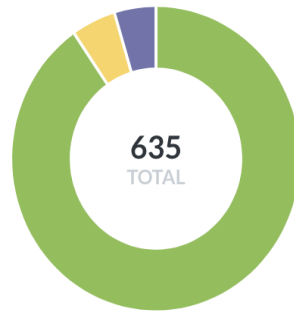
Sample Clinic- Show Rate Analysis (2020)

Excludes all intakes

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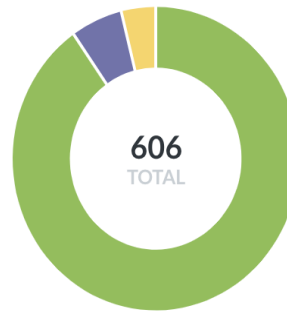
Show Rate Analysis (Counselor 1)

● Attended 90.87%  
● No Show 4.72%  
● Cancelled : L... 4.41%



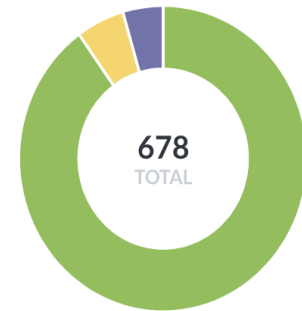
Show Rate Analysis (Counselor 2)

● Attended 90.76%  
● Cancelled : L... 5.61%  
● No Show 3.63%



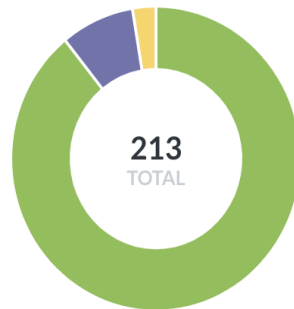
Show Rate Analysis (Counselor 3)

● Attended 90.56%  
● No Show 5.16%  
● Cancelled : L... 4.28%



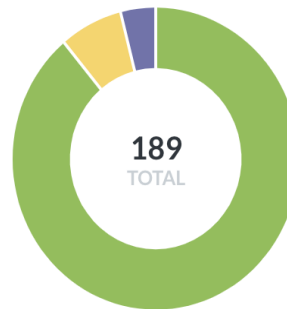
Show Rate Analysis (Counselor 4)

● Attended 89.67%  
● Cancelled : L... 7.98%  
● No Show 2.35%



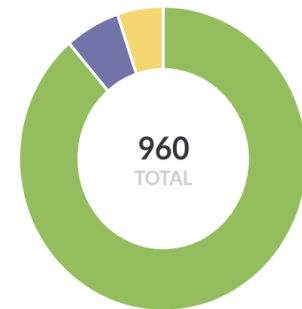
Show Rate Analysis (Counselor 5)

● Attended 89.42%  
● No Show 6.88%  
● Cancelled : L... 3.70%



Show Rate Analysis (Counselor 6)

● Attended 89.17%  
● Cancelled : L... 5.94%  
● No Show 4.90%



# Leveraging Technology- Client Wellbeing

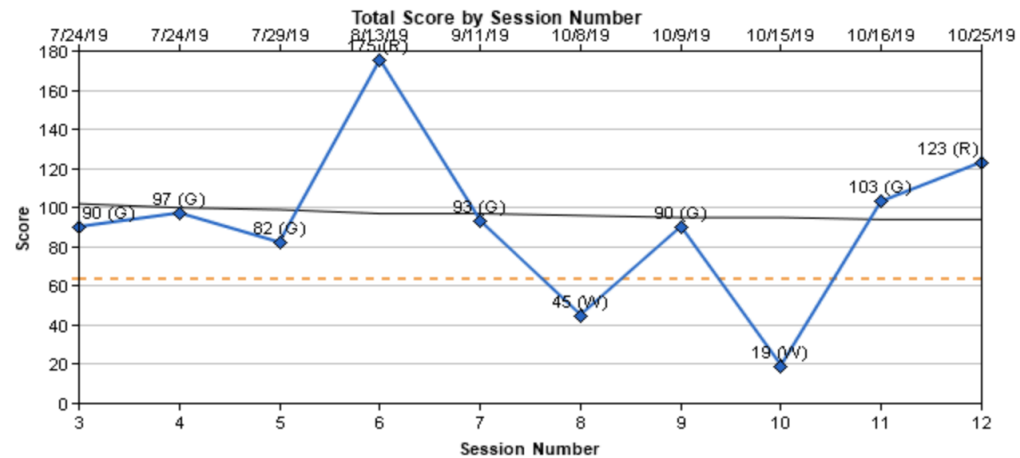
Name:	PLASTICCUP, ALEXANDER	ID:	69727	Alert Status:	<b>Red</b>
Session Date:	10/25/2019	Session:	12	Most Recent Score:	123
Clinician:	Bohannan, Richard	Clinic:	Tempe Counseling	Baseline Score:	106
Diagnosis:	Unknown Diagnosis			Change From Initial:	Reliably Worse
Algorithm:	Empirical			Current Distress Level:	High
Instrument:	OQ@-45.2 English			Graph Type:	Total
Questionnaire Status:	Valid				

Most Recent Critical Item Status:		
8.	Suicide - I have thoughts of ending my life.	Frequently
11.	Substance Abuse -After heavy drinking, I need a drink the next morning to get going.	Frequently
26.	Substance Abuse -I feel annoyed by people who criticize my drinking (or drug use).	Frequently
32.	Substance Abuse -I have trouble at work/school because of drinking or drug use.	Frequently
44.	Work Violence - I feel angry enough at work/school to do something I might regret.	Frequently

Subscales	Current	Outpat. Norm	Comm. Norm
Symptom Distress:	72	49	25
Interpersonal Relations:	28	20	10
Social Role:	23	14	10
<b>Total:</b>	<b>123</b>	<b>83</b>	<b>45</b>



Select number of administrations on graph: 10

**Graph Label Legend:**

- (R) = Red: High chance of negative outcome
- (Y) = Yellow: Some chance of negative outcome
- (G) = Green: Making expected progress
- (W) = White: Functioning in normal range

## Step 2- Integrating outside sources

- Using the HIE to see lab data- Diabetic screening compliance
- Minimizing the unnecessary duplication of services
- Health Plan data- Hospital admission reports to address 7 and 30 day HEDIS requirements



# Step 3- Seamlessly sharing data across disciplines

- The importance of FHIR (April 2021)
- Health Plan data- Hospital admission reports to address 7 and 30 day HEDIS requirements
- Improving ways of consuming data in meaningful ways





Thank you



**Crisis Preparation and Recovery, Inc.**

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<https://cprpodcast.podbean.com/>



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**SEABHS** *Southeastern AZ Behavioral Health Services*

Kristin E. Ross, LMSW  
Director of Quality Management

Stephen Guarrera  
PHA/Supervisor of Utilization  
Management

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LFA-SEABHS & INTERNAL REPORTING

## Why internal reporting works for us

- Real time vs. Claims lag
- Customization
- Trust issues
- Actionable Data

# Reporting process in Netsmart myAvatar

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Report request

Avatar Clinical Work Group

Testing in myAvatar UAT

Move to myAvatar Live

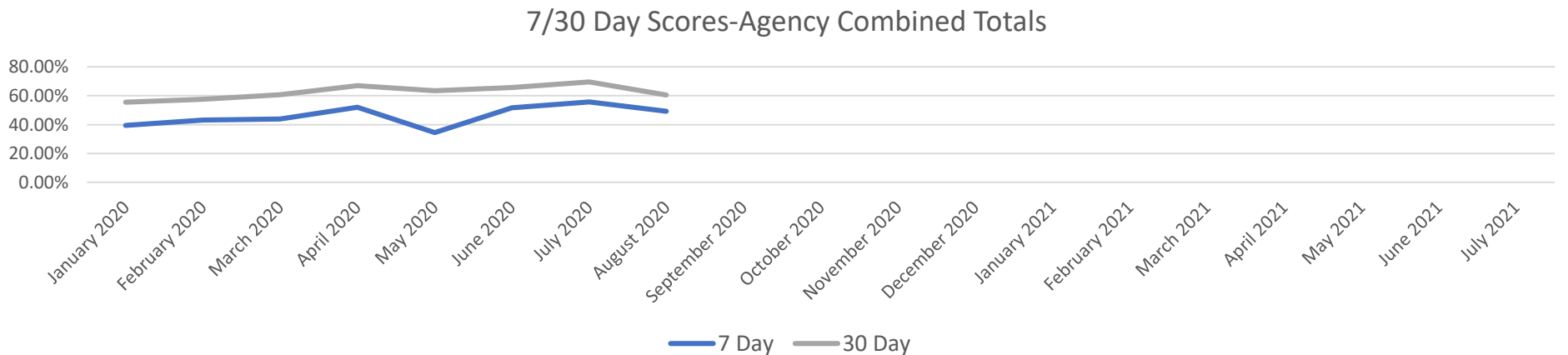
Distribution



# 7 & 30 day

7/30 Day %'s	East		Mountain		Southwest		New Life		Main (Adults)		Main (Children)		Hope Center		Grant		No Assignment	
	7	30	7	30	7	30	7	30	7	30	7	30	7	30	7	30	7	30
January 2020	34.09%	50.00%	45.00%	60.00%	23.08%	46.15%	55.00%	85.00%	25.81%	35.48%	100.00%	100.00%	33.33%	33.33%	85.71%	100.00%	0.00%	0.00%
February 2020	50.00%	61.11%	18.18%	54.55%	55.56%	77.78%	47.83%	65.22%	31.82%	36.36%	100.00%	100.00%	0.00%	50.00%	33.33%	33.33%	#DIV/0!	#DIV/0!
March 2020	53.85%	71.15%	36.36%	72.73%	30.77%	61.54%	33.33%	47.62%	34.62%	38.46%	50.00%	100.00%	75.00%	75.00%	100.00%	100.00%	#DIV/0!	#DIV/0!
April 2020	56.76%	70.27%	69.23%	84.62%	57.14%	85.71%	41.67%	58.33%	40.00%	50.00%	#DIV/0!	#DIV/0!	0.00%	0.00%	66.67%	100.00%	#DIV/0!	#DIV/0!
May 2020	27.03%	67.57%	50.00%	80.00%	33.33%	83.33%	45.83%	62.50%	16.67%	44.44%	#DIV/0!	#DIV/0!	0.00%	0.00%	66.67%	77.78%	#DIV/0!	#DIV/0!
June 2020	54.76%	73.81%	45.45%	54.55%	68.75%	81.25%	42.86%	57.14%	42.86%	52.38%	100.00%	100.00%	50.00%	50.00%	50.00%	66.67%	0.00%	0.00%
July 2020	69.23%	80.77%	36.36%	63.64%	58.33%	66.67%	52.38%	71.43%	38.10%	42.86%	33.33%	33.33%	66.67%	100.00%	100.00%	100.00%	#DIV/0!	#DIV/0!
August 2020	45.10%	60.78%	76.92%	84.62%	55.56%	66.67%	44.44%	59.26%	38.10%	42.86%	100.00%	100.00%	40.00%	40.00%	80.00%	80.00%	0.00%	0.00%

Agency Total	7 Day	30 Day
January 2020	39.44%	55.63%
February 2020	43.20%	57.60%
March 2020	43.85%	60.77%
April 2020	52.13%	67.02%
May 2020	34.58%	63.55%
June 2020	51.75%	65.79%
July 2020	55.80%	69.57%
August 2020	49.30%	60.56%



# HEDIS- REPORTING

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- HEDIS Measures being monitored

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Diabetic Eye Exam
- Diabetes Screening for Members on Antipsychotic Medications
- Hospital Readmission Rates
- 7/30 Day F/U After Hospitalizations

- HEDIS Data Dissemination

- Internal scores are aggregated monthly using internal reports
- Scores are presenting monthly via the Integrated Care Workgroup, LFC Supervisor's meeting and QMUM Committee meetings.

# HEDIS- DATA ENTRY FORM

Chart HEDIS Data Entry

HEDIS Data Entry

Submit

Form Completion Date

Adult Preventative Services

PCP Appointment Date

Comments

Breast Cancer

Breast Cancer Screening Date

Comments

Cervical Cancer

Cervical Cancer Screening Date

Comments

Chlamydia Screening

Chlamydia Screening Date

Comments

Colorectal Screening

Chart HEDIS Data Entry

HEDIS Data Entry

Submit

Colorectal Screening

Colonoscopy Screening Date

Comments

Flexible sigmoidoscopy Date

Comments

Fecal occult blood test (GFOBT/FIT) Date

Comments

Fecal immunological test (FIT)-DNA Date

Comments

Computed tomography (CT) colonography Date

Comments

Flu Shot

Flu Shot Date

# HEDIS- DATA ENTRY FORM, CONT'D

Chart | HEDIS Data Entry

**HEDIS Data Entry**

Submit

Diabetes Screening  
Diabetes Screening Date: 09/16/2019 [T] [Y] [Calendar]  
Comments: [Text Area]

HbA1C Test  
HbA1C Test Date: [Calendar] [T] [Y] [Calendar]  
Comments: [Text Area]

Diabetic Eye Exam  
Diabetic Eye Exam Date: [Calendar] [T] [Y] [Calendar]  
Comments: [Text Area]

Adolescent Well Visit  
Adolescent Well Visit Date: [Calendar] [T] [Y] [Calendar]  
Comments: [Text Area]

COVID19 Test  
COVID19 Test Date: 10/02/2020 [T] [Y] [Calendar]  
COVID19 Test Results:  Negative  Positive  
Comments: Previously tested on 07/24/20 - negative  
Previously tested on 07/23/20 - negative



# HEDIS REPORTING

Last Name	First Name	HealthPlan	Recovery Coach	Site	BHC	Gender	Age	DOB	Adult Preventive Service	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening	Colorectal Cancer Screening	Flu Shot	Diabetes Screening for mbrs on Antipsychotic medication	HbA1C Testing	Diabetic Eye Exam
Scott	Michael	Arizona Complete Health	AGUIRRE,ERNEST	Southwest	SMI	M	63	9/16/1956	10/31/2019				Overdue	9/25/2020	10/04/2019		
Schrute	Dwight	Arizona Complete Health	CARCAMO,ANGEL A	Main	GMH	M	66	6/23/1954	11/12/2019				Overdue	Overdue			
Beesly	Pam	Arizona Complete Health	PURVIS,JELEE	Southwest	SMI	F	40	1/81/1980	11/08/2019		Overdue			Overdue			
Martin	Angela	Arizona Complete Health	MARTINEZ,LILIAN	New Life IRT	SMI	F	34	2/20/1986	09/12/2019		Overdue			03/03/2020			
Halpert	Jim	Arizona Complete Health	FLOWERS,MALIKAS	Southwest	SMI	M	66	4/26/1954	10/02/2019				08/27/2019	Overdue			
Palmer	Meredith	Arizona Complete Health	PURVIS,JELEE	Southwest	SMI	F	62	3/14/1958	11/25/2019	01/07/2019	Overdue		01/29/2019	10/31/2019	02/24/2020		
Vance	Phyllis	Arizona Complete Health	MEYER,TRACEY	East	SMI	F	56	4/26/1964	Overdue	05/07/2019	Overdue		Overdue	Overdue		Overdue	7/24/2020
Howard	Ryan	Arizona Complete Health	MAMOOD,ARYAN	East	SMI	M	54	3/1/1966	09/24/2019				Overdue	Overdue		Overdue	Overdue
Bernard	Andy	Arizona Complete Health	WASHINGTON,KE LLI	East	SMI	M	67	7/19/1953	Overdue				Overdue	Overdue	Overdue		

# HEDIS- WIDGET

Overview

**Update Client Data**

Street1	Street2	City	State	Zip	Hm Phone	Cell	Email	Com Pref	Primary Lang	CM	Site
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Cross Financial**

Order ID	Guarantor ID	Guarantor Name	Policy #	Medicare #	Effective Date	Expiration Date	Verified
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**BHC**

Episode	Assessment Date	BHC
[REDACTED]	[REDACTED]	[REDACTED]

**Client Episodes**

Episode Number	Program	Admit Practitioner	Attending Practitioner	Admit Date	Discharge Date	Primary Diagnosis
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**HEDIS Screenings**

Adult Preventive Services	Breast Cancer	Cervical Cancer	Chlamydia	Colorectal Cancer	Flu Shot	Diabetes Screening	HbA1C Testing	Diabetic Eye Exam	Adolescent Well Visit
----Up to Date 10/7/2020----	-----NA-----	----Up to Date 1/27/2020----	-----NA-----	-----NA-----	----Up to Date 9/27/2020----	----Up to Date 9/27/2020----	----Up to Date 9/27/2020----	-----NA-----	-----NA-----

**External Hospital Census**

# HIE/HEALTH CURRENT

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- Daily batch reports of ED admits/discharges
- Physical health admits/ discharges
- Evidence of HEDIS screening completion to be entered into myAvatar
- Mortality review information

# In summary, we <3 internal reporting because...

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- It allows us to create, manage, and distribute our data in ways that work for us.
- It allows us to make workflow process changes in response to our data.
- It gives us a baseline to see how we are performing so we're not surprised when outcomes are distributed in larger venues.
- It gives us an opportunity to improve the health of our members by ensuring we're helping them get the recommended medical screenings.

# Q&A

- Please insert any questions in the Q&A box

# 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)