

AHCCCS Targeted Investments Program

# Adult C Quality Improvement Collaborative

Dr. Stephanie Furniss

Dr. Neil Robbins

Dr. George Runger

TIP Year 5: Session #2

November 17, 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	CODAC Health Recovery & Wellness Nicole Huggett
12:20 PM – 12:40 PM	Internal Reporting: Use Case 2	Partners in Recovery Michaela Statt Michael Franczak
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

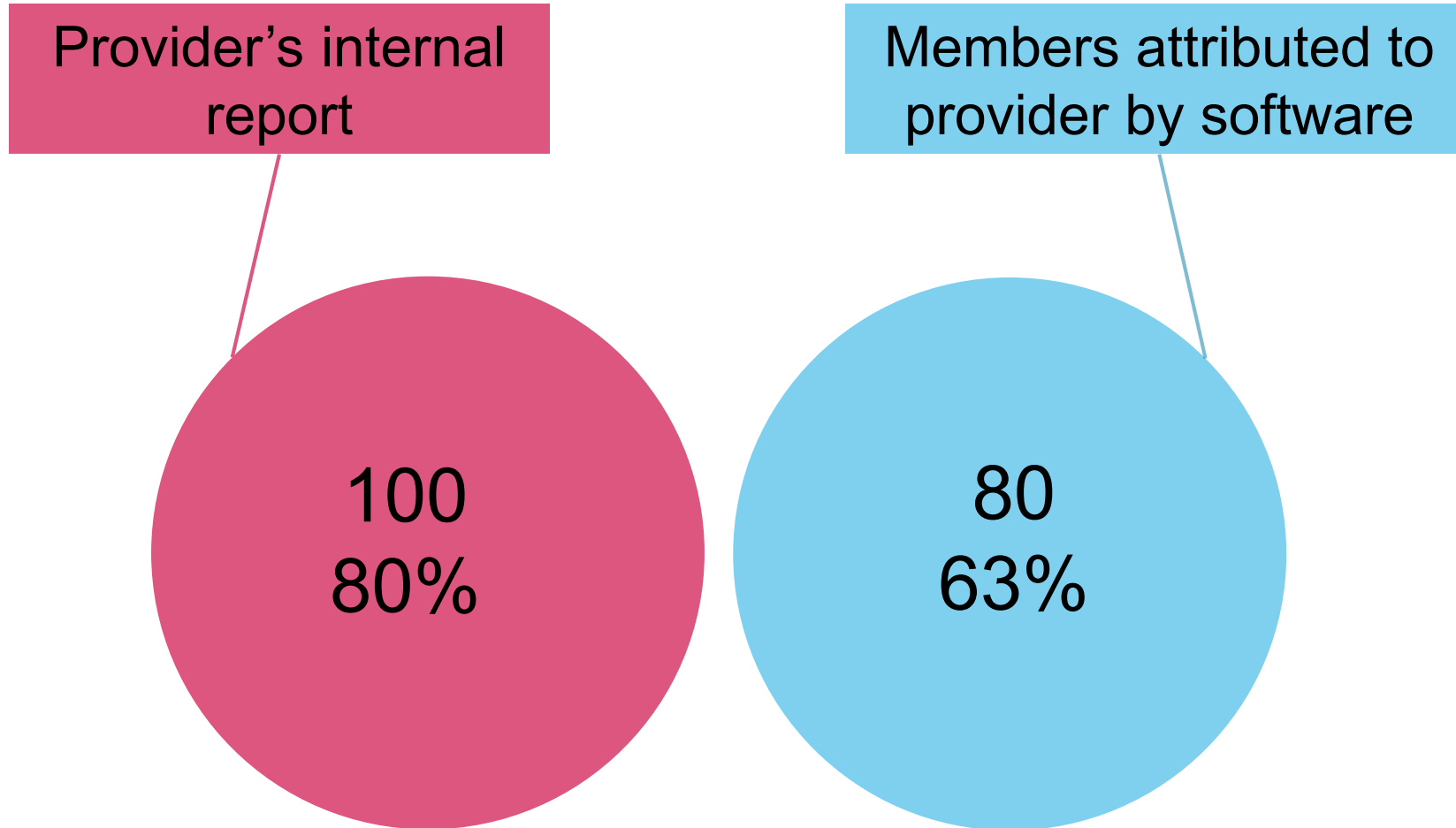
Resource intensive & Detracts from clinical QI objective



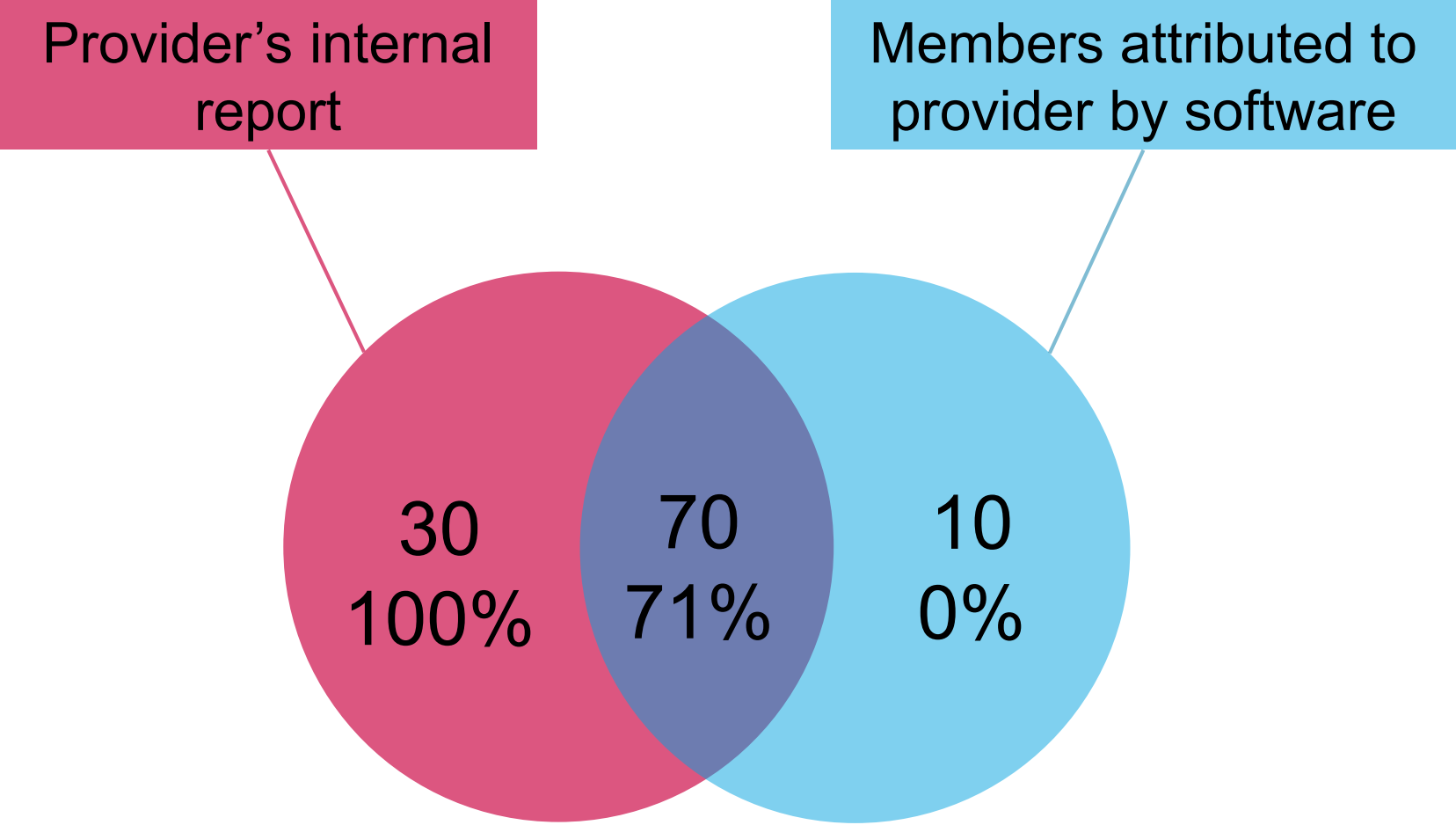
# Harmonize Internal Reports & Accountability Reports

- 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

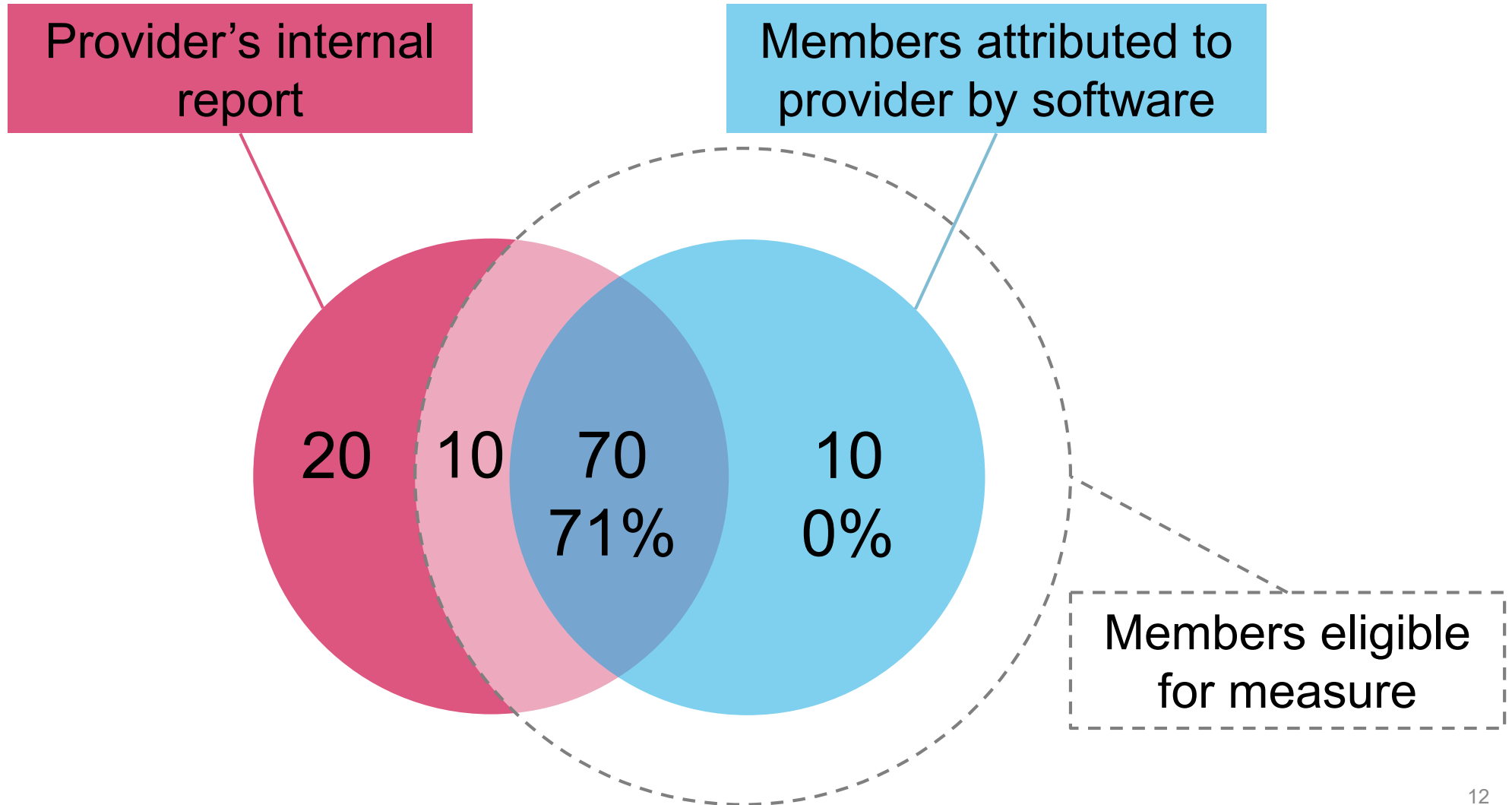
# Comparing Internal & Accountability Reports



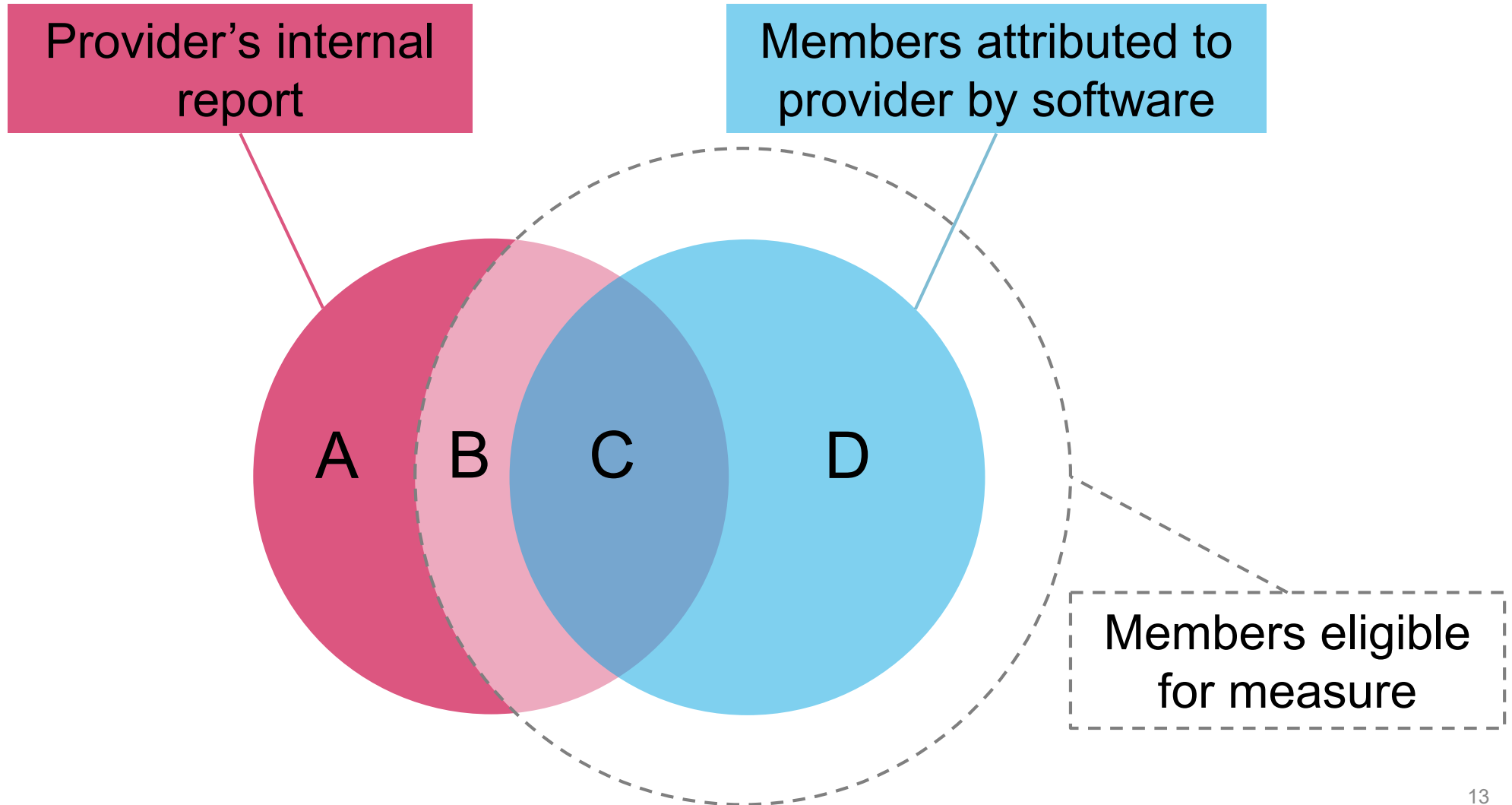
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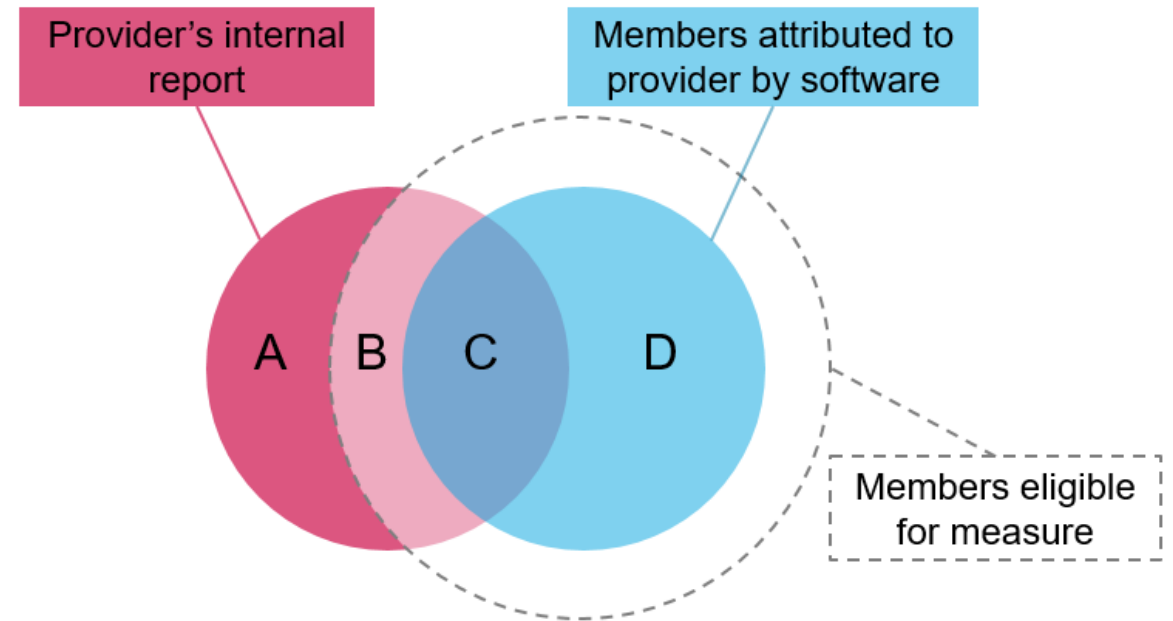
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# Comparing Internal & Accountability Reports

## Group C: Alignment

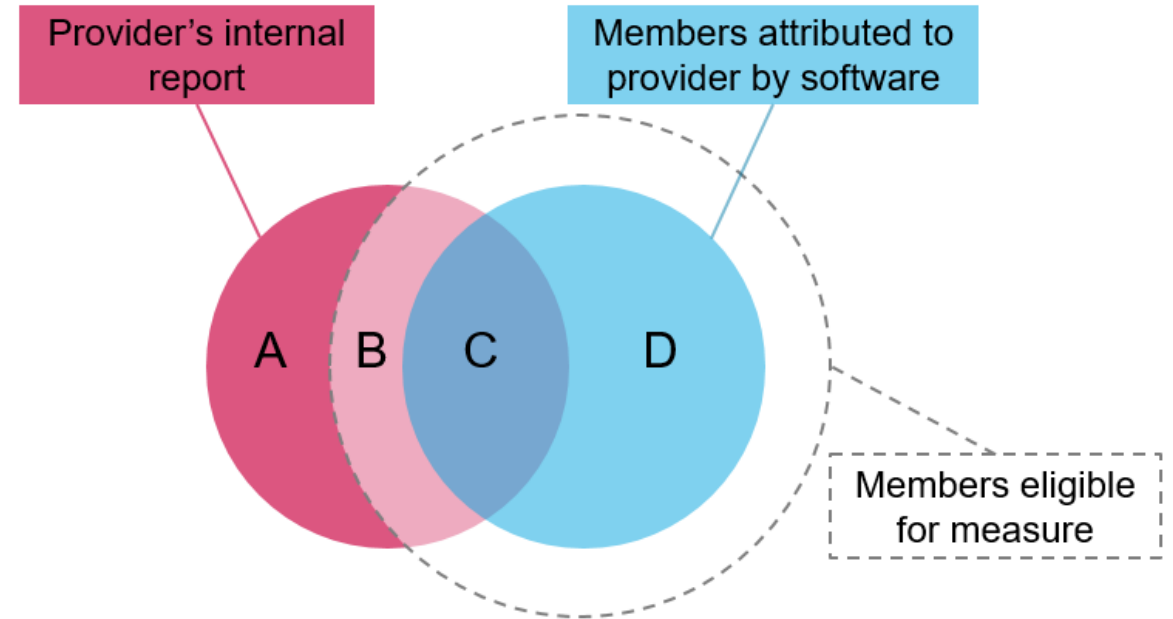
- In provider's internal report, eligible for the measure, and attributed to the provider
- To harmonize, study processes for groups outside of C
- **Objective is still QI of clinical care**



# Comparing Internal & Accountability Reports

## Group A: Ineligible

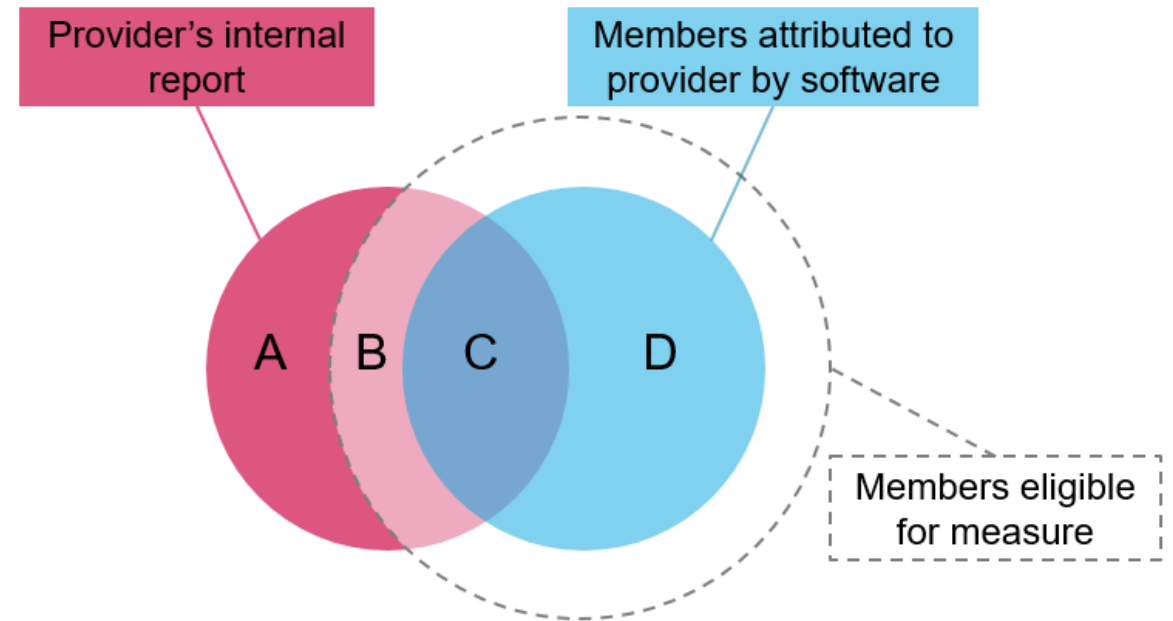
- In provider's internal report, but not eligible for the measure
- Reasons for ineligibility can help identify data quality issues
- **QI still benefits if member moved to numerator**



# 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**

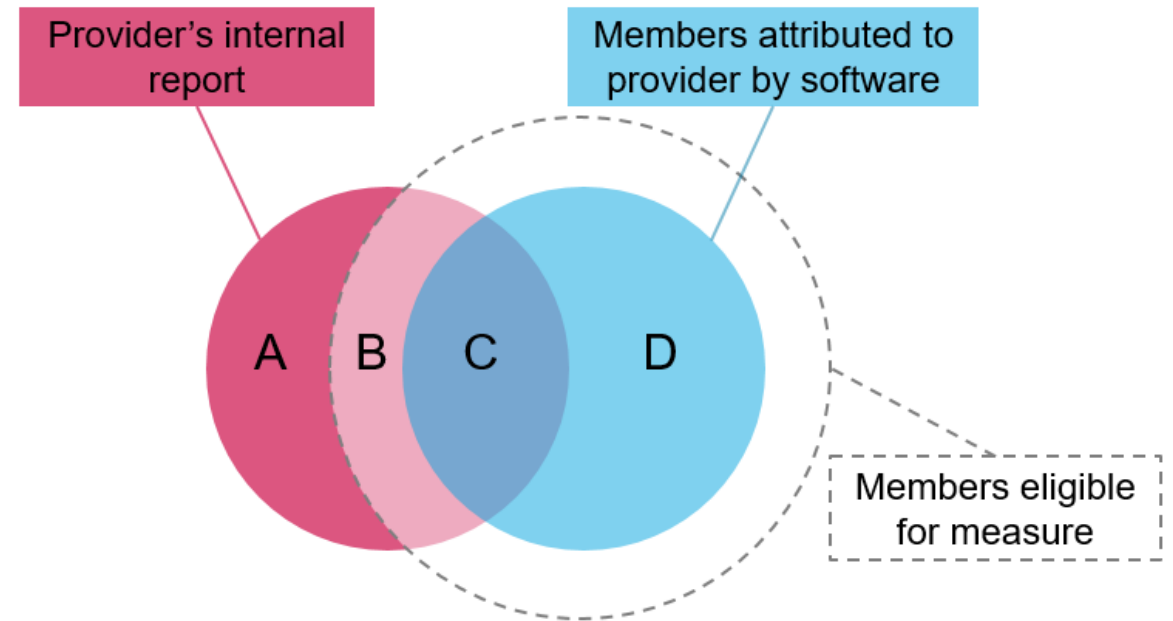




# Comparing Internal & Accountability Reports

## 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

# Utilizing Internal Reporting to Improve TIP Measure Performance

TIP QIC Meeting  
November 17<sup>th</sup>, 2020

Nicole Huggett, MSW, CPHQ  
Director of Population Health



ves.



about  **CODAC**  
HEALTH • RECOVERY • WELLNESS





Alvernon Clinic



CODAC at 380  
MAT COE



Country Club Clinic

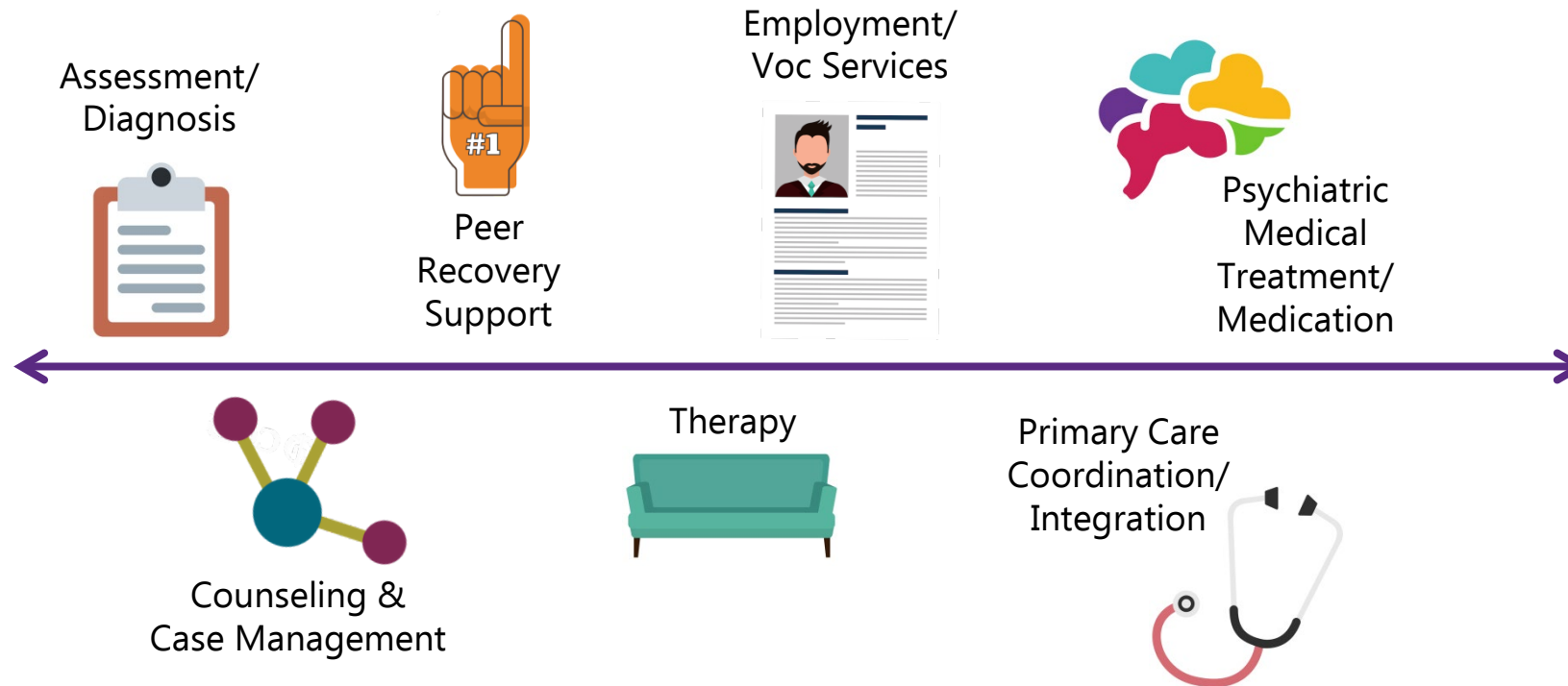


Cobblestone Clinic





# Array of Outpatient Services



# Substance Use Treatment



# CODAC Reporting

## Data Sources





# CODAC Reporting Services



# Which reports are used most frequently?

## Assessment / Service Plan Annual update report by Program Involvement

for T19 and SABG members

Program Name	Number of members	Num. of Asmt Completed	percent
ALTCS	1,000	1,000	100.00
Child and Family (CFS)	1,000	1,000	100.00
Developmental Disability (DD)	1,000	1,000	100.00
Housing	1,000	1,000	100.00
Intensive Recovery Team	1,000	1,000	100.00
Legal System	1,000	1,000	100.00
LOL - Living Out Loud	1,000	1,000	100.00
MAAT	1,000	1,000	100.00
MAT	1,000	1,000	100.00
Men's	1,000	1,000	100.00
Other Agency	1,000	1,000	100.00
Outreach	1,000	1,000	100.00
Residential	1,000	1,000	100.00
SACASA	1,000	1,000	100.00
Specialty Provider	1,000	1,000	100.00
Therapy	1,000	1,000	100.00
Transition Aged Youth (TAY)	1,000	1,000	100.00
Transitional Living	1,000	1,000	100.00
Women's	1,000	1,000	100.00



## Key Performance Indicators at a Glance

**KPI Progress**

We are currently meeting 73% of goals on our Key Performance Indicators. We're currently meeting goals for stable housing, homelessness, inpatient admissions, readmissions, follow-up after hospitalization, and satisfaction. We are not currently meeting goals for employment, educational program involvement, or staff metrics.

**73% Met**

**Staff Metrics**  
Hours Billed/Hours Worked

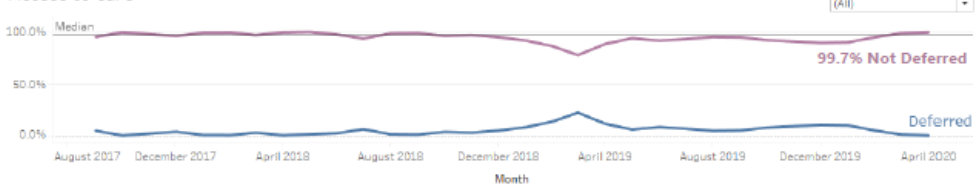
**Current Total Enrollment**  
9,729

## Enrollment and Access to Care

### Enrollment



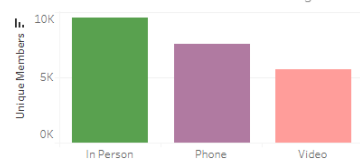
### Access to Care



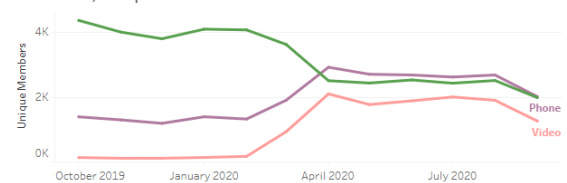
## Service Delivery Method

### Unique Member Count

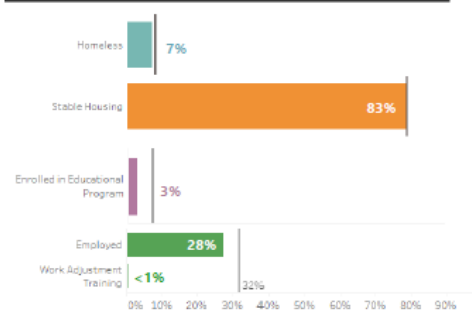
Use the date slider to select different date ranges



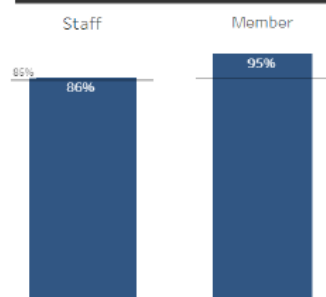
### Over Time, Unique Member Count



## Social Determinant Indicators



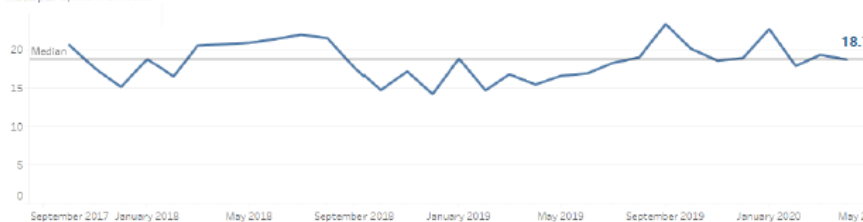
## Satisfaction



## Utilization Measures (Lower is better)

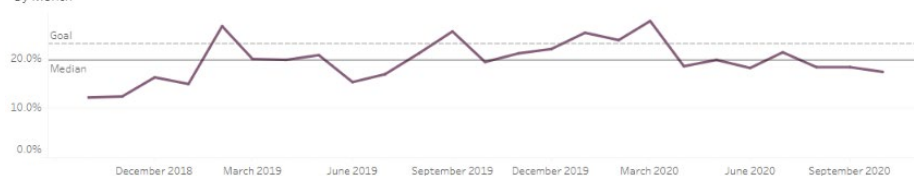
### Hospitalizations

Rate per 1,000 members



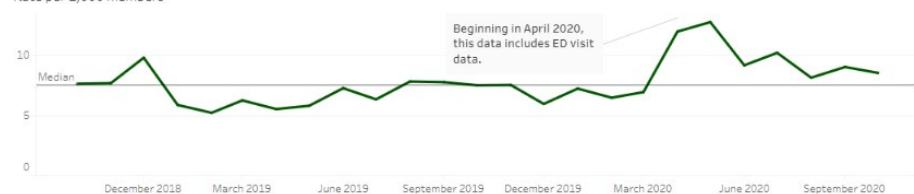
### Readmission Rates

by Month

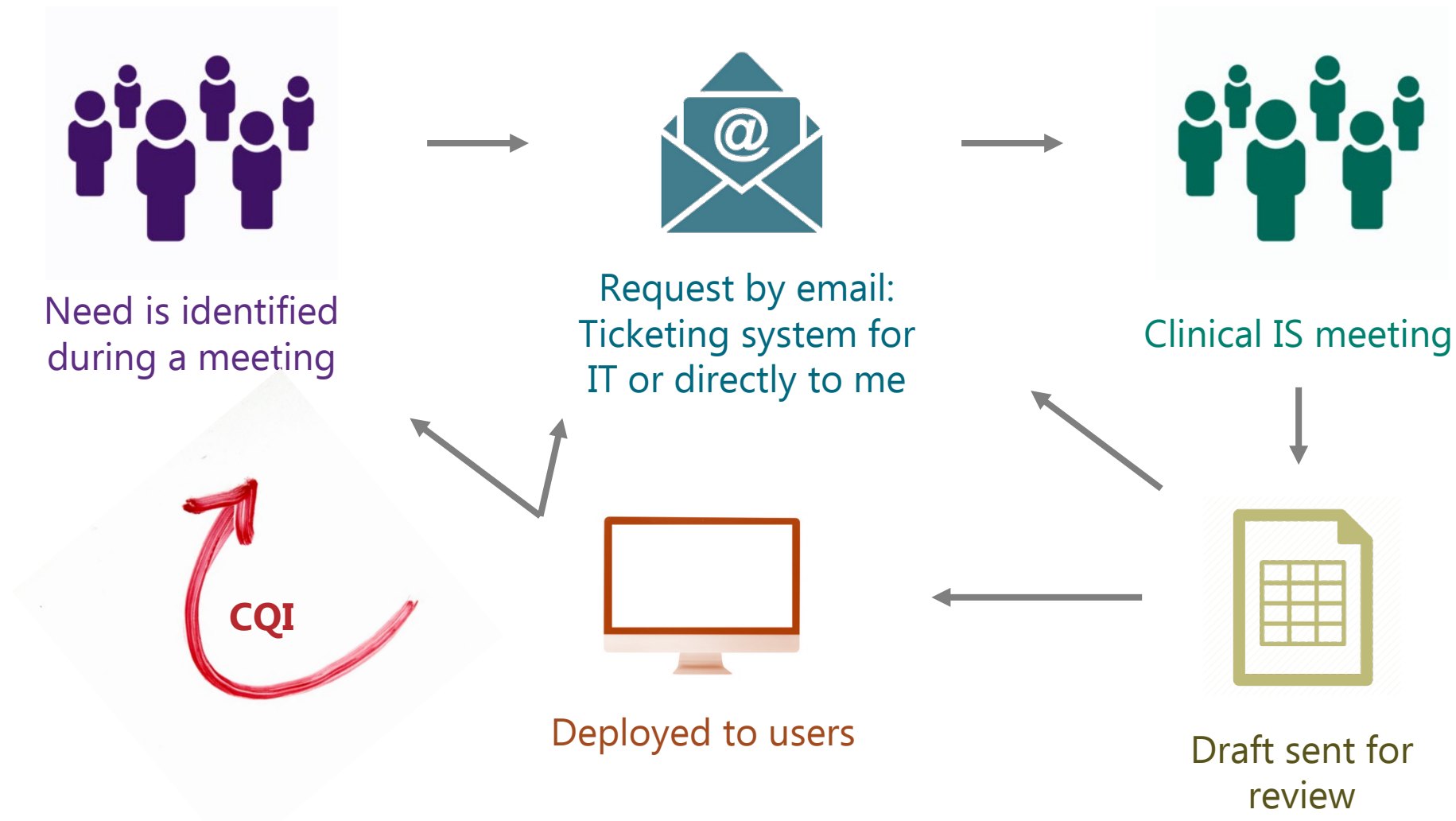


### Crisis Utilization

Rate per 1,000 members



# How are internal reports developed?



# What reports do we use for TIP?

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# What reports do we use for TIP?

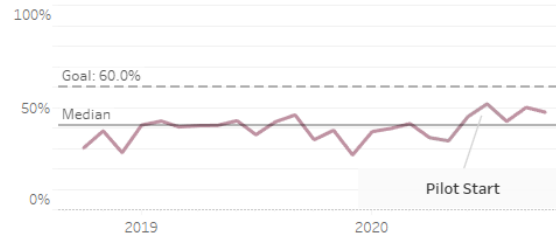
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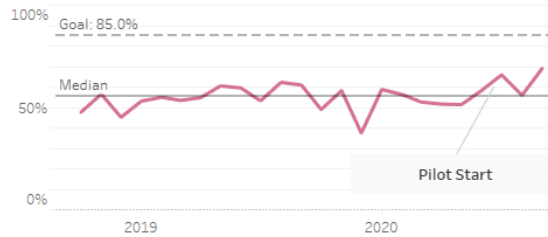
# What reports do we use for TIP?

## Follow Up After Hospitalization

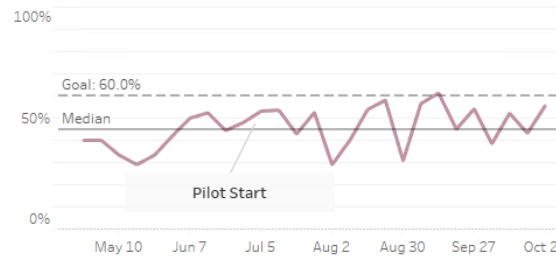
Follow Up After Hospitalization Within 7 Days  
(Excludes Day 0)



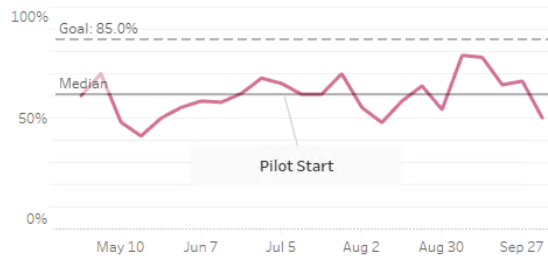
Follow Up After Hospitalization Within 30 Days  
(Excludes Day 0)



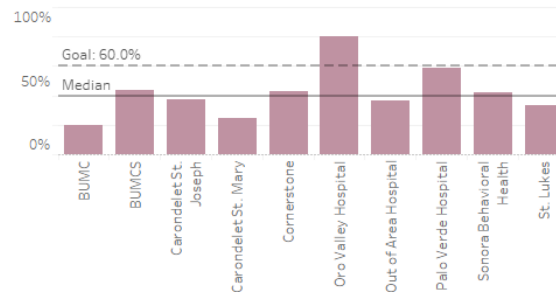
Follow Up After Hospitalization Within 7 Days  
By Week



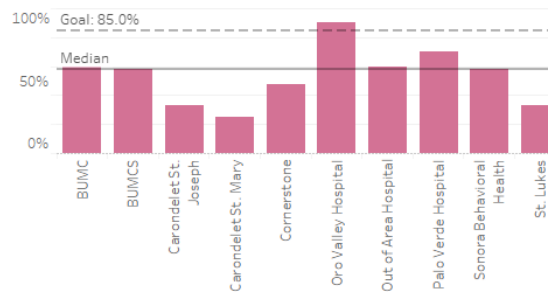
Follow Up After Hospitalization Within 30 Days  
By Week



Follow Up After Hospitalization Within 7 Days  
by placement

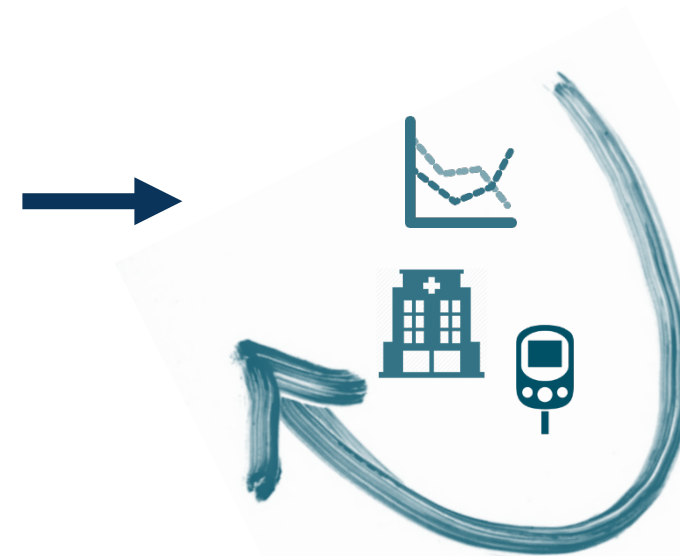


Follow Up After Hospitalization Within 30 Days  
by placement





# Continuous Improvement





**Nicole Huggett**  
**[nhuggett@codac.org](mailto:nhuggett@codac.org)**



# Adult QIC- 11/17/2020 Internal Reporting & TIP Milestones

Michael Franczak, PhD & Michaela Statt, LMSW



## Copa Health- Who Are We???

**“We inspire health, hope, and happiness by delivering world-class solutions to individuals, families, and communities”**

- **Integrated Health Homes**
- **Residential Services**
- **Day Programs**
- **Employment Related Services**
- **DDD Services**



# Internal Reporting at Copa Health (Previously Partners in Recovery)



- Internal reporting mechanisms for over 10 years
- Organizational data collection & data aggregation has evolved significantly since inception
- Internal reports are critical for-
  - Quality Assurance
  - Productivity
  - Clinical Initiatives
  - Monitoring Outcomes & Contractual Obligations
  - Managing & Negotiating VBP Arrangements & Opportunities.

# Data Sources

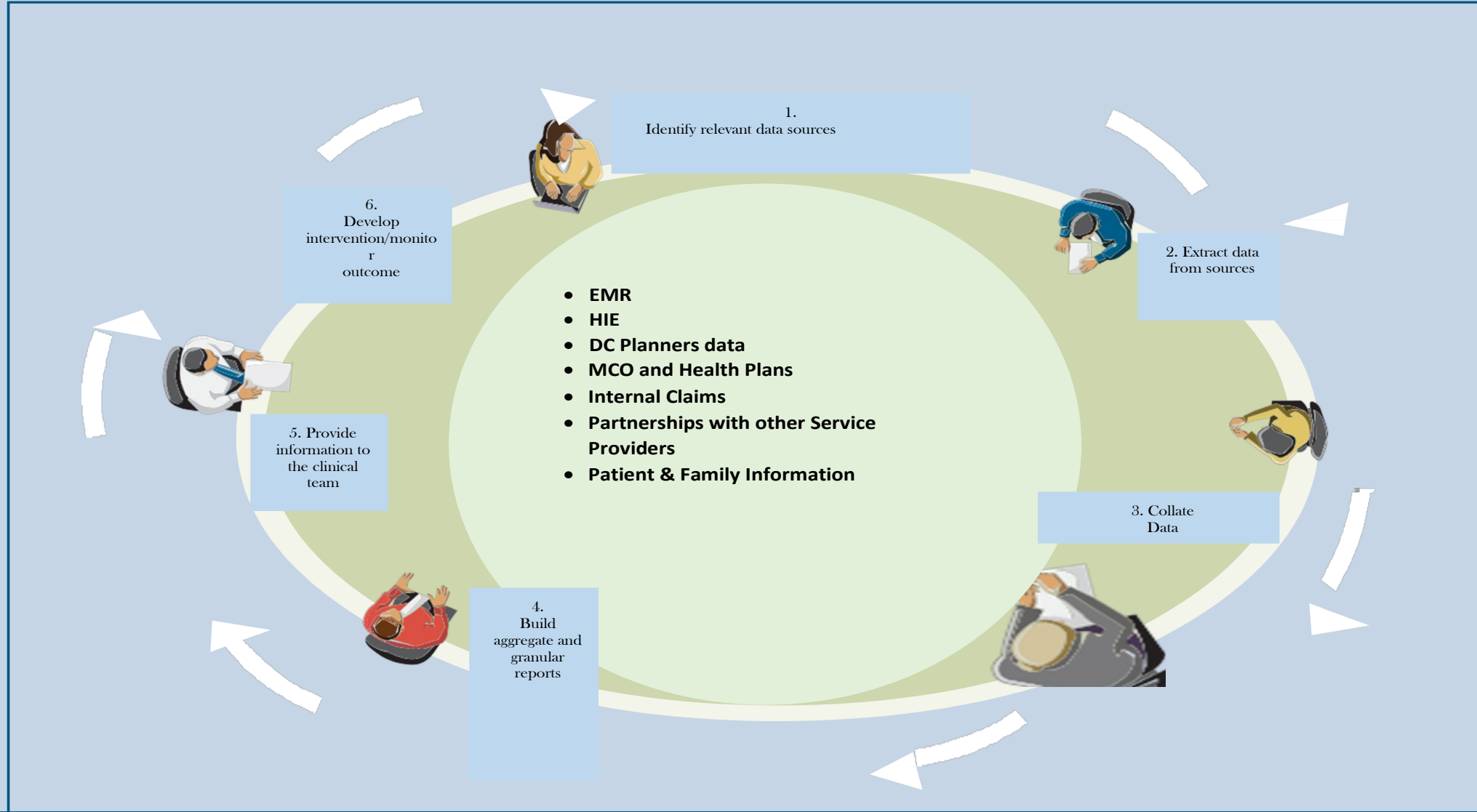
Source	Strengths	Limitations
HIE (Health Information Exchange)	<ul style="list-style-type: none"> <li>➤ ADT Alerts,</li> <li>➤ Batch Reports</li> <li>➤ HIE Portal</li> <li>➤ Report Queries</li> <li>➤ Bi-Directional w/EHR</li> </ul>	<ul style="list-style-type: none"> <li>➤ Part 2 Consent</li> <li>➤ Part 2 Consent Management</li> </ul>
EHR (NextGen)	<ul style="list-style-type: none"> <li>➤ Data Extracts (Intelligent Data Fields)</li> <li>➤ Building Specific Templates for reports (SDOH. A1c)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Not all data can be extracted into report structure</li> <li>➤ Data extracted is dependent on the user entering information</li> </ul>
Claims/MCO	<ul style="list-style-type: none"> <li>➤ Comprehensive (All Treating Providers)</li> <li>➤ HEDIS/Gaps in Care Management</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lagged for adjudication</li> <li>➤ Controlled by MCO</li> <li>➤ Part 2 Claim Redaction</li> </ul>
Spreadsheets (Hospital D/C Planner)	<ul style="list-style-type: none"> <li>➤ Specific data tracked on workflow elements</li> <li>➤ Easy to update</li> <li>➤ Easy to aggregate and distribute</li> </ul>	<ul style="list-style-type: none"> <li>➤ Potential for human error</li> <li>➤ Multiple staff entry</li> <li>➤ Less sophisticated aggregation/display of data</li> </ul>

# Report Considerations

- Type
  - Normalized (per 1,000) vs Frequency Based
  - Aggregate vs Individual
  - Data vs Graphs
- Frequency- Establish a Cadence (Same report, Same meeting, Same time of month)
- Timeframe - Multi-Year Trends vs Contract Year Trends
- Audience/Purpose - Company-Wide vs Site/Location Specific
- Workflow – Make data & report review a part of the regular clinical workflow
- Measure, Monitor, Re-Measure- Numbers lead to data, Data to information, Information to knowledge, and Knowledge to action



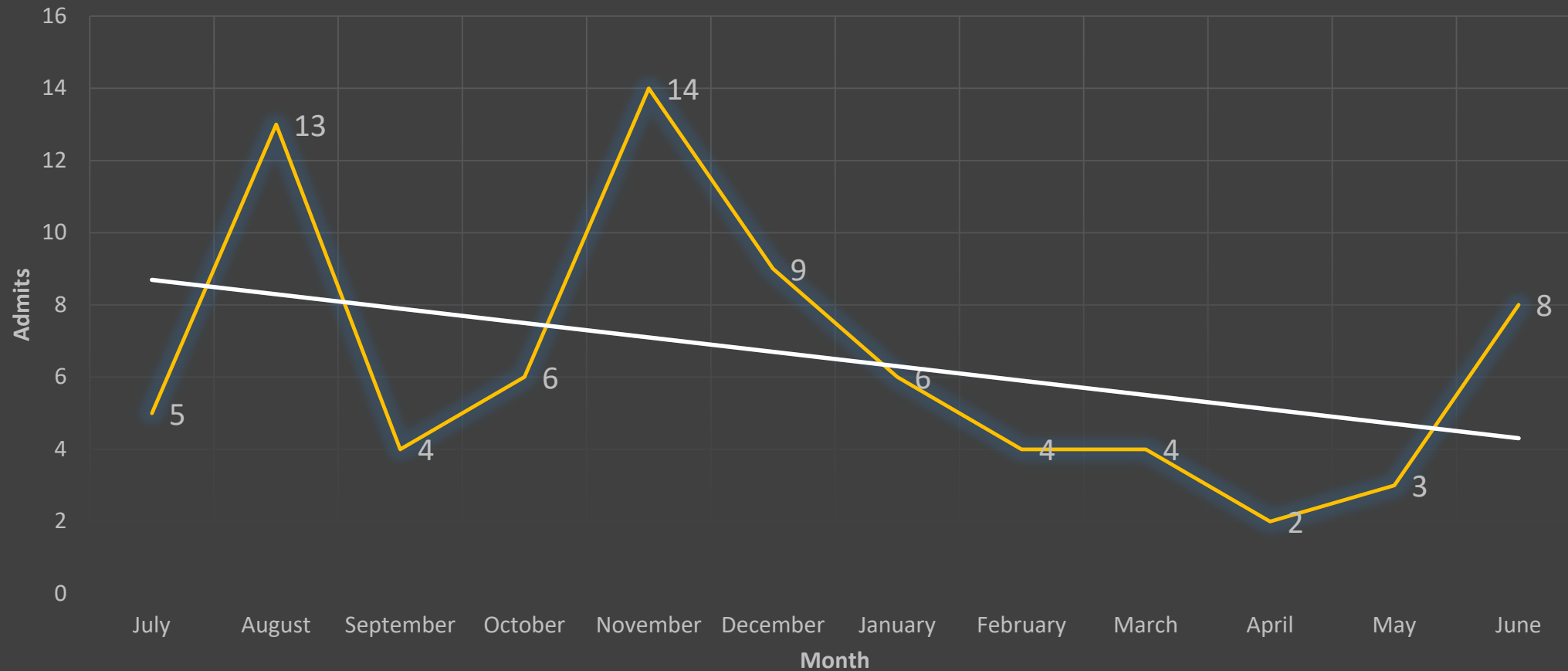
# Turning Data Into Action



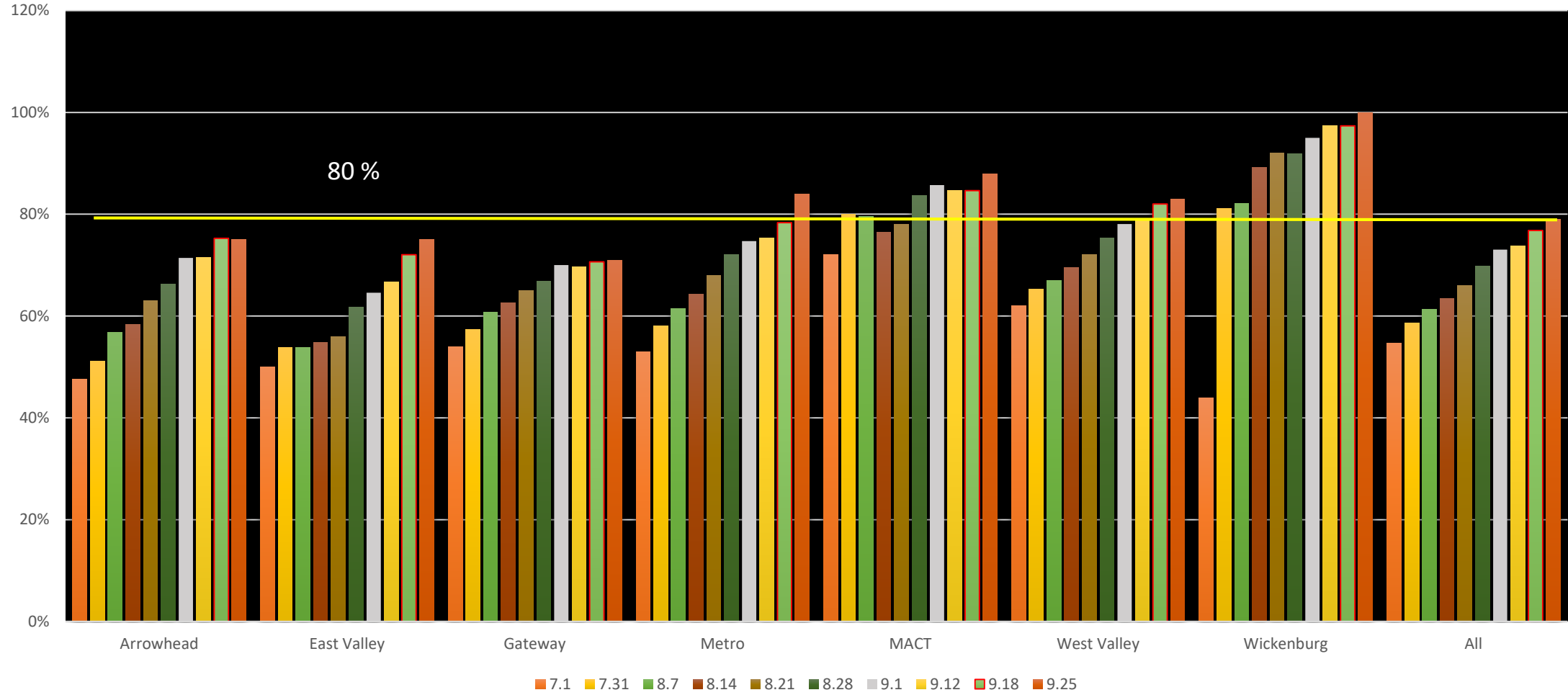


# ED Utilization- High Risk Registry

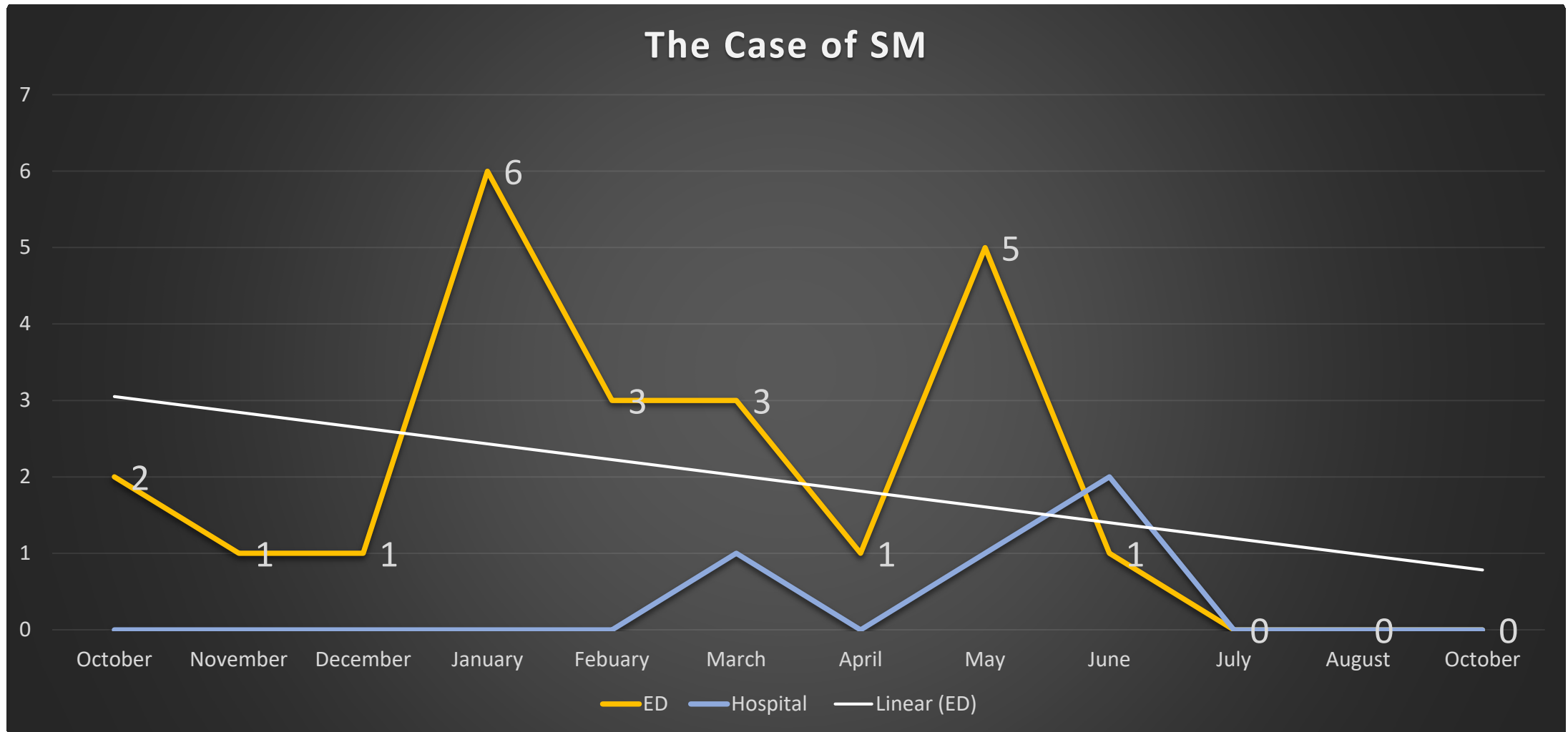
## 2019/2020 ED Admits HR Group



# Hemoglobin A1c Trends By Location



# The Case of S.M. (Copa Health Member)

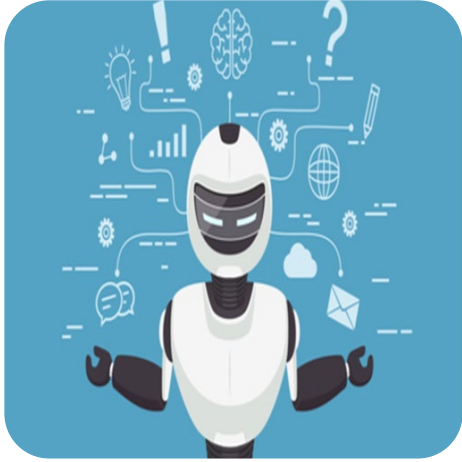


# Targeted Investment Specific Reports

- While we did not have to change our overall internal process to address the TIP Program, we did have to add specific measures.
- Currently we are using the basic internal data approach but have had to adapt to the HEDIS inclusions and exclusions. We are still adjusting to those factors.
- We are using the same general process to measure Value-Based Contracts.
- Contracts differ on expectations so additional measures need to be collected.



# POP HEALTH DATA MANAGEMENT



- ### Previous
- Multiple spreadsheets, databases, data sources
  - Manual data aggregation & analytics
  - Pop Health Platform

- ### Current
- Contractor + Technology & Digital Team
  - Evaluation of all reports, data, workflows
  - Building EDW (Enterprise Data Warehouse) & Integration Layer to connect multiple data sources

- ### Future
- Digital Transformation
  - Copa Health AWS-Quicksight Data Visualization
  - Data Analytics & Predictive Modeling
  - RCM & QM Support Support

# Closing Remarks



*"Many of the things you can count, don't count. Many of the things you can't count, really count."* - **Albert Einstein**

*"Knowing is not enough; we must apply. Willing is not enough; we must do."* - **Johann Wolfgang Von Goethe**

# 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)