

AHCCCS Targeted Investments Program

Adult B Quality Improvement Collaborative

Dr. Stephanie Furniss

Dr. Neil Robbins

Dr. George Runger

TIP Year 5: Session #2

November 18, 2020

Disclosures

There are no disclosures for this presentation

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Overview <ul style="list-style-type: none">• Agenda	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	La Frontera Center Kristin Ross Leslie Ulloa Stephen Guarrera
12:20 PM – 12:40 PM	Internal Reporting: Use Case 2	Community Bridges Dawn Whittington Julie Soto Reema Mistry Charles Hardy
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

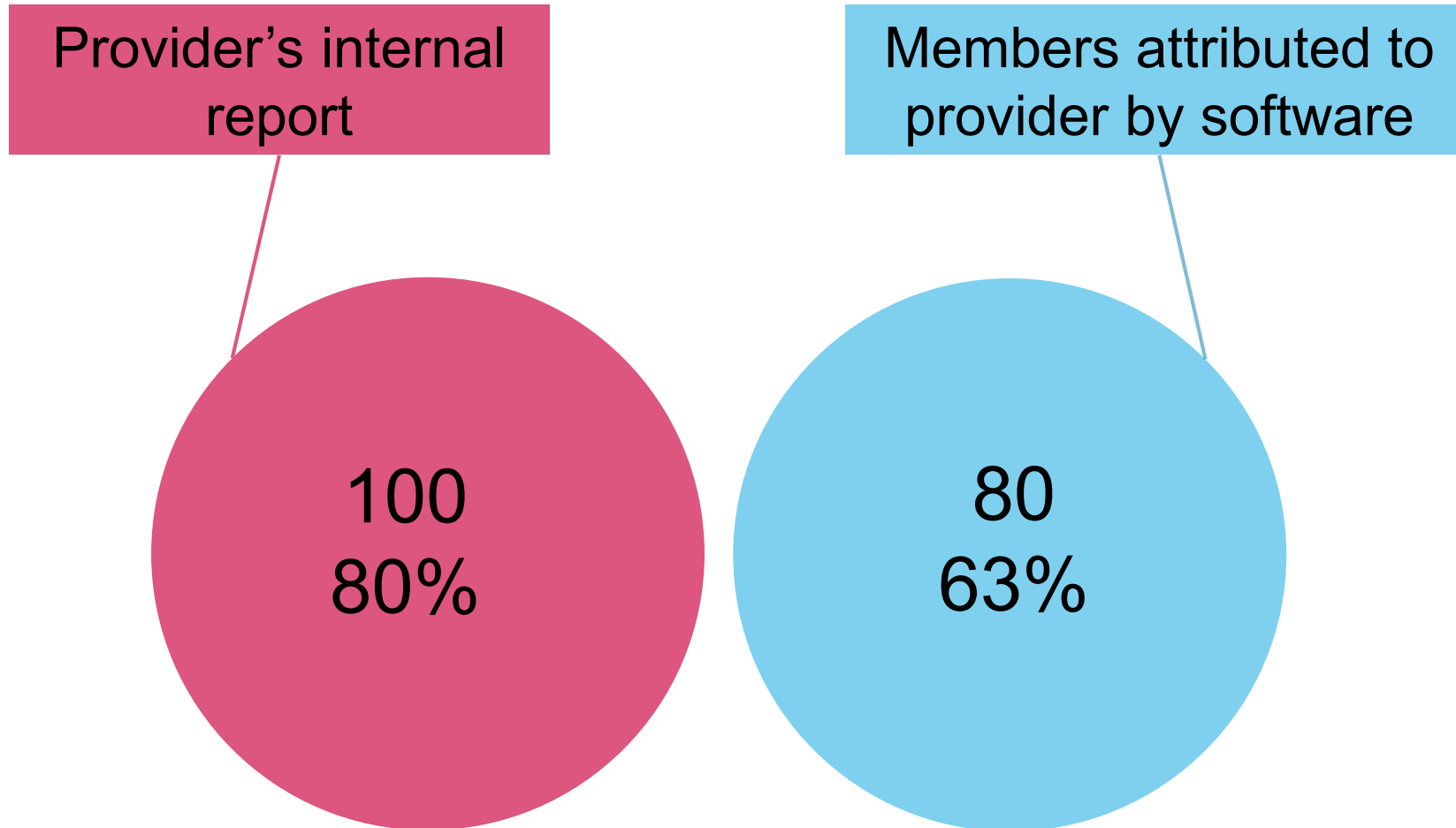
- Dx of schizophrenia, schizoaffective disorder or bipolar disorder
- Age 18-64
- Enrolled in an ACC plan for the full year, with no more than 1 gap of no longer than 45 days
- Member is excluded if has dx of diabetes or used hospice services

Resource intensive & Detracts from clinical QI objective

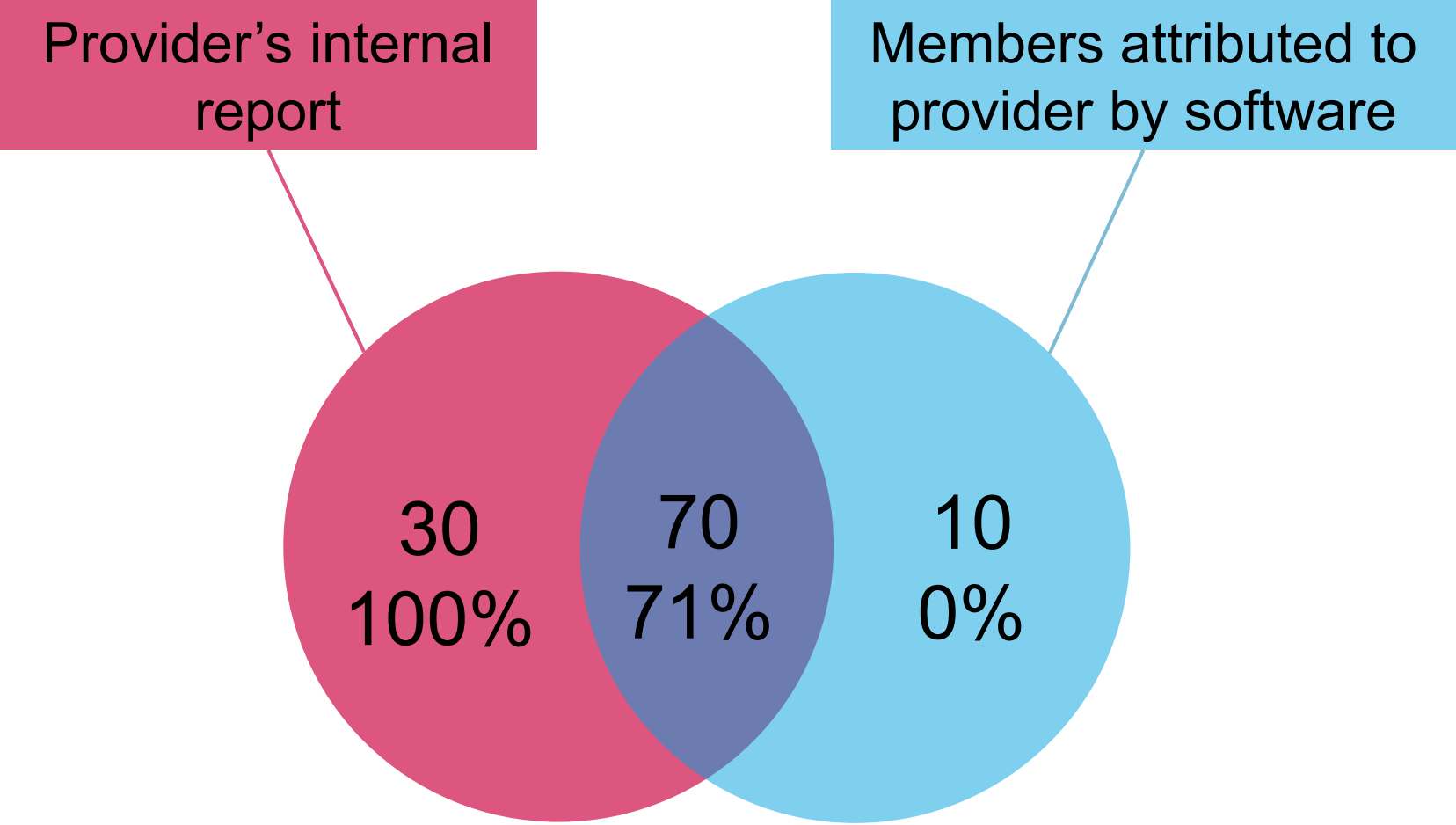
Harmonize Internal Reports & Accountability Reports

- 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

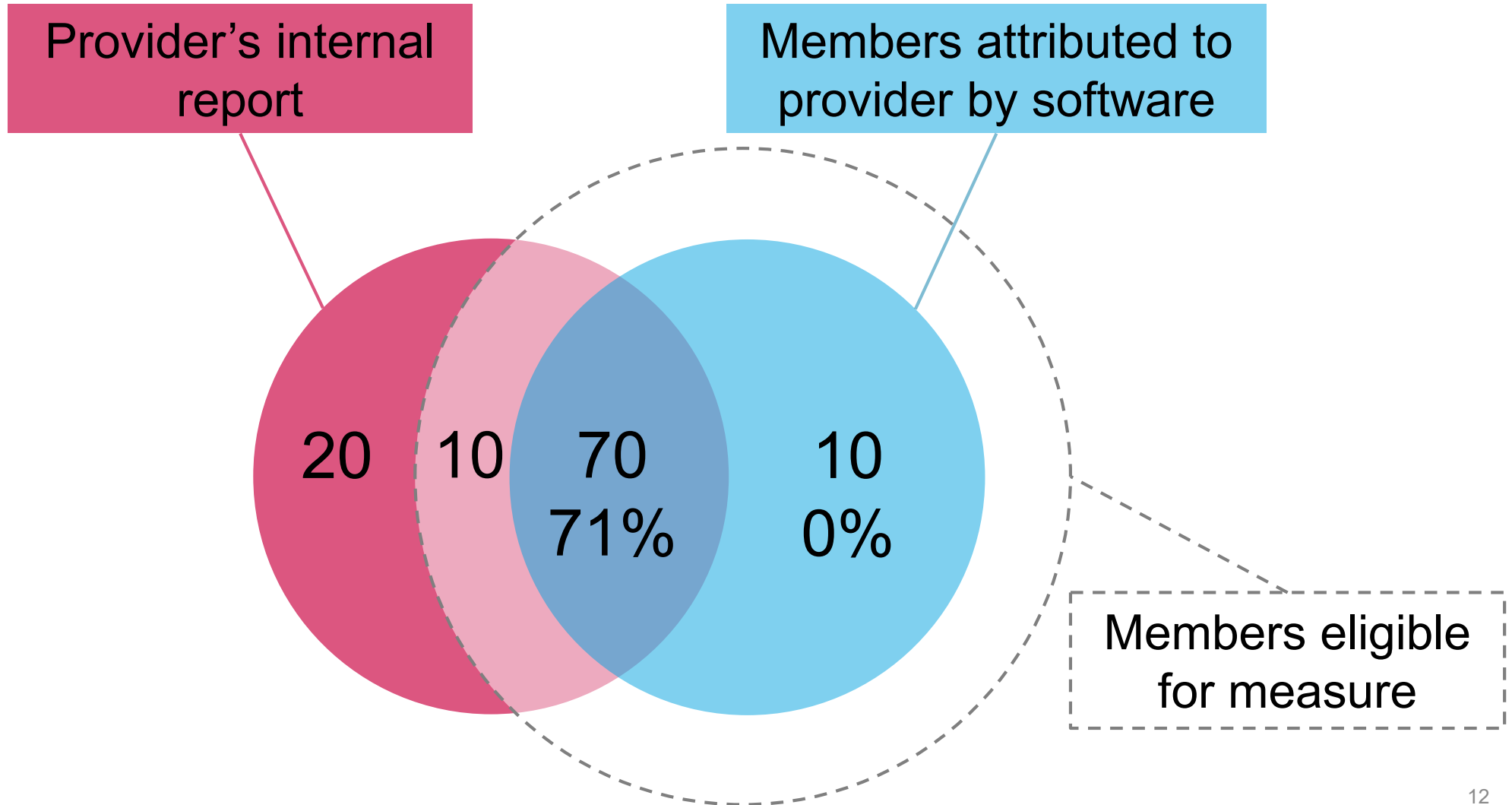
Comparing Internal & Accountability Reports



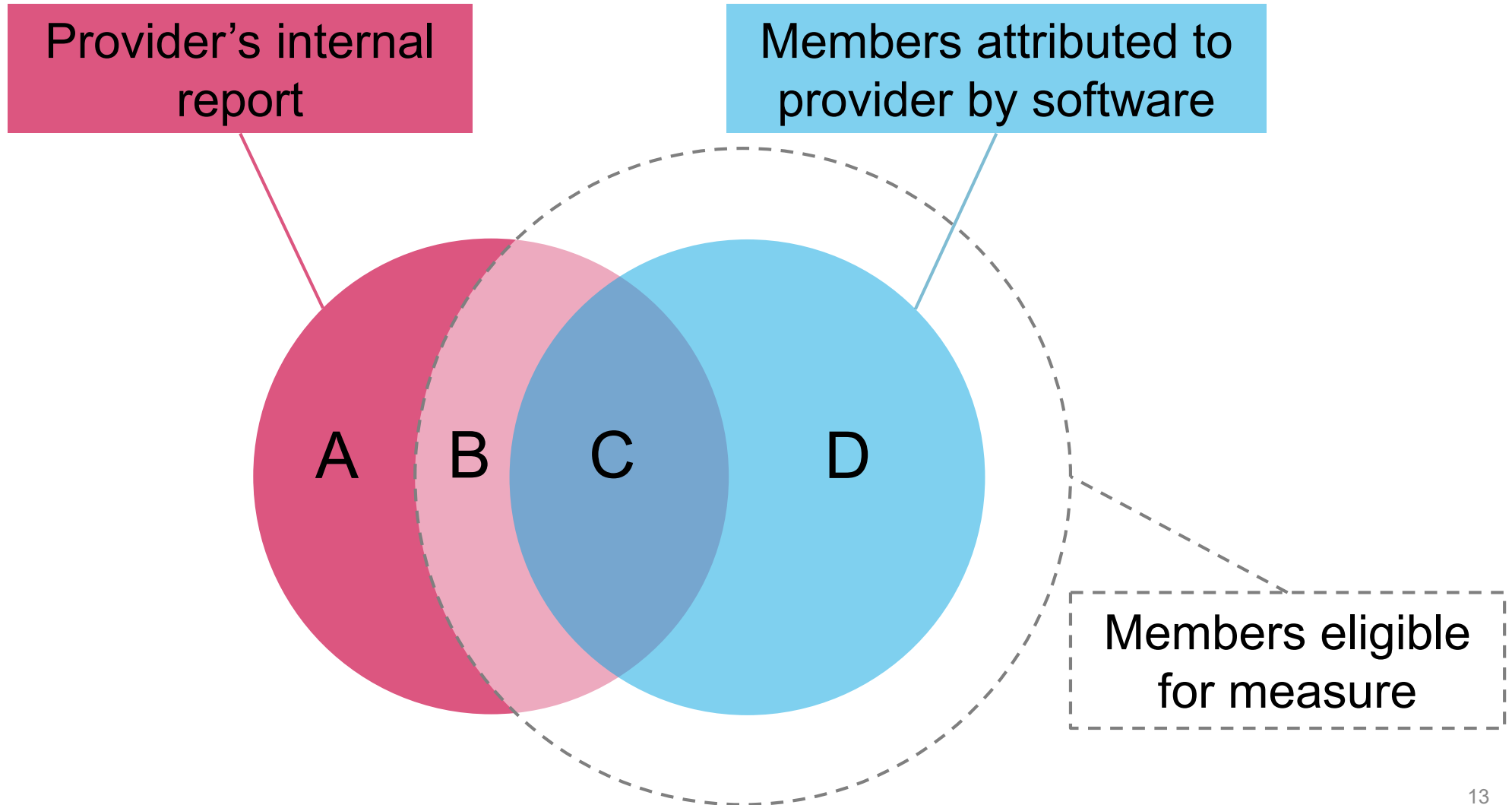
Comparing Internal & Accountability Reports



Comparing Internal & Accountability Reports



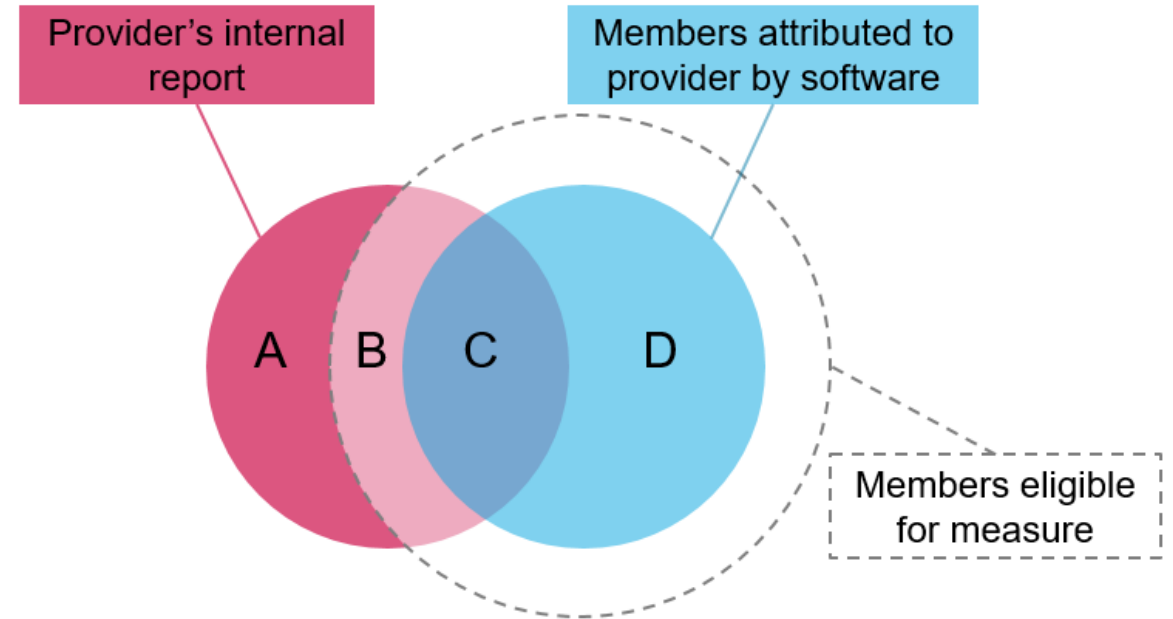
Comparing Internal & Accountability Reports



Comparing Internal & Accountability Reports

Group C: Alignment

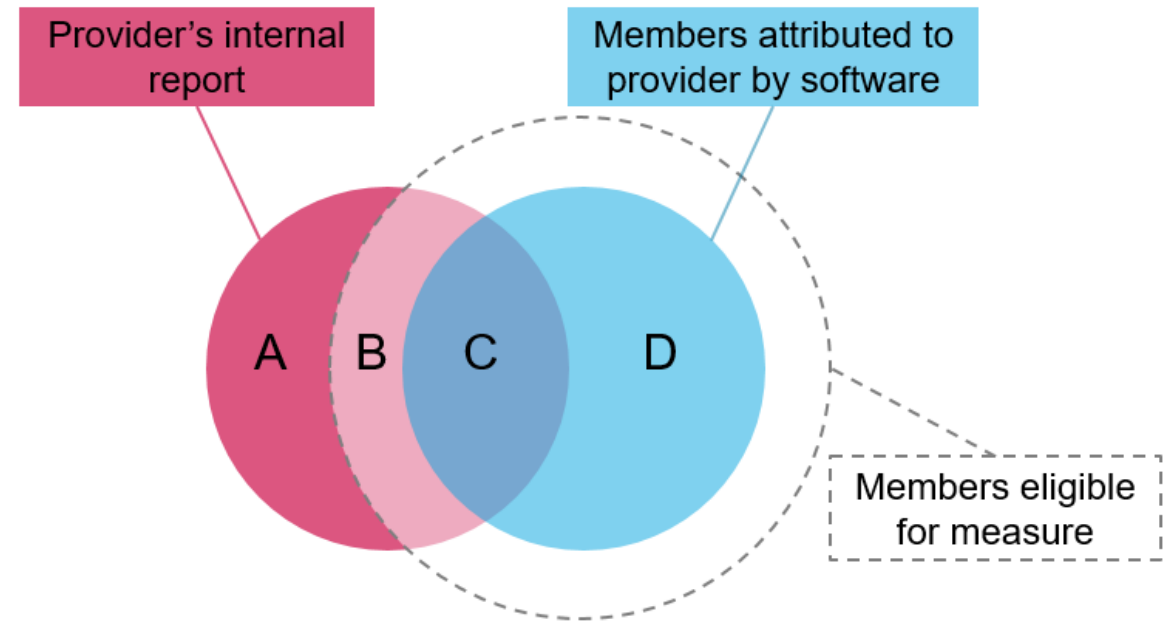
- In provider's internal report, eligible for the measure, and attributed to the provider
- To harmonize, study processes for groups outside of C
- **Objective is still QI of clinical care**



Comparing Internal & Accountability Reports

Group A: Ineligible

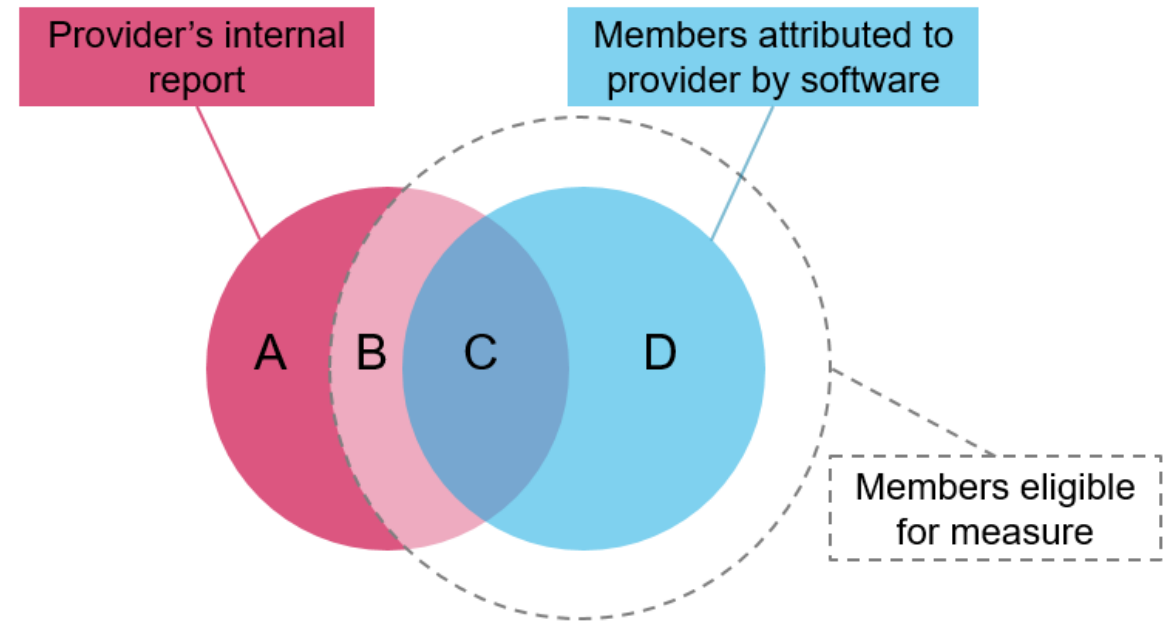
- In provider's internal report, but not eligible for the measure
- Reasons for ineligibility can help identify data quality issues
- **QI still benefits if member moved to numerator**



Comparing Internal & Accountability Reports

Group B: Misattribution

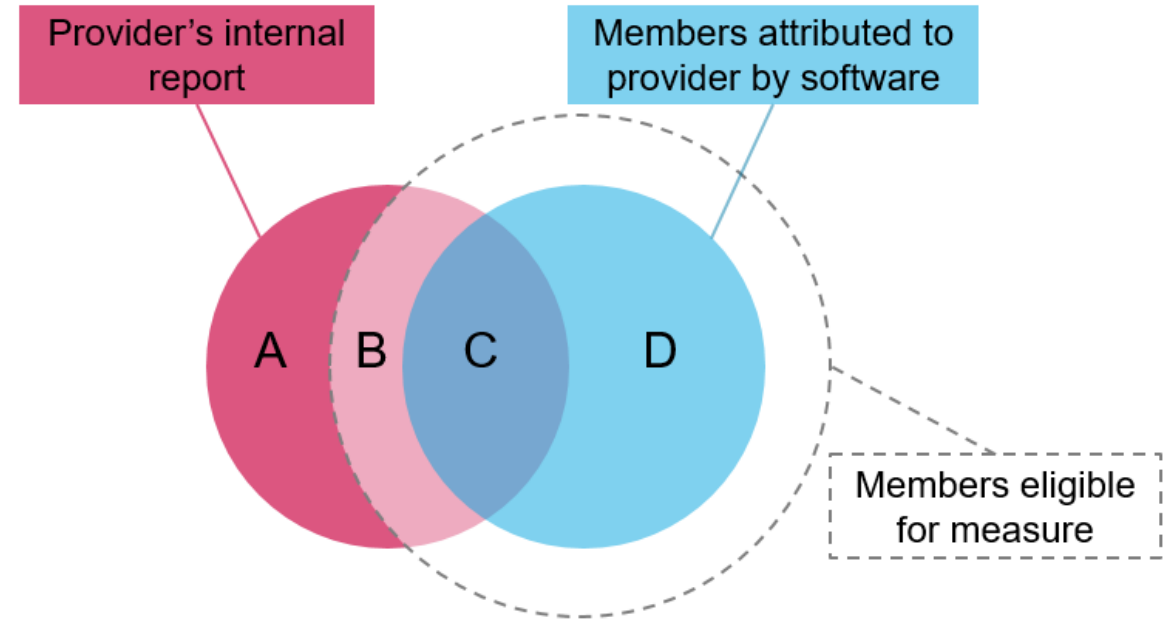
- In provider's internal report, eligible for the measure, but not attributed to the provider
- Check Provider ID's
- **QI still benefits if member moved to numerator**



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 if interested



LA FRONTERA CENTER, INC.

Kristin E. Ross, LMSW
Director of Quality Management

Stephen Guarrera
PHA/Supervisor of Utilization
Management

Leslie Ulloa, MSC, LPC
Clinical Supervisor

LA FRONTERA CENTER, INC. &
INTERNAL REPORTING

Why internal reporting works for us

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

Reporting process in Netsmart myAvatar

Report request

Avatar Clinical Work Group

Testing in myAvatar UAT

Move to myAvatar Live

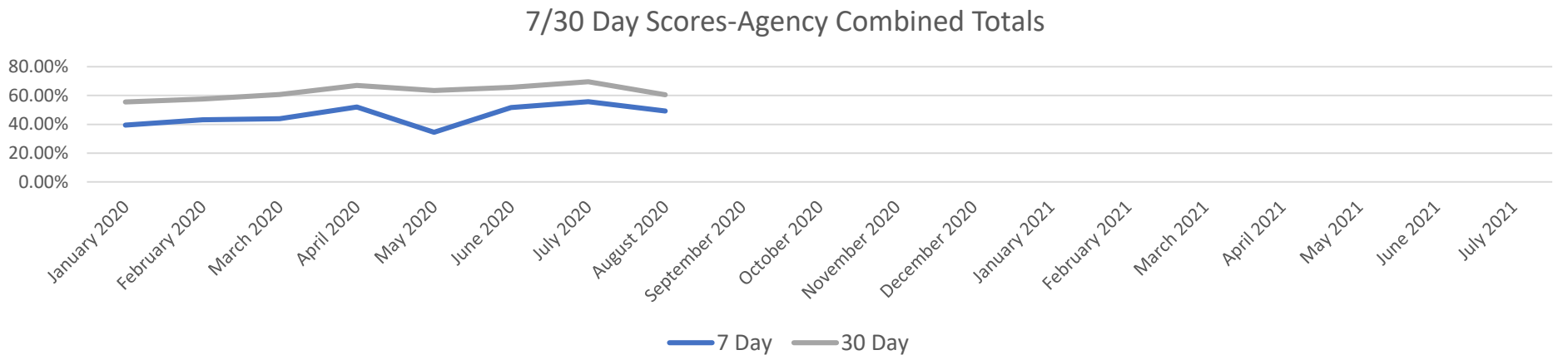
Distribution



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

- 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

HbA1C Test
HbA1C Test Date: [Calendar] [T] [Y] [Calendar]

Comments

Diabetic Eye Exam
Diabetic Eye Exam Date: [Calendar] [T] [Y] [Calendar]

Comments

Adolescent Well Visit
Adolescent Well Visit Date: [Calendar] [T] [Y] [Calendar]

Comments

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 Name	Policy #	Medicare #	Effective Date	Expiration Date	Verified
[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

- 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...

- 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.

Internal Reporting System

Dawn Whittington, Sr. Director of
Integrated Care Services

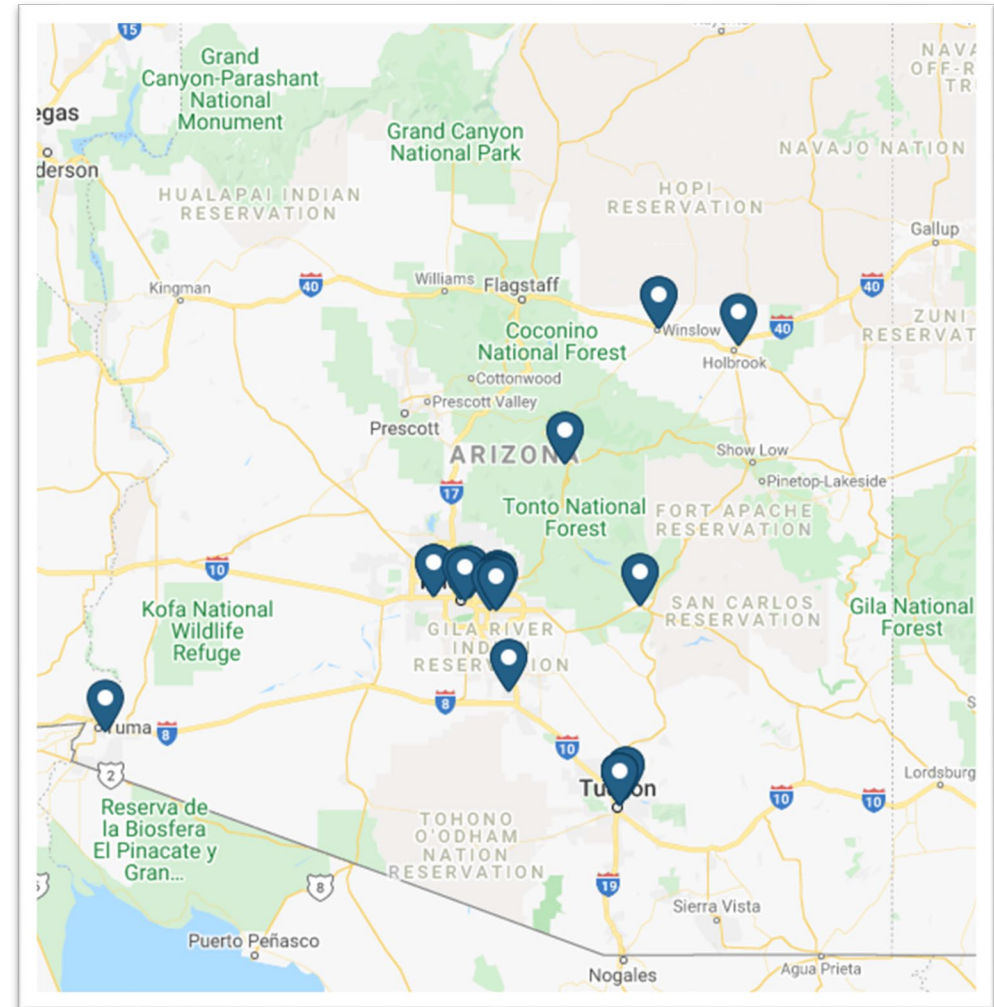
Julie Soto, Director of Quality
Management

Reema Mistry, Population Health
Administrator

Charles Hardy, Performance
Improvement Manager

Community Bridges Inc.

- Integrated Health Services
- Patient Centered Medical Home
 - Substance Use
 - Peer Support
 - Women and Children
 - Adolescents
 - Veterans



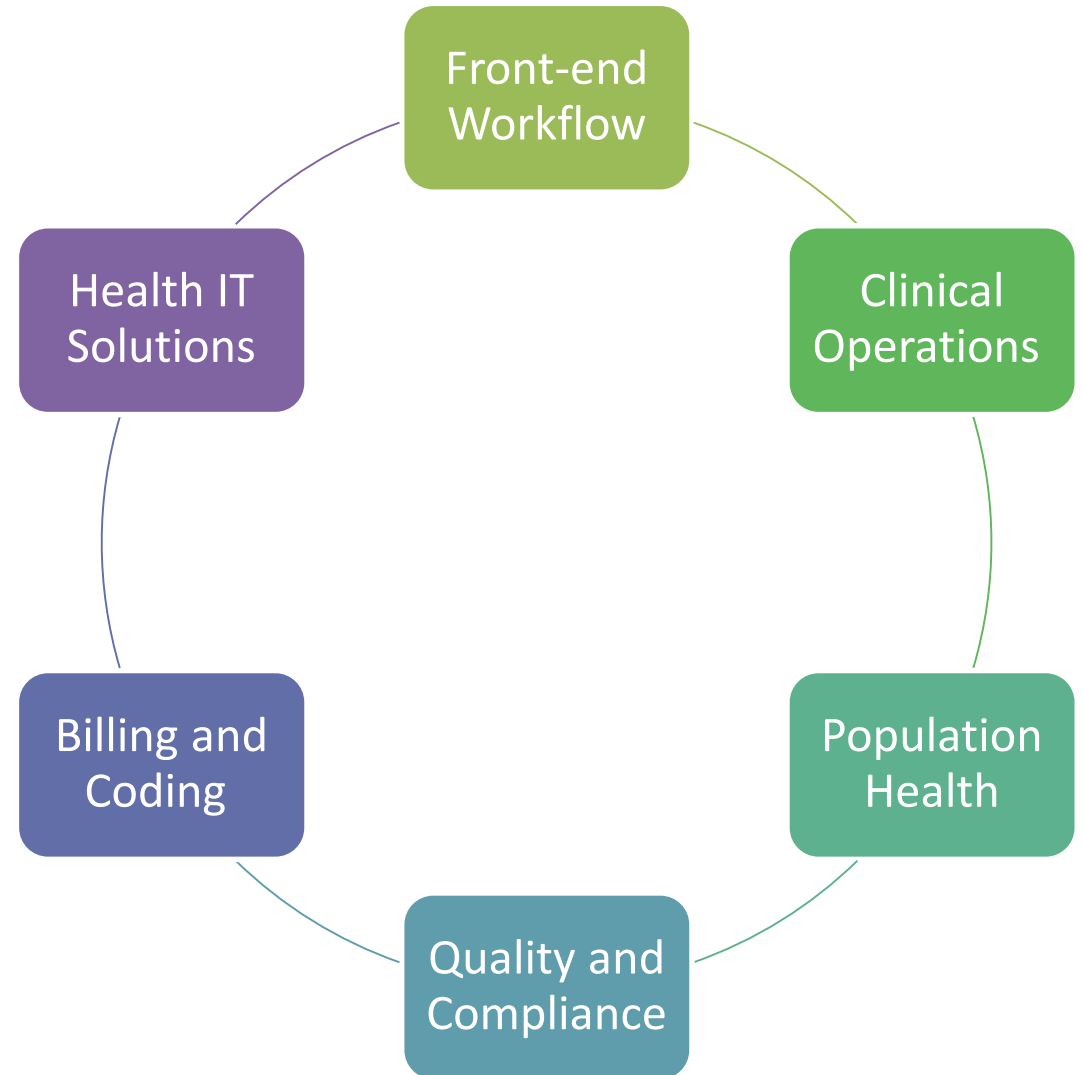
Reporting System

- NextGen EHR Reports
 - Custom reports using SQL queries and some advanced analytics
 - Weekly Data Workgroup evolved into a ticketing system managed by IT department
 - Allows us to submit report requests, assign appropriate developer and track it in real-time
-
- ❑ **IT/Business Intelligence** – Site and provider level clinical operations
 - ❑ **Compliance** – Key Performance Indicators and deliverables to health plans
 - ❑ **Quality and Performance Improvement** – Ongoing clinical improvement, audits, population health efforts
 - ❑ **Billing and Finance** – Billing errors, service mix

Report Development

Use interdisciplinary team meetings, depending on the need and purpose of the report

- Identify data sources
- Standard EHR templates to capture data
- Operational input from a business perspective
- QM oversight to align with state and health plan requirements
- Population health focus on value-based contracts, performance measures and deliverables
- Billing and coding to ensure appropriate use of codes



Report Types and Sharing

Refreshable reports

- Saved in a shared folder
- Allows us to see data in real-time (or almost real-time)
- Assessment and treatment plan compliance
- Site and provider performance (SDOH screening)
- Top diagnosis codes or appointment type distribution

Daily, weekly, monthly batch reports

- Emailed to various listserv
- Defined panels
- HIE ADT
- KPI trends
- Billing corrections
- Discharge Plan Follow Up Compliance

Ad hoc reports

- Shared via email or shared folder
- QOC or audit needs
- Data validation
- Ad hoc deliverables to health plans or AHCCCS

Utilizing HIE Data

- We receive HIE Admission, Discharge, Transfer (ADT) alerts and Continuation of Care Documents (CCDs) on all outpatient enrolled patients.
- NextGen SHARE enables these to go directly into the patient's chart.
- Additionally, our IT team has developed automated daily batch reports that go to leadership groups and site-specific teams via email.
- We also have a refreshable master report that appends all incoming ADT alerts.

HIE Notifications Daily Report												
Generated: 11/2/2020 7:00:12 AM												
Person Name	Person #	Sex	DOB	Site	Program	Fund Type	Open Date	Close Date	Receive Date	Category	Description	Hospitalization FU Appt Kept
Doe, Jane	11111	F	1/1/1991	Avondale OSC	Outpatient	TXIX_GMHSA	9/18/2018		11/2/2020	Transition of Care - Referral	Summarization Of Episode	
Doe, Jon	22222	M	12/12/187	Avondale OSC	Outpatient	TXIX_GMHSA	5/7/2018		11/2/2020	Transition of Care - Referral	SFAC: Integro Health Systems Inc, PN: DOE, JON, TYPE: Inpatient Admit, DATE: 202011020842.ccd	

Hospitalization Follow UP

HIE ADT

- Patient Name
- DOB
- Event Date
- SFAC/Sending facility
- Document Type
- ED/Inpatient
- Admit/Discharge

CBI

- Patient Name
- DOB
- AHCCCS ID
- Person Number/CBI Chart ID
- Site and Program
- Open Date
- *Chart location where the CCD is stored*
- *Primary Staff Assigned*
- *Upcoming Appointment (Date, Type, With, Status)*
- *Days Since event*
- *Days Until Next Appointment*

UHC ADT

- Patient Name
- DOB
- AHCCCS ID
- Event Type I.e. BH Inpatient
- Event Date
- Admit/Discharge
- Primary Care Provider
- Inpatient Facility

TIP/HEDIS

- APN
- Qualifying POS codes
- Qualifying Mental Health Practitioner codes
- Qualifying Service codes

Hospitalization Follow UP

- Work in Progress
- Challenges
 - Differentiating between a medical and psychiatric event. HIE documents doesn't always have the discharge diagnosis.
 - Health plan reports are more accurate but not all health plans share this information currently.
 - CBI has several lines of business (outpatient, inpatient, crisis, MAT) and we provide services via telehealth. This makes it difficult to align with TIP defined patient attribution methods.
- Opportunities
 - HIE 3.0 might include discharge diagnosis on the incoming ADT alerts
 - HEDIS MY 2020 revision of qualifying providers and services

Lessons Learned and Process Improvements



- We have also been able to utilize reports to help us with implementing new workflows, more specifically monitoring the use of templates for documentation.
- Recent use was with a pilot we are working on for No-show/re-engagement. The reporting that we used allowed us to monitor if all the fields were being used correctly. This report allowed us to:
 - Reduce the amount of direct chart audits
 - Easily trend what sections are missing
 - Easily trend which staff are having trouble with documentation

Example of Pilot Report and Template:

Missed Appointment ⓘ

Missed Appointment Details:
 Date: 05/27/2020
 Time: 9:00 AM
 Type: Counseling
 Provider: Charles Hardy
 Comments:

Status:
 Canceled
 No Show
 Rescheduled
 Other (specify)

Patient Information:
 Name: Kylo ZzzRen
 Home Phone: () -
 Daytime Phone: () -

(send this template)

Action:

Actions Taken: (this missed appointment)

Action Date	Action Time	Action	Staff Name
05/27/2020	8:59 AM	24 hour F/U call, LVM	Charles Hardy

Missed Appointment History:

Appointment Status	Appointment Comments	Action #	Action	Action Date
No Show	pt was a no show for psych appt	1	24 hour F/U call, LVM	10/20/2020
No Show	pt was a no show to psych	1	24 hour F/U call, LVM	10/30/2020
No Show	Patient rescheduled 10/14/2020 at 0715	1	Successful outreach attempt, see contact note for details	10/13/2020
Rescheduled	Patient has been rescheduled for 10/07/2020 at 0700.	1	Successful outreach attempt, see contact note for details	10/6/2020

THANK YOU

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 if questions or concerns regarding performance data

Thank you!

TIPQIC@asu.edu