AHCCCS Targeted Investments Program

Peds B Quality Improvement Collaborative

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Dr. Neil Robbins
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TIP Year 5: Session #2
November 19, 2020

ASU College of Health Solutions
Arizona State University

AHCCCS Arizona Health Care Cost Containment System | Targeted Investments

ASU College of Health Solutions
Arizona State University
Center for Health Information and Research

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	Southwest Network INC Crystal Domblisky-Klein Katrina Noyes
12:20 PM – 12:40 PM	Internal Reporting: Use Case 2	Happy Kids Pediatrics Arvind Kulkarni Roman Carrasco
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**

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: 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

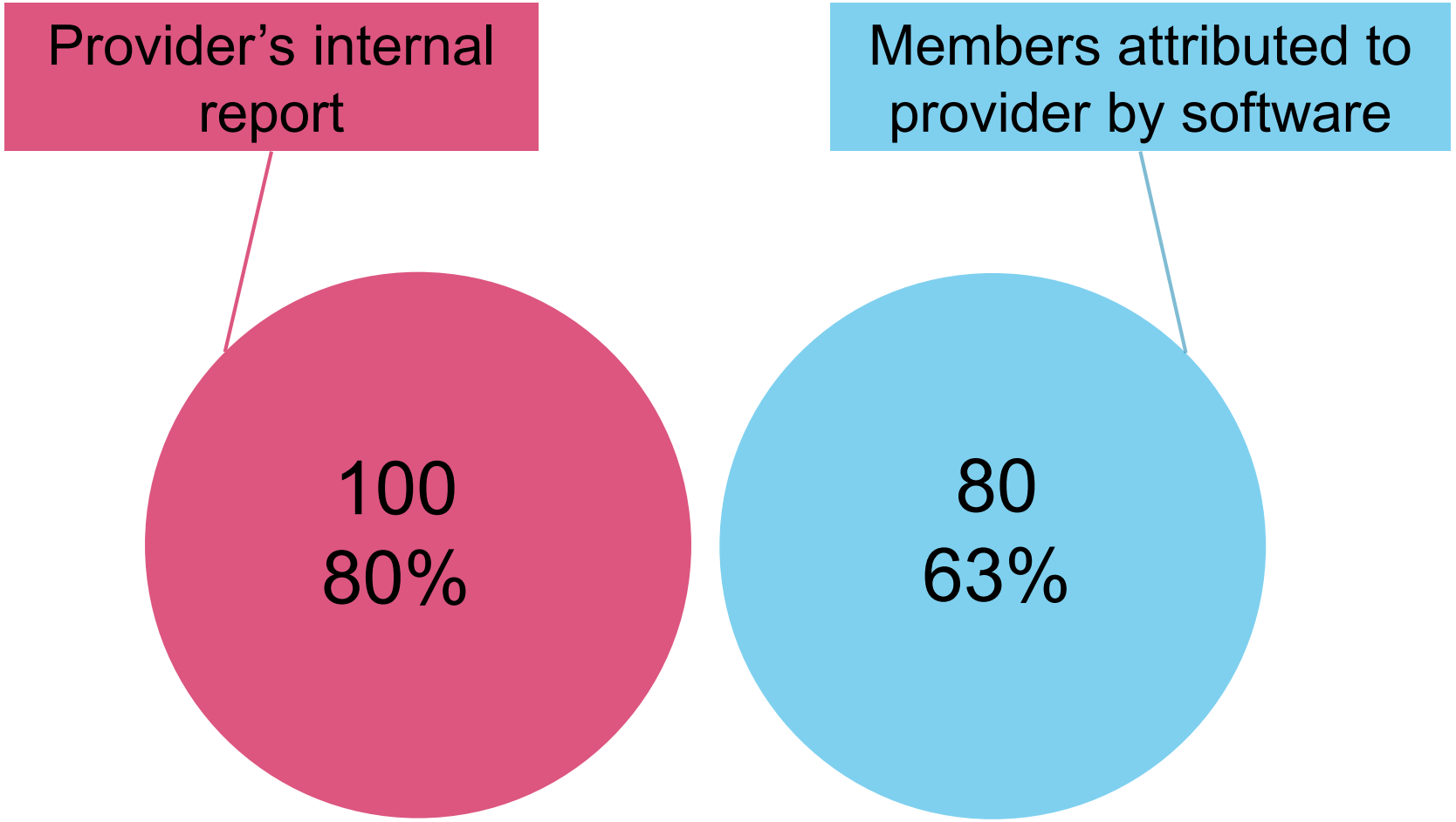
- Dx of schizophrenia, schizoaffective disorder or bipolar disorder
- Age 18-64
- Enrolled in an ACC plan for the full year, with no more than 1 gap of no longer than 45 days
- Member is excluded if has dx of diabetes or used hospice services

Resource intensive & Detracts from clinical QI objective

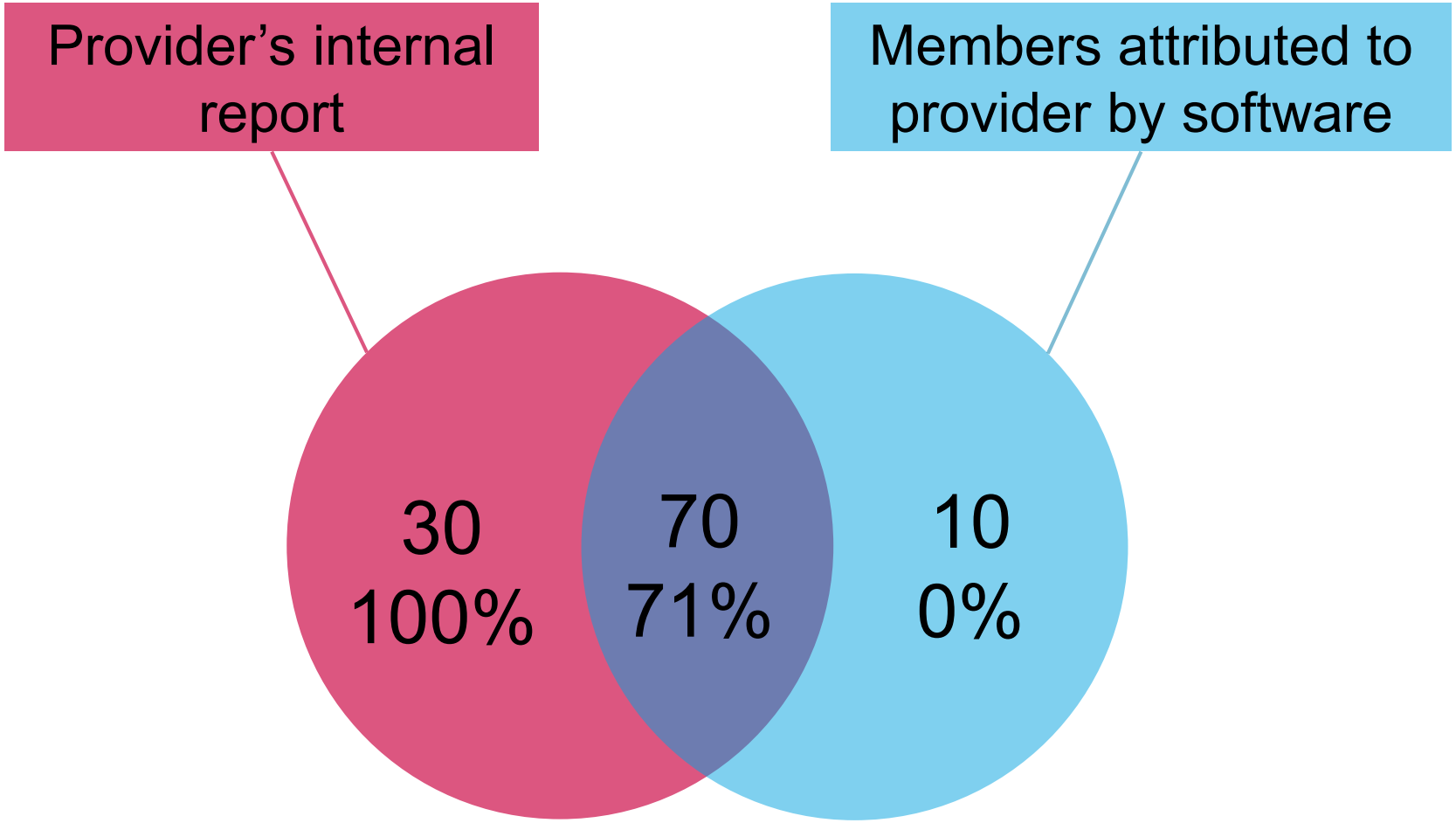
Harmonize Internal Reports & Accountability Reports

- 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

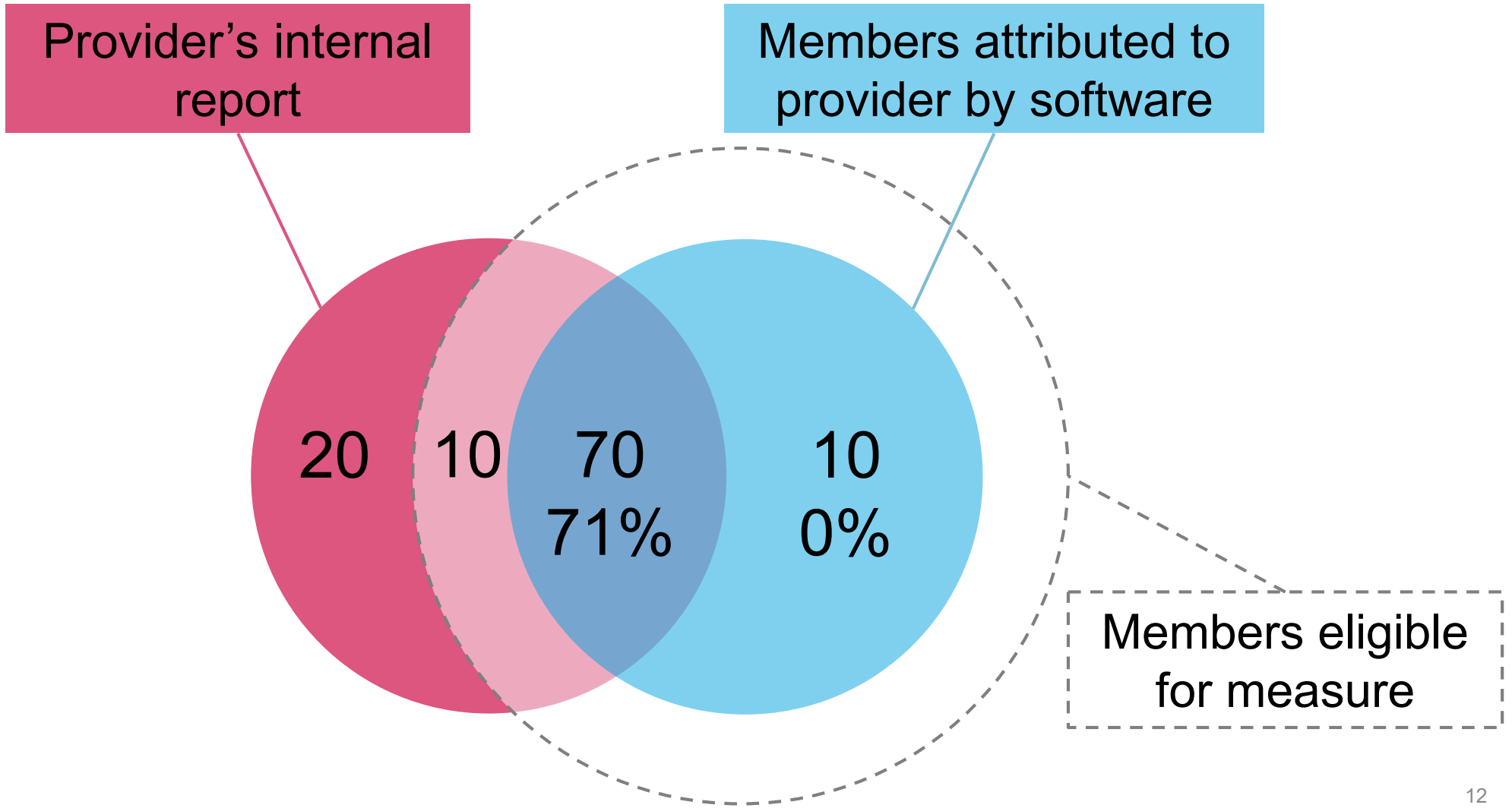
Comparing Internal & Accountability Reports



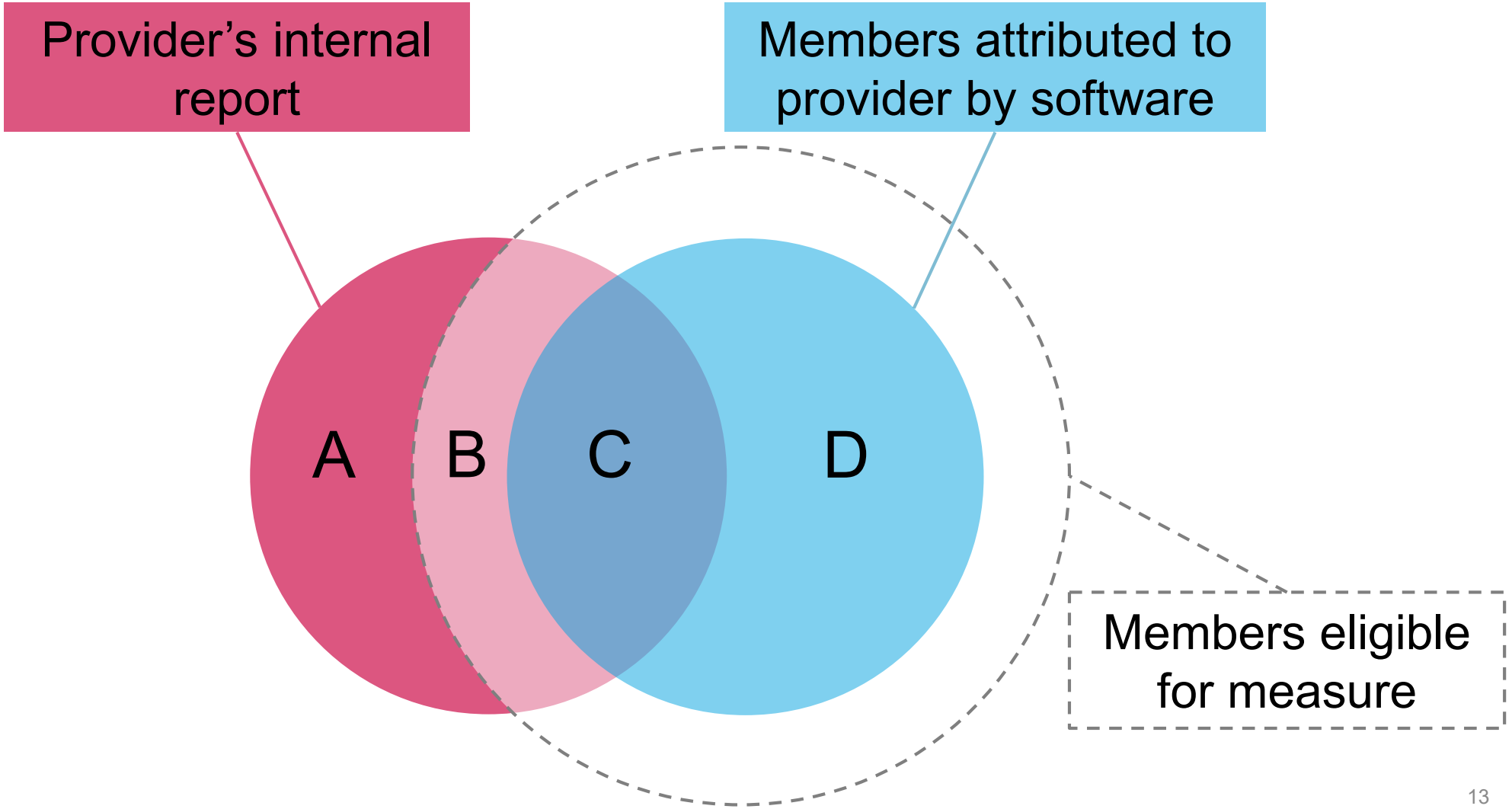
Comparing Internal & Accountability Reports



Comparing Internal & Accountability Reports



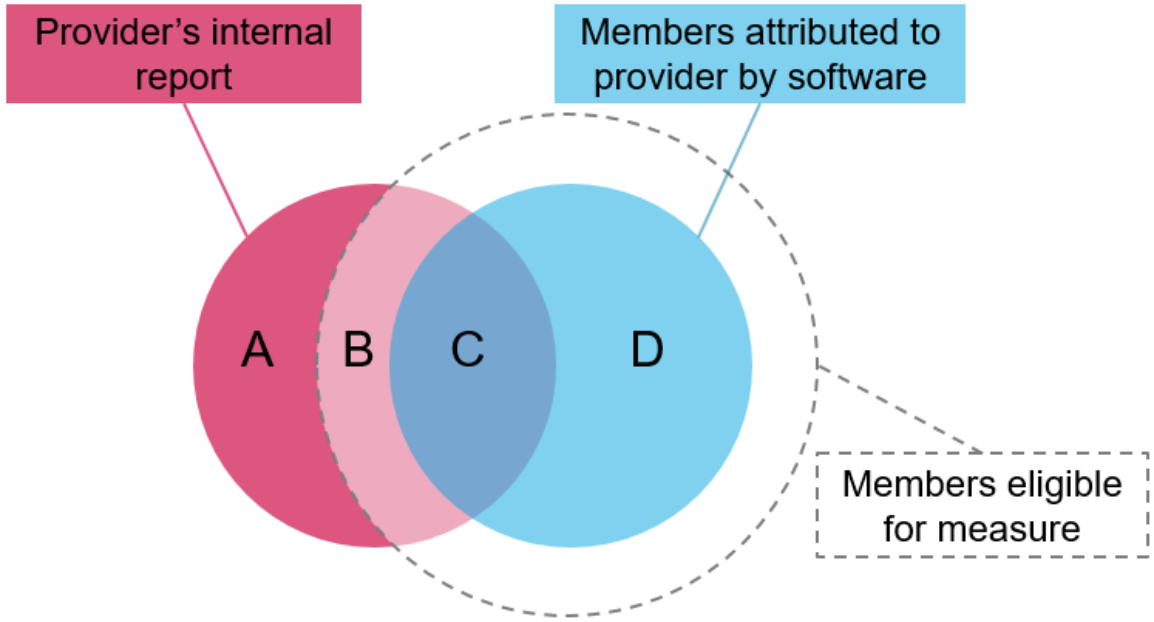
Comparing Internal & Accountability Reports



Comparing Internal & Accountability Reports

Group C: Alignment

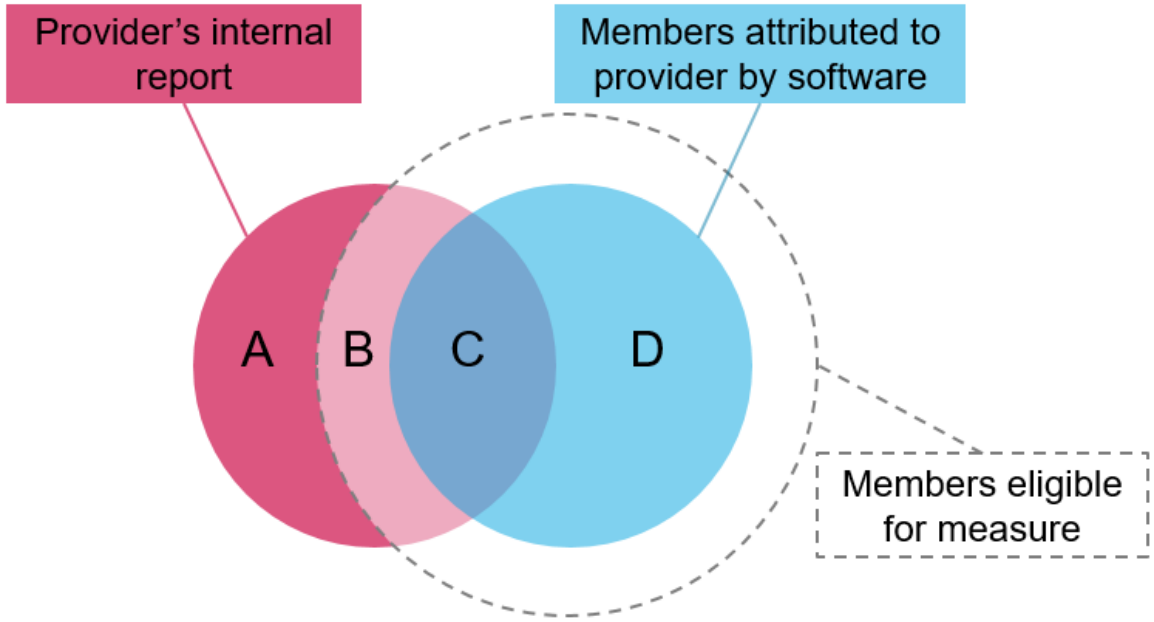
- In provider's internal report, eligible for the measure, and attributed to the provider
- To harmonize, study processes for groups outside of C
- **Objective is still QI of clinical care**



Comparing Internal & Accountability Reports

Group A: Ineligible

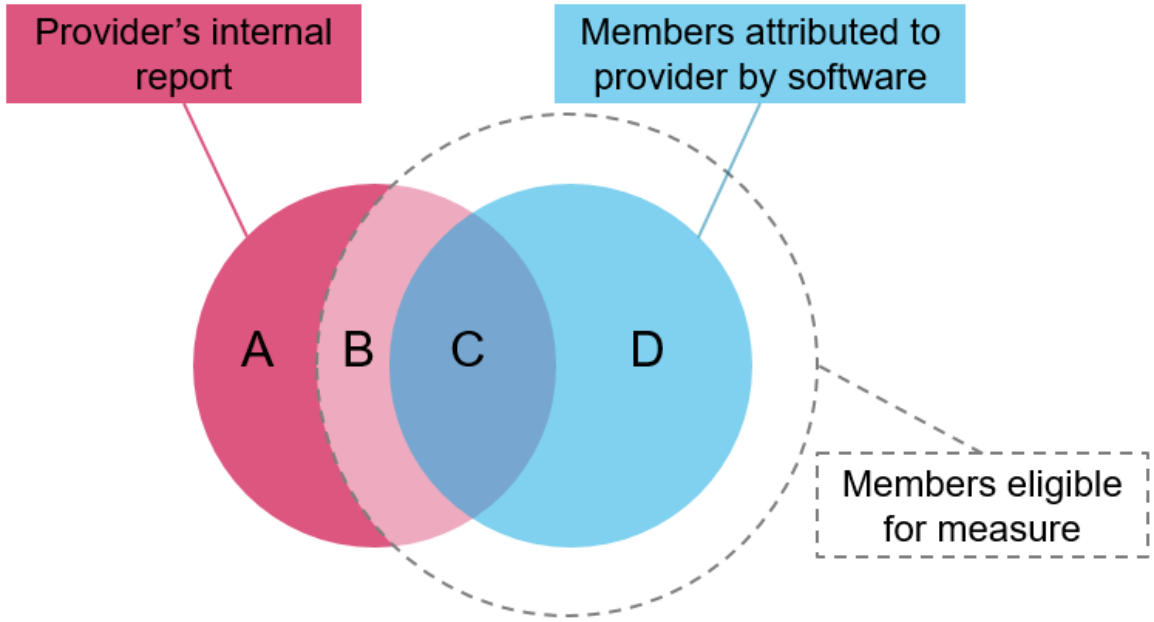
- In provider's internal report, but not eligible for the measure
- Reasons for ineligibility can help identify data quality issues
- **QI still benefits if member moved to numerator**



Comparing Internal & Accountability Reports

Group B: Misattribution

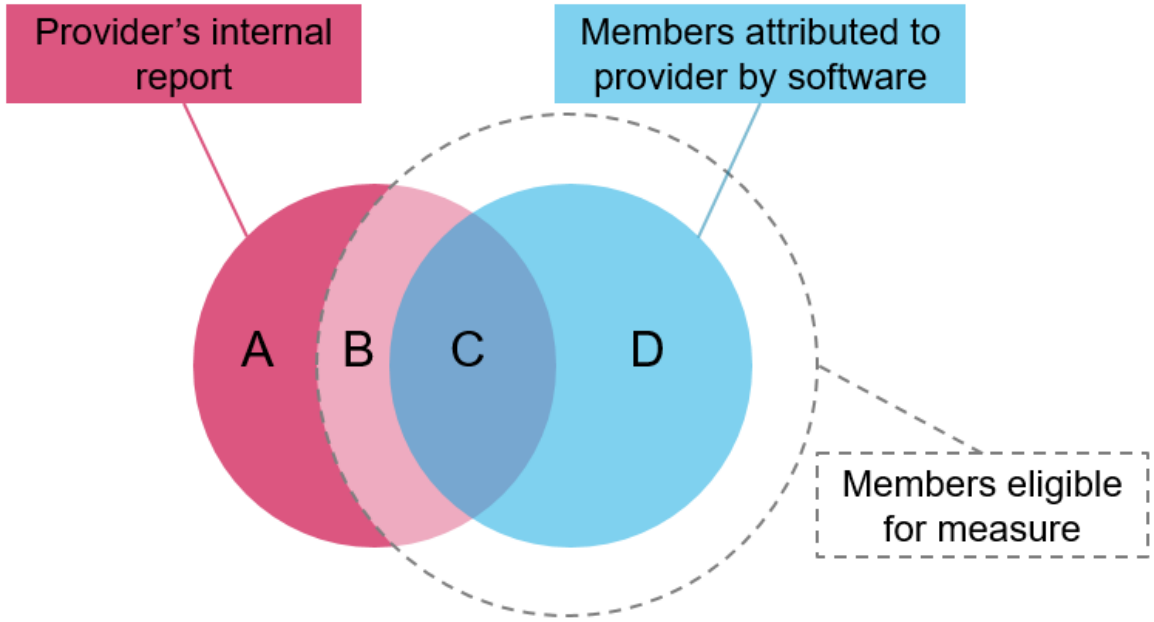
- In provider's internal report, eligible for the measure, but not attributed to the provider
- Check Provider ID's
- **QI still benefits if member moved to numerator**



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

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Internal Reporting - Background

Internal reports have been used since Southwest Network's inception in 1999

Sources to gather and methods to analyze the data have changed dramatically over the years

TI Program:

- Data was initially gathered after the first set of outcomes data were presented at goals
- It took some time to get our formulas in alignment with the requirements
- Tracking/monitoring TI outcomes for over a year

Establishing An Internal Reporting System

Aimed to balance requirements/regulations related to provider deliverables with desire to inform on member outcomes

Steps:

- Review the requirements and goals from our organization's various compliance, improvement, operational and incentive plans/programs
- Identify data sources & collect desired data
- Use data to evaluate the organization's compliance against requirements and to tell the story of member care through outcomes and clearly documented in order to assess longitudinal results
- Scrutinize quality and value of the reports
- Cycle through steps as needed to improve

Ultimately, a comprehensive list of goals/objectives/deliverables was created that includes who pulls the data, how the data is pulled, the logic behind the data, and how the data is utilized internally

Creating Internal Reports

Collaboration between data analysts and Quality Improvements

Reporting Timeframe: daily, weekly, monthly, and quarterly

- Strive to minimize reports for the sake of having data and promote the utilization of data to push improvement.

Tracking: Inpatient utilization, discharge appointments with BHMP, lab orders and lab completion (for SMI members)

Using The Heath Information Exchange (HIE)

Use HIE for inpatient discharge and readmission data

Staff receive alerts and enter the inpatient stay into the EMR

QI validates data entry and runs canned report for out of home and inpatient stays monthly

Wish list – the HIE data integrates with the EMR as to minimize the data entry component of the process.

Electronic Health Record (EHR)

Currently using Health Management System (HMS)

Transitioning to EMR Axiom

Using Internal Reports

Most frequently use health plan reports to reconcile member attribution

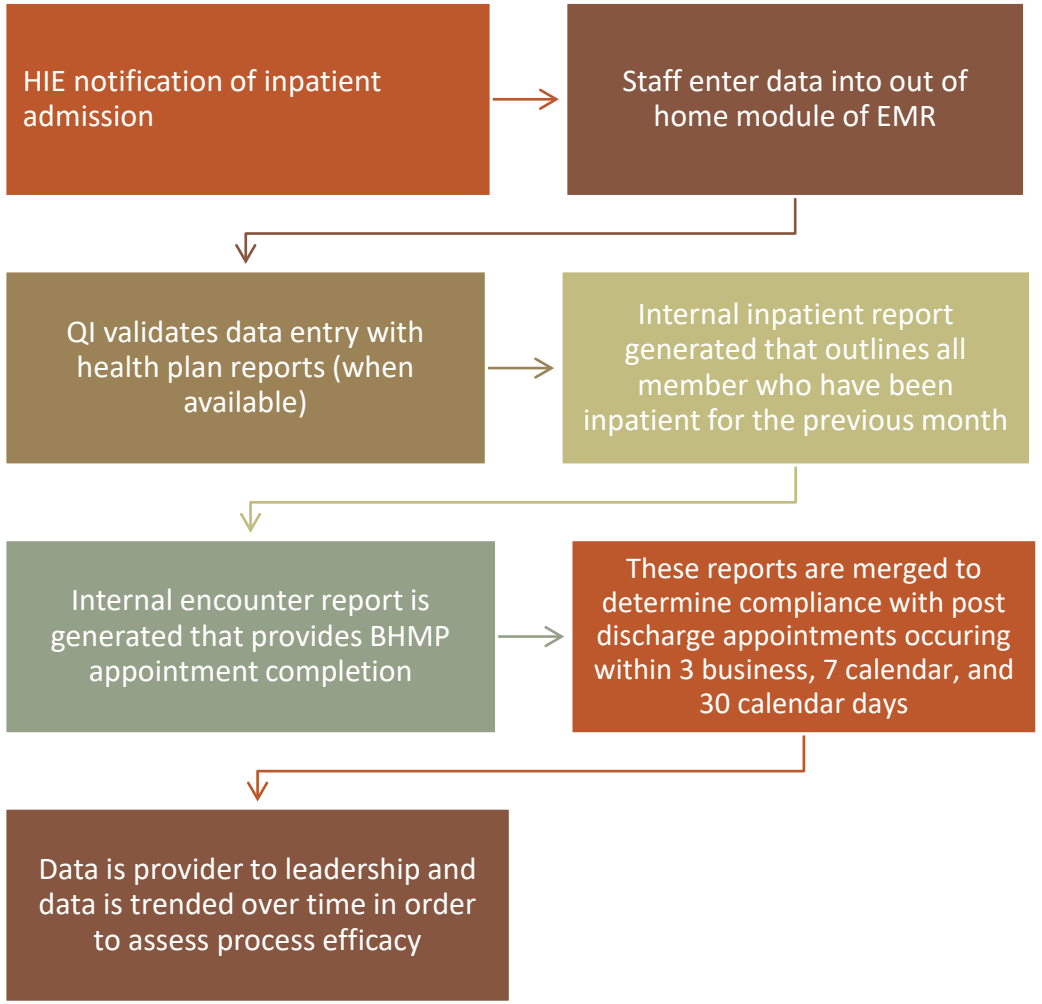
Once we reconcile the rosters, we run inpatient utilization data (monthly)

QI team validates the data entry of inpatient stays

Run reports:

- Encounter report that tells us when the BHMP appointment occurred post discharge
- Merge encounter report with the inpatient report (for 72 hour, 7 day, and 30 day compliance)
- Data based on diagnosis and medications prescribed to identify members who require metabolic and/or diabetes testing. This data is given the operations to follow up on appointments and lab requests to ensure the members are appropriately tested.

Process: Data Collection Analysis For TI Hospital Discharge Follow Up



TIP Related Reporting Changes

Tracking of inpatient data changed to be compliant and promote positive health outcomes for members

Other contract obligations require an appointment within 3 business days post discharge, so this is the expectation and data-point by which we run our internal data for all members and programs

For diabetes and metabolic testing we added reports that were not previously being pulled

- Coupled with operational/process adjustments, we are expecting very high outcomes in this area

Apply TIP measures to all populations, not just those who will be used in the denominator

- For example, members who have private insurance or self-pay are held to the same expectations. We then extrapolate those who are applicable to TI when we analyze the data internally.

Inpatient Follow Up For PEDS/BH

AHCCCSID	ClientId	AGE	Placement Name	Admission Date	Discharge Date	BHMPWithinThreeDays	BHMPWithinSevenDays	BHMPWithinThirtyDays
		14	Aurora Behavioral Health Care	10/8/2020	10/20/2020			
		10	St. Luke's Behavioral Health	10/3/2020	10/15/2020			
		15	St. Luke's Behavioral Health	10/1/2020	10/7/2020			
		17	St. Luke's Behavioral Health	10/20/2020	10/21/2020			
		16	St. Luke's Behavioral Health	11/14/2020	11/18/2020			
		16	St. Luke's Behavioral Health	11/1/2020	11/5/2020			

*Fictitious sample data shown

TI Summary

All Stays Compliant		
Type	**Totals**	**Compliance %**
30 Day Compliant (Numerator)	6	100%
7 Day Compliant (Numerator)	5	83%
Total Members (Denominator)	6	

Denominator: Total unique count of members within specified date range

Numerator: Unique count of members who meet the compliance criteria for ALL inpatient discharges within the date range

Members are only counted if they have been closed within the date range, and have a Final Payor of Mercy Care RBHA or any of the ACC Payors.

Happy Kids Pediatrics

Targeted Investment Year 4, November 19th , 2020

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TIPQIC Measures

EHR: eClinicalWorks – Cloud Version 11e

Measures:

1. Well-Child Visits (Ages 3-6 years): 1 or More Well-Child Visits (WC34)
2. Well-Child Visits (Ages 0-15 Months): 6 or More Well-Child Visits (WC15)
3. Adolescent Well-care Visits: At Least 1 Comprehensive Well-Care Visit (AWCV)

TIPQIC Measures

Process:

1

Collect data from multiple sources:

EMR (eBO Reports)

CareEmpower

Payers

HIE

2

Collect **existing data of Care Gaps from EMR** by running multiple reports, storing the data in DB, run queries to apply business logic

3

Try improve quality metrics by providing open care gaps info for specific patients to front desk (central scheduling team) to schedule appointments

4

Monitor for progress and repeat step 1 to 4

Following reports are run daily (eBO)

1) 4.02 – Encounter Patient Download Report
2) 371.02 – Charges at CPT Level
3) 41.06 List of Patients by Insurance

Datawarehouse is built by downloading these tables on a daily basis and we have built some cross walk tables too

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TIPQIC Measures

Reports:

Following reports are run daily (eBO)

1) 4.02 – Encounter Patient Download Report
2) 371.02 – Charges at CPT Level
3) 41.06 List of Patients by Insurance

Datawarehouse is built by downloading these reports on a daily basis and we have built some cross walk tables too

How are the reports created?

1. BOTs run the reports by making necessary parameter selection and call API to insert/update data in the DB
2. All the process run on AWS with high security

Describe BOT (as in Ro**BOT**)
These run an AWS and are created in Robot Framework; in other words “virtual person”
The core framework is written in Python and some modules are written in Selenium
Show/teach BOT what to do and it will run everyday at a specified time – fast and avoid human errors

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TIPQIC Measures

Process:

BOTs perform following task starting at 9 pm every night and takes about 2 hours to complete

1) Run reports and populate DB
2) For all the patients scheduled for next day:
    1) Find out what templates need to be preloaded (find gaps and preload)
    2) Typical gaps we look for:
        1) EPSDT
        2) PHQ
        3) Alcohol
        4) Tobacco
        5) SDOH
    3) If lab results have come, BOT will read pdf file and extract A1C data and puts it in the DB
    4) For every patient who came to the clinic that day BOT captures vitals signs and progress notes and puts in the DB/File folder for analytics/file upload
    5) BOTs look for gaps closed that day and look for OPEN gaps in CareEmpower and upload the documents and close the gaps

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TIPQIC Measures

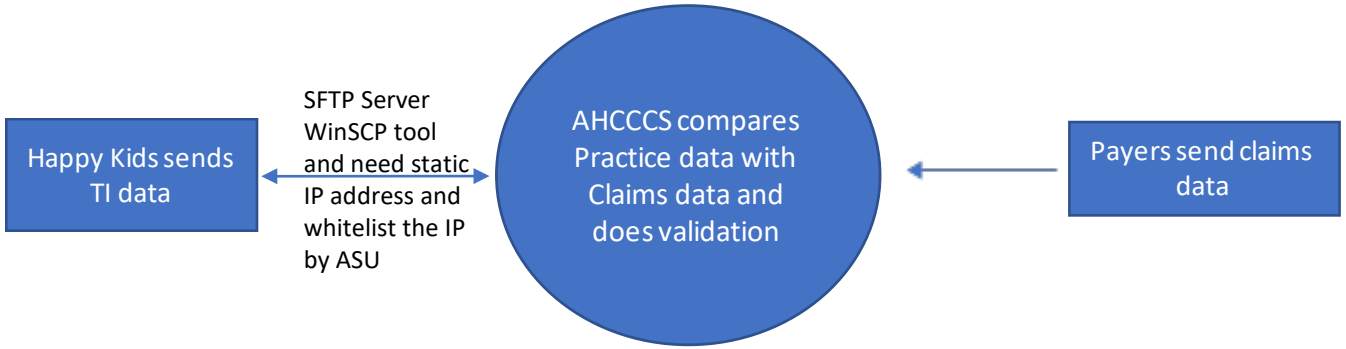
Additional Process:

BOTs perform following tasks

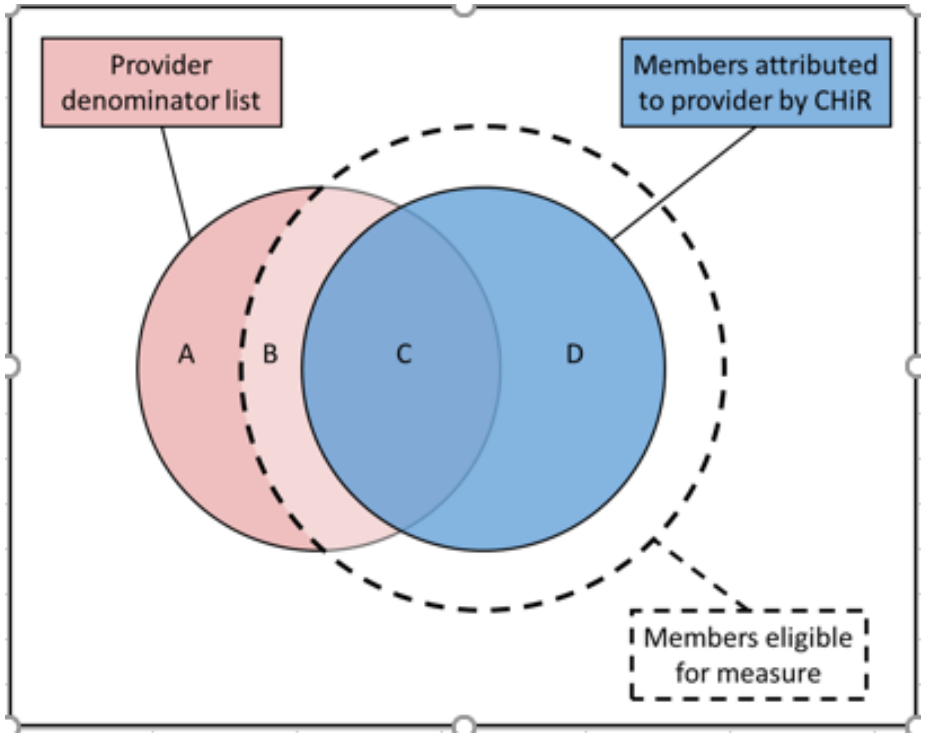
1) No show report
    1) Captures all the patients with No Show status and enrich patient data (add contact information to make it easy to reschedule)
    2) For all our patients we have probability of No Show
2) BOT identifies all the Progress Notes not signed off by providers and produces a report
3) BOT identifies claims not submitted for billing and produces a report
4) Analytics to identify chronic members (HIE data (ED and IP visits) and 17 health conditions)

TIPQIC Measures

Revised Process after working with ASU - CHiR – Center for Health Information & Research team



ASU Feedback



Group A: In provider list, but not eligible for measure
Group B: In provider list, eligible for measure, but not attributed to provider
Group C: In provider list, eligible for measure, and attributed to provider
Group D: Eligible for measure and attributed to provider, but not in provider list

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TIPQIC Measures

How did we try to improve our measures?

1. Studied denominator and numerator data provided by ASU based on the initial data we submitted. We did this process twice.
2. Did analysis on the data in EMR to find members missing the measures
3. Shared patient data with central scheduling team to schedule appointments
4. Found progress notes not signed off by providers and shared the data with providers
5. Found completed encounters but not submitted for billing and shared the data with billing team
6. Went back to step 2

TIPQIC Dashboard | Arvind Kulkarni

TIP QIC Targeted Investments Program Quality Improvement Collaborative

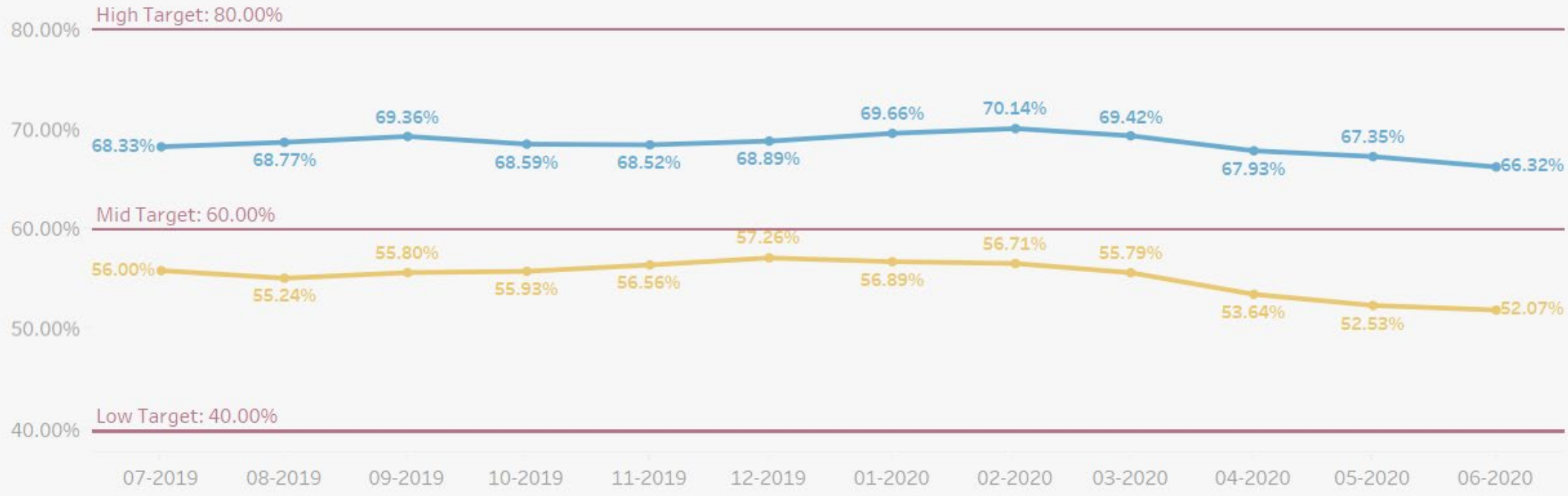
Use the filters to see your performance on each measure. Click Download to export this view as an image, PDF or PowerPoint file. Please contact us at TIPQIC@asu.edu with questions or comments. Last updated 10/16/2020.

Select Filters:

1. Provider: HAPPY KIDS PEDIATRICS PC
2. Area of Concentration: PEDS PCP
3. Measure: Adolescent Well-Care Visits: At Least 1 Comprehensive Well-Care Visit

Performance on Measure (Each month is a 12-month report period)

HAPPY KIDS PEDIATRICS PC vs. Providers in same Area of Concentration



Denominator

HAPPY KIDS PEDIATRICS PC

Note: We started working with ASU in August,2020

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Key Success Factors

1

Commitment from the Top management

2

Active participation from all stakeholders

3

Proactive assistance from the Team ASU

4

Continous Improvement to achive the goal

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