



Peds BH Quality Improvement Collaborative Session #1: 10/29/25

Disclosure: There are no relevant financial relationships, sponsorships, or other disclosures from anyone in control of content associated with this activity. This program is designed to provide educational information and does not involve the promotion of any specific product or service.

Targeted Investment Team

ASU TIPQIC

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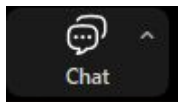
Agenda

Time	Topic	Presenter
12:00 PM to 12:03 PM	Opening	William Riley, PhD
12:03 PM to 12:15 PM	Measure Overview & Network Performance	William Riley, PhD
12:15 PM to 12:35 PM	Measure Details: Definition, Coding, Targets, Attribution	George Runger, PhD Taylor Vaughan, MPH
12:35 PM to 12:45 PM	Common Barriers & Best Practices	Matthew Martin, PhD
12:45 PM to 12:57 PM	Discussion	Matthew Martin, PhD
12:57 PM to 1:00 PM	Closing	Kailey Love, MBA, MS

Learning Objectives

1. Describe strategies to facilitate population health management improvement.
2. Critically analyze the application of improvement methods and techniques to improve HEDIS quality metrics.
3. Evaluate strategies to identify and address upstream drivers of health for high risk populations
4. Explore process improvement strategies for population health management

Guidelines



Do not enter your name or organization in the Chat. Zoom will automatically record your attendance. Please only use the chat for questions and comments.



At least one representative from each TI organization must have registered and attend the QIC session using that registration link for the required QIC sessions.



Participants will automatically be muted and videos off as they join.



When interested in participating in the discussion, please raise your hand and unmute yourself.

To: Everyone v

Type message here...

Please drop your questions into the Chat. If we do not have time to address your question, we will compile all questions into a FAQ document and distribute post-event.

Disclosure

This is a CME activity



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Acknowledgment: This CME event is not supported by any commercial entity.

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Credit Statement: Arizona State University designates this live activity for a maximum of 1-credit from the following:

- ***AMA PRA Category 1 Credit™ – CME – 1 credit hour per session***
- ***Nursing Continuing Professional Development – NCPD – 1 credit hour per session***
- ***Psychology – CEP – 1 credit hour per session***
- ***Social Work – ACE – 1 credit hour per session***
- ***Interprofessional Continuing Education – IPCE – 1 credit hour per session***

**Providers should only claim credit commensurate with the extent of their participation in the activity.*



Measure Overview & Network Performance

Table 1
Targeted Investments (TI) 2.0
Year 4 Milestones and Incentive Percentages

MILESTONES	PEDS BH		
	INCENTIVE % OF ANNUAL PAYMENT		
M1. Performance Measures	50		
	FUH7	FUH30	APM
	20	20	10
M2. Screening and Referral Systems for Nonmedical Drivers of Health	25		
M3. Closed Loop Referral System (CLRS)	15		
M4. Quality Improvement Collaboratives (QICs)	10		

Table 2
Targeted Investments (TI) 2.0
Year 4 QIC Schedule with Milestones and Incentive Percentages

MILESTONES	QIC Focus	PEDS BH
		INCENTIVE % OF ANNUAL PAYMENT
M1. Performance Measures		50
	Oct QIC	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - 10%
	Dec QIC	Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7) - 20%
	Feb QIC	Follow-Up After Hospitalization for Mental Illness within 30 Days (FUH30) - 20%

Peds BH QIC Curriculum Overview

Peds BH AOC Measures	TI Year 4: 10/1/2025 - 9/30/2026											
	O	N	D	J	F	M	A	M	J	J	A	S
APM	QIC						QIC					
FUH7			QIC						QIC			
FUH30					QIC						QIC	
Optional Resources	Ongoing Performance Improvement Project (PIP)											
	Ongoing Technical Assistance & Consultation											

- **QIC's** in October, December, and February are **required**
 - Each QIC will focus on the a HEDIS measure as indicated in the above table
- **QIC's** in April, June, and August are **optional**
 - The focus of these sessions may shift based on performance and other priorities

Peds BH

Performance Measure	Measure Description	TI AOC Performance*	All AHCCCS Performance*	2023 CMS AZ Average ¹	2023 HEDIS National Average ²
* = Proposed 2026 ACOM306 Measure; * = MAC 2024 Scorecard Measure; ¶ = 2025 CMS Core Set Measure; * = 2024 UDS Quality of Care Measure; + = 2024 SAMHSA CCBHC Quality Measure; ☼ = NCQA HEDIS Stratified Measure; * = MAC QRS Measure					
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) * +	Percentage of child and adolescent beneficiaries with ongoing antipsychotic medication use who have metabolic testing during the year	31.8%	28.7%	41.3%	38.4%
Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7) * ¶ + ☼ *	Percentage of pediatric beneficiaries with a follow-up visit seven days after hospitalization for mental illness	71.7%	49.5%	68.7%	38.5%
Follow-Up After Hospitalization for Mental Illness within 30 Days (FUH30) * ¶ + ☼ *	Percentage of pediatric beneficiaries with a follow-up visit thirty days after hospitalization for mental illness	85.5%	69.1%	84.6%	59.1%

*Report period ending May 31, 2025

1. <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D>

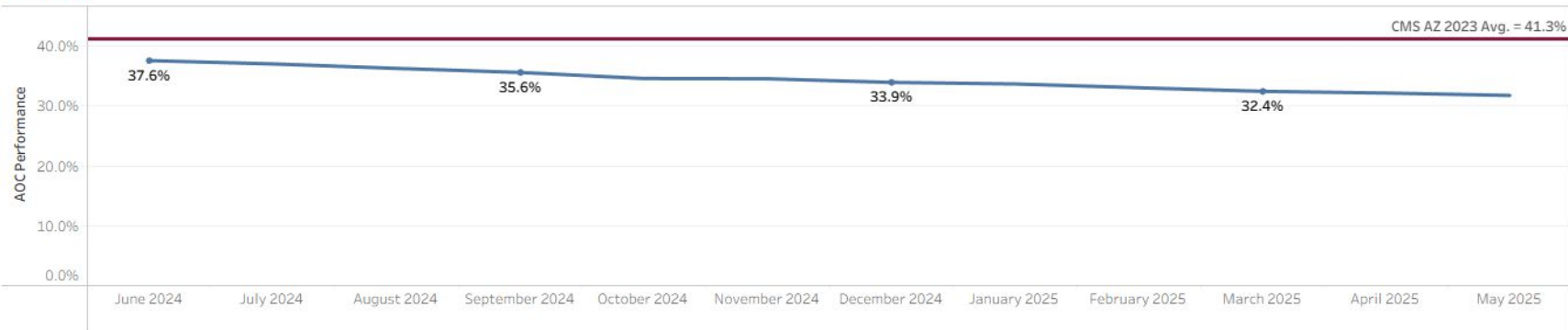
2. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>

Note: The HEDIS national average refers to performance under 'Medicaid HMO.' Performance data highlighted in blue (IET, FUH, FUM, FUI, FUA) do not have age-stratified values, so the reported figures represent aggregate performance across all ages.

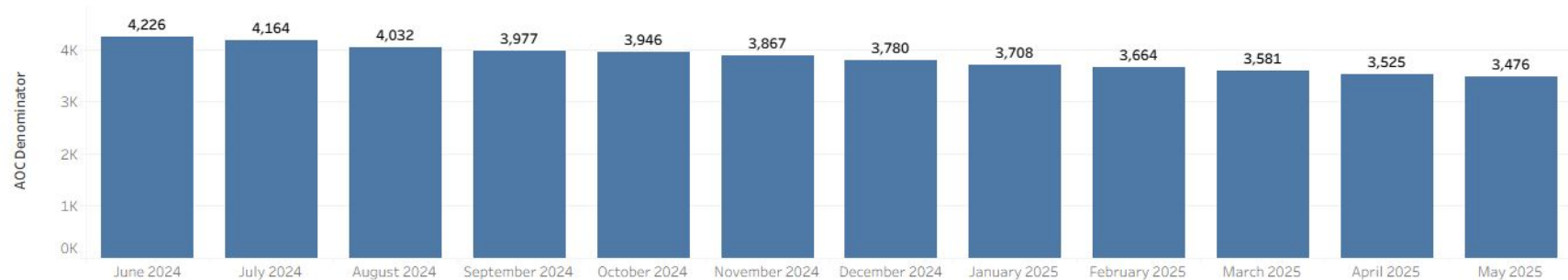
APM Network Performance

Measure Performance (each month is a 12-month report period)

TI PEDS BH



Measure Denominator



Target Setting

- An AHCCCS Committee, in consultation with ASU TIPQIC, established tiers and targets for each measure.
- The committee considered National Medicaid Performance, AHCCCS Historical Performance, TIP Historical Performance, AHCCCS Minimum Performance Standards (MPS), and previous TI Fiscal Year performances to determine TI tiers and targets.
- The identity of the TI participants was blinded.
- Tiers and targets may differ across AOCs for the same measure.
- These differences accommodate variation in attribution methodologies.

Attribution

- In TI 2.0 Year 4, attribution is done at the billing and servicing provider ID level. For a detailed explanation about the provider IDs used and examples, please see the [TI 1.0 Provider Identification Methodology video](#) and [slides](#).
 - If you have any questions about the billing and servicing provider IDs used for your organization, please contact the AHCCCS Targeted Investments team (targetedinvestments@azahcccs.gov).



Measure Details

Metabolic Monitoring for Children and Adolescents on Antipsychotics Definition

- The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had blood glucose and cholesterol testing.



Quality Alignment

Peds BH									
Performance Measure	Measure Description	TI AOC Performance*	Quality Alignment						
			2026 ACOM 306 Measure	MAC 2024 Scorecard Measure	2025 CMS Core Set Measure	2024 UDS Quality of Care Measure	2024 SAMHSA CCBHC Quality Measure	NCQA HEDIS Stratified Measure	MAC QRS Measure
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) ✱ +	Percentage of child and adolescent beneficiaries with ongoing antipsychotic medication use who have metabolic testing during the year	31.8%			✿		+		

*Report period ending May 31, 2025

1. <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main?focusStates=%5B%22AZ%22%5D>

2. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>

Note: The HEDIS national average refers to performance under 'Medicaid HMO.' Performance data highlighted in blue (IET, FUH, FUM, FUI, FUA) do not have age-stratified values, so the reported figures represent aggregate performance across all ages.

APM Importance

Prevents long-term health complications: Antipsychotics can cause weight gain, diabetes, and cardiovascular disease. Regular monitoring of glucose and cholesterol helps detect problems early.

Supports safe prescribing practices: Children and adolescents are especially vulnerable to side effects. This measure ensures providers follow evidence-based guidelines to balance mental health benefits with physical health risks.

Encourages coordinated care: Monitoring requires collaboration between behavioral health providers, pediatricians, and primary care, fostering integrated care models.



APM Importance

Promotes accountability in pediatric psychopharmacology:

Given concerns about overprescribing and inappropriate use of antipsychotics in youth, this measure holds systems accountable for monitoring safety.

Reduces disparities: Children in foster care, Medicaid, and underserved communities are more likely to be prescribed antipsychotics. Ensuring metabolic monitoring helps address equity in care quality.

Aligns with preventive health goals: Early identification of metabolic side effects allows for timely interventions—such as lifestyle changes, medication adjustments, or additional treatment—that improve long-term outcomes.



Metabolic Monitoring for Children and Adolescents on Antipsychotics

Your performance is reported as a percentage calculated as the = numerator / denominator

TI Area of Concentration	Measure	Denominator Definition	Numerator Definition
Peds BH	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Members 1-17 years of age who had two or more antipsychotic prescriptions dispensed on different dates of service during the report period.	Members in the denominator who had qualifying metabolic testing (one diabetes screening and one cholesterol screening test) during the reporting period.

What is the Reporting Period?

- A HEDIS® measure's reporting period is a continuous 12-month window.
- TIP Provider Dashboards show your organization's performance on the selected measure for 12 consecutive, overlapping report periods, where each report period is a 12-month period ending in the month and year shown on the X-axis.
- Your performance levels for 12 report periods are provided so you can track how your performance changes across time. TI incentive payments are based on your performance for the Federal Fiscal Years (October 1st September 30th).

Which Members Are in My Denominator?

To understand the members that you are accountable for and who are attributed to you (i.e., in your denominator) for this measure, you need to know the denominator definition (above), as well as the AHCCCS member population assessed, and the attribution method used.

Member Population Assessed

- Members enrolled in one of the seven AHCCCS Complete Care (ACC) health plans
- Members with SMI enrolled in an ACC Regional Behavioral Health Agreement (RBHA) health plan are included

Member Population Exclusions

- ACC and ACC-RBHA members who utilized hospice services or died

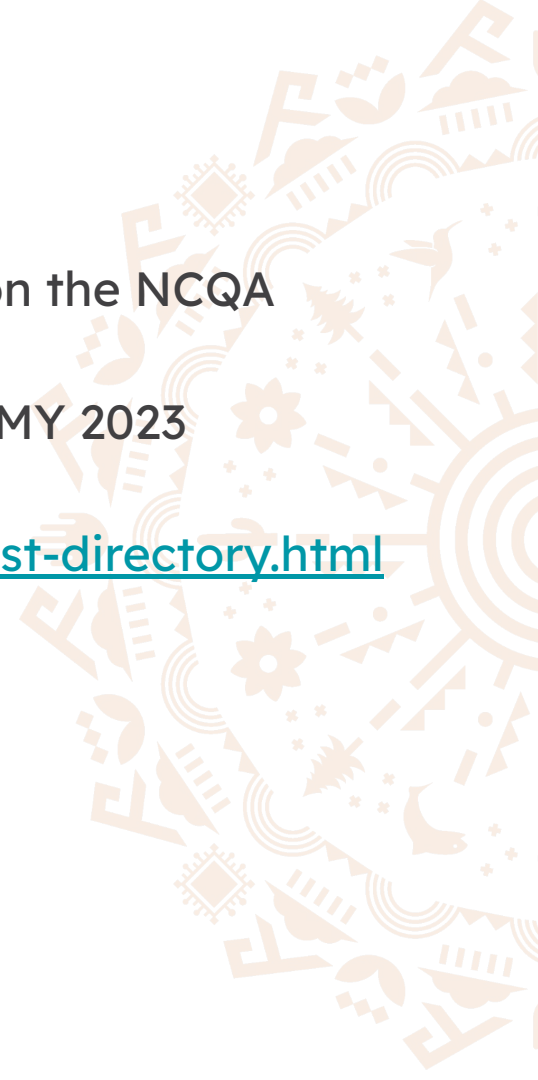
What Services Qualify for the Numerator?

Billing Codes

- TI 2.0 Year 4 use HEDIS® Measurement Year 2023 measure definitions.
- Due to licensing agreements, we are not able to publish a list of all qualifying services codes. However, we can direct you to resources containing the billing codes.
 - Please see these Arizona Health Plan Measure Guides. You do not have to be contracted with the plan to access these resources.
 - United Healthcare - [HEDIS® MY 2023 Reference Guide](#)
 - For more information on HEDIS measures or to get your own license, see the [NCQA HEDIS® site](#).
 - Value sets and codes used in HEDIS 2024 (Measurement Year 2023) measure calculations are available at no cost. Download the 2023 Quality Rating System (QRS) HEDIS Value Set Directory from the [NCQA store](#).
- Note: While the APM and SAA measures are similar, the numerator-qualifying criteria differ. Carefully review the linked measure guides for differences in qualifying billing codes.

Antipsychotic Medication List

- A list of the antipsychotic medications is available on the NCQA website at no cost.
- To access this free resource, please visit the HEDIS MY 2023 Medication List Directory at <https://store.ncqa.org/hedis-my-2023-medication-list-directory.html>



Attribution

- Members will be attributed to their prescribing provider during the report period. If multiple prescribing providers are identified, attribution will consider both the frequency and recency of dispensation.
- Interested providers can work with the ASU TIPQIC team to examine AHCCCS members who are eligible for each measure and attributed to their organization through a member list comparison (Data Harmonization).

Username

Enter your username

Password

Sign In

[Forgot your password?](#)

Target Setting

- Two tiers were set for the APM measure
 - AHCCCS will email each provider organization with individual target setting information
- For your organization's specific target, please see your dashboard or the email received from the AHCCCS TI team.
- TI Peds BH providers need to exceed their target to achieve the incentives associated with this performance measure.

To log in to your dashboards, please visit data.tipqic.org.

If you would like to make any changes to your log-in or password, please email support@tipqic.org



Common Barriers & Best Practices

Common Barriers APM

Patient / Family-Level

- Awareness gaps
- Fear and resistance
- Logistical challenges
- Fragmented care

System-Level

- Care fragmentation
- EHR/data challenges
- Limited access to pediatric lab services
- Insurance and authorization



Common Barriers APM

Clinician / Practice-Level

- Knowledge gaps
- Competing priorities
- Workflow barriers
- Accountability confusion



Best Practices APM

1. Clinical Guidelines & Standardized Protocols

- Standing orders or standardized order sets for metabolic labs when initiating or continuing antipsychotics.
- Baseline and ongoing monitoring.

2. EHR Alerts & Clinical Decision Support

- EHR reminders for prescribers and staff when labs are due.
- Monitoring requirements into medication refill workflows (labs must be checked before renewals).

3. Care Coordination & Shared Accountability

- Clear agreements between psychiatry and primary care on who orders labs, follows results.
- Case managers or IBH models to track, close care gaps.



Best Practices APM

4. Patient/Family Engagement & Education

- Plain-language education to caregivers on risks of weight gain, diabetes, and cardiovascular disease with antipsychotics.
- Motivational interviewing to reduce resistance to blood draws.

5. Reducing Structural Barriers

- Labs on-site at BH/PC clinics, ideally same-day as psychiatry visits.
- Lab-only visits, extended hours, or mobile phlebotomy services for convenience.



Best Practices APM

6. Provider Feedback and Performance Monitoring

- Provider-level reports on APM performance, highlighting care gaps and successes.
- Incorporate into quality dashboards with incentives for improvement.

7. Multicomponent Quality Improvement Initiatives

- Bundling strategies (education + EHR prompts + care coordination + feedback) yields the largest improvements.





Discussion

Discussion Questions

1. How is metabolic monitoring currently incorporated into your clinic's workflow when children or adolescents are prescribed antipsychotics? What steps are automatic, and what relies on individual clinician initiative?
2. In your organization, who typically takes responsibility for ordering and following up on metabolic labs — psychiatry, primary care, or both?
3. What electronic health record (EHR) tools or reminders do you currently use to track when metabolic labs are due?

Discussion Questions

- 4 What strategies have you found effective for addressing parent or patient hesitancy about lab draws or for increasing awareness about the importance of monitoring?
- 5 Which barriers — patient-level, clinician-level, or system-level — most affect your ability to meet this measure? What changes would make the biggest impact in your setting?
- 6 If your team were to design a quick-win intervention over the next 3–6 months to improve APM performance, what would it look like? Who would need to be involved to make it successful?



Closing

Closing & Next Steps

- For those interested in CME, an evaluation survey will be distributed following this event and CME certificates will be distributed to those who complete this survey at the end of the month.





Questions?

AHCCCS Questions: targetedinvestments@azahcccs.gov

ASU TIPQIC General Inquiries: TIPQIC@asu.edu

Support Tickets: support@TIPQIC.org

Relevant Websites:

- AHCCCS TI: <https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>
- ASU TIPQIC: tipqic.org
- Dashboards: data.tipqic.org