



Adult BH Quality Improvement Collaborative Session #1: 10/30/25

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Arizona State
University



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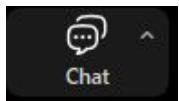
Agenda

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

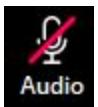
Guidelines



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.



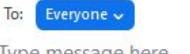
At least one representative from each TI organization must have registered and attend the QIC session using that registration link for the required QIC sessions.



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.



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



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This is a CME activity

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	ADULT BH		
	INCENTIVE % OF ANNUAL PAYMENT		
M1. Performance Measures	50		
	SAA	FUH7	FUM7
	10	20	20
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	ADULT BH
		INCENTIVE % OF ANNUAL PAYMENT
M1. Performance Measures		50
	Oct QIC	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) - 10%
	Dec QIC	Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7) - 20%
	Feb QIC	Follow-Up After Emergency Department Visit for Mental Illness within 7 Days (FUM7) - 20%

Adult BH QIC Curriculum Overview

Adult BH AOC Measures	TI Year 4: 10/1/2025 - 9/30/2026											
	O	N	D	J	F	M	A	M	J	J	A	S
SAA	QIC						QIC					
FUH7			QIC						QIC			
FUM7					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

ADULT BH

Performance Measure	Measure Description	TI AOC Performance *	All AHCCCS Performance *	2023 CMS AZ Average ¹	2023 HEDIS National Average ²
<p>* = 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</p>					
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) * * +	Percentage of adult beneficiaries with schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period	66%	49.8%	55.1%	61.1%
Follow-Up After Hospitalization for Mental Illness within 7 Days (FUH7)	Percentage of adult beneficiaries with a follow-up visit seven days after hospitalization for mental illness	74.7%	51.7%	57.1%	38.5%
Follow-Up After Emergency Department Visit for Mental Illness within 7 Day (FUM7)* * * + ◊	Percentage of adult beneficiaries with a follow-up visit seven days after an ED visit for mental illness	78.4%	54.6%	44.9%	39.6%

*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>

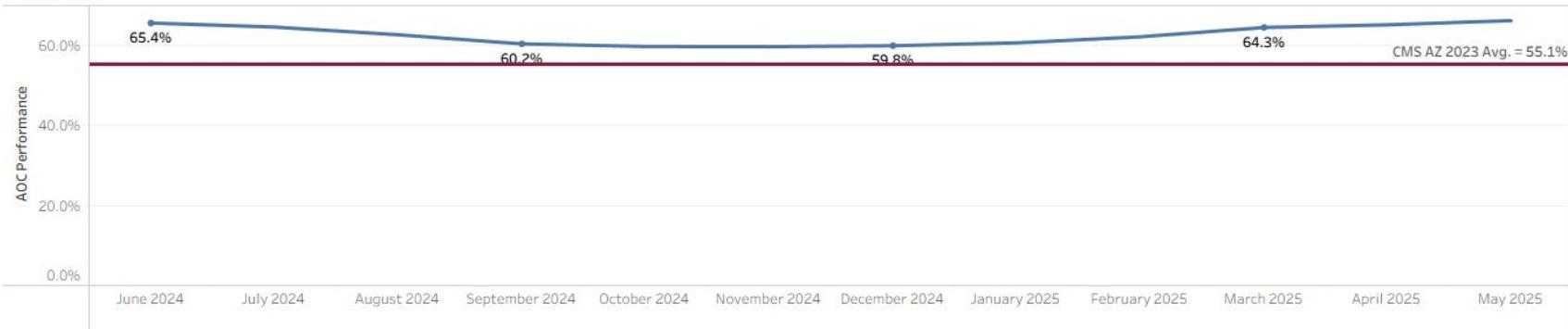
2. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/>

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.

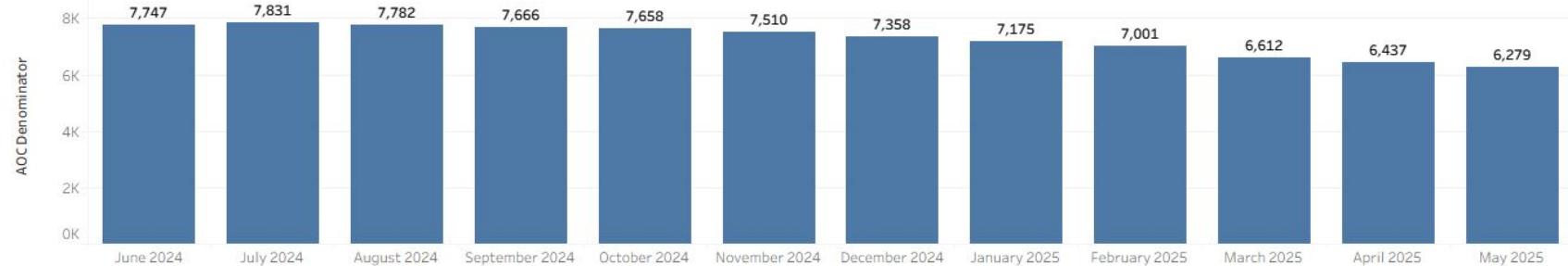
SAA Network Performance

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

TI ADULT 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

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

The percentage of patients 18 years and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Quality Alignment

ADULT 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	Arizona Department of Health Services Priority
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) * * +	Percentage of adult beneficiaries with schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period	66%	*		*		+			

Importance

- **Improves clinical outcomes:**
 - Schizophrenia is a chronic, severe mental illness, and relapse is strongly linked to medication nonadherence. Sustained adherence reduces psychotic episodes, hospitalizations, and symptom exacerbation.
- **Reduces avoidable hospitalizations and emergency care:**
 - Poor adherence is one of the leading causes of psychiatric hospitalization. By monitoring adherence, health plans and providers can identify at-risk patients and intervene before crises occur.
- **Supports functional recovery:**
 - Consistent medication use helps stabilize symptoms, allowing individuals to engage more fully in daily activities, relationships, employment, and community life.



Importance

- **Promotes patient safety:**
 - Adherence minimizes risks associated with relapse, such as self-harm, homelessness, incarceration, or co-occurring substance use issues.
- **Highlights system-level quality of care:**
 - The measure reflects not only individual behavior but also how effectively health systems provide follow-up care, medication management, education, and support for individuals with schizophrenia.
- **Aligns with value-based care goals:**
 - Health plans and providers are increasingly accountable for outcomes, and this measure ensures that patients receive evidence-based, ongoing treatment aligned with best practices.



Medication Adherence (SAA)

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

TI Area of Concentration	Measure	Denominator Definition	Numerator Definition
Adult BH	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Members 18 years and older with schizophrenia or a schizoaffective disorder.	Members in the denominator who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment 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?

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
- *SAA only* - ACC and ACC-RBHA members with schizophrenia or schizoaffective disorder

Member Population Exclusions

- ACC and ACC-RBHA members who utilized hospice services or died
- *SAA only* -
 - ACC and ACC-RBHA members 81 years and older with frailty
 - ACC and ACC-RBHA members 66 years and older with frailty and advanced illness
 - ACC and ACC-RBHA members with advanced illness with an acute inpatient claim
 - ACC and ACC-RBHA members with dementia
 - ACC and ACC-RBHA who did not have at least two antipsychotic medication dispensing events

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.
- If there is no prescribing provider, members will be attributed to a provider on a claim with a schizophrenia diagnosis. In cases with multiple eligible providers, attribution will consider both the frequency and recency of visits with a behavioral health provider.
- 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.

Username
 Enter your username

Password

Sign In
Forgot your password?

Target Setting

- Three tiers were set for the SAA 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 Adult 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 SAA

Patient-Level

- Limited insight & stigma: Lack of illness awareness and fear of labeling reduce motivation to take medication.
- Side effects & cognitive challenges: Sedation, weight gain, and memory or organization difficulties hinder consistent use.
- Substance use & socioeconomic stressors: Co-occurring substance use, housing instability, or financial strain disrupt adherence and access.

System-Level

- Care fragmentation & poor transitions: Gaps between inpatient, outpatient, and community services lead to missed follow-ups.
- Insurance, cost, & pharmacy barriers: Coverage limits, copays, and refill coordination issues restrict access to needed medications.
- Access challenges: Transportation barriers and limited clinic or pharmacy hours reduce follow-through.



Common Barriers SAA

Clinician/Practice-Level

- Knowledge and follow-up gaps: Inconsistent use of evidence-based prescribing, monitoring, and timely follow-up to detect early nonadherence or side effects.
- Limited shared decision-making: Patients may feel medications are imposed rather than chosen, reducing trust and engagement.
- Role ambiguity in care teams: Unclear responsibility among psychiatrists, primary care, and case managers for tracking adherence.



Best Practices SAA

1. Long-Acting Injectable Antipsychotics (LAIs)

- Reduce reliance on daily pill-taking, lower relapse risk, and improve adherence by expanding LAI availability in outpatient and community clinics, minimizing prior authorization barriers, and educating patients on benefits.

2. Assertive Community Treatment (ACT) & Intensive Case Management

- Improve engagement and adherence for high-need individuals through team-based services offering medication management, housing support, and crisis response.

3. Psychoeducation & Shared Decision-Making

- Enhance empowerment and adherence by providing education on illness and treatment options, addressing side effects, and involving patients and families in treatment planning.

Best Practices SAA

4. Adherence Aids & Technology Supports

- Compensate for cognitive or organizational challenges by integrating digital reminders, blister packs, and pharmacy auto-refill or synchronization programs into care plans.

5. Care Coordination & Transition Management

- Prevent medication gaps after hospitalization through warm handoffs, timely post-discharge follow-ups, and ongoing monitoring by care coordinators.

6. Motivational Interviewing & Behavioral Interventions

- Strengthen motivation and self-management by training staff in motivational interviewing and embedding these approaches within ACT, case management, or clinic visits.



Best Practices SAA

7. Financial & Structural Supports

- Address socioeconomic barriers by integrating social workers into care teams and connecting patients to transportation, benefits, and housing resources.

8. Multicomponent Interventions

- Combine complementary strategies—such as LAIs, ACT, psychoeducation, reminders, and care coordination—to achieve greater adherence and reduce hospitalizations.



Discussion

Discussion Questions

1. What are the most common reasons patients in your setting struggle to stay on antipsychotic medications, and how do you currently identify nonadherence early?
2. How well do your inpatient, outpatient, and community teams communicate during care transitions, and what processes could strengthen medication continuity?
3. Who on your team is primarily responsible for monitoring adherence—and how could role clarity improve patient outcomes?

Discussion Questions

- 4 What strategies have been most effective in building trust and shared decision-making with patients around long-term medication use?
- 5 Which of the best practices discussed (e.g., LAIs, ACT, motivational interviewing, care coordination) feel most feasible to implement or expand in your setting?
- 6 What data or indicators would help your organization track progress on improving SAA adherence, and how might you use that information for continuous quality improvement?



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