# Peds Quality Improvement Collaborative

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**Dr. Neil Robbins**
**Dr. William Riley**

**TIP Year 5: Session #3**
**January 5, 2021**

ASU College of Health Solutions
Arizona State University

AHCCCS | Targeted Investments
Arizona Health Care Cost Containment System

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<br>• Agenda | Kailey Love |
| 11:35 AM – 12:00 AM | Updates<br>• COVID & Telehealth Impact<br>• TIP Year 4 & 5 Targets Update<br>• TIP Year 4 Review – Performance Summary | Neil Robbins, PhD |
| 12:00 PM – 12:15 PM | TIP Year 4 Reflection: Peer Presentation 1 | Bayless Healthcare<br>Dr. Gyann Phillips<br>Dr. Danielle Sink |
| 12:15 PM – 12:30 PM | TIP Year 4 Reflection: Peer Presentation 2 | Banner Behavioral Health Hospital<br>Scott Bartlett<br>Daniel Stenson<br>Amber Heffernan<br>Paige Sheppard |
| 12:30 PM – 12:50 PM | Round Table Discussion | William Riley, PhD |
| 12:50 PM – 12:55 PM | TI Renewal | TI Team |
| 12:55 PM – 1:00 PM | Next Steps | Kailey Love |

# Learning Objectives

1. Assess telehealth billing code and COVID impact upon performance

2. Review performance summary for TIP Year 4

3. Discuss primary improvements and key barriers impacting performance during TIP Year 4

# Resources Related to Performance Evaluation

| Topic | Reviewed in QIC | Additional Resources |
|---|---|---|
| Measures Selected | QIC Year 4 Session #1 | TIPQIC.org/Measures |
| Measure Definitions (i.e., HEDIS Resources | QIC Year 4 Session #2 | TIPQIC.org/Measures (most updated list) |
| Attribution Methods | QIC Year 4 Session #2 | TIPQIC.org/Dashboard |
| Provider Types & Specialties (PCP & Mental Health) | QIC Year 4 Session #2 | TIPQIC.org/Dashboard (most updated list) |
| Year 4 Targets | QIC Year 4 Sessions #2 & 4 | TIPQIC.org/Dashboard |
| Collaborative Care Model Codes | QIC Year 4 Session #4 & QIC Year 5 Session #1 | TIPQIC.org/Dashboard |
| **Telehealth** | **Today** | |
| **COVID Response** | **Today** | |

# Telehealth

- AHCCCS definition of telehealth billing
  - October 2019 – AHCCCS releases Permanent Telephonic Code Set
    - Implemented use of GT & GQ modifiers for billing telemedicine services
  - March 2020 – AHCCCS releases Temporary Telephonic Code Set
    - Use of UD modifier

- CHiR providing credit for the AHCCCS telehealth billing definition in TIP Performance Evaluation
  - Integrated custom AHCCCS codes for HEDIS measures
  - AHCCCS Permanent Telephonic and Temporary Telephonic Billing codes set are incorporated in TIP Performance Evaluation

# Changes in Telehealth Usage
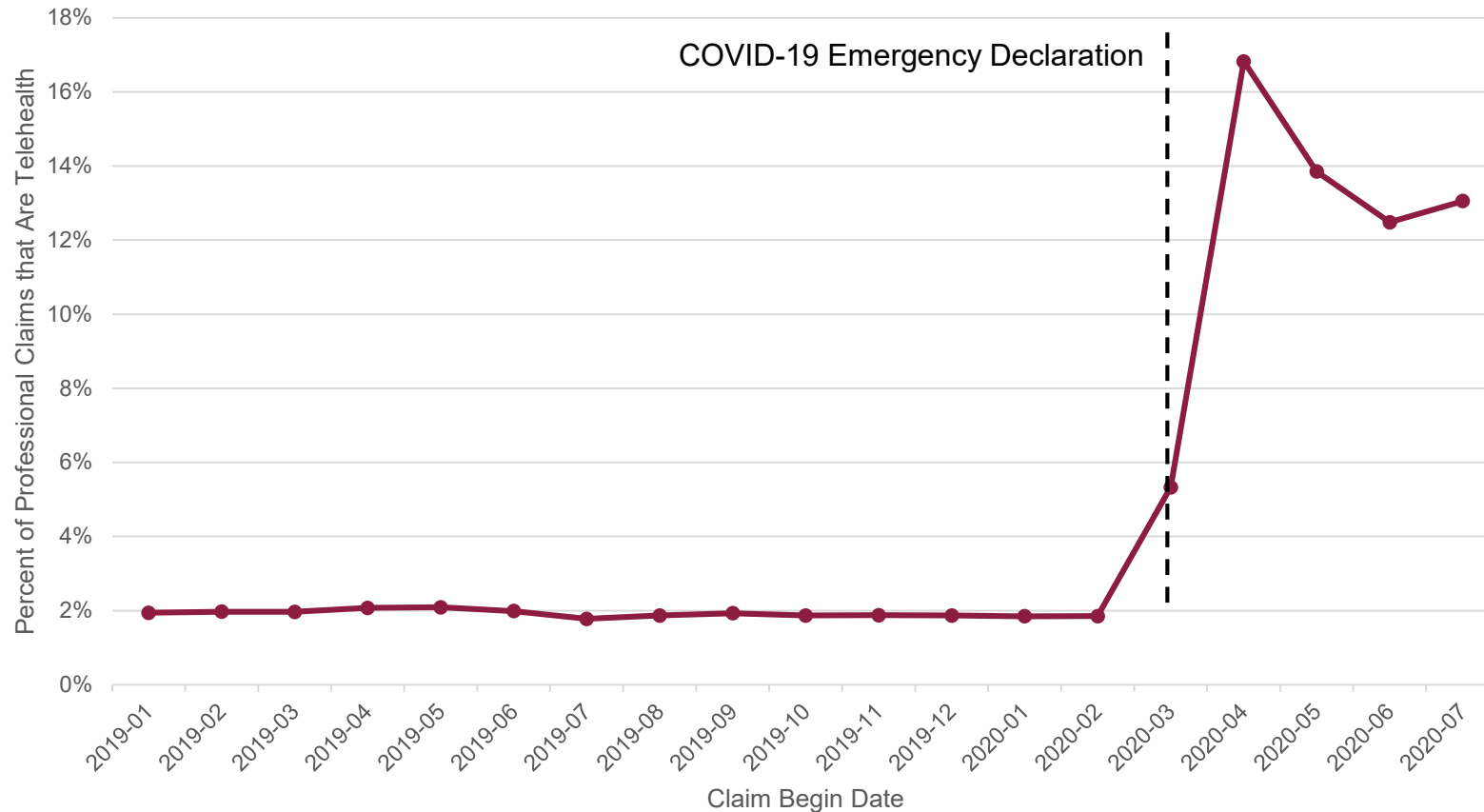


- % of all claims that are telehealth increased substantially after March 2020
- Total claim volume dropped by about 30% (8 million to 5.7 million per month) comparing before and after

Telehealth claims include those with:
- Place of service "02"
- Procedure code modifier "GT" or "GQ" with a qualifying procedure code after 1 Oct 2019
- Procedure code modifier "UD" with a qualifying procedure code after 17 Mar 2020

Note: Values shown are for all AHCCCS providers
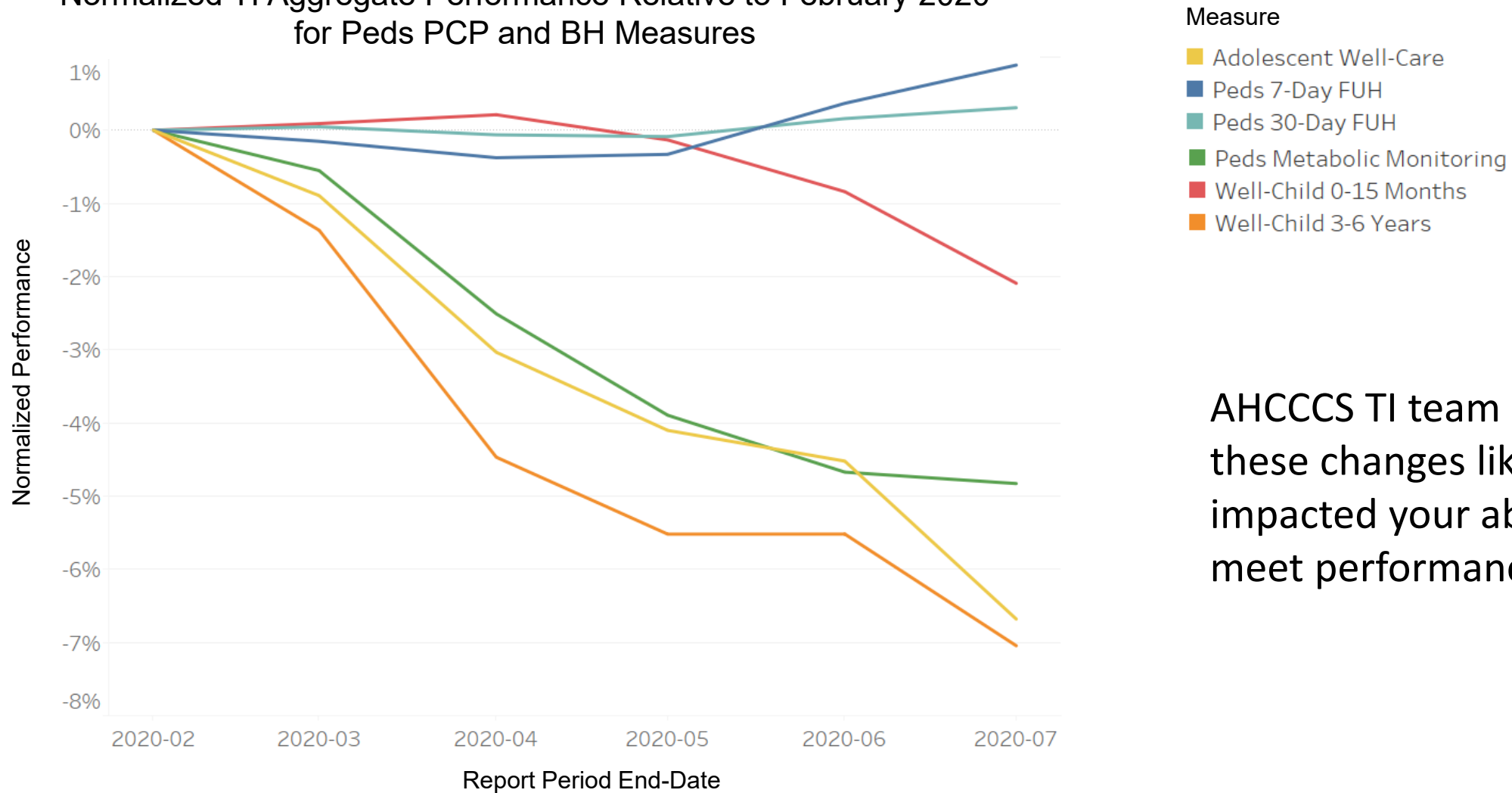
# Telehealth – Which measures were impacted

- HEDIS technical specs used to identify which measures may be affected by these alternative billing codes:
  - Adult Diabetes Screening (SSD)
  - Adult, Peds & Hospital Follow Up After Hospitalization for Mental Illness (FUH)
  - Justice Alcohol and Other Drug Dependence Treatment (AOD)

- Performance was evaluated for the impact on these measures; minimal impact

# COVID Impact – TIP Peds Measures Impacted

- CHiR calculated how performance for all measures were impact by COVID

- 4 Peds measures negatively impacted
  - Metabolic Monitoring (APM)
  - Well-Child Visits, 0-15 months (W15)
  - Well-Child Visit 3-6 years (W34)
  - Adolescent Well-Care Visits (AWC)

- 2 Peds measures not negatively impacted
  - Follow-up After Hospitalization for Mental Illness 7/30-day (FUH)

# COVID Impact – Peds PCP and BH

## Normalized TI Aggregate Performance Relative to February 2020 for Peds PCP and BH Measures



**Measure**
- Adolescent Well-Care
- Peds 7-Day FUH
- Peds 30-Day FUH
- Peds Metabolic Monitoring
- Well-Child 0-15 Months
- Well-Child 3-6 Years

AHCCCS TI team understands these changes likely impacted your ability to meet performance targets.

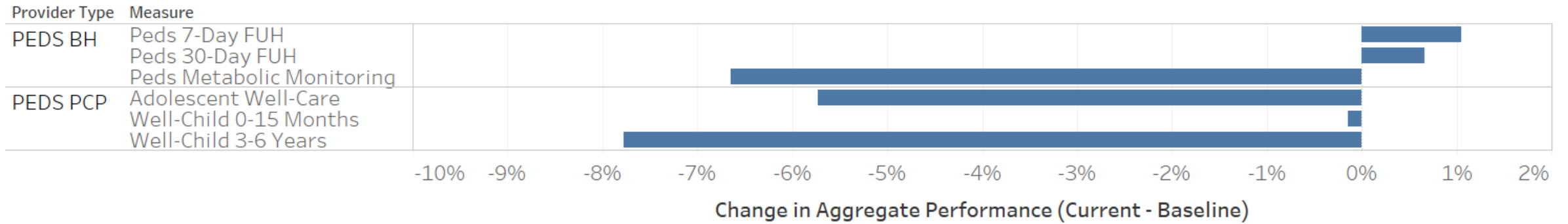# COVID Impact – Potential accommodations to be made

- Possible adjustment for TIP Year 4-end performance evaluation is being discussed

- Data analysis for each measure – results pending

- AHCCCS potential accommodations (Decisions will be made on a measure-by-measure basis):
  - No accommodation
  - Targets lowered

- AHCCCS decision timeline: February - March 2021

# Year 4 Review - Performance Summary

- At this time, we can look at how performance has changed from baseline (report period ending 09-2019) to report period ending 07-2020

  1. Aggregate performance changes by measure
  2. Targets met and improvements without COVID Adjustments

# Aggregate Performance Changes by Measure - Peds



Aggregate Performance Change in 2020-07 Relative to Baseline

| Provider Type | Measure |
|---|---|
| PEDS BH | Peds 7-Day FUH |
| | Peds 30-Day FUH |
| | Peds Metabolic Monitoring |
| PEDS PCP | Adolescent Well-Care |
| | Well-Child 0-15 Months |
| | Well-Child 3-6 Years |

Change in Aggregate Performance (Current - Baseline)

# Targets Met and Improvements without COVID Adjustments - Peds



Percent of TI Providers that Improved over Year 4 Baseline and/or Met Year 4 Target, 2020-07 Report Period

Legend:
- Met Year 4 Target
- Met or Improved over Baseline
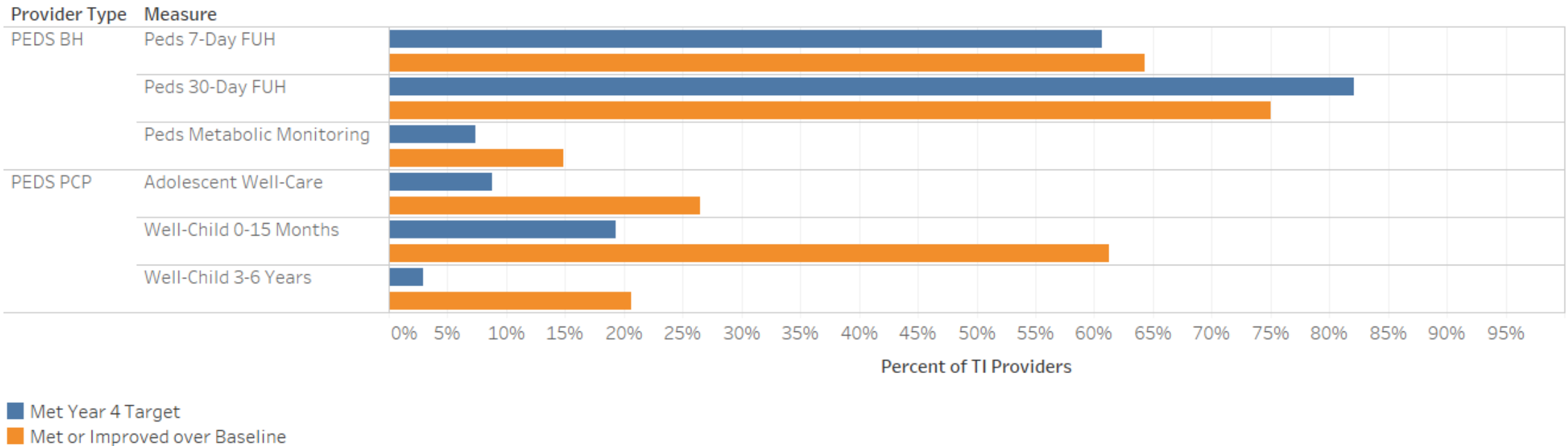
# Performance Next Steps

- Year 4 final performance to be released February-March 2021
- Year 5 targets to be released January-February 2021

# Bayless Healthcare

Dr. Gyann Phillips, LPC, DBH

Dr. Danielle Sink

# Year 4 Success

- Primary Success or Improvements that we have achieved regarding integration
  - Implement medical screenings for Behavioral Health patients
    - Comprehensive medical histories
  - Integrated EMR allowing all Bayless providers to see treatment of patient
    - Reporting
    - Use of all providers to meet milestones
    - Improved coordination of care internally
  - Streamlined Integration
    - Integration specialist for internal referrals
    - Online scheduling available for all appointment types
    - Access to Care – same day next day for medical and psychiatric appointments

# Year 4 Success

- How have these accomplishments been reflected in your milestones
  - Developed processes for ongoing success
    - Integration referrals
    - Processing of outside referrals in timely manner
    - Hospital discharge process
    - Population Health Reporting
  - Better understanding of our population
    - Demographics such as age, disease, co morbidities
    - Diagnosis (BH and Medical)
    - Integrated patients

# Year 4 Obstacles

- Primary obstacles we have encountered regarding integration
  - Roster assignment/attribution
    - Outreach to patients assigned – nonworking numbers, no addresses
    - Seeing patients not assigned and not able to have them reflect on rosters
    - Lack of consistency across health plans on roster reconciliation processes
  - Patients lacking technology to participate in virtual appointments
    - Covid environment pushed to go all virtual instead of patient choice
    - Reaching patients through a virtual platform to engage
  - Hospital Follow Up measures
    - Attribution model or lack of for BH population
    - Lack of notification when patients discharging from BH settings

# Year 4 Obstacles

- How have these obstacles been reflected in your milestones?
    - Developed internal roster reconciliation process
        - Time consuming and manual, different reporting from each plan makes it difficult to be consistent
    - Hospitalization for BH
        - Lack of consistent notifications for admits and discharges  for BH population
        - Lack of coordination from inpatient side for GMH populations
        - Difficult to obtain information to provide services to prevent re-admits
    - Labs
        - Not always billed correctly by outside labs
        - Communication with outside providers regarding diagnosis and labs

| Hospital Project | | |
|:---:|:---|:---:|
| **Core Component** | **Milestone** | **Due Date** |
| 1 | Develop protocols to identify members' primary care physicians and to obtain members health history | 9/30/19 |
| 2 | Make direct connections to community behavioral health providers | 9/30/19 |
| 3 | Schedule follow-up with behavioral health provider within 7 days of patient discharge | 9/30/19 |
| 4 | Conduct a review within 48 hours of discharge | 9/30/19 |
| 5 | Provides priority medications in sufficient amounts for patients | 9/30/19 |
| 6 | Participate in relevant TI program-offered training | N/A |

Banner Behavioral Health

# Milestone 1

Notification of Community Provider

JUNE 2019 BBHH

| # for whom a Behavioral and/or Medical History was requested |
|---|
| 100 |
| # of members sampled with a primary discharge diagnosis of mental health and/or with SMI designation |
| 225 |

| Percentage Met (%) |
|---|
| **44.4%** |
| **Milestone Met?** |
| **NO** |

**Banner Behavioral Health**

# Milestone 2

Notification of Community Provider

JUNE 2019 BBHH

| # for whom making Direct Connections to Community Behavioral Health Provider Criteria Met |
|---|
| 100 |
| # of members sampled with a primary discharge diagnosis of mental health and/or with SMI designation |
| 225 |

| Percentage Met (%) |
|---|
| 44.4% |
| Milestone Met? |
| NO |

Banner Behavioral Health

# Milestone 2

Notification of Community Provider

**SEPTEMBER** 2019
BBHH

| # for whom making Direct Connections to Community Behavioral Health Provider Criteria Met |
|---|
| 35 |
| # of members sampled with a primary discharge diagnosis of mental health and/or with SMI designation |
| 37 |

| Percentage Met (%) |
|---|
| **94.5%** |
| **Milestone Met?** |
| **YES** |

Banner Behavioral Health

# Milestone 3

7 day appointment

JUNE 2019 BBHH

| # for whom Follow-up Appointment within 7 days Criteria Met |
|---|
| 303 |
| # of members sampled with a primary discharge diagnosis of mental health and/or with SMI designation |
| 353 |

| Percentage Met (%) |
|---|
| 86.4% |
| Milestone Met? |
| YES |

Banner Behavioral Health

# Milestone 3

discharge
with SMI

7 day appointment

**SEPTEMBER** 2019
BBHH

| # for whom Follow-up Appointment within 7 days Criteria Met |
|---|
| 36 |
| # of members sampled with a primary discharge diagnosis of mental health and/or with SMI designation |
| 38 |

| Percentage Met (%) |
|---|
| **94.7%** |
| **Milestone Met?** |
| **YES** |

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# Milestone 4

48 hour post-discharge phone call for selected patients

JUNE 2019 BBHH

| # for whom Medication Review was conducted within 48 hours and Communicated to PCP Criteria Met |
|:---:|
| 59 |
| # of members that fit the hospital's medication review criteria |
| 59 |

| Percentage Met (%) |
|:---:|
| 100% |
| Milestone Met? |
| YES |

# Milestone 4

48 hour post-discharge phone call for selected patients

**SEPTEMBER** 2019 BBHH

| # for whom Medication Review was conducted within 48 hours and Communicated to PCP Criteria Met |
|---|
| 4 |
| # of members that fit the hospital's medication review criteria |
| 4 |

| Percentage Met (%) |
|---|
| **100%** |
| **Milestone Met?** |
| **YES** |

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# Milestone 5

Medications at time of discharge

JUNE 2019 BBHH

| # for whom Priority Medication in sufficient Amounts Dispensed Criteria Met |
|---|
| 41 |
| # of members sampled with a primary discharge diagnosis of mental health and/or with SMI designation |
| 353 |

| Percentage Met (%) |
|---|
| 11.6% |
| Milestone Met? |
| NO |

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# Milestone 5
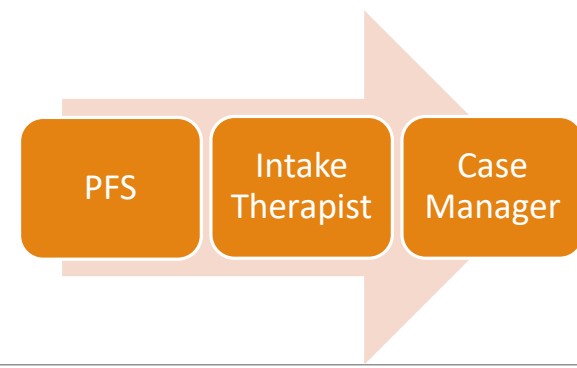
Medications at time of discharge

**SEPTEMBER 2019**
BBHH

| # for whom Priority Medication in sufficient Amounts Dispensed Criteria Met |
|:---:|
| 33 |
| # of members sampled with a primary discharge diagnosis of mental health and/or with SMI designation |
| 36 |

| Percentage Met (%) |
|:---:|
| **91.6%** |
| **Milestone Met?** |
| **YES** |

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# GAPS

➢ Need current face sheet information and add registration corrections in Cerner (Electronic Health Record)

➢ PFS goal to have "no blanks" on face sheet rather than verify PCP results in several "unknown or "no family physician" entries

➢ Intake staff does not routinely verify face sheet info with pt at time of intake

➢ CM reminded to do so, Financial Services receives frequent corrections from CMs for PFS to edit

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# Actions

➢ CM Staff: Recruiting BSS help -2$^{nd}$ navigator hired June 3

➢ Use Rx Box whenever possible

➢ Design scripted documentation for CMs to reflect their assessment of pt likelihood of filling prescriptions

➢ Involve BHS staff and Pharmacy Tech in facilitating Rx Box Use

# Actions

**April 2020**
- Navigators focus on delivering prescriptions from Rx box to the units; also stationed at the Rx box to assist pharmacy tech with pts using it

**October 2020**
- Based on lack of impact on 7 day kept appointments from data through July, discontinued

**October 2020**
- Renewed focus on connecting patients with a PCP and notifying financial services of change of PCP for database

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# Actions

Navigators will focus on meeting milestones 1 and 5

CM staff-education; TIP Sheets created

Individual performance management for CMs

Improved department staffing to support TIP-anticipate will stabilize by September 15, will utilize all BSS available shifts to strengthen milestone task completion

# Linking patients to primary care

Navigator actions:

meet with patients, ask about PCP, have them call their plan to learn name of PCP or request a different one

Schedule appointment with PCP when medical need is present (or no psychiatrist available in 7 days)

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# Current and Future steps

Referring to TIP partner organizations who can provide primary care and a qualifying behavioral health appointment within the first 7 days.

CPR and ConnectionsAZ are working to seek out our inpatients needing follow up with our Banner Behavioral Inpatient Units.
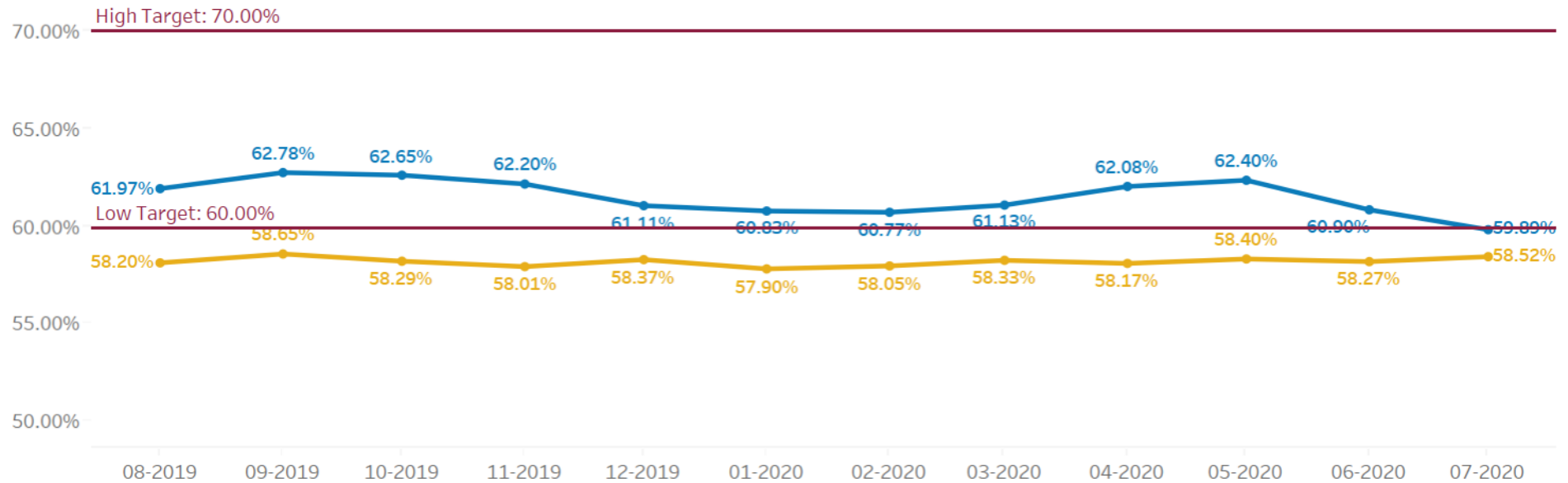
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# Look at TIPQIC Data

Fairly unchanged over September 2019-August 2020-we have not seen our interventions reflected positively or negatively, hovering around 60% on the 7 day kept appointments.

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# FUH 7 Day



Select Filters:

**1. Provider**
BANNER BEHAVIORAL HEALTH HOSPITAL ▾

**2. Area of Concentration**
HOSPITAL ▾

**3. Measure**
Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day) ▾

**Performance on Measure (Each month is a 12-month report period)**
BANNER BEHAVIORAL HEALTH HOSPITAL vs. Providers in same Area of Concentration

High Target: 70.00%

Low Target: 60.00%

| | 08-2019 | 09-2019 | 10-2019 | 11-2019 | 12-2019 | 01-2020 | 02-2020 | 03-2020 | 04-2020 | 05-2020 | 06-2020 | 07-2020 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Banner | 61.97% | 62.78% | 62.65% | 62.20% | 61.11% | 60.83% | 60.77% | 61.13% | 62.08% | 62.40% | 60.90% | 59.89% |
| Providers | 58.20% | 58.65% | 58.29% | 58.01% | 58.37% | 57.90% | 58.05% | 58.33% | 58.17% | 58.40% | 58.27% | 58.52% |

# FUH 30 Day



Select Filters:

1. Provider
BANNER BEHAVIORAL HEALTH HOSPITAL

2. Area of Concentration
HOSPITAL

3. Measure
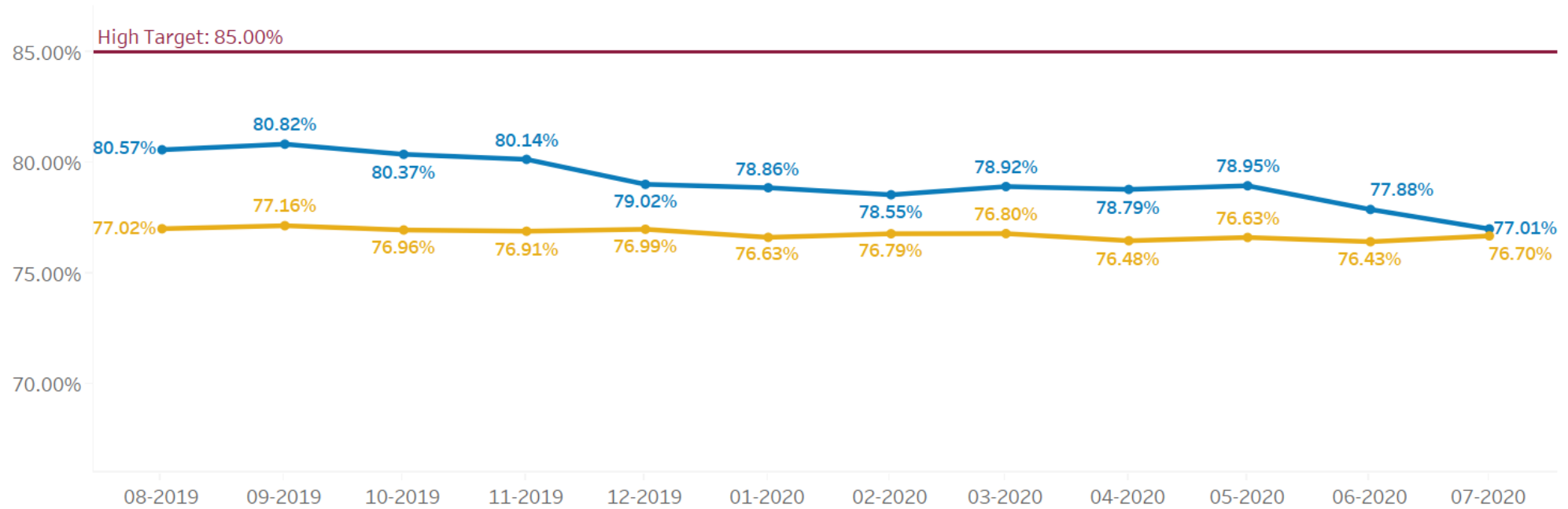Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)

**Performance on Measure (Each month is a 12-month report period)**
BANNER BEHAVIORAL HEALTH HOSPITAL vs. Providers in same Area of Concentration

High Target: 85.00%

85.00%
80.00%
75.00%
70.00%

BANNER BEHAVIORAL HEALTH HOSPITAL:
80.57% | 80.82% | 80.37% | 80.14% | 79.02% | 78.86% | 78.55% | 78.92% | 78.79% | 78.95% | 77.88% | 77.01%

Providers in same Area of Concentration:
77.02% | 77.16% | 76.96% | 76.91% | 76.99% | 76.63% | 76.79% | 76.80% | 76.48% | 76.63% | 76.43% | 76.70%

08-2019 | 09-2019 | 10-2019 | 11-2019 | 12-2019 | 01-2020 | 02-2020 | 03-2020 | 04-2020 | 05-2020 | 06-2020 | 07-2020

# Round Table Discussion

# Q&A

- Please insert any questions in the Q&A box

# TIP 2.0



**Link:** https://www.azahcccs.gov/Resources/Downloads/1115Waiver/1115WaiverRenewal_Final.pdf

# Next Steps

- Post-Event Survey: 2 Parts
  - General Feedback Questions
  - Continuing Education Evaluation

- Continuing Education for 2021 will be awarded post all 2021 QIC sessions (December 2021)

- Questions or concerns?
  - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns regarding performance data

# Thank you!

TIPQIC@asu.edu