

**AHCCCS Targeted Investments Program**

# **Adult Quality Improvement Collaborative**

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

**TIP Year 5: Session #3  
January 12, 2021**

# 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"><li>• Agenda</li></ul>	Kailey Love
11:35 AM – 12:00 AM	Updates <ul style="list-style-type: none"><li>• COVID &amp; Telehealth Impact</li><li>• TIP Year 4 &amp; 5 Targets Update</li><li>• TIP Year 4 Review – Performance Summary</li></ul>	Neil Robbins, PhD
12:00 PM – 12:15 PM	TIP Year 4 Reflection: Peer Presentation 1	Pinnacle Family Medicine Stacey Heckel Amy Burton
12:15 PM – 12:30 PM	TIP Year 4 Reflection: Peer Presentation 2	Aurora Behavioral Health Hospital Suzanne Northey Trevor Cooke
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

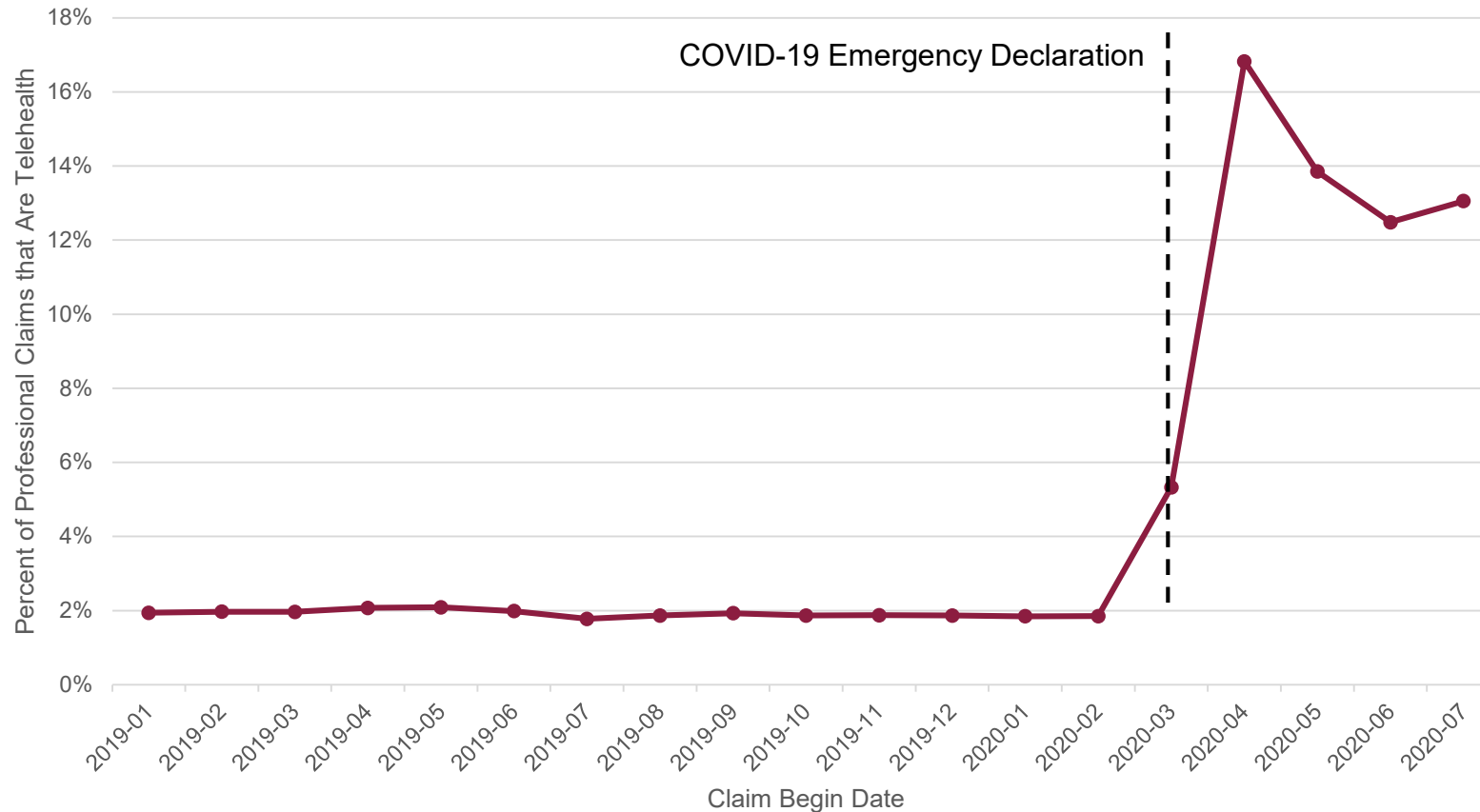
# Resources Related to Performance Evaluation

Topic	Reviewed in QIC	Additional Resources
Measures Selected	<a href="#">QIC Year 4 Session #1</a>	<a href="https://tipqic.org/Measures">TIPQIC.org/Measures</a>
Measure Definitions (i.e., HEDIS Resources)	QIC Year 4 Session #2	<a href="https://tipqic.org/Measures">TIPQIC.org/Measures</a> (most updated list)
Attribution Methods	<a href="#">QIC Year 4 Session #2</a>	<a href="https://tipqic.org/Dashboard">TIPQIC.org/Dashboard</a>
Provider Types & Specialties (PCP & Mental Health)	QIC Year 4 Session #2	<a href="https://tipqic.org/Dashboard">TIPQIC.org/Dashboard</a> (most updated list)
Year 4 Targets	<a href="#">QIC Year 4 Sessions #2 &amp; 4</a>	<a href="https://tipqic.org/Dashboard">TIPQIC.org/Dashboard</a>
Collaborative Care Model Codes	<a href="#">QIC Year 4 Session #4</a> & <a href="#">QIC Year 5 Session #1</a>	<a href="https://tipqic.org/Dashboard">TIPQIC.org/Dashboard</a>
<b>Telehealth</b>	<b>Today</b>	
<b>COVID Response</b>	<b>Today</b>	

# 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

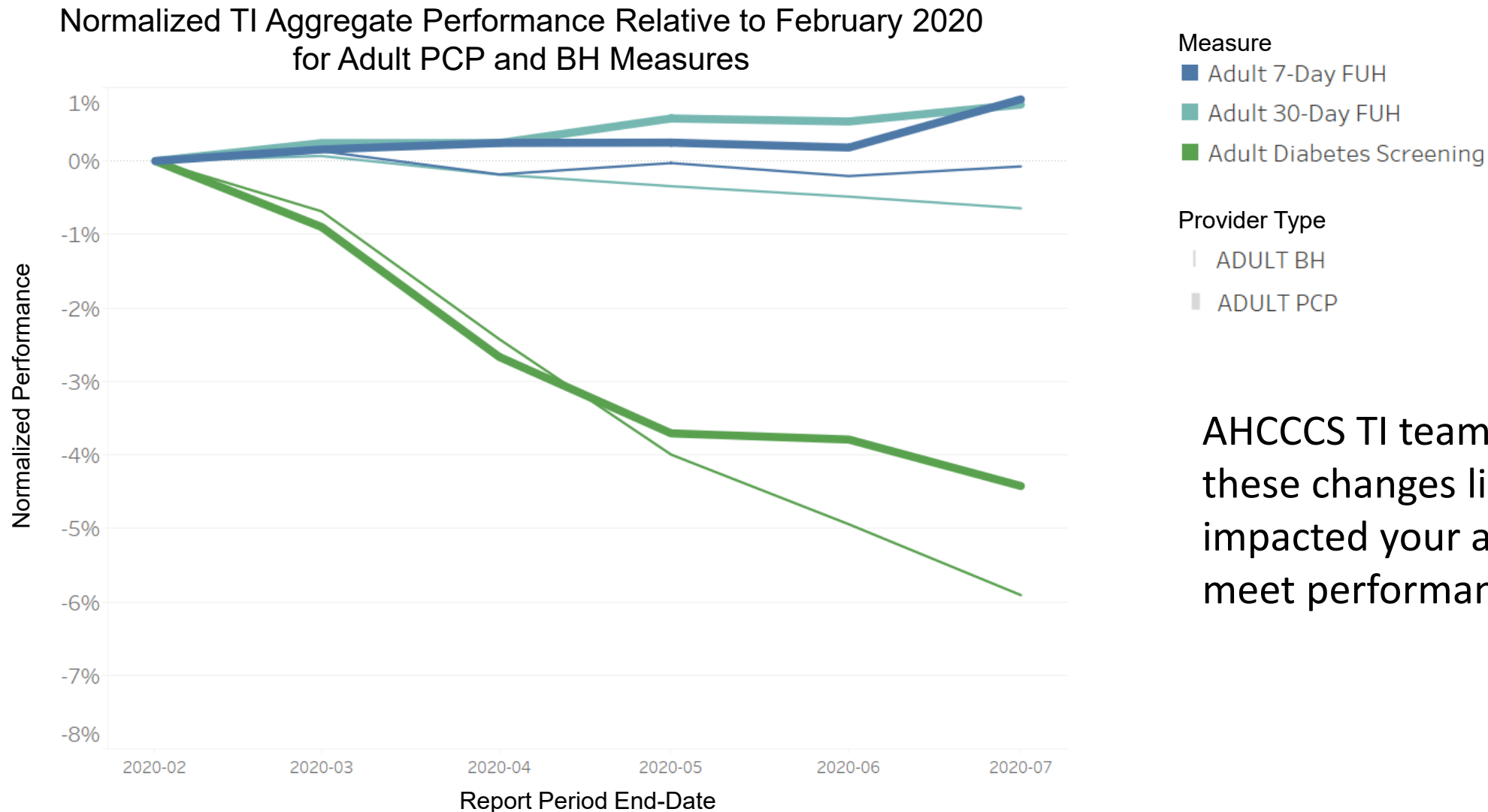
- HEDIS technical specs used to identify which measures may be affected by these alternative billing codes:
  - Adult Diabetes Screening (SSD)
  - Adult, Peds & Hospital Follow Up After Hospitalization for Mental Illness (FUH)
  - Justice Alcohol and Other Drug Dependence Treatment (AOD)
- Performance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



# COVID Impact – TIP Adult Measures Impacted

- CHiR calculated how performance for all measures were impact by COVID
- 1 Adult measure negatively impacted
  - Diabetes Screening (SSD)
- 2 Adult measures not negatively impacted
  - Follow-up After Hospitalization for Mental Illness 7/30-day (FUH)

# COVID Impact – Adult PCP and BH



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

# **COVID Impact – Potential accommodations to be made**

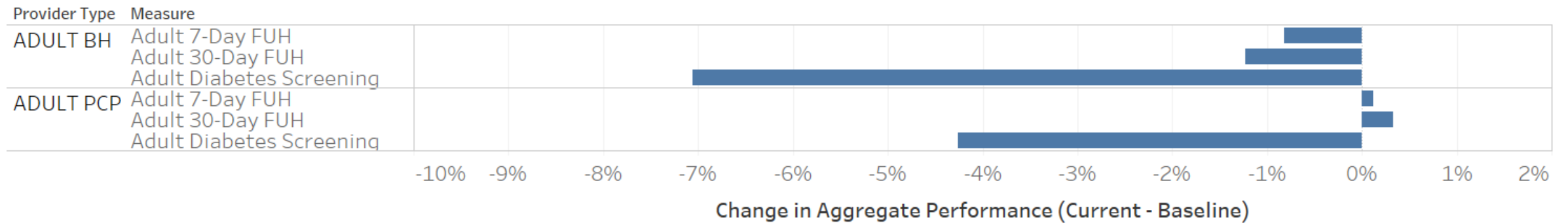
- Possible adjustment for TIP Year 4-end performance evaluation is being discussed
- Data analysis for each measure – results pending
- AHCCCS potential accommodations (Decisions will be made on a measure-by-measure basis):
  - No accommodation
  - Targets lowered
- AHCCCS decision timeline: February - 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

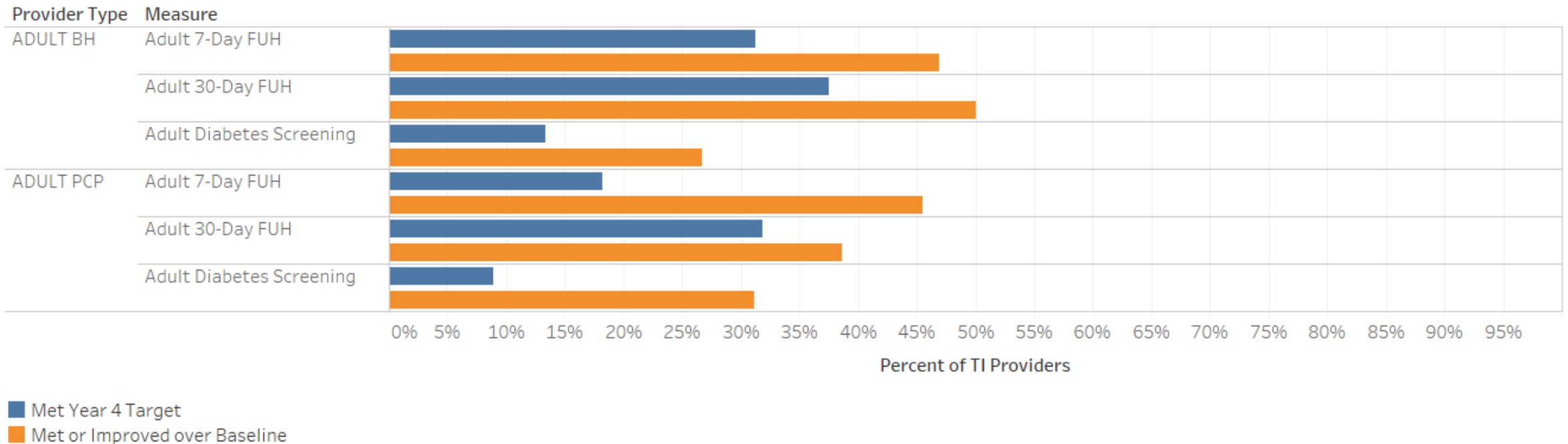
# Aggregate Performance Changes by Measure - Adults

Aggregate Performance Change in 2020-07 Relative to Baseline



# Targets Met and Improvements without COVID Adjustments - Adults

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



# Performance Next Steps

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

# Pinnacle Family Medicine



*a Higher standard in primary care* †

Stacey Heckel  
Amy Burton



# Practice History

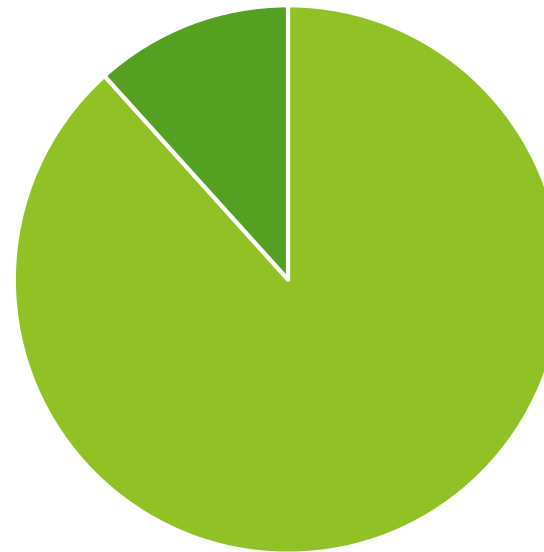
- ▶ Pinnacle Family Medicine was founded in 2007 by David Engstrom, DO
- ▶ Two locations- Litchfield Park and North Peoria
- ▶ Nine Providers on staff- Two Physicians, Five Physician Assistants and Two Nurse Practitioners



# Patient Population Breakdown

- ▶ Between both locations- approximately 750 patients/week
- ▶ 39,000 patients annually
- ▶ Total patients last 24 months 16,788
- ▶ Of those, AHCCCS 2,220 (14%)

Total Patients Seen Over 24 Months

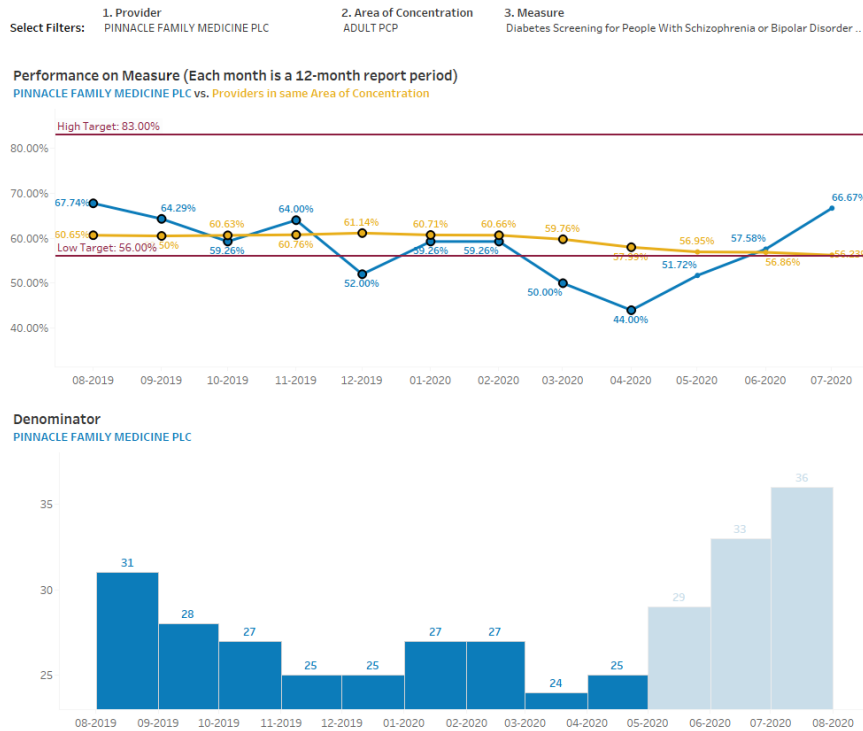


■ Patients ■ AHCCCS Patients

# Primary Care and Behavioral Health Integration

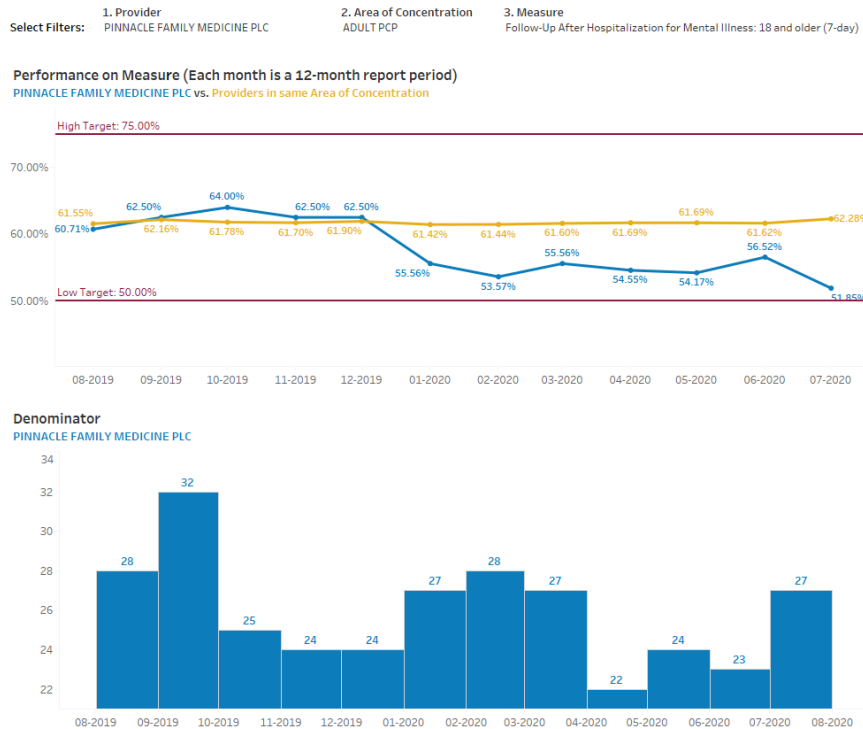
- ▶ Prior to TIP
  - ▶ No previous integration
  - ▶ Referred patients and reviewed consults
- ▶ Since Participating in TIP
  - ▶ Two Care Coordinators on staff
    - ▶ Work as liaison between health plan Care Managers and Providers
    - ▶ Advocate for patients in all aspects of life
  - ▶ MOUs with several BH Providers
  - ▶ Southwest Behavioral Counselor onsite 1 day per week

# Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications (SSDs)



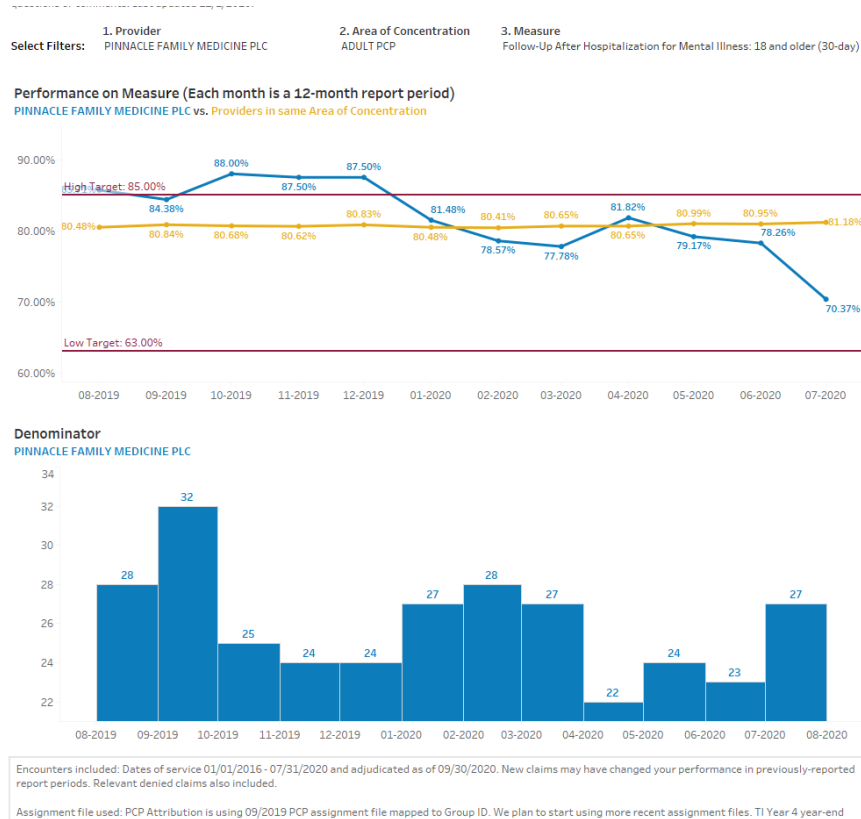
- Provide updated workflows to Providers so patients are screened for diabetes on an annual basis
- Review consults from BH
- In office A1c but 2020 shift to virtual appointments has led to decreased compliance
- Small denominator

# Follow up after hospitalization for mental illness: 18 and older (7 day)



- Health current HIE: pros vs cons
  - Pros: admit discharge notifications, access to records
  - Cons: No BH information
- Protected information
  - Gaining access to BH information for practice our size not reasonable
- Challenge: do not receive consistent notifications from BH facilities
  - Responsibility of discharging facility
- Methods of communication: phone and fax

# Follow up after hospitalization for mental illness: 18 and older (30 day)



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  - ▶ Pros: admit discharge notifications, access to records
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- ▶ Protected information
  - ▶ Gaining access to BH information for practice our size not reasonable
- ▶ Challenge: do not receive consistent notifications from BH facilities
  - ▶ Responsibility of primary care office
- ▶ Methods of communication: phone and fax





# AURORA BEHAVIORAL HEALTH

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*TIP ADULT QIC*

*SUCCESSSES AND OBSTACLES*

Suzanne Northey  
Trevor Cooke

## TIP YEAR 4- SUCCESSES

- ❑ Aurora has hired two new Social Services Directors!
  - ❑ *Both are strongly committed to improving the patient experience while inpatient and post-discharge.*
    - 1) *Documentation of a patient's care during their stay, including individualized treatment planning, progress towards goals, and patient's aftercare needs provides outpatient providers with a clear picture of the patient so that they can offer appropriate treatment services once the patient is discharged into their care.*
    - 2) *Expanding referral base. Working to continuously identify new community providers for all levels of care; RTC, Group Homes, PHP, IOP, PCP, psychiatry, individual and family therapy, etc.*



## TIP YEAR 4- SUCCESSES

### ❑ Substance Use Disorder Counselor Role

❑ *Our SUD Counselors are taking a very active role in meeting with patients admitted with co-occurring disorders to assist in identifying an aftercare plan that best supports them in their sobriety. They are engaged with these patients throughout their stay, and using motivational interviewing, encourage a perspective shift that can help the patient make healthy choices post-discharge.*

❑ *Assertive involvement with SUD patients that readmit. The SUD Counselors, using a newly created questionnaire, identify specific variables related to relapse and subsequent readmission so that treatment plans and aftercare plans best meet patient needs. Goals and objectives from the previous admission(s) are reviewed to determine which were helpful and which need to be revised to better ensure patient's treatment success.*

## TIP 4-SUCCESSSES

- ❑ Bridge appointments with psychiatrist
  - ❑ *Outpatient psychiatry appointments are now available to help bridge the gap for patients that cannot get in to see a psychiatric provider within 7 days of discharge.*
  - ❑ *Psychiatrist will continue to provide medication management for these patients until another psychiatric provider can be secured in the community.*
- ❑ Partial Hospitalization and Intensive Outpatient Services as part of aftercare plan
  - ❑ *Our outpatient staff is working closely with patients and the patient's social worker to "step down" patients into PHP and IOP services so as to offer a seamless transition into the next level of care.*

## TIP YEAR 4- OBSTACLES

### ❑ Meeting 7 day appointment expectations

1. *COVID has made it more difficult to get patients into services within the 7 day post- discharge timeframe as fewer providers were available to schedule appointments.*
2. *Some providers are unwilling to accept referrals from Aurora due to too many patients no showing for their appointments.*
3. *Patients only want to see their private psychiatrist or primary care physician, and these providers are unable to accommodate a follow up appointment within 7 days.*

# TIP YEAR4 -OBSTACLES

## ❑ Multidisciplinary team coordination barriers

1. *Many stakeholders, due to COVID, have established protocol which prohibits them from coming into the hospital to meet with patients. As a result, patients are less engaged and are less likely to follow up with their aftercare appointments.*
2. *Reaching providers to coordinate care has been challenging due to many agencies (such as DCS, Public Fiduciary's Office, outpatient clinics) working remotely and being less accessible.*

# TIP YEAR 4 OBSTACLES

## ❑ Limited Community Resources

❑ *Due to COVID, many Primary Care Physicians have had fewer available time slots for appointments. This was somewhat offset by the addition of telehealth but overall scheduling appointments has been more difficult compared to pre-pandemic.*

❑ *In response to the pandemic, many community placements such as RTC and Group Home introduced more stringent protocols for admission, so securing beds has been problematic.*

❑ *Outpatient providers, at the onset of the pandemic, had to develop new policies, and during this time, there was a delay with accessing services for patients that were discharging from inpatient level of care.*

# FUTURE STRATEGIES

## ❑ 2021 Initiatives

### ❑ Streamlining aftercare planning

❑ *Rovicare- this platform will enable social workers to reach out to multiple providers at one time to determine appointment availability. It will also enable patients to make a more informed decision regarding aftercare providers.*

❑ *Fine Print- expedites printing of large documents used to send to aftercare providers.*

### ❑ Improving outcomes

❑ *Clinical training of social services staff to teach them skills to effectively engage patients to take a more active role in their recovery and to emphasize the importance of follow up treatment post-discharge.*

❑ *Development of a comprehensive multi-disciplinary SUD program for our patient population who has the highest percentage of readmissions.*

# 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](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](mailto:TIPQIC@asu.edu) if questions or concerns regarding performance data

# Thank you!

[TIPQIC@asu.edu](mailto:TIPQIC@asu.edu)