AHCCCS Targeted Investments Program

Adult Quality Improvement Collaborative

Troy Garland, MBA, BA, RN Tasneem Doctor, EdD, Lic. Psychologist William Riley, PhD

TIP Year 5: Session #7 May 11, 2021





Targeted Investments



Disclosures

- Tasneem Doctor, Vice President, Behavioral Health, Equality Health
- Troy Garland, Vice President, Clinical and Quality Operations, Equality Health



TIME	TOPIC	PRESENTER
11:30 AM – 11:32 AM	Introduction	William Riley
11:32 – 12:15 PM	Integrated Care Coordination Role in TIP: Addressing Quality and Access to Treatment	Equality Health: Troy Garland
12:15 PM – 12:45 PM	Round Table Discussion	Moderator: Tasneem Doctor <u>Spectrum</u> : Lisa Sherill and Paige LeForte <u>Dr. Parikh</u> : Dr. Rajiv Parikh and Sunita Parikh <u>Jewish Family & Children's Services</u> : Megan Lipman, Brian Rosenstein
12:45 PM – 1:00 PM	Next Steps	Kailey Love



Integrated Care Coordination Role in TIP Addressing Quality and Access to Treatment

Troy Garland, MBA, BA, RN

May 11, 2021

Learning Objectives

- 1. Participants will learn core components of an Integrated Care Management Model
- 2. Participants will understand care and case management activities that support adult TIP measures (FUH), and Social Determinants of Health
- 3. Participants will be presented with options for systemic changes to support and improve TIP measure performance
- 4. Participants will learn how an integrated care coordination model improves clinical quality and lowers costs
- 5. Participants will learn best practices for performing on TIP performance measures from during a round table discussion



Panel Speakers

1. Spectrum Health

2. Dr. Parikh

3. Jewish Family and Children's Services



Equality Health Care Model

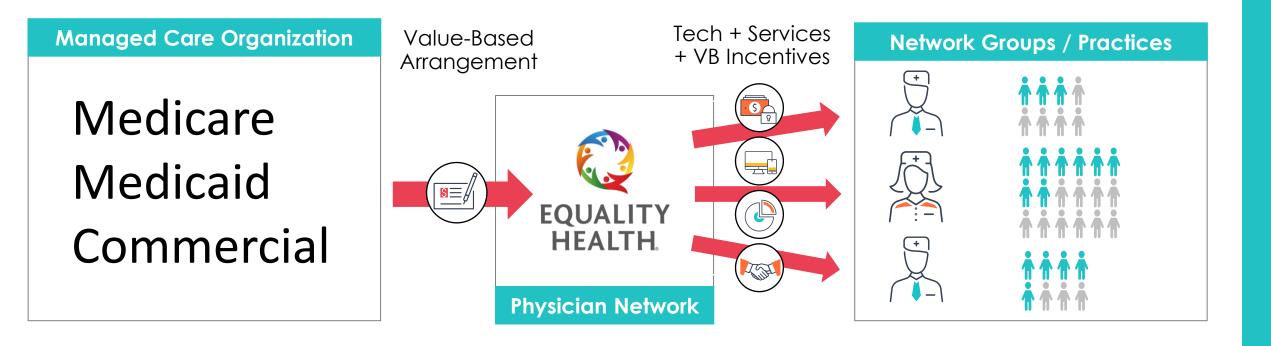
A whole-person health, care delivery model designed to drive quality, efficiency, provider and member satisfaction.



We Believe in Equal Healthcare for All



EQUALITY AND NATIONAL PAYORS ARE PARTNERING WITH PHYSICIANS TO BUILD A FOUNDATION FOR VALUE-BASED-CARE ADOPTION AND PERFORMANCE





Integrated Clinical Care Model

Engagement: One Size Does not Fit All

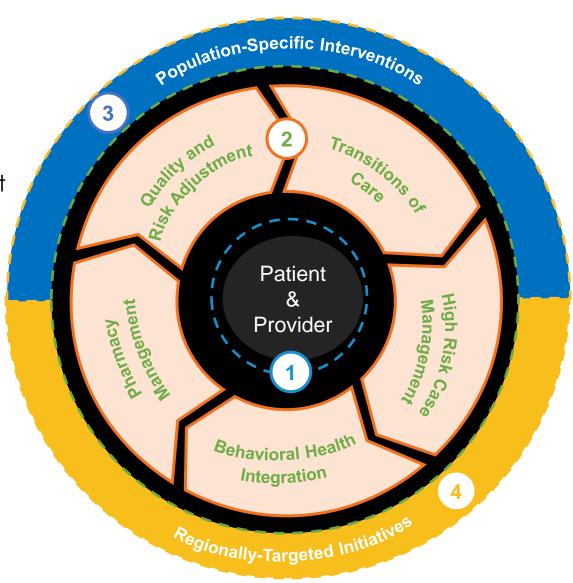
- Multiple Approaches
 - EQH and Provider
 - Digital and Telephonic
 - Chaplain, CHW, SW, RN, Pharm D, Care Specialist
 - Look for an excuse to engage: Happy Birthday

Build Trust and Connect to Provider

- Address SDOH Needs, look for early wins
- Ensure or Find stable primary care provider
 - Integrated PCP + BH Specialty Network
- Reinforce the provider / patient relationship

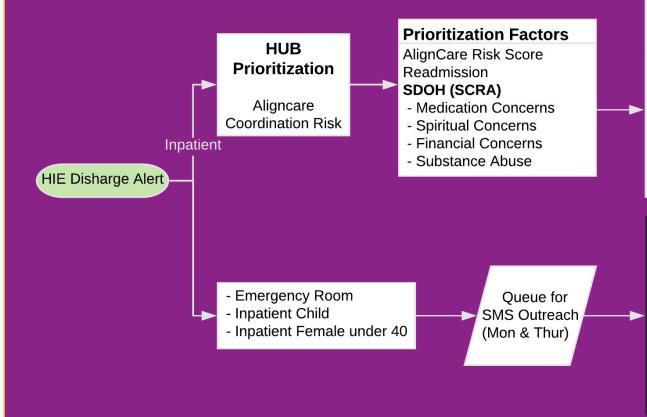
Continue to Support Relationship

- Activate, Empower, Nudge
- Home-Based Care
- Digital Programs





Transition of Care: 100%



Assign appropriate staff member in CareEmpower

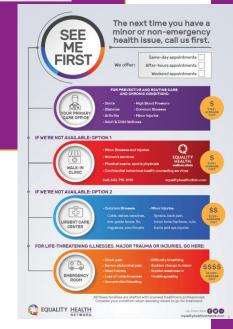
Registered Nurse Social Worker Community Health Worker Care Specialist Chaplain Pharmacist



HI, it's Equality Health with next steps from {{FIR5T}}'s recent visit to {{FacIlity}}. Please call 833-227-3100 Thank You https://bit.ly/2POLmMg

Coordinated Interventions with Multi-Disciplinary Team

Registered Nurse Social Worker Community Health Worker Chaplain Care Specialists Pharmacist Nurse Practitioner





Health inequalities and the social determinants of health are not a footnote to the determinants of health. They are the main issue.

- Michael Marmot

Social Determinants of Health

1. Understand

- SCRA Assessment
- Validated by ASU

2.Intervene (and quantify)

- Member Level
- Population Level

3.Scale

- Practice Partnership
- Community Partnership
- Automation



Impact of Direct to Member Care Management Programs (1 of 2)

Key Observation: Equality Health supplements the work of our network providers with targeted interventions deployed to high-risk individuals. Pre-post analysis with control group comparison suggests that members successfully engaged in one of these programs have significantly lower costs (6 months pre/post, excluding month of initial engagement) as compared to members targeted but not engaged.

2019	Total Attempt	Engaged	Opted out	UTC	Reach Rate	Engaged	Opt Out	UTC
Transition of Care	2048	1043	223	782	61.8%	50.9%	10.9%	38.2%
Care Coordination	2507	1297	219	991	60.5%	51.7%	8.7%	39.5%
Pharmacy/Specialty	595	149	157	289	51.4%	25.0%	26.4%	48.6%
Behavioral Health	32	9	3	20	37.5%	28.1%	25.0%	62.5%
Case Management	909	437	167	305	66.4%	48.1%	18.4%	33.6%
Total 2019	6091	2935	769	2387	60.8%	48.2%	20.8%	39.2%
2020	Total Attempt	Engaged	Opted out	UTC	Reach Rate	Engaged	Opt Out	UTC
Transition of Care	5871	1616	1287	2968	49.4%	27.5%	21.9%	50.6%
Care Coordination	3692	2019	518	1155	68.7%	54.7%	14.0%	31.3%
Pharmacy/Specialty	446	175	76	195	56.3%	39.2%	17.0%	43.7%
Behavioral Health	206	45	122	39	81.1%	21.8%	59.2%	18.9%
Case Management	191	78	42	71	62.8%	40.8%	22.0%	37.2%
Total 2020	10406	3933	2045	4428	57.4%	37.8%	19.7%	42.6%

Impact of Direct to Member Care Management Program

	PMPM				
Oct. 2018-2019	Engaged	Declined	Unable to Reach		
Member Months – Before	1,395	1,071	3,925		
Total Cost of Care - Before	\$3,028.29	\$2,141.69	\$1,854.24		
Member Months – After	1,411	1032	3,984		
Total Cost of Care - After	\$2,271.49	\$2,106.30	\$1,906.59		
Net Difference	\$(756.80)	\$(35.39)	\$52.36		
Percent Difference	-25.0%	-1.7%	2.8%		

Key Observation: Equality Health supplements the work of our network providers with targeted interventions deployed to high-risk individuals. Pre/Post analysis with control group comparison suggests that members successfully engaged in one of these programs have significantly lower costs (6 months pre/post, excluding month of initial engagement) as compared to members targeted but not engaged.

Panel Discussion

Tasneem Doctor, EdD, Lic. Psychologist

Panel Speakers

1. Spectrum Health

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3. Jewish Family and Children's Services



Panel Inquiry

Physical and Behavioral Health Practices:

- How do you know when your patients are admitted to psychiatric facilities? What is the process for obtaining this data so that you can schedule 7 day follow ups?
- How do you ensure that you have providers availability for these urgent appointment?
- Have you changed your workflow or process to ensure that individuals being discharged from the hospital are being schedule within 7 days?
- How do you coordinate post-discharge appointments with the psychiatric facilities?
- What are your biggest challenges with your ability to meet TIP performance measures?





Next Steps

- Post-Event Survey: 2 Parts
 - General Feedback
 - 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 <u>TIPQIC@asu.edu</u> if questions or concerns

Thank you!

TIPQIC@asu.edu



Arizona State University



Targeted Investments



Center for Health Information and Research