AHCCCS Targeted Investments Program

Peds Quality Improvement Collaborative

TIP Year 6: Session #1
January 4, 2022

Disclosures

There are no disclosures

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:32 AM	Introduction	Kailey Love, MBA, MS
11:32 AM – 11:55 AM	TIP Overview • Year 4 and Year 5: Performance and Incentives • TIP Year 6: Introduction & Overview (& Target Setting) • TI Renewal • Q&A	George Jacobson, MPA Cameron Adams, MPP
11:55 AM – 12:40 PM	How to Improve Performance for TIP Year 6 and Achieve Your Targets • New Resources: Best Practice Guides, Measure Detail Guides, and Onboarding Checklist • Root Cause Analysis • QI Workgroup Approach	Stephanie Furniss, PhD George Runger, PhD Neil Robbins, PhD William Riley, PhD
12:40 PM – 12:55 PM	Q&A	All
12:55 PM to 1:00 PM	Next Steps	William Riley, PhD

Learning Objectives

1. Critically analyze strategies to improve TIP Year 6 performance

2. Apply best practice guides to achieving performance targets

3. Analyze process failures using root cause analysis at scale

TIP Overview

- Year 4 and Year 5: Performance and Incentives
- TIP Year 6: Introduction & Overview (& Target Setting)
- TI Renewal
- Q&A

TI Year 4 and Year 5

- Year 4 payments: January
- Y5 attestation: February - March
- Y5 PCP assignment check: February
- Y5 final performance results: ~June
- Y5 Payment: ~December
- Reminders:
  - Notify TI of changes (locations, Provider IDs, service providers)
  - Notify AHCCCS of provider enrollment changes (APEP)
  - PCP: Review assignment rosters with Plans

TI Year 6
(10/1/2021 - 9/30/2022)

- Same as Y5:
  - Performance Measures
  - Attribution Methodology
  - Provider Identification Methodology
  - Measure Calculation Methodology
  - Milestone requirements and weighting
  - Aggregate funds
- Different:
  - QIC sessions counting toward milestone credit (4)
  - Optional Workgroup QICs

TI 2.0 (Renewal Proposal)

- 5 year renewal 10/2022 - 9/2028
- Enhancing:
  - SDOH screening and referrals
  - Health Equity & Population Health
  - Postpartum depression screening
  - ASU/CHiR support throughout program
- TI 1.0 participants = Extension cohort
  - Org-level participation (can add sites)
  - Updated 1.0 milestones + new initiatives
- New TINs = Expansion cohort
- Concept Paper & Proposal Pending with CMS- will notify ASAP

Questions?

New Initiatives and Resources to Improve Performance for TIP Year 6

- New Resources
  - Best Practice Guides
  - Measure Detail Guides
  - Onboarding Checklist
- Root Cause Analysis
- QI Workgroup Approach

New Resources

- **Best Practice Audit Guides**

  1. Building Capacity for Performance Excellence
  2. Follow-up After Hospitalization for Mental Illness (FUH)
  3. Diabetes Screening (SSD) / Metabolic Monitoring (APM) for People on Antipsychotic Medications
  4. Child and Adolescent Well-Care Visits (W15, W34, AWC)

- **Measure Detail Guides**

  5. Follow-up After Hospitalization for Mental Illness (FUH)
  6. Diabetes Screening (SSD) / Metabolic Monitoring (APM) for People on Antipsychotic Medications
  7. Child and Adolescent Well-Care Visits (W15, W34, AWC)

- **Onboarding Checklist**

  8. Onboarding Checklist

Best Practice Audit Guides

- Summarize evidence-based best practices shared by TI Providers and others to improve performance on the TI measures

- Measure-specific best practices for:
  - Setting Up for Performance Improvement
  - Identifying Relevant Members / Member Events
  - Following Up with Members

TIP QIC Targeted Investments Program
Quality Improvement Collaborative

AHCCCS Arizona Health Care Cost Containment System

Best Practice Audit Guide:
Follow-up After Hospitalization for Mental Illness (FUH)

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This best practice audit guide is for TI-participating Providers to evaluate their quality improvement (QI) efforts related to the FUH (7/30-day) measure. FUH is a Healthcare Effectiveness Data and Information Set (HEDIS) measure designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

Approximately one in five Americans will experience a mental illness in a given year (1). One in five children have had or will have a seriously debilitating mental illness at some point in their life (2). According to NCQA (3), individuals hospitalized for mental illness are vulnerable after discharge. Timely follow-up visits with qualified mental health providers are critical for their health and well-being.

Setting Up for Performance Improvement

The following items are best practices to improve your organization's performance on these measures.

Category	Best Practice Audit Checklist
Measure Definition & TIP Performance Measurement Details	☐ Review importance of follow-up after hospitalization to patient outcomes (see *Why It Matters* above) ☐ Understand details of the HEDIS measure (see *TIP Measure Details Guide: Follow-up After Hospitalization for Mental Illness* available on TIPQIC.org). Details include: ○ What is measured ○ What billing codes and provider types do and do not qualify ○ When is the reporting period ☐ Understand details of TIP Performance Measurement (see *TIP Measure Details Guide: Follow-up After Hospitalization for Mental Illness* available on TIPQIC.org). Details include: ○ Member population assessed ○ Attribution methods

Best Practice Audit Guides

- Use to
  - Identify best practices to adopt
  - Build business case with staff and leadership
  - Confirm you've implemented all identified best practices
  - Quarterly or biannually, to confirm your processes are still in place (processes breakdown over time)

- Posted and available on TIPQIC.org

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AHCCCS Arizona Health Care Cost Containment System

Best Practice Audit Guide:
Child and Adolescent Well-Care Visits (W15, W34, AWC)

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This best practice audit guide can be used to evaluate the quality improvement (QI) efforts related to the W15, W34, and AWC measures for a participant in TIP. W15, W34 and AWC are Healthcare Effectiveness Data and Information Set (HEDIS) measures designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

Assessing physical, emotional and social development is important at every stage of life, particularly with children and adolescents (1). Well-care visits are essential as they allow providers to assess and improve the health and development of children and adolescents through scheduled immunizations, promotion of healthy behavior, prevention of risky behavior, and detection of conditions that can interfere with physical, social and emotional development (2). In addition to helping to keep members and their families healthy, regular visits help create strong, trusting relationships among providers, children and families, which can lead to improved health engagement by the child and family in the short and long-term.
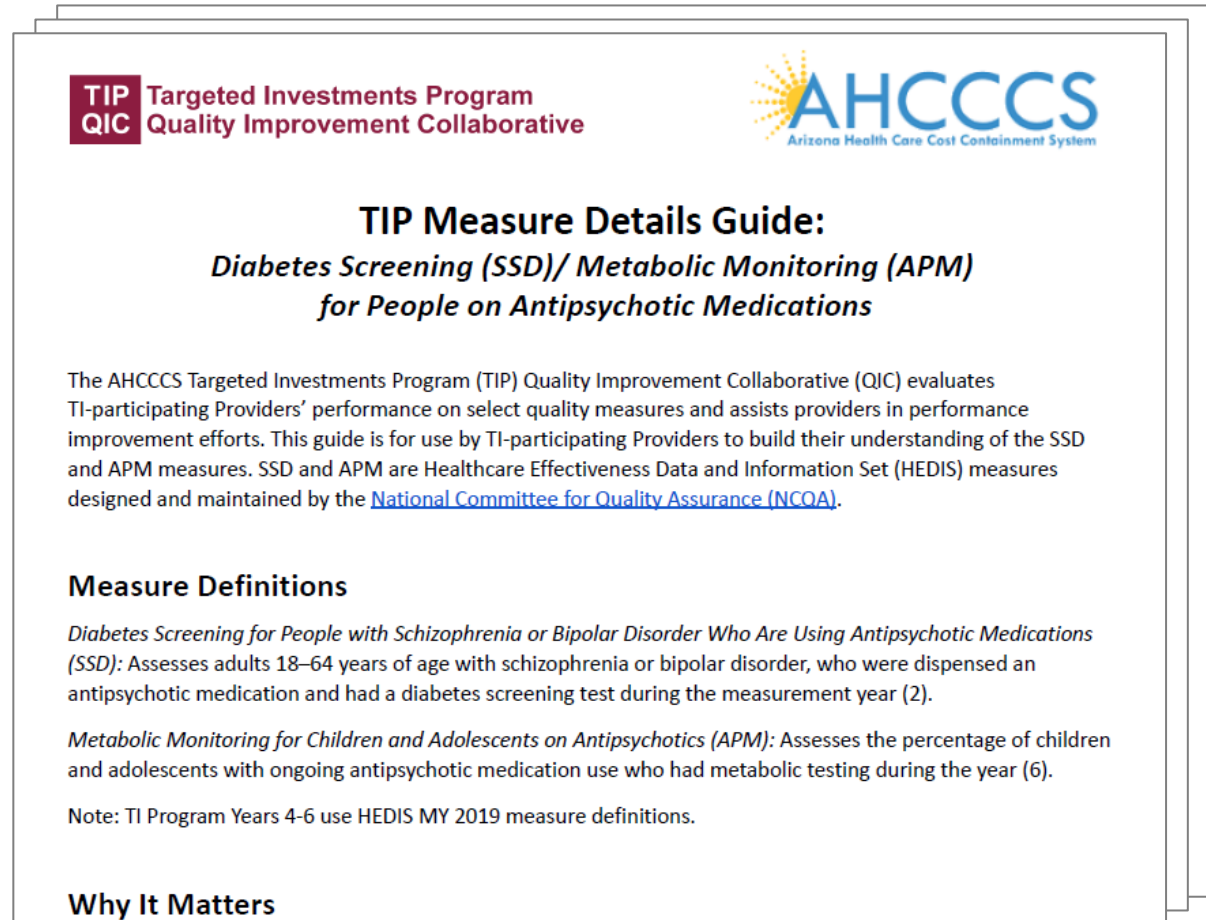
Setting Up for Performance Improvement

The following items are best practices to improve your organization's performance on these measures.

Category	Best Practice Audit Checklist

Measure Detail Guides

- Provide measure definitions and details. Including:
  - What is measured
  - What billing codes and provider types do and do not qualify
  - When is the reporting period

- Provide TI performance measurement details. Including:
  - Member population assessed
  - Attribution methods
  - Performance targets

TIP QIC Targeted Investments Program Quality Improvement Collaborative

AHCCCS Arizona Health Care Cost Containment System

TIP Measure Details Guide:
*Diabetes Screening (SSD)/ Metabolic Monitoring (APM)
for People on Antipsychotic Medications*

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This guide is for use by TI-participating Providers to build their understanding of the SSD and APM measures. SSD and APM are Healthcare Effectiveness Data and Information Set (HEDIS) measures designed and maintained by the National Committee for Quality Assurance (NCQA).

Measure Definitions

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD): Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year (2).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year (6).

Note: TI Program Years 4-6 use HEDIS MY 2019 measure definitions.

Why It Matters

Measure Detail Guides

- Use to
  - confirm understanding of the measures, attribution and how TI performance is calculated
  - build internal reports
  - explain TI performance measurement to new staff, QI or analytics teams, leadership, etc.

- Posted and available on TIPQIC.org

TIP QIC Targeted Investments Program Quality Improvement Collaborative

AHCCCS Arizona Health Care Cost Containment System

TIP Measure Details Guide:
Diabetes Screening (SSD)/ Metabolic Monitoring (APM)
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Why It Matters

Onboarding Checklist

- Guides user through key resources on the AHCCCS and TIPQIC websites, including:
  - Measures and Milestones
  - Guides (Measure Details, Best Practice Audit)
  - Dashboards
  - QIC Registration & Archive
- Actions items for TI Authorized Users and QIC representatives
- Use to
  - Onboard new staff to TI Program
  - Review key resources available
- Location: Will be posted on website and distributed via email

Introduction to AHCCCS Root Cause at Scale (ARCS) analysis for January 2022 QIC

What root causes contribute to low measure performance?

- ## What possible causes contribute?
  - Providers not aware of which members they are responsible for (gaps in HIE alerts, attribution issues, etc.)
  - Member no-shows
  - Visit coding issues
  - Day of the week of discharge
  - Health plan
  - SMI status
  - Reason for attribution (e.g. assignment rosters vs claims)
  - Non-qualifying services (e.g. non-BH provider rendering follow-up care)
  - Other demographic factors
  - Others?

- ## Which factors should be focused on to yield the most improvement?

Analysis: AHCCCS Root Cause at Scale (ARCS)

- Use claims data to identify potential key areas of improvement

- Relative importance of each root cause will be assessed

- Results will be used to inform workgroup sessions

- Note that claims data has limitations on the range of root causes it can detect

- If specific root causes are of interest for further study, please let us know in chat / Q&A

ARCS FUH example: Day of the week of discharge

Number of TI Peds FUH member-events by day of the week of discharge

- Sunday: 2.9%
- Monday: 17.6%
- Tuesday: 18.2%
- Wednesday: 18.1%
- Thursday: 17.5%
- Friday: 20.6%
- Saturday: 5.1%
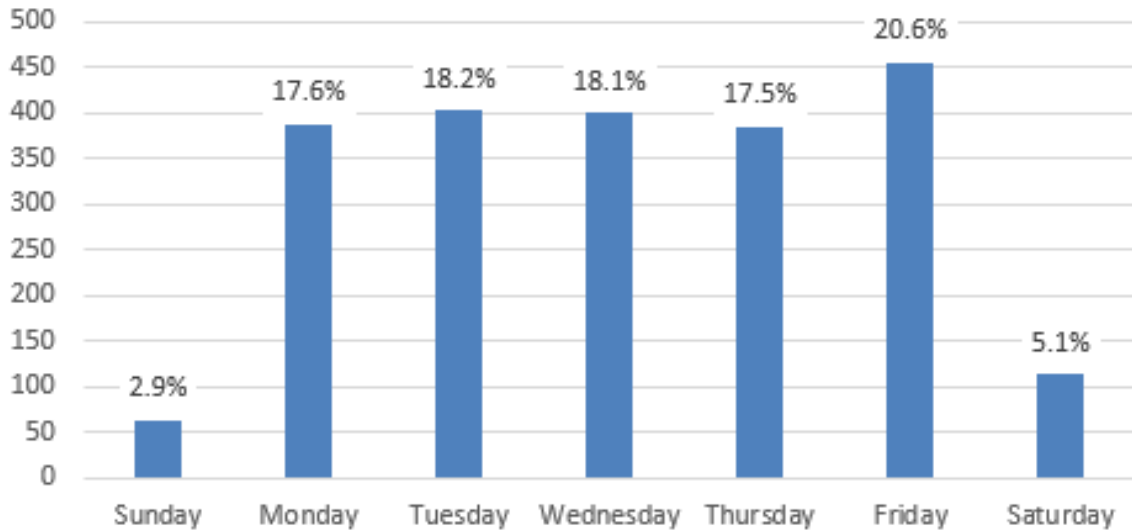
TI Peds FUH performance by day of the week of discharge (FUH7, FUH30)
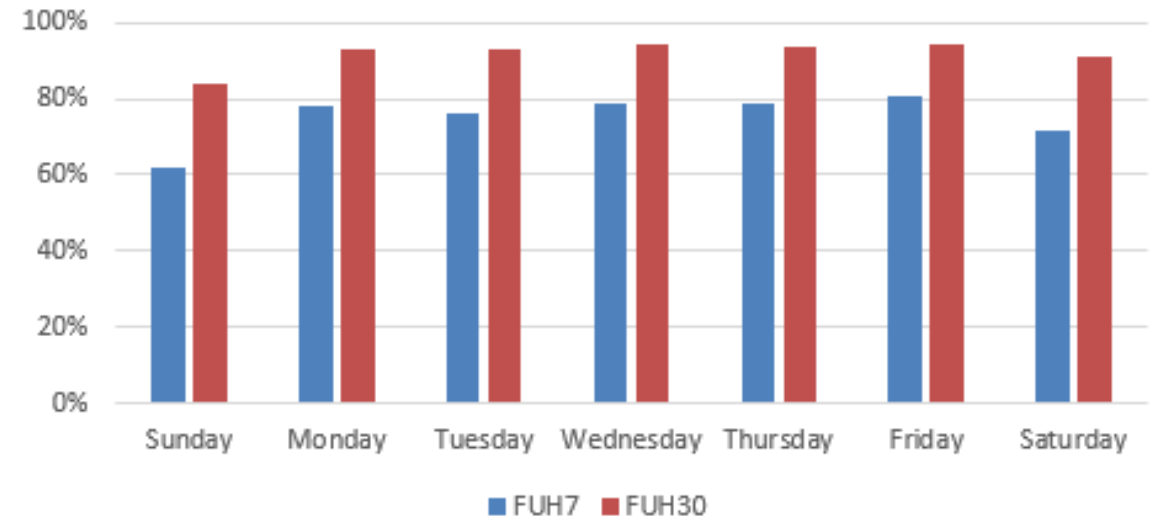
Weekend discharges are less common, but have lower performance than weekday discharges

QI Workgroup Approach

- The <u>goal</u> of the QI workgroups is to improve care for <u>your</u> population of patients

TIP Year 5 Ped PCP

TI aggregate performance - PEDS PCP

Measure
- 6+ Well-child Visits in the First 15 Months of Life
- Adolescent Well-care Visits 12-21 Years
- Well-child Visits in 3-6 Years of Life
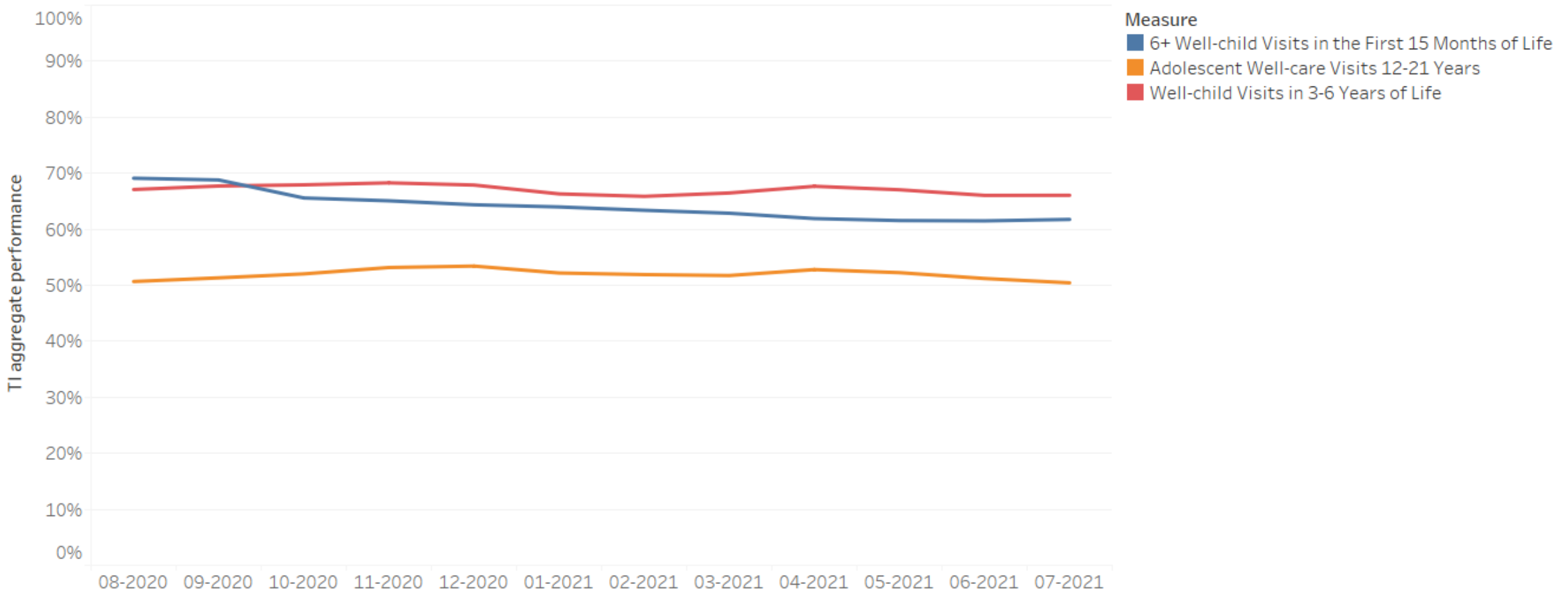
• Claims adjudicated through 31 Oct 2021

TIP Year 5 Ped BH

TI aggregate performance - PEDS BH

- Claims adjudicated through 31 Oct 2021

QI Workgroup Approach

QIC:
- Peer learning and subject matter experts
- Required attendance

QI Workgroups:
- Each QI workgroup will focus on a specific metric
- Optional attendance

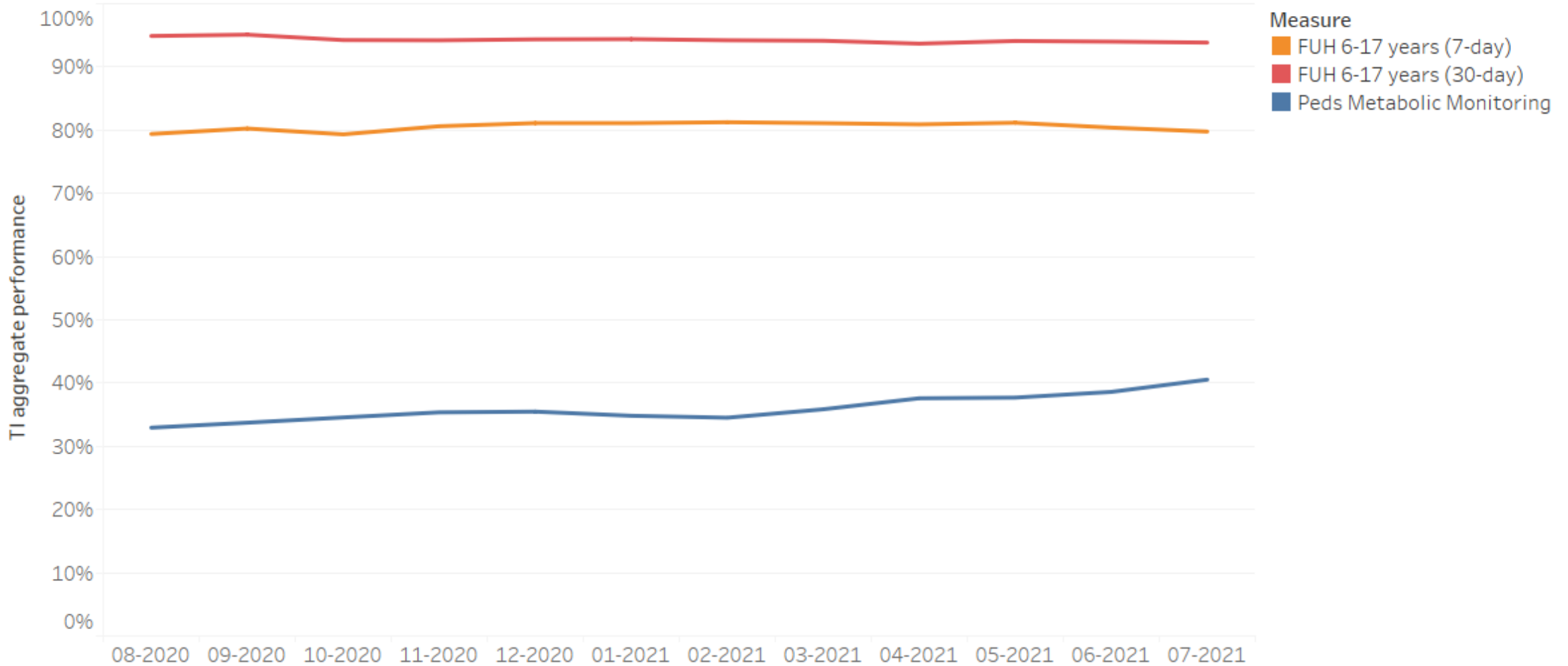|	Jan				Feb				Mar				Apr				May				June				July				Aug				Sep			
TIP Year 6	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
QIC																																				
QIC Peds Cohort	x													x							x												x			
QIC Adult Cohort		x													x							x												x		
QI Workgroups																																				
QI WG #1: Adult PCP/BH 7 & 30 Day FUH					x		x		x		x		x		x																					
QI WG #2: Peds BH 7 & 30 Day FUH						x		x		x		x		x		x																				
QI WG #3: Peds PCP Well-Child													x		x		x		x		x		x													
QI WG #4: Adult PCP/BH & Peds BH Diabetes Screening														x		x		x		x		x		x												

QI Workgroup Approach

- Undertake Needs Assessment on Organizational Capacity
- Conduct Process Audit
- Identify Root Causes
- Prioritize Interventions
- Improve Performance

QI Workgroup Approach (Cont.)

- Needs Assessment on Organizational Capacity

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	I Don't Know
The executive leadership in my organization supports and encourages our participation in TIP	○	○	○	○	○	○
The executive leadership in my organization provides the resources needed for TIP to be successful	○	○	○	○	○	○
My organization has an executive leader who serves as project champion for TIP	○	○	○	○	○	○
My organization has a designated person responsible for the TIP performance	○	○	○	○	○	○
My organization has a TIP quality improvement team that meets regularly	○	○	○	○	○	○
The TIP quality improvement team in my organization includes the interdisciplinary team members necessary to achieve out TI metric targets	○	○	○	○	○	○
My organization has a specific individual designated to review and report the performance on the TIP metrics	○	○	○	○	○	○

QI Workgroup Approach (Cont.)

- Conduct Process Audit
  - Compare current process with best practices
- Identify Root Causes
  - Use two types of root cause analysis to identify process failures
- Prioritize Interventions
  - Develop intervention(s) that provide greatest opportunity for improvement
- Improve Performance
  - Develop rapid cycle tests to improve performance and achieve metrics

Discussion

- Q&A

ASU Office of Interprofessional Continuing Health Education

Category	Acronym	Type	Amount
Medical	CME	AMA PRA Category 1 Credits™	36
Nursing	NCPD	Nursing Continuing Professional Development Credits	36
Psychology	APA	Psychology Continuing Education Credits	36
Social Work	ACE	Social Work Approved Continuing Education Credits	36
Interprofessional	IPCE	Interprofessional Continuing Education	36

Next Steps

- Needs Assessment

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

- Continuing Education for 2022 will be awarded post all 2022 QIC sessions

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

Thank you!

TIPQIC@asu.edu