

AHCCCS Targeted Investments Program

Quality Improvement Workgroup #1

Adult PCP/BH 7 & 30 Day FUH

William Riley, PhD

TIP Year 6: Quality Improvement Workgroup Series
March 7, 2022: Session #3

Disclosures (for CEUs)

There are no disclosures

Learning Objectives (for CEUs)

1. Critical analysis of the Plan-Do-Study-Act (PDSA) cycle intervention to achieve key metrics
2. Debrief pros and cons of applying the PDSA cycle to the Follow-up After Hospitalization for Mental Illness target

Agenda

TIME	TOPIC
12:00 to 12:02 PM	Overview
12:02 to 12:10 PM	Review Progress on PDSA Cycles <ul style="list-style-type: none">• PDSA Ramp Update• Monitoring Metrics
12:10 PM to 12:40 PM	ARCS Introduction <ul style="list-style-type: none">• Opportunity Analysis
12:40 PM to 12:50 PM	Discussion and Q&A
12:50 PM to 1:00 PM	Homework and Next Steps

Today's Goal

1. Review Progress on PDSA Cycles
2. Monitor Metrics
3. ARCS Introduction
4. Opportunity Analysis
 - How to Identify and Establish Targets for Successful Population Management

QI templates and prior presentations can be found:

<https://tipqic.org/QIWorkgroups.html>

Quality Improvement Workgroup #1

Session #3

Case Study

Aurora Behavioral Health

- Valerie Purdie, Community Liaison,
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- Jordan L. Peterson, Director of Business Development,
Jordan.Peterson@aurorabehavioral.com

Aurora's PDSA Ramp Update

Aim: Increase the 7-day follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022					
Goal: Ensure warm hand-offs for all patients discharged from Aurora hospital					
		Cycle 1: Expand external network	Cycle 2: Credential navigators	Cycle 3: Create internal step-down liaison position	Cycle 4: Implement internal step-down liaison position
Plan	Who?	Valerie	Valerie	Valerie	Valerie
	What?	Complete MOUs. Orient preferred providers.	Complete credentialing process for navigators (N = 16 Navigators)	Conduct needs assessment, develop position description for new role, and recruit internal step-down liaison.	Develop internal step-down liaison process, train and orient internal step-down liaison
	Where?	Aurora Glendale & Tempe	Aurora Glendale & Tempe	Aurora Glendale & Tempe	Aurora Glendale & Tempe
	When?	Weeks 1-6	Weeks 1-6	Weeks 1-6	Weeks 7-12
Do	How?	Contacted existing preferred providers. MOUs in process; none completed yet.	As of today, 4 Navigators completed 'neo-day;' all are keyed, badged, and oriented. On 3/7 9 more will be completing this process. On 3/7 13 will be credentialed.	Began conducting needs assessment which is in turn informing the description for internal liaison role. Position description is being drafted/refined.	TBD (dependent upon Cycle 3)
Study	Evaluate	# of preferred providers contacted; # of MOUs executed; # of preferred providers oriented	Complete post New Employee Orientation (NEO) debriefing.	Reversing barrier-to-use; correcting process audits; collect feedback from all stakeholders.	Evaluate performance of liaison and revise position description as needed.
Act	Monitor or Revise	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over

Cycle #1 Discussion

- Audience Discussion:
 - Has any team implemented Cycle #1?
 - If not, what difficulties were encountered?

Aurora's Metrics Update

Metrics													
Cycle #1: Expand external network	Numerator/Denominator	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
# of preferred providers contacted	# of preferred providers contacted	7	7	7	X	X							
	# of preferred providers total	9	9	9	X	X	X						
# of MOUs executed	# of MOUs Completed	7	7	7	X	X	X						
	# of MOUs Requested	9	9	9	X	X	X						
# of preferred organizations oriented	# of Organizations with MOUs Executed			X	X	X	X						
	# of Organizations Oriented			X	X	X	X						
Cycle 2: Credential navigators													
# of navigators credentialed	# of Navigators Credentialed	4	4	9	X	X	X						
	# of Navigators Proposed	17	17	17	X	X	X						
# of navigators oriented	# of Navigators Oriented	4	4	9	X	X	X						
	# of Navigators Credentialed	4	4	9	X	X	X						
% of navigators in-reach	# of Navigators "in-reach"				X	X	X						
	Total patients discharged				X	X	X						
Cycle #3: Create internal step-down liaison position													
Determine current step-down use	Yes/No	Yes											
Identify barriers to using step-down	Yes/No	Yes	Yes	Yes									
Create Position Description	Yes/No			X	X	X							
Cycle #4: Implement internal step-down liaison position													
Create training material	Yes/No			X	X	X							
Recruit and appoint internal liaison	Yes/No						X	X					
Train the internal liaison	Yes/No								X	X	X	X	X
Total internal transfers	(# of internal transfers)								X	X	X	X	X
% of internal transfers	# of internal warm hand-offs								X	X	X	X	X
	# of internal transfers								X	X	X	X	X

Metrics Discussion

- Audience Discussion:
 - Has any team started to track your metrics?

Aurora FUH-7 Performance Overview

Aim Statement: Increase the 7-day follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022

FUH 7-Performance Summary	Patient Count	%
Total Member Hospitalization Events	1273	100%
Total Member Hospitalization Events Seen within 7 Days	634	49.8%
Total Member Hospitalization Events NOT Seen within 7 Days	639	50%
Aurora Total Goal for 7 Day FUH	764	60%
Number of Additional Patients that Need to be Seen to Meet Aurora Goal	130	10%

Aurora Opportunity Analysis: Clinical Priorities

PDSA Ramp	PDSA Cycle Process	Estimated Patient Count	Estimated Patient %	Warm Hand-off		Goal for Additional Patients for 7 Day FUH
				Yes		
				Patient Count	%	
Hand-Offs	External Hand-Offs	1146	90%	114	10%	412
	Internal Hand-offs	127	10%	13	10%	57
	Total	1273	100%	127	--	470

Aurora Opportunity Summary:

Priorities	Process	Goal of Additional Patients for 7 Day FUH*
Clinical Priorities	External Hand-Offs	412
	Internal Hand-Offs	57
ARCS Priorities	Non-SMI Care Process	395
	LOS 0-7 Care Process	326

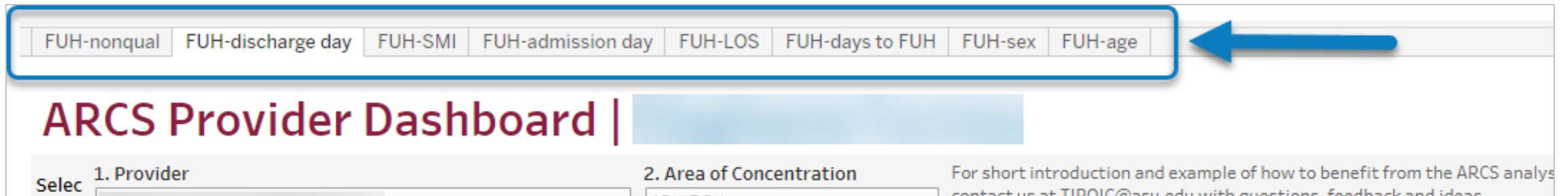
ARCS = AHCCCS Root Cause Analysis at Scale

AHCCCS Root Cause at Scale (ARCS)

- ARCS = AHCCCS Root Cause at Scale
- Useful resource in your quality improvement efforts
- Current FUH-focused analyses available:
 1. **Non-qualifying visits**
 2. **SMI status**
 3. Discharge day of the week
 4. Admission day of the week
 5. Days to FUH visit
 6. **Length of stay**
 7. Member sex
 8. Member age

Accessing the ARCS Dashboards

1. Go to data.tipqic.org and sign in
2. Navigate to “Explore” → “TIPQIC – Provider Dashboards” → “ARCS Dashboards”
3. You will see a number of tiles, one for each ARCS dashboard available to you. Click on one to open and view the dashboard
4. Once you’ve opened one, you can navigate between the dashboards using the tabs at the top of the dashboard (see image)



Aurora Opportunity Analysis ARCS Priorities: SMI and Non-SMI Care Processes

ARCS Analysis	Care Process	Estimated Patient Count	Estimated Patient %	Measure Met		Priority Next Steps
				Patient Count	%	
SMI	Non-SMI Care Process	891	70%	365	41%	Understand the gap in performance between SMI and non-SMI
	SMI Care Process	382	30%	267	70%	
	Total	1273	100%	632	--	

- Are the care processes different for these two populations of patients? If so, how?
- How can the care processes for SMI patients be applied to the care processes for the non-SMI patients?
 - Obstacles, Priorities, & Interventions
 - Metrics
 - PDSA Cycle

Aurora Opportunity Analysis ARCS Priorities: Length of Stay

ARCS Analysis	Care Process	Estimated Patient Count	Estimated Patient %	Measure Met?		Priority Next Steps
				Yes		
				Patient Count	%	
LOS	0-7 Days	777	61%	342	44%	Understand the gap in performance between LOS
	8-14 Days	446	35%	258	58%	
	>14 Days	51	4%	38	74%	
	Total	1273	100%	638	--	

- How can the care processes for LOS >14 days be applied to the care processes for the LOS 0-7 days?
 - Obstacles, Priorities, & Interventions
 - Metrics
 - PDSA Cycle

Aurora Opportunity Analysis:

Clinical & ARCS Priorities Summary

Priorities	Process	Goal of Additional Patients for 7 Day FUH*
Clinical Priorities	External Hand-Offs	412
	Internal Hand-Offs	57
ARCS Priorities	Non-SMI Care Process	395
	LOS 0-7 Care Process	326

QIW #1 Session 3: “Homework”

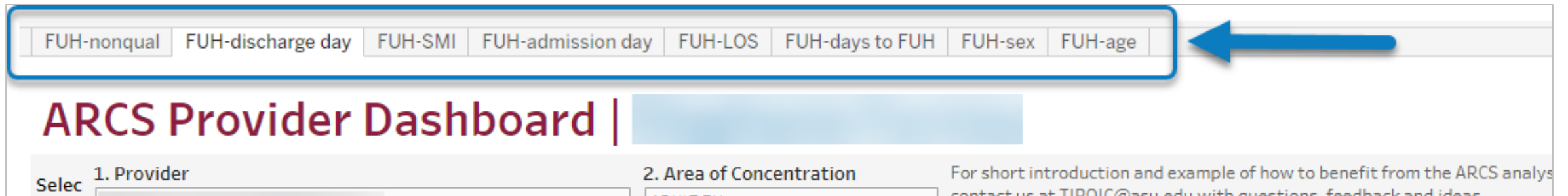
1. Review Progress on PDSA Cycles
2. Monitor Metrics
3. ARCS Dashboard Introduction
4. Opportunity Analysis

Template: Monitoring Metrics

Metrics								
Cycle #1	Numerator/Denominator	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	
Cycle 2:								
Cycle #3:								
Cycle #4:								

Suggestion: Review the ARCS Dashboards

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Template: Opportunity Analysis

ARCS Analysis	Care Process	Estimated Patient Count	Estimated Patient %	Measure Met?				Opportunity by Patient Count	Target Improvement Gain Goal (%)
				Yes		No			
				Patient Count	%	Patient Count	%		

Next Steps

- Continuing Education Units (CEU): Post Event Survey
 - Once session has ended, CEU survey will appear in browser
 - If issues accessing, please email TIPQIC@asu.edu
 - All CEU's for 2022 will be awarded following all 2022 QIC sessions (ETA November 2022)
- Attendees to complete recommended 'homework' prior to session #3; slides and template can be found on the TIPQIC [website](#)
- Questions or concerns?
 - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns

Thank you!

TIPQIC@asu.edu