Quality Improvement Workgroup #1
Adult PCP/BH 7 & 30 Day FUH

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TIP Year 6: Quality Improvement Workgroup Series
March 21, 2022: Session #4

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. Discuss the application of the AHCCCS Root Cause at Scale (ARCS) dashboard views for performance improvement

Agenda

TIME	TOPIC
12:00 to 12:02 PM	Overview
12:02 to 12:10 PM	Review Progress on PDSA Cycles • PDSA Ramp Update • Monitoring Metrics
12:10 PM to 12:40 PM	ARCS Dashboard Views
12:40 PM to 12:50 PM	ARCS Discussion
12:50 PM to 1:00 PM	Next Steps

Today's Goal

1. Review Progress on PDSA Cycles

2. ARCS Dashboard Review

3. ARCS Discussion

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, Valerie.Purdie@aurorabhavioral.com

- Jordan L. Peterson, Director of Business Development, Jordan.Peterson@aurorabehavioral.com

Aurora's PDSA Ramp Update

		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
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					
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, 14 Navigators completed 'neo-day;' all are keyed, badged, and oriented.**	**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

PDSA Ramp Update Discussion

- Audience Discussion
  - Has anyone made continued progress with their PDSA Cycles?
  - Has anyone encountered any major barriers with the PDSA Cycles?

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)
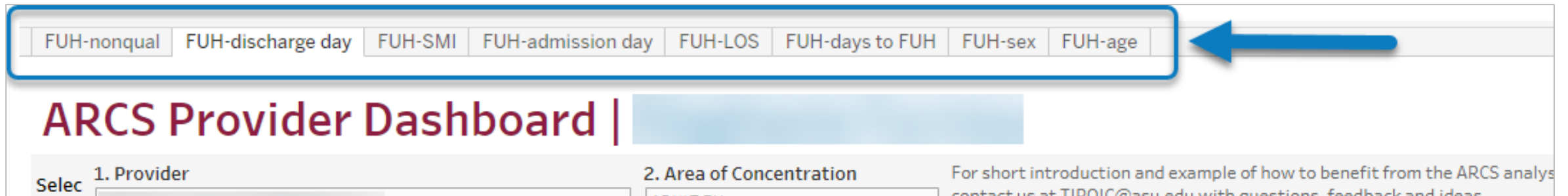
Introduction to AHCCCS Root Cause at Scale (ARCS) dashboards for follow-up after hospitalization

Neil Robbins

ASU CHiR

# AHCCCS Root Cause at Scale (ARCS) analyses

- Goal: Identify root causes of low measure performance to assist focusing quality improvement efforts
- Data-driven approach based on claims
- Assess relative importance of each factor examined
- TI-aggregate and provider-specific results are available via dashboards

Factors examined (for FUH)

- Admission day of the week
- Discharge day of the week
- Length of stay
- Member age
- Member sex
- Visits in the follow-up window for non-numerator members
- SMI status

Example ARCS dashboard view

FUH Measure: FUH performance by day of the week of hospital discharge
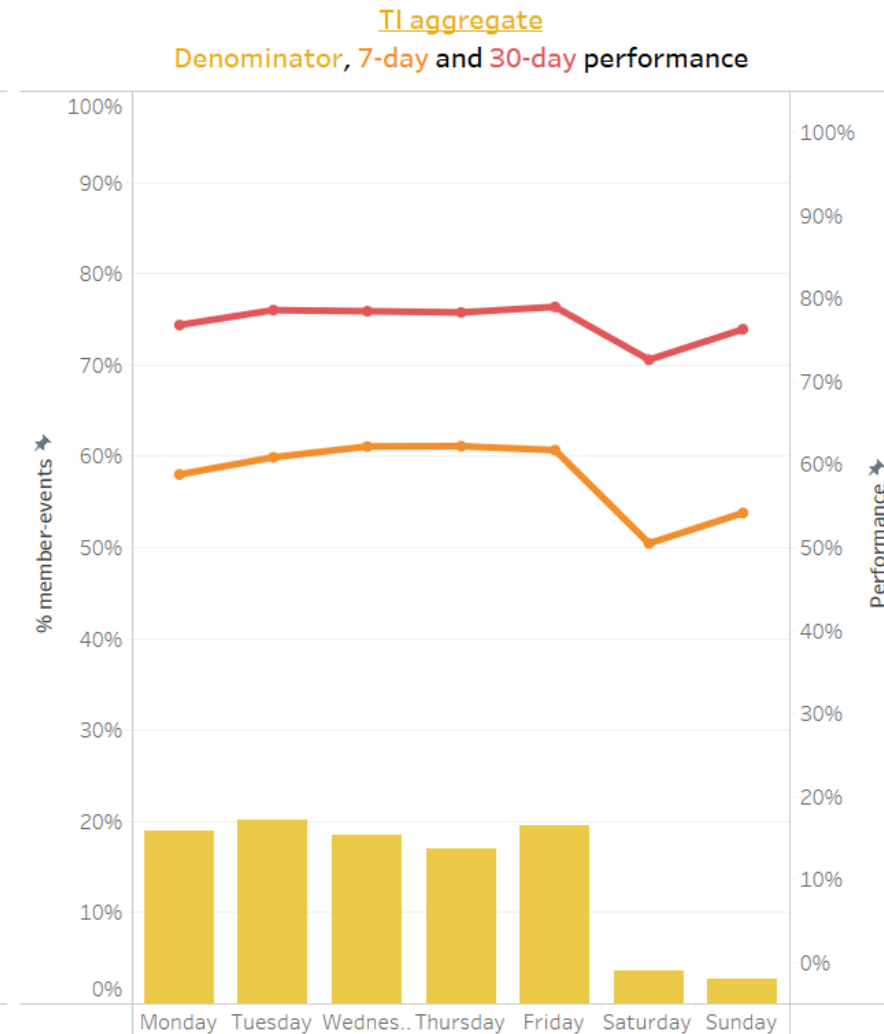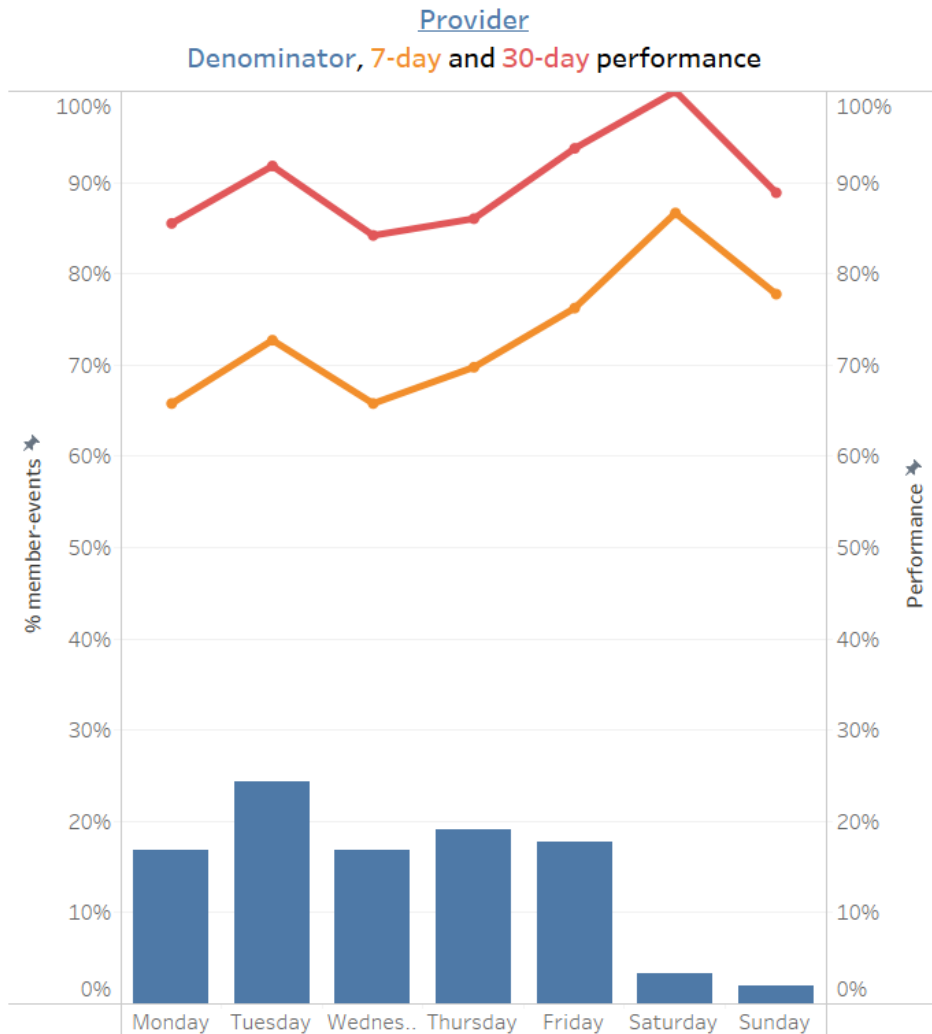
Provider
Denominator, 7-day and 30-day performance

TI aggregate
Denominator, 7-day and 30-day performance

- Left: Provider-specific results
- Right: TI aggregate results
- Bars: Proportion of denominator in each category
- Lines: Performance for each category
  - Orange: 7-day
  - Red: 30-day

Non-numerator visit analysis

FUH Measure: Visits during the FUH follow-up period for non-numerator member-events

- Left: Provider-specific results
- Right: TI aggregate results
- Bars: Proportion of denominator that was not in the numerator and received a corresponding non-numerator visit
  - Valid follow-ups have a BH specialty, a valid service, and a valid place of service (Yes / Yes /Yes)
  - Place of service is not tested unless a valid service is found
  - Non-qualifying service is often T1016 (case management)—may represent a no-show

Impact assessment - Approach

- What is the relative importance of each factor?

- Approach
  - Test whether a factor has a statistically significant effect on performance at the **TI-aggregate** level
  - If so, calculate overall performance assuming **each provider's** members in the low-performing category matched the high-performing category

- Example
  - At the TI-aggregate level, non-SMI members have a lower rate of follow-up than SMI members. How much would performance improve if each provider's follow-up rate for non-SMI members matched their rate for SMI members?
  - Note: If a provider's non-SMI performance already meets or exceeds SMI performance, assume the impact is 0 for that provider
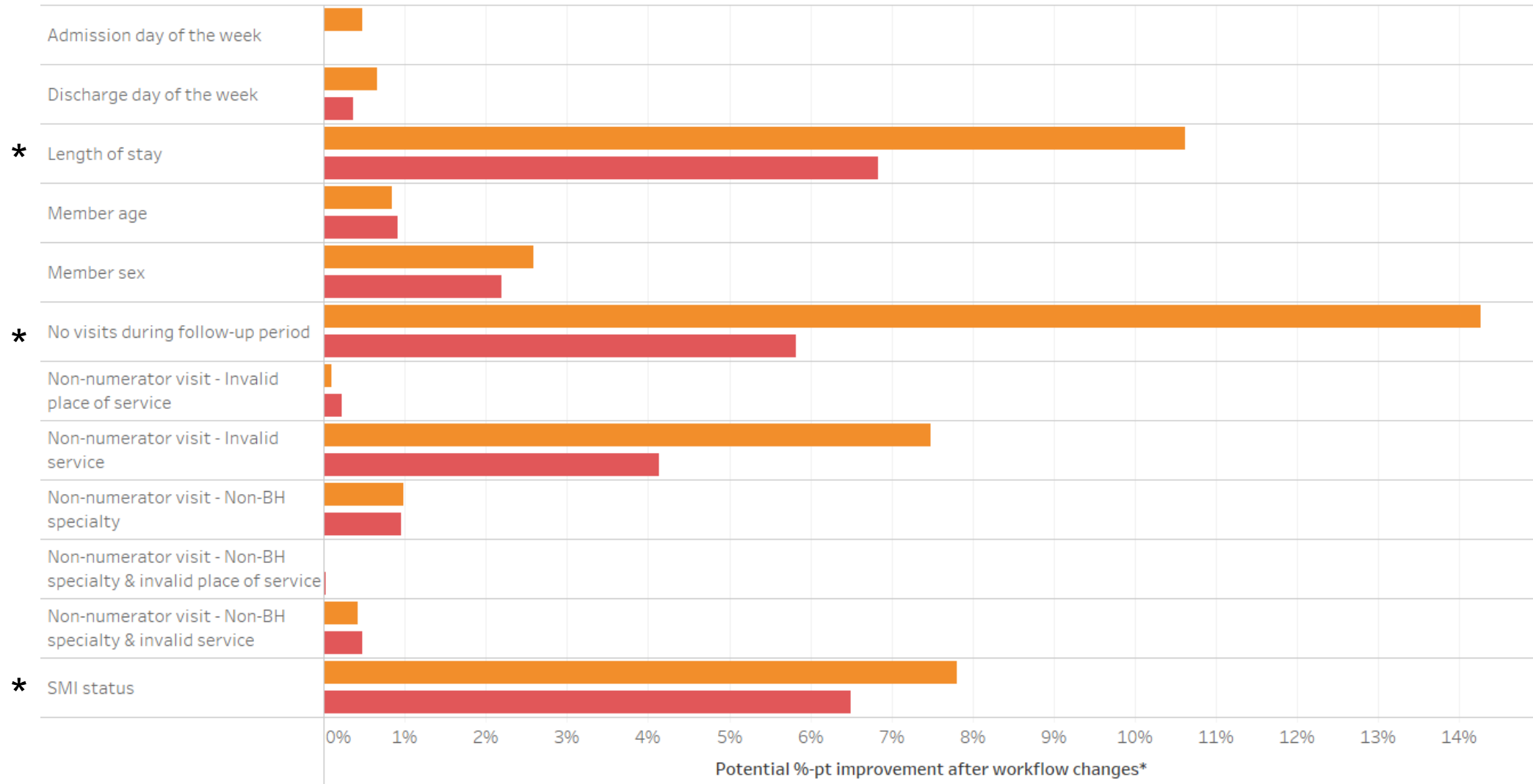
Impact assessment - Approach

- For non-numerator analysis, impact assessment assumes all hospitalization events in each category were moved into the numerator

- Example
  - At the TI-aggregate level, ~10% of hospitalization events had a visit with a non-qualifying service within 7 days of discharge
  - If all of these hospitalization events instead had a numerator-qualifying visit, aggregate performance would improve by 10%-points

Impact assessment - Results

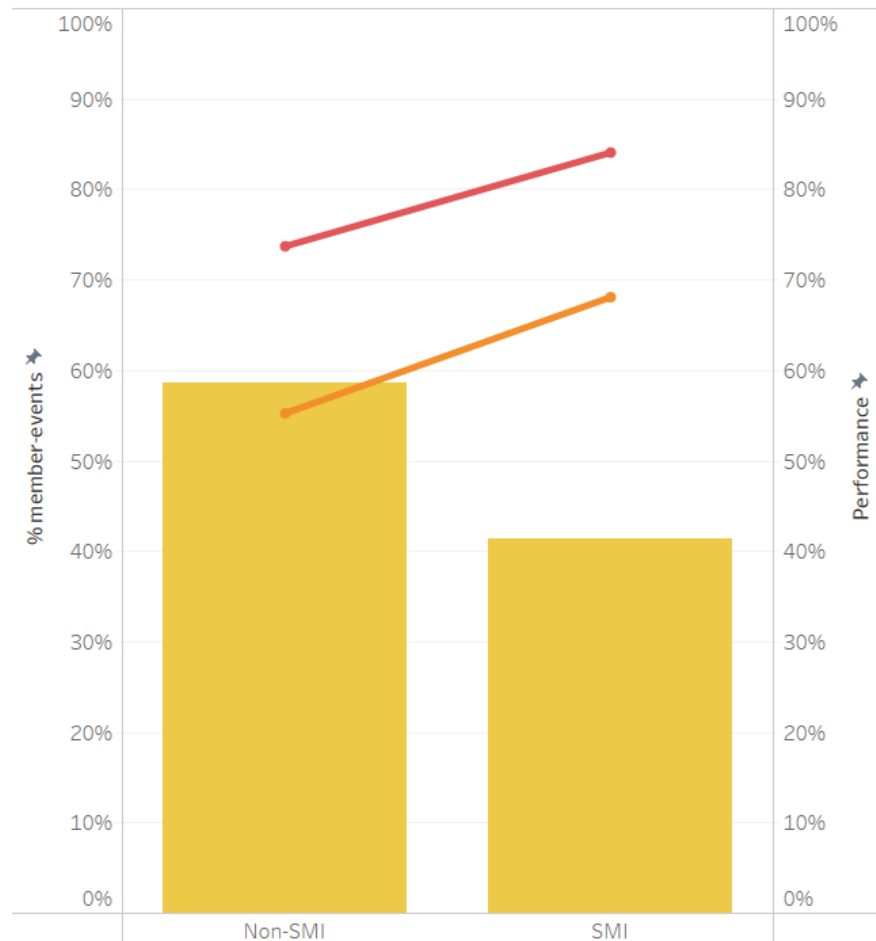

TI aggregate

Impacts on 7-day and 30-day performance

SMI status and length of stay
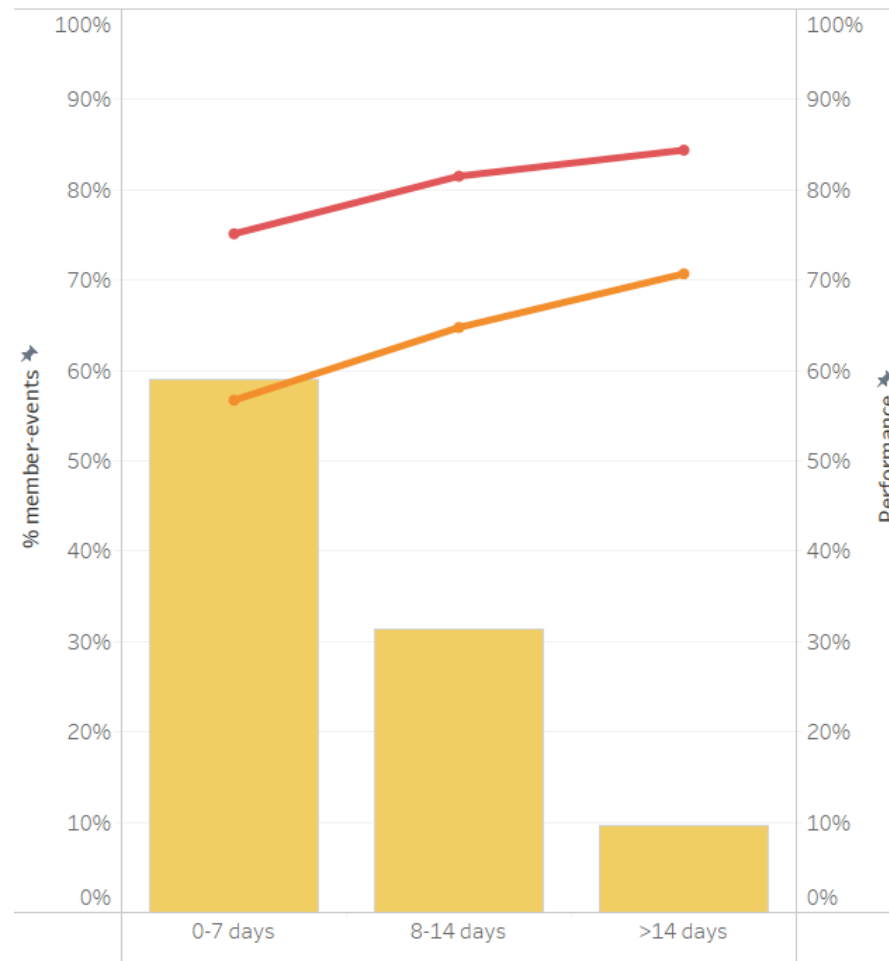
SMI status

TI aggregate
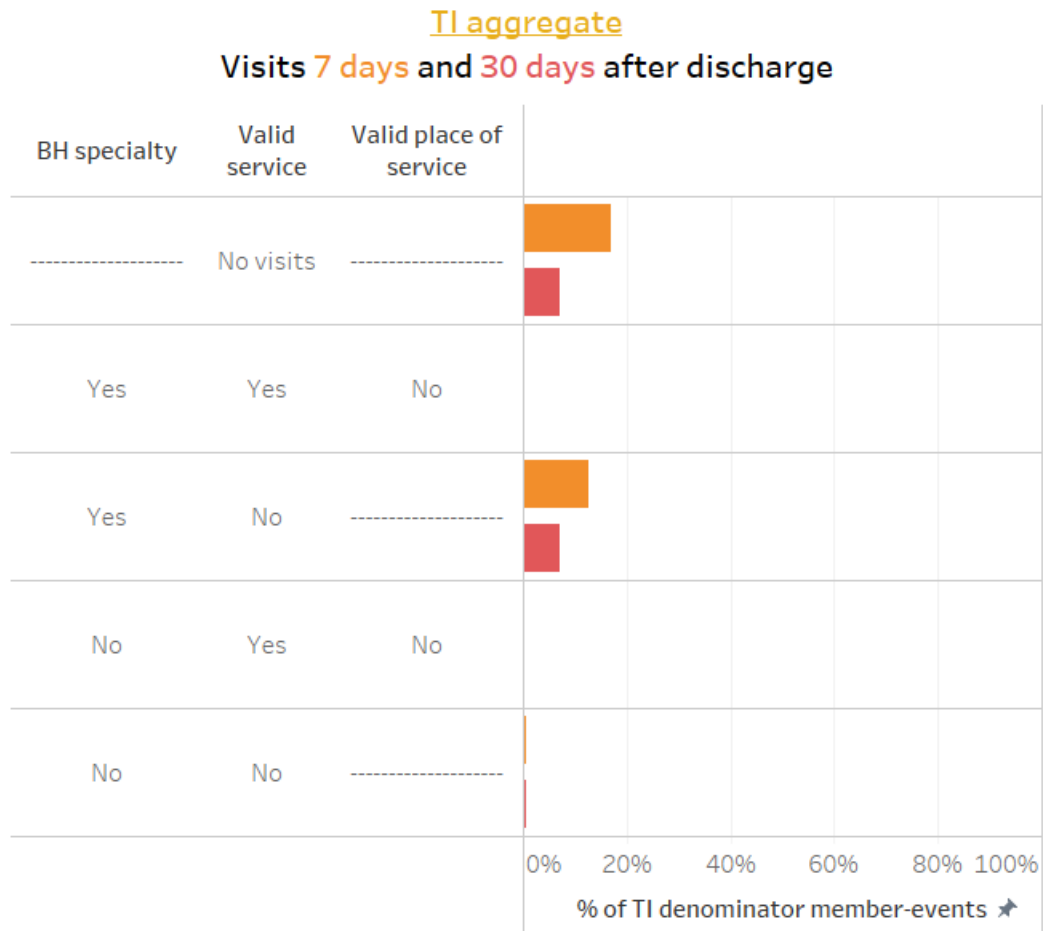Denominator, 7-day and 30-day performance

Length of stay

TI aggregate
Denominator, 7-day and 30-day performance

- Impact assessment treats each factor in isolation, but there may be interactions between them

- For example, 14% of SMI member-events had a stay >14 days, compared to 7% of non-SMI member-events

- Providers can help uncover underlying causes of trends observed in the data

Non-numerator visit details

TI aggregate
Visits 7 days and 30 days after discharge

BH specialty	Valid service	Valid place of service	
	No visits		
Yes	Yes	No	
Yes	No		
No	Yes	No	
No	No		

% of TI denominator member-events

- Top categories
  - No visits in follow-up period
  - Visit with a behavioral health provider for a non-qualifying service
- Non-qualifying service is often T1016 (case management)
  - May represent a no-show

How to use the results

- Consider whether your provider-level trends are consistent with the TI-aggregate trends

- Check whether performance differs between member sub-groups consider examining how processes differ among the groups

- Share insights with others at the QI workgroups

ARCS FUH Discussion

- Has anyone explored/interacted with the ARCS FUH dashboards?

ARCS FUH Discussion Cont.

- Has anyone incorporated using the ARCS FUH dashboards into their QI discussion and QI teams?
  - If not, do you have plans to review these ARCS FUH dashboards in the future?

ARCS FUH Discussion Cont.

- Can you see it being useful to share these analyses with your leadership team?

ARCS FUH Discussion Cont.

- Which ARCS FUH view do you think is *most* helpful?
  - Impact assessment
  - non-numerator visits
  - Length of stay
  - SMI status
  - Discharge day of the week
  - Admission day of the week
  - Days to FUH visit
  - Member sex
 - Member age

ARCS FUH Discussion Cont.

- What other analyses (views) might be helpful for FUH?

QIW #1 Session 4: "Homework"

1. Review Progress on PDSA Cycles
2. Monitor Metrics
3. ARCS Dashboard Review

Suggestion: Review the ARCS Dashboards

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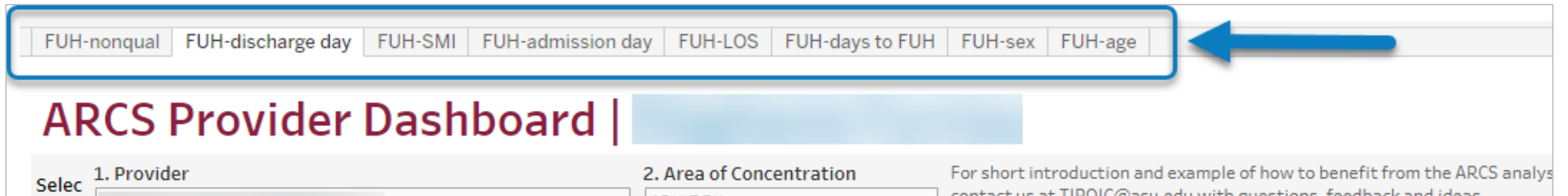
Next Steps

- 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