

AHCCCS Targeted Investments Program

Quality Improvement Workgroup #2

Peds BH 7 & 30 Day FUH

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TIP Year 6: Quality Improvement Workgroup Series

March 28, 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 <ul style="list-style-type: none">• 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 #2

Session #3

Case Study

Southwest Behavioral Health Services (SBHS)

Contact Information:

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SBHS's PDSA Ramp Update

Aim: Increase the **7-day** follow-up after hospitalization (FUH) rate 14 percentage points (71% to 85%) from February 14, 2022 to August 30, 2022

Goal: Reduce staffing shortages in order to complete navigation for all patients

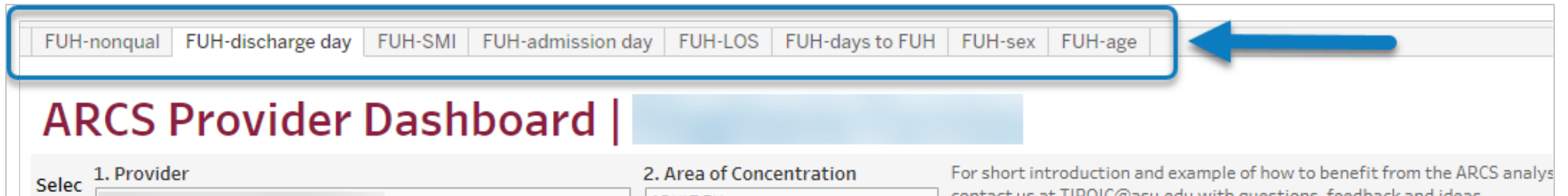
		Cycle 1: Secure leadership support for recruitment follow-up	Cycle 2: Create incentive package for recruitment and retention	Cycle 3: HR outreach to qualified candidates	Cycle 4: Training for new hires	Cycle 5: Complete Navigation for all Patients
Plan	Who?	TIP Team	TIP Team	TIP Team	TIP Team	TIP Team
	What?	Secure VP leadership support approval to hire Recovery Transition Specialists (RTS) position(s). Secure HR leadership support to hire RTS position(s).	Create incentive package for RTS position.	Identify hiring channels for RTS candidates. Identify new recruitment methods. Identify qualified RTS candidates. Conduct proactive HR outreach for candidates.	Finalize training plan. Conduct training for new RTS hires. Orient new RTS hires to team and clinics. Complete necessary credentialing.	Conduct complete navigation on 3 patients.
	Where?	SBHS.	SBHS.	SBHS.	SBHS.	SBHS; from hospital to clinic.
	When?	6-weeks	6-12 weeks	12-16 weeks	16-24 weeks	Week 17+
Do	How?	Leadership support secured	Incentive package developed	1 RTS position already; 2 RTS positions hired & onboarded; 1 in process.	3 RTS positions fully trained and onboarded.	Navigation in process; started in February. As remaining RTS positions hired, will assist.
Study	Evaluate	VP leadership support obtained (yes/no); HR leadership support obtained (yes/no); # of monthly meetings leadership attended; engagement of leadership at monthly meetings	Incentive package created (yes/no); retention package created (yes/no)	# of qualified candidates identified; # of qualified candidates outreached to; # of candidate interviews scheduled; # of interviews completed	# of training sessions completed; # of staff retained	Debrief each navigation. Identify and implement changes if 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	If plan met = continue 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

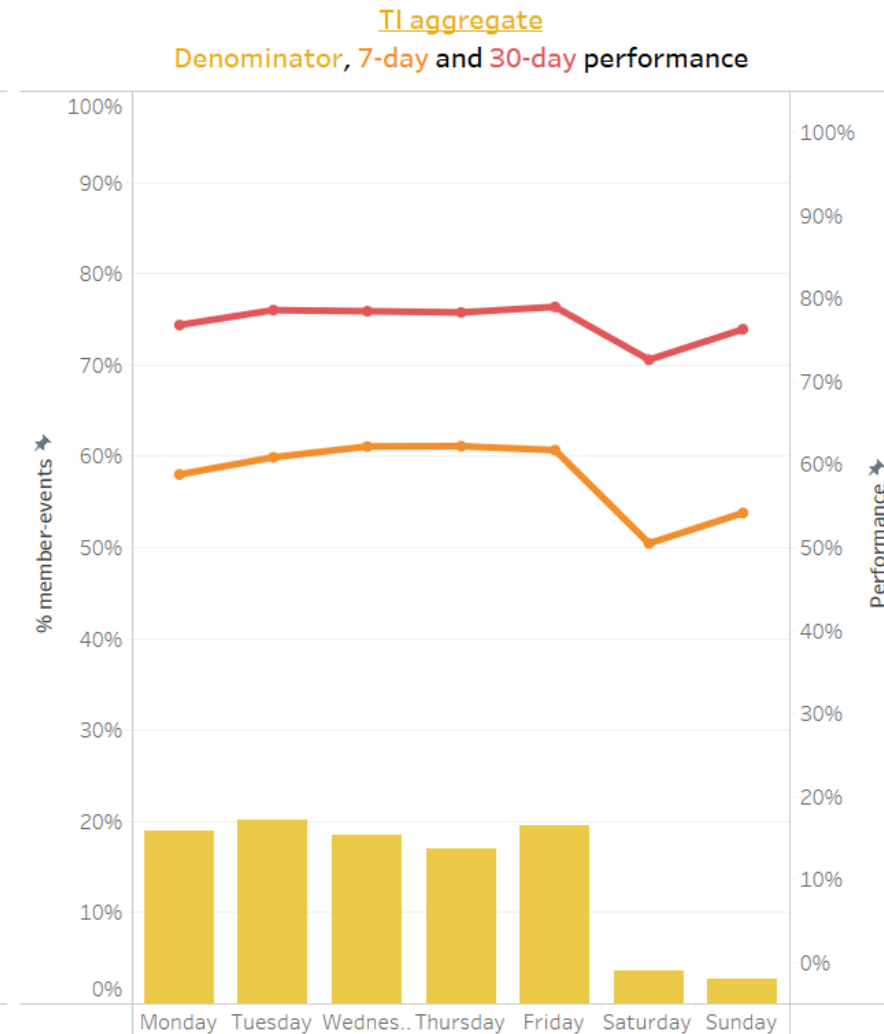
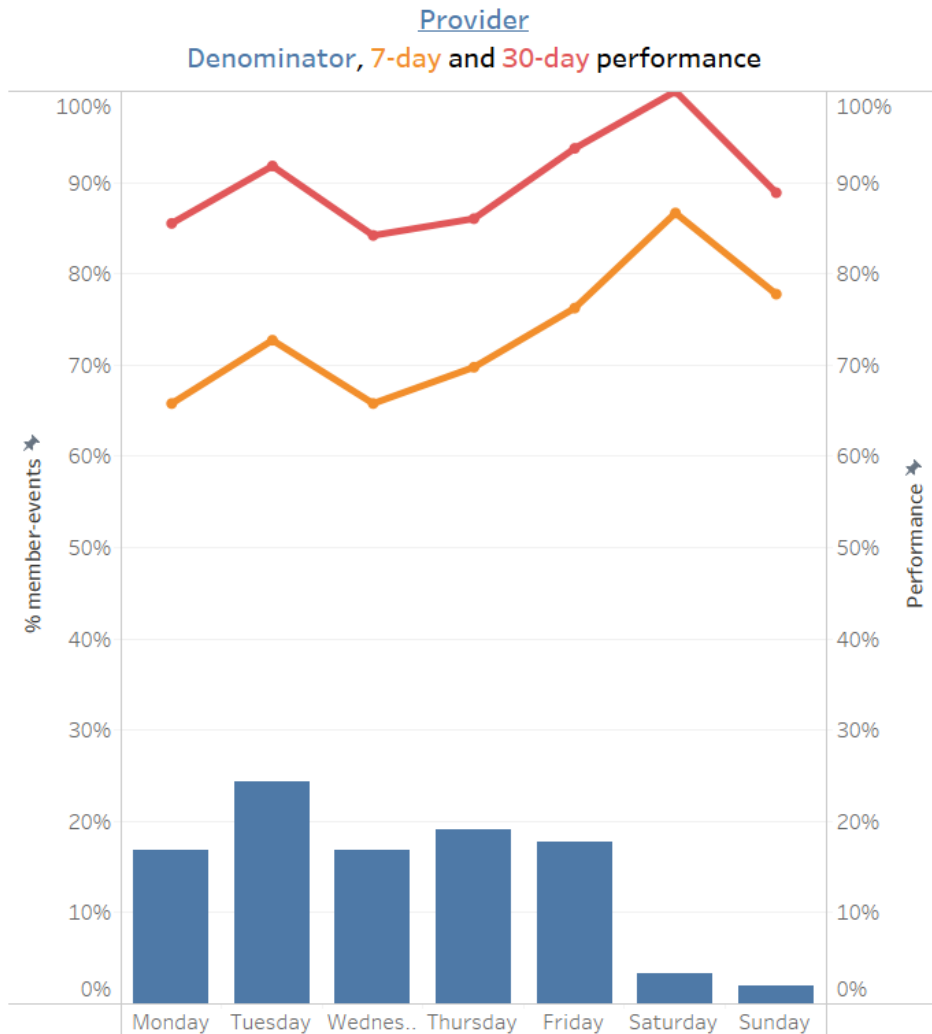
- Goal: Identify root causes of low measure performance to assist focusing quality improvement efforts
- Data-driven approach based on claims
- Assess relative importance of each factor examined
- TI-aggregate and provider-specific results are available via Tableau dashboards

Factors examined

- 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



- 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

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

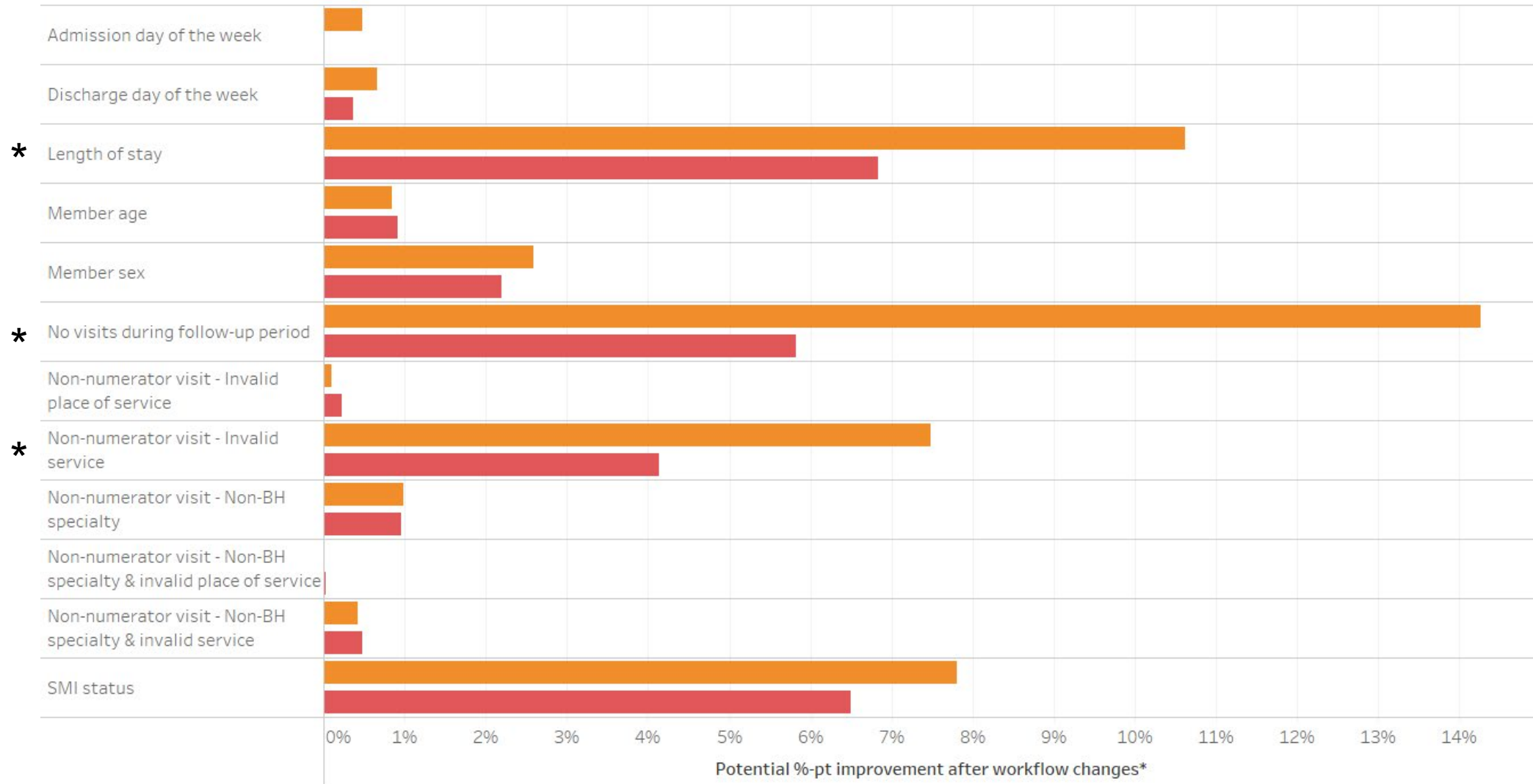
Impact assessment - Approach

- 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

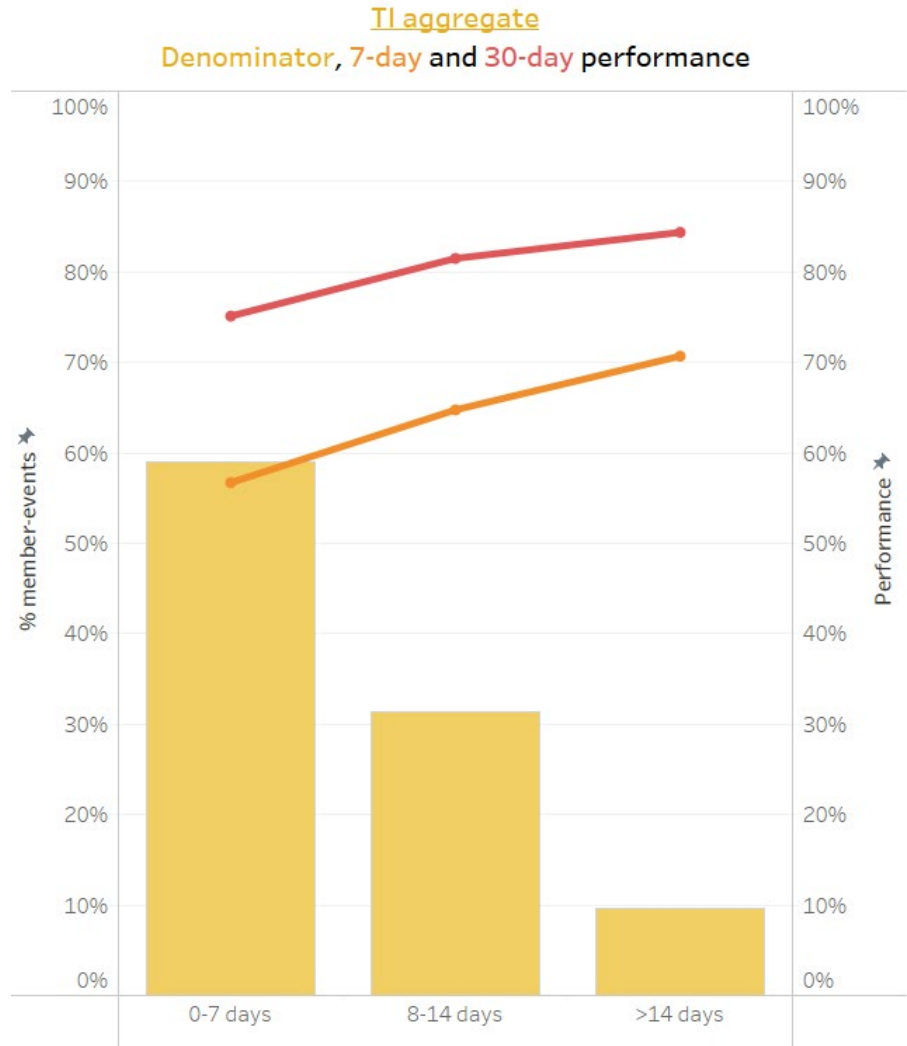
Impact assessment - Results

TI aggregate

Impacts on 7-day and 30-day performance

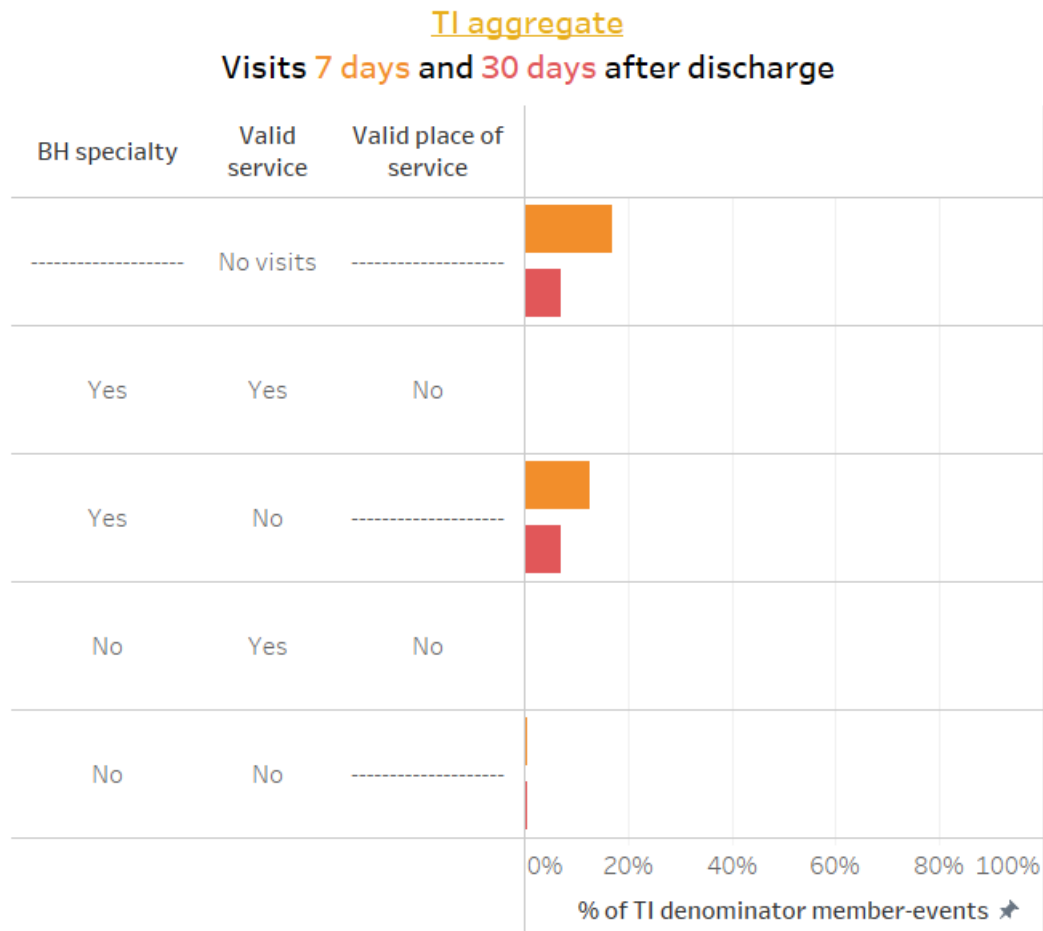


No visits and length of stay



- 27.1% of member-events with a stay between 0-7 days had no visits within 7 days of discharge, compared to 9.7% of members-events with a stay >14 days
- Impact assessment treats each factor in isolation, but there may be interactions between them
- Providers can help uncover underlying causes of trends observed in the data

Non-numerator visit details



- 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.

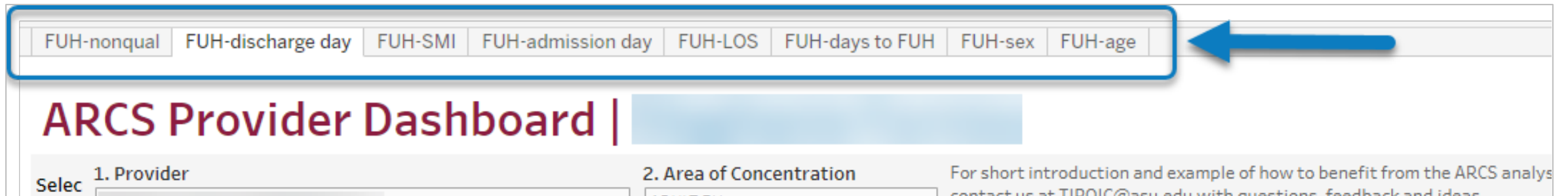
- What other analyses (views) might be helpful for FUH?

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!

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