

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
April 4, 2022: Session #5

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

Agenda

TIME	TOPIC
12:00 to 12:02 PM	Overview
12:02 to 12:30 PM	Review Progress on PDSA Cycles <ul style="list-style-type: none">• PDSA Ramp Update• Monitoring Metrics
12:30 PM to 12:50 PM	PDSA Ramp Discussion
12:50 PM to 1:00 PM	Next Steps

Today's Goal

1. Review Progress on PDSA Cycles

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, 14 Navigators completed 'neo-day;' all are keyed, badged, and oriented.	Needs assessment underway; which is in turn informing the description for internal liaison role. Position description is being refined.	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

Additional Case Study

La Frontera

Stephen Guarrera, Population Health Administrator

Stephen.Guarrera@lafrontera.org

Kristin Ross, Director of Quality Management &
Utilization Management

Kristin.Ross@LaFrontera.org

La Frontera

Develop Aim Statement

Template statements for FUH measure

- Increase the **7-day** follow-up after hospitalization (FUH) rate 5 percentage points (66.9% to 71.9%) from February 1, 2022 to August 30, 2022
- Increase the **30-day** follow-up after hospitalization (FUH) rate 5 percentage points (86.1% to 91.1%) from February 1, 2022 to August 30, 2022

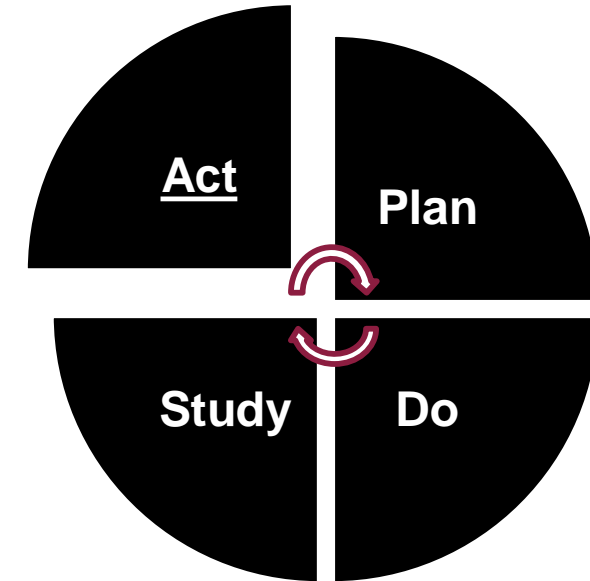
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Prioritize Obstacles, Identify Interventions & Establish Measures

Priorities	Obstacles/Barriers (What to Change)	Intervention (How to Change)	Metrics (Measuring Progress of Change)
1	Members who are homeless/Members who have bad contact information.	Hospital Liaison verify contact information prior to a member discharging from the hospital (Phone Number, Address, Emergency Contact (Obtain ROI for EC). If any changes Hospital Liaison will update the information in Avatar (E.H.R), and email RC and notify them of the change.	Compare post intervention 7 Day FUH Scores to a 7 day FU baseline score (pre-intervention baseline); broken down by site.
2	Members not being informed of their 5 Day appointment, or not receiving a scheduled 5 day. (DC'ing prior to appointment being scheduled)	RC's to have a scheduled appointment (In-Person or Telephonic) with every member who D/C's from the hospital the day following discharge.	Compare 7 Day FUH Scores for the members who received post DC contact to the 7 day FU scores of the members who <u>did not</u> receive post DC follow up.
3	Clients going into placement after hospital DC and inability to get a hold of client at placement. (Look into how members are seen at CDV for FU appointments)	Utilize Teams appointments for members in internal placements Utilize BIP Placements (So the treatment team knows where to locate the member)	Compare post intervention 7 Day FUH Scores to a 7 day FU baseline score (pre-intervention baseline); broken down by site.
4	Providers not willing to see a member without a hospital discharge packet.	Medical Director to review with BHMPS the importance of seeing a member without a DC packet.	Compare post intervention 7 Day FUH Scores to a 7 day FU baseline score (pre-intervention baseline); broken down by site.

La Frontera Plan-Do-Study-Act

Aim: Increase the 7-day follow-up after hospitalization (FUH) rate 5 percentage points (66.9% to 71.9%) from February 1, 2022 to August 30, 2022		
Goal: Ensure members are being informed of their 5 day appointment		
		Cycle 1: Recovery Coaches to have a scheduled appointment/contact (In-Person or Telephonic) with every member who discharges from the hospital the day following discharge*.
Plan	Who?	Recovery Coaches, and Hospital Liaisons
	What?	Hospital liaisons and Recovery coaches to coordinate to schedule next day appointments* with RC following a hospital discharge
	Where?	All adult outpatient clinics
	When?	Effective immediately (February 21 st , 2022), for the next 6 weeks.
Do	How?	Guidance has been given to all applicable staff regarding the process change. Guidance includes COSS staff scheduling an appointment with the recovery coach at the same time as the BHMP appointment.
Study	Evaluate	TBD
Act	Lock-in or Revise & Re-do	If plan met = monitor If plan not met = revise and re-do



*Ideally the appointment/contact would be the day following DC, however, we are counting the contact as a “Yes” if it is anytime before the scheduled 7 day BHMP appointment.

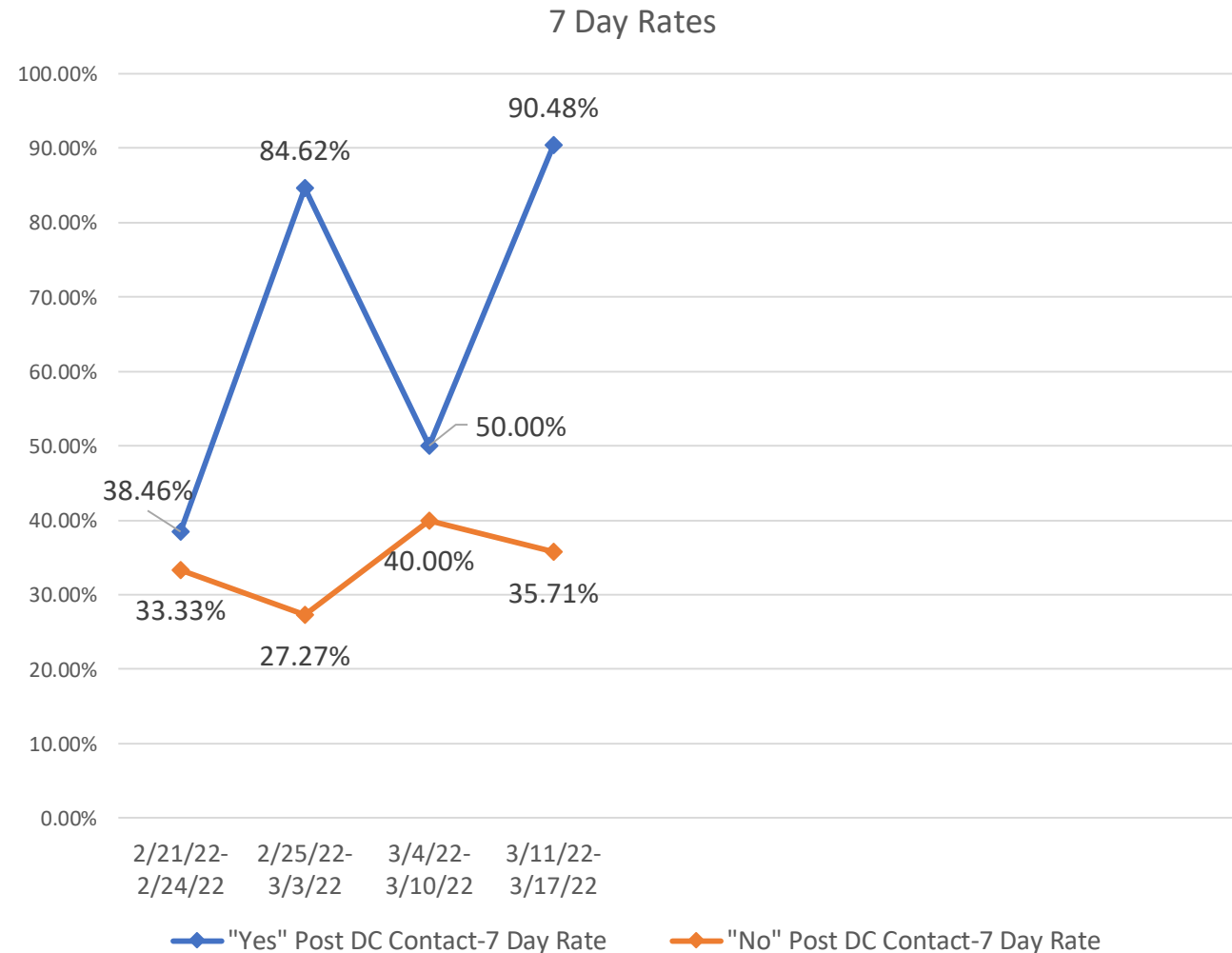
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Ramp #1: Evaluation and Data

	2/21/22- 2/24/22	2/25/22- 3/3/22	3/4/22- 3/10/22	3/11/22- 3/17/22
Total # of Hospital DCs	28	30	28	41
Contact Received After Hospital DC	13	13	14	21
No Contact After Hospital DC	12	11	10	14
Removed from Sample	3	6	4	6

	2/21/22- 2/24/22	2/25/22- 3/3/22	3/4/22- 3/10/22	3/11/22- 3/17/22
Members who received post DC contact and scored a "Y" on the 7 Day Measure	5	11	7	19
Members who DID NOT receive post DC contact and scored a "Y" on the 7 Day Measure	4	3	4	5

	2/21/22- 2/24/22	2/25/22- 3/3/22	3/4/22- 3/10/22	3/11/22- 3/17/22
"Yes" Post DC Contact-7 Day Rate	38.46%	84.62%	50.00%	90.48%
"No" Post DC Contact-7 Day Rate	33.33%	27.27%	40.00%	35.71%



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Ramp #1: Evaluation and Data, continued

Since the onset of this PDSA, LFC has had 127 adult hospital discharges. 19 members were removed from the sample due to closing services, or a hospital readmission. Of the remaining 108 members, LFC was able to have post DC contact with 61 members (56.5%). Of the 61 members contacted, 42 attended a BHMP appointment within 7 days of discharge making this cohort's 7 day compliance 68.85%. The members who did not have post discharge contact (47 members) scored a 34.04% (16/47) for their 7 day compliance.

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?

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