AHCCCS Targeted Investments Program

Peds Quality Improvement Collaborative

TIP Year 6: QIC Session #2
April 5, 2022: 11:30 AM to 1:00 PM

Disclosures

There are no disclosures

Learning Objectives (for CEUs)

1. Understand the importance of Quality Improvement frameworks to improving performance on HEDIS measures
2. Describe use of Plan-Do-Study-Act (PDSA) cycle intervention to achieve key metrics
3. Apply PDSA cycle to HEDIS measures

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Introduction • TIP Updates • Overview of New Resources	Kailey Love, MBA, MS
11:35 AM – 11:55 AM	AHCCCS Root Cause At Scale Update	Neil Robbins, PhD
11:55 AM – 12:40 PM	Quality Improvement Workgroup (QIW) Update • Peds Follow-up After Hospitalization QIW	William Riley, PhD Case Study: Southwest Behavioral Health Services
12:40 PM – 12:55 PM	Q&A	All
12:55 PM to 1:00 PM	Next Steps	William Riley, PhD

General TIP Updates

- TIP Year 5 Performance
  - We are following the AHCCCS recommendation to accumulate 6-months of claims to evaluate TIP Year 5 performance
- QIC vs. QIW
  - QIC = Required for milestone performance
  - QIW = Optional, highly recommended
- QIW Update (upcoming slide)
- New Resources Available (upcoming slide)

Quality Improvement Workgroup (QIW) Update

- We have hosted two QIW's February through April 2022
  - Adult FUH QIW: February 7th, February 21st, March 7th, March 21st, April 4th, April 18th
  - Peds FUH QIW: February 14th, February 28th, March 14th, March 28th, April 11th, April 25th

- All QIW slides, QI templates, and recordings can be found on the TIPQIC website
  - Several case study examples and discussion of new TIP measure-specific initiatives

- Two new QIW's launching April through June 2022 ← NEW
  - Peds Well-Care QIW: April 6th, April 20th, May 4th, May 18th, June 1st, June 15th
  - Diabetes Screening/Metabolic Monitoring QIW: April 13th, April 27th, May 11th, May 25th, June 8th, June 22nd

TIP QI Resources Available

- AHCCCS Root Cause at Scale (ARCS) Guides - **NEW**
  - FUH Dashboard Guide
  - W15 Dashboard Guide
  - W34/AWC Dashboard Guide
  - SSD/APM Dashboard Guide – Coming Soon
- Quality Improvement Workgroup Material - **NEW**
  - Case Study Examples
  - QI and PDSA Templates
- Best Practice Audit Guides – **Introduced January 2022**
  - Building Capacity for Performance Excellence
  - Follow-up After Hospitalization for Mental Illness (FUH)
  - Diabetes Screening (SSD) / Metabolic Monitoring (APM) for People on Antipsychotic Medications
  - Child and Adolescent Well-Care Visits (W15, W34, AWC)
- Measure Detail Guides – **Introduced January 2022**
  - Follow-up After Hospitalization for Mental Illness (FUH)
  - Diabetes Screening (SSD) / Metabolic Monitoring (APM) for People on Antipsychotic Medications
  - Child and Adolescent Well-Care Visits (W15, W34, AWC)
- Onboarding Checklist – **Introduced January 2022**

AHCCCS Root Cause at Scale (ARCS) dashboards for pediatric well-care measures

Neil Robbins

ASU CHiR

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)
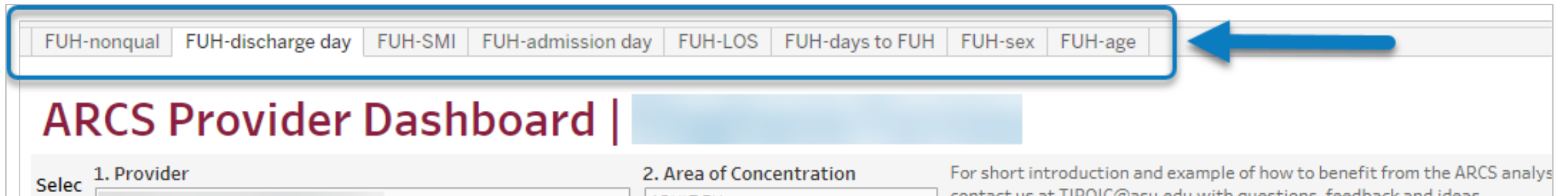
AHCCCS Root Cause at Scale (ARCS) analyses

- Goal: Identify root causes of low measure performance to assist TI providers in 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 for Peds well-care measures

- Visits for non-numerator members
- Telehealth utilization – comparison of members who had at least 1 telehealth visit during the year to members who had no telehealth visits
- Member sex
- Member age (3-6 years and adolescent well-care only)
- Visit spacing (0-15 months only)

Example ARCS dashboard view

Peds well-care (3-6 years and adolescents): Performance by member age sub-group (years)

- Bars: Proportion of denominator in each category
- Lines: Performance for each category

Non-numerator visit analysis

Peds well-care (3-6 years and adolescents): Visits during the measurement year for non-numerator members
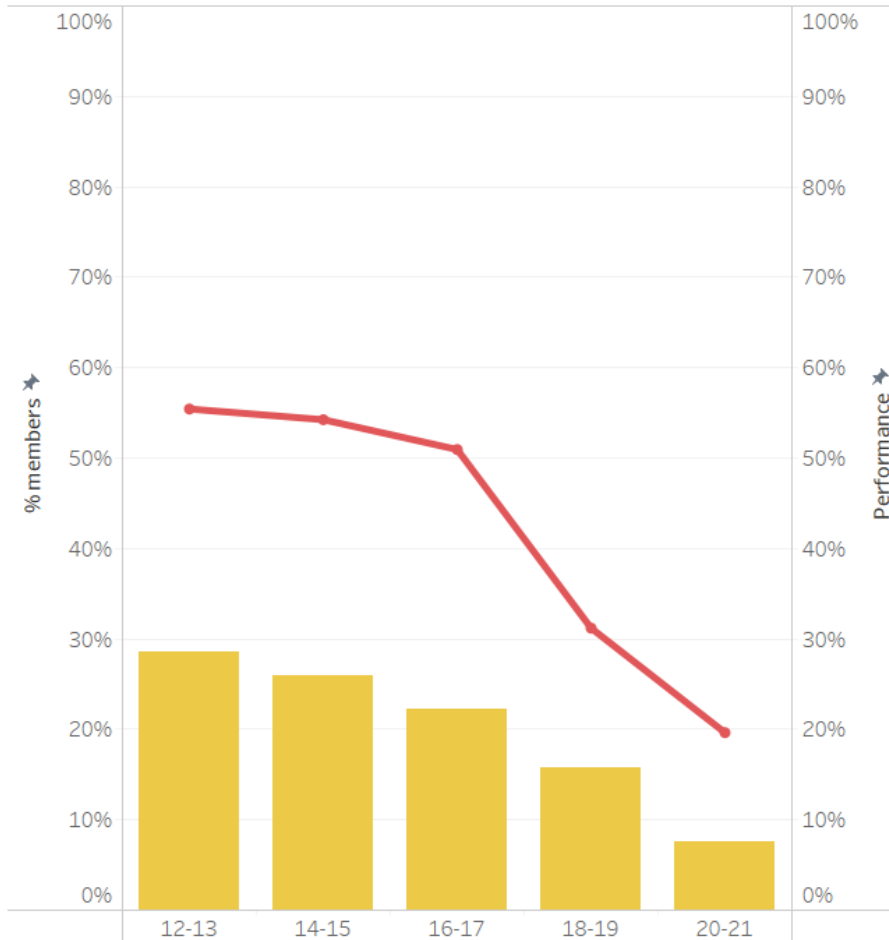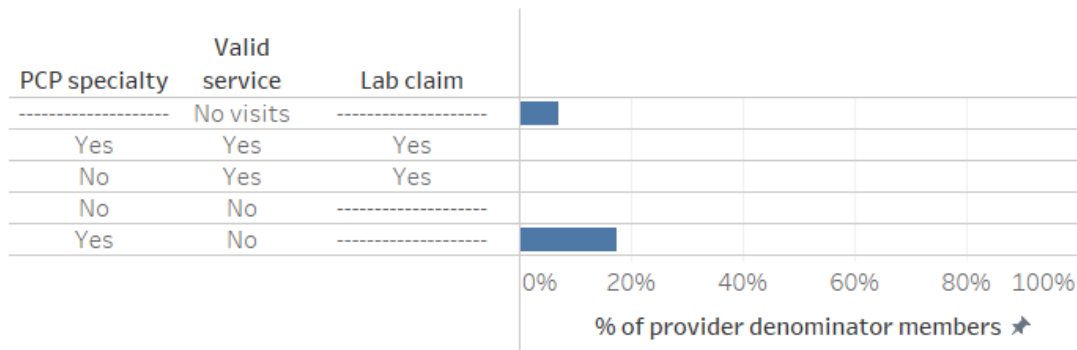
Provider: proportion of denominator in each visit category

PCP specialty	Valid service	Lab claim	% of provider denominator members
-------------------	No visits	-------------------	
Yes	Yes	Yes	
No	Yes	Yes	
No	No	-------------------	
Yes	No	-------------------	

0%   20%   40%   60%   80% 100%

% of provider denominator members

TI aggregate: proportion of denominator in each visit category

PCP specialty	Valid service	Lab claim	% of TI denominator members
-------------------	No visits	-------------------	
Yes	Yes	Yes	
No	Yes	Yes	
No	No	-------------------	
Yes	No	-------------------	

0%   20%   40%   60%   80% 100%

% of TI denominator members
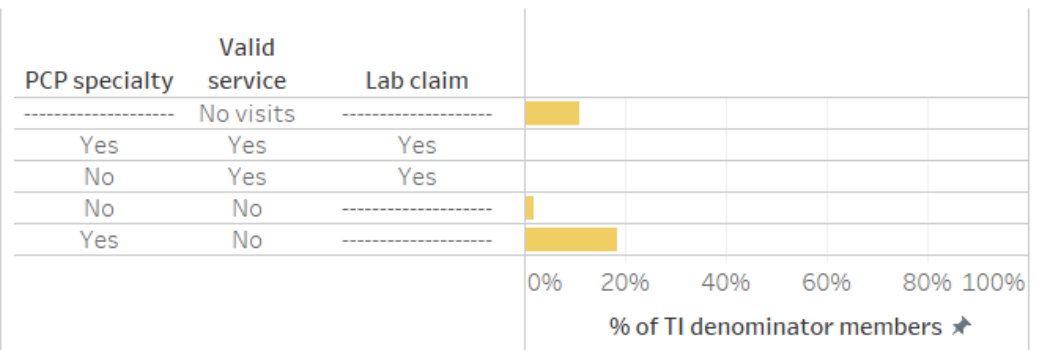
- Bars: Proportion of denominator that was not in the numerator and received a corresponding non-numerator visit
  - Valid visits have a PCP specialty, a valid service, and cannot be a lab claim (Yes / Yes / No)
  - Lab claim status is not tested unless a valid service is found

Visit spacing analysis

Peds well-care (0-15 months): Members with visits spaced closer than 14 days apart
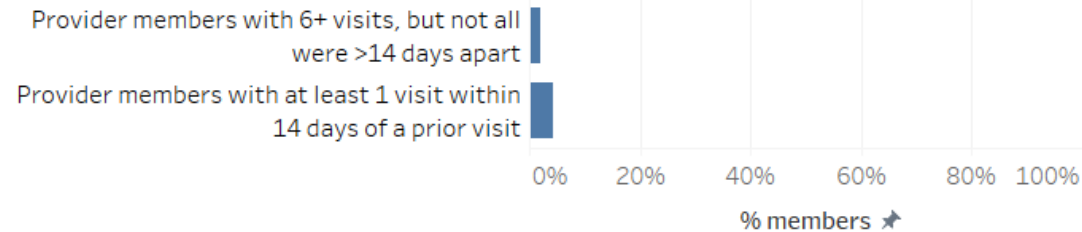
Provider: denominator

Provider members with 6+ visits, but not all were >14 days apart

Provider members with at least 1 visit within 14 days of a prior visit

0% 20% 40% 60% 80% 100%

% members

TI aggregate: denominator

TI members with 6+ visits, but not all were >14 days apart

TI members with at least 1 visit within 14 days of a prior visit

0% 20% 40% 60% 80% 100%

% members
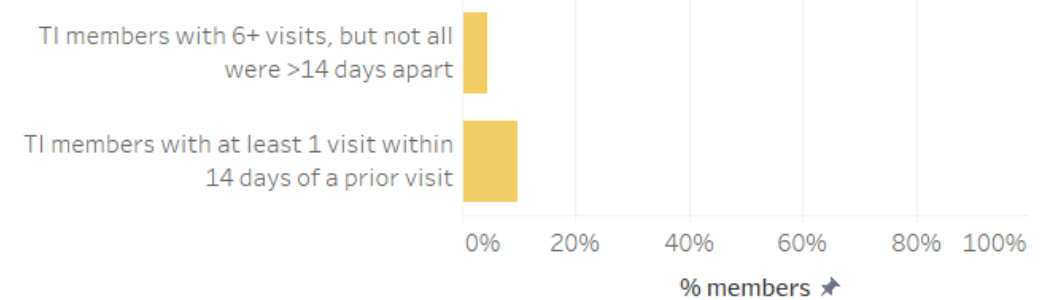
- 0-15 month measure requires 6+ visits, with each visit at least 14 days apart
- Graphs display proportion of denominator that was not in the numerator and had visits less than 14 days apart

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, members ages 12-15 have a higher rate of receiving well-care visits than ages 16-21. How much would performance improve if each provider's rate of delivering well-care visits for ages 16-21 matched their rate for ages 12-15?
  - Note: If a provider's performance for ages 16-21 already meets or exceeds performance for ages 12-15, assume the impact is 0 for that provider

Impact assessment - Approach

- For **non-numerator** analysis and **visit spacing** analysis, impact assessment assumes all members in each category were moved into the numerator

- Example

  - At the TI-aggregate level, ~18% of adolescent members had a visit with a non-qualifying service during the year

  - If all of these members instead had a numerator-qualifying visit, aggregate performance would improve by 18%-points
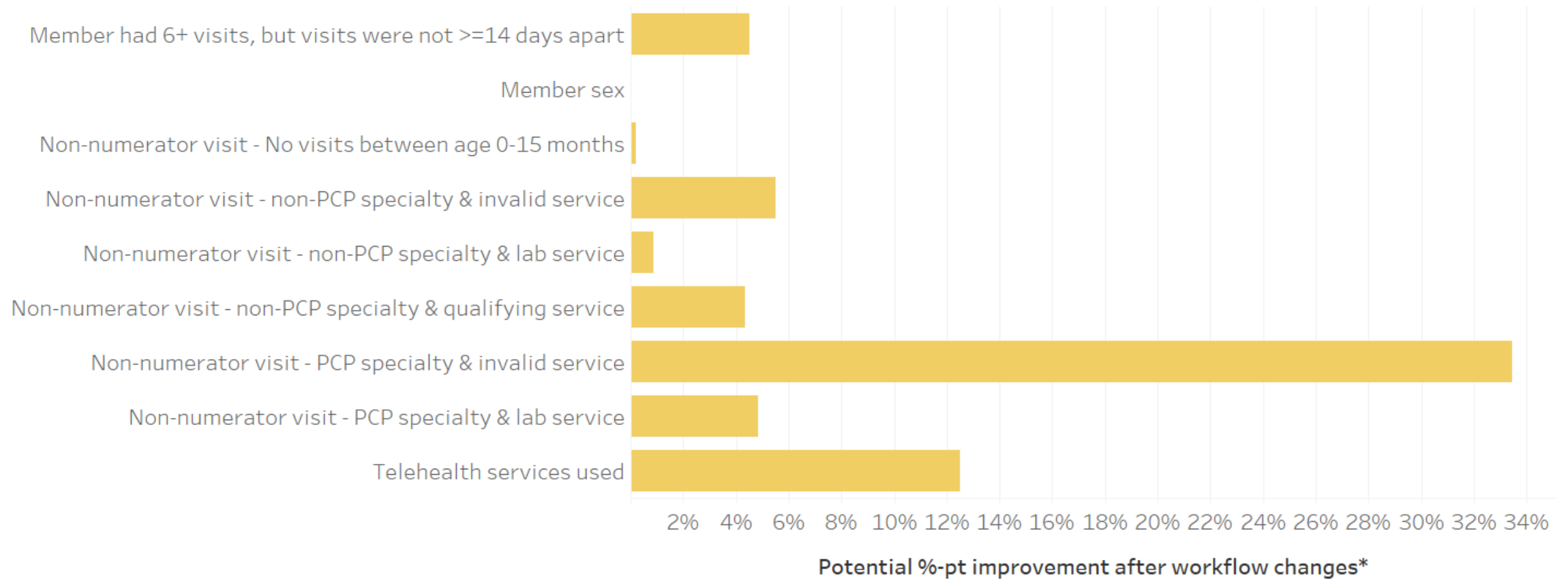
Impact assessment - Approach

- Impact assessment treats each factor in isolation, but there may be interactions between them
- Example
  - Telehealth utilizers have higher performance than non-utilizers
  - Younger members have higher performance than older members
  - Are younger members more likely to be telehealth utilizers than older members?

Impact assessment – Results for ages 0-15 months

Impacts on performance

Category	Potential %-pt improvement
Member had 6+ visits, but visits were not >=14 days apart	~4.5%
Member sex	~0%
Non-numerator visit - No visits between age 0-15 months	~0.3%
Non-numerator visit - non-PCP specialty & invalid service	~5.5%
Non-numerator visit - non-PCP specialty & lab service	~1%
Non-numerator visit - non-PCP specialty & qualifying service	~4.5%
Non-numerator visit - PCP specialty & invalid service	~33.5%
Non-numerator visit - PCP specialty & lab service	~5%
Telehealth services used	~12.5%

Potential %-pt improvement after workflow changes*

Impact assessment – Results for ages 3-6 years

TI aggregate
Impacts on performance

Potential %-pt improvement after workflow changes*

Categories (top to bottom):
- Member age sub-group — ~2.2%
- Member sex — ~0.8%
- No visits during report period — ~8%
- Non-numerator visit - non-PCP specialty & invalid service — ~1.6%
- Non-numerator visit - non-PCP specialty & lab service — ~0.1%
- Non-numerator visit - non-PCP specialty & qualifying service — ~1%
- Non-numerator visit - PCP specialty & invalid service — ~14.5%
- Non-numerator visit - PCP specialty & lab service — ~0%
- Telehealth services used — ~12%

Impact assessment – Results for ages 12-21 years

TI aggregate
Impacts on performance

Category	Potential %-pt improvement after workflow changes*
Member age sub-group	~6.5%
Member sex	~2%
No visits during report period	~10.8%
Non-numerator visit - non-PCP specialty & invalid service	~2%
Non-numerator visit - non-PCP specialty & lab service	~0%
Non-numerator visit - non-PCP specialty & qualifying service	~0.5%
Non-numerator visit - PCP specialty & invalid service	~18.3%
Non-numerator visit - PCP specialty & lab service	~0%
Telehealth services used	~10.4%

Potential %-pt improvement after workflow changes*

Non-numerator visit details

0-15 months

PCP specialty	Valid service	Lab claim	
-------------	No visits	-------------	
Yes	Yes	Yes	
No	Yes	Yes	
No	No	-------------	
Yes	No	-------------	

0% 20% 40% 60% 80% 100%

% members 📌

3-6 years

PCP specialty	Valid service	Lab claim	
-------------	No visits	-------------	
Yes	Yes	Yes	
No	Yes	Yes	
No	No	-------------	
Yes	No	-------------	

0% 20% 40% 60% 80% 100%

% of TI denominator members 📌

12-21 years

PCP specialty	Valid service	Lab claim	
-------------	No visits	-------------	
Yes	Yes	Yes	
No	Yes	Yes	
No	No	-------------	
Yes	No	-------------	

0% 20% 40% 60% 80% 100%
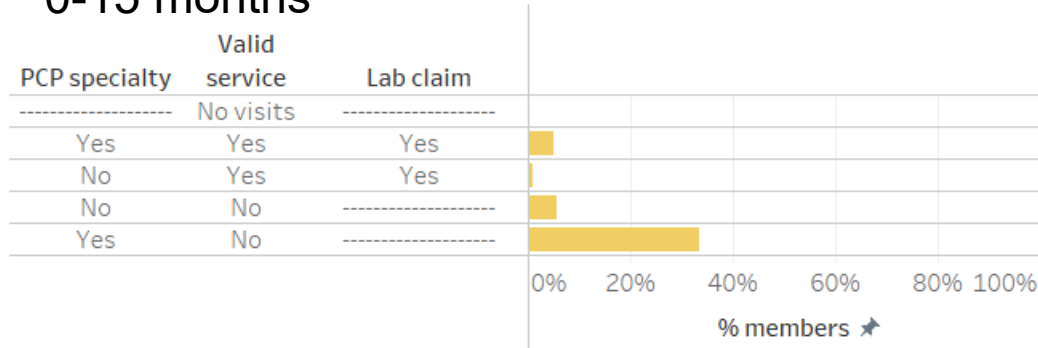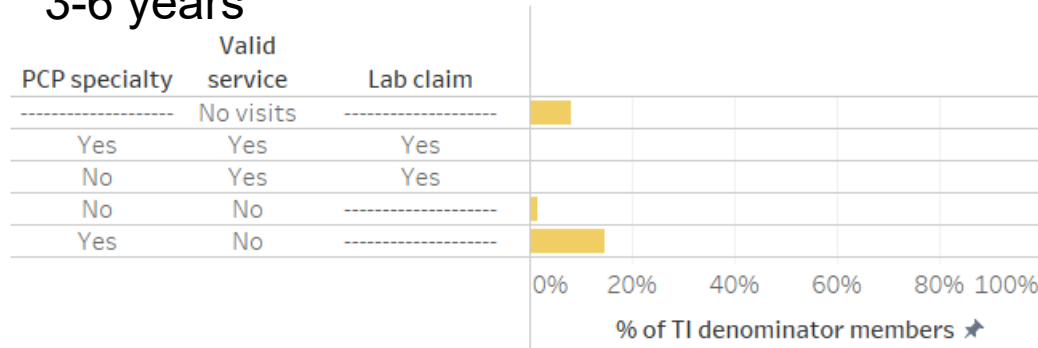
% of TI denominator members 📌
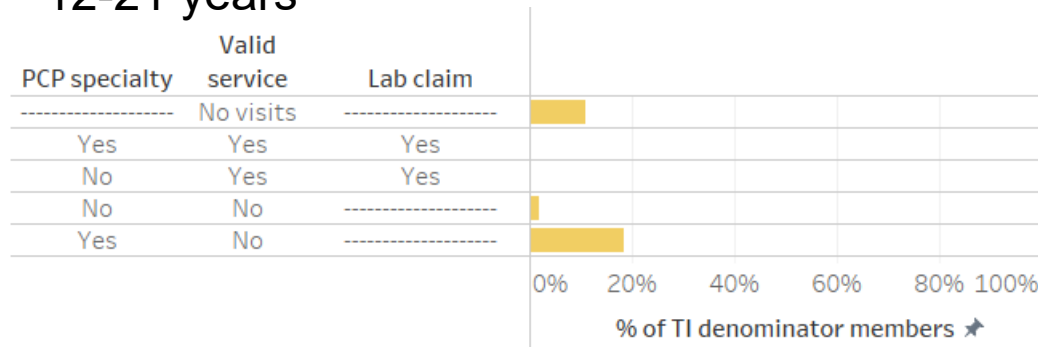
- Visit with a PCP for a non-qualifying service was most common category for each age group
- Preliminary analysis suggests these visits are often for the following services
  - Vaccinations
  - Procedure codes 99213 and 99214 (E&M established patient)

Other ARCS dashboards

- Dashboards exploring follow-up after hospitalization (FUH) are available now
- Analyses of pediatric metabolic monitoring (APM) measure are in progress, dashboards to be published soon
- Analyses for all measures will be expanded in the future

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

Discussion

- Any questions?

Peds FUH QIW
Case Study Organization

Southwest Behavioral Health Services (SBHS)

Contact Information:

- Kathy Villa, MS, LAC, SCCS West Program Director, kathyv@sbhservices.org

- Kristen Evans-Hardy, MSW, LMSW, Program Director, KristenEH@sbhservices.org

- Jennifer Tyler, Quality Management, jennifert@sbhservices.org

Southwest Behavioral Health Services Overview

- SB&H offers an array of programs to meet the unique needs of the communities we serve. These include outpatient mental health treatment and psychiatric services including medication monitoring; assistance for persons with addictions; intensive inpatient care for persons in crisis; residential housing, in-home and supported housing services; prevention services, community outreach and school-based counseling; services throughout the lifespan for members with Autism Spectrum Disorder (ASD); and four opioid replacement clinics throughout the state.

- Our agency employs just under 1,000 persons including psychiatrists, psychologists, therapists and other support staff who provide treatment to children and adults throughout the state. Staff and volunteers reflect the cultural diversity of the community. SB&H is governed by a Board of Directors comprised of approximately 15 community volunteers. Our service area includes the Phoenix metropolitan area, rural Maricopa County, Gila, Mohave, Coconino, and Yavapai Counties.
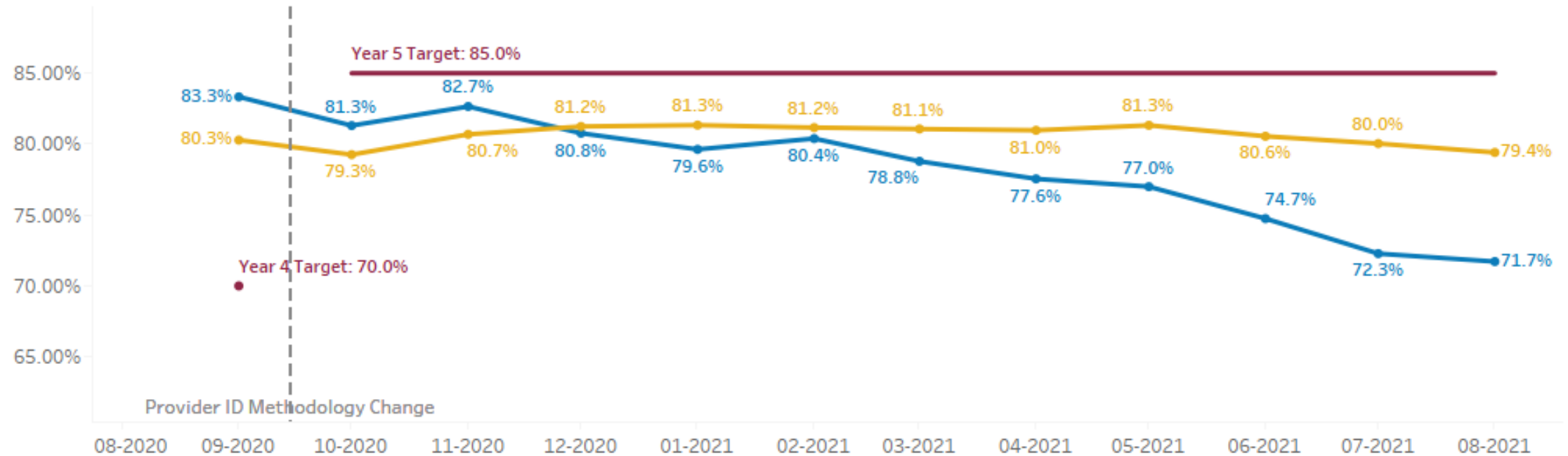
SBHS Performance

Select Filters:

1. Provider
SOUTHWEST BEHAVIORAL HEALTH SERVICES INC ▼

2. Area of Concentration
PEDS BH ▼

3. Measure
Follow-Up After Hospitalization for Mental Illness: 6-17 Years (7-day) ▼
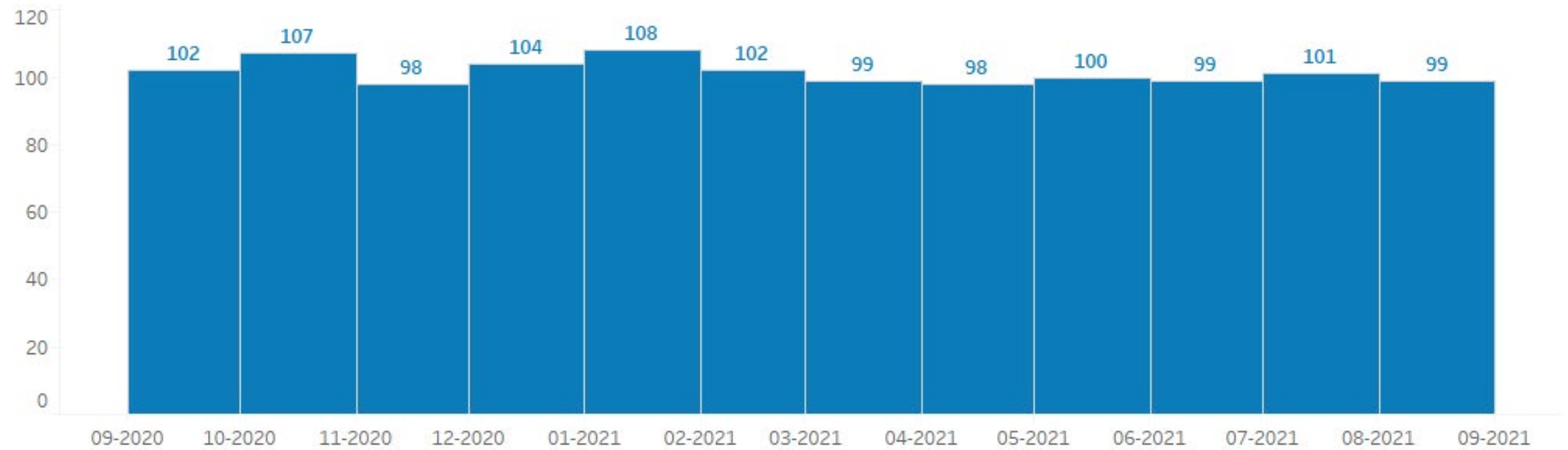
Performance on Measure (Each month is a 12-month report period)
SOUTHWEST BEHAVIORAL HEALTH SERVICES INC vs. Providers in same Area of Concentration

Year 5 Target: 85.0%

	08-2020	09-2020	10-2020	11-2020	12-2020	01-2021	02-2021	03-2021	04-2021	05-2021	06-2021	07-2021	08-2021
SBHS		83.3%	81.3%	82.7%	81.2%*	79.6%	80.4%	78.8%	77.6%	77.0%	74.7%	72.3%	71.7%
Providers		80.3%	79.3%	80.7%	80.8%*	81.3%	81.2%	81.1%	81.0%	81.3%	80.6%	80.0%	79.4%

Year 4 Target: 70.0%

Provider ID Methodology Change

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SBHS Denominator

Denominator
SOUTHWEST BEHAVIORAL HEALTH SERVICES INC

Component 1: The Aim Statement

- Create an aim statement
  - What are we trying to accomplish?
  - Include specific terms to define success and time period

Component 1: SBHS Aim Statement

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

  - Increase the **30-day** follow-up after hospitalization (FUH) rate 2 percentage points (94% to 96%) from February 14, 2022 to August 30, 2022

Component 2: Identify and Prioritize Obstacles

- Part A: Identify obstacles
  - What are key barriers to obtaining the aim statement?
- Part B: Prioritize the obstacles identified
  - Which obstacles make the biggest impact upon the aim statement and are achievable?

Component 3: SBHS
Identify & Prioritize Obstacles, Develop Interventions

Priorities	Interventions
Staffing shortages	• Secure leadership support for recruitment follow-up • Create incentive package for recruitment and retention • Conduct proactive HR outreach to qualified candidates
Hospital coordination	• Improve notification of hospital admissions (health plans, hospitals) • Improve notification from hospital discharge team • Improve warm hand-offs with hospitals • Ensure appointment availability for 7-day FUH • Institute hospital cooperation with daily coordination of care • Rapid hospital credentialing privileges and badging for RTS to hospital
Guardian engagement	• Educate guardian/family on importance of follow up appointments • Connect with guardian during child's hospitalization • Ensure guardian is part of the discharge planning

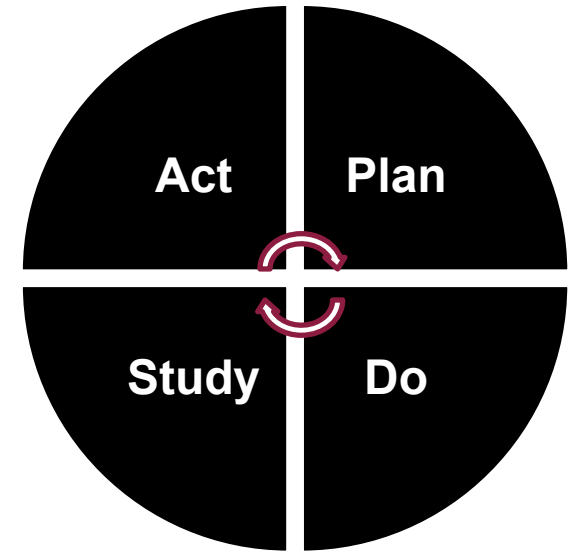# Component 4: Establishing Measures

- Measures are metrics to learn whether interventions are making a difference
  - Seek usefulness not perfection
  - Use qualitative and quantitative data

- Keep data collection simple

- Integrate measurement into daily routines whenever possible

- Plot and post data to track progress

Component 4: SBHS Measures

| Priorities	Intervention	Metrics
Staffing shortages	• Secure leadership support for recruitment follow-up • Create incentive package for recruitment and retention • Conduct proactive HR outreach to qualified candidates	• Identify new recruitment methods • # of staff retained • # of new staff hired • # of interviews scheduled
Hospital coordination	• Improve notification of hospital admissions (health plans, hospitals) • Improve notification from hospital discharge team • Ensure appointment availability for 7-day FUH • Institute hospital cooperation with daily coordination of care • Rapid hospital credentialing privileges and badging for Recovery Transition Specialist (RTS) to hospital	• % of h/d appointments with no admissions notification • % of h/d appointments without daily coordination of care • % of appointments missing 7-day FUH due to lack of appointment availability • # of RTS credentialed and badged with hospitals
Guardian engagement	• Educate guardian/family on importance of follow up appointments • Connect with guardian during child's hospitalization • Ensure guardian is part of the discharge planning	• % of guardian's engaged in hospital staffing • # of guardian sessions during child's hospitalization • % of guardians present for discharge planning

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Plan-Do-Study Act (PDSA)

- PDSA is a model for carrying our change to improve quality
  - Plan: define the objectives and outline the steps
  - Do: implement the activity
  - Study: analyze the results
  - Act: apply the results to your next cycle or implement the activity on a full scale

SBHS Plan-Do-Study-Act

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		
		Cycle 1: Secure leadership support for recruitment follow-up
Plan	Who?	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).
	Where?	SBHS.
	When?	6-weeks
Do	How?	Orient leadership to TIP goals. Conduct monthly meetings with SBHS VP and HR leadership to secure support, approval, and update plan.
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
Act	Lock-in or Revise & Re-do	If plan met = monitor If plan not met = revise and do-over
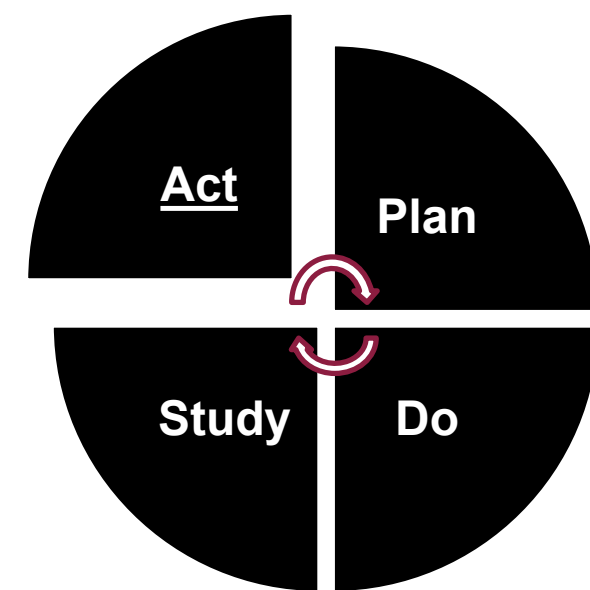
PDSA Ramp

- A conceptual illustration that represents progressive development and improvement of a specific process to improve an output or outcome
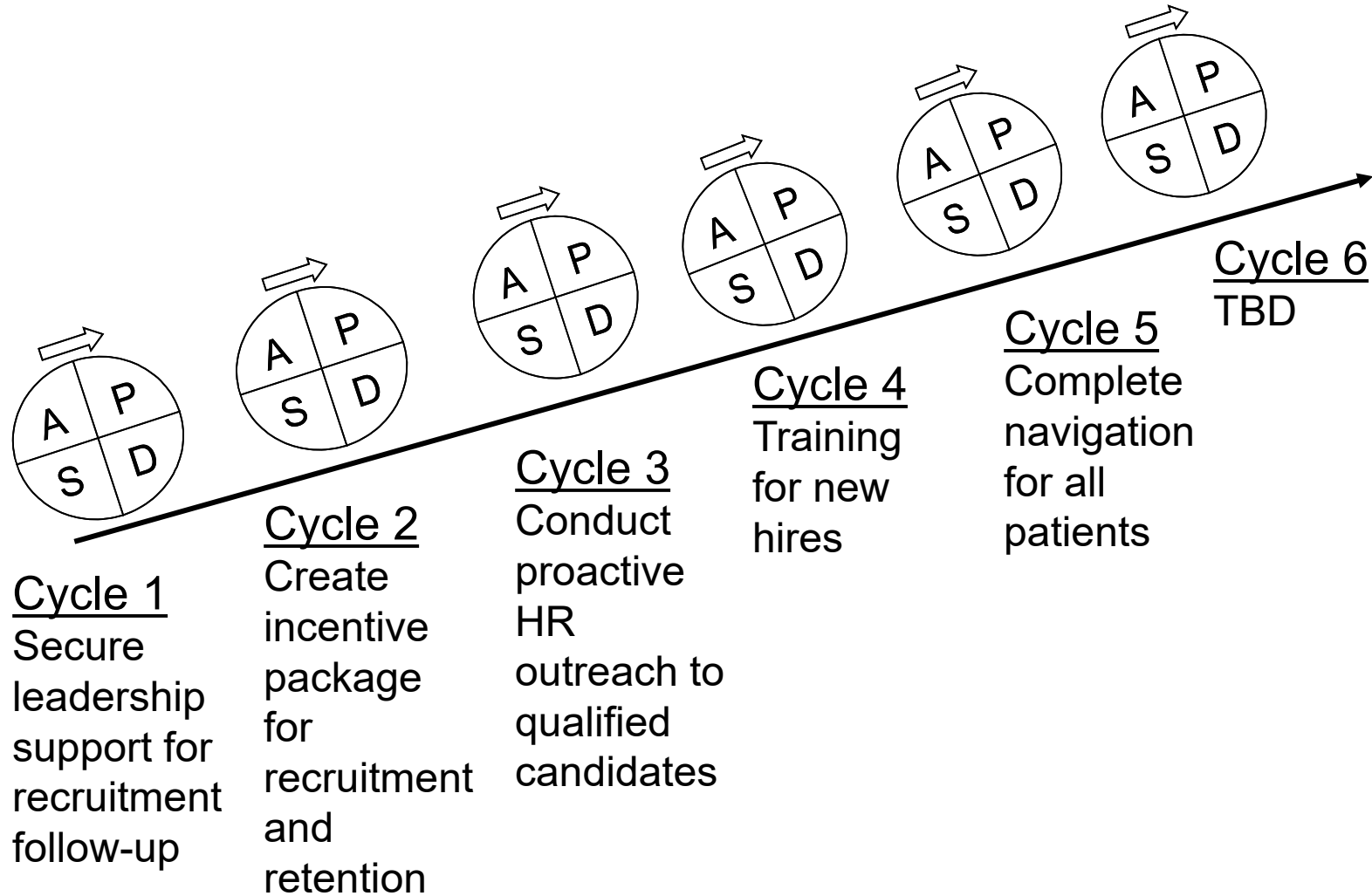- A PDSA Ramp involves a series of iterative cycles (interventions)

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

SBHS's PDSA Ramp

Cycle 1
Secure leadership support for recruitment follow-up

Cycle 2
Create incentive package for recruitment and retention

Cycle 3
Conduct proactive HR outreach to qualified candidates

Cycle 4
Training for new hires

Cycle 5
Complete navigation for all patients

Cycle 6
TBD

Discussion

- Any questions?

Next Steps

- All QI templates and QIW material can be found here: https://tipqic.org/QIWorkgroups.html

- 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