**AHCCCS Targeted Investments Program** 

#### **Peds PCP Well-Care Visits**

#### **Quality Improvement Workgroup #3**

TIP Year 6: Quality Improvement Workgroup Series April 6, 2022: QIW #3 Session #1



AHCCCS Arizona Health Care Cost Containment System

Targeted Investments



Center for Health Information and Research

# **Disclosures (for CEUs)**

There are no disclosures

Note: All QI templates and slides are available at: <a href="https://tipqic.org/QIWorkgroups.html">https://tipqic.org/QIWorkgroups.html</a>

# Learning Objectives (for CEUs)

- 1. Understand the importance of Quality Improvement frameworks to improving performance on HEDIS measures
  - Lean Six Sigma, and DMAIC
  - Model for Improvement
- 2. Introduce intervention to improve internal processes

### Agenda

TIME	ΤΟΡΙϹ
12:00 to 12:02 PM	Overview
12:02 PM to 12:10 PM	<ul> <li>Case Study Organization</li> <li>Introductions</li> <li>Overview</li> <li>Performance Review</li> </ul>
12:10 PM to 12:40 PM	<ul> <li>Root Cause Analysis:</li> <li>Develop Aim Statement</li> <li>Identify and Prioritize Obstacles</li> <li>Identify Interventions</li> <li>Create Metrics</li> </ul>
12:40 PM to 12:50 PM	Discussion and Q&A
12:50 PM to 1:00 PM	Homework and Next Steps

# **Quality Improvement Workgroup Case Study Organization**

Encompass

Matthew Lasslo, LPC, Clinical Director Matthew.Lasslo@encompass-az.org

Alicia Stewart

Alicia.Stewart@ENCOMPASS-AZ.ORG

#### **Encompass Overview**

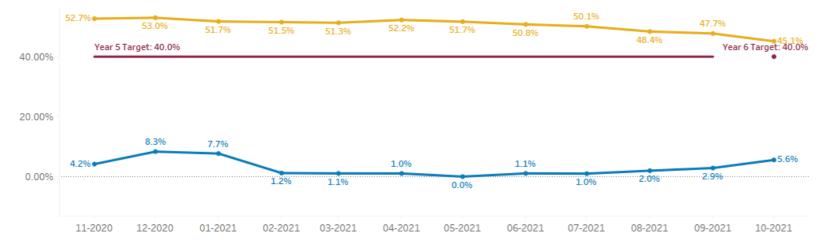
 Encompass Health Services is an outpatient behavioral health provider in Northern Arizona. We have offices in Page, Fredonia, Colorado City, and Littlefield AZ; with a medical clinic in the Page office. We are providing integrated services by collaborating with our new medical provider in Page as well as other providers in the areas including Lake Powell Medical, Creek Valley, and Banner Health.

#### **Encompass Performance**

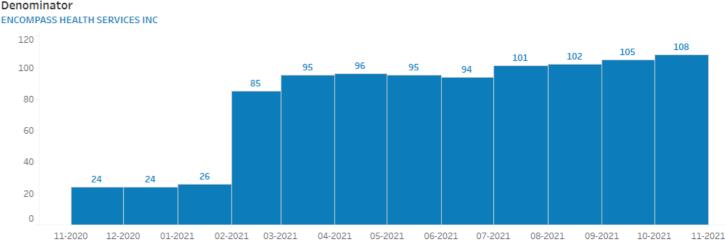
Select	1. Provider	2. Area of Concentration	3. Measure	*
Filters:	ENCOMPASS HEALTH SERVICES INC	PEDS PCP •	Adolescent Well-Care Visits: At Least 1 Comprehensive Well-Care Visit	•

#### Performance on Measure (Each month is a 12-month report period)

ENCOMPASS HEALTH SERVICES INC vs. Providers in same Area of Concentration



Adolescent Well-Care Visits: At Least 1 Comprehensive Well-Care Visit



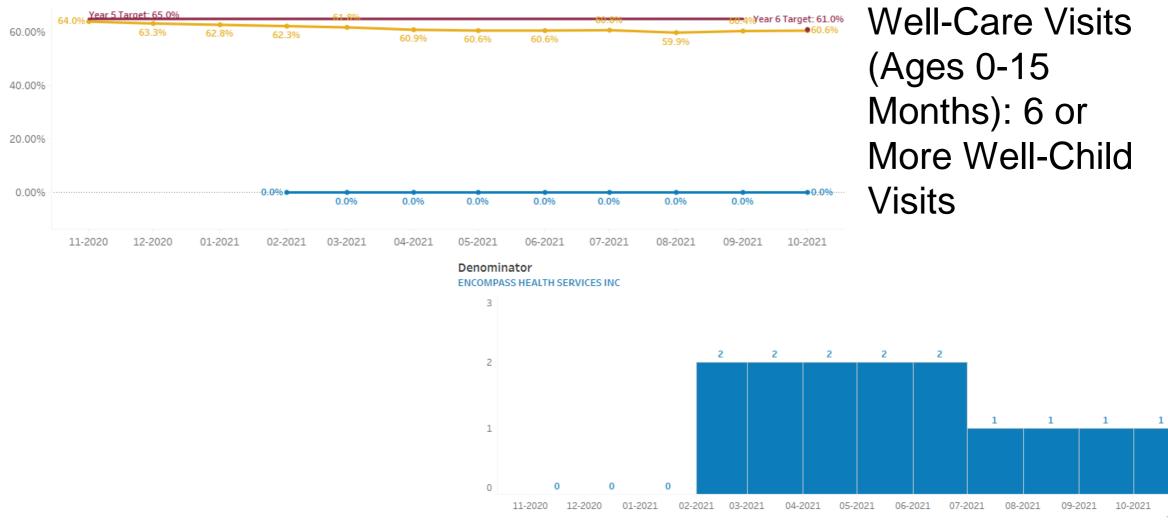
Denominator

#### **Encompass Performance**

Select	1. Provider		2. Area of Concentration		3. Measure	
Filters:	ENCOMPASS HEALTH SERVICES INC		PEDS PCP	•	Well-Child Visits (Ages 0-15 Months): 6 or More Well-Child Visits	•

#### Performance on Measure (Each month is a 12-month report period)

ENCOMPASS HEALTH SERVICES INC vs. Providers in same Area of Concentration



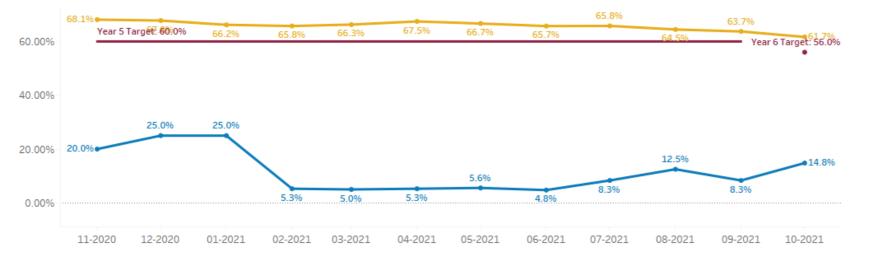
11-2021

#### **Encompass Performance**

Select	1. Provider		2. Area of Concentration		3. Measure	*	
Filters:	ENCOMPASS HEALTH SERVICES INC	•	PEDS PCP	•	Well-Child Visits (Ages 3-6 Years): 1 or More Well-Child Visits	•	

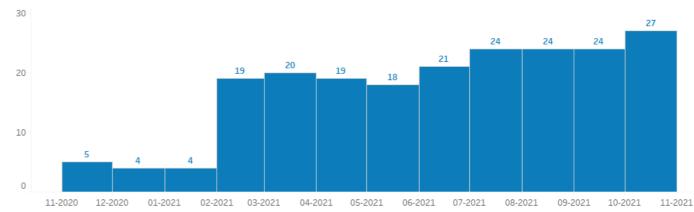
#### Performance on Measure (Each month is a 12-month report period)

ENCOMPASS HEALTH SERVICES INC vs. Providers in same Area of Concentration



Well-Care Visits (Ages 3-6 Years): 1 or More Well-Child Visits





# **Today's Goal**

- 1. Develop Aim Statement
- 2. Identify and Prioritize Obstacles
- 3. Identify Interventions
- 4. Establish Measures

# **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: Encompass Aim Statement**

- <u>Aim Statement</u>:
  - Increase the Adolescent Well-Care Visit (at least 1) rate 34.4 percentage points (5.6% to 40%) from April 4, 2022 to August 30, 2022
  - Increase the 0-15 Month Well-Child Visit (6 or more) rate 61 percentage points (0% to 61%) from April 4, 2022 to August 30, 2022
  - Increase the 3-6 Year Well-Child Visit (1 or more) rate 41.2 percentage points (14.8% to 56%) from April 4, 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 2: Encompass Obstacles Pat A. Identifying Key Obstacles**

Key Obstacles:

- 1. Identifying eligible patients.
- 2. Inaccurate assignments of PCP care (out of date patient roster pre downsize)
- 3. Ensure policy/procedure for patient re-engagement on medical is occurring
- 4. No "truly integrated" ongoing collaboration between medical and behavioral
- 5. Managing increases of patients with reduced staff
- 6. No telehealth medical capabilities (for this service)
- 7. Possible IHS participation/non-participation.

### **Obstacles Discussion**

- To the audience:
  - From your experience, are there other obstacles that you have found impeding your performance on the Well Child measures?

#### **Component 2: Encompass Obstacles Part B: Prioritization**

#	Priorities (What to change)	Obstacles (Key Barriers)
1	Identify a comprehensive list of PCP patients and PCP assignment	<ul> <li>Personnel</li> <li>Protocol for tracking patients on this list</li> </ul>
2	Proactive patient outreach	<ul> <li>Personnel</li> <li>Tracking</li> <li>Accountability</li> </ul>
3	Cultivate frontline staff re- engagement	<ul> <li>Personnel</li> <li>Documentation/tracking of Engagements (successful or unsuccessful)</li> </ul>
4	Establish integrated collaboration/communication among staff for well-child measures	<ul> <li>Finding consistent times outside peak billing hours (buy in from team already present)</li> </ul>

### **Component 3: Encompass Interventions**

#	Priorities (What to change)	Intervention (How to change)
1	Identify a comprehensive list of PCP patients and PCP assignment	<ul> <li>Identify team members who will be responsible for developing, engaging, tracking progress in this area.</li> <li>Have IT and Compliance create a list of all patients in these 3 categories</li> <li>Identify those that are PCP only (compared to PCP and BH enrollment or BH only)</li> <li>Create a system for tracking newly eligible members and those no longer eligible.</li> </ul>
2	Proactive patient outreach	<ul> <li>Work with management to establish cross-departmental cooperation for additional duties.</li> <li>Create outreach guidelines and procedures</li> <li>Train staff for outreach</li> <li>Manage list of eligible patients for engagement/re-engagement teams.</li> </ul>
3	Cultivate frontline staff re- engagement	<ul> <li>Review and re-train engagement policy</li> <li>Establish ongoing communication between engagement team, medical providers, and TI Management/tracking members</li> </ul>
4	Establish integrated collaboration/communication among staff for well-child measures	<ul> <li>Establish a monthly meeting with medical provider and engagement team.</li> <li>Establish a monthly meeting with engagement team and TI management.</li> </ul>

### **Interventions Discussion**

- To the audience:
  - From your experience, are there other interventions that you have found effective?

# **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: Encompass Measures**

#	Priorities (What to change)	Intervention (How to change)	Metrics (Measuring Progress of Change)
1	Identify a comprehensive list of PCP patients and PCP assignment	<ul> <li>Identify team members who will be responsible for developing, engaging, tracking progress in this area.</li> <li>Have IT and Compliance create a list of all patients in these 3 categories</li> <li>Identify those that are PCP only (compared to PCP and BH enrollment or BH only)</li> <li>Create a system for tracking newly eligible members and those no longer eligible.</li> </ul>	<ul> <li>Identify team members</li> <li>Establish a working list of eligible PCP members by April 25</li> </ul>
2	Proactive patient outreach	<ul> <li>Work with management to establish cross- departmental cooperation for additional duties.</li> <li>Create outreach guidelines and procedures</li> <li>Train staff for outreach</li> <li>Manage list of eligible patients for engagement/re- engagement teams.</li> </ul>	<ul> <li>Secure permission from management team to proceed or alternative team member options discussed no later than April 11</li> <li>Create outreach guidelines and procedures by TBD</li> <li>Train eligible staff by TBD</li> <li>Percentage of patients contacted</li> <li>Percentage of patients who successfully complete visit</li> </ul>
3	Cultivate frontline staff re- engagement	<ul> <li>Review and re-train engagement policy</li> <li>Establish ongoing communication between engagement team, medical providers, and TI Management/tracking members</li> </ul>	<ul> <li>Number of team members in re-engagement team by April 25 (at minimum 2)</li> </ul>
4	Establish integrated collaboration/communication among staff for well-child measures	<ul> <li>Establish a monthly meeting with medical provider and engagement team.</li> <li>Establish a monthly meeting with engagement team and TI management.</li> </ul>	<ul> <li>Monthly meeting with PCP providers and engagement team</li> <li>Monthly meeting with engagement team and TI management team</li> </ul>

### **Metrics Discussion**

- To the audience:
  - From your experience, are there other metrics that you have found effective?

# **QI Templates: Your Turn**

- 1. Develop Aim Statement
- 2. Identify and Prioritize Obstacles (what to change)
- 3. Identify Intervention (how to change)
- 4. Establish Measures (measuring progress of change)

#### QI Templates Component 1: Develop Aim Statement

#### 1. Develop Aim Statement

- 2. Identify and Prioritize Obstacles (what to change)
- 3. Identify Intervention (how to change)
- 4. Establish Measures (measuring progress of change)

#### Aim Statement:

- Increase the Adolescent Well-Care Visit (at least 1) rate \_\_\_\_ percentage points (\_\_\_\_% to \_\_\_\_%) from April 4, 2022 to August 30, 2022
- Increase the 0-15 Month Well-Child Visit (6 or more) rate \_\_\_\_\_ percentage points (\_\_\_\_% to \_\_\_\_%) from April 4, 2022 to August 30, 2022
- Increase the 3-6 Year Well-Child Visit (1 or more) rate \_\_\_\_\_ percentage points (\_\_\_\_% to \_\_\_\_%) from April 4, 2022 to August 30, 2022

#### **QI Templates Components 2-4**

- 1. Develop Aim Statement
- 2. Identify and Prioritize Obstacles (what to change)
- 3. Identify Intervention (how to change)
- 4. Establish Measures (measuring progress of change)

Priorities	Obstacles	Intervention	Metrics
	67		

# Peds PCP Well-Child Session 2: Focus

Develop Plan-Do-Study Act (PDSA) Cycle #1

# **Next Steps**

- Continuing Education Units (CEU): Post Event Survey
  - Survey in the chat box, be sure to click on the link before we end today's session
  - If issues accessing, please email <u>TIPQIC@asu.edu</u>
  - All CEU's for 2022 will be awarded following all 2022 QIC sessions (ETA November 2022)
- Recommend attendees use and apply the QI templates
- Questions or concerns?
  - Please contact ASU QIC team at <u>TIPQIC@asu.edu</u> if questions or concerns

# Thank you!

#### TIPQIC@asu.edu



**Arizona State University** 



Targeted Investments



Center for Health Information and Research