AHCCCS Targeted Investments Program

Adult Quality Improvement Collaborative

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

ASU College of Health Solutions
Arizona State University

AHCCCS Arizona Health Care Cost Containment System | Targeted Investments

ASU College of Health Solutions
Arizona State University
Center for Health Information and Research

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
- 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 metabolic screening measures

Neil Robbins
ASU CHiR

ASU College of Health Solutions
Arizona State University

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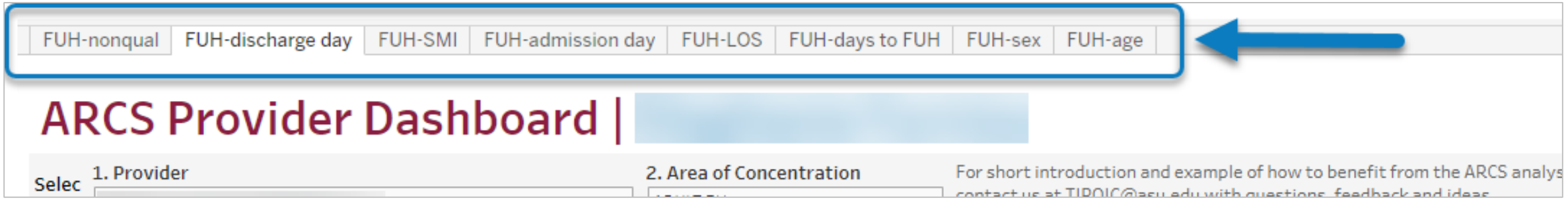
Accessing the ARCS Dashboards

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

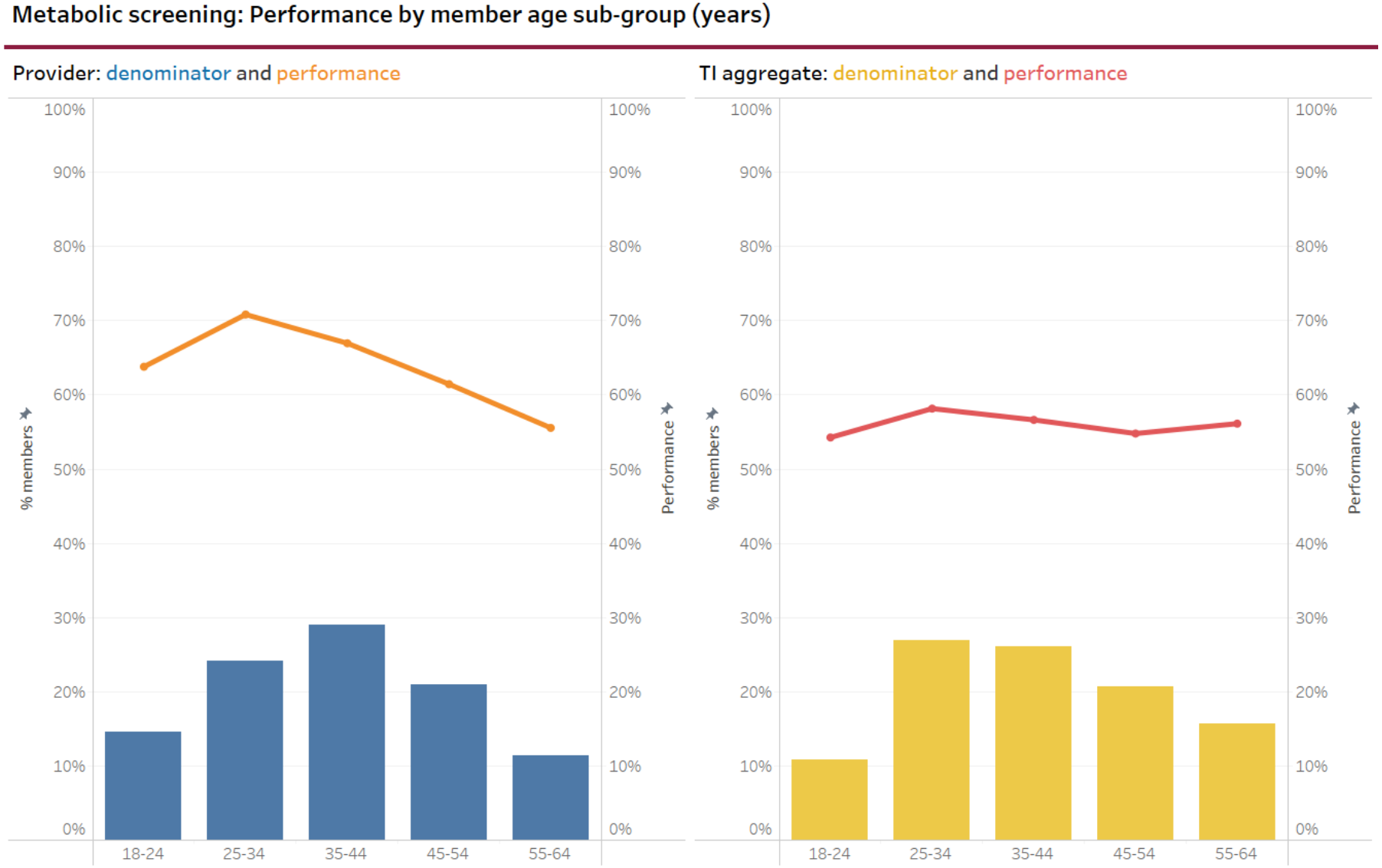
- Goal: Identify root causes of low measure performance to assist TI providers in focusing quality improvement efforts
- Data-driven approach based on claims
- Assess relative importance of each factor examined
- TI-aggregate and provider-specific results are available via Tableau dashboards

Factors examined for metabolic screening

- Member age
- Member sex
- Whether members had a visit with a prescribing provider during the year
- Visits for non-numerator members
- SMI status
- Telehealth utilization – comparison of members who had at least 1 telehealth visit during the year to members who had no telehealth visits

Note: Metabolic screening includes both adult diabetes screening and peds metabolic monitoring

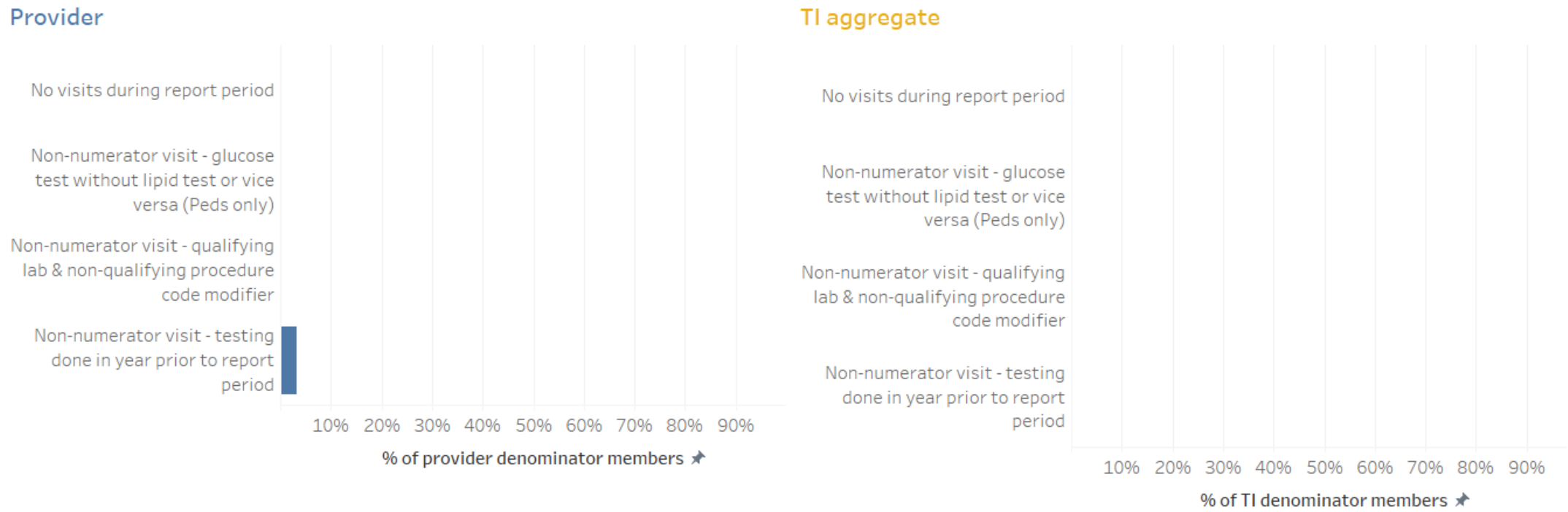
Example ARCS dashboard view: Age



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

Non-numerator visit analysis

Metabolic screening: Visits during the measurement year for non-numerator members



- Bars: Proportion of denominator that was not in the numerator and received a corresponding non-numerator visit
- Valid testing must occur during the 12-month report period and cannot have a non-qualifying procedure code modifier
- Testing for peds members must include both a glucose test and lipid test

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, SMI members have a higher rate of metabolic testing than non-SMI members. How much would performance improve if each provider's rate of testing completion for non-SMI members matched their rate for SMI members?
  - Note: If a provider's performance for non-SMI members already meets or exceeds performance for SMI members, assume the impact is 0 for that provider

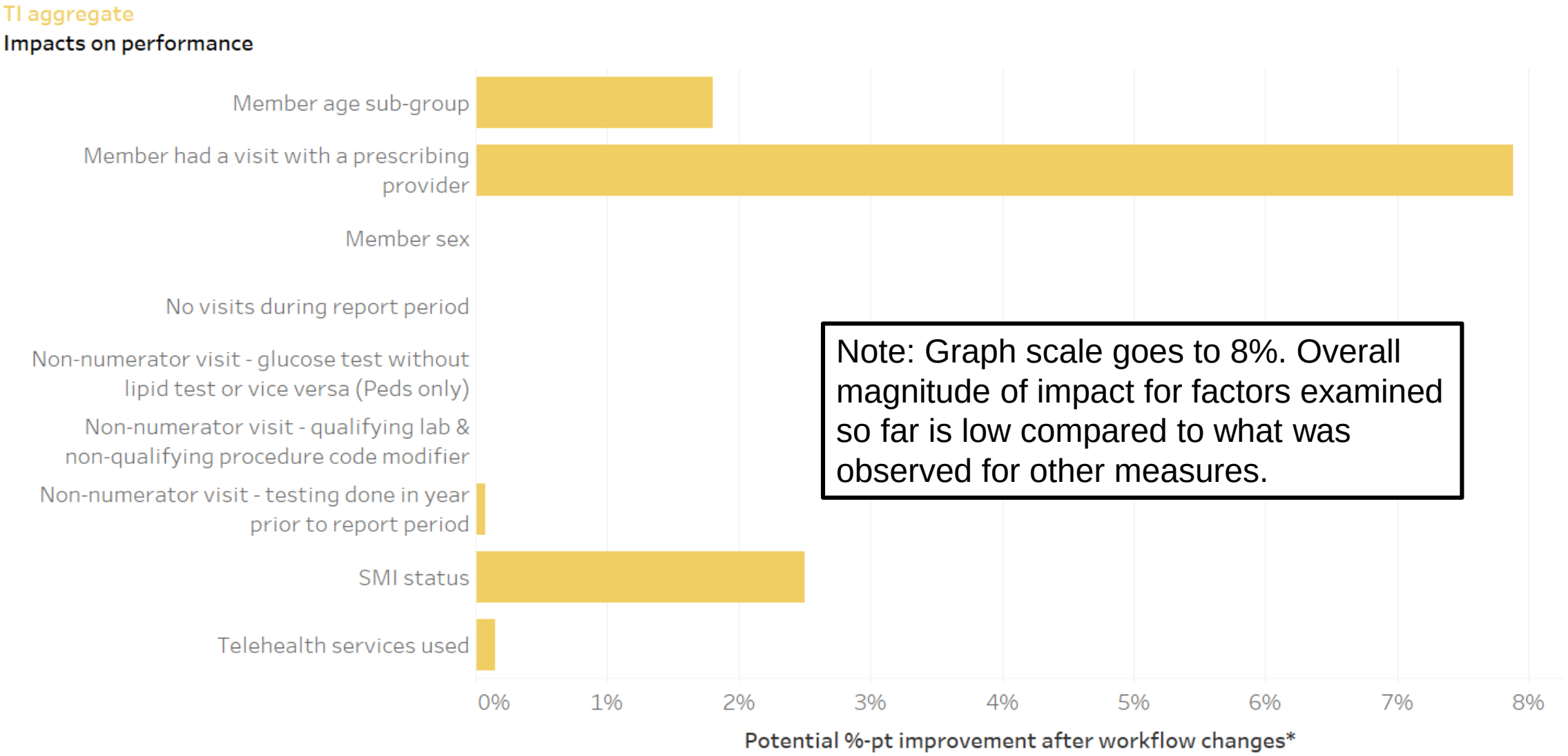
Impact assessment - Approach

- For **non-numerator** analysis, impact assessment assumes all members in each category were moved into the numerator
- Example
  - At the TI-aggregate level, ~1% of members had testing done in the year prior to the report period without having testing done during the report period
  - If all of these members instead had testing done during the report period as well, aggregate performance would improve by 1%-points

Impact assessment - Comments

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

Impact assessment – Results for adult diabetes screening



Other root causes for exploration

Already analyzed

- Member age
- Member sex
- Visits with prescribing provider
- Visits for non-numerator members
- SMI status
- Telehealth utilization

Planning/in progress

- Relationship with other performance measures
- Geographical location
- Enrollment duration
- On-site lab draws

Your participation in upcoming provider survey will assist in analyzing these factors

Other ARCS dashboards

- Dashboards exploring follow-up after hospitalization (FUH) and pediatric well-care measures (W15, W34, and AWC) are available now
- 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?

Quality Improvement Workgroup Case Study Organization

Aurora Behavioral Health

Contact Information:

- Valerie Purdie, Community Liaison, Valerie.Purdie@aurorabhavioral.com
- Jordan L. Peterson, Director of Business Development, Jordan.Peterson@aurorabehavioral.com

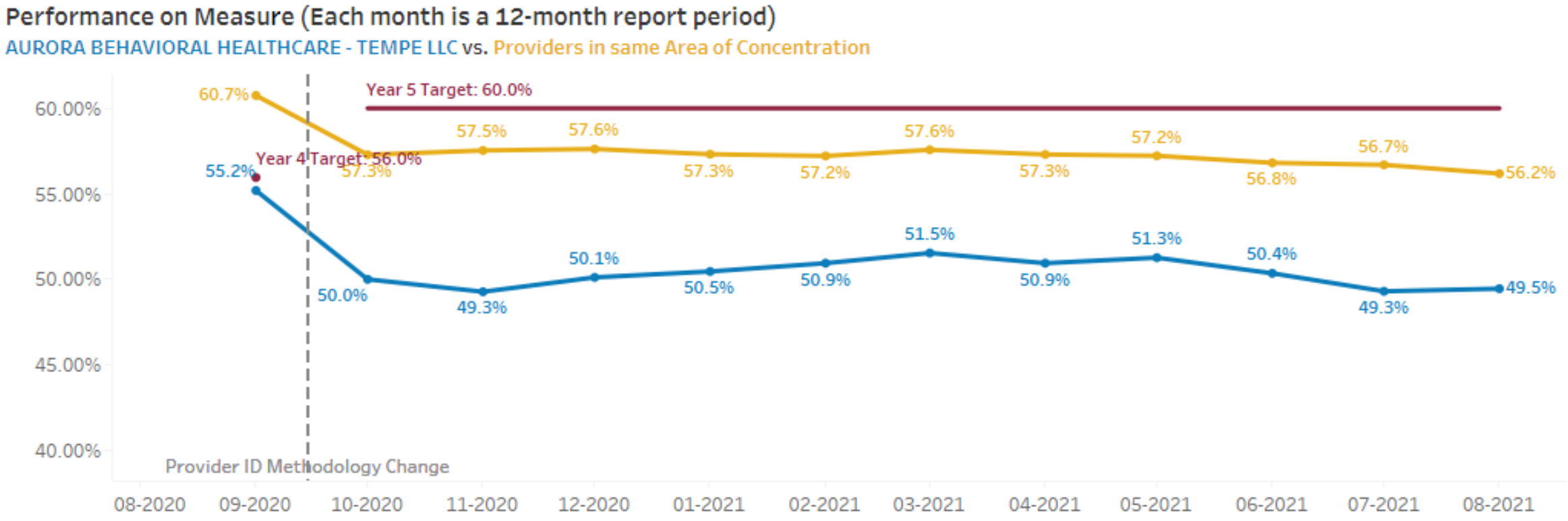
Aurora Overview

- Aurora Behavioral Health System is Arizona's largest free-standing psychiatric healthcare system with 238 inpatient beds across two locations in Glendale and Tempe, serving adolescents and adults 13 years and older.
- Both hospitals offer a full continuum of care with integrated outpatient centers offering Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP) to meet mental health and addiction treatment needs at each level of care.

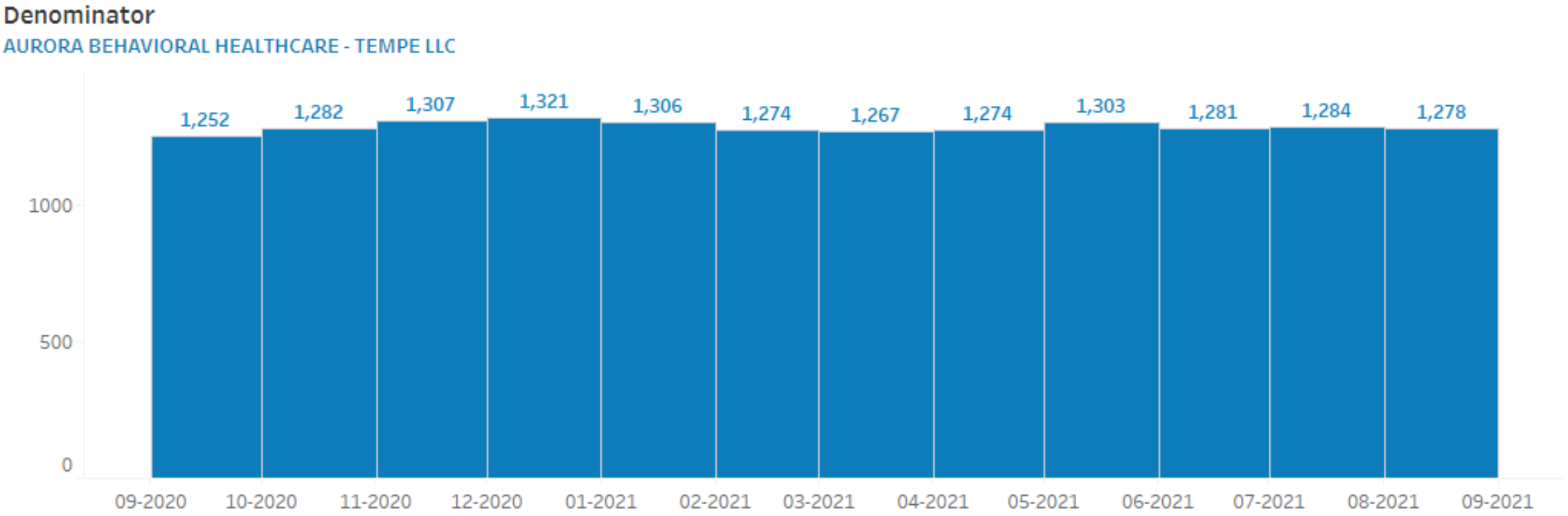
Aurora Performance

Select Filters:

1. Provider: AURORA BEHAVIORAL HEALTHCARE - TEMPE LLC
2. Area of Concentration: HOSPITAL
3. Measure: Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)



Aurora Denominator



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: Aurora's Aim Statement

- Aim Statement:
  - Increase the **7-day** follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022
  - Increase the **30-day** follow-up after hospitalization (FUH) rate 19 percentage points (66% to 85%) from February 7, 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: Aurora's Obstacles
Part A & B: Prioritization

Priorities	Obstacles
1	Poor patient hand-offs
2	Discharge day of the week for patients
3	Lack of patient and family education
4	Addressing the social determinants of health

Component 3: Aurora's Interventions

Prioritized Obstacles	Interventions
Poor patient hand-offs	• Assigning an internal liaison to work with preferred providers (position description, recruitment, training, orientation) • Admitting privileges for the navigator (keys and badging) • Expanding list of preferred providers (identify and select partners, approach partner, explain expectations, execute MOU) • Ensure 100% warm hand-offs with SMI clinics (trouble-shooting with MCOs to coordinate with clinics)
Discharge day of the week for patients	• Treatment teams reviews late day and weekend discharges • Work with health plans for LOS authorization • Avoid weekend or late day discharges
Lack of patient and family education	• Assigning internal liaison to coordinate with discharge central to build awareness of continuum of care • Connecting with outpatient services • Schedule family education session within 72 hours of admission • Signage, interventions, competencies to build awareness • Provider type 77
Addressing the social determinants of health	• Work with preferred provider list to better address transportation and housing • Have community liaison teams researching and gathering information regarding preferred providers and detailing their specialties (to be reviewed and update quarterly)

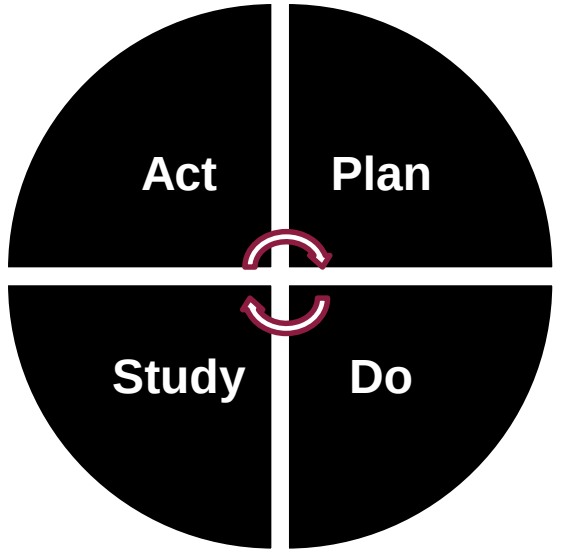
Component 4: Establishing Measures

- 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: Aurora's Measures

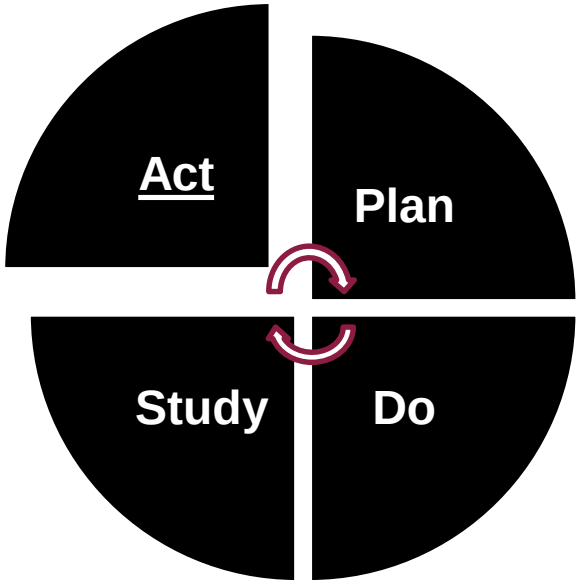
Priorities	Intervention	Metrics
Poor patient hand-offs	• Assigning an internal liaison to work with preferred providers (position description, recruitment, training, orientation) • Admitting privileges for the navigator (keys and badging) • Expanding list of preferred providers (identify and select partners, approach partner, explain expectations, execute MOU) • Ensure 100% warm hand-offs with SMI clinics (trouble-shooting with MCOs to coordinate with clinics)	• # of liaison contacts per week • # of contacts not completed per week • % of navigators keyed and badged • # of pending and completed MOUs • % of discharges that do not go to preferred providers • % of warm hand-offs
Discharge day of the week for patients	• Treatment team reviews late-in-day and weekend discharges • Work with health plans for length of stay authorization • Avoid weekend or late-in-day discharges	• Identify late-in-day and weekend discharges; contact all late-in-day and weekend discharges next day • # of health plans contacted; # of health plans agree • % reduction of late-in-day and weekend discharges
Lack of patient and family education	• Assigning internal liaison to coordinate with discharge central to build awareness of continuum of care • Connecting with outpatient services • Schedule family education session within 72 hours of admission • Signage, interventions, competencies to build awareness • Provider type 77 does not qualify	• # of internal liaison connections made • # and % of connections made with outpatient services • # of family education sessions made within 72 hrs of admission • All provide type 77's are corrected
Addressing the social determinants of health	• Work with preferred provider list to better address transportation and housing • Have community liaison teams researching and gathering information regarding preferred providers and detailing their specialties (to be reviewed and update quarterly)	• % of clinic visits missed because of transportation • % of clinic visits missed because of homelessness

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

Aurora's Plan-Do-Study-Act



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
Plan	Who?	Valerie
	What?	Contact preferred providers. Execute MOUs. Orient preferred providers.
	Where?	Aurora Glendale & Tempe
	When?	6-weeks
Do	How?	Contact preferred providers. Execute MOUs. Orient preferred providers.
Study	Evaluate	# of MOUs executed; # of preferred providers oriented
Act	Lock-in or Revise & Re-do	If plan met =lock-in and monitor If plan not met = revise and re-do

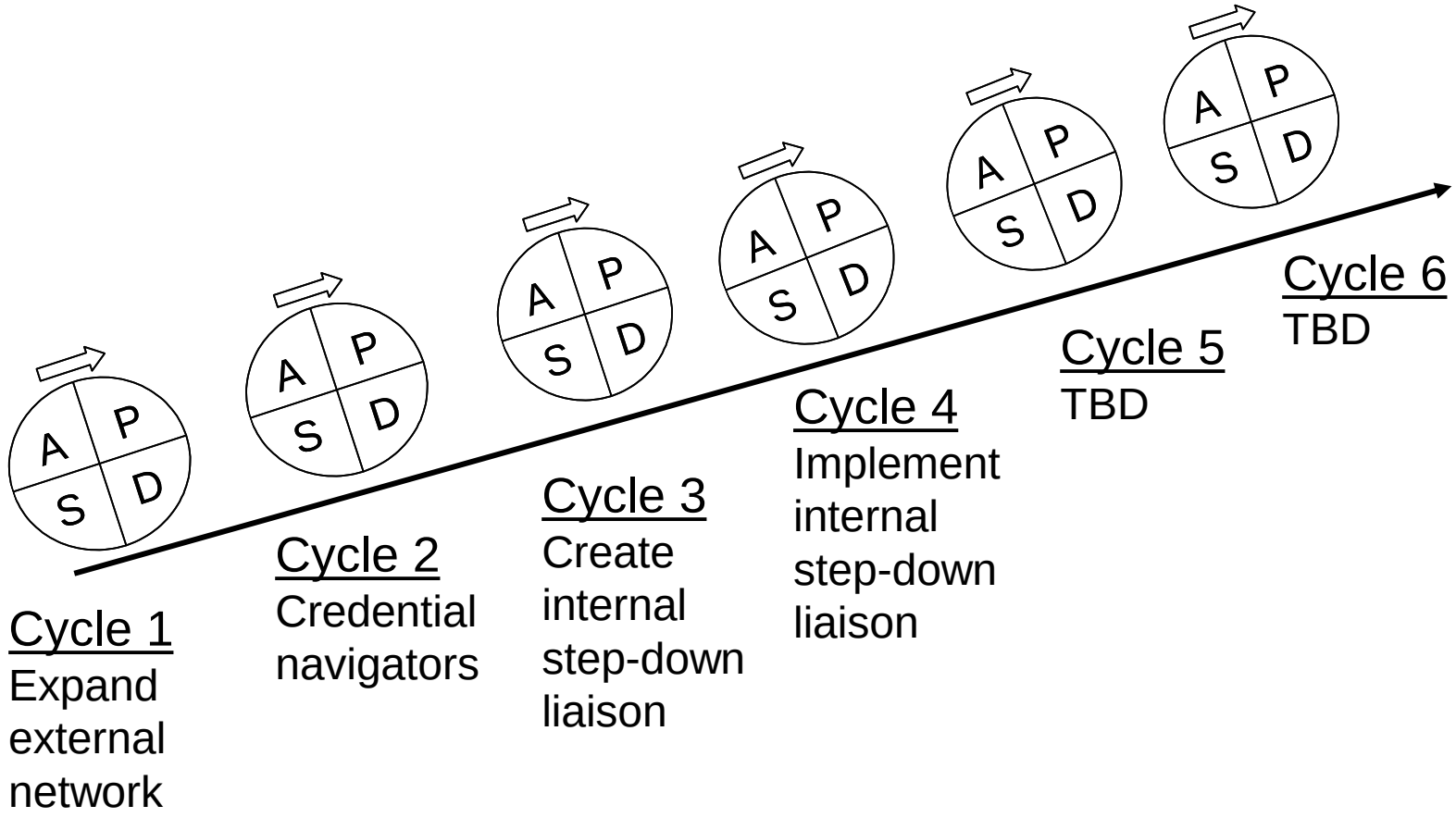
PDSA Ramp

- 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)

Aurora's PDSA Ramp

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. Working to expand network of preferred providers.	15 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

Aurora's PDSA Ramp



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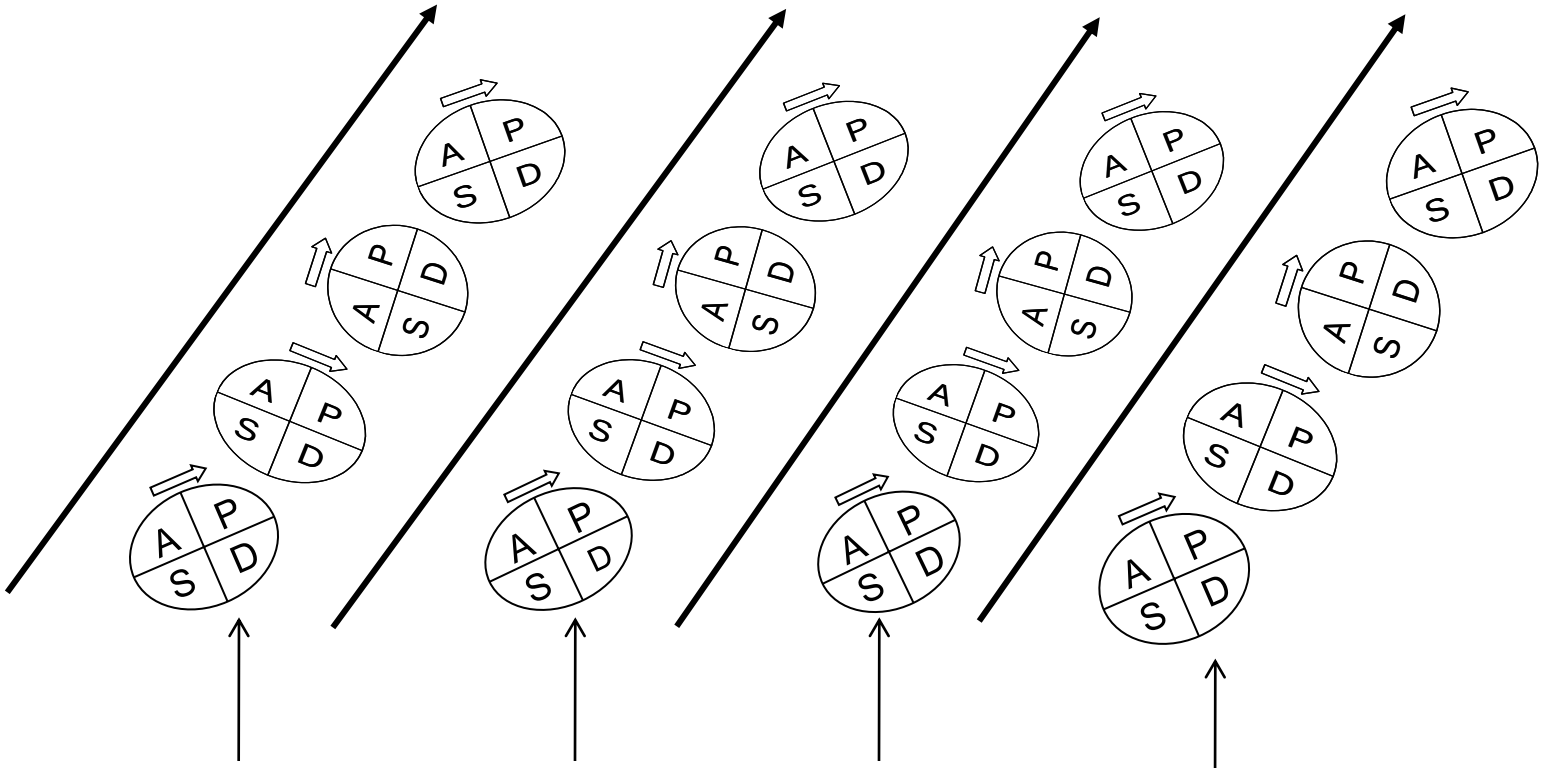
Aurora's Multiple PDSA Ramps



Improve patient hand-offs

Discharge day of the week for patients

Lack of patient and family education

Addressing the social determinants of health

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!

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