

AHCCCS Targeted Investments Program

# Diabetes Screening (SSD)/Metabolic Monitoring (APM) Quality Improvement Workgroup #4

TIP Year 6: Quality Improvement Workgroup Series  
April 13, 2022: QIW #4 Session #1

# Disclosures (for CEUs)

There are no disclosures

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

# 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	TOPIC
12:00 to 12:02 PM	Overview
12:02 PM to 12:10 PM	Case Study Organization <ul style="list-style-type: none"><li>• Introductions</li><li>• Overview</li><li>• Performance Review</li></ul>
12:10 PM to 12:40 PM	Root Cause Analysis: <ul style="list-style-type: none"><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

Spectrum Healthcare Group Inc

Jessie Peters, FNP-BC, Project Strategist

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Lisa Sherrill, MA, Director of Population Health

[lisas@spectrumhealthcare-group.org](mailto:lisas@spectrumhealthcare-group.org)

# Spectrum Overview

- Spectrum provides integrated whole health services, statewide. Has provided BH services in Yavapai County since 1965, adding Primary Care in 2009
- Fully Structurally Integrated sites in Northern and Central GSA, with award-winning *Anywhere Care* teams providing mobile services statewide
- Participates in multiple TI projects including Adult/Peds BH, Adult/Peds PCP, and 2 Justice sites

# Spectrum Performance

Select Filters:

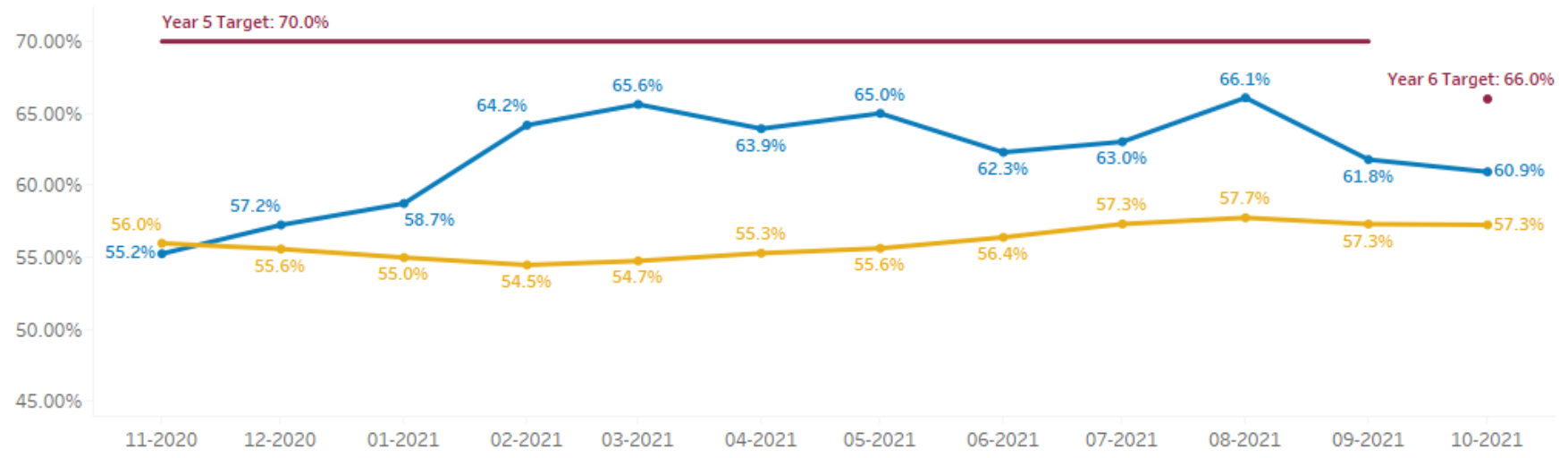
1. Provider: SPECTRUM HEALTHCARE GROUP INC

2. Area of Concentration: ADULT PCP

3. Measure: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are...

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

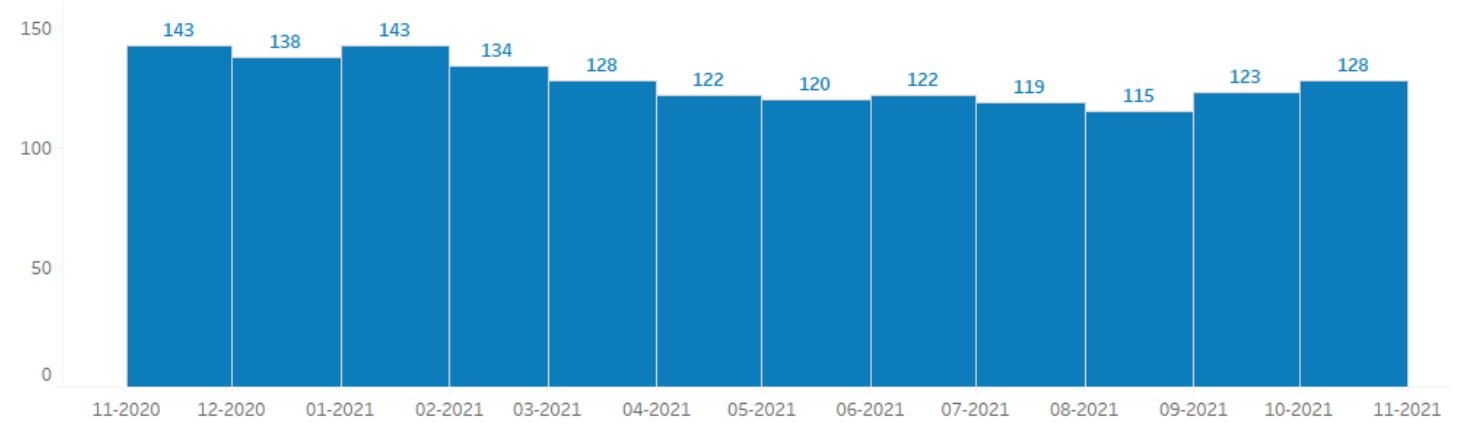
SPECTRUM HEALTHCARE GROUP INC vs. Providers in same Area of Concentration



Adult PCP SSD

Denominator

SPECTRUM HEALTHCARE GROUP INC



# Spectrum Performance

Select Filters:

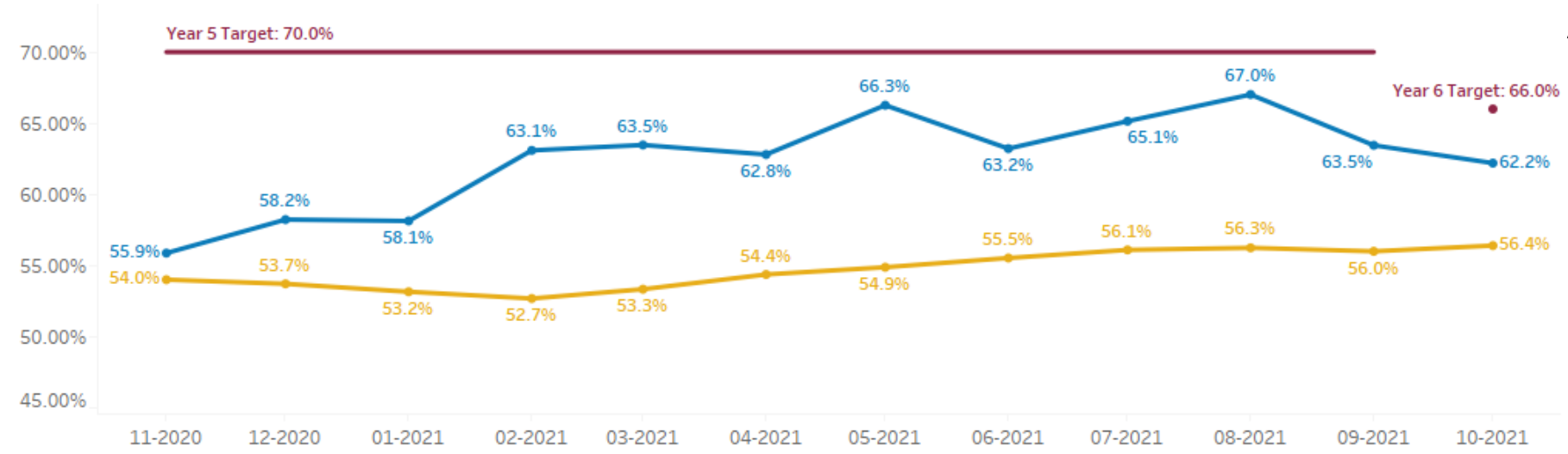
1. Provider: SPECTRUM HEALTHCARE GROUP INC

2. Area of Concentration: ADULT BH

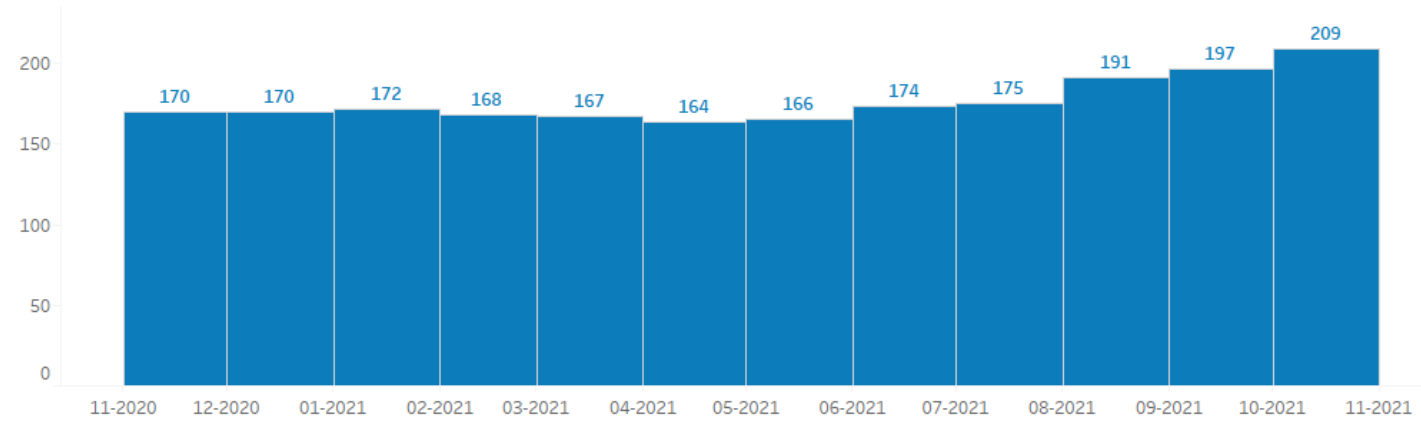
3. Measure: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are...

Performance on Measure (Each month is a 12-month report period)  
 SPECTRUM HEALTHCARE GROUP INC vs. Providers in same Area of Concentration

## Adult BH SSD



Denominator  
 SPECTRUM HEALTHCARE GROUP INC





# Spectrum Performance

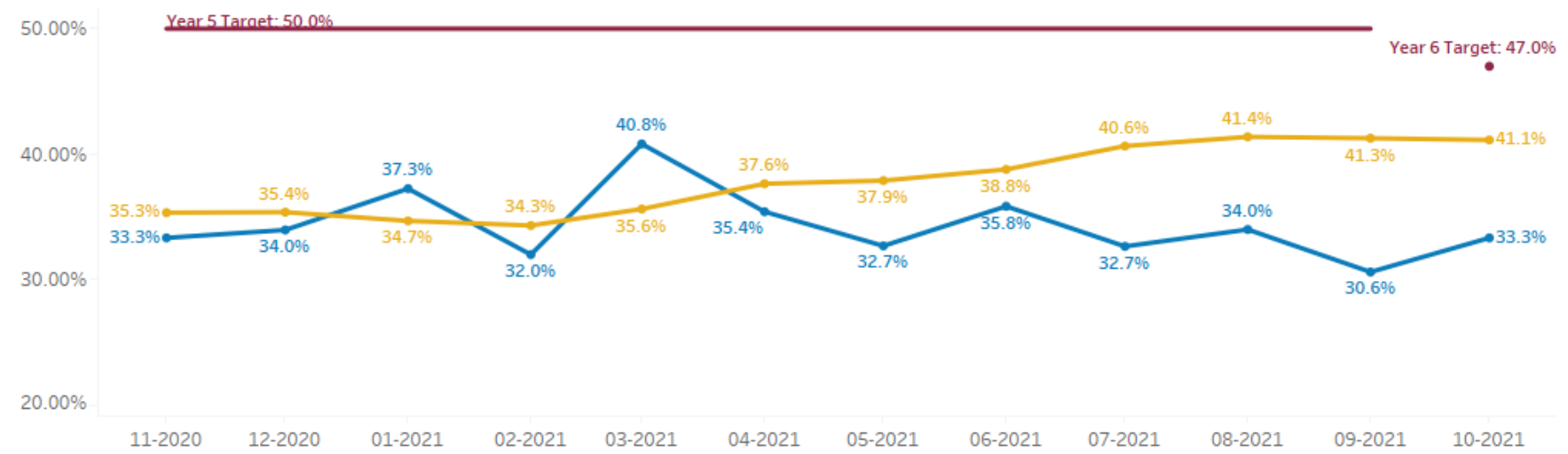
Select Filters:

1. Provider: SPECTRUM HEALTHCARE GROUP INC

2. Area of Concentration: PEDS BH

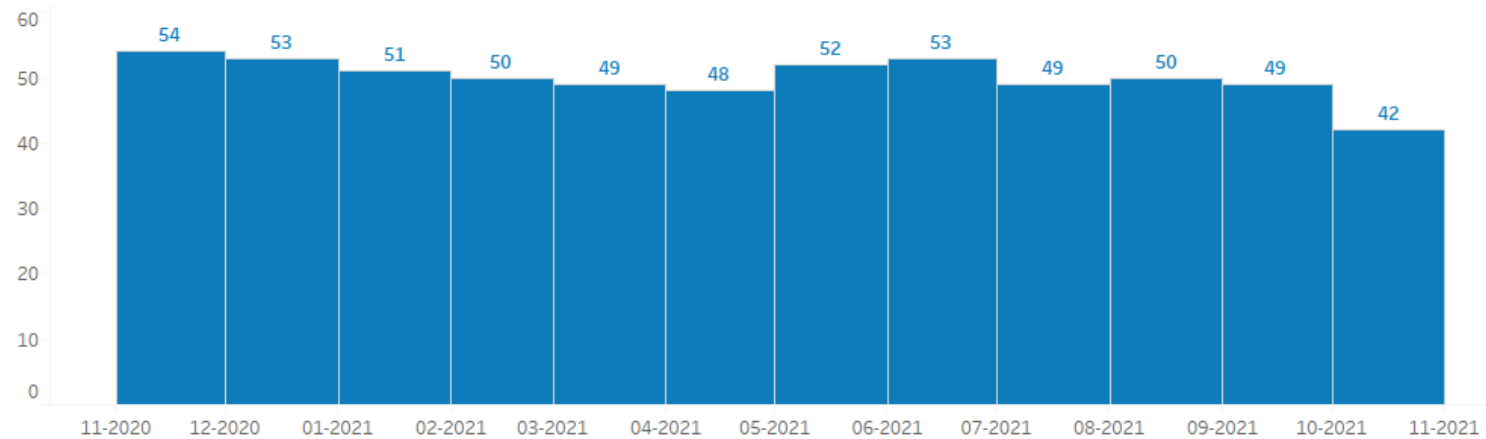
3. Measure: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Performance on Measure (Each month is a 12-month report period)  
 SPECTRUM HEALTHCARE GROUP INC vs. Providers in same Area of Concentration



Peds BH SSD

Denominator  
 SPECTRUM HEALTHCARE GROUP INC



# Spectrum Performance

Select Filters:

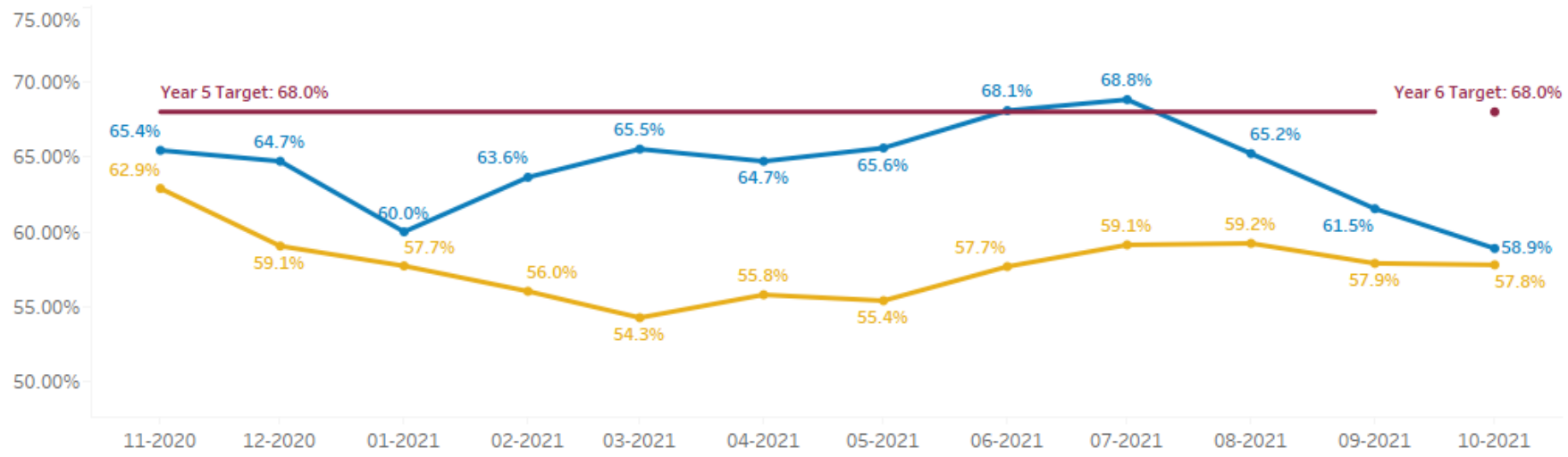
1. Provider: SPECTRUM HEALTHCARE GROUP INC

2. Area of Concentration: JUSTICE

3. Measure: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are...

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

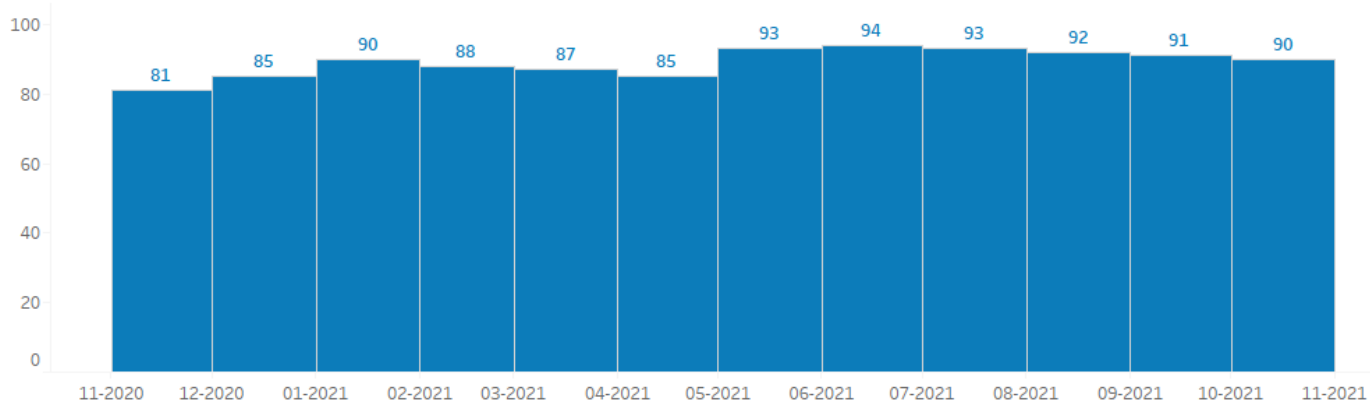
SPECTRUM HEALTHCARE GROUP INC vs. Providers in same Area of Concentration



Justice SSD

Denominator

SPECTRUM HEALTHCARE GROUP INC



# 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: **Spectrum** Aim Statement

- Aim Statement:

- Increase the **Adult PCP SSD** rate 5.1 percentage points (60.9% to 66%) from April 13, 2022 to August 30, 2022
- Increase the **Adult BH SSD** rate 3.8 percentage points (62.2% to 66%) from April 13, 2022 to August 30, 2022
- Increase the **Justice SSD** rate 9.1 percentage points (58.9% to 68%) from April 13, 2022 to August 30, 2022
- Increase the **Peds BH SSD** rate 13.7 percentage points (33.3% to 47%) from April 13, 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: **Spectrum** Obstacles

## Part A. Identifying Key Obstacles

### Key Obstacles:

1. Telehealth visit lack on-site lab testing capabilities
2. Unreliable patient history
3. Unreliable external lab results
4. Integrative culture barriers
5. Correct test is not performed (e.g. finger prick)
  - Not getting credit for point of care A1C's
6. Incorrect coding, billing delays, and health plan denials
7. Education of care team regarding importance of routine A1C testing
8. Responsibility for A1C testing distributed across team
  - Chart check for patients by MA
  - Team roles designated
9. Lack of EMR reporting for A1C testing
10. Timely member attribution
  - Reconciliation of patient lists with health plans

# Obstacles Discussion

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



# Component 2: **Spectrum** Obstacles

## Part B: Prioritization

Prioritization	Key Obstacles
1	Correct test is not performed (i.e. finger stick)
2	Incorrect coding, billing delays, and health plan denials
3	Timely member attribution
4	Responsibility for A1C testing distributed across team

# Component 3: Spectrum Interventions

#	Prioritized Obstacles (What to change)	Intervention (How to change)
1	Correct test is not performed (i.e. finger stick)	<ul style="list-style-type: none"><li>• Develop process to identify the correct blood test during chart check</li><li>• Education of covered and measure-specific services</li></ul>
2	Incorrect coding, billing delays, and health plan denials	<ul style="list-style-type: none"><li>• Develop correct billing code for chart check, order entry, etc.</li><li>• Education regarding measure-specific coding and billing practices for A1C</li></ul>
3	Timely member attribution	<ul style="list-style-type: none"><li>• Review and develop formal process (e.g., secure and reconcile patient lists across health plans)</li><li>• Increased team meetings</li><li>• Increased advocacy</li></ul>
4	Responsibility for A1C testing distributed across team	<ul style="list-style-type: none"><li>• Review and develop formal process</li><li>• Identify specific team roles in process</li></ul>

What process needs to be put in place to ensure what you want to happen, happens?

# 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: Spectrum Measures

#	Prioritized Obstacles (What to change)	Interventions (How to change)	Metrics (Measuring Progress of Change)
1	Correct test is not performed (i.e. finger stick)	<ul style="list-style-type: none"> <li>• Develop process to identify the correct blood test during chart check</li> <li>• Education of covered and measure-specific services</li> </ul>	<ul style="list-style-type: none"> <li>• Process review (yes/no)</li> <li>• Process refinement (yes/no)</li> <li>• Rates of completion for A1C's</li> </ul>
2	Incorrect coding, billing delays, and health plan denials	<ul style="list-style-type: none"> <li>• Develop correct billing code for chart check, order entry, etc.</li> <li>• Develop EMR tool for billing code</li> <li>• Education regarding measure-specific coding and billing practices for A1C</li> </ul>	<ul style="list-style-type: none"> <li>• Meet with revenue cycle reporting team (yes/no)</li> </ul>
3	Timely member attribution	<ul style="list-style-type: none"> <li>• Review and develop formal process (e.g., secure and reconcile patient lists across health plans)</li> <li>• Increased team meetings</li> <li>• Increased advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• Process review (yes/no)</li> <li>• Process refinement (yes/no)</li> <li>• # of internal team meetings</li> <li>• # of MCO meetings</li> </ul>
4	Responsibility for A1C testing distributed across team	<ul style="list-style-type: none"> <li>• Review and develop formal process</li> <li>• Identify specific team roles in process</li> </ul>	<ul style="list-style-type: none"> <li>• Process review (yes/no)</li> <li>• Process refinement (yes/no)</li> </ul>

What process can be put in place for the providers to identify leading indicators to ensure appropriate care?

What system can be developed that is fail proof?

# 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 **Adult PCP/BH SSD** rate \_\_\_\_ percentage points (\_\_\_\_% to \_\_\_\_%) from April 13, 2022 to August 30, 2022
- Increase the **Peds BH APM** rate \_\_\_\_ percentage points (\_\_\_\_% to \_\_\_\_%) from April 13, 2022 to August 30, 2022
- Increase the **Justice SSD** rate \_\_\_\_ percentage points (\_\_\_\_% to \_\_\_\_%) from April 13, 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

# **Peds PCP Well-Child Session 2: Focus**

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

# 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](mailto: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 #2
- Questions or concerns?
  - Please contact ASU QIC team at [TIPQIC@asu.edu](mailto:TIPQIC@asu.edu) if questions or concerns

# Thank you!

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