Peds PCP Well-Care Visits

Quality Improvement Workgroup #3

TIP Year 6: Quality Improvement Workgroup Series
June 1, 2022: QIW #3 Session #5

ASU College of Health Solutions
Arizona State University

AHCCCS | Targeted Investments
Arizona Health Care Cost Containment System

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

Disclosures

CEU Disclosures:

There are no disclosures.

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All templates, slides, and session materials can be found: https://tipqic.org/QIWorkgroups.html

Learning Objectives (for CEUs)

1. Critically analyze the impact of payer roster assignment on HEDIS performance
2. Describe advantages of a single consistent attribution methodology

Agenda

TIME	TOPIC
12:00 to 12:02 PM	Overview
12:02 to 12:20 PM	Payer Roster Alignment Study Presentation
12:20 PM to 12:50 PM	Discussion
12:50 PM to 1:00 PM	Next Steps

Payer Roster Alignment Study
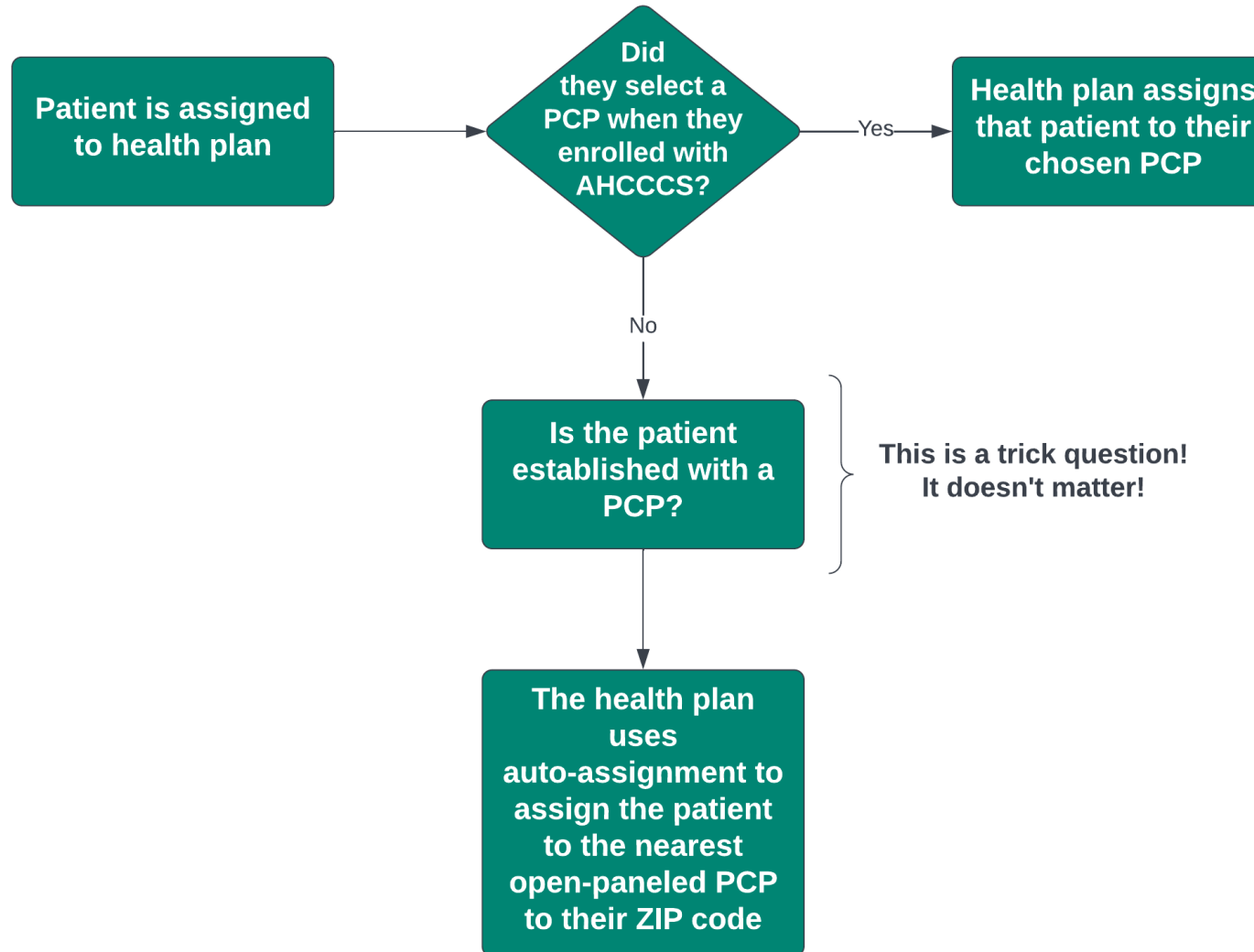## TIP QI Workgroup
June 1, 2022

Valleywise Health
Arizona's public, teaching hospital and safety net system of care

MCO PCP Assignment – An Overview

- Every AHCCCS member must have an assigned PCP

- Members have the opportunity to select a PCP when they enroll with AHCCCS, but many/most do not (we have tried unsuccessfully to get this info from plans)

- If members do not select a PCP, their health plan uses auto-assignment to assign a PCP

  - Each health plan develops their own auto-assignment process

  - Since these patients are new to the health plan, there is no claims data, so most plans' auto-assignment algorithms are based exclusively on geography

- Most plans require contact with a member to change their PCP assignment, but members have no incentive to call since the accuracy of their health plan's PCP assignment doesn't affect them or their established PCP relationship

- This results in a large proportion of members whose PCP assignments are incorrect

  - Providers with multiple locations, especially FQHCs, are most susceptible since they're more likely to have a location that is geographically near auto-assigned patients

MCO PCP Auto-Assignment Process

Patient is assigned to health plan

Did they select a PCP when they enrolled with AHCCCS?

Yes → Health plan assigns that patient to their chosen PCP

No ↓

Is the patient established with a PCP?

This is a trick question! It doesn't matter!

The health plan uses auto-assignment to assign the patient to the nearest open-paneled PCP to their ZIP code
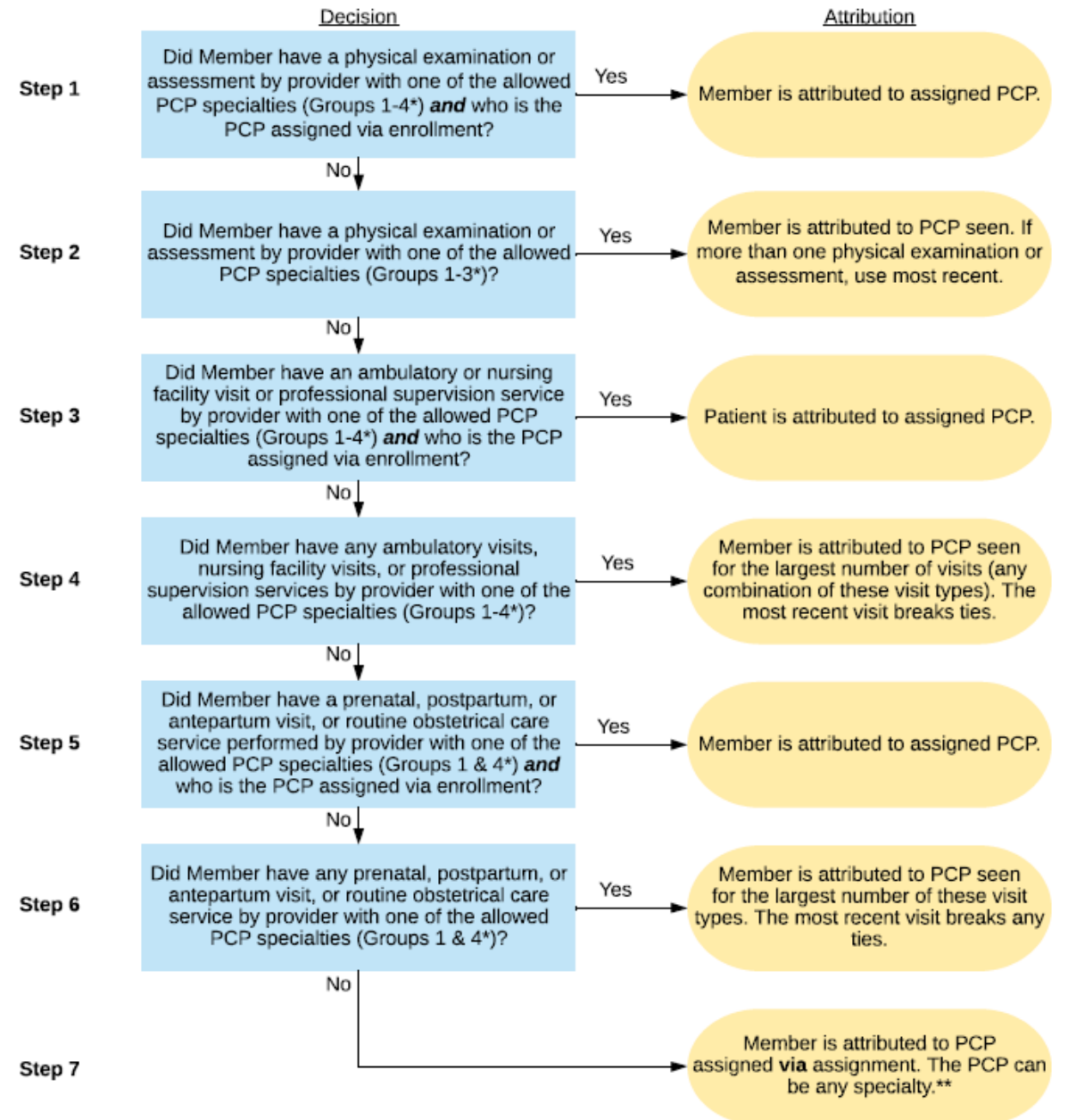
TIP PCP Attribution

- TIP PCP Attribution is far more data-driven and hence far more accurate than MCO PCP Assignment

- However, "TIP Rosters" sent to providers by the MCOs are based on MCO PCP Assignment (which is largely auto-assignment), not TIP attribution logic

- Without interim TIP reporting, most providers are dependent on MCO rosters during the measurement period

- Because TIP PCP Attribution logic is not fully integrated, it is not as actionable as it could be

PCP Attribution Methodology (with Assignment)
Stepwise process: Attribution made by earliest met criterion

Decision — Attribution

Step 1 Did Member have a physical examination or assessment by provider with one of the allowed PCP specialties (Groups 1-4*) *and* who is the PCP assigned via enrollment? → Yes → Member is attributed to assigned PCP.

No ↓

Step 2 Did Member have a physical examination or assessment by provider with one of the allowed PCP specialties (Groups 1-3*)? → Yes → Member is attributed to PCP seen. If more than one physical examination or assessment, use most recent.

No ↓

Step 3 Did Member have an ambulatory or nursing facility visit or professional supervision service by provider with one of the allowed PCP specialties (Groups 1-4*) *and* who is the PCP assigned via enrollment? → Yes → Patient is attributed to assigned PCP.

No ↓

Step 4 Did Member have any ambulatory visits, nursing facility visits, or professional supervision services by provider with one of the allowed PCP specialties (Groups 1-4*)? → Yes → Member is attributed to PCP seen for the largest number of visits (any combination of these visit types). The most recent visit breaks ties.

No ↓

Step 5 Did Member have a prenatal, postpartum, or antepartum visit, or routine obstetrical care service performed by provider with one of the allowed PCP specialties (Groups 1 & 4*) *and* who is the PCP assigned via enrollment? → Yes → Member is attributed to assigned PCP.

No ↓

Step 6 Did Member have any prenatal, postpartum, or antepartum visit, or routine obstetrical care service by provider with one of the allowed PCP specialties (Groups 1 & 4*)? → Yes → Member is attributed to PCP seen for the largest number of these visit types. The most recent visit breaks any ties.

No ↓

Step 7 → Member is attributed to PCP assigned **via** assignment. The PCP can be any specialty.**

How MCO Patient Rosters Are Used

By MCOs	By Providers
Calculation of provider quality measures	Member outreach/scheduling
Gap lists delivered to providers	Quality improvement activities
Inpatient and ED notifications	VBP quality measure prioritization
Record requests	
Provider partnership/incentive prioritization (panel size)	

Existing PCP Alignment Efforts

- Some MCOs have algorithms in place that review claims data with the goal of identifying and reassigning patients who are seeing a PCP other than their assigned PCP

- Unfortunately, these algorithms are not effective in their current form

  - In one study, we found that an MCO's algorithm is identifying about 0.1% of patients who are established with Valleywise but not assigned to Valleywise/on our roster (the algorithm identified 7 of 6,347)

  - We are working with that MCO to review their criteria, but they are reluctant to share their proprietary criteria

- While MCOs would benefit from better PCP alignment, most do not see it is a priority unless/until it is required by AHCCCS

MCO Member Roster/Established Patient Alignment

Valleywise Roster Alignment Study Methodology

- **Step 1:** Pull internal report of patients who are established (defined as 2+ PCP visits since 1/1/2020) with a Valleywise PCP (Source: Valleywise EMR)

- **Step 2:** Compare that internal Established Patients report to MCO patient rosters (the patients that are assigned to Valleywise via each MCO's PCP assignment process, primarily auto-assignment)

- **Step 3:** Identify 3 groups of patients:

  - On payer roster but not established

  - Established but not on payer roster

  - Established *and* on payer roster

Payer Roster Alignment
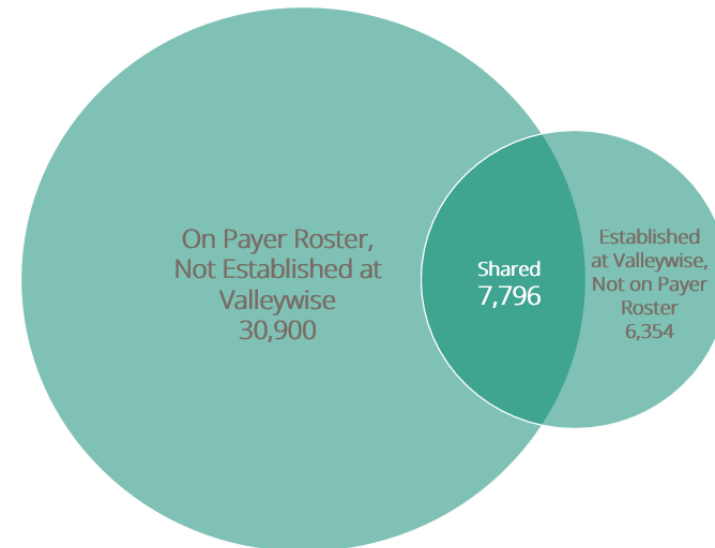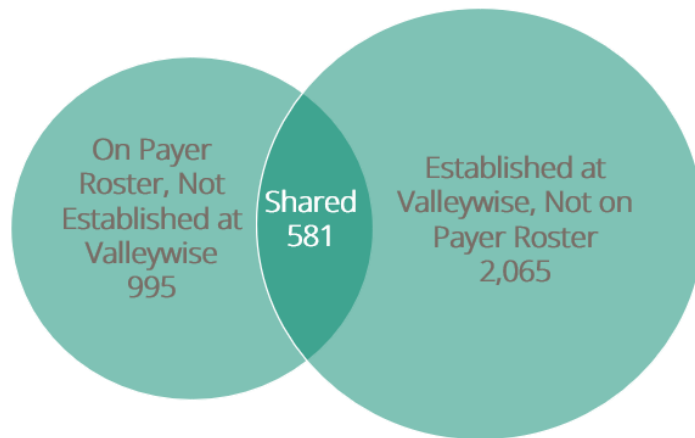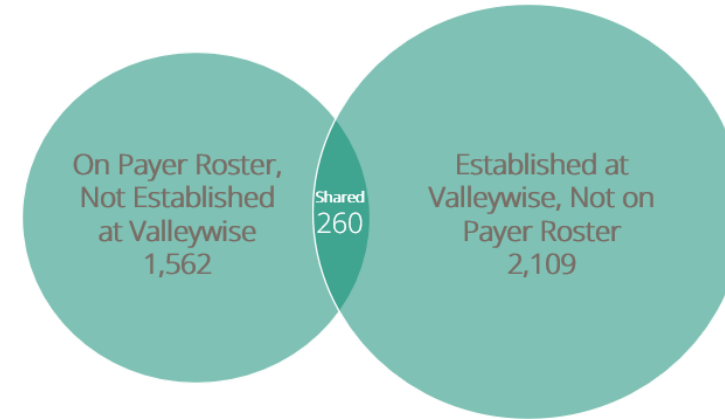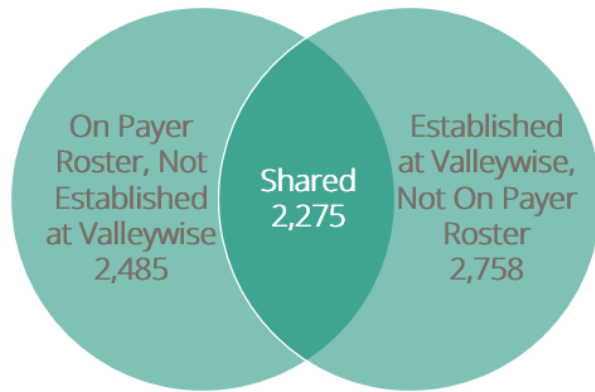# Span: 2020-2021
Visit Count: 2+

A patient who is established with us but assigned to Adelante would be here.

That patient would not be in our quality measure denominators and we do NOT get credit for that patient's care.

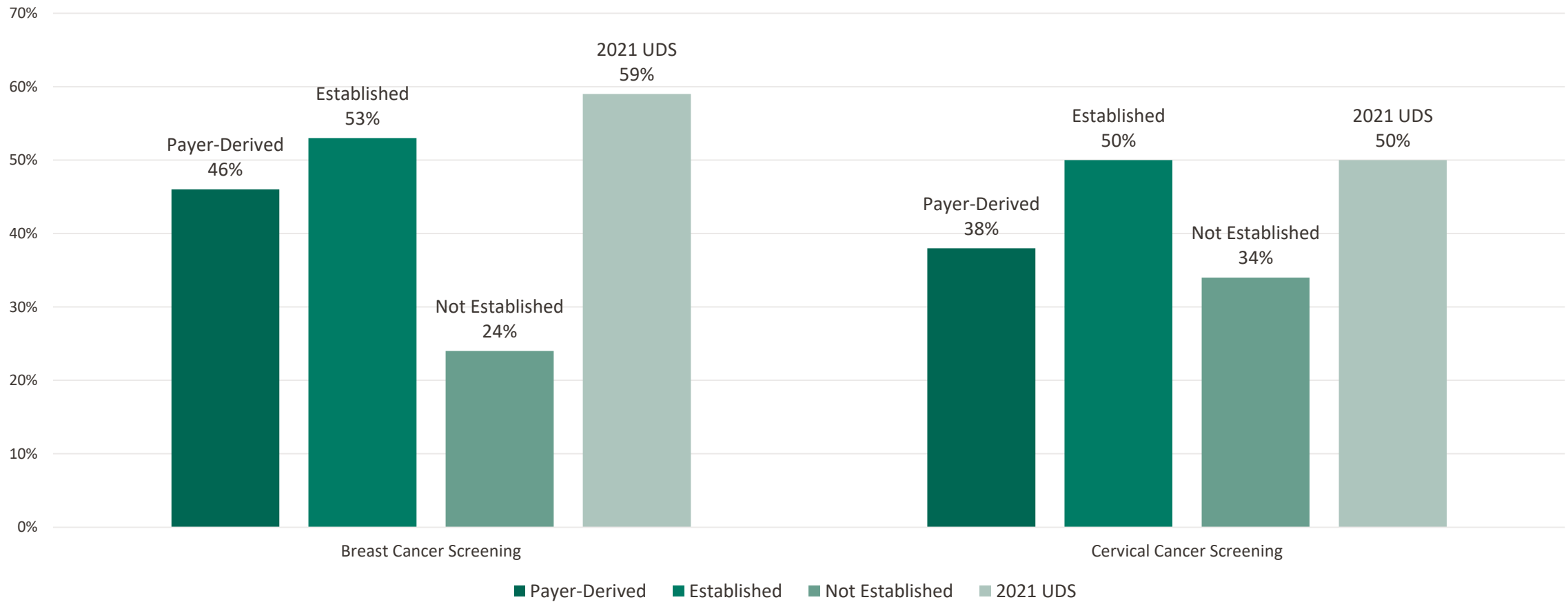The provider to whom they are assigned gets the credit.

A patient who is assigned to us but established at Adelante would be here.

That patient would be in our quality measure denominators and if Adelante does not see them, our performance suffers.

This group also includes patients who are not seeing any PCP.

On Payer Roster, Not Established at Valleywise
7,819

Shared
1,250

Established at Valleywise, Not on Payer Roster
11,847

These are the only patients who are both established with us and in our quality measure denominators.
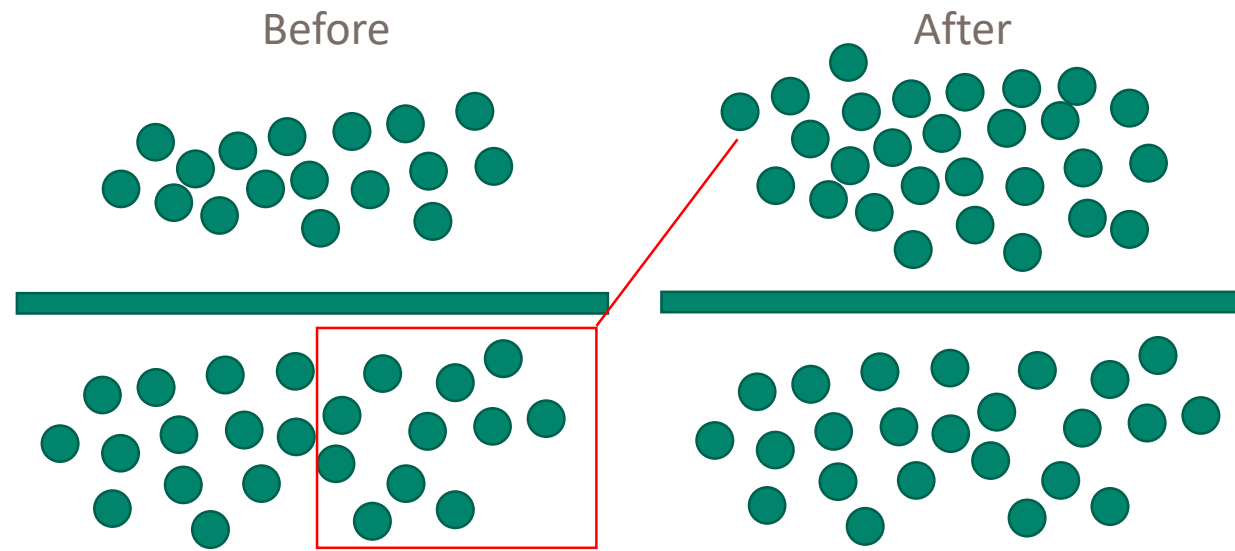
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The Pattern is Consistent Across Payers

On Payer Roster, Not Established at Valleywise 2,485 — Shared 2,275 — Established at Valleywise, Not On Payer Roster 2,758

On Payer Roster, Not Established at Valleywise 1,562 — Shared 260 — Established at Valleywise, Not on Payer Roster 2,109

On Payer Roster, Not Established at Valleywise 995 — Shared 581 — Established at Valleywise, Not on Payer Roster 2,065

On Payer Roster, Not Established at Valleywise 30,900 — Shared 7,796 — Established at Valleywise, Not on Payer Roster 6,354

The Effect of Inaccurate Rosters on QI Activities

Inaccurate Rosters Mask True Performance Trends

Chart comparing screening performance across data sources.

Breast Cancer Screening
- Payer-Derived 46%
- Established 53%
- Not Established 24%
- 2021 UDS 59%

Cervical Cancer Screening
- Payer-Derived 38%
- Established 50%
- Not Established 34%
- 2021 UDS 50%

Legend: Payer-Derived | Established | Not Established | 2021 UDS

Inaccurate Rosters Obscure QI Success

What You Expect To Happen:

Before
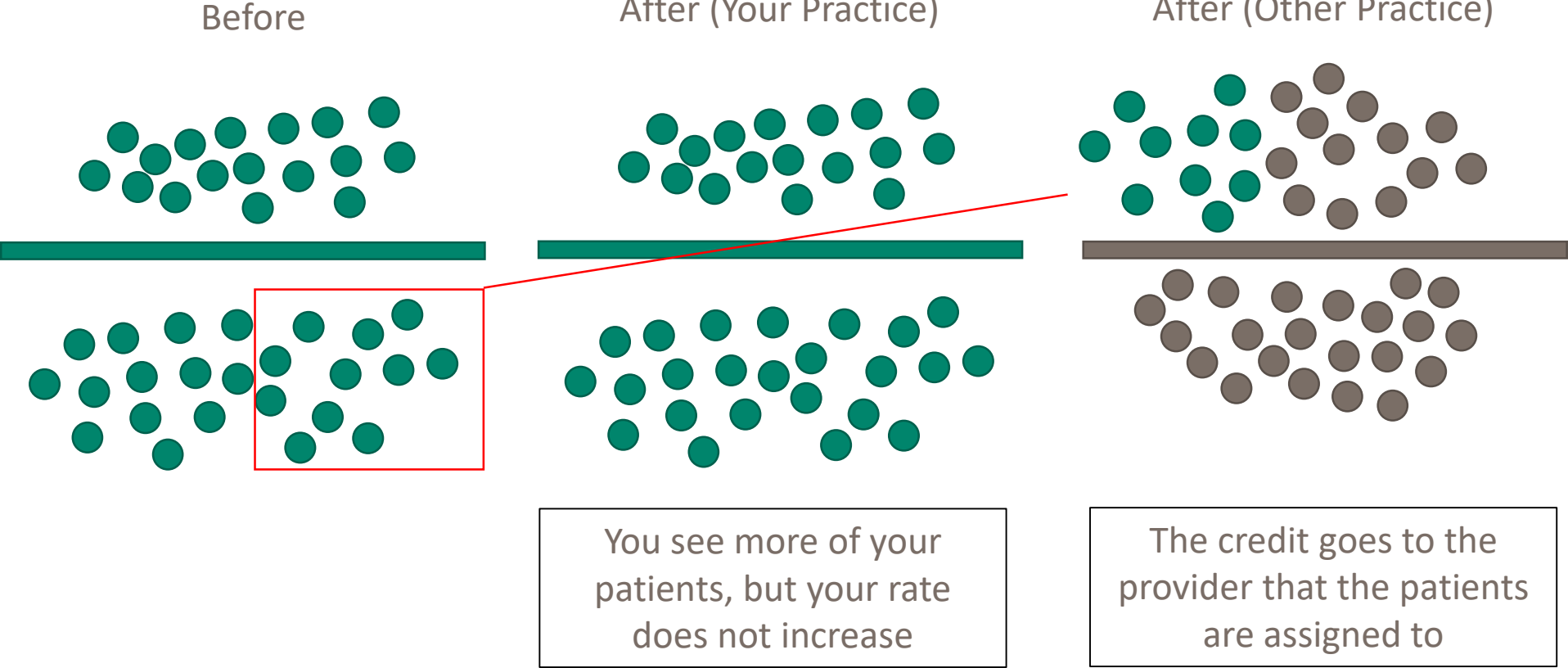
After

If you see more of your patients for well visits, your rate will increase

Inaccurate Rosters Obscure QI Success

What Actually Happens:

Before   After (Your Practice)   After (Other Practice)

You see more of your patients, but your rate does not increase

The credit goes to the provider that the patients are assigned to

Recommendations

Recommendations

Short Term: Providers

- If you have the data resources, conduct a similar analysis on your patient data to determine whether this issue is affecting your performance rates

  - Determine how many established patients are not on your roster

  - Calculate performance rates for your established patients

- If your results indicate that roster accuracy is disproportionately affecting your performance, bring the issue up with your payers and with AHCCCS

Long Term: Payers/AHCCCS

- We recommend that auto-assigned PCP assignments be considered placeholders that are automatically replaced by the PCP on the member's first primary care claim

- We recommend that AHCCCS clarify their guidance around PCP changes to confirm that member permission is not required to change a PCP assignment to reflect the patient's actual established PCP relationship

Questions?

Discussion

Next Steps

- Continuing Education Units (CEU): Post Event Survey
  - CEU survey located in the chat; click on the survey before we close out of today's session
  - If issues accessing, please email TIPQIC@asu.edu
  - All CEU's for 2022 will be awarded following all 2022 QIC sessions (ETA November 2022)

- Questions or concerns?
  - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns

Thank you!

TIPQIC@asu.edu