

AHCCCS Targeted Investments Program

Adult Quality Improvement Collaborative

TIP Year 6: QIC Session #3
June 14, 2022: 11:30 AM to 1:00 PM

Disclosures

CEU Disclosures:

There are no disclosures.

Recording:

This meeting is being recorded and shall be the property of ASU and AHCCCS. Participation in this meeting indicates your waiver of any and all rights of publicity and privacy. Please disconnect from this meeting if you do not agree to these terms.

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

Learning Objectives (for CEUs)

1. Describe best practices for improving performance on key HEDIS measures

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Introduction	William Riley, PhD
11:35 AM – 11:40 AM	TIP Updates	Stephanie Furniss, PhD
11:40 AM – 12:00 PM	Case Study Presentation	RI International
12:00 PM – 12:30 PM	Case Study Presentation	Intermountain Centers
12:30 PM – 12:55 PM	Q&A	All
12:55 PM to 1:00 PM	Next Steps	William Riley, PhD

AHCCCS Telehealth billing updates & TIP performance measurement

- Updated [AHCCCS telehealth billing guidelines](#) effective 1/1/2022
 - UD modifier no longer allowed for any service
 - FQ modifier added to approved codes
- The TI measures' numerator-qualifying telehealth services will get credit if they follow AHCCCS's telehealth billing guidelines allowed on the date of service
- Regarding telehealth claims denied in 2022, TIP performance measurement will accommodate to the extent allowed by AHCCCS for the transition period to the new codes

Performance measurement updates

- Year 5 year-end performance and target adjustments in progress
 - Examining COVID adjustments
 - Including UB-04 procedure codes into performance measurement (affects Providers' SSD performance)
- Adjusted targets and performance will show on dashboards by August 2022
- Will provide updates when complete



RI International: Targeted Investments Program

LESSONS LEARNED YEAR 6

2022

TIP YEAR 6 GOALS

Chosen Performance Measure

Follow up after hospitalization for Mental Illness: 18 and older (30 - Day)

Follow up after hospitalization for Mental Illness: 18 and older (7 - Day)

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotic medications

AIM STATEMENTS

- ▶ Aim 1. Between October 21, 2021 and September 30, 2022, ensure that a minimum of 73% of participants enrolled in services with RI who experience a behavioral health hospitalization, complete a follow up appointment with their assigned psychiatric provider within 7-days of discharge.
- ▶ Aim 2. Between October 21, 2021 and September 30, 2022, ensure that a minimum of 87% of participants enrolled in services with RI who experience a behavioral health hospitalization, complete a follow up appointment with their assigned psychiatric provider within 30-days of discharge.
- ▶ Aim 2. Between October 21, 2021 and September 30, 2022, ensure that a minimum of 66% of participants enrolled in services with RI who are prescribed antipsychotic medications complete a diabetes screening.

PROGRESS AND INTERVENTIONS

What progress have you made since the start of TIP? Have you implemented any specific interventions?

- ▶ Years 2 & 3:
 - ▶ Implemented use of an Individualized Integrated Care Plan (transitioned from paper to E.H.R.)
 - ▶ Implemented use of PRAPARE to screen for social determinants of health
 - ▶ Improved PCP communication form and protocol
 - ▶ Joined Health Information Exchange

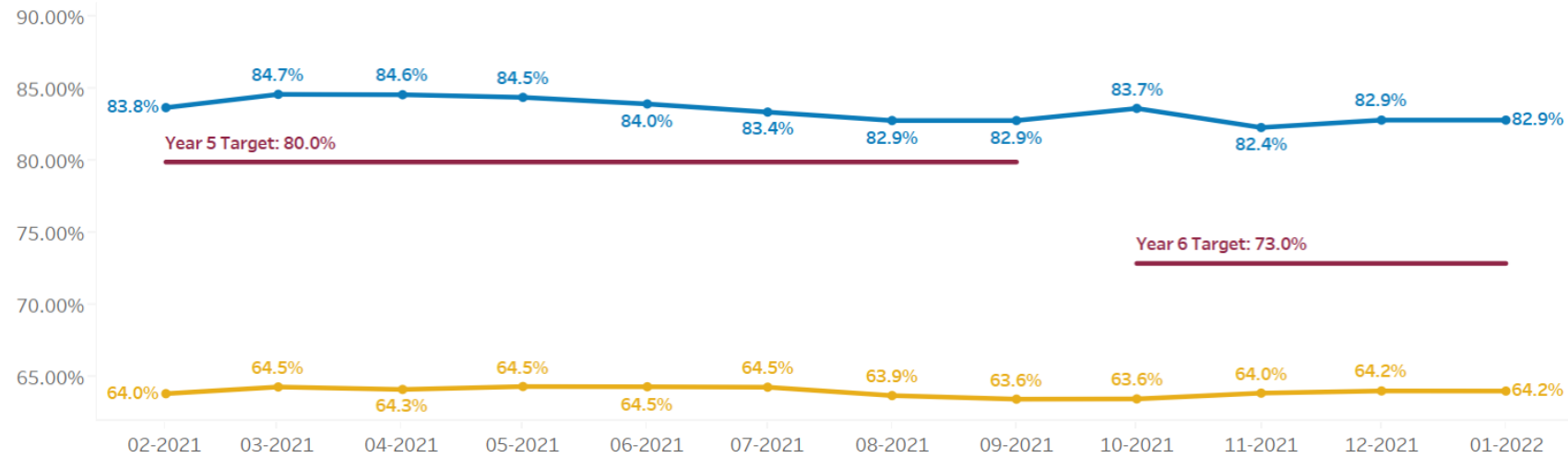
PROGRESS AND INTERVENTIONS

- ▶ Years 4, 5, & 6
 - ▶ Utilization of HIE alerts and coordination (Follow up 7-day and 30-day appointments with psychiatric provider after discharge from hospital)
 - ▶ Created report in E.H.R. for patient panel
 - ▶ Identifying participants prescribed antipsychotic medications, encourage and/or assist with scheduling diabetes screening appointments (Diabetes screening for participants prescribed antipsychotic medication)
 - ▶ Medical assistant reviews medications and recommends diabetes screening as needed
 - ▶ Assists with scheduling appointment as needed
 - ▶ Diabetes education group

7-DAY FOLLOW UP

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

RECOVERY INNOVATIONS INC vs. Providers in same Area of Concentration

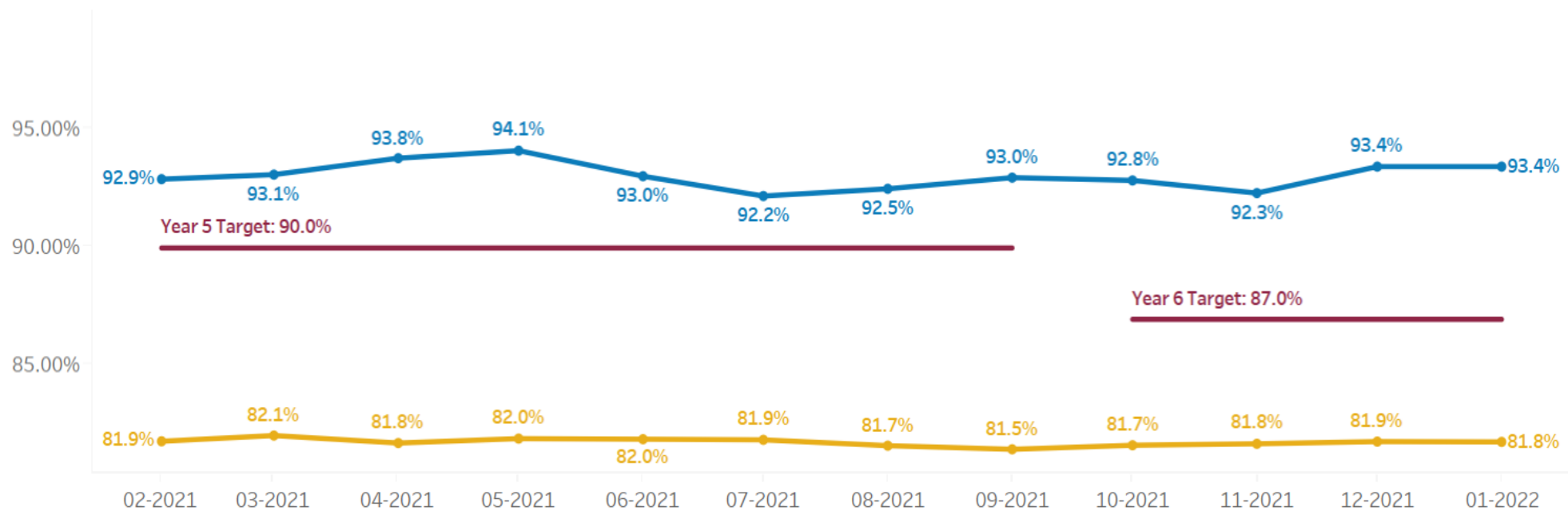


Denominator

30-DAY FOLLOW UP

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

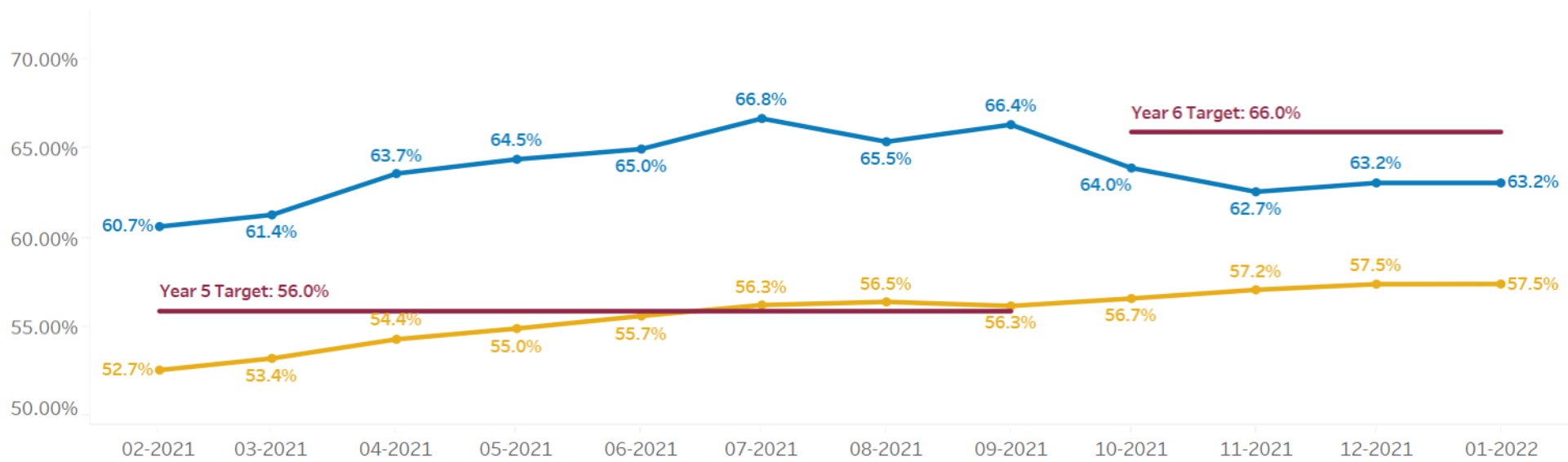
RECOVERY INNOVATIONS INC vs. Providers in same Area of Concentration



DIABETES SCREENING

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

RECOVERY INNOVATIONS INC vs. Providers in same Area of Concentration



FINISHING YEAR 6

- ▶ Fill vacant medical assistant positions
- ▶ Increase focus on diabetes screening and diabetes education
- ▶ Continue to encourage referral sources to maintain a regularly scheduled staffing throughout time of participant enrollment with RI
- ▶ Ensure that new programs implement all of the protocols created for OHC during TIP

PARTICIPATING IN TIP

- ▶ Most helpful:
 - ▶ Attending TIP and TIP QIC meetings
 - ▶ Learning from other providers
 - ▶ Specific measures and timelines
- ▶ Least helpful
 - ▶ Global pandemic
 - ▶ Difficulty with clear-cut patient assignment

WHAT HAS WORKED

- ▶ Creating forms and reports in the E.H.R.
- ▶ Coordinating with other providers
- ▶ Embedding training in the on-site orientation for new staff
- ▶ Utilizing HIE alerts to trigger follow up with participants and case management teams to promote 7-day and 30-day follow up appointments
 - ▶ Consistently using a template for emails to attending clinician when an HIE is received
 - ▶ Supervisor follow up on progress/results

WHAT HAS NOT WORKED

- ▶ Consistent staffing; difficult to fill vacancies, especially medical assistants
- ▶ Additional time/effort for training due to turn over
- ▶ Challenges with changes to HIE alerts (staff receiving alerts, updating patient panels)
- ▶ Lack of reporting capabilities to obtain list of participants receiving specific medications or sharing specific diagnoses

WHAT WE WOULD DO DIFFERENTLY

- ▶ Record trainings for future use or create trainings available through Relias
- ▶ Focus more on refresher trainings for all staff to avoid having gaps during staffing shortages/ medical assistant vacancy
- ▶ Include crisis programs

Discussion

- Any questions?



INTERMOUNTAIN
CENTERS

Intermountain Centers TIP QIC





Who We Are

- Kyle Lininger, MPA, BCBA LBA
Vice President of Clinical Integration



Objectives

- Describe our organizational context
- Answer the following questions:
 1. What throughout the Targeted Investment Program (TIP) has been the most helpful? What has been the least helpful?
 2. What progress have you made since the start of TIP? Have you implemented any specific interventions?
 3. What do you plan to do in the next 4-months to finish out TIP Year 6?
 4. What has worked well for your organization?
 5. What has not worked well for your organization?
 6. If you could do one thing differently, what would it be?



Our Brands

- Pinal Hispanic Council
- Behavior Consultation Services
- Intermountain Health Centers
- Intermountain Academy
- Intermountain Centers for Human Development
- Community Partners Integrated Care
- Community Partnership of Southern Arizona



Our Services

Location	Integrated OP	BH OP	Foster Care	Residential	Housing	MAT	ABA	ACT Teams	School
Benson	X								
Casa Grande (Multiple Locations)		X	X		X		X		
Coolidge		X			X				
Douglas		X							
Eloy		X			X				
Flagstaff		X					X		
Nogales (Multiple Locations)		X					X		
Phoenix	X								
Prescott/Chino Valley				X					
Safford		X							
Sells		X							
Sierra Vista	X								
Tucson (Multiple Locations)	X	X	X	X	X	X	X	X	X
Yuma	X		X		X		X		



Our Story

- In 2016 primarily pediatric outpatient BH, residential and foster care
- Mergers and Acquisitions 2017-2019
 - Behavior Consultation Services
 - Pinal Hispanic Council
 - Community Partners



The Challenges for TI

- 4 Different EHRs
- 3 Different Approaches to TI
- Change Management

What throughout the Targeted Investment Program (TIP) has been the most helpful? What has been the least helpful?

- Most Helpful
 - Data Insights
 - Incentives for transition to value-based efforts
 - Team Work
 - Prioritization
 - Intended Alignment with Health Current
- Least Helpful
 - IPAT emphasis
 - Participation from psychiatric inpatient facilities
 - Medical focus

What progress have you made since the start of TIP? Have you implemented any specific interventions?

Year 6 Performance Summary for INTERMOUNTAIN HEALTH CENTER

June 12, 2022

Most Recent Report Period 02/2021 to 01/2022

	TARGET	PERFORMANCE	NUMERATOR/ DENOMINATOR	% DIFF FROM BASELINE	% DIFF FROM 3 MONTHS PRIOR	% DIFF FROM SAME AOC	% OF POTENTIAL PAYMENT PER AOC
ADULT BH	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	54%	45.8%	11 / 24 ↑ 23.8%	↑ +22.2%	↓ -20.3%	15%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	73%	77.8%	7 / 9 ↑ 11.1%	↑ +11.1%	↑ +21.2%	50%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	87%	100.0%	9 / 9 ● -	● -	↑ +22.2%	25%
PEDS BH	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (7-day)	85%	86.8%	59 / 68 ↑ 1.9%	↓ -1.9%	↑ +7.5%	50%
	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (30-day)	92%	98.5%	67 / 68 ↑ 1.3%	↓ -	↑ +4.1%	25%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	47%	46.3%	75 / 162 ↑ 24.4%	↑ +12.8%	↑ +11.8%	15%

What progress have you made since the start of TIP? Have you implemented any specific interventions?

Year 6 Performance Summary for PINAL HISPANIC COUNCIL

Most Recent Report Period 02/2021 to 01/2022



















	TARGET	PERFORMANCE	NUMERATOR/ DENOMINATOR	% DIFF FROM BASELINE	% DIFF FROM 3 MONTHS PRIOR	% DIFF FROM SAME AOC	
ADULT BH	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	66%	56.0%	112 / 200	0.2%	+4.4%	-2.6%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	73%	67.2%	82 / 122	0.8%	-7.3%	+4.7%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	87%	91.0%	111 / 122	3.0%	-0.7%	+11.2%
PEDS BH	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (7-day)	85%	93.3%	14 / 15	1.8%	+1.8%	+15.6%
	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (30-day)	92%	93.3%	14 / 15	1.8%	+1.8%	-1.4%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	47%	54.7%	29 / 53	31.8%	+13.6%	+32.1%

*The measure-based milestones shown in this view account for 90-95% of annual TI potential payment per Area of Concentration (AOC). Not shown here: 5% of PCP, BH, and Justice payments are tied to IPAT score submission; payments are tied to sufficient QIC attendance. The TI Webpage contains additional information: <https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>

What progress have you made since the start of TIP? Have you implemented any specific interventions?

Year 6 Performance Summary for ASSURANCE HEALTH AND WELLNESS

Most Recent Report Period 02/2021 to 01/2022

	TARGET	PERFORMANCE	NUMERATOR/ DENOMINATOR	% DIFF FROM BASELINE	% DIFF FROM 3 MONTHS PRIOR	% DIFF FROM SAME AOC
ADULT BH	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	66%	835 / 1,272	 5.1%	 +2.6%	 +14.1%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	73%	554 / 795	 3.9%	 +1.1%	 +8.6%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	87%	684 / 795	 0.7%	 +0.1%	 +5.1%
ADULT PCP	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	66%	309 / 487	 9.7%	 +6.6%	 +9.9%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	68%	199 / 311	 3.9%	 +1.4%	 +2.7%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	78%	259 / 311	 -0.9%	 -0.1%	 +6.2%

What progress have you made since the start of TIP? Have you implemented any specific interventions?

- Specific Interventions Have Included:
 - Provider Support and Education
 - Major emphasis on IS Infrastructure
 - Monthly Initiatives for Health Education
 - Mobile Phlebotomists
 - Community Health Worker Approach
 - Post-Discharge Counseling Treatment Package

What do you plan to do in the next 4-months to finish out TIP Year 6?

- Initiatives
 - March Madness, Angry April, Marvelous May, Just to it June...
 - “First Contact”
- Regional Approaches to Metabolic Monitoring
 - Community Health Workers in Cochise and Pinal Counties
 - Mobile Phlebotomy Deployment for Peds in Pima County

What has worked well and not well

- Success in the TI chosen measures requires multi-faceted and context specific solutions in an organization like ours.
- A one-size fits all is helpful, but it's not likely to lead to the promised land.
- The TI approach of Year 2 and 3 were not likely to be as successful as a measurement-based approach

In Respect to What We Would Do Differently

- We are committed to investing in project management to improve value-based outcomes

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