

AHCCCS Targeted Investments Program

Peds PCP Well-Care Visits

Quality Improvement Workgroup #3

TIP Year 6: Quality Improvement Workgroup Series
June 15, 2022: QIW #3 Session #6

Disclosures

CEU Disclosures:

There are no disclosures.

Recording:

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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 application of PDSA cycle
2. Develop plan to achieve well-child check targets for three age groups

Agenda

TIME	TOPIC
12:00 to 12:02 PM	Overview
12:02 to 12:20 PM	PDSA Cycle Updates
12:20 PM to 12:50 PM	PDSA Cycle Discussion
12:50 PM to 1:00 PM	Homework and Next Steps

Quality Improvement Workgroup Case Study Organization

Encompass

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Encompass PDSA Ramp #1

Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022

Goal: Identify a comprehensive list of PCP patients and PCP assignment (prioritized obstacle #1)

		Cycle 1: Identify team members who will be develop, engage, and track progress	Cycle 2: Compliance creates a list of patients in 3 age categories	Cycle 3: Identify those that are PCP only (compared to PCP and BH enrollment or BH only)	Cycle 4: Create a system for tracking patients who move across age categories and those no longer eligible
Plan	Who?	Matt, Alicia, Courtney (TI Team)	Alicia	Courtney	Jessica
	What?	Identify who is able to pull these lists and from where	Create 3 separate lists for the appropriate age ranges	Identify dual enrollment status	Create report using EMR
	Where?	Encompass	Health Plan Rosters for TI members	EMR	Behavioral & Medical EMR
	When?	April 11 (Complete)	April 25 (Complete in Category. Data harmonization see revision)	May 16 (Complete)	May 16 (Ongoing due to incomplete data harmonization)
Do	How?	TI Team meeting to identify team members	Break list into 3 age categories; compare across lists and complete TIP data harmonization process	Identify dual enrollment status	Following creation of list, review list monthly
Study	Evaluate	team members identified (yes/no); # of team members involved in identifying members and re-engaging (goal = 5)	# of lists (broken out by age category); match with TI member list; complete data harmonization process (yes/no)	# of dual enrollments; # of PCP only (broken out by age category)	Monthly review complete (yes/no); # of patients transitioned
Act	Monitor or Revise	Plan met = monitor periodically (check-in with the team; monitor list)	If plan met = monitor If plan not met = revise and do-over Revision: move forward with current lists broken out by age	Plan met = monitor periodically (check-in with the team; monitor list)	If plan met = monitor <i>monthly</i> If plan not met = revise and do-over

Encompass PDSA Ramp #2

Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022

Goal: Proactive patient outreach and cultivate frontline staff (prioritized obstacle #2 and #3 combined)

		Cycle 1: Work with management to establish cross-departmental cooperation for additional duties.	Cycle 2: Create outreach guidelines and procedures	Cycle 3: Train staff for outreach	Cycle 4: Manage list of eligible patients for engagement/re-engagement teams.
Plan	Who?	TI Team and EHS Management	TI Team	TI Team	Engagement Team
	What?	Discuss TI needs and benefits for adding additional duties	Update current policies	Train front-desk staff, MA's, and case managers on updated policies and procedures	Document engagement (successful/not successful); re-engagement team reports back to compliance team
	Where?	EHS	Encompass	BH and Medical	Encompass
	When?	April 11 (Complete)	May 16 (Complete)	May 30 (In process, new goal 6/24)	Ongoing (On Hold, Contingent Upon cycle 3)
Do	How?	Meet with management to discuss TI needs and benefits for adding additional duties	Review encompass policies on re-engagement; update and submit to leadership for approval	Communicate updated policies through trainings with relevant staff across Encompass sites; include motivational interviewing	Continuously manage list of eligible patients
Study	Evaluate	Cross-Departmental Cooperation Permission (Yes/No)	Policies and procedures updated (yes/no) – No Change Needed	# of staff trained by staff type	# of patients outreached to; # of patients re-engaged; # of patient not re-engaged % of patients contacted; % of patients completed visit
Act	Monitor or Revise	Plan met = Lock-in approval	Plan met = monitor	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor <i>monthly</i> If plan not met = revise and do-over

Encompass PDSA Ramp #3

Aim: Increase well-care visit rate performance (see specific aims) from April 4, 2022 to August 30, 2022			
Goal: Establish integrated collaboration/communication among staff for well-child measures (prioritized obstacle #4)			
		Cycle 1: Establish a monthly meeting with medical provider and engagement team - TI Team ; Revised to swap these two cycles	Cycle 2: Establish a monthly meeting with engagement team and TI management.
Plan	Who?	PCP and Engagement Team	Engagement Team and TI Team
	What?	Monthly team meetings with relevant members to discuss upcoming medical appointments	Monthly team meetings with relevant members to discuss unsuccessful and successful engagement
	Where?	Encompass	Encompass
	When?	Monthly (meet first of the month to discuss upcoming appointments)	Monthly (meet at the end of the month to discuss engagement successes)
Do	How?	Monthly team meetings with relevant members to discuss upcoming medical appointments	Monthly team meetings with relevant members to discuss unsuccessful and successful engagement
Study	Evaluate	Monthly meeting (yes 1/2) Met with Provider, not engagement team	Monthly meeting (yes/no); # of successful engagements; # of unsuccessfully engaged Awaiting Team training
Act	Monitor or Revise	Plan not met = revise and do-over → Meet with engagement team beginning of month to set expectations and goals	Plan not met = revise and do-over → Meet with medical provider to update on completed exams

Discussion

Final Push

- 9th Inning
- 2 Minute Drill
- Down to the Wire
- Green Bay Sweep
- Hail Mary Pass

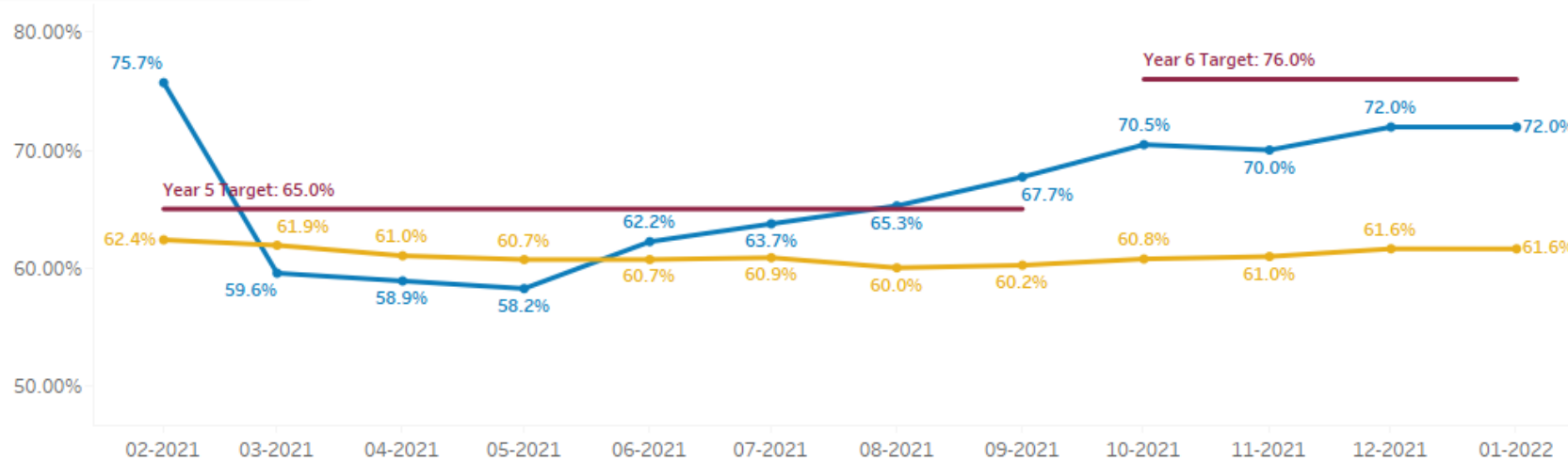
TIP Year 6 Targets

TI Area of Concentration (AOC)	W15/W34/AWC	Y4 Target*	Y5 Target	Y6 Target
Peds PCP	W15	65%, 80%	65%, 80%	61%, 76%
	W34	60%, 85%	60%, 85%	56%, 77%
	AWC	40%, 60%, 80%	40%, 60%, 80%	40%, 59%, 70%

Example

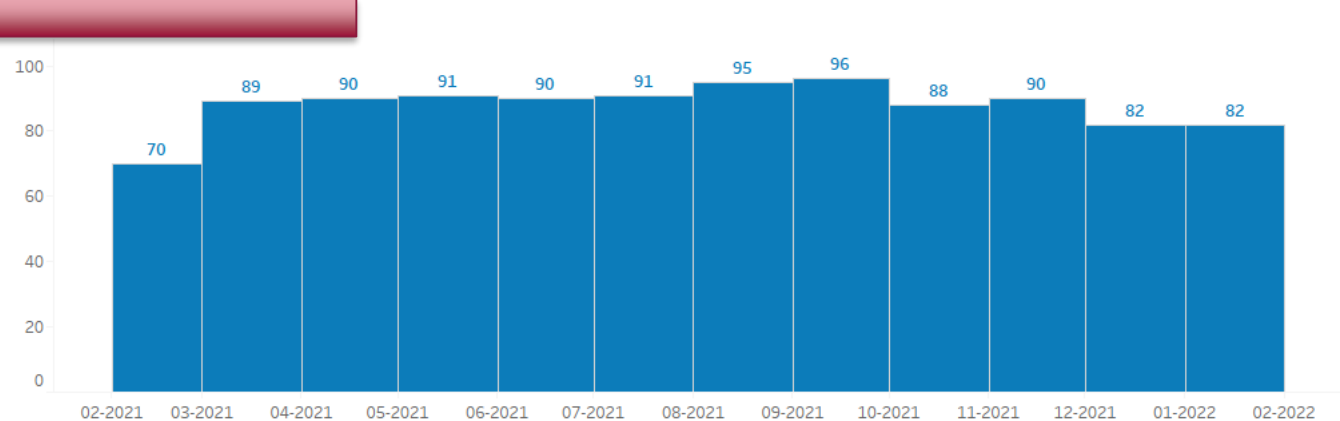
Performance on Measure (Each month is a 12-month report period)

vs. Providers in same Area of Concentration



Well-Care Visits
(Ages 0-15
Months): 6 or
More Well-Child
Visits

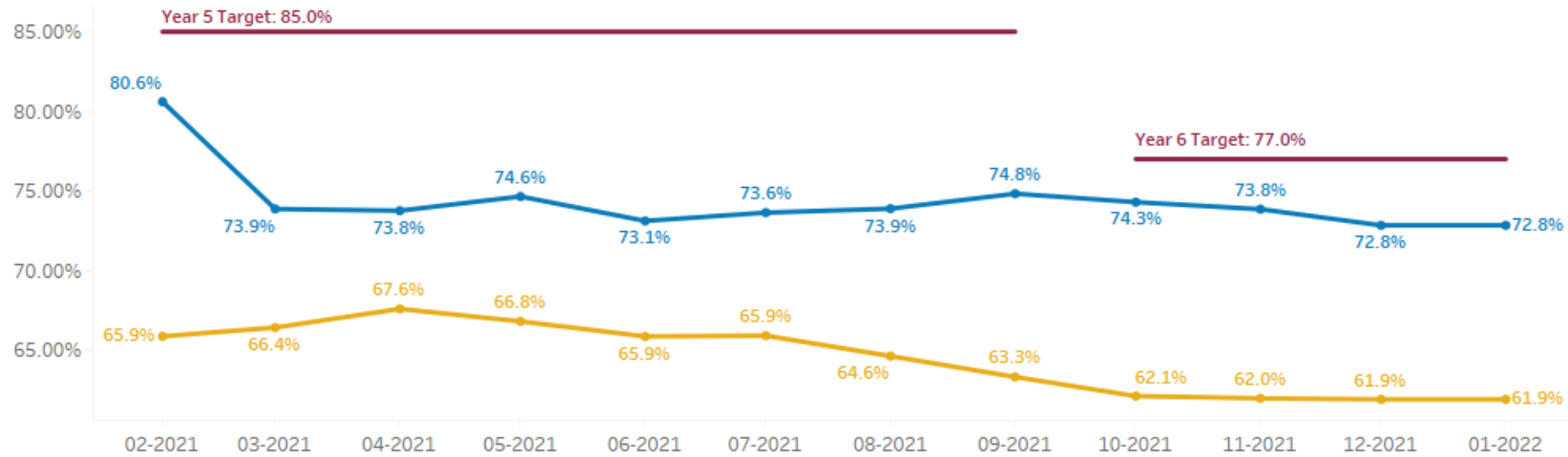
Denominator



Example

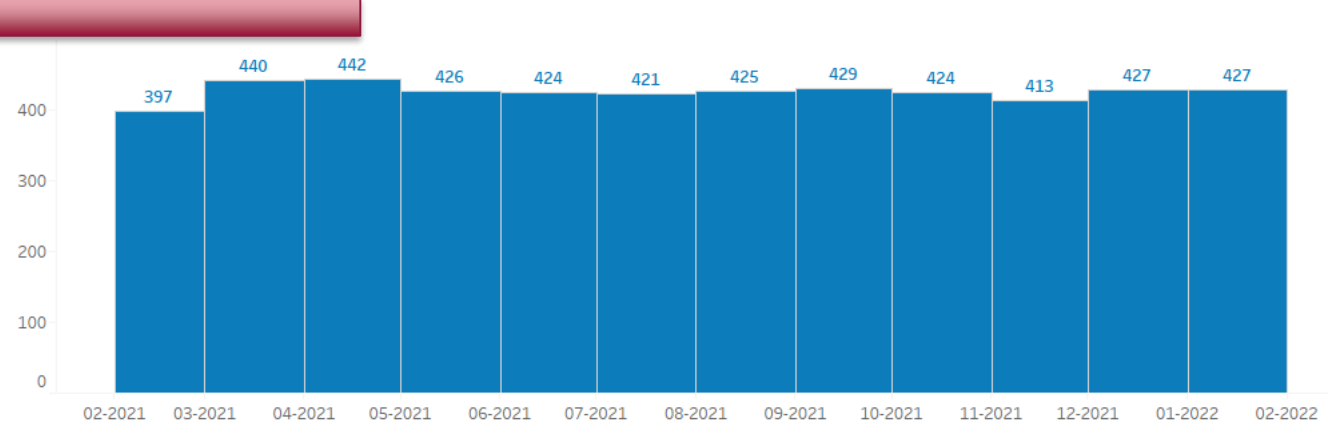
Performance on Measure (Each month is a 12-month report period)

vs. Providers in same Area of Concentration



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

Denominator

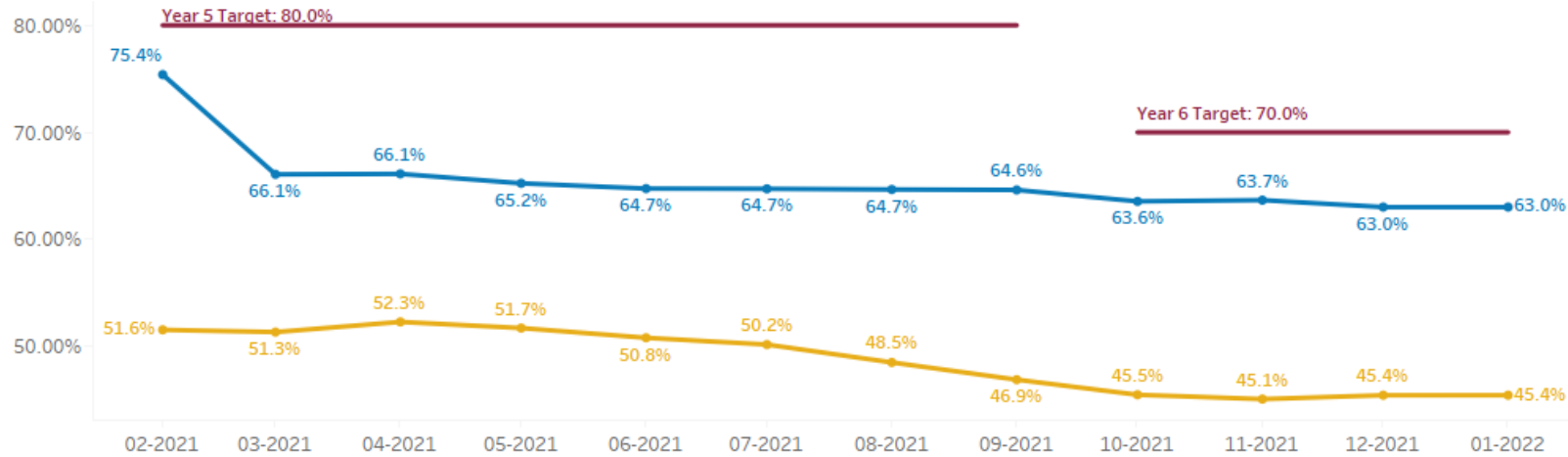


Example

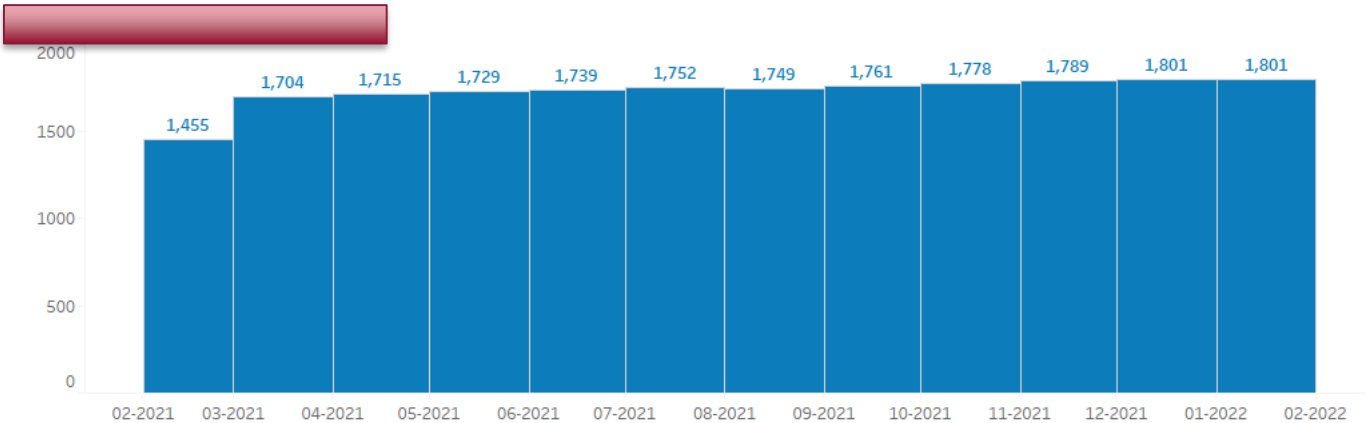
Adolescent
Well-Care
Visits: At Least
1
Comprehensive
Well-Care Visit

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

vs. Providers in same Area of Concentration



Denominator



Reflection

- Please go to the dashboard for your organization and review your performance for the well-child checks for the three age groups

Dashboard URL: data.tipqic.org

Peer Discussion

- What is the single most important thing to achieve your well-child check visit targets for the three age groups in your organization?
 - Please write a 1-sentence answer
- What is the biggest barrier for you to achieve your targets?
 - Please write a 1-sentence answer

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!

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