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/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	Going Forward
12:50 PM to 1:00 PM	Next Steps

Quality Improvement Workgroup Today's Case Study Organization

Copa Health (Partners in Recovery)

Latrice Hickman, Vice President, Compliance & Risk: Latrice.Hickman@copahealth.org

Dr. Michael Franczak, Director of Population Health: michael.franczak2@copahealth.org

Dr. Jacqueline Webster, Assistant Director of Population Health: Jacqueline.Webster@copahealth.org

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Ashok Kumar, Sr. Director of Systems & Data Engineering: Ashok.Kumar@copahealth.org

COPA Aim Statements

- Aim Statement:
  - MARC Community Resources
    - Increase the **Adult BH SSD** rate 5 percentage points (64% to 69%) from April 13, 2022 to August 30, 2022
      - TIP Target = 66%; 215 patients (counseling only)

  - Partners in Recovery
    - Increase the **Adult BH SSD** rate 5 percentage points (66% to 71%) from April 13, 2022 to August 30, 2022
      - TIP Target = 66%; 2,076 patients
    - Increase the **Adult PCP SSD** rate 3 percentage points (68% to 71%) from April 13, 2022 to August 30, 2022
      - TIP Target = 66%; 1,216 patients

COPA Obstacles, Interventions, Metrics

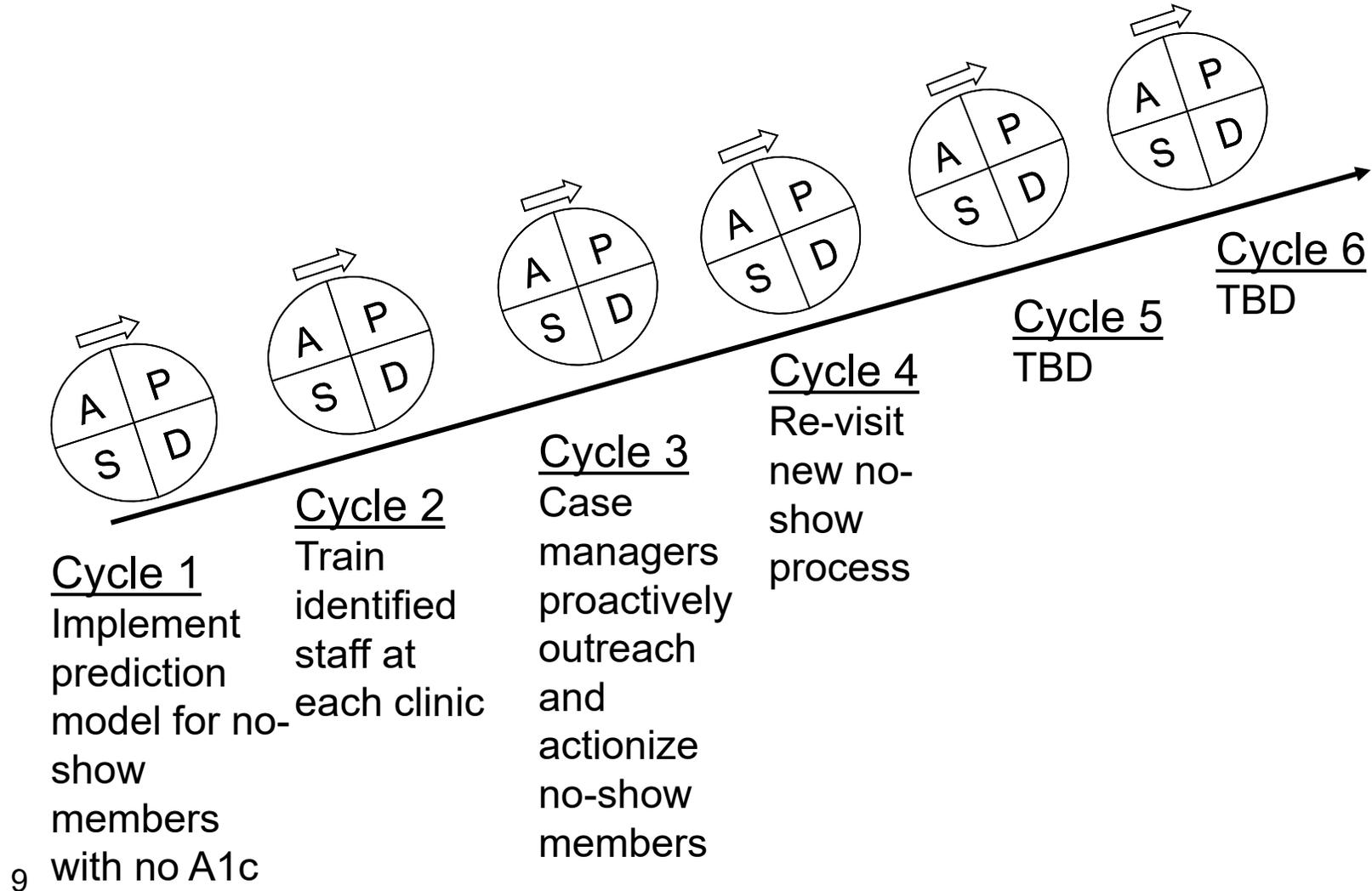| Priorities	Prioritized Obstacles	Intervention	Metrics
1	• <u>No Show Members</u>: Getting members in for appointments (members with high no show rates)	• **Develop report for no-show rate for members with no A1Cs** • **Develop prediction model for no-show members** • **Stratify no-show members by no-show status/type** • **Create process for each no-show members prediction "type"**	• **Individuals who require A1c lab values who have high no show rates for appointments** • **After interventions are implemented measure whether no show rates improve and whether that has an impact on A1c completion for members ith high no show rates**
2	• <u>In-House Lab Draws</u>: PCP's unable to conduct lab draws; MA's/staff not comfortable with lab draws; no full-time phlebotomist		
3	• <u>Accurate Receipt of Lab Results</u>: Difficulty with ensuring Lab Core/Sonora Quest Records are correctly recorded/received in COPA's EMR/EHR; sometimes would have to manually secure lab records and manually input into EMR/EHR		
4	• <u>Lab Ordering Efficiency</u>: COPA initiative focused on reduction of duplicate labs. Many members have had annual labs that did not capture the A1C appropriately		

COPA PDSA Ramp

Aim: Increase the SSD rates					

Goal: Getting members in for appointments (members with high no show rates)

		Cycle 1: Implement prediction model for no-show members with no A1c	**Cycle 2**: Train identified staff at each clinic	**Cycle 3**: Case managers proactively outreach and actionize no-show members	**Cycle 4**: Re-visit new no-show process
Plan	Who?	Ashok Kumar, Latrice Hickman	Dr. Jacqueline Webster and Derrick Baker	Program Directors, Clinical Directors, Clinical Coordinators	Population Health and Data Analytics Team
	What?	No-show A1C report developed. No-show prediction model developed. Present model and training plan to leadership team.	Train Program Directors, Clinical Directors, Clinical Coordinators, Integrated Care Coordinators, Chief Psychiatrists, and Lead RNs on how to use prediction model.	Clinical Coordinators use the prediction model to schedule members and outreach efforts for members w/o an A1C based on no-show rate.	Review and revise no-show process.
	Where?	COPA	COPA; implement 1 clinic at a time	Copa Health clinics and clinical teams within each clinic	Copa data lake
	When?	Prediction Model Completed Presentation to Leadership Team – May 2022	Start with first clinic in mid-June; train all clinics by mid-July	Following Cycle 2 training – All clinics should be using the model by the end of July 2022	Monitor weekly data on individuals A1c completion
Do	How?	Implement prediction model	Create training curriculum; Train the identified staff at each clinic	Implement use of the prediction model	Bi-weekly reports
-Study	Evaluate (Metrics)	Prediction Model Created (**Yes**/No); Prediction Model Implemented (**Yes**/No); Prediction Model Monitoring (Weekly – **Yes**/No)	Training Held at Each Clinic (Yes/No)	# of A1c completions for individuals identified as high no shows	# of A1c completions for individuals identified as high no shows for each clinical team
Act	Monitor or Revise	If plan met = *Monitor; Continue revising and refining prediction model* 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

COPA PDSA Ramp

Cycle 1
Implement prediction model for no-show members with no A1c

Cycle 2
Train identified staff at each clinic

Cycle 3
Case managers proactively outreach and actionize no-show members

Cycle 4
Re-visit new no-show process

Cycle 5
TBD

Cycle 6
TBD

COPA Metrics

Metrics														
	Numerator/Denominator	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Cycle #1: Implement prediction model for no-show members with no A1c													
Prediction Model Created	Yes/No	X	X										
Prediction Model Implemented	Yes/No			X	X								
Prediction Model Monitoring	Yes/No					X	X	X	X	X	X	X	X
Cycle 2: Train identified staff at each clinic						X	X	X	X				
Training Held at Each Clinic	Yes/No					X	X	X	X				
Cycle #3: Case managers proactively outreach and actionize no-show members										X	X	X	X
# of A1c completions for individuals identified as high no shows	# of A1s completions									X	X	X	X
	# of patient no shows									X	X	X	X

Discussion

Final Push

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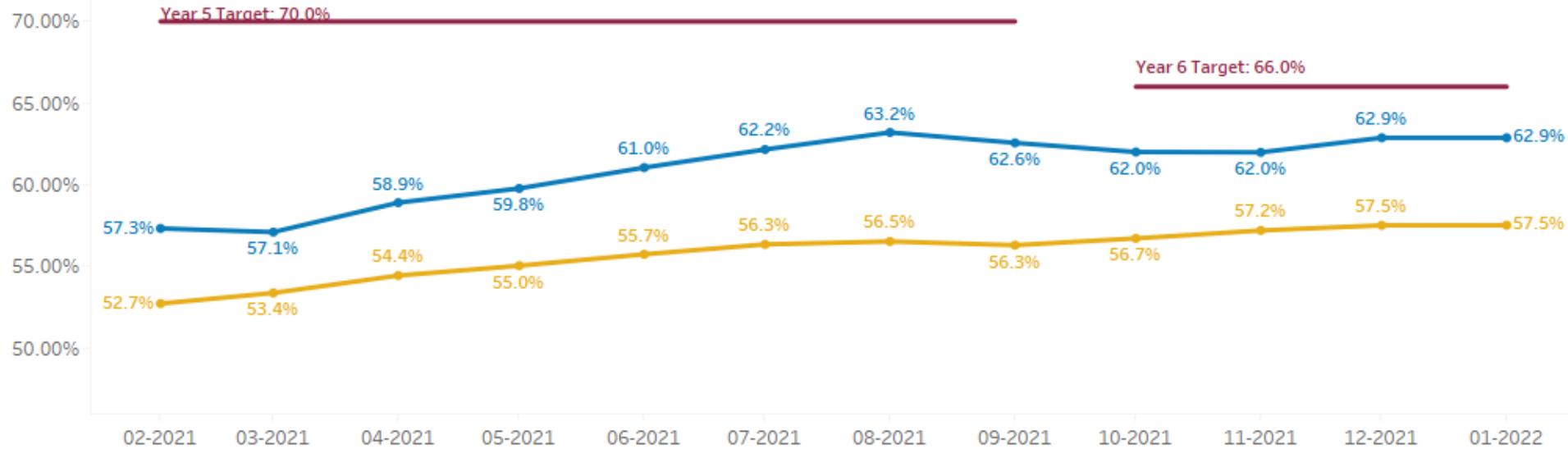- Green Bay Sweep
- Hail Mary Pass

TIP Year 6 Targets

TI Area of Concentration (AOC)	SSD / APM	Y4 Target*	Y5 Target	Y6 Target
Adult PCP	SSD	56%, 83%	56%, 70%	55%, 66%
Adult BH	SSD	70%, 80%	56%, 70%	54%, 66%
Peds BH	APM	50%	50%	47%
Justice	SSD	N/A	68%	68%

*TI Year 4 target adjustments were made to account for impacts of COVID. For your adjusted target, see the June 2021 email from AHCCCS TI team.
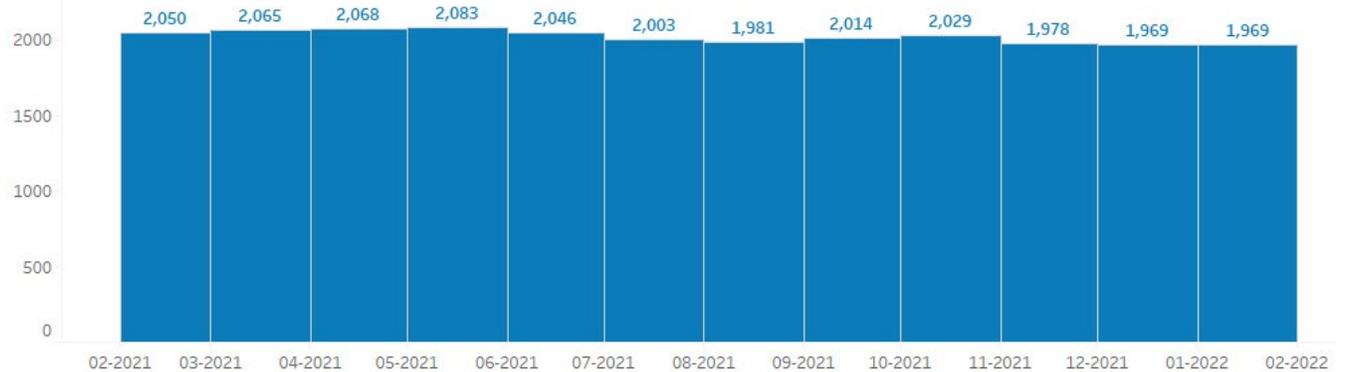
Example

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

[............] vs. Providers in same Area of Concentration

Diabetes Screening (Adult BH)

Year 5 Target: 70.0%

Year 6 Target: 66.0%

- Blue line: 57.3%, 57.1%, 58.9%, 59.8%, 61.0%, 62.2%, 63.2%, 62.6%, 62.0%, 62.0%, 62.9%, 62.9%
- Yellow line: 52.7%, 53.4%, 54.4%, 55.0%, 55.7%, 56.3%, 56.5%, 56.3%, 56.7%, 57.2%, 57.5%, 57.5%

X-axis: 02-2021, 03-2021, 04-2021, 05-2021, 06-2021, 07-2021, 08-2021, 09-2021, 10-2021, 11-2021, 12-2021, 01-2022

Denominator

2,050 2,065 2,068 2,083 2,046 2,003 1,981 2,014 2,029 1,978 1,969 1,969

X-axis: 02-2021, 03-2021, 04-2021, 05-2021, 06-2021, 07-2021, 08-2021, 09-2021, 10-2021, 11-2021, 12-2021, 01-2022, 02-2022

Reflection

- Please go to the dashboard for your organization and review your performance for the diabetes screening/metabolic monitoring measure(s)

Dashboard URL: data.tipqic.org

Peer Discussion

- What is the single most important thing needed to achieve the diabetes screening/metabolic monitoring measure(s) 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 available in chat
  - If issues accessing, please email TIPQIC@asu.edu
  - All CEU's for 2022 will be awarded following all 2022 QIC sessions (ETA November 2022)

- Attendees to complete recommended next steps

- Slides and template can be found on the TIPQIC website

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

Thank you!

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