

AHCCCS Targeted Investments Program

Peds Quality Improvement Collaborative

TIP Year 6: Session #4
September 6, 2022

Disclosures

CEU Disclosures:

There are no disclosures.

Recording:

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

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:32 AM	Introduction	Kailey Love
11:32 AM – 11:35 AM	TIP Phase 2 Update	Cameron Adam
11:35 AM – 11:55 AM	TIP Phase 1 Reflection	William Riley, PhD
11:55 AM – 12:45 PM	Discussion	All
12:45 PM – 1:00 PM	Next Steps	Kailey Love

TIP Phase 2 Update

Learning Objectives

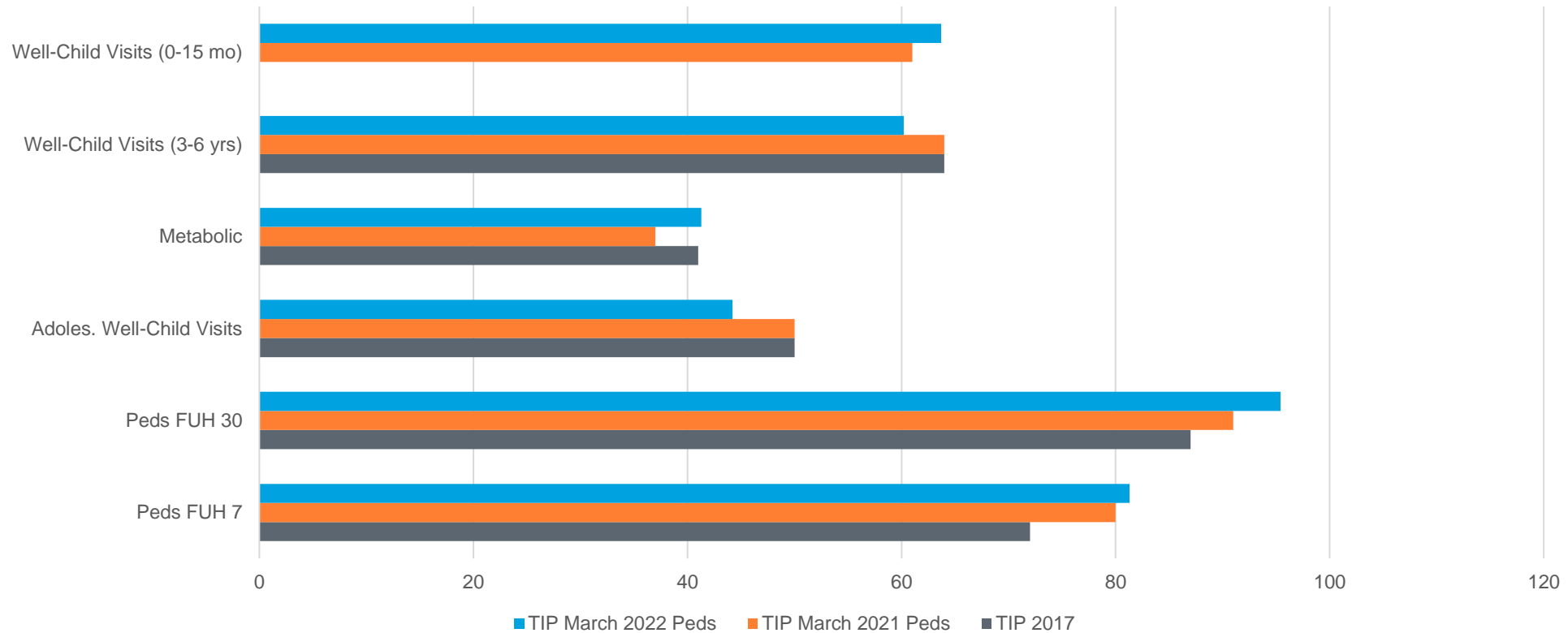
1. Critically analyze lessons learned for your organization
2. Describe the role of data and the barriers in the Targeted Investment Program

Overcoming Barriers

- COVID-19 Pandemic
- Modification to Allowed Telehealth Codes
- Inclusion of Collaborative of Care Model Codes
- Alternative Attribution Methodologies
- UB-04 Procedure Codes

Performance Measures

TIP Peds AOC Performance Comparison
TIP 2017 (Sept), TIP 2021 (March), TIP 2022 (March)



*Measures were increasing in 2019 before pandemic

Roles of Data in the Targeted Investment Program

- Dashboards for Performance Tracking (Providers and MCOs)
- Technical Assistance Based on the Data
- Data Harmonization to Improve Internal Monitoring of Members
- Aggregate Performance Measures
- Impact of Telehealth to TIP (new codes)
- Collaborative of Care Model (new codes)
- Common Attribution Methodology
- Assignment File Coordination

QIC Topic Summary & Reflection

QIC Topic	Date
Attribution Methodologies	March 2020
Trend Chart Analysis	April 2020
Run Chart Analysis	May 2020
Cause & Effect Analysis	June 2020
Health Information Exchange	August 2020
Process Mapping	September 2020
Collaborative Care Model	October 2020
Internal Performance Reporting	November 2020
Follow-up After Hospitalization Round Table	January 2021
Appointment Compliance Round Table	February 2021
High Performing Organizations	March 2021
Soft Infrastructure Aspects of Telemedicine	April 2021
Integrated Care Coordination	May 2021
System Level Coordination for Follow-up After Hospitalization	June 2021
System Level Coordination for Metabolic Monitoring	August 2021
Targeted Investment Program Reflection	September 2021
Best Practice Guides, Measure Details Guides, Onboarding Checklist	January 2022
AHCCCS Root Cause At Scale (ARCS)	April 2022
Quality Improvement Workgroup Case Studies	June 2022

Resources Available

- **Best Practice Audit Guides**
 - Building Capacity for Performance Excellence
 - Follow-up After Hospitalization for Mental Illness (FUH)
 - Diabetes Screening (SSD) / Metabolic Monitoring (APM) for People on Antipsychotic Medications
 - Child and Adolescent Well-Care Visits (W15, W34, AWC)
- **Measure Detail Guides**
 - Follow-up After Hospitalization for Mental Illness (FUH)
 - Diabetes Screening (SSD) / Metabolic Monitoring (APM) for People on Antipsychotic Medications
 - Child and Adolescent Well-Care Visits (W15, W34, AWC)
- **Onboarding Checklist**
- **ARCS Dashboard Guides**
 - FUH, SD, APM, W15, W34/AWC
- **Tutorials**
 - How to access your dashboard; Orientation to your dashboard, ARCS guides

AHCCCS Root Cause at Scale (ARCS) Analysis

Follow-up After Hospitalization	Diabetes Screening/Metabolic Monitoring	Well-Child (W15)	Well-Child (W34) and Adolescent Well-Care
Impact Assessment	Impact Assessment	Impact Assessment	Impact Assessment
Non-Numerator Visits in Follow-up Period	Non-Numerator Visits in Reporting Period	Non-Numerator Visits in Reporting Period	Non-Numerator Visits in Reporting Period
Length of Stay	Prescriber Visits	Spacing	Member Sex
SMI Status	SMI Status	Member Sex	Member Age
Discharge Day of the Week	Member Age		
Admission Day of the Week	Member Sex		
Days to Follow-up After Hospitalization Visit			
Member Sex			
Member Age			

TIP Process Improvement Gains (2016-2022)

- Peer organizations sharing best practices
- Improved use of HIE systems
- Enhanced use of data to improve performance
- Enriched understanding of performance measures used in value-based programs
- Proficiency in analyzing workflows
- Creative problem solving to improve delivery of care
- Strengthened integration and coordination across provider types and care continuum
- Model for Improvement proficiency

TIP Reflection:

Peds PCP & BH Year 4, 5, and 6

Peds PCP Performance Measure

Well child visits in third, fourth, fifth, and sixth years of life

Adolescent well-care

Well-child visits in the first 15 months of life

Peds BH Performance Measure

Pediatric follow-up after hospitalization for mental illness ages 6-17 (30 Day)

Pediatric follow-up after hospitalization for mental illness ages 6-17 (7 Day)

Metabolic monitoring for children and adolescents on antipsychotics

TIP Quality Improvement Workgroups

- QI Workgroup #1: Adult PCP/BH and Hospital Providers Follow-up After Hospitalization for Mental Illness (FUH) Measure
- QI Workgroup #2: Peds BH Providers Follow-up After Hospitalization for Mental Illness (FUH) Measure
- QI Workgroup #3: Peds PCP Child and Adolescent Well-Care Visits (W15, W34, AWC) Measures
- QI Workgroup #4: Adult PCP/BH Providers and Peds BH Providers Diabetes Screening (SSD)/Metabolic Monitoring (APM) for People on Antipsychotic Medications Measures

Quality Improvement Workgroup

Peds FUH QIW Case Study

Southwest Behavioral Health Services (SBHS)

Contact Information:

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Peds FUH QIW Case Study Example

Component 1: **SBHS** Aim Statement

- Aim Statement:
 - Increase the **7-day** follow-up after hospitalization (FUH) rate 14 percentage points (71% to 85%) from February 14, 2022 to August 30, 2022
 - Increase the **30-day** follow-up after hospitalization (FUH) rate 2 percentage points (94% to 96%) from February 14, 2022 to August 30, 2022

Last Session's Case Study Example Component 2, 3, & 4: **SBHS** Priorities, Interventions, and Measures

Priorities	Obstacles	Intervention	Metrics
1	Staffing shortages	<ul style="list-style-type: none"> Secure leadership support for recruitment follow-up Create incentive package for recruitment and retention Conduct proactive HR outreach to qualified candidates 	<ul style="list-style-type: none"> Identify new recruitment methods # of staff retained # of new staff hired # of interviews scheduled
2	Hospital coordination	<ul style="list-style-type: none"> Improve notification of hospital admissions (health plans, hospitals) Improve notification from hospital discharge team Ensure appointment availability for 7-day FUH Institute hospital cooperation with daily coordination of care Rapid hospital credentialing privileges and badging for Recovery Transition Specialist (RTS) to hospital 	<ul style="list-style-type: none"> % of h/d appointments with no admissions notification % of h/d appointments without daily coordination of care % of appointments missing 7-day FUH due to lack of appointment availability # of RTS credentialed and badged with hospitals
3	Guardian engagement	<ul style="list-style-type: none"> Educate guardian/family on importance of follow up appointments Connect with guardian during child's hospitalization Ensure guardian is part of the discharge planning 	<ul style="list-style-type: none"> % of guardian's engaged in hospital staffing # of guardian sessions during child's hospitalization % of guardians present for discharge planning

SBHS's PDSA Ramp

Aim: Increase the **7-day** follow-up after hospitalization (FUH) rate 14 percentage points (71% to 85%) from February 14, 2022 to August 30, 2022

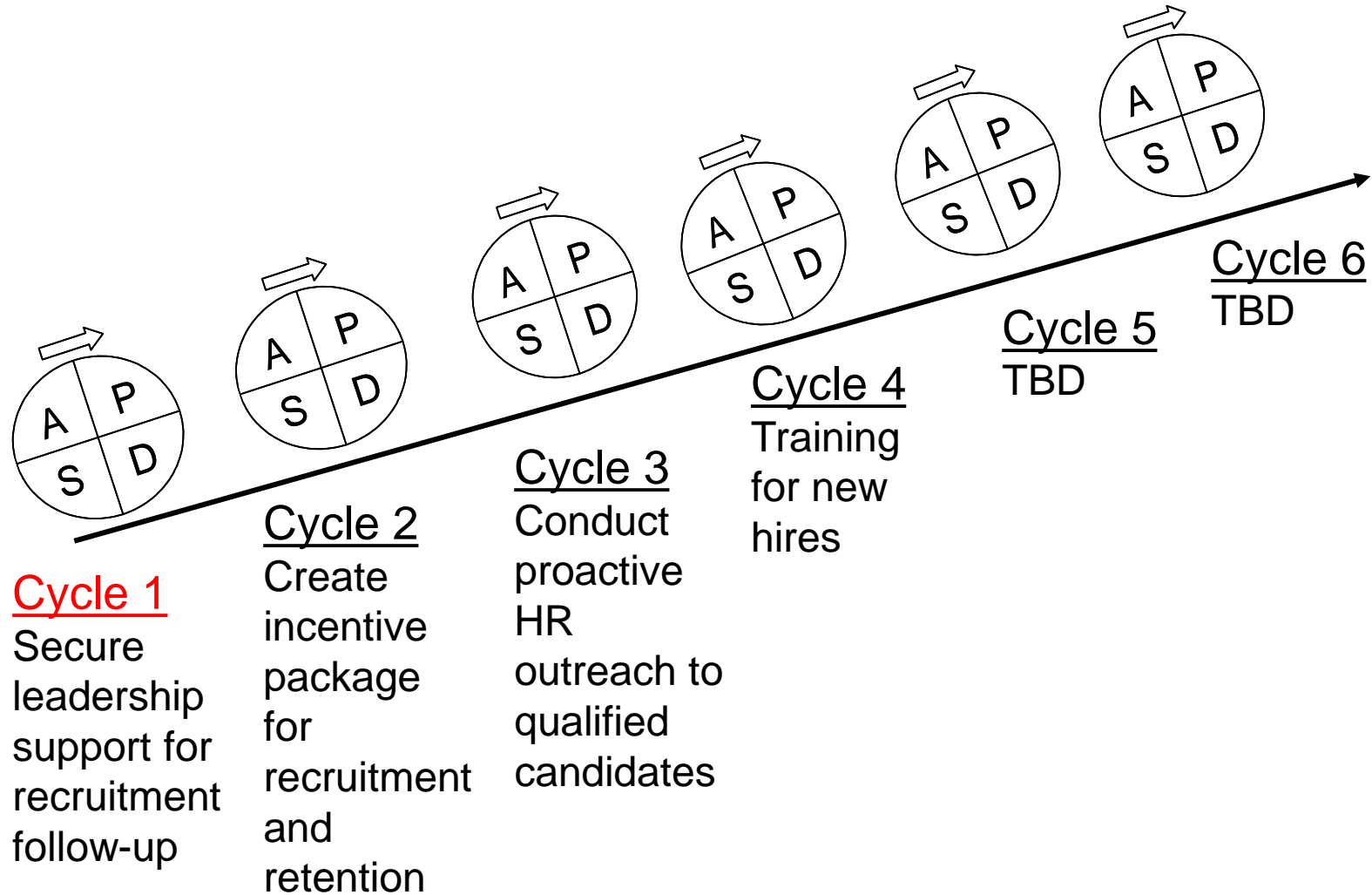
Goal: Reduce staffing shortages in order to complete navigation for all patients

		Cycle 1: Secure leadership support for recruitment follow-up	Cycle 2: Create incentive package for recruitment and retention	Cycle 3: HR outreach to qualified candidates	Cycle 4: Training for new hires	Cycle 5: Complete Navigation for all Patients
Plan	Who?	TIP Team	TIP Team	TIP Team	TIP Team	TIP Team
	What?	Secure VP leadership support approval to hire Recovery Transition Specialists (RTS) position(s). Secure HR leadership support to hire RTS position(s).	Create incentive package for RTS position.	Identify hiring channels for RTS candidates. Identify new recruitment methods. Identify qualified RTS candidates. Conduct proactive HR outreach for candidates.	Finalize training plan. Conduct training for new RTS hires. Orient new RTS hires to team and clinics. Complete necessary credentialing.	Conduct complete navigation on 3 patients.
	Where?	SBHS.	SBHS.	SBHS.	SBHS.	SBHS; from hospital to clinic.
	When?	6-weeks	6-12 weeks	12-16 weeks	16-24 weeks	Week 17+
Do	How?	Leadership support secured	Incentive package developed	1 RTS position already; 3 RTS positions hired & onboarded	3 RTS positions fully trained and onboarded.	Navigation in process; started in February.
Study	Evaluate	VP leadership support obtained (yes/no); HR leadership support obtained (yes/no); # of monthly meetings leadership attended; engagement of leadership at monthly meetings	Incentive package created (yes/no); retention package created (yes/no)	# of qualified candidates identified; # of qualified candidates outreached to; # of candidate interviews scheduled; # of interviews completed	# of training sessions completed; # of staff retained	Debrief each navigation. Identify and implement changes if needed.
Act	Monitor or Revise	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	If plan met = monitor If plan not met = revise and do-over	If plan met = continue If plan not met = revise and do-over

SBHS's Metrics

Metrics		Week																			
Cycle	Numerator/Denominator	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18+		
Cycle #1: Secure leadership support for recruitment																					
VP leadership support obtained	Yes/No	x	x	x	x	x	x														
HR leadership support obtained	Yes/No	x	x	x	x	x	x														
Leadership engagement	# of meetings leadership attended	x	x	x	x	x	x														
	# of meetings total	x	x	x	x	x	x														
Cycle #2: Create incentive package for recruitment																					
Incentive package created	Yes/No							x	x	x	x	x	x								
Retention package created	Yes/No							x	x	x	x	x	x								
Cycle #3: HR outreach to qualified candidates																					
Identify qualified candidates	# of qualified candidates												x	x	x	x	x				
	# of candidates proposed																				
Proactive HR outreach	# of candidates outreached to												x	x	x	x	x				
	# of qualified candidates												x	x	x	x	x				
Cycle #4: Training for new hires																					
Conduct training	# of training sessions completed																	x	x	x	
	# of required training sessions																		x	x	x
Staff retention	# of staff retained																		x	x	x
	# of staff hired																		x	x	x

SBHS's PDSA Ramp



TIP Reflection: Discussion Questions

- What were some of the most impactful interventions that you implemented in TIP Year 6?
 - Intervention means anything new that has been implemented or changed

TIP Reflection: Discussion Questions

- What tools in the model for improvement were the most beneficial to use for your organization? Such as:
 - Aim Statement
 - Prioritizing Barriers
 - Change Strategy
 - Metrics
 - PDSA Cycle

TIP Reflection: Discussion Questions

- How has your organization's quality improvement team and/or capacity evolved over TIP Years 1 through 6?

TIP Reflection: Discussion Questions

- What are the most important lessons learned in TIP Year 6?

Next Steps

- 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!

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