**AHCCCS Targeted Investments Program**

# Adult Quality Improvement Collaborative

**TIP Year 6: Session #4**
**September 13, 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

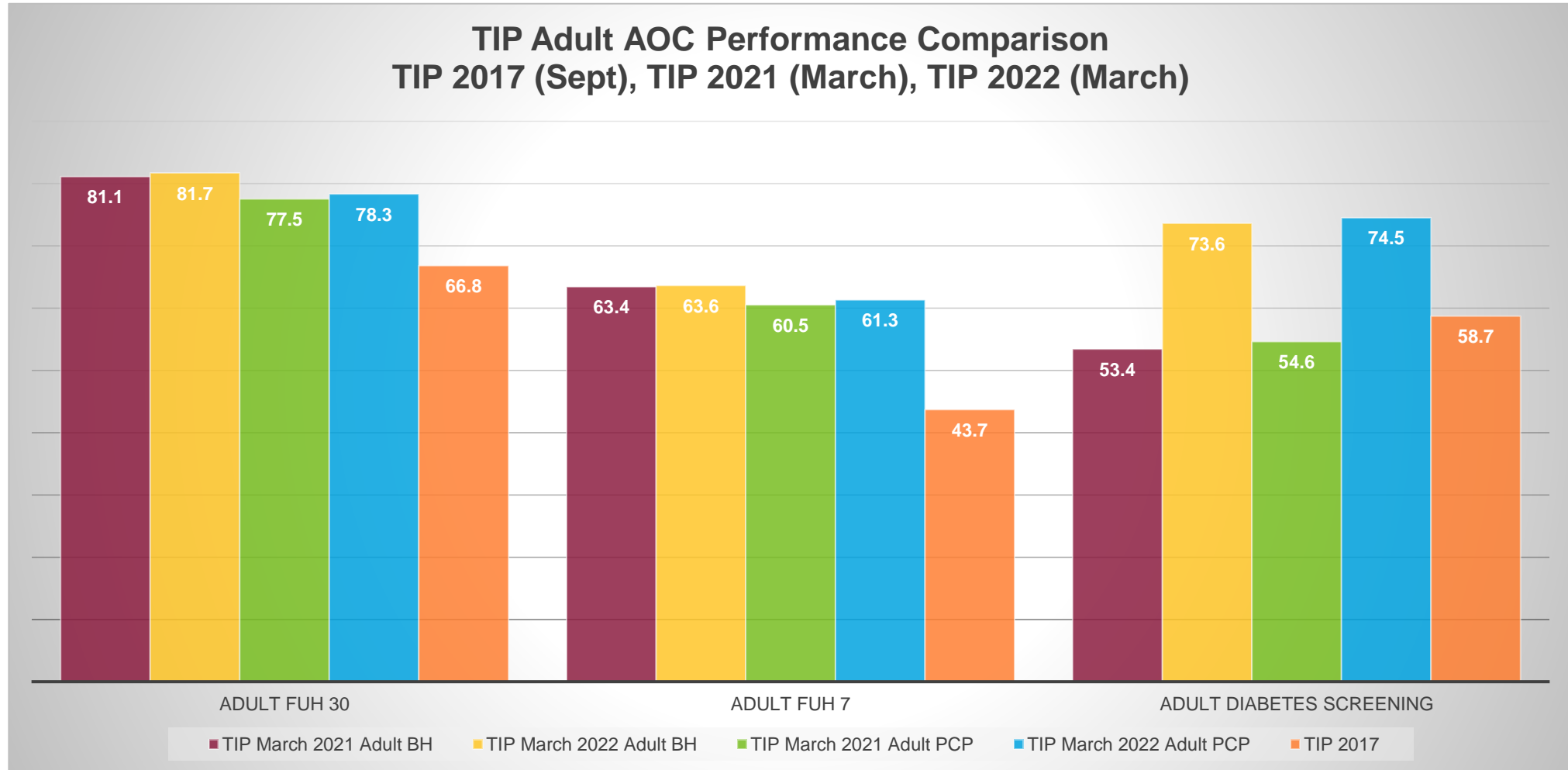| TIME | TOPIC | PRESENTER |
| --- | --- | --- |
| 11:30 AM – 11:32 AM | Introduction | Kailey Love |
| 11:32 AM – 11:35 AM | TIP Phase 2 Update | Cameron Adam |
| 11:35 AM – 11:55 AM | TIP Phase 1 Reflection | William Riley, PhD |
| 11:55 AM – 12:45 PM | Discussion | All |
| 12:45 PM – 1:00 PM | Next 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 Adult AOC Performance Comparison
TIP 2017 (Sept), TIP 2021 (March), TIP 2022 (March)

| | ADULT FUH 30 | ADULT FUH 7 | ADULT DIABETES SCREENING |
|---|---|---|---|
| TIP March 2021 Adult BH | 81.1 | 63.4 | 53.4 |
| TIP March 2022 Adult BH | 81.7 | 63.6 | 73.6 |
| TIP March 2021 Adult PCP | 77.5 | 60.5 | 54.6 |
| TIP March 2022 Adult PCP | 78.3 | 61.3 | 74.5 |
| TIP 2017 | 66.8 | 43.7 | 58.7 |

*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

- **Video 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 #1 Case Study Organization

Aurora Behavioral Health

Contact Information:

- Valerie Purdie, Community Liaison, Valerie.Purdie@aurorabhavioral.com

- Jordan L. Peterson, Director of Business Development, Jordan.Peterson@aurorabehavioral.com

# Last Session's Case Study Example Component 1: <span style="color:red">Aurora's</span> Aim Statement

- Aim Statement:
  – Increase the **7-day** follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022

  – Increase the **30-day** follow-up after hospitalization (FUH) rate 19 percentage points (66% to 85%) from February 7, 2022 to August 30, 2022

16

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

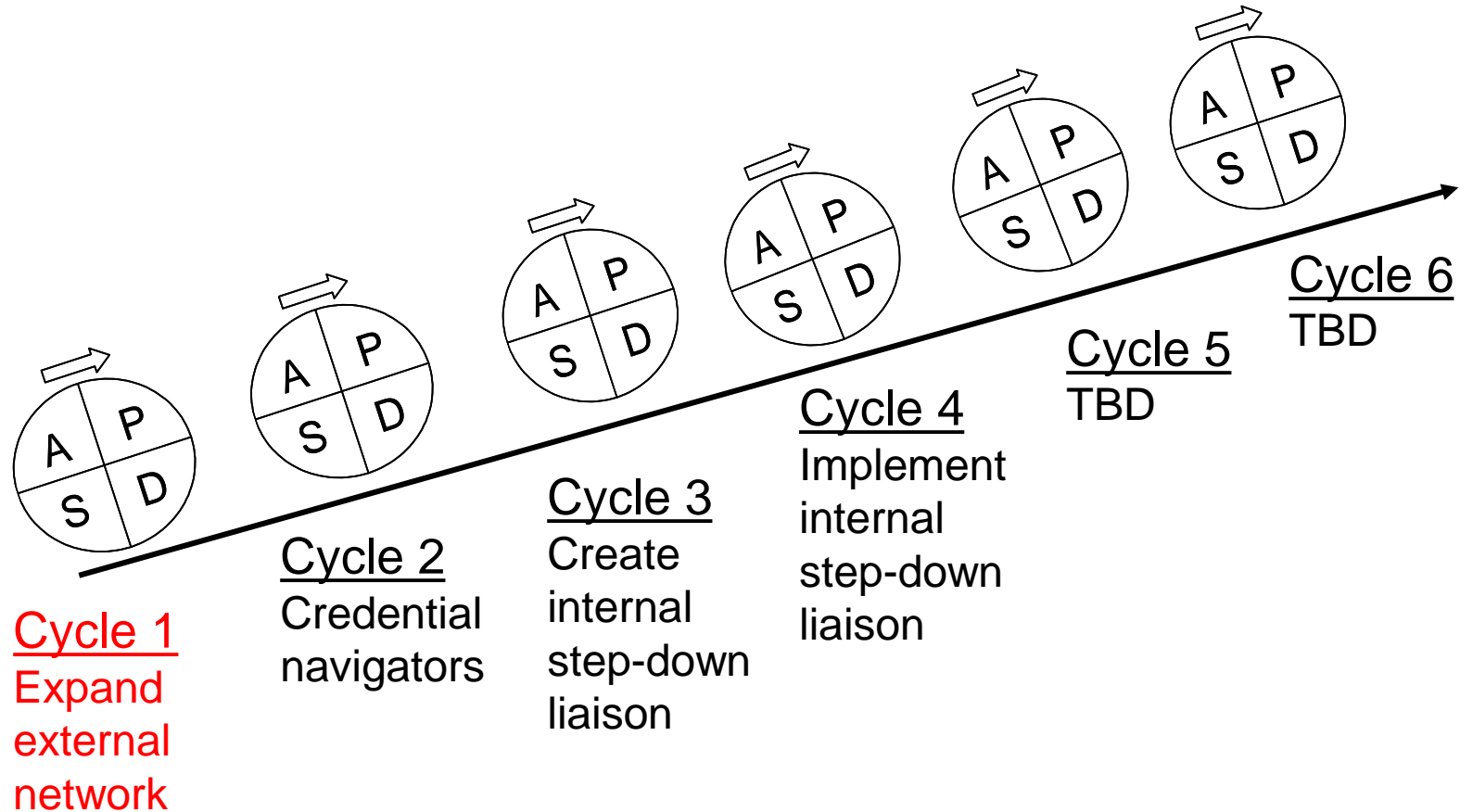| Priorities | Obstacles | Intervention | Metrics |
|---|---|---|---|
| 1 | Poor patient hand-offs | • Assigning an internal liaison to work with preferred providers (position description, recruitment, training, orientation)<br>• Admitting privileges for the navigator (keys and badging)<br>• Expanding list of preferred providers (identify and select partners, approach partner, explain expectations, execute MOU)<br>• Ensure 100% warm hand-offs with SMI clinics (trouble-shooting with MCOs to coordinate with clinics) | • # of liaison contacts per week<br>• # of contacts not completed per week<br>• % of navigators keyed and badged<br>• # of pending and completed MOUs<br>• % of discharges that do not go to preferred providers<br>• % of warm hand-offs |
| 2 | Discharge day of the week for patients | • Treatment team reviews late-in-day and weekend discharges<br>• Work with health plans for length of stay authorization<br>• Avoid weekend or late-in-day discharges | • Identify late-in-day and weekend discharges; contact all late-in-day and weekend discharges next day<br>• # of health plans contacted; # of health plans agree<br>• % reduction of late-in-day and weekend discharges |
| 3 | Lack of patient and family education | • Assigning internal liaison to coordinate with discharge central to build awareness of continuum of care<br>• Connecting with outpatient services<br>• Schedule family education session within 72 hours of admission<br>• Signage, interventions, competencies to build awareness<br>• Provider type 77 does not qualify | • # of internal liaison connections made<br>• # and % of connections made with outpatient services<br>• # of family education sessions made within 72 hrs of admission<br>• All provide type 77's are corrected |
| 4 | Addressing the social determinants of health | • Work with preferred provider list to better address transportation and housing<br>• Have community liaison teams researching and gathering information regarding preferred providers and detailing their specialties (to be reviewed and update quarterly) | • % of clinic visits missed because of transportation<br>• % of clinic visits missed because of homelessness |

# Aurora's PDSA Ramp Update

| Aim: Increase the **7-day** follow-up after hospitalization (FUH) rate 10 percentage points (50% to 60%) from February 7, 2022 to August 30, 2022 | | | | | |
|---|---|---|---|---|---|
| Goal: Ensure warm hand-offs for all patients discharged from Aurora hospital | | | | | |

| | | Cycle 1: Expand external network | Cycle 2: Credential navigators | Cycle 3: Create internal step-down liaison position | Cycle 4: Implement internal step-down liaison position |
|---|---|---|---|---|---|
| Plan | Who? | Valerie | Valerie | Valerie | Valerie |
| | What? | Complete MOUs. Orient preferred providers. | Complete credentialing process for navigators (N = 16 Navigators) | Conduct needs assessment, develop position description for new role, and recruit internal step-down liaison. | Develop internal step-down liaison process, train and orient internal step-down liaison |
| | Where? | Aurora Glendale & Tempe | Aurora Glendale & Tempe | Aurora Glendale & Tempe | Aurora Glendale & Tempe |
| | When? | Weeks 1-6 | Weeks 1-6 | Weeks 1-6 | Weeks 7-12 |
| Do | How? | Contacted existing preferred providers. MOUs in process; none completed yet. | As of today, 14 Navigators completed 'neo-day;' all are keyed, badged, and oriented. | Needs assessment underway; which is in turn informing the description for internal liaison role. Position description is being refined. | Dependent upon Cycle 3 |
| Study | Evaluate | # of preferred providers contacted; # of MOUs executed; # of preferred providers oriented | Complete post New Employee Orientation (NEO) debriefing. | Reversing barrier-to-use; correcting process audits; collect feedback from all stakeholders. | Evaluate performance of liaison and revise position description as needed. |
| Act | Monitor or Revise | If plan met = monitor<br>If plan not met = revise and do-over | If plan met = monitor<br>If plan not met = revise and do-over | If plan met = monitor<br>If plan not met = revise and do-over | If plan met = monitor<br>If plan not met = revise and do-over |

# Aurora's Metrics

| Metrics | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cycle #1: Expand external network** | **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** |
| # of MOUs executed | # of MOUs Requested | x | x | x | x | x | | | | | | | |
| | # of MOUs Completed | | x | x | x | x | x | | | | | | |
| # of preferred organizations oriented | # of Organizations with MOUs Executed | | x | x | x | x | | | | | | | |
| | # of Organizations Oriented | | x | x | x | x | | | | | | | |
| **Cycle 2: Credential navigators** | | | | | | | | | | | | | |
| # of navigators proposed | # of Navigators Proposed | | | x | x | x | x | | | | | | |
| | # of Navigators Available | | | x | x | x | x | | | | | | |
| # of navigators credentialed | # of Navigators Credentialed | | | x | x | x | x | | | | | | |
| | # of Navigators Proposed | | | | x | x | x | | | | | | |
| # of navigators oriented | # of Navigators Oriented | | | | x | x | x | | | | | | |
| | # of Navigators Credentialed | | | | | | | | | | | | |
| **Cycle #3: Create internal step-down liaison position** | | | | | | | | | | | | | |
| Determine current step-down use | Yes/No | | x | x | | | | | | | | | |
| Identify barriers to using step-down | Yes/No | | x | x | | | | | | | | | |
| Create Position Description | Yes/No | | x | x | x | | | | | | | | |
| **Cycle #4: Implement internal step-down liaison position** | | | | | | | | | | | | | |
| Create training material | Yes/No | | x | x | x | | | | | | | | |
| Recruit and appoint internal liaison | Yes/No | | | | | x | x | | | | | | |
| Train the internal liaison | Yes/No | | | | | | | | x | x | x | x | x |
| Total internal transfers | (# of internal transfers) | | x | x | x | x | x | x | x | x | x | x | x |

# Aurora's PDSA Ramp



Cycle 1
Expand external network

Cycle 2
Credential navigators

Cycle 3
Create internal step-down liaison

Cycle 4
Implement internal step-down liaison

Cycle 5
TBD

Cycle 6
TBD

20

# 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!

**[TIPQIC@asu.edu](mailto:TIPQIC@asu.edu)**