

## ARCS Dashboard Guide: *Diabetes Screening (SSD)/ Metabolic Monitoring (APM) for People on Antipsychotic Medications*

The ASU TIP QIC team is analyzing AHCCCS claims and enrollment data to assist TI-participating agencies in identification of potential key areas of improvement on their TI performance measures. Agency-specific findings are available to TI-participating agencies through their [TIP QIC Dashboards](#). This guide is intended to be used by TI-participating agencies to better understand and make use of the AHCCCS Root Cause at Scale (ARCS) Dashboards.

### Measures examined

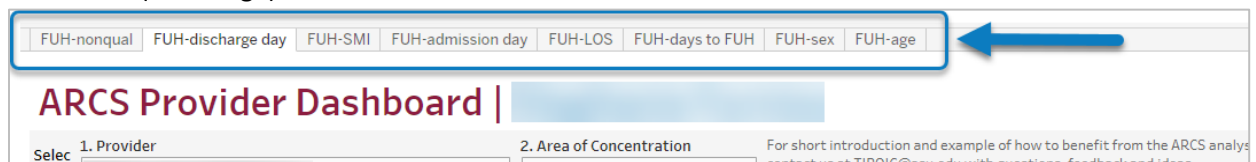
This guide explains the ARCS analyses and results for the SSD and APM measures. Similar work has been done for the other TI measures—find the guides listed below. Stay tuned for future announcements from TIPQIC on continued improvements and please feel free to provide feedback and ideas to [TIPQIC@asu.edu](mailto:TIPQIC@asu.edu).

- [ARCS Dashboard Guide – FUH](#)
- [ARCS Dashboard Guide – W15](#)
- [ARCS Dashboard Guide – W34/AWC](#)

### Accessing the ARCS dashboards

To access the dashboards:

1. Go to [data.tipqic.org](http://data.tipqic.org) and sign in
2. Navigate to Explore > TIPQIC – Provider Dashboards > ARCS SSD/APM Dashboards
3. You will see a number of tiles, one for each ARCS dashboard available to you. Click on one to open and view the dashboard
4. Once you’ve opened one, you can navigate between the dashboards using the tabs at the top of the dashboard (see image)



### Using the ARCS dashboards for QI & Resolving Issues

We anticipate the ARCS dashboards will be a useful resource in your quality improvement efforts and the [QI Workgroups](#).

- We recommend that you use the impact assessment dashboard and single-variable dashboards to understand which variables are associated with lower performance. Then use quality improvement tools to examine those variables to surface possible root causes leading to lower performance.
- [Please watch this short video](#) for an introduction and example of how to benefit from the ARCS analyses.
- Quality Improvement tools—such as, the cause and effect diagram (i.e., fish bone diagram) and the 5 Whys approach—can aid in the root causes analysis.

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## SSD/APM – Impact Assessment

This dashboard is a summary of the impact(s) of each variable examined in the ARCS analysis for the SSD and APM measures.

- In general, impacts were assessed by calculating the potential performance improvement if an issue were resolved.
  - For example, for *SSD/APM–Sex*, which looks at denominator proportions and performance by member sex, if performance for males was lower than females, then the impact was the improvement that would occur if males had a follow-up visit rate equal to females.
- Impact calculations were specific to each variable and are described in Table 1 (page 4).

### IMPORTANT

- The impact assessment examines one variable at a time.
- The analysis does not distinguish relationships among the categories that can influence these impact calculations. In addition, a denominator event can be in more than one category.
  - For example, a member who did not have a qualifying metabolic test done may have been non-SMI and did not have a visit with their prescribing provider during the year. In this ARCS analysis, this member would be counted in possible improvement for both the *SMI* analysis and the *Prescriber visits* analysis. However, reducing variation in metabolic testing rates for SMI and non-SMI members may not address the underlying problem for this case.
- Therefore, we recommend that you use the impact assessment to understand which variables are correlated with lower performance, then examine those variables to surface possible root causes leading to lower performance. Quality Improvement tools—such as, the cause and effect diagram (i.e., fish bone diagram) and the 5 Whys approach—can aid in the root causes analysis.

### Main takeaways for the aggregate TI population

- For the adult diabetes screening measure (SSD), *members having a visit with a prescribing provider* was the most impactful factor, followed by *SMI status* and *member age sub-group*.
- For the pediatric metabolic monitoring measure (APM), *testing done in year prior to report period* was the only factor with a statistically significant impact on performance.

Table 1. Impact assessment calculation for each analysis.

Analysis	How impact assessment was calculated
<b>SSD/APM – Non-numerator visits</b>	<ul style="list-style-type: none"> <li>• For each category, impact was quantified as the performance improvement that would occur if all members in the category were moved into the numerator.</li> <li>• Since these categories are expressed as percentages of the total denominator, the %-point change in performance is equal to the % of members in the category.</li> <li>• Example: If current performance is 60% and 10% of members had testing done in the year prior to the report period, then performance would increase to 70% if all of these members were moved into the numerator.</li> </ul>
<b>SSD/APM – Prescriber visits</b>	<ul style="list-style-type: none"> <li>• SSD               <ul style="list-style-type: none"> <li>○ Impact was assessed by calculating the performance improvement that would occur if performance for members who did not have a visit with a prescriber during the year were equal to the performance for members who had at least one visit with a prescriber during the year.</li> <li>○ If your organization’s performance for members who did not have a prescriber visit was equal to or higher than members who had a prescriber visit, then the impact was assumed to be 0%.</li> </ul> </li> <li>• APM               <ul style="list-style-type: none"> <li>○ Performance differences between members who did or did not have a visit with a prescribing provider were not statistically significant at the TI aggregate level, so impact was assumed to be 0%.</li> </ul> </li> </ul>
<b>SSD/APM – SMI status</b>	<ul style="list-style-type: none"> <li>• SSD               <ul style="list-style-type: none"> <li>○ Impact was assessed by calculating the performance improvement that would occur if performance for non-SMI members were equal to performance for SMI members.</li> <li>○ If your organization’s performance for non-SMI members was equal to or higher than SMI members, then the impact was assumed to be 0%.</li> </ul> </li> <li>• APM               <ul style="list-style-type: none"> <li>○ Pediatric members cannot be SMI, so impact was not calculated for this factor.</li> </ul> </li> </ul>

<p><b>SSD/APM – Member age</b></p>	<ul style="list-style-type: none"> <li>• SSD             <ul style="list-style-type: none"> <li>○ Impact was assessed by calculating the performance improvement that would occur if performance for members between ages 18-24 and 25-34 were equal to the performance for members between ages 45-54.</li> <li>○ If your organization’s performance for members between ages 18-24 or 25-34 was equal to or higher than members between ages 45-54, then the impact was assumed to be 0%.</li> </ul> </li> <li>• APM             <ul style="list-style-type: none"> <li>○ Performance differences between member age sub-groups were not statistically significant at the TI aggregate level, so impact was assumed to be 0%.</li> </ul> </li> </ul>
<p><b>SSD/APM – Member sex</b></p>	<ul style="list-style-type: none"> <li>• Performance differences between male and female members were not statistically significant at the TI aggregate level for either measure, so impact was assumed to be 0%.</li> </ul>

## SSD/APM – Non-numerator visits in reporting period

This dashboard describes visits during the report period for non-numerator members. Non-numerator members are those in the denominator who did not have qualifying metabolic testing done during the year.

### Context

- Metabolic testing claims must have a qualifying procedure code and cannot have a non-qualifying procedure code modifier. The date of service must fall within the report period. If any of these components are invalid, then the claim does not qualify the member for the numerator.
- Adult members must have a glucose or A1c test performed. Pediatric members must also have an LCL-C or cholesterol test performed.

### Analysis

- The graphs break out your denominator into several categories based on the types of visits members had during the follow-up period:
  - The first category (*No visits during the report period*) corresponds to members who had no claims with any provider during the report period. This excludes claims for prescription drugs, which are necessary for the member to qualify for the measure.
  - All subsequent categories correspond to members who were attributed to your organization and had a non-numerator visit with your organization during the year.
    - These categories may overlap; a member could have had a claim with a non-qualifying procedure code modifier *and* a separate claim for testing done in the year prior to the report period.

### Main takeaways for the aggregate TI population

- Adult SSD: No substantial numbers of members were found in any non-numerator visit category.
- Peds APM: About 16% of members were not in the numerator and had metabolic testing done in the year prior to the report period.

### Example next steps

- Review the number or proportion of members in your denominator that had no visits during the report period, and those where the member had a visit for a non-qualifying service rendered by your organization.
  - If a substantial proportion of members had no visits during the report period, consider reviewing these members to determine if they correlate with Social Determinants of Health (SDoH) screening results, appointment reminder procedures or other factors.
  - If a substantial proportion of members had a non-qualifying service, consider whether the coding was appropriate. If changes can be made to bring the service and coding into alignment with measure requirements, this should be done.

## SSD/APM – Prescriber visits

This dashboard breaks out proportions of members and performance by whether or not a member had a visit with a prescribing provider during the report period.

### Definitions

- Members must have had an antipsychotic medication dispensed to them in the report period to qualify for the measure. Prescription drug claims for these medications list a prescribing provider ID.
- If a member had at least one non-drug claim with a prescribing provider during the report period, then they were counted in the *1+ visits with prescriber* category. If not, then they were counted in the *No visit with prescriber* category.

### Main takeaways for the aggregate TI population

- Most members had at least 1 visit with a prescribing provider. This was true for both the Adult SSD and Peds APM measures.
- Adult SSD: Members who had at least 1 visit with a prescribing provider had higher performance than members who had no such visits.
- Peds APM: The performance difference between the two groups was not statistically significant.

### Example next steps

- If your organization has providers who prescribe antipsychotic medications, it may be worthwhile for your organization to assess your policies and procedures related to antipsychotic medication prescribing and metabolic testing.

## SSD/APM – SMI status

This dashboard breaks out proportions of members and performance by SMI status.

### Definitions

- *SMI members* are members enrolled in an AHCCCS Complete Care (ACC) health plan with contract type C (ACC SMI capitated), D (ACC SMI prior period coverage), or W (ACC, SMI KidsCare capitated). For members with more than one health plan enrollment record during the year, the most recent record was used.

### Main takeaways for the aggregate TI population

- Adult SSD: SMI members were more common and had higher performance than non-SMI members.
- Peds APM: No pediatric SMI members were found; therefore, this factor was not explored.

### Example next steps

- If your performance for non-SMI members was lower than your performance for SMI members (or vice versa), explore what procedures and resources you use to follow up with the higher performing group. Can any of these also be used for the lower performing group?

## SSD/APM – Member age

This dashboard breaks out proportions of members and performance by age sub-group as of the end of the report period.

### Main takeaway for the aggregate TI population

- Adult SSD: Members between ages 18-24 and 45-54 years had lower performance than members between ages 25-34 years.
- Peds APM: The performance differences between age sub-groups were not statistically significant.

### Example next steps

- If the performance for your practice is substantially lower on member age, it may be worthwhile for your organization to assess your policies and procedures that may affect this.

## SSD/APM – Member sex

This dashboard describes proportions of members and performance by member sex.

### Main takeaways for the aggregate TI population

- There were no statistically significant differences in performance between male and female members. This was observed for both the Adult SSD and Peds APM measures.

### Example next steps

- If the performance for your practice is substantially lower for one member sex, it may be worthwhile for your organization to assess your policies and procedures that may affect this.