

ARCS Dashboard Guide: *6+ Well-Child Visits in the First 15 Months of Life (W15)*

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

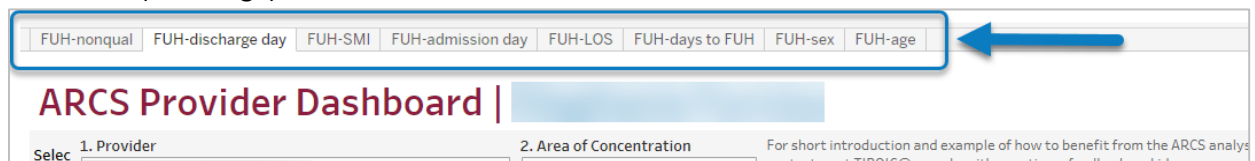
This guide explains the ARCS analyses and results for the W15 measure. Similar work has been done for the other TI measures, find the guides linked below. Stay tuned for future announcements from TIPQIC on continued improvements and please feel free to provide feedback and ideas to TIPQIC@asu.edu.

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

Accessing the ARCS dashboards

To access the dashboards:

1. Go to data.tipqic.org and sign in
2. Navigate to Explore > TIPQIC – Provider Dashboards > ARCS W15 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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W15 – Impact Assessment

This dashboard is a summary of the impact(s) of each variable examined in the ARCS analysis for the W15 measure.

- In general, impacts were assessed by calculating the potential performance improvement if an issue were resolved.
 - For example, for *W15 – Member 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 well-care 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 member can be in more than one category.
 - For example, a member who did not complete all 6 well-care visits may have been attributed to an integrated clinic and had a visit with a PCP for a non-qualifying service. In this ARCS analysis, this member would be counted in possible improvement for both the *IC attribution* analysis and the *non-numerator visit* analysis. However, reducing variation in well-care visit rates between members attributed to ICs and non-ICs 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.

Table 1. Impact assessment calculation for each analysis.

Analysis	How impact assessment was calculated
W15 – Non-numerator visits	<ul style="list-style-type: none"> For each category, impact was quantified as the performance improvement that would occur if all members in the category were moved into the numerator. 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. Example: If current performance is 60% and 10% of members had no visits between age 0-15 months, then performance would increase to 70% if all of these members were moved into the numerator.
W15 – Spacing	<ul style="list-style-type: none"> For each category, impact was quantified as the performance improvement that would occur if all members in the category were moved into the numerator. 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.
W15 – Member sex	<ul style="list-style-type: none"> Performance did not significantly differ by member sex at the TI aggregate level, so impact was assumed to be 0%.

W15 – Non-numerator visits in reporting period

This analysis describes visits between ages 0 and 15 months for non-numerator members. Non-numerator members are members in the denominator that did not have 6+ well-care visits before age 15 months.

Context

- Well-care visits must have a provider with a primary care specialty and a qualifying procedure code or diagnosis code. If a qualifying diagnosis is used, the visit must not be for a laboratory claim. If any of these elements are invalid, the visit does not qualify the member for the numerator.

Analysis

- The graphs break out your denominator into several categories based on the types of visits members had between ages 0 and 15 months:
 - The topmost category (“No visits”) corresponds to members who had no claims with any provider between ages 0 and 15 months.
 - All subsequent categories correspond to members who were attributed to your organization and had a non-qualifying visit with your organization between ages 0 and 15 months.
 - These categories may overlap; a member could have had a visit with a PCP for an invalid service *and* a separate visit with a non-PCP for a valid service.

Main takeaways for the aggregate TI population

- Most members who were not in the numerator had at least one visit with a PCP for a non-qualifying service.
- Non-qualifying services typically included vaccinations and visits with procedure codes 99213 and 99214.^[NR1]

Example next steps

- Review the number or proportion of members in your denominator that had a visit for a non-qualifying service.
 - 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.
 - Use root cause analysis techniques to examine why a well-care visit was not provided along with or in place of the billed services.
 - Consider implementing a process to notify providers and staff, at time of scheduling and/or on the day of visit, that a well-care visit is needed.
 - For example, build care gap alerts into EMR/EHR, configure an alert to pop-up during the patient look-up process, have staff monitor patients monthly and put a flag/note on charts of patients who will need a well-care visit soon.

W15 – Spacing

This analysis describes the number of non-numerator members who had well-care visits that were not far enough apart to qualify for the numerator.

Definitions

- Members must have 6+ well-care visits before turning 15 months of age. To qualify for the numerator, the 6 visits must each be at least 14 days apart.
- The dashboard shows two categories of non-numerator members with visit spacing issues:
 - At least 1 visit within 14 days of a prior visit: The member had at least one visit with your practice that was within 14 days of a prior visit.
 - 6+ visits, but not all were ≥ 14 days apart: The member had 6 or more well-care visits, and at least one of them was with your practice and within 14 days of a prior visit. This is a subset of the members in the previous category.
- Values are expressed as a fraction of the total denominator. If you had 100 members attributed to your practice and 5 of them had a visit spacing issue, the value would be displayed as 5% on the graph.

Main takeaway for the aggregate TI population

- About 10% of members were not in the numerator and had at least one visit that was within 14 days of a prior visit. Half of these members had at least 6 well-care visits.

Example next steps

- If a substantial number of members are in one or both of these categories, it may be worthwhile for your organization to assess your policies and procedures that may affect this.

W15 – Member sex

This dashboard describes performance by member sex. The charts provide the proportion of members and performance for *female* and *male* members.

Main takeaways for the aggregate TI population

- There was no statistically significant difference in performance between males and females.

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.