TIP QIC Targeted Investments Program
Quality Improvement Collaborative

AHCCCS Arizona Health Care Cost Containment System

ARCS Dashboard Guide:

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) & Adolescent Well-Care Visits (AWC)

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

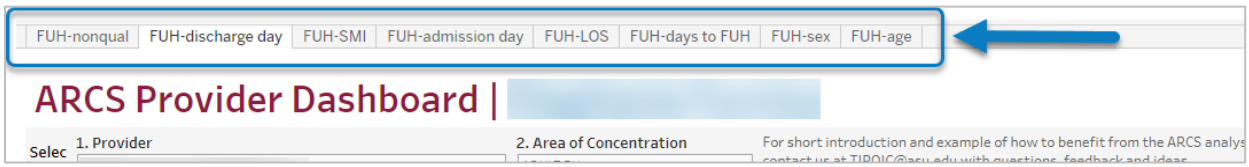
This guide explains the ARCS analyses and results for the W34 and AWC measures. Similar work has been done for the other TI measures—find the guides listed below. Stay tuned for future announcements from TIPQIC on continued improvements and please feel free to provide feedback and ideas to TIPQIC@asu.edu.

- ARCS Dashboard Guide – W15
- ARCS Dashboard Guide – FUH
- 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 W34/AWC 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.

Table of Contents

W34/AWC – Impact Assessment 3

W34/AWC – Non-numerator visits in reporting period 5

W34/AWC – Member age 6

W34/AWC – Member sex 6

W34/AWC – Impact Assessment

This dashboard is a summary of the impact(s) of each variable examined in the ARCS analysis for the W34 and AWC measures.

- In general, impacts were assessed by calculating the potential performance improvement if an issue were resolved.
    - For example, for *W34/AWC – 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 have a well-care visit 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.

Main takeaways for the aggregate TI population

- W34: *Members who had a visit with a PCP for a non-qualifying service* was the most impactful factor, followed by *telehealth services used*.
- AWC: *Members who had a visit with a PCP for a non-qualifying service* was the most impactful factor, followed by *no visits during the report period*.

Table 1. Impact assessment calculation for each analysis.

Analysis	How impact assessment was calculated
W34/AWC – Non-numerator visits	• 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.

W34/AWC – Member age	• Impact was assessed by calculating the performance improvement that would occur if performance for low-performing age brackets were equal to the performance for high-performing age brackets.
	  ○ W34: 6-year-olds were the low-performing bracket, while ages 3-5 years were the high-performing bracket.
	  ○ AWC: Ages 16-21 years were the low-performing bracket, while ages 12-15 years were the high-performing bracket.
	• If your organization's performance for the older age brackets was equal to or higher than the younger age brackets, then the impact was assumed to be 0%.

W34/AWC – Member sex	• W34: Impact was assessed by calculating the performance improvement that would occur if performance for females were equal to males. • AWC: Impact was assessed by calculating the performance improvement that would occur if performance for males were equal to females. • If your organization's performance trend did not match the aggregate trend described above, then the impact was assumed to be 0%.

W34/AWC – Non-numerator visits in reporting period

This analysis describes visits during the report period for non-numerator members. Non-numerator members are members in the denominator that did not have at least one well-care visit.

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 during the report period:
    - The topmost category ("No visits") corresponds to members who had no claims with any provider.
    - All subsequent categories correspond to members who were attributed to your organization and had a non-qualifying visit with your organization.
        - 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]
- The second most abundant category in this analysis was members who did not have any visits during 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 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.
    - 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.
- 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.

W34/AWC – Member age

This analysis shows performance broken out by member age bracket as of the end of the report period.

Main takeaway for the aggregate TI population

- For both W34 and AWC, older member brackets had lower performance than younger member brackets.
- W34: 6-year-olds performed lower than members between ages 3-5 years.
- AWC: Members between ages 16-21 years performed lower than members between ages 12-15 years.

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.

W34/AWC – 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

- W34: Performance for *males* was higher than for *females*.
- AWC: Performance for *females* was higher than for *males*.

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.