AHCCCS Targeted Investments Program

Justice Quality Improvement Collaborative

Cameron Adams, MPP
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TIP Year 5: Session #3
June 15, 2021

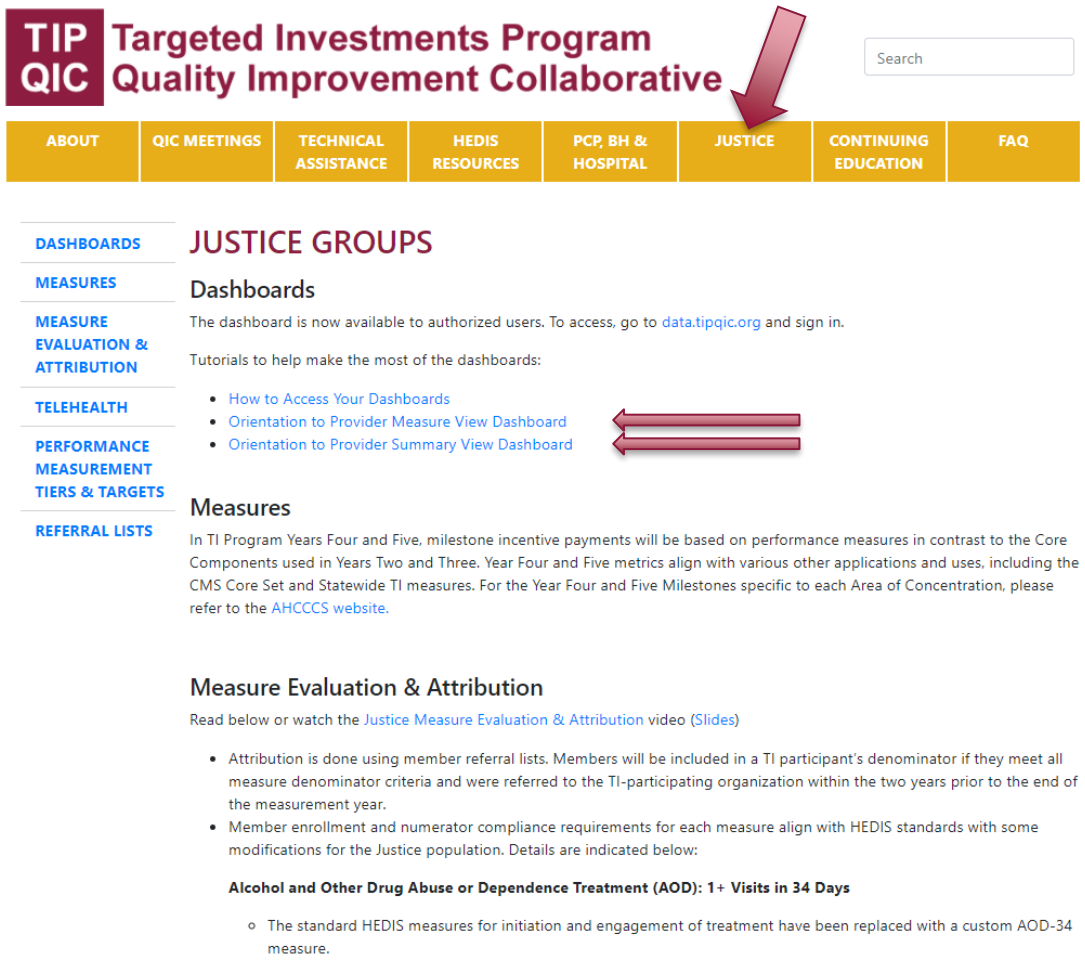
Disclosures

There are no disclosures for this presentation

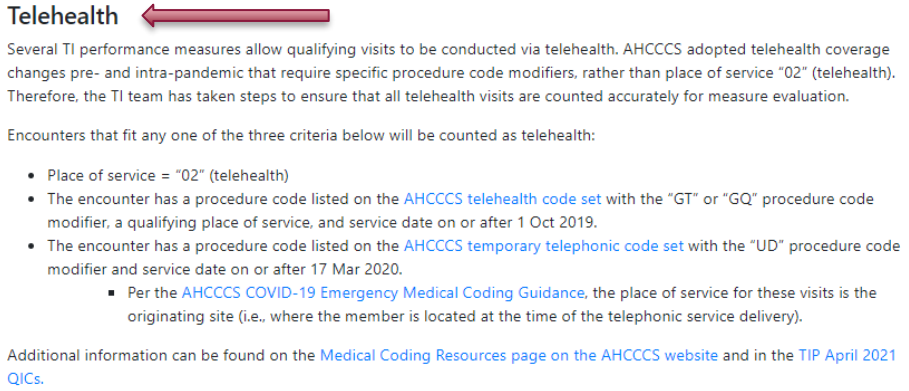
Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:32 AM	Agenda Review	Kailey Love
11:32 AM – 11:50 AM	Discussion: Relationships with Providers	Facilitator: Cameron Adams Presenter: • Valleywise Respondent: • Community Health Associates
11:50 AM – 12:20 PM	Discussion: Provider Resource Directory	Facilitator: Cameron Adams Presenters: • Terros • Southwest • Valleywise
12:20 PM – 12:45 PM	Discussion: Closing the Loop on External Referrals	Facilitator: Cameron Adams Presenters: • Terros • Valleywise Respondent: • Spectrum
12:45 PM – 12:58 PM	Open Discussion and Q&A	All
12:58 PM – 1:00 PM	Next Steps	Kailey Love

Updates to TIPQIC.org



- New Justice Resources
  - "Orientation to Provider Measure View Dashboard"
  - "Orientation to Provider Summary View Dashboard"
  - Telehealth inclusion



Theme Area	Discussion Questions	Presenter & Respondent
Relationships with External Providers	• How and why do you formalize external referral/communication protocols with your external providers (e.g. MOUs)? What are the pros and cons? What were the barriers to implementation? • How/Do you build relationships with statewide hospitals to increase FUH performance for your statewide population? • How/ does court ordered treatment impact your relationships and coordination with external providers? • How/ does your approach to building relationships with external providers differ due to your unique Justice involved population (parole vs. probation)?	Presenter: • Valleywise (10 Minutes)
	• Please explain your current relationship building processes with external providers, the hardships you're experiencing, and the barriers to creating and strengthening these relationships. • How/Are formal partnerships (e.g. MOUs) something CHA would be interested in? Why, or why not?	Respondent: • Community Health Associates (5 Minutes)
Provider Resource Directory	• Please explain your approach to developing a provider resource directory and the pros/cons. What is your rationale for this approach? • How/ do you identify the highest-quality providers in the member's network (i.e. how to choose the provider most likely to provide numerator-qualifying services when member has no preference)? How/Do the MCOs assist?	Presenters: • Terros (10 Minutes) • Southwest (10 Minutes) • Valleywise (10 Minutes)
Closing the Loop on External Referrals	• Briefly describe your approach to closing the loop on external referrals outlining the pros and cons. Please describe your response in relation to MAT and the diabetes screening measure when the service cannot be provided internally. For example, how do you confirm necessary MAT was provided or diabetes screening was performed if a member moved across the state?	Presenters: • Terros (10 Minutes) • Valleywise (10 Minutes)
	• How/ does either of the approaches described by these presenters interest Spectrum? What concerns and potential barriers do you anticipate?	Respondent: • Spectrum (5 Minutes)

Relationships with Providers

- Presenter
  - Valleywise:
    - Jose Luis Madera, LPC, Clinical Coordinator
    - Melissa Thomas
- Respondent
  - Community Health Associates:
    - Matt Lenertz, MC, LISAC, LPC, Chief Clinical Officer

TIP June Justice QIC

Valleywise Speakers: Jose Luis Madera & Melissa Thomas

Objective: To integrate primary care and behavioral health services for the purposes of better coordination of the preventive and chronic illness care for adults with behavioral health needs transitioning from the Criminal Justice System.

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Relationships with External Providers

How and why do you formalize external referral/communication protocols with your external providers (e.g. MOUs)? What are the pros and cons? What were the barriers to implementation?

Valleywise Health develops Memorandums of Understanding (MOU) for specialized services and/or to formalize responsibilities between system partners. For example, we have MOUs with the Arizona Department of Corrections, C.H.E.E.E.R.S., Hope Lives, Hope Inc., and Community Bridges. In addition we have many relationships/partnerships with outside organizations. When we recognize a key partner, we reach out, ask for a meeting, mutually agree to a scope of work, then execute. We revisit MOUs annually. The benefit of these MOUs is to build relationship between agencies and to clarify communication pathways and workflows. We have not experienced any negative effects of entering into an MOU or barriers to implementation. However, the detail in an MOU can change over time, and to constantly keep it up to date can become an issue.

How/Do you build relationships with statewide hospitals to increase FUH performance for your statewide population?

Valleywise Health has access to Admission-Discharge-Transfer (ADT) feeds from Health Current. We are also working to have ADT alerts automatically populate in our EHR to more efficiently notify us to assist in coordinating care.

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Relationships with External Providers PT 2

How/ does court ordered treatment impact your relationships and coordination with external providers?

We have not had any barriers in coordinating with external providers due to court ordered treatment. The discussion of court involvement is not our focus of conversation and focus on recovery. We have been able to create relationships that focus on our population and not their previous situation.

How/ does your approach to building relationships with external providers differ due to your unique Justice involved population (parole vs. probation)?

At Valleywise Health we have worked diligently in removing the stigma that the justice involved population. When discussing our population being served, we use strength based and recovery language to ensure that we are respectful of everyone. As a result of our focus on the justice involved population, we have built strong relationships with the Arizona Department of Corrections, staff at each of the parole offices, as well as within the prisons themselves.

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Community Health Associates

Strengthening Families, Empowering Communities

Justice-involved Targeted Investment Clinics: Yuma – Casa Grande - Tucson

Community Health Associates Speaker: Matt Lenertz

CHA was asked to discuss the following:

- Please explain your current relationship building processes with external providers, the hardships you're experiencing, and the barriers to creating and strengthening these relationships.
- How/Are formal partnerships (e.g. MOUs) something CHA would be interested in? Why, or why not?

Current Relationship Building Process

- Monthly TIP meetings
  - Facilitated by Az Complete Health justice liaison
  - Justice partners (pre-trial, probation, parole, ADCRR)
  - Specialty providers (peer, housing, residential, employment)
  - Health homes / provider agencies
  - Other MCO's

Discuss statistics/#'s, recent barriers, processes, new programs, needed changes, brainstorm solutions, share successes.

Hardships you're experiencing

- Pandemic-related closures and engagement issues
- Remote staff and less frequent interactions w/ partners
  - Co-located partners and staff working from home instead of together
- Communication and reporting on referred services – ART meetings held remotely and less responsive to one another's needs
- Referred clients being encouraged to disenroll

Barriers to creating & strengthening partnerships

Really worked hard pre-pandemic to create an inclusive atmosphere – all TIP partners were part of the TIP collaborative.

- Everyone had input into processes.
- Team members working side-by-side
- Open, face-to-face communication between decision making leaders

It has been difficult to maintain that inclusivity and team mentality when everyone is working from home or rarely interacts directly.

Formal Partnerships (MOUs)

CHA is open to MOU's and has several in place – but they are not something we typically initiate or pursue.

Informal partnerships allow for a great degree of flexibility and accommodate changing processes and roles, while formal MOUs can assist with defining lines of responsibility and provide structure to each partner's role in meeting tx needs.

Provider Resource Directory

- Presenters
  - Terros
    - Ray Young, Integrated Care Site Director
    - Lori Jones, BTG ReEntry Team Manager
    - Lani Horiuchi, Director of Operational Projects
  - Southwest Behavioral & Health Services
    - Dominic Miller, LMSW, MPA, CEO
    - April Thornton, MS, Program Director
    - Tara Lurz, MSW, LCSW, VP Mohave County
  - Valleywise
    - Jose Luis Madera, LPC
    - Melissa Thomas

Targeted Investments Program

Presenters:
Ray Young, Integrated Care Site Director
Lori Jones, BTG ReEntry Team Manager
Lani Horiuchi, Director of Operational Projects

June 15, 2021

Terros: Ray Young, Lori Jones, Lani Horiuchi

Please explain your approach to developing a provider resource directory and the pros/cons. What is your rationale for this approach?

Approach

Active Resource **GUIDE**

Resource Sharing in Weekly **TIP HUDDLE**

Constant Communication of **NEW** or **UPDATED** Resources

Pros and Cons

PRO: One place for access to resources that are documented and can be changed real-time

PRO: Various venues for dialogue regarding resources allows for more communication and access to information

Rationale

Central location for resource documentation creates easier access to information

Weekly, in-person, sharing (and constant communication) of information allows for more opportunity to learn from each other.

How/ do you identify the highest-quality providers in the member's network (i.e. how to choose the provider most likely to provide numerator-qualifying services when member has no preference)? How do the MCOs assist?

Proximity

Location and transportation (on bus line or walking distance).

Rapport and Word of Mouth

Clients, MCOs, Providers, Terros Health, Community, Etc.

SB&H PROVIDER RESOURCE DIRECTORY RESPONSE

SB&H: Dominic Miller, April Thornton, Tara Lurz

SB&H: Dominic Miller, April Thornton, Tara Lurz

DEVELOPING OUR APPROACH TO A PROVIDER DIRECTORY

- Collaboration- In rural areas we rely on collaboration of stakeholders to provide well rounded services.
- Collaboration often occurs through coalition meetings such as MSTEPP and DV/HT where stakeholders work together on large community issues and share resources that each entity offers.
- MCO's provide support with all available providers within the region.
- Developing a robust internal program to support rural disparity.

SB&H: Dominic Miller, April Thornton, Tara Lurz

DEVELOPING OUR APPROACH TO A PROVIDER DIRECTORY

- Rationale: In rural communities there are fewer provider options available for members. As a result, it is important as a stakeholder to become an integrated part of the community to ensure that all resources are shared
  - This rationale also helps to identify the service gaps within the region for building programs or seeking targeted grants to meet member needs.
- Cons: Limited resources to refer to if a provider is not a match for a member.

SB&H: Dominic Miller, April Thornton, Tara Lurz

THE ROLE OF THE MCO

- The Managed Care Organization's (MCO) function as a pipeline to available quality resources.
  - The MCO has a comprehensive directory of all providers within the region that offer the services needed and provide support for barriers when needing to seek services outside the region.
  - The MCO's are able to support the member in an integrated care approach to find behavioral support as well as PCP, pain management, women's health, dental, etc. as needed by the member.
  - The MCO's support reduction in barriers when services to a member are being held due to communication or lack of collaboration and they assist in holding meetings to resolve issues to ensure quality of care is provided to the member.

TIP June Justice QIC

Valleywise Speakers: Jose Luis Madera & Melissa Thomas

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Provider Resource Directory

Please explain your approach to developing a provider resource directory and the pros/cons. What is your rationale for this approach?

Due to the comprehensive array of available internal services, external referrals are limited. Referral specialists within Valleywise Health check the member's eligibility and assist them with securing an appointment as needed. Referrals are tracked within our electronic health record (EHR) through a work queue that needs to be closed by the care manager/care coordinator after the referral has been completed.

How/ do you identify the highest-quality providers in the member's network (i.e., how to choose the provider most likely to provide numerator-qualifying services when member has no preference)? How/Do the MCOs assist?

Many of our FQHCs/CHCs have Family Learning Centers that provide direct services and link to community assistance programs. Valleywise Health also uses Aunt Bertha and 211 to locate community resources to meet the social determinants of health needs of our members. We are looking forward to participating in the upcoming EpicCare Link (that links with many service providers) and HIE closed loop referral system.

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Closing the Loop on External Referrals

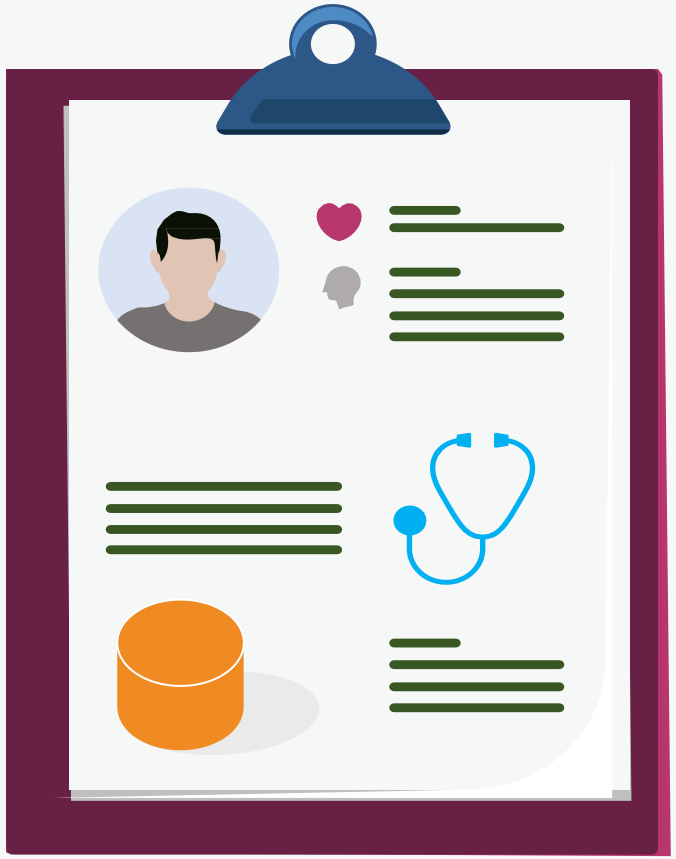
- Presenters
  - Terros
    - Ray Young, Integrated Care Site Director
    - Lori Jones, BTG ReEntry Team Manager
    - Lani Horiuchi, Director of Operational Projects
  - Valleywise
    - Jose Luis Madera, LPC, Clinical Coordinator
    - Melissa Thomas
- Respondent
  - Spectrum
    - Lisa Sherrill, MA, Director of Population Health and Performance Improvement
    - Brian Hurtt

Targeted Investments Program

Presenters:
Ray Young, Integrated Care Site Director
Lori Jones, BTG ReEntry Team Manager
Lani Horiuchi, Director of Operational Projects

June 15, 2021

Briefly describe your approach to closing the loop on external referrals outlining the pros and cons. (MAT and Diabetes specific)



One Team Member Assigned to Individual

- Coordinate Care
- Follow Up

Pros and Cons

- Pros: One person responsible instead of many
- Cons: If person is out of office, Requires heavier supervision

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Closing the Loop on External Referrals

Briefly describe your approach to closing the loop on external referrals outlining the pros and cons. Please describe your response in relation to MAT and the diabetes screening measure when the service cannot be provided internally. For example, how do you confirm necessary MAT was provided or diabetes screening was performed if a member moved across the state?

We close referrals through our EHR work queue process. We offer MAT and diabetes screening internally. We also have an MOU with CBI to provide MAT for our members if needed. Typically, staff call the patient verifying that they are receiving services and provide support as needed.

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Next Steps

- Post-Event Survey

- Questions or concerns?
  - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns regarding performance data

Thank you!

TIPQIC@asu.edu