AHCCCS Targeted Investments Program

Adult Quality Improvement Collaborative

Dr. William Riley

Dr. Charlton Wilson

TIP Year 5: Session #4

February 9, 2021

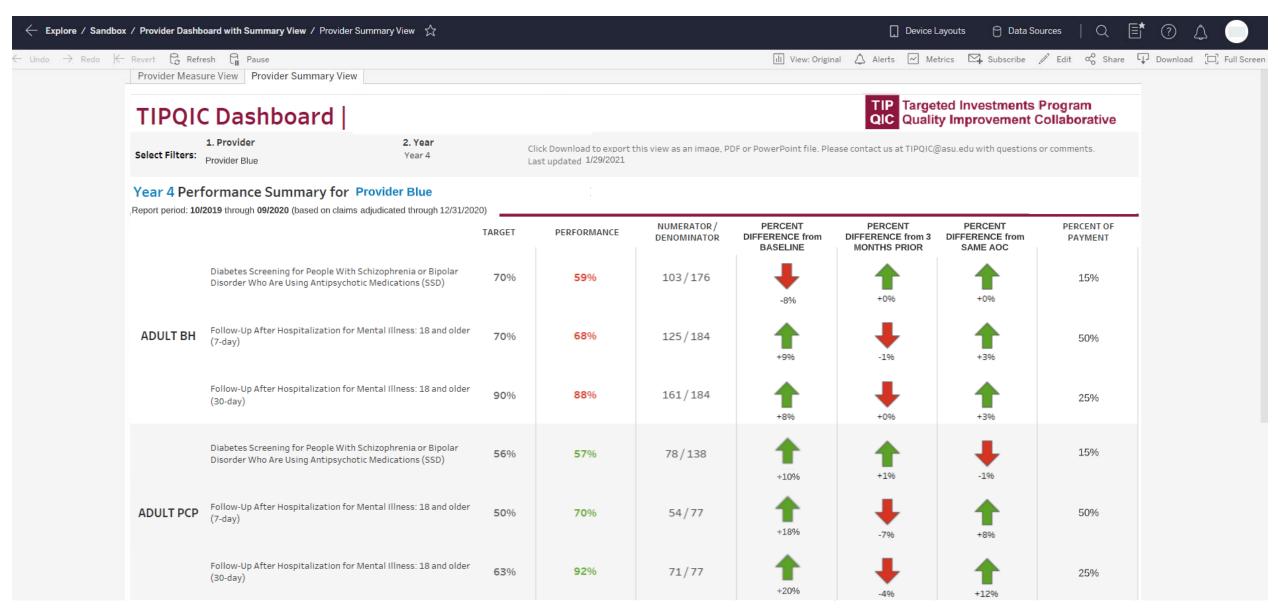




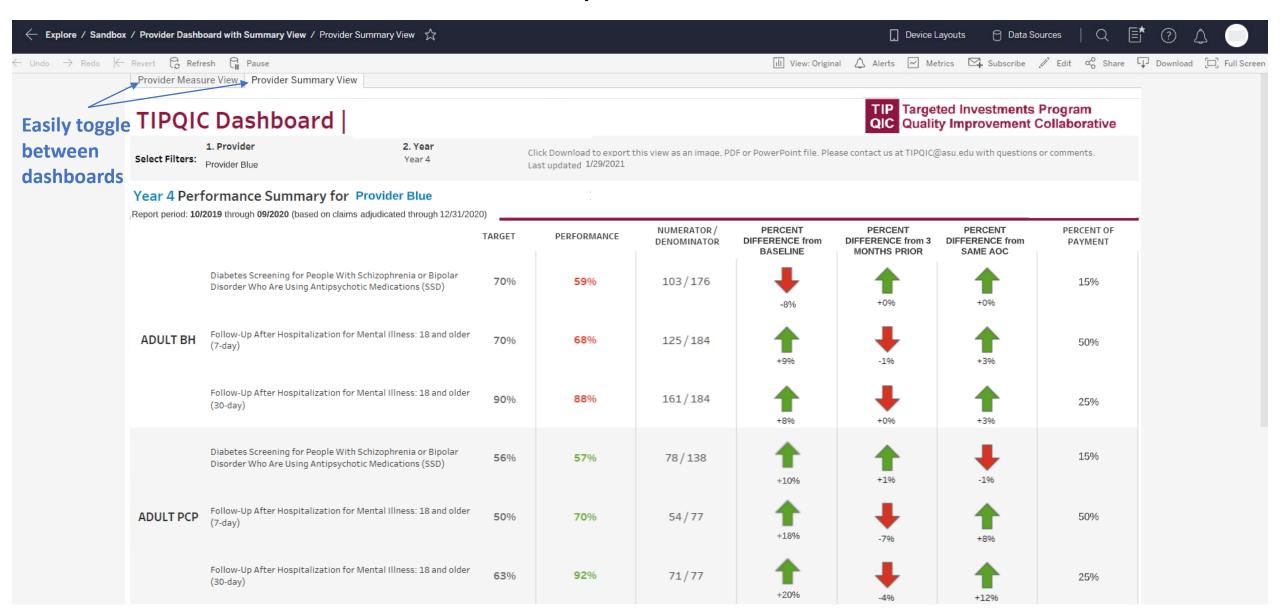


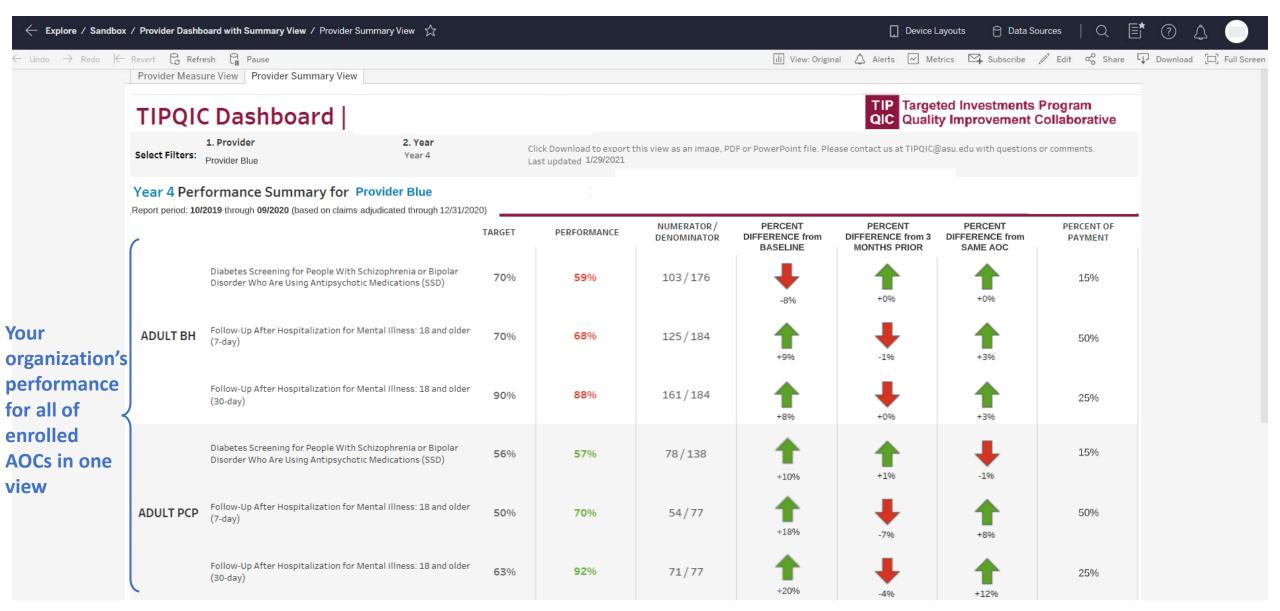
Disclosures

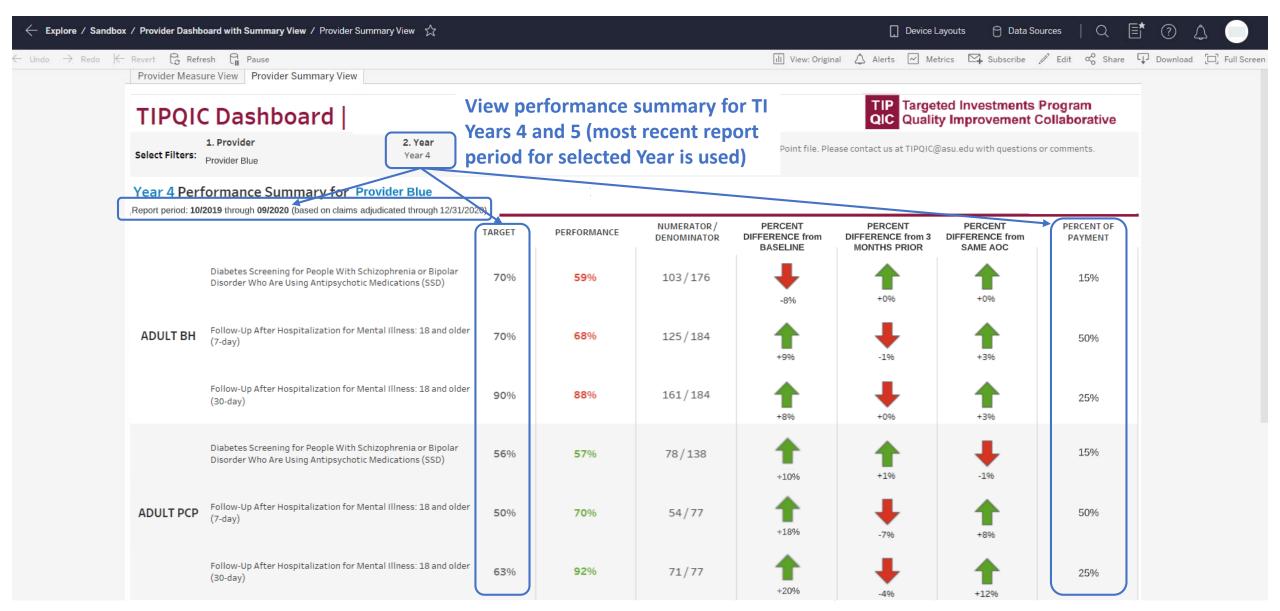
There are no disclosures for this presentation

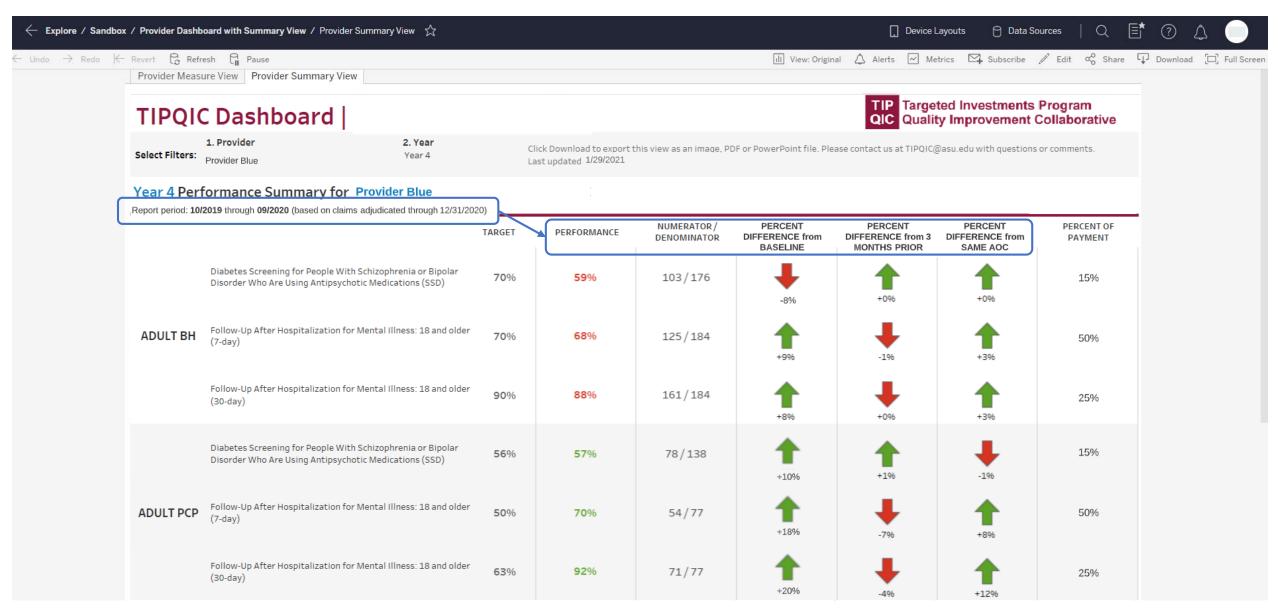


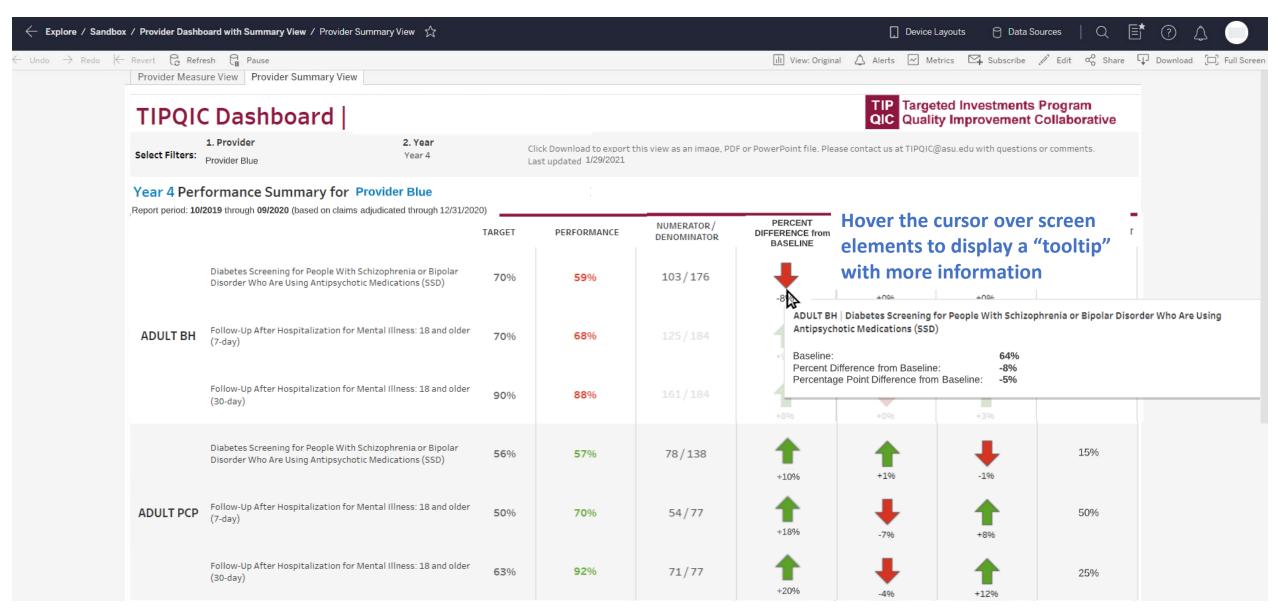
New Provider Summary View Available 2/12/2021



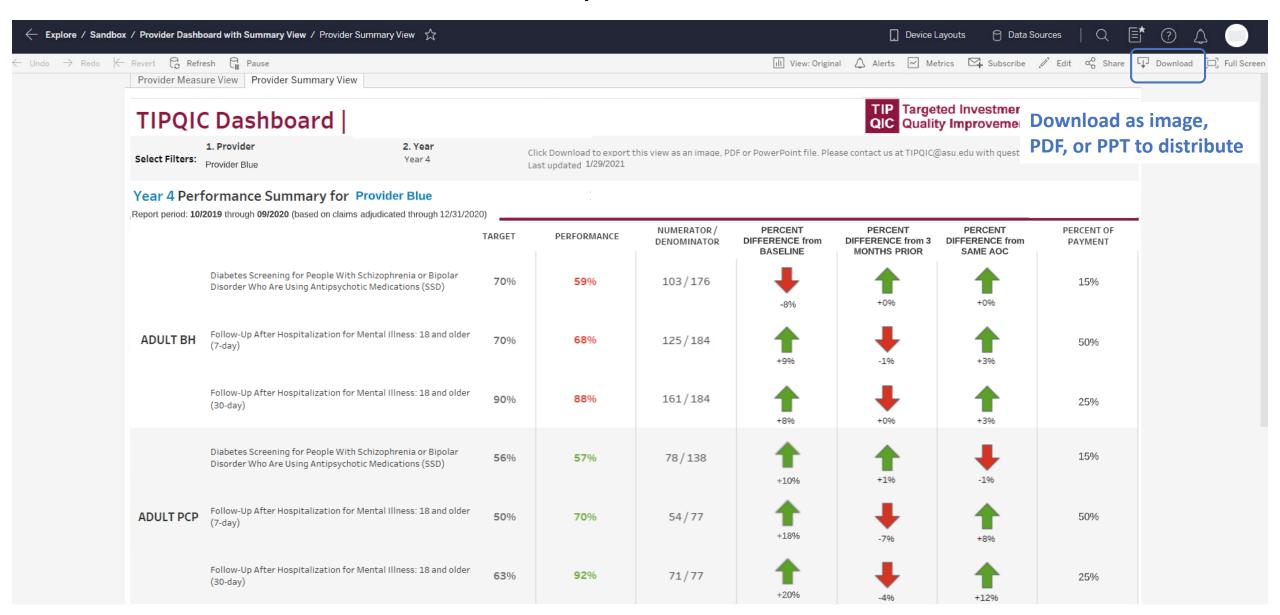








New Provider Summary View Available 2/12/2021



Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Introduction & Updates	Kailey Love
11:35 AM – 11:40 AM	Brief Overview of Session	William Riley
11:40 AM – 11:55 AM	Peer Presentation #1: 7 Day & 30 Day FUH	Encompass Rene Hull Alicia Stewart
11:55 AM – 12:05 PM	Peer Presentation #2: Diabetes Screening	Changepoint Integrated Health Paula-Kaye Martin Shelly Ehmann
12:05PM – 12:50 PM	Round Table Discussion & Q&A	Facilitator: Charlton Wilson
12:55 PM – 1:00 PM	Next Steps	Kailey Love

Learning Objectives

- 1. Analyze alternative strategies to improve patient compliance with metrics for ambulatory visits.
- 2. Identify two changes that can be done at your organization to increase patient compliance to improve performance.
- 3. Develop a plan to achieve those two changes.

Performance Comparisons

- 7-Day and 30-Day Follow-up After Hospitalization
- Diabetic Screening for People w/ Schizophrenia

7 Day FUH

Encompass

1. Provider
2. Area of Concentration
3. Measure

Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)

ADULT PCP

Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)

Performance on Measure (Each month is a 12-month report period)

ENCOMPASS HEALTH SERVICES INC vs. Providers in same Area of Concentration



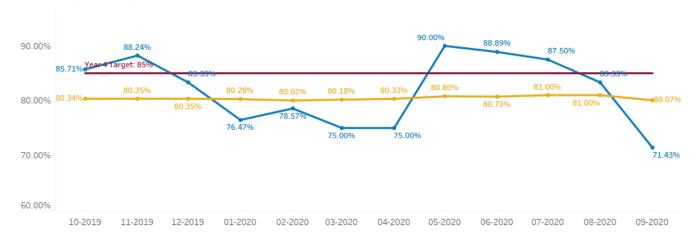
30 Day FUH

 1. Provider
 2. Area of Concentration
 3. Measure

 Select Filters:
 ENCOMPASS HEALTH SERVICES INC
 ▼
 ADULT PCP
 ▼
 Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)
 ▼

Performance on Measure (Each month is a 12-month report period)

ENCOMPASS HEALTH SERVICES INC vs. Providers in same Area of Concentration





Rene Hull-Gaethje, LSAT, Clinical Compliance Support Coach Alicia M. Stewart, Corporate Compliance Coordinator



- Integrated Health Care Facility with offices along the Arizona Strip in the very northern part of Arizona
- Behavioral Health Services in Page, Fredonia, Colorado City, and Littlefield
- Primary Care in Page
- Detox, Sober Living House, Peer Drop in Center,
 SMI Housing, Therapeutic client centered Garden

QUESTION I:

WHAT ARE THE MAIN REASONS WHY PATIENT'S MISS APPOINTMENTS FOR THE 7-DAY AND 30-DAY FUH METRICS?

- Clients Lack of Intent to follow through even though they verbally agree
- Auto-enrolled clients no pre-existing relationship; prefer tribal services
- Encompass initiated Title 36
- The crisis is over in client's eyes

QUESTION I: CONTINUED

- Relapse / Substance Use Disorder clients are less likely to keep FU appointments
- Transportation issues Many clients travel long distances
- Prioritize other life tasks over appointment
- Ran out of minutes, do not have Wi-Fi, frequent phone number changes
- Encompass is not aware of hospitalization

QUESTION 2: HOW DO YOU ENCOURAGE PATIENTS TO KEEP

Appointment reminders; Automated phone calls; in person calls

SCHEDULED APPOINTMENTS?

- Provider flexibility; knowing client's "better time of the day"
- Obtain most recent contact info from the admitting hospital
- Offer transportation
- Crisis team well checks when 7 day appointments are missed

QUESTION 3: DO YOU USE DIFFERENT PROCESSES FOR THE 7-DAY AND 30-DAY METRICS?

- The process does not vary significantly
- We hit it hard from the moment we learn a client has been hospitalized
- Once a client declines services, we document and let the health plan know

QUESTION 4:

WHAT WOULD YOU DESCRIBE AS THE MAIN COMPONENT OF YOUR PROCESS THAT EXPLAINS THE LARGE DIFFERENCE IN COMPARISON WITH THE OVERALL TI COLLABORATIVE?

- This has been a challenge, so we are excited that we have been successful. Creativity, flexibility, and diligence is key
- Challenge in our EMR; tracking system
- Compliance team is dedicated to ensuring these clients gets seen. Compliance is our tracking system

QUESTION 4: CONTINUED

- Learning day zero does not count has been helpful
- Flexible psychiatric team goes above and beyond to fit clients in to a busy schedule
- Health Plan notifications are essential to success
- Team approach Clinical staff who truly understand this objective and how it is beneficial to the client's overall health and wellness
- Strong desire to help clients be successful after hospitalizations; reduce readmission rate

QUESTIONS, COMMENTS, FEEDBACK?

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Changpoint

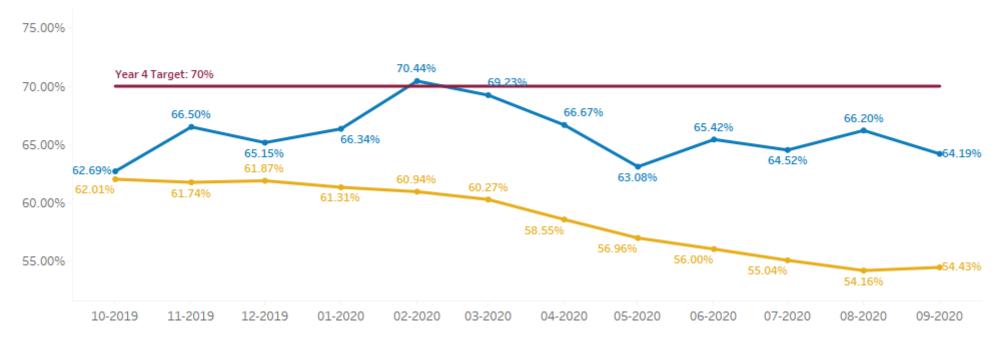
Diabetes Screening

 Select Filters:
 1. Provider
 2. Area of Concentration
 3. Measure

 Diabetes Screening for People With Schizophrenia or Bipolar Disorder Wh... •

Performance on Measure (Each month is a 12-month report period)

CHANGEPOINT INTEGRATED HEALTH (PSYCHIATRIC HOSP) vs. Providers in same Area of Concentration





Changepoint Integrated Health

Paula-Kaye Martin
Shelly Ehmann





TARGET INVESTMENT- DIABETES SCREENING METRIC

ChangePoint Integrated Health has been serving Navajo County with quality behavioral health services since 1966 and is a vital asset to the community. ChangePoint has seen much growth in its 50+ years of existence and has remained committed to making a difference in the lives of those we serve.

Provide services to over 6,000 individuals annually

Provide over 150,000 appointments and services annually

16 bed inpatient psychiatric hospital provides over 5,000 bed stays each year

Provide over 50,000 transports annually

Mission: To Inspire Change, Empower Individuals and Improve Lives in Our Community

MAIN REASONS PATIENT'S MISS APPOINTMENTS FOR THIS METRIC?

- This is a fasting lab and when they are at their appointment they have already eaten and are unable to complete at office.
- They lack transportation if they have to go to an outside lab- since there is no behavioral health service billed at this time, AHCCCS does not pay for the transportation with us.
- They don't like labs drawn
- They do not see the importance to get the labs completed

Strategies to increase patient compliance for this metric?

INCREASE PATIENT EDUCATION ON THE PURPOSE OF THESE LABS AND WHAT THE RESULTS WILL TELL US IN REGARDS TO POSSIBLE INTERACTIONS WITH MEDICATIONS

BRIDGING THE GAP IN TRANSPORTATION TO GET TO THE OUTSIDE LABS- CONNECTING CASE MANAGEMENT FOR COORDINATION

One Change to improve appointment compliance

 WE ARE IMPLEMENTING TEXT REMINDERS AS MANY OF OUR CLIENTS WILL RESPOND TO TEXT MORE THAN A VOICEMAIL

^{*} THEY RUN OUT OF MINUTES EARLY IN THE MONTH BUT CAN STILL GET TEXT

Our Magic Wand to improve appointment compliance would be....

OUR EMR WOULD BE ABLE TO DO AN ALERT THAT WOULD NOTIFY US OF UPCOMING DUE DATE FOR NEEDED LABS

Round Table Discussion

Q&A

Please insert any questions in the Q&A box

Next Steps

- Post-Event Survey: 2 Parts
 - General Feedback Questions
 - Continuing Education Evaluation
- Continuing Education for 2021 will be awarded post all 2021 QIC sessions (December 2021)
- Questions or concerns?
 - Please contact ASU QIC team at <u>TIPQIC@asu.edu</u> if questions or concerns regarding performance data

Thank you!

TIPQIC@asu.edu







