

AHCCCS Targeted Investments Program

Peds Quality Improvement Collaborative

Dr. Sara Salek

Dr. George Runger

TIP Year 5: Session #9

August 3, 2021

Disclosures

- Dr. Sara Salek is Chief Medical Officer at AHCCCS

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:45 AM	Introduction & Updates	Kailey Love
11:45 AM – 11:55 AM	Metabolic Monitoring Overview	Dr. Sara Salek
11:55 AM – 12:40 PM	Metabolic Monitoring Provider Best Practices Discussion Questions: 1. Please briefly describe your organization. 2. Please describe briefly your current process for the metabolic monitoring/diabetes screening measure. 3. Please identify the three major reasons why the metabolic monitoring/diabetes screening measure is not completed. 4. Please identify the most important lesson(s) from your counterpart presentation.	Facilitator: Dr. George Runger <ul style="list-style-type: none"> La Frontera: Kristin Ross, Stephen Guarrera Arizona Children’s Association: Jessica Conlon, Melissa Jackson
12:40 PM to 12:55 PM	Discussion	All
12:55 PM to 1:00 PM	Next Steps	Kailey

Update: TI Year 4 Milestone Results

- Final TI Year 4 performance distributed via email in July 2021
- AHCCCS and ASU applied a “COVID adjustment” to the original Year 4 targets
 - Blinded process
 - Details sent via email
- Adjusted targets shown on dashboard for TI Year 4

Learning Objectives

1. Identify failure modes for metabolic monitoring
2. Describe different approaches to accomplishing metabolic monitoring
3. Discuss alternative strategies for how to overcome barriers to the metabolic monitoring measure

Metabolic Monitoring Overview

- Atypical antipsychotics are commonly and increasingly prescribed to children and adolescents in the United States as first line treatment for psychotic disorders, bipolar disorder and non-psychotic conditions
- Cardiometabolic effects of atypical antipsychotics have been associated with several side effects:
 - Weight gain and obesity
 - Hypertension, lipid, and glucose abnormalities
 - Long-term impact include adult obesity, metabolic syndrome, cardiovascular morbidity

AACAP Practice Parameter

Use of Atypical Antipsychotics in Children and Adolescents

- Prior to the initiation of treatment, member and guardian should be advised about potential weight gain and recommendations for proper nutrition and exercise plans provided.
- At baseline and regular intervals, BMI should be plotted on age specific diagrams.
- Consideration of weight management interventions and increased regularity of blood glucose and lipid levels should be implemented if atypical induced weight gain exceeds 90th percentile BMI for age.
- Regular monitoring of blood glucose levels and, as needed, hemoglobin A1C is warranted
- Lipid profiles should be obtained at baseline and monitored at regular intervals

American Diabetes Association/ American Psychiatric Association Consensus Guidelines

Table 1 – Metabolic monitoring parameters based on American Diabetes Association/
American Psychiatric Association consensus guidelines^a

	Baseline	Week 4	Week 8	Week 12	Every 3 months thereafter	Annually
Medical history ^a	X			X		X
Weight (BMI)	X	X	X	X	X	X
Waist circumference	X			X		X
Blood pressure	X			X		X
Fasting glucose/hemoglobin A _{1c}	X			X		X
Fasting lipids	X			X		X
^a Personal and family history of obesity, diabetes, hypertension, and cardiovascular disease.						

Metabolic Monitoring of Antipsychotic Medications: What Psychiatrists Need to Know

TABLE 1. After baseline metabolic parameters are obtained, suggested frequency of metabolic monitoring for patients who take antipsychotic medications^a

Parameter	Adult patients	Pediatric patients ^b
Personal and family history ^c	Annually	Annually
Lifestyle behaviors ^d	N/A	Each visit
Height, weight, BMI	Every 4 weeks for the first 12 weeks, then every 3 months	Each visit
Waist circumference	Annually	N/A
Blood pressure, pulse; fasting blood glucose; lipids	12 weeks, then annually	3 months, then every 6 months
Electrocardiography	Not specified	N/A

^a May be conducted more frequently, as indicated.

^b Other parameters, including thyroid-stimulating hormone, prolactin, and sexual/reproductive dysfunction are also recommended in pediatric patients.

^c For example, obesity, diabetes, dyslipidemia, hypertension, coronary heart disease.

^d For example, exercise, diet, smoking.

N/A, not available; the guidelines do not specifically address these items.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)

- 2021 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
- NCQA National Results
- AHCCCS Performance Monitoring Dashboard

Core Set Specifications APM-CH

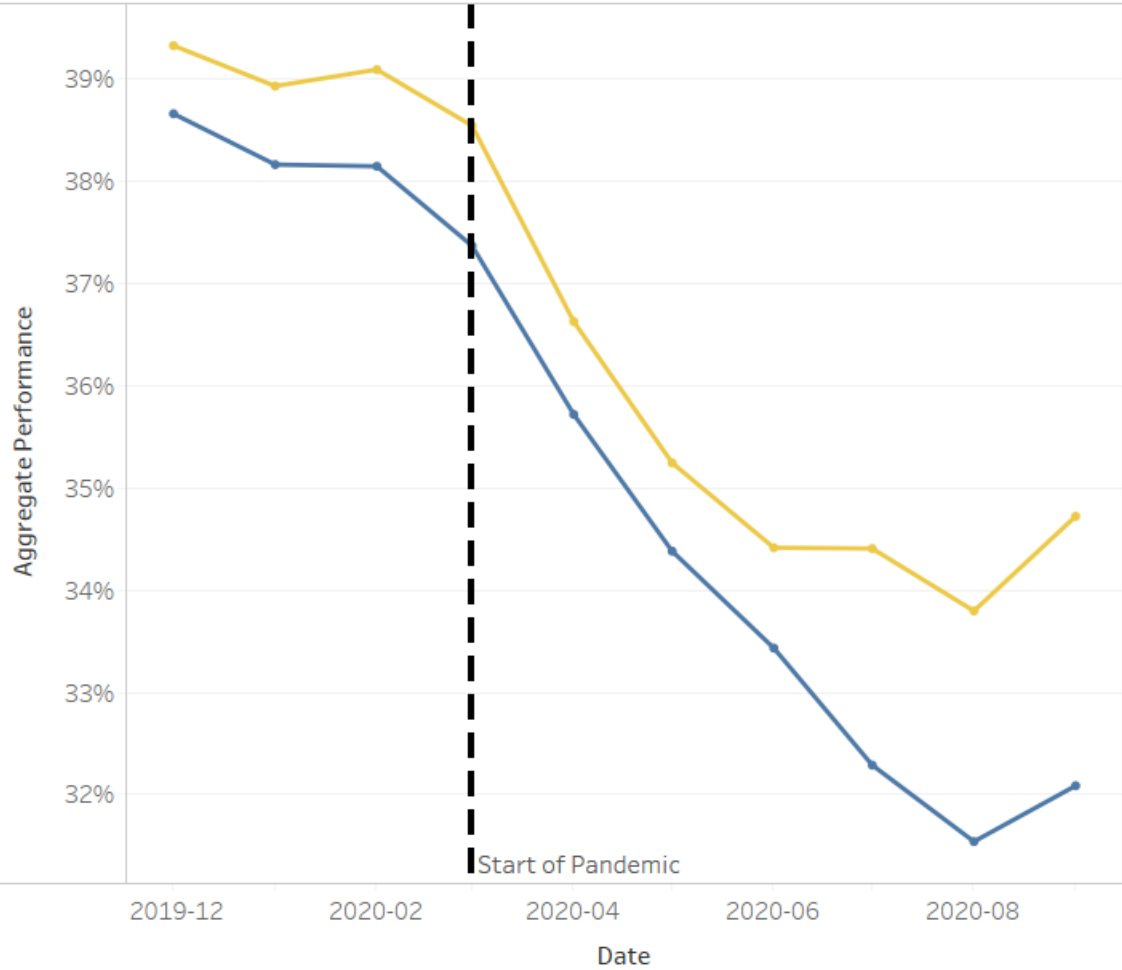
- Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions dispensed and had metabolic testing
- Three rates are reported:
 - Percentage of children and adolescents on antipsychotics who received blood glucose testing
 - Percentage of children and adolescents on antipsychotics who received cholesterol testing
 - Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) NCQA Published Mean

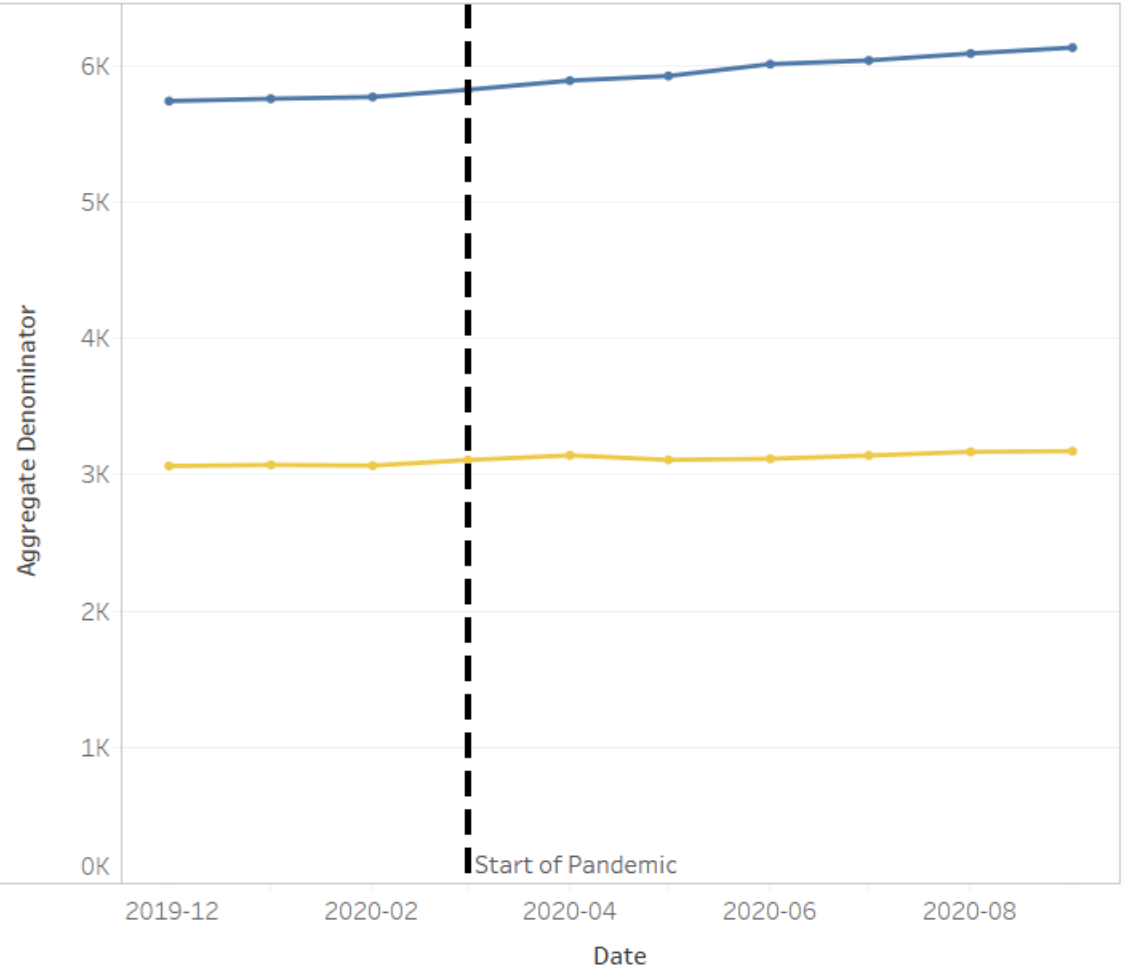
Measure Year	Commercial HMO	Commercial PPO	Medicaid HMO
2019	37.4	35.0	37.8
2018	37.2	33.1	35.3
2017	37	32.8	34.6
2016	36	32.3	33.3
2015	33.9	30.7	29.8

PEDS BH - Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Aggregate performance



Aggregate denominators



TI Aggregate
All-AHCCCS Aggregate

Provider Type
PEDS BH
Measure
Metabolic Monitori..

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LA FRONTERA CENTER, INC.

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La Frontera Center, Inc. is...

- Integrated Care Health Home providing services to approximately 1232 child/youth members and 6715 adult members.
- Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for 20+ years.
- Part of La Frontera Arizona, which serves the Arizona community.

We offer A LOT!

Psychiatric medication
monitoring

PCP services and referral

Case management

Skills training

Counseling &
Psychotherapy

Family support

Peer support and state
approved peer
certification training

Intensive outpatient
programs (IOPs) focused
on substance use or
wellness

Therapeutic preschool
services at our Child &
Family Center

Employment services

Behavioral health
residential facilities
(BHRFs)

Psychiatric inpatient
facility (PHF) and detox
services

Medication Assisted
Treatment (MAT)

Nursing administration
of long-acting injectable
medication

Psychological testing by
post-graduate
psychology interns
through an APA-
accredited program.

How we get it done...together!

- Behavioral Health Medical Providers (BHMPs) and PCPs
 - Review labs at each visit to ensure they are up to date. If they are not, BHMP orders a new one and gives family instructions on where to get labs done and the importance of the activity.
 - Communicate with Recovery Coaches (RCs) at weekly meetings if labs are needed.
 - Request labs from outside providers and document in progress notes.
- Outpatient staff (including therapists!)
 - Pull report from Avatar NX weekly to see who needs labs and follow up.
 - Attend BHMP appointments with the family when possible.
 - Review BHMP progress notes prior to therapy sessions to ensure treatment goals are aligned.
- QMUM staff
 - Integrated Care Work group special project
 - Review TIPs scores monthly with Directors and Executive Management

Barriers Schmarriers

- Lab location
- Healthcare literacy
- Bi-directional interface

To infinity and beyond!

- Combining EHR reports for efficiency.
- Continued recruitment of staff to increase on site lab draw hours.
- Continuing to create a culture of whole person care.



We are Arizona's best resource for helping families and children.

Jessica Conlon, DBH, LMFT
Medical Integration Officer

Melissa Jackson, LPC, MS, BHP
Population Health Manager

www.ArizonasChildren.org



Who We Are

Arizona's Children Association (AzCA) is a nonprofit organization that was **founded in 1912**, as an orphanage to care for homeless, neglected and dependent children.

We are **one of the oldest and largest** statewide child welfare and behavioral health nonprofit agencies in Arizona.

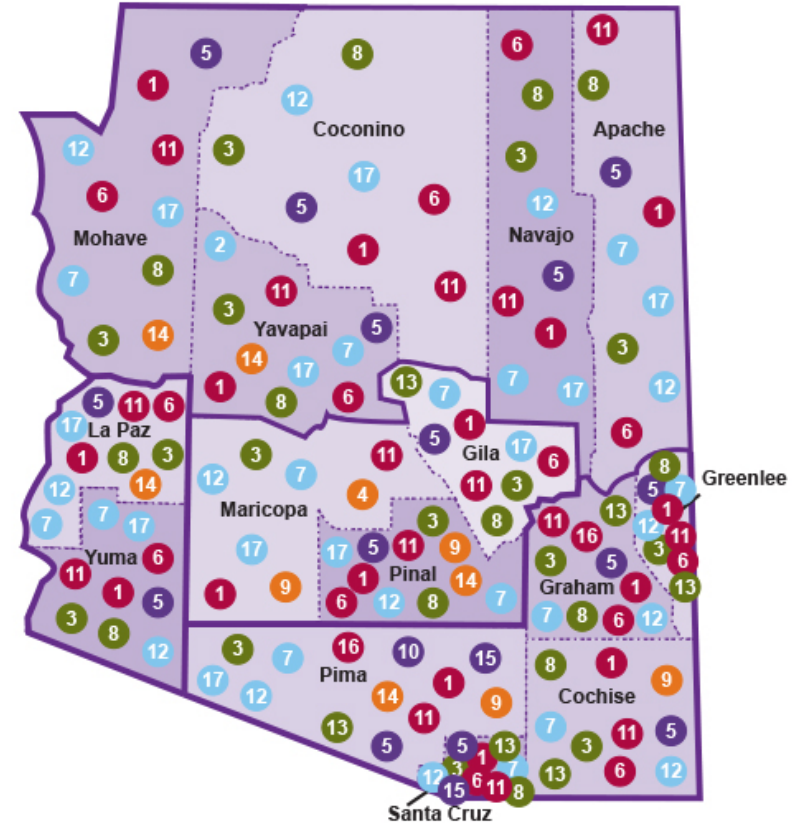
Our Programs & Services

AzCA programs and services are offered in all **15 counties** in AZ and serve more than **42,000** children and families each year.

MEMBERS OF ARIZONA'S CHILDREN ASSOCIATION FAMILY OF AGENCIES



- | | |
|--|---|
| 1. Adoption | 10. Las Familias |
| 2. Child Haven | 11. New Directions Institute |
| 3. Foster Care | 12. Outpatient Behavioral Health |
| 4. Golden Gate Community Center | 13. Parent Aide |
| 5. In My Shoes | 14. Parents as Teachers |
| 6. Independent Living Services | 15. Southern Arizona Center Against Sexual Assault (SACASA) |
| 7. In-Home Family Support | 16. The Parent Connection |
| 8. Interstate Compact for the Placement of Children (ICPC) | 17. Therapeutic Foster Care |
| 9. Kinship and Adoption, Resource and Education (KARE) Family Center | |





Current Process for Metabolic Monitoring

- Our main focus for address metabolic monitoring within our agency was updating our policy on Metabolic Monitoring to include:
 - Labs are ordered when the BHMP prescribes (this was already the procedure; however, we did not have a policy surrounding it).
 - Labs are to be completed at initiation of medication, 3 month follow-up (recommendations through ACAP, APA, as well as HEDIS), annually, and any other additional follow-up as needed.
 - Working collaboratively with clients on education for the need to complete labs by the next appointment (new with being reinforced with clients and their families).
 - AIMS/BMI



New Process

- When metabolic labs are not completed by the next BHMP appointment the following will occur:
 - Only 2-week prescription refills will be provided until labs are drawn. The client/family will have to keep returning to the pharmacy until the labs are completed.
 - If the client continues to remain obstinate with completing the labs, the BHMP will continue to re-fill medications every two weeks.
- We have worked with our Medical Director to increase our monitoring by utilizing EHR reports to determine client's who are out of compliance with the labs being completed.
- We are working towards adding a dashboard that the CMA's will be able to access to follow up with client's who have not had labs completed per the BHMP's order.



3 Major Reasons For The Metabolic Monitoring Measure Not Completed

- Some of the clients (who are children) are very sensitive to the lab draws being completed which can make it difficult, such as those clients with sensory related issues or diagnosis.
- COVID-19, we still have labs who are restricting the number of people in the labs at the time which can be challenging especially for parents with multiple younger children or limited supports.
- We were additionally lax during the pandemic with the lab draws as there were issues with clients/families being able to simply leave their home.
- We had lack of clear structure and support in monitoring the BHMPs with the lab component.



Thank You!

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A child can't wait

...for hope and healing.

Stay connected!

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Phone: **800.944.7611**



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Discussion

- Any questions?

Next Steps

- Post-Event Survey: 2 Parts
 - General Feedback
 - 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 TIPQIC@asu.edu if questions or concerns

Thank you!

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