

AHCCCS Targeted Investments Program

Adult C Quality Improvement Collaborative

Dr. Stephanie Furniss

Dr. Neil Robbins

Dr. George Runger

TIP Year 5: Session #2

November 17, 2020

Disclosures

There are no disclosures for this presentation

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Overview • Agenda	Kailey Love
11:35 AM – 12:00 PM	Internal Reporting vs HEDIS reporting	Dr. Stephanie Furniss Dr. Neil Robbins
12:00 PM – 12:20 PM	Internal Reporting: Use Case 1	CODAC Health Recovery & Wellness Nicole Huggett
12:20 PM – 12:40 PM	Internal Reporting: Use Case 2	Partners in Recovery Michaela Statt Michael Franczak
12:40 PM – 12:55 PM	Discussion & Q&A	All
12:55 PM – 1:00 PM	Next Steps	Kailey Love

Learning Objectives

1. Understand the importance of internal performance reports in the context of value-based payment systems
2. Identify key components of a robust internal reporting system
3. Explain performance evaluation for your group's area of concentration
4. Describe an approach your Group can take to harmonize performance data

Polling Questions

1. Does your Group run and use internal reports?

2. What has been useful to track internally?
 - Please answer in Q&A box

Internal Reporting versus HEDIS Measures (TIP Dashboard)

Audience	Medical Group, QI team, Providers & Staff, Administrators	Purchasers, Payers, Patients/members, Medical groups
Purpose	Understanding Customers & Processes, Motivation and focus, Baseline, Evaluation of changes	Comparison, Basis for choice, Reassurance, Spur for change
Measures & Collection process	Few, Simple and requires minimal time, cost, and expertise	Very few, Complex and requires moderate effort and cost
Time period	Short, current	Long, past
Measurement for Improvement		Measurement for Accountability

Internal reporting is critical for QI

- Clinical operations need to focus resources to clinical QI objectives
- Use internal reporting; it need not be identical to accountability measures to be effective
 - Self reliant
 - Timely feedback
 - Proactive intervention
 - Continuous improvement
- Improve likelihood of meeting accountability milestones to earn incentive payments, and for future VBC

Example: Adult PCP/BH Measure Parameters

SSD: Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications

Internal Reporting for QI

- Clinical QI Objective
 - Members on antipsychotic medications have an increased risk of diabetes; therefore, need to have a diabetes screening test annually
- Clinical / Operational information needed
 - Members with active antipsychotic medication
 - Last diabetes screening test date

Additional information needed to align with HEDIS measures

- Dx of schizophrenia, schizoaffective disorder or bipolar disorder
- Age 18-64
- Enrolled in an ACC plan for the full year, with no more than 1 gap of no longer than 45 days
- Member is excluded if has dx of diabetes or used hospice services

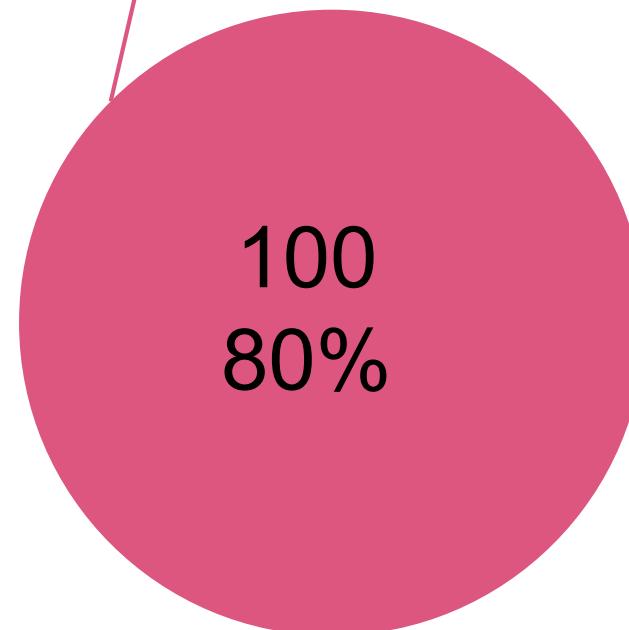
Resource intensive & Detracts
from clinical QI objective

Harmonize Internal Reports & Accountability Reports

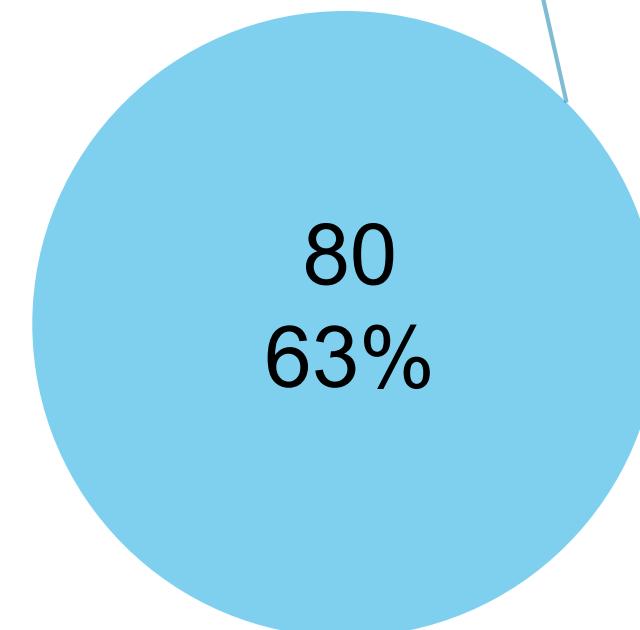
- Performance measures may not match internal reports
- Important to understand why they differ
 - Explore and explain differences in denominators and performance to identify reporting gaps
 - Ensure consistent view of improved trends
 - Identify process errors
 - Identify additional members your practice is held accountable for

Comparing Internal & Accountability Reports

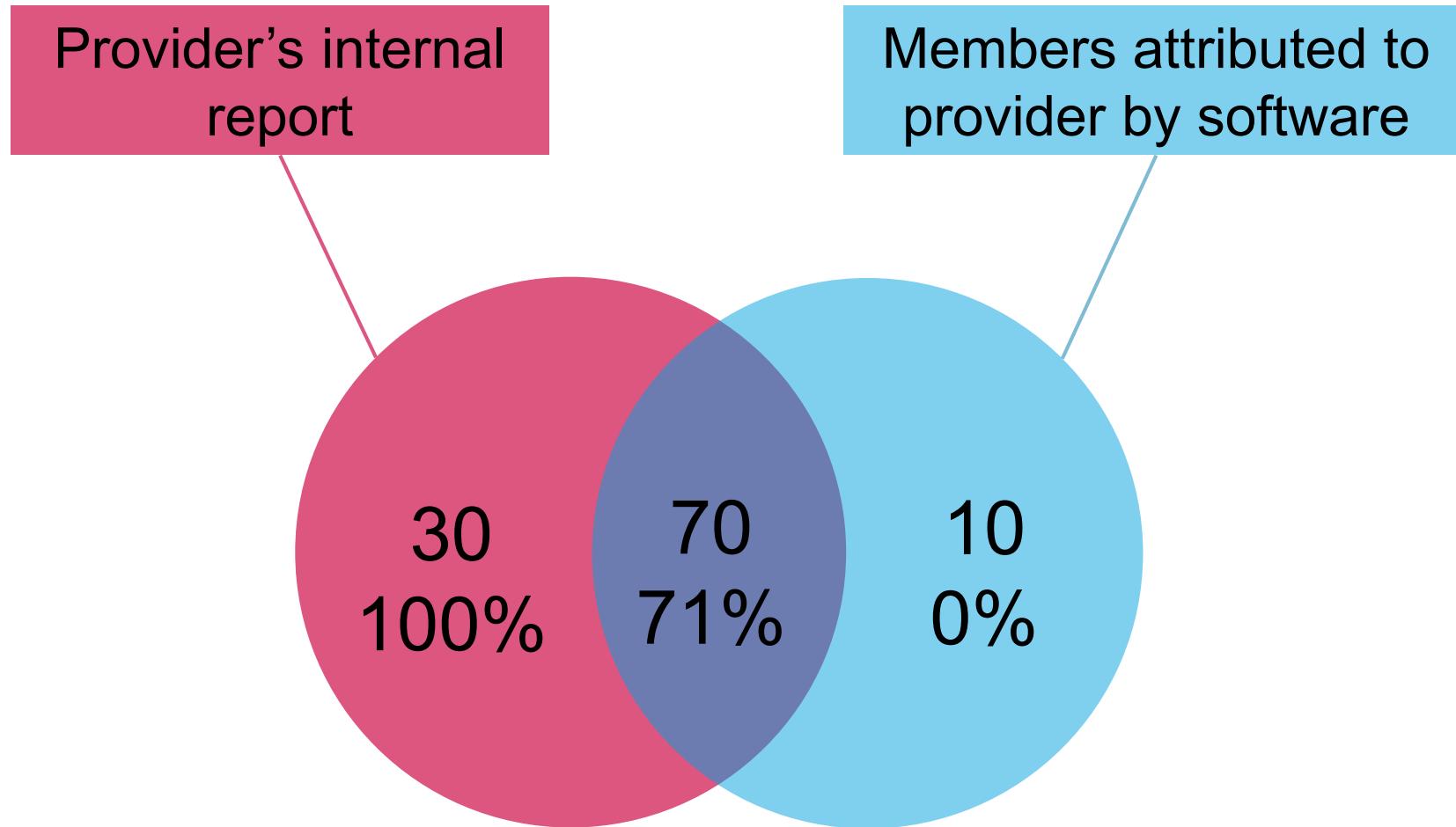
Provider's internal report



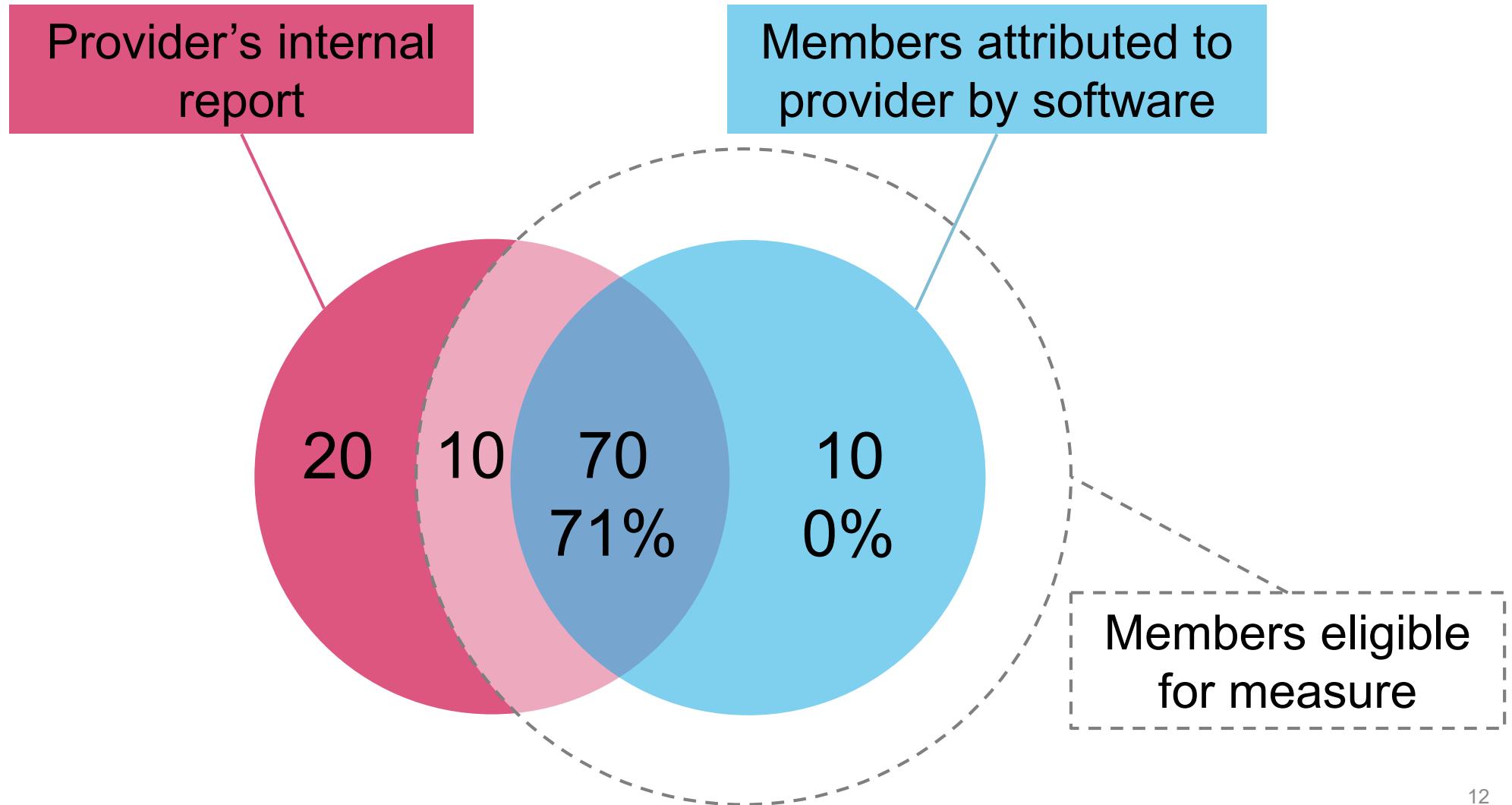
Members attributed to provider by software



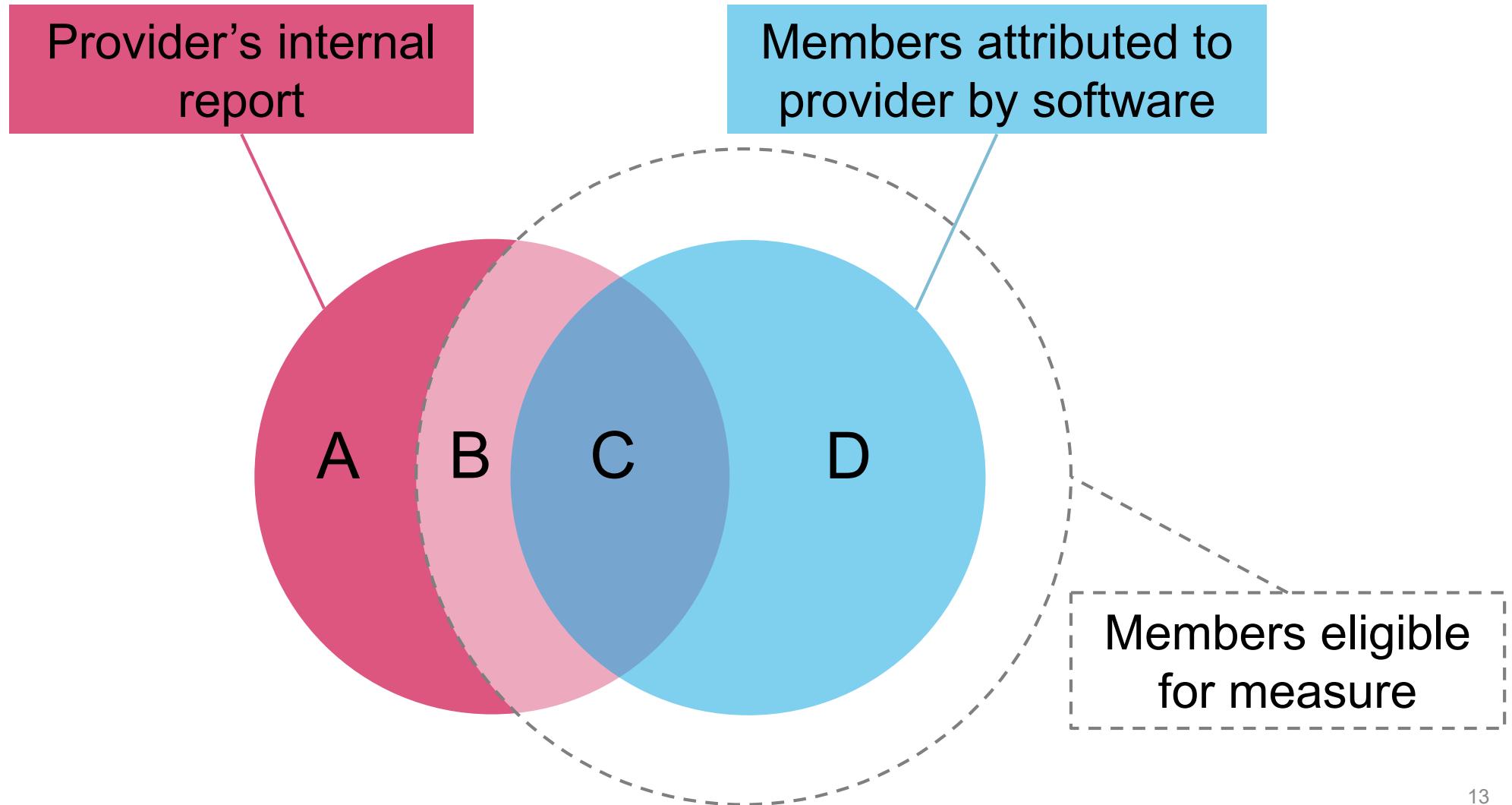
Comparing Internal & Accountability Reports



Comparing Internal & Accountability Reports



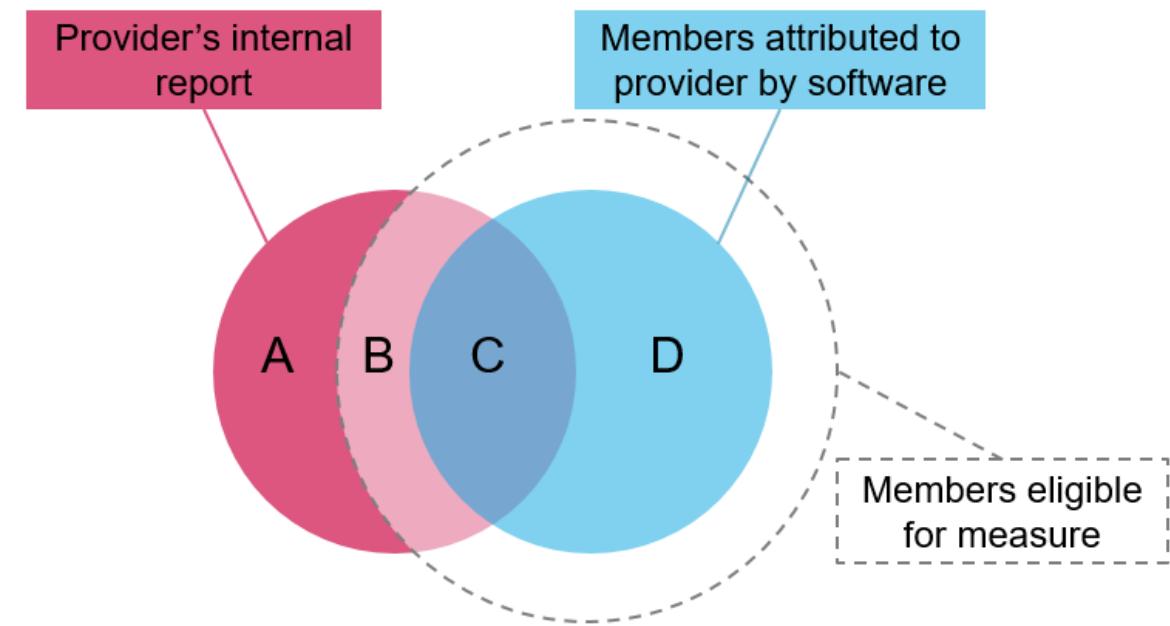
Comparing Internal & Accountability Reports



Comparing Internal & Accountability Reports

Group C: Alignment

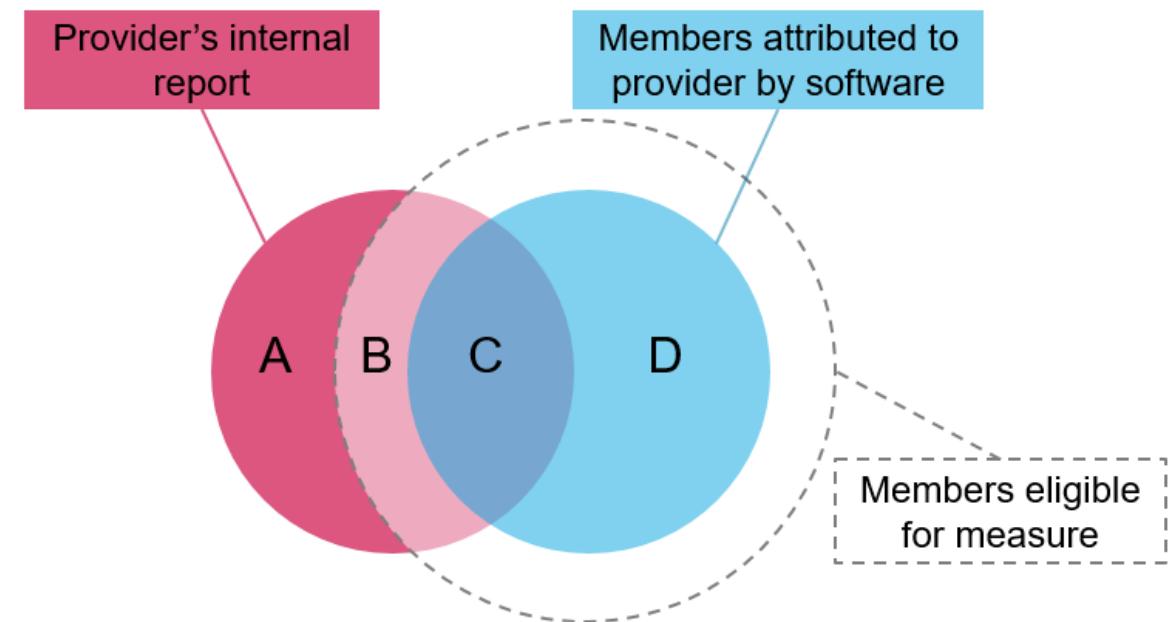
- In provider's internal report, eligible for the measure, and attributed to the provider
- To harmonize, study processes for groups outside of C
- **Objective is still QI of clinical care**



Comparing Internal & Accountability Reports

Group A: Ineligible

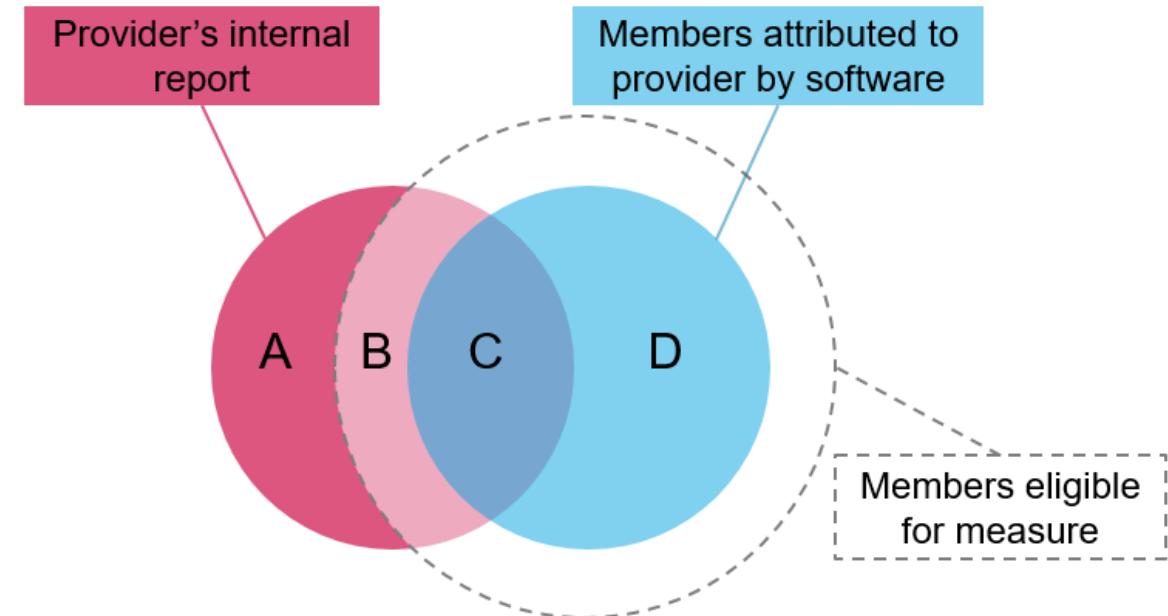
- In provider's internal report, but not eligible for the measure
- Reasons for ineligibility can help identify data quality issues
- **QI still benefits if member moved to numerator**



Comparing Internal & Accountability Reports

Group B: Misattribution

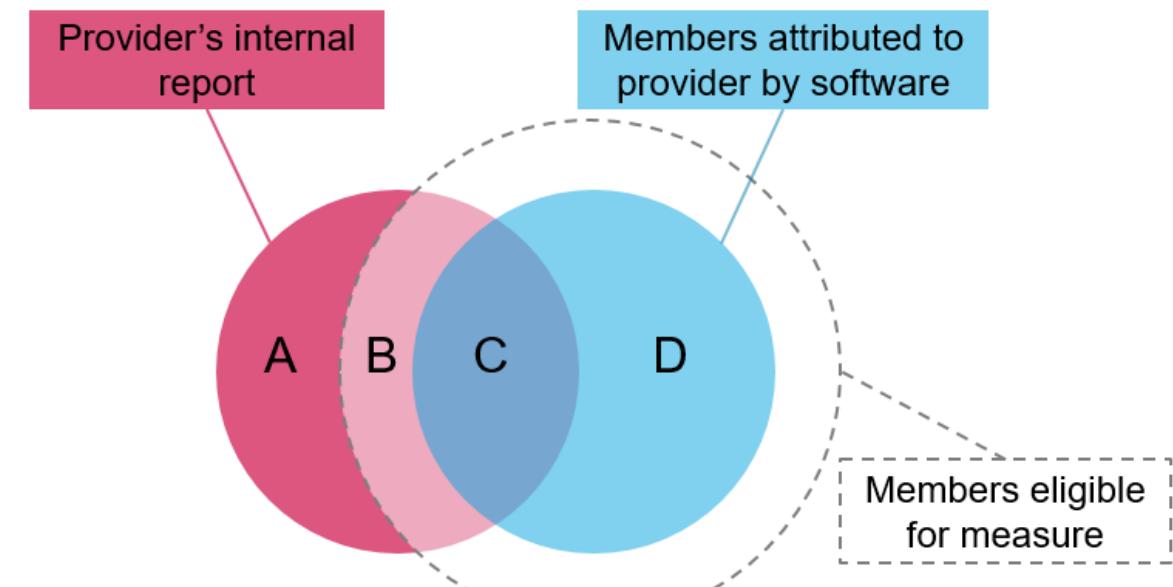
- In provider's internal report, eligible for the measure, but not attributed to the provider
- Check Provider ID's
- **QI still benefits if member moved to numerator**



Comparing Internal & Accountability Reports

Group D: Extra Attribution

- Eligible for the measure and attributed to the provider, but not in the provider's internal report
- Expand internal reports to improve internal monitoring
- **Member engagement and outreach for QI**



Summary

- Internal reporting is critical to a Clinic's QI efforts
- HEDIS measures are important for accountability and to identify gaps and limitations in internal reporting (e.g., unengaged members)
- Valuable to compare results from your internal reports with the results from HEDIS certified software to
 - Explore and explain differences in denominators and performance to identify reporting gaps
 - Ensure consistent view of improved trends
 - Identify process errors
 - Identify additional members your practice is held accountable for
- Email TIPQIC@asu.edu if interested



Utilizing Internal Reporting to Improve TIP Measure Performance

TIP QIC Meeting
November 17th, 2020

Nicole Huggett, MSW, CPHQ
Director of Population Health



ves.





about CODAC



CODAC
HEALTH • RECOVERY • WELLNESS





Alvernon Clinic



CODAC at 380
MAT COE

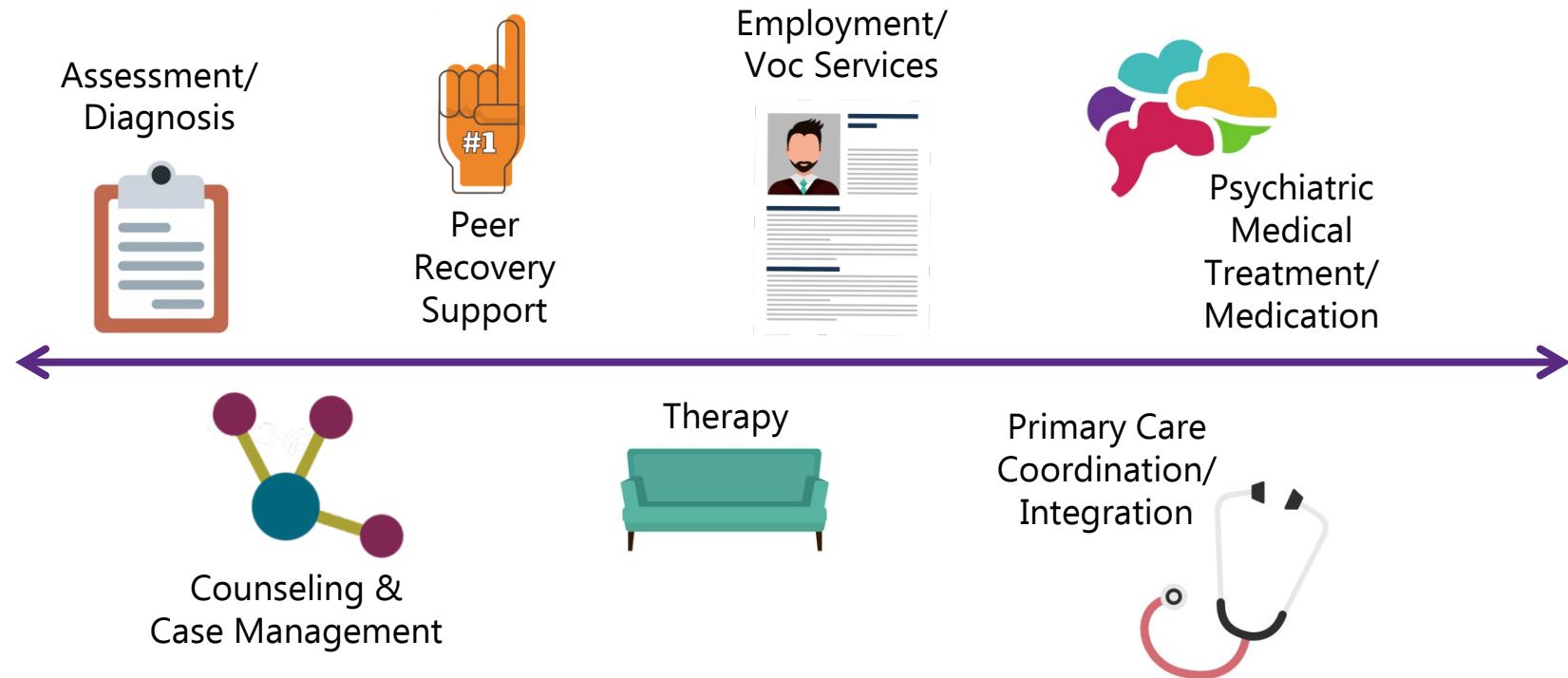


Country Club Clinic



Cobblestone Clinic

Array of Outpatient Services



Substance Use Treatment

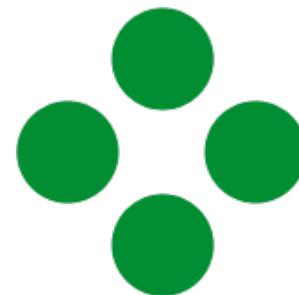


CODAC Reporting

Data Sources



CODAC Reporting Services



crystal **reports**



Which reports are used most frequently?

Assessment / Service Plan Annual update report by Program Involvement

for T19 and SABG members

Program Name	Number of members	Num. of Asmt Completed	percent
ALTCS	4,000	3,900	97.50
Child and Family (CFS)	1,000	950	95.00
Developmental Disability (DD)	1,000	950	95.00
Housing	1,000	950	95.00
Intensive Recovery Team	1,000	950	95.00
Legal System	1,000	950	95.00
LOL - Living Out Loud	1,000	950	95.00
MAAT	1,000	950	95.00
MAT	1,000	950	95.00
Men's	1,000	950	95.00
Other Agency	1,000	950	95.00
Outreach	1,000	950	95.00
Residential	1,000	950	95.00
SACASA	1,000	950	95.00
Specialty Provider	1,000	950	95.00
Therapy	1,000	950	95.00
Transition Aged Youth (TAY)	1,000	950	95.00
Transitional Living	1,000	950	95.00
Women's	1,000	950	95.00



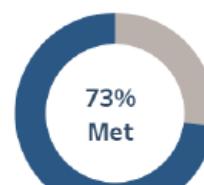
Key Performance Indicators at a Glance

Payer (All) Location (All)

We are currently meeting 73% of goals on our Key Performance Indicators.

We're currently meeting goals for stable housing, homelessness, inpatient admissions, readmissions, follow-up after hospitalization, and satisfaction. We are not currently meeting goals for employment, educational program involvement, or staff metrics.

KPI Progress



Staff Metrics

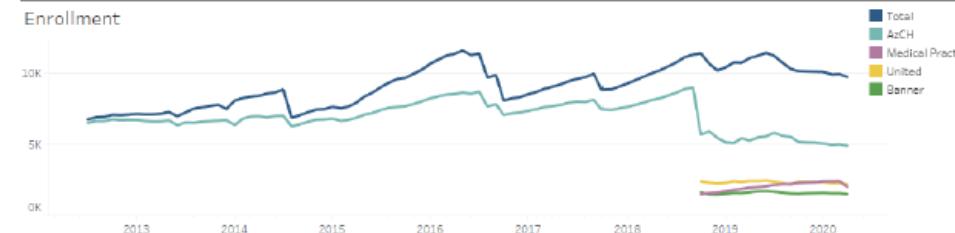
Hours Billed/Hours Worked

Current Total Enrollment

9,729

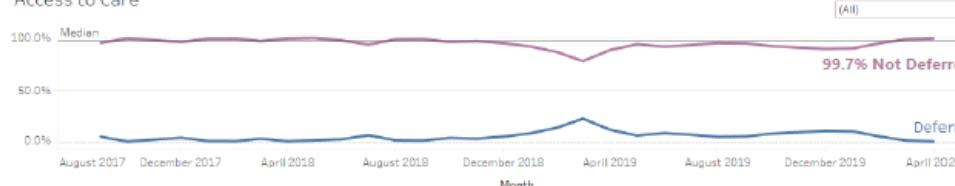
Enrollment and Access to Care

Enrollment



Access to Care

Appointment Type (All)



Service Delivery Method

Site (All) Date 10/1/2019 9/19/2020

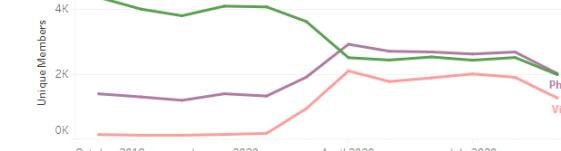
Unique Member Count

Use the date slider to select different date ranges

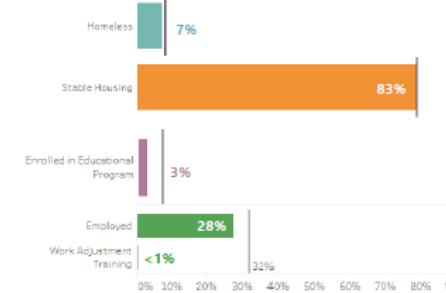


Over Time, Unique Member Count

Unique Members



Social Determinant Indicators



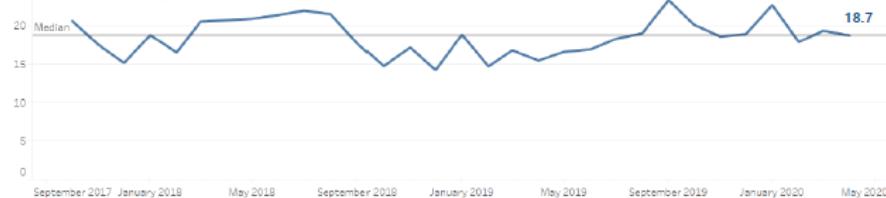
Satisfaction



Utilization Measures (Lower is better)

Hospitalizations

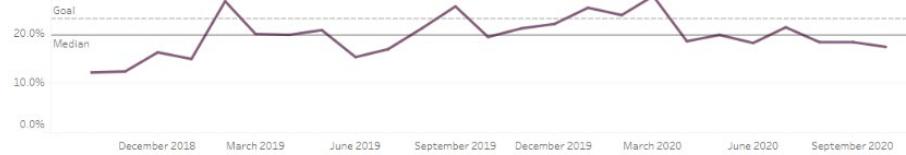
Rate per 1,000 members



Readmission Rates by Month

Goal

Median

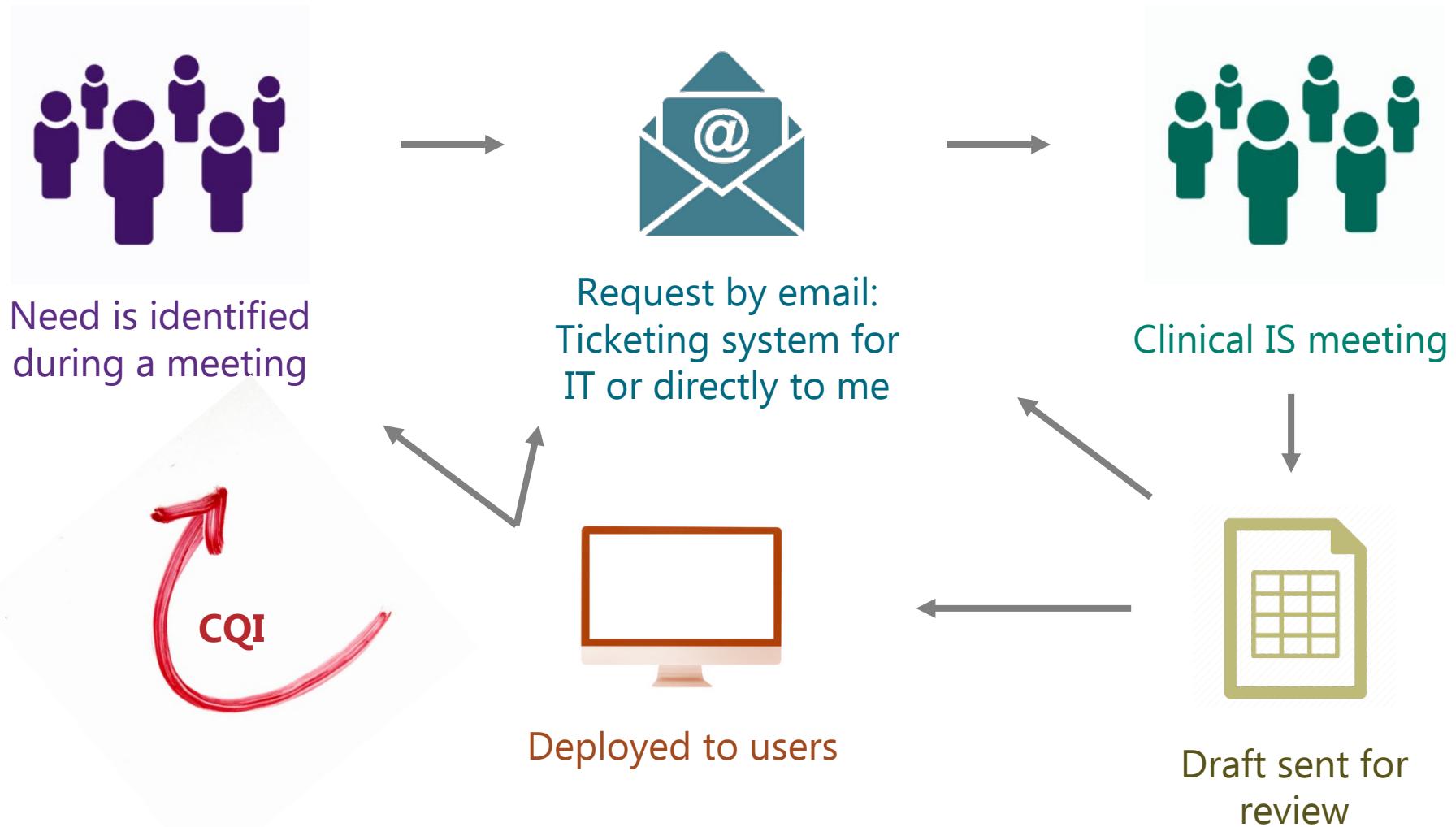


Crisis Utilization

Rate per 1,000 members



How are internal reports developed?



What reports do we use for TIP?

Member Name	TxBHC	Discharge Date	Days from Disch.	Date of FUH Svcs after Disch.	Days from Svc	Next BHMP App. Date	Disch. to App	Peer Support Specialist	Prescriber	Medical Assistant	Primary Therapist	Payer
[REDACTED]	BNR_T19	[REDACTED]	17	[REDACTED]	-	-	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	AHCCCS University Family C
[REDACTED]	ACH_T19_SM	[REDACTED]	27	[REDACTED]	5	-	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	AzCHT19 AHCCCS
[REDACTED]	ACH_T19_GM	[REDACTED]	24	[REDACTED]	-	-	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	AzCHT19 AHCCCS
RC Ludgate, April												
[REDACTED]	ACH_T19_GM	[REDACTED]	29	[REDACTED]	21	-	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	AzCH NT19 SABG
[REDACTED]	UHC_T19	[REDACTED]	23	[REDACTED]	14	-	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	AHCCCS UnitedHealthcare C
[REDACTED]	ACH_N19_SI	[REDACTED]	18	[REDACTED]	2	[REDACTED]	30	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	AzCH NT19 SMI
[REDACTED]	ACH_T19_GM	[REDACTED]	16	[REDACTED]	-	-	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	AzCHT19 AHCCCS
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What reports do we use for TIP?

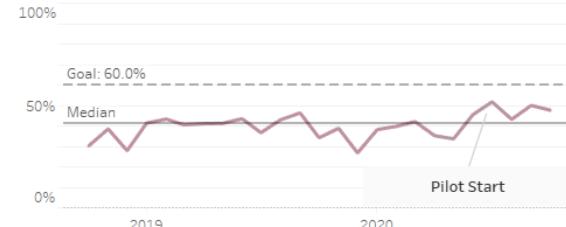
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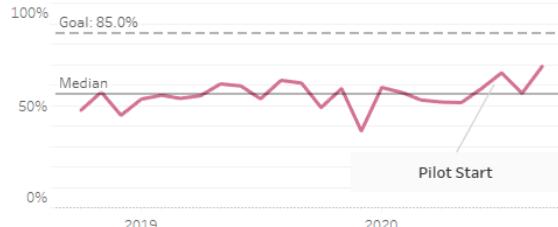
What reports do we use for TIP?

Follow Up After Hospitalization

Follow Up After Hospitalization Within 7 Days
(Excludes Day 0)



Follow Up After Hospitalization Within 30 Days
(Excludes Day 0)



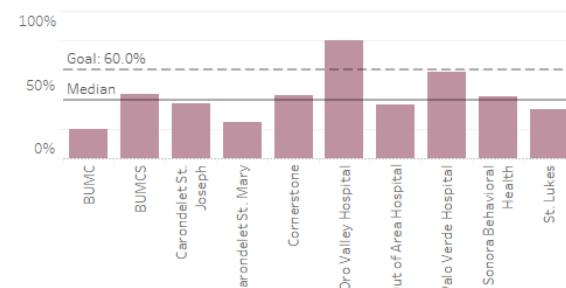
Follow Up After Hospitalization Within 7 Days
By Week



Follow Up After Hospitalization Within 30 Days
By Week



Follow Up After Hospitalization Within 7 Days
by placement



Follow Up After Hospitalization Within 30 Days
by placement



Continuous Improvement





Nicole Huggett
nhuggett@codac.org



Adult QIC- 11/17/2020

Internal Reporting & TIP Milestones

Michael Franczak, PhD & Michaela Statt, LMSW



Copa Health- Who Are We???

“We inspire health, hope, and happiness by delivering world-class solutions to individuals, families, and communities”

- Integrated Health Homes
- Residential Services
- Day Programs
- Employment Related Services
- DDD Services



Internal Reporting at Copa Health (Previously Partners in Recovery)



- Internal reporting mechanisms for over 10 years
- Organizational data collection & data aggregation has evolved significantly since inception
- Internal reports are critical for-
 - Quality Assurance
 - Productivity
 - Clinical Initiatives
 - Monitoring Outcomes & Contractual Obligations
 - Managing & Negotiating VBP Arrangements & Opportunities.

Data Sources

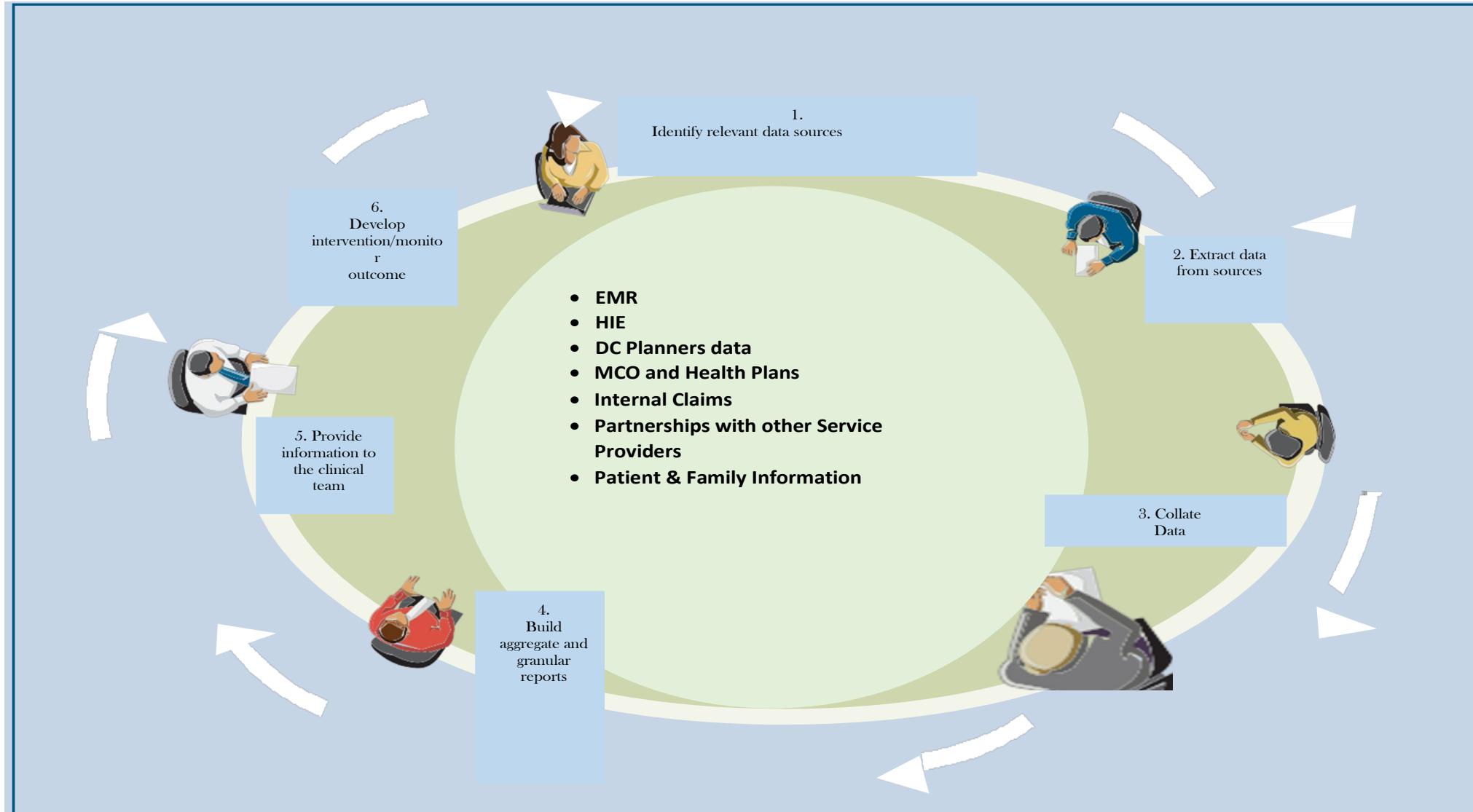
Source	Strengths	Limitations
HIE (Health Information Exchange)	<ul style="list-style-type: none"> ➤ ADT Alerts, ➤ Batch Reports ➤ HIE Portal ➤ Report Queries ➤ Bi-Directional w/EHR 	<ul style="list-style-type: none"> ➤ Part 2 Consent ➤ Part 2 Consent Management
EHR (NextGen)	<ul style="list-style-type: none"> ➤ Data Extracts (Intelligent Data Fields) ➤ Building Specific Templates for reports (SDOH, A1c) 	<ul style="list-style-type: none"> ➤ Not all data can be extracted into report structure ➤ Data extracted is dependent on the user entering information
Claims/MCO	<ul style="list-style-type: none"> ➤ Comprehensive (All Treating Providers) ➤ HEDIS/Gaps in Care Management 	<ul style="list-style-type: none"> ➤ Lagged for adjudication ➤ Controlled by MCO ➤ Part 2 Claim Redaction
Spreadsheets (Hospital D/C Planner)	<ul style="list-style-type: none"> ➤ Specific data tracked on workflow elements ➤ Easy to update ➤ Easy to aggregate and distribute 	<ul style="list-style-type: none"> ➤ Potential for human error ➤ Multiple staff entry ➤ Less sophisticated aggregation/display of data

Report Considerations

- Type
 - Normalized (per 1,000) vs Frequency Based
 - Aggregate vs Individual
 - Data vs Graphs
- Frequency- Establish a Cadence (Same report, Same meeting, Same time of month)
- Timeframe - Multi-Year Trends vs Contract Year Trends
- Audience/Purpose - Company-Wide vs Site/Location Specific
- Workflow – Make data & report review a part of the regular clinical workflow
- Measure, Monitor, Re-Measure- Numbers lead to data, Data to information, Information to knowledge, and Knowledge to action

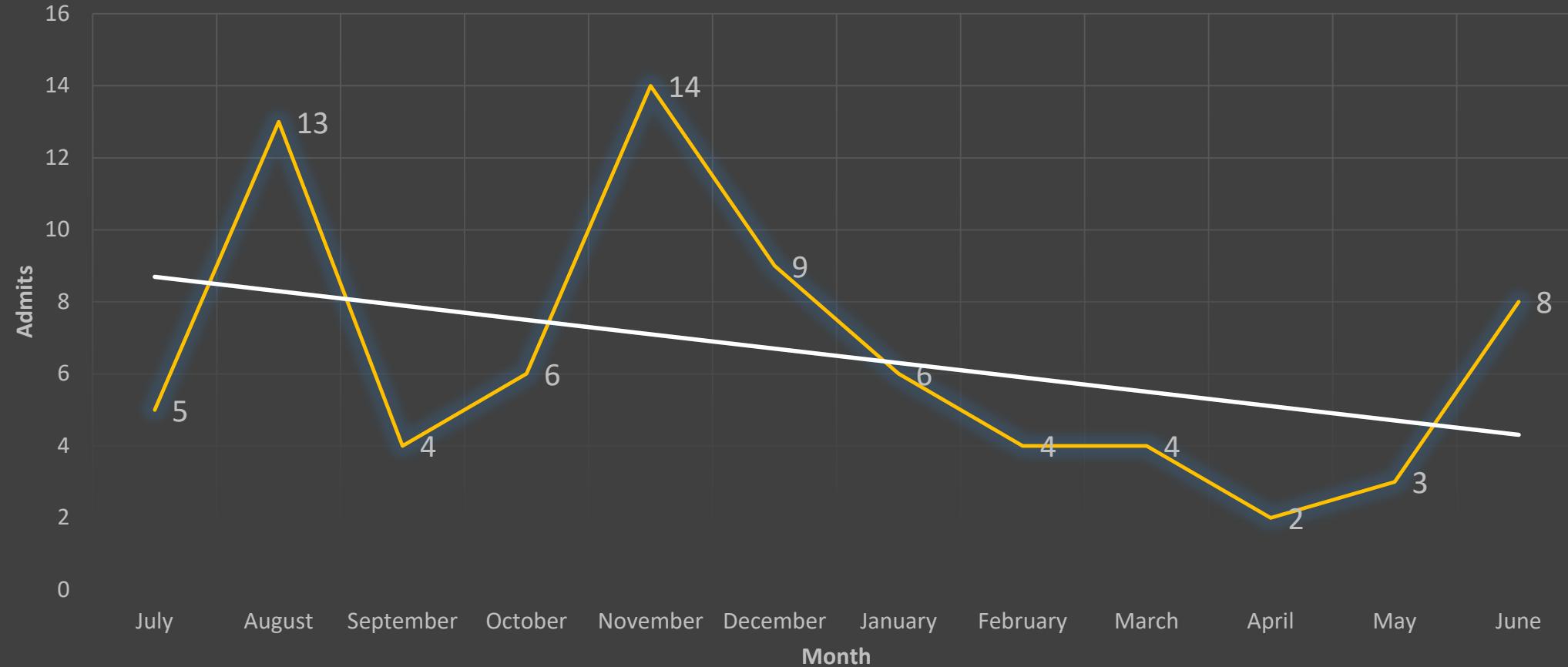


Turning Data Into Action

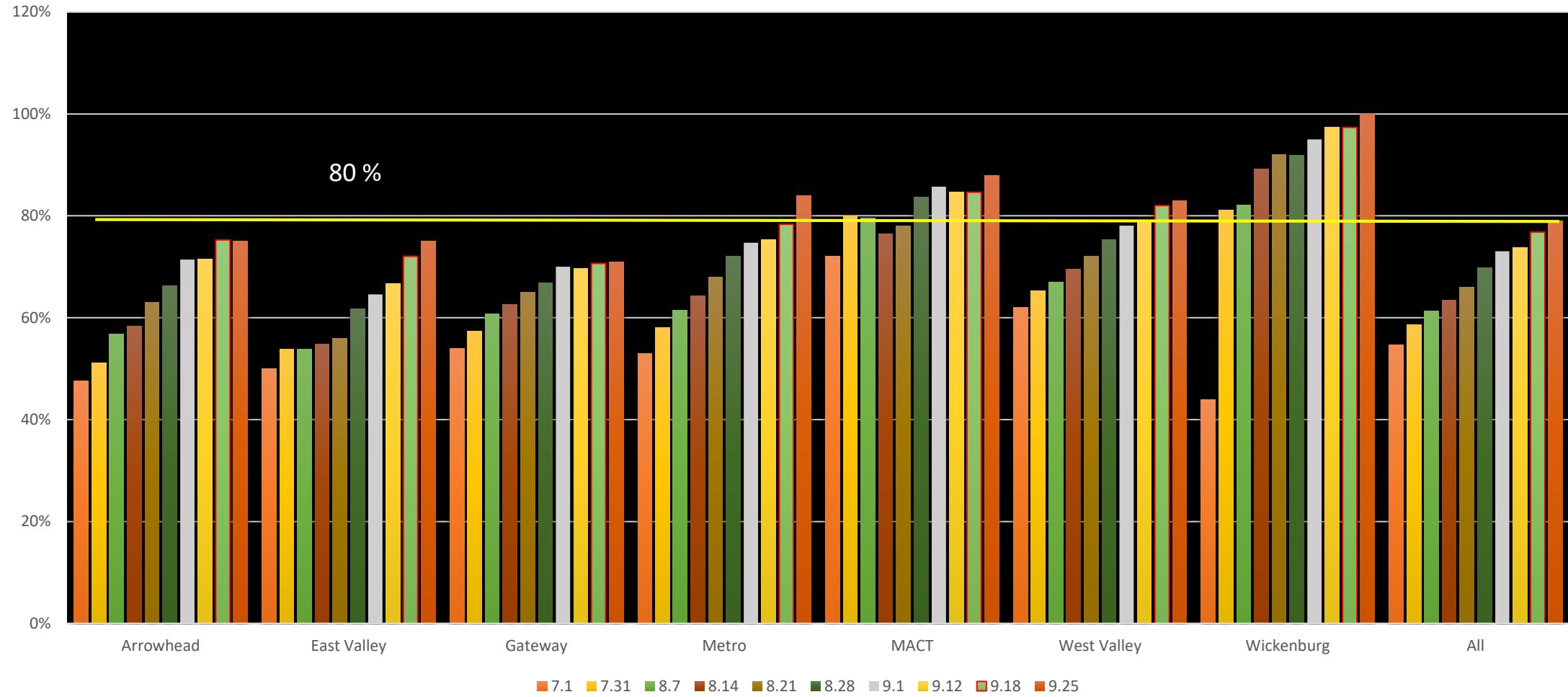


ED Utilization- High Risk Registry

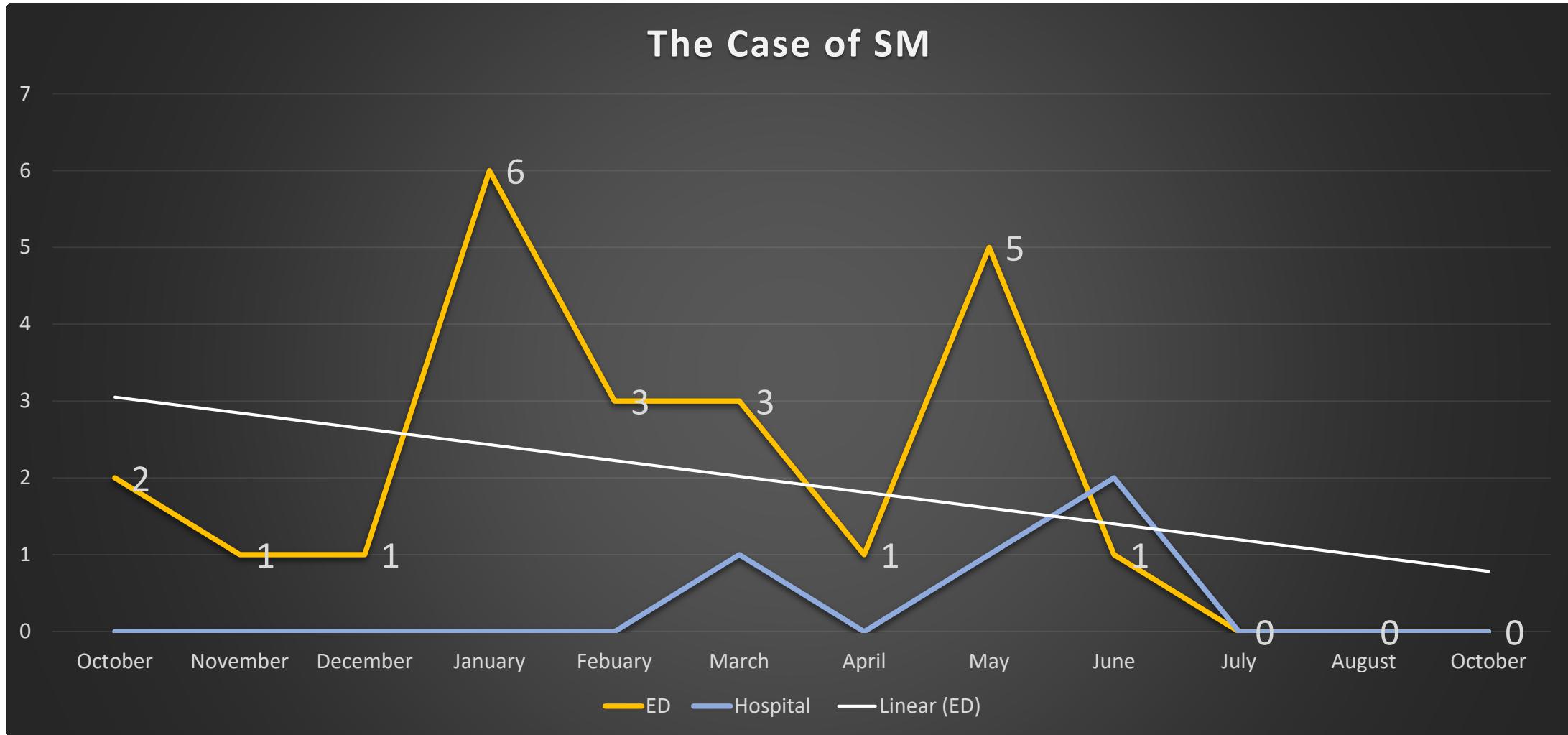
2019/2020 ED Admits HR Group



Hemoglobin A1c Trends By Location



The Case of S.M. (Copa Health Member)

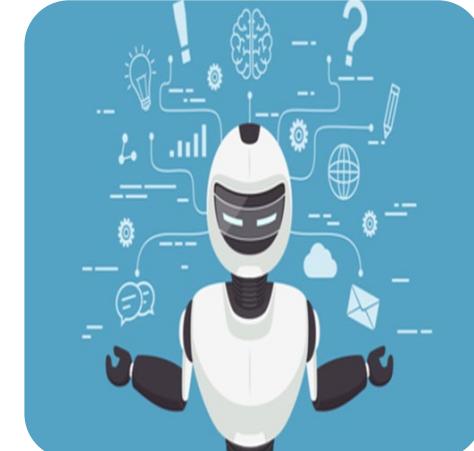


Targeted Investment Specific Reports

- While we did not have to change our overall internal process to address the TIP Program, we did have to add specific measures.
- Currently we are using the basic internal data approach but have had to adapt to the HEDIS inclusions and exclusions. We are still adjusting to those factors.
- We are using the same general process to measure Value-Based Contracts.
- Contracts differ on expectations so additional measures need to be collected.



POP HEALTH DATA MANAGEMENT



Previous

- Multiple spreadsheets, databases, data sources
- Manual data aggregation & analytics
- Pop Health Platform

Current

- Contractor + Technology & Digital Team
- Evaluation of all reports, data, workflows
- Building EDW (Enterprise Data Warehouse) & Integration Layer to connect multiple data sources

Future

- Digital Transformation
- Copa Health AWS-Quicksight Data Visualization
- Data Analytics & Predictive Modeling
- RCM & QM Support

Closing Remarks



“Many of the things you can count, don't count. Many of the things you can't count, really count.” - Albert Einstein

*“Knowing is not enough; we must apply.
Willing is not enough; we must do.” -
Johann Wolfgang Von Goethe*

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 will be awarded post all 2020 QIC sessions (November 2020)
- Questions or concerns?
 - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns regarding performance data

Thank you!

TIPQIC@asu.edu