AHCCCS Targeted Investments Program

Adult A Quality Improvement Collaborative

William Riley, PhD
George Runger, PhD

Session #4
May 7, 2020

ASU College of Health Solutions
Arizona State University

AHCCCS Arizona Health Care Cost Containment System | Targeted Investments

ASU College of Health Solutions
Arizona State University
Center for Health Information and Research

Disclosures

There are no disclosures for this presentation

Reminders & Updates

- Attendance
  - To track attendance, please ensure clinical and administrative representative log-in separately by computer via the link provided in the invite
- Participation
  - All questions should be directed to the Q&A box
- Dashboard
  - Primary care **and** behavioral health performance available in dashboards

Agenda

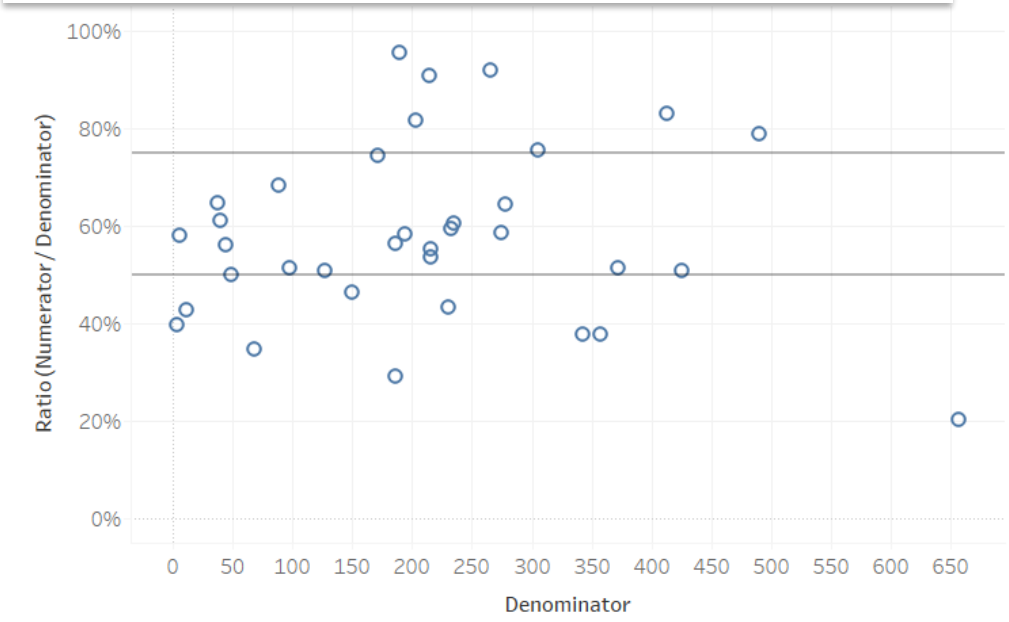
TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Overview • Agenda	Kailey Love
11:35 AM – 11:45 AM	BH Target Setting	George Runger
11:45 AM – 12:40 PM	Peer Learning Quality Improvement • 3 Generations of Data Analytics • Run Chart Calculations • Separating Noise from Signal	Bill Riley Presenter: Terros
12:40 PM – 12:50 PM	Q&A	All
12:50 PM – 1:00 PM	Next Steps • Post Event Survey	Kailey Love

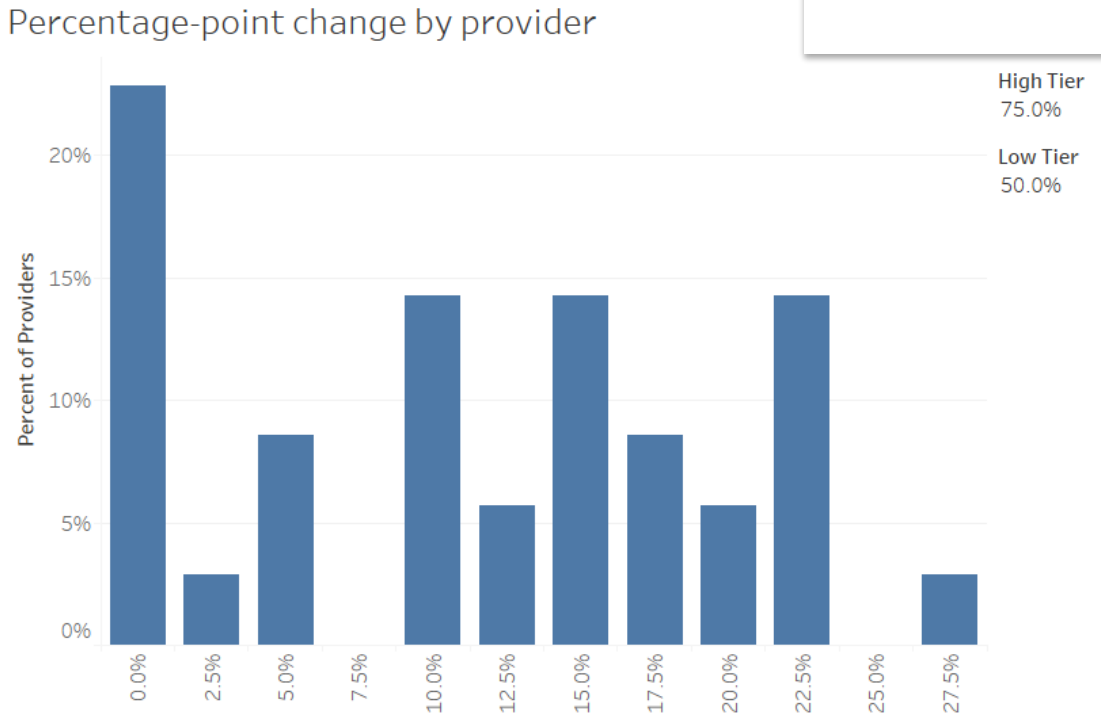
PCP & BH Target Setting Methodology Update

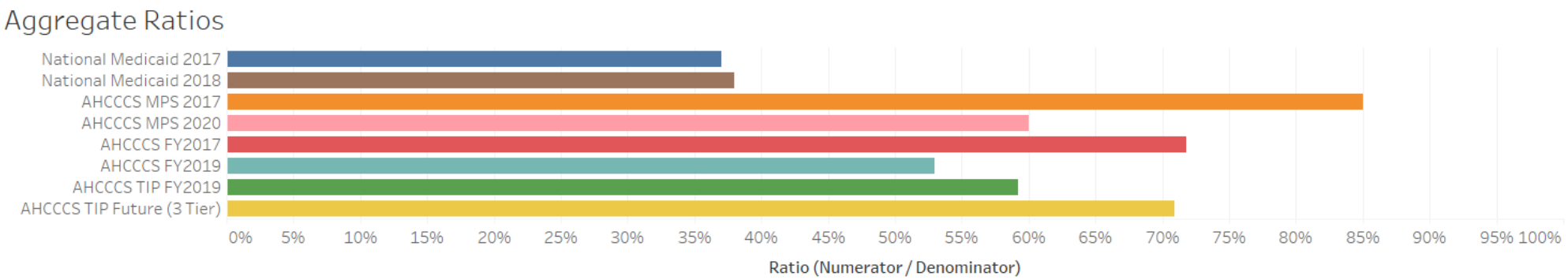
- Goal is to drive aggregate performance and encourage participants to achieve goals
- Reviewed
  - National Performance
  - AHCCCS Historical Performance
  - TIP Historical Performance
  - AHCCCS Minimal Performance Standards (MPS)
- Comprehensive analysis conducted
- Committee made recommendations based on blinded data

PCP & BH Target Setting Visual

Example Data







Decisions for Incorporating CoCM Codes:

- *PCP measure evaluation (i.e., 7/30-day follow up after hospitalization for mental illness measures):* CoCM codes will count as a qualified visit for numerator.
- *BH evaluation (i.e., 7/30-day follow up after hospitalization for mental illness measures):* In post-discharge period, CoCM codes will count as a qualified visit for numerator. In period prior to hospitalization (i.e., 90 days prior), CoCM codes will qualify the BH provider in denominator.
- *PCP attribution:* CoCM codes will not be included among E&M codes or other qualifying visit in PCP attribution process.

PCP Targets

AOC	Measure Description	Low Target	High Target
Adult PCP	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	63%	85%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	50%	75%
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	56%	83%
Peds PCP	Well-Child Visits (Ages 3-6 Years): 1 or More Well-Child Visits	60%	85%
	Well-Child Visits (Ages 0-15 Months): 6 or More Well-Child Visits	65%	80%
	Adolescent Well-Care Visits: At Least 1 Comprehensive Well-Care Visit	40%	60% 80%

BH Targets

AOC	Measure Description	Low Target	High Target
Adult BH	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	N/A	90%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	70%	80%
	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	70%	80%
Peds BH	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (30-day)	N/A	90%
	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (7-day)	70%	80%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	N/A	50%

Learning Objectives

1. Critique the advantages of dynamic analysis compared to static analysis.
2. Interpret a run chart to identify common cause and special cause.
3. Differentiate between noise and signal in process performance.

Quality Improvement

- 3 Generations of Data Analytics
- Run Chart Calculations
- Separating Noise from Signal

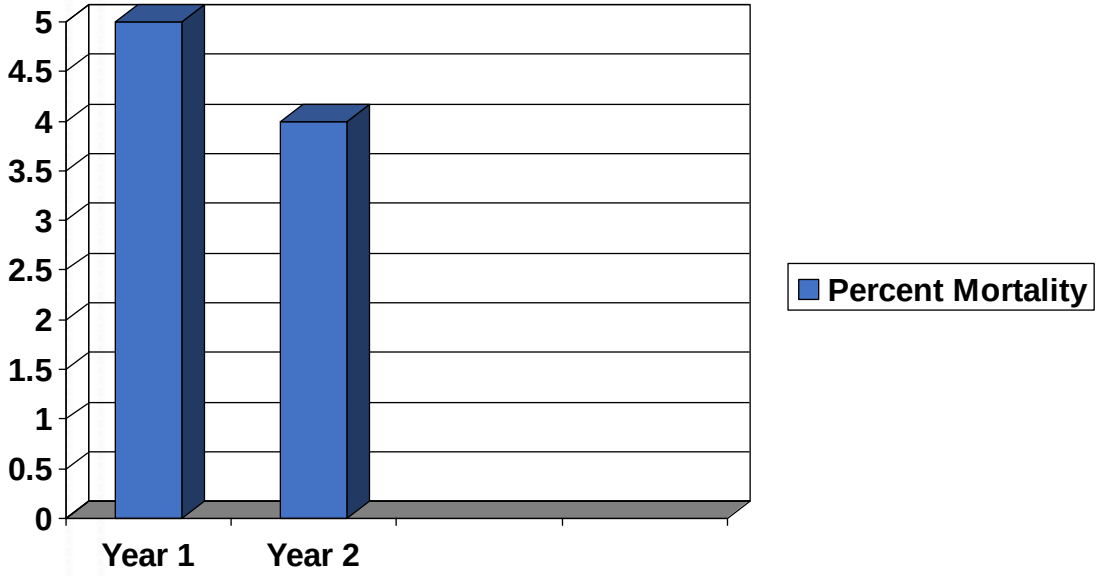
Variation

- There are two ways to depict variation:
  - Static Fashion
    - Two periods in time
  - Dynamic Fashion
    - Statistical process control techniques analyze variation over time
    - Is to understand process behavior

Static & Dynamic Data Analysis

- Case Study:
  - The Cardiac Surgery Department at a major teaching hospital was concerned about the mortality rate.
  - They decided to try harder to do everything right in order to improve.
  - After 2 years of trying harder, the following results were shown.

CABG Mortality Rates
Static Comparison

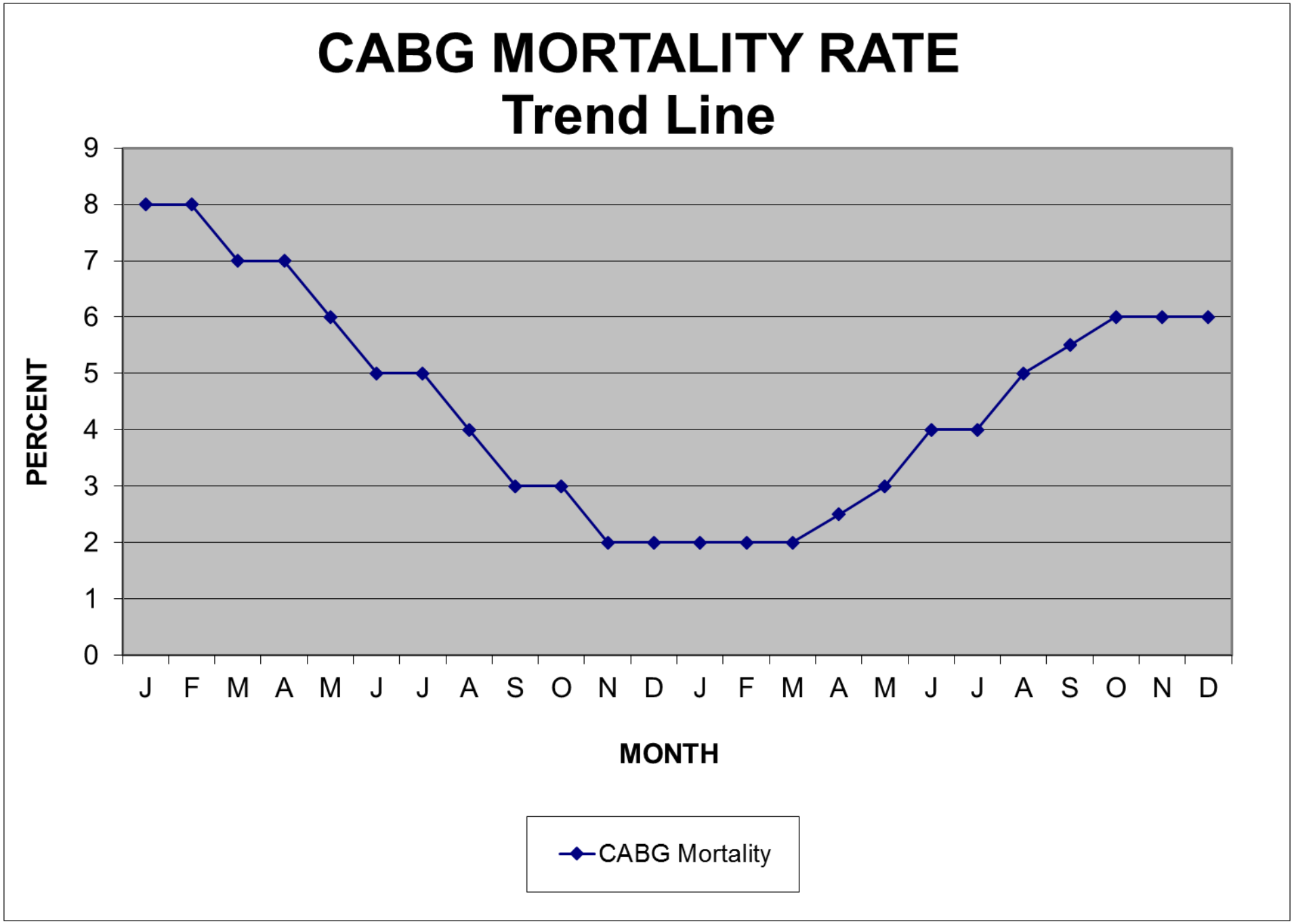


Discussion

- The Cardiac Surgery Department announced a 20 percent improvement in quality (Mortality rate went from 5% to 4%).

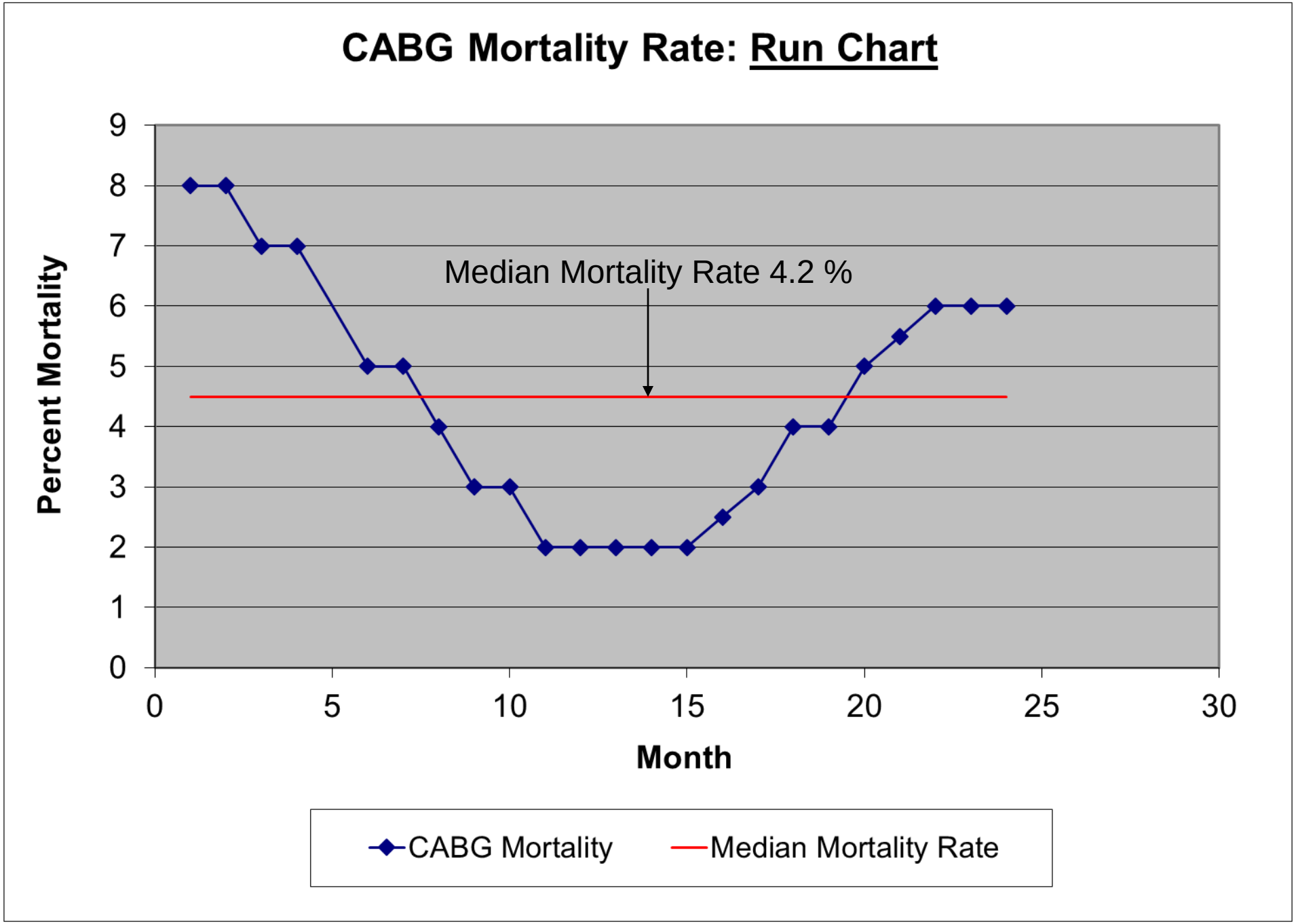
CABG Mortality Rates
2 Year Analysis

	J	F	M	A	M	J	J	A	S	O	N	D
Year 1	8	8	7	7	6	5	5	4	3	3	2	2
Year 2	2	2	2	2.5	3	4	4	5	6	6.5	6.5	6.5


CABG MORTALITY RATE
Trend Line
PERCENT
9
8
7
6
5
4
3
2
1
0
J F M A M J J A S O N D J F M A M J J A S O N D
MONTH
CABG Mortality

Variation

- All processes have variation
- When is variation meaningful?
- The underlying process determines the quality and results
- Understanding and reducing variation in process is goal or process control


CABG Mortality Rate: Run Chart
Percent Mortality
9
8
7
6
5
4
3
2
1
0
Median Mortality Rate 4.2 %
0
5
10
15
20
25
30
Month
CABG Mortality
Median Mortality Rate

Two Types of Variation

- Common Cause
  - Inherent in every process
  - Reflects a stable process because variation is predictable
  - Is random variation
- Special Cause
  - A noticeable shift or trend in data over time
  - Process is unstable or unpredictable
  - Process is out of statistical control
  - Not present in every process

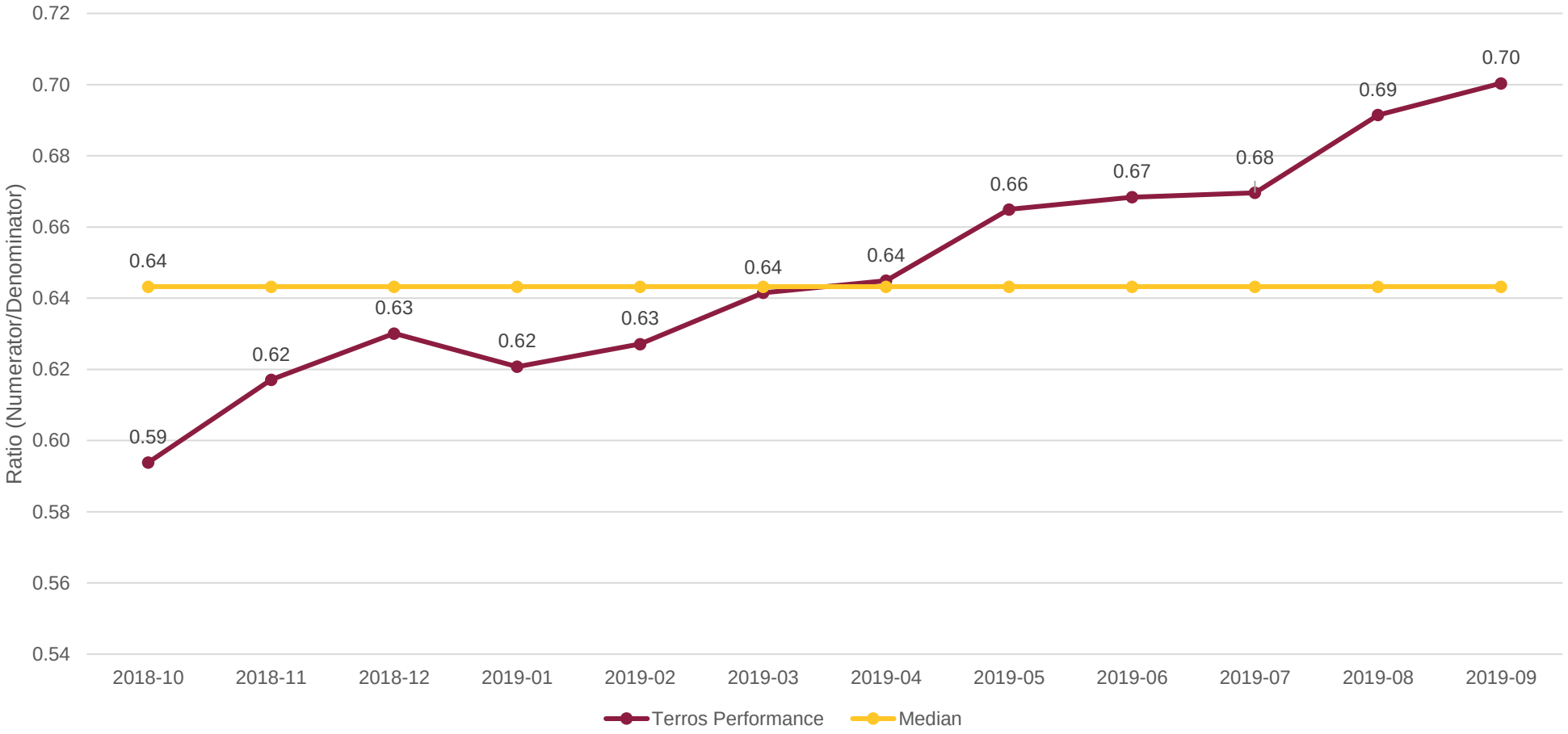
Process Stability & Process Capability

- Process Stability
  - Whether or not a process is in control
  - Stable process-no special cause variation
  - Unstable process-has special cause variation
- Process Capability
  - The performance level of a stable process

Noise and Signal

- Noise
  - Common cause variation inherent in every process.
  - Tampering: responding to common cause variation.
- Signal
  - A special cause variation that has an assignable reason.
  - A definite indication that the process has changed.

Terros Run Chart (FY Oct 2018 to Sept 2019)
7 Day Follow-up After Hospitalization



Discussion Questions: Terros

1. Please identify at least three features of your current process that have contributed to why your performance on this metric is strong.
2. What led you to develop each of the steps to improve the performance for this metric?
3. What obstacles did you overcome in order to develop the steps in #2?
4. What do you feel are the top steps that you still need to improve? What needs to be done for you to make this improvement?

Terros

Lani Horiuchi

Ray Young

Deborah McCMullen

Question 1:

3 features of current process that have contributed to performance on this metric

- Health Information Exchange (HIE)
- Care Coordination Team
- Hospital Discharge Planners and Complex Care Services

Question 2: What led to develop each of the steps to improve the performance of this metric

General Mental Health Sites

HIE → Development of Care Coordination Teams

Recovery Centers

HIE → Revamp of Hospital Discharge Planner Positions and Complex Care Services

Care Coordination

- RN Care Coordinators
- Community Health Workers/Peers
- Population Health

- Engagement Specialists
- Adoption of methods in programs

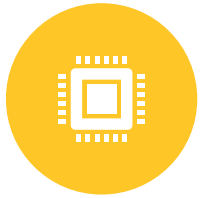
Recovery Centers

Revamp of Hospital Discharge Planner Positions

Complex Care Services

Goal: Reduce hospitalization and improve follow up after hospitalization

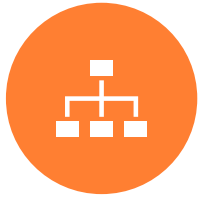
Question 3: What obstacles did you overcome to develop the steps in Question 2?



HIE IT/Connectivity

Development of role Community Health Worker/Peers, Hiring (background checks, finding the right fit for the work)

Development of new training programs, identifying CHW/Peer strengths



Development of new protocols, processes, workflows

Executive Leadership Support

Billable Codes for Services

Question 4: What do you feel are the top steps that you still need to improve? What needs to be done for you to make this improvement?

1

Recognize SDOH part in success/Reducing Barriers

2

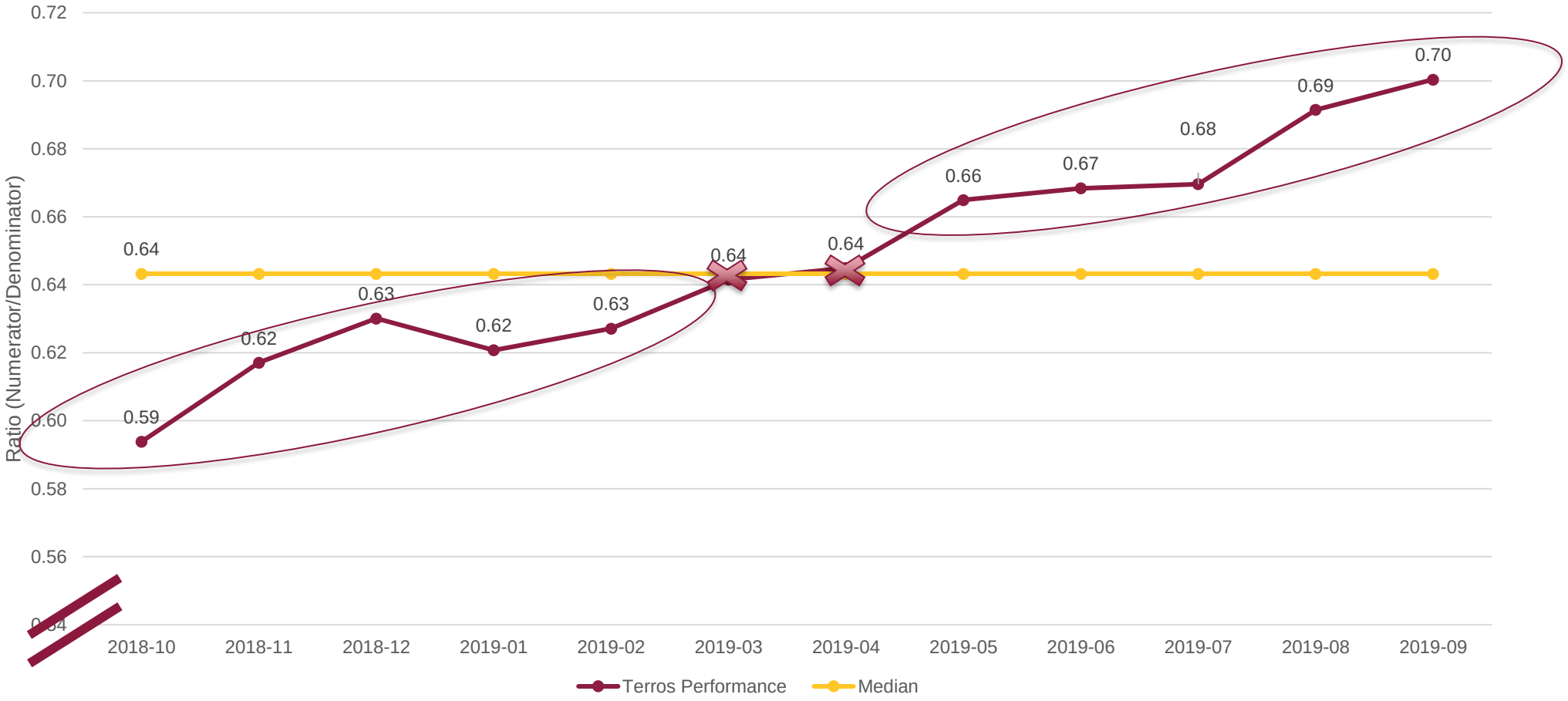
True Integration/Culture Shift (internal and external)

3

Streamline processes for Data Flow (real time):

- Ex: IS team developing hospital grids to flow information from HIE directly into patient chart

Terros Run Chart (FY Oct 2018 to Sept 2019)
7 Day Follow-up After Hospitalization



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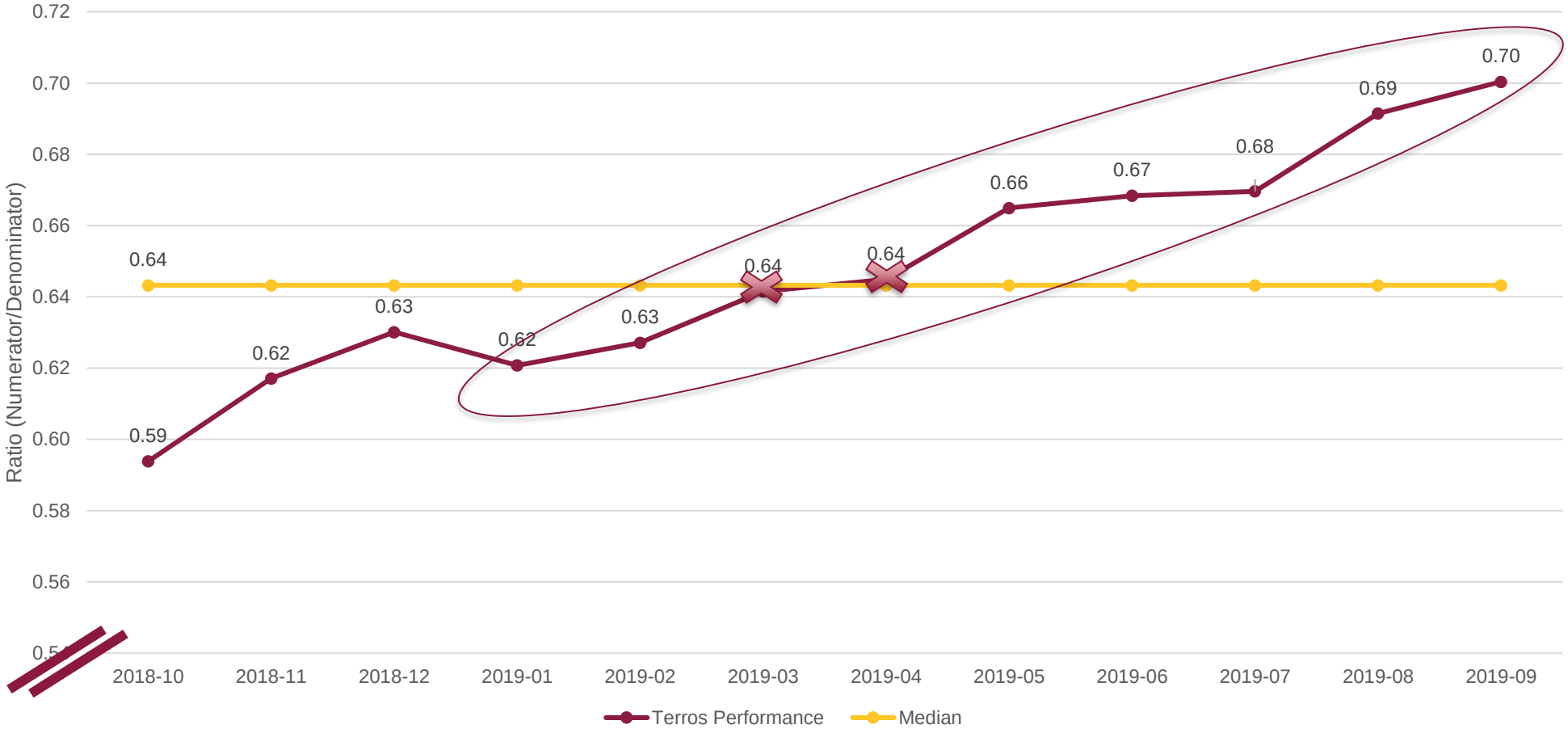

Process Questions

1. Based on the run chart, what happened to precipitate your process shift?
2. Does the run chart analysis help you understand your performance on this measure?

Q&A

- Please insert any questions in the Q&A box

Next Steps

- 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

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