Community Quality Forum
June 16, 2020, 3-5pm

Virtual Meeting:
https://azgov.webex.com/azgov/onstage/g.php?MTID=e0db2e52473cbb78663af20434ffd7c67
Event number: 288 271 254
Event password: rjCqKYsm594

Time	Topic	Presenter
3:00PM	**Welcome and Introductions**	**Sara Salek** CMO - AHCCCS
3:05PM	**Community Quality Forum: Purpose and Objectives**	**Sara Salek**
3:10PM	**AHCCCS Quality Strategy Overview**	**Sara Salek**
3:20PM	**CYE2021 Performance Improvement Project (PIP) RBHA-SMI & ALTCS EPD Selection**	**Jamie Robin** Quality Improvement Manager **Jakenna Lebsock** Assistant Director of Division Health Care Management
3:40PM	**Crosswalk of AZ Crisis System and SAMHSA National Guidelines for Behavioral Health Crisis Care & Next Steps**	**Alex Herrera** Project Manager
4:00PM	**Pediatric Out of State Utilization for RTC Level of Care Data Analysis and Discussion**	**Will Buckley** Clinical Data Analyst **Sara Salek**
4:30PM	**Telehealth Utilization Analysis and Discussion**	**Will Buckley** **Sara Salek**
5:00PM	**Meeting Adjourned** 2020 Meeting Dates: September 15th, December 16th	

Community Quality Forum

June 16, 2020

Agenda

❖ Community Quality Forum: Purpose and Objectives

❖ AHCCCS Quality Strategy Overview

❖ CYE2021 Performance Improvement Project (PIP) RBHA-SMI & ALTCS EPD Selection

❖ Crosswalk of AZ Crisis System and SAMHSA National Guidelines for Behavioral Health Crisis Care & Next Steps

❖ Pediatric Out of State Utilization for RTC Level of Care Data Analysis and Discussion

❖ Telehealth Utilization Analysis and Discussion

Community Quality Forum

Goal/Purpose

The AHCCCS Community Quality Forum evaluates physical and behavioral health system performance in alignment with our integrated care model in collaboration and consultation with community stakeholders to drive system improvement efforts.

Objectives

1. Finalize the development of Statewide physical and behavioral health dashboards;
2. Evaluate dashboard data metrics and provide feedback for performance improvement efforts including performance improvement projects (PIPs); and
3. Evaluate observed community-based trend concerns by leveraging data analytics to drive policy change.

AHCCCS Quality Strategy Overview

Sara Salek, M.D.
AHCCCS CMO

AHCCCS Quality Strategy Alignment with CMS

AHCCCS has strategically aligned its quality performance measure monitoring with the CMS Child Core Set, Adult Core Set, and the Medicaid Scorecard.

CMS Child Core Set

- Composed of:
  - Primary Care Access and Preventive Care
  - Maternal and Perinatal Health
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Dental and Oral Health Services
  - Experience of Care

- Updated annually in consultation with advisory group

https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-child-core-set.pdf

CMS Adult Core Set

- Composed of:
  - Primary Care Access and Preventive Care
  - Maternal and Perinatal Health
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Experience of Care
  - Long-Term Services & Supports

- Updated annually in consultation with advisory group

https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2020-adult-core-set.pdf

CMS Scorecard

- First version of scorecard began in 2018 by CMS to increase healthcare system performance transparency
- Includes federal and state administrative performance
- State Health System Performance focuses on clinical metrics:

https://www.medicaid.gov/state-overviews/scorecard/state-health-system-performance/index.html

Quality Metrics Dashboard

- AHCCCS is seeking recommendations on quality metrics dashboard reporting for behavioral and physical health for the next three years (Oct. 1, 2020 through Sept. 30, 2023).
- AHCCCS conducts routine performance and utilization review on other metrics that are also available for a dashboard.
- Feedback will be accepted through June 22, 2020.

CYE2021 Performance Improvement Project (PIP) RBHA-SMI & ALTCS EPD Selection

Jamie Robin, Quality Improvement Manager, DHCM
Jakenna Lebsock, Assistant Director, DHCM

AHCCCS
Arizona Health Care Cost Containment System

Performance Improvement Projects

Performance Improvement Projects (PIPs) are designed to achieve and sustain significant improvement in the areas of clinical and non-clinical care, through ongoing measurements and interventions [42 CFR 457.1240(b), 42 CFR 438.330(d) (i)-(iv)]

PIPs involve the following :

- Measurement of performance using objective quality indicators,
- Implementation of interventions to achieve improvement in access to and quality of care,
- Evaluation of the effectiveness of the interventions based on measures collected as part of the PIP, and
- Planning and initiation of PIP activities for increasing or sustaining improvement.

Performance Improvement Projects

PIPs are mandated by AHCCCS; Contractors shall also identify and implement additional PIPs based on self-identified opportunities for improvement

Current AHCCCS-Mandated PIPs include:

- Developmental Screening and Back to Basics (Acute, CMDP, and ALTCS DD)
- Managed Long Term Care and Supports (ALTCS E/PD)
- E-Prescribing (RBHA)

Performance Improvement Projects

Back to Basics

- o Lines of Business: Acute, CMDP, ALTCS DD, and KidsCare
- o Reporting Periods

Baseline Measurement	October 1, 2018 through September 30, 2019
Intervention Year	October 1, 2019 through September 30, 2020
First Re-measurement	October 1, 2020 through September 30, 2021
Second Re-measurement	October 1, 2021 through September 30, 2022

- o Selection based on:

    A decline in rates for Well Child and Adolescent Well Care Visit measures - AHCCCS identified these measures as areas of opportunity and improvement for the overall well-being of children and adolescents

Performance Improvement Projects

Back to Basics

Study Question

- What is the number and percent, overall and by Contractor, of:
- AHCCCS-enrolled children and adolescents receiving well-child visits, and
- AHCCCS-enrolled children and adolescents receiving at least one annual dental visit?

Goal

- Demonstration of a statistically significant increase, followed by sustained improvement for one consecutive year

Performance Improvement Projects

Long Term Services and Supports PIP

- o Line of Business: ALTCS E/PD
- o Reporting Periods:

Baseline Measurement	October 1, 2017 through September 30, 2018
Intervention Year	October 1, 2018 through September 30, 2019
First Re-measurement	October 1, 2019 through September 30, 2020
Second Re-measurement	October 1, 2020 through September 30, 2021

- o Selection based on alignment with:
  - ▪ Home and Community Based Services (HCBS) rules, and
  - ▪ Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services (CMS) Measures for Medicaid Managed Long Term Services and Supports Plans released August 2018

Performance Improvement Projects

Long Term Services and Supports - Assessment and Care Planning

○ Study Question:

What is the percent, overall and by Contractor, of:

- Members 18 years of age and older who have documentation of a comprehensive assessment in a specified timeframe that includes documentation of core elements,
- Members 18 years of age and older who have documentation of a comprehensive LTSS care plan in a specified timeframe that includes documentation of core elements, and
- Members 18 years of age and older with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the plan member within 30 days its development.

Performance Improvement Projects

Long Term Services and Supports PIP

- o Various factors are now impacting the validity, reliability, and sustainability of this PIP including, but not limited to:

  - COVID-19 Pandemic
  - Continued efforts around the implementation of HCBS Rules

- o As a result, AHCCCS intends to discontinue this PIP and implement a new PIP specific to the ALTCS Population

Performance Improvement Projects

Long Term Services and Supports PIP

- o Suggested PIP topics include:

    - Breast Cancer Screening
    - Electronic Visit Verification

- o AHCCCS would like to extend the opportunity to provide feedback related to the suggested PIP topics as part of today's discussion and ask if there are other topics that AHCCCS should consider when selecting the next ALTCS PIP

Performance Improvement Projects

Serious Mental Illness (SMI) PIP

○ As the E-Prescribing PIP comes to a close, AHCCCS is in the process of selecting a new PIP for the SMI Population

- Suggested PIP topics include:

  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
  - Follow Up After ED Visit for Alcohol and Other Drug Abuse or Dependence
  - Plan All-Cause Readmissions
  - Preventive Screening (Breast Cancer/Cervical Screening)

- AHCCCS would like to extend the opportunity to provide feedback related to the suggested PIP topics as part of today's discussion and ask if there are other topics that AHCCCS should consider when selecting the next SMI PIP

Questions?

Jamie Robin

Quality Improvement Manager

AHCCCS Division of Health Care Management

Email: jamie.robin@azahcccs.gov

Thank you

Crosswalk of AZ Crisis System and SAMHSA National Guidelines for Behavioral Health Crisis Care & Next Steps

Alexandra Herrera, Project Manager, DHCM

Crisis Services in Arizona

Crisis Services: Intensive time-limited services (24/72 hours) intended to stabilize or prevent a potentially dangerous condition.

Services are **available to all individuals** (adults and children) in Arizona, irrespective of AHCCCS eligibility.

Crisis Services are administered by the RBHAs in their GSAs (North, Central, South):
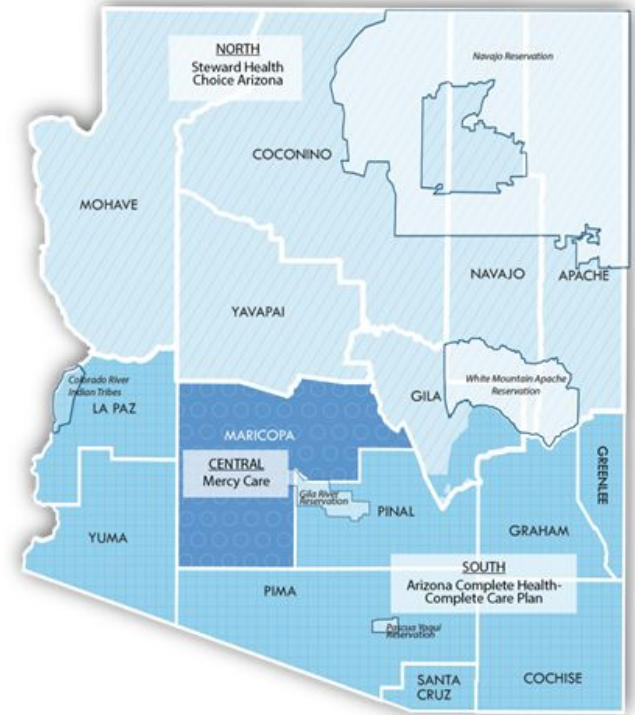
National Guidelines for Behavioral Health Crisis Care

•National Guidelines and Toolkit published in February 2020:

https://www.samhsa.gov/find-help/implementing-behavioral-health-crisis-care

SAMHSA's Core Elements of Crisis Services

Core elements:

Regional/Statewide crisis call center(s)

24/7 mobile response

23-hr receiving and stabilization programs

Essential crisis care principles and practices:

- Addressing recovery needs, significant use of peers, and trauma-informed care.

- 'Suicide safe" care

- Safety and security for staff and those in crisis

- Law Enforcement and emergency medical services collaboration

Crisis Calls: AZ vs National Standards

Minimum Expectations:	Arizona:
Operates 24/7/365	✓
Staffed with clinicians overseeing triage and team members	✓
Answers every call. Meets minimum crisis call center expectations	✓
Assess risk of suicide/ danger per NSPL	✓
Coordinates connections to crisis mobile teams	✓ (Central / South) ✗ (parts of Northern AZ)
Connect to facility-based care through warm-hand offs / transportation coordination	✓

Best Practices:	Arizona:
Incorporate caller ID functioning	✓
GPS enabled mobile crisis dispatch	✓
Real-time crisis bed registry	✗
24/7 outpatient scheduling	✗ (AzCH members only)
Real-Time performance outcomes dashboard	✓
Air Traffic Control Model	✗
Crisis texting/chat capability	✗

Mobile Crisis Teams: AZ vs National Standards

Minimum Expectations:	Arizona:
Licensed clinicians to assess individual needs	✓
Respond where the person is located (i.e. community / home / facility etc.)	✓
Connect to facility-based care through warm-hand offs / transportation coordination	✓

Best Practices:	Arizona:
Incorporate peers	✓
Respond without Law Enforcement unless warranted	✓
GPS Enabled technology with crisis call hub	✓
Outpatient scheduling/ coordination /warm hand offs	✗ (AzCH only)
Crisis Planning and Follow-Up	✓ (Enhancements planned)

Crisis Stabilization: AZ vs National Standards

Minimum Expectations:	Arizona:	Best Practices:	Arizona:
Accepts all referrals / services designed to address mental health and substance use	✓	Function as a 24hr (or less) crisis receiving and stabilization facility	✓
Ability to assess physical health needs and deliver care for minor health challenges	✓	Offer dedicated first-responder drop-off area	✓
24/7/365 staffing multidisciplinary team (with peers)	✓	Incorporate intensive support beds into a partner program to support flow of individuals who need further support	✓
Walk-in and first-responder drop-offs with no refusals for law enforcement	✓	Include beds within the real-time bed registry system	✗ (AzCH only)
Suicide and violence risk assessment	✓	Coordinate connection to ongoing care	✓

Other crisis system recommendations

Recommendation:	Status:
Recovery focus / zero suicide / trauma informed care	✓
Significant role for peers	✓
Law Enforcement linkages / CIT training / regular meetings	✓
Crisis Line coding to H0030 – BH hotline service	✗ (In progress)
Use of LOCUS (Level of Care Utilization System) to determine stratification of assessed need for individuals in crisis	✗ (In progress)
System monitoring and Provider Performance monitoring	✓ (Enhancements planned)

Questions?

Alexandra Herrera

Project Manager
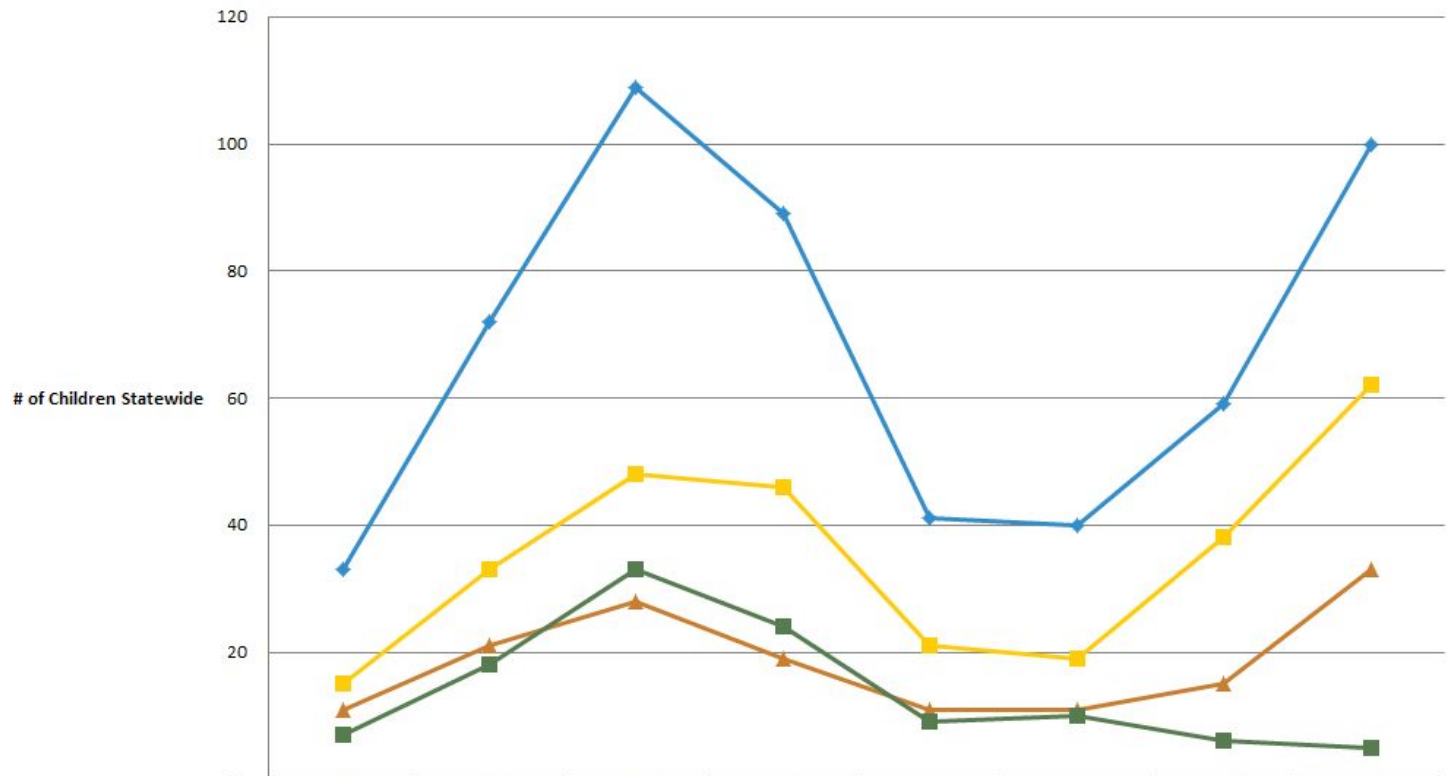
AHCCCS Division of Health Care Management

Email: alexandra.herrera@azahcccs.gov

Thank you

Pediatric Out of State Utilization for RTC Level of Care Data Analysis and Discussion
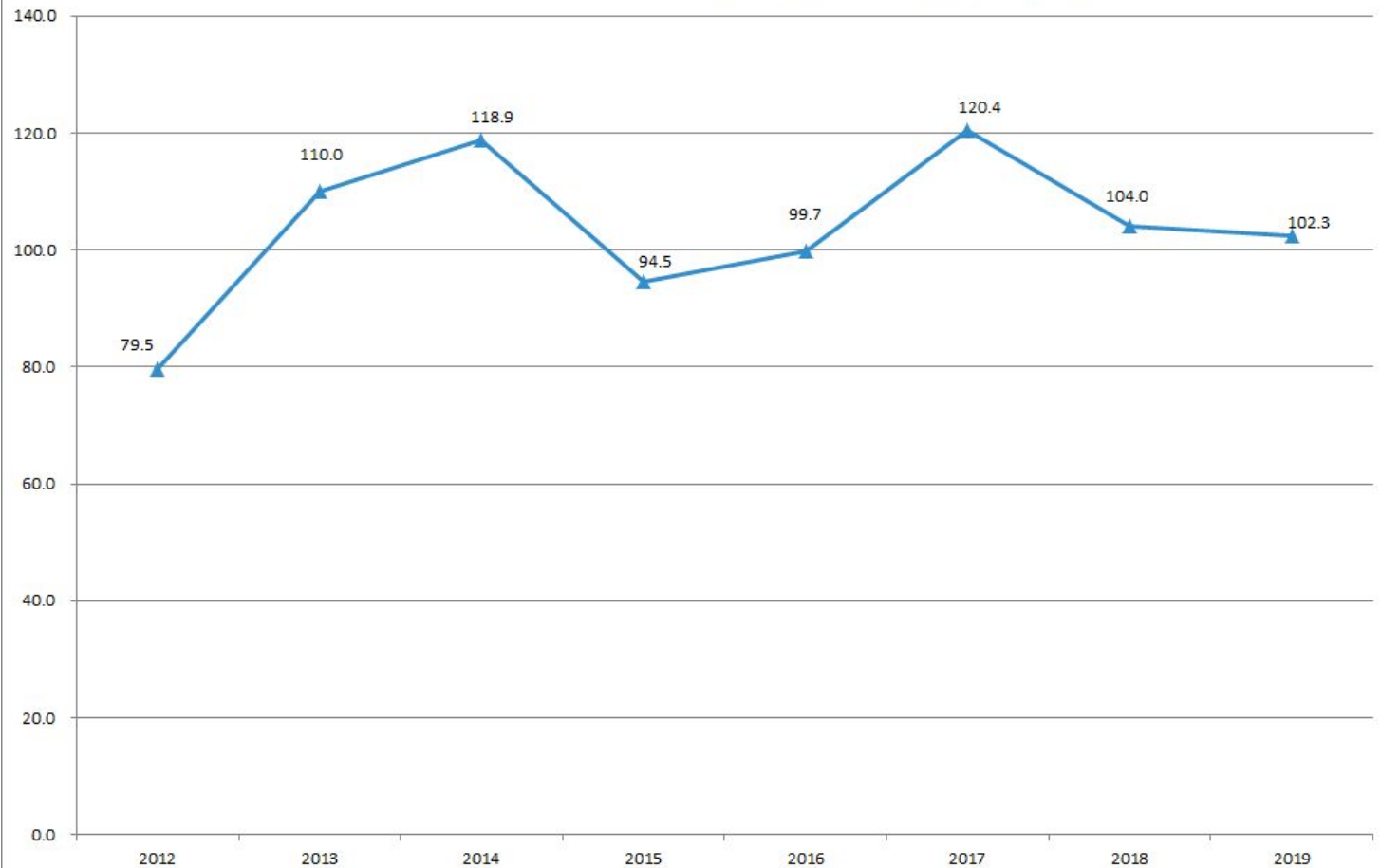
Will Buckley, Clinical Analyst, DHCM
Sara Salek, CMO, AHCCCS

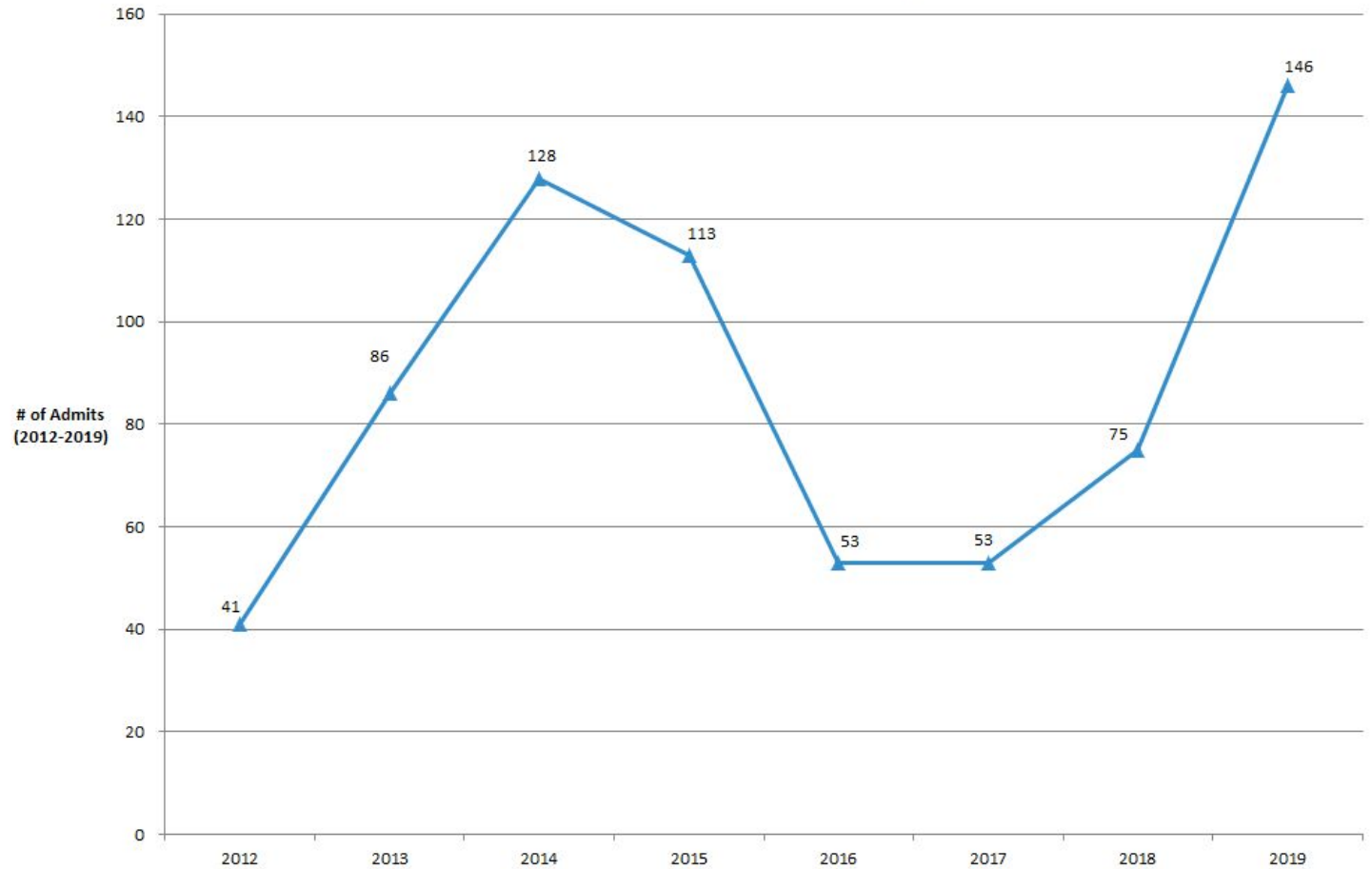Out-of-State RTC Utilization by Unique Member Count Per Year (Under 21 on DOS)

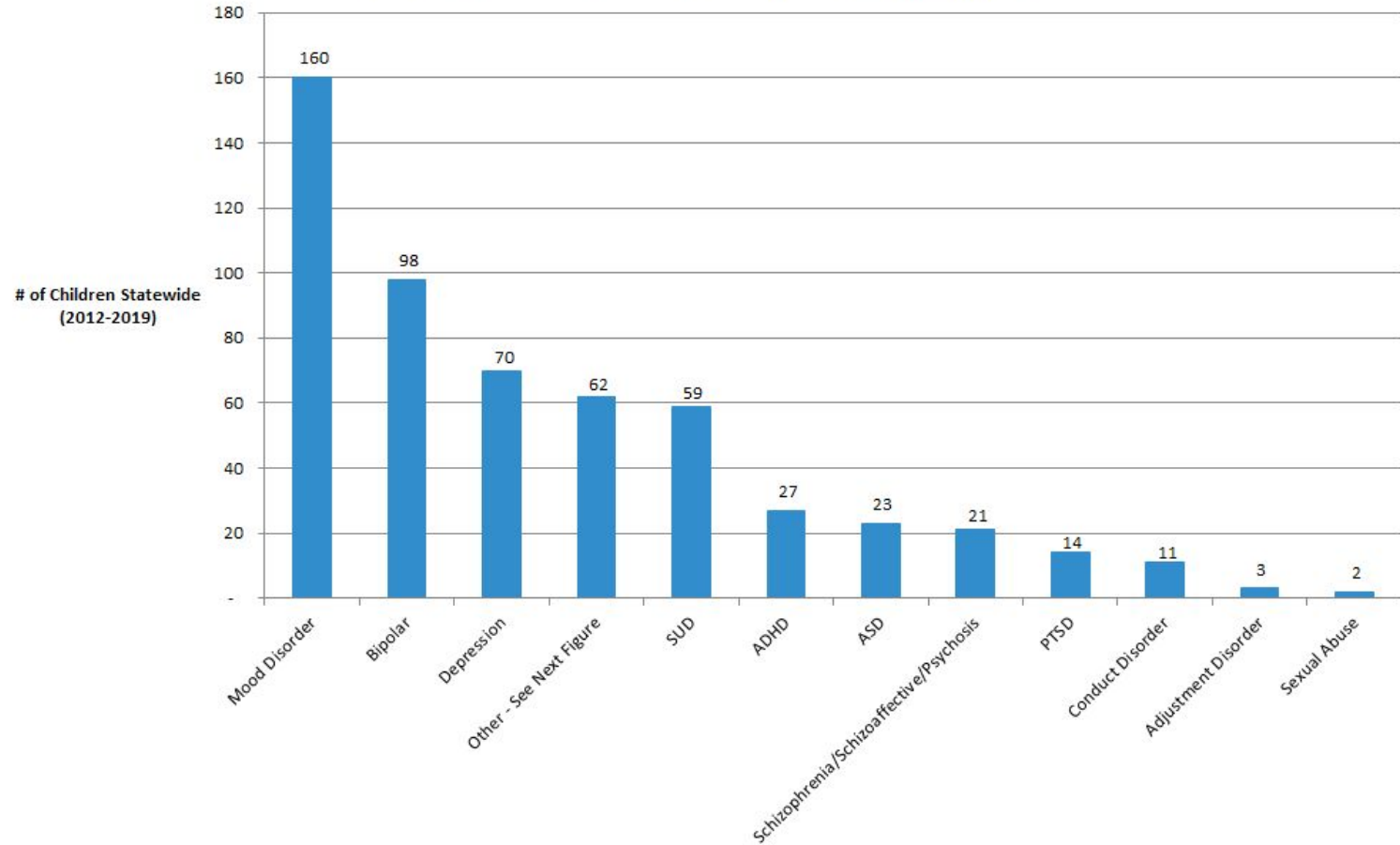|	2012	2013	2014	2015	2016	2017	2018	2019
CMDP	11	21	28	19	11	11	15	33
DD	7	18	33	24	9	10	6	5
All Other Health Plans	15	33	48	46	21	19	38	62
All Children	33	72	109	89	41	40	59	100

Out-of-State RTC Utilization: Average Length of Stay (ALOS) by Year

Out-of-State RTC Utilization: Admits by Year

Out-of-State RTC Utilization by Primary Diagnosis

# of Children Statewide (2012-2019)

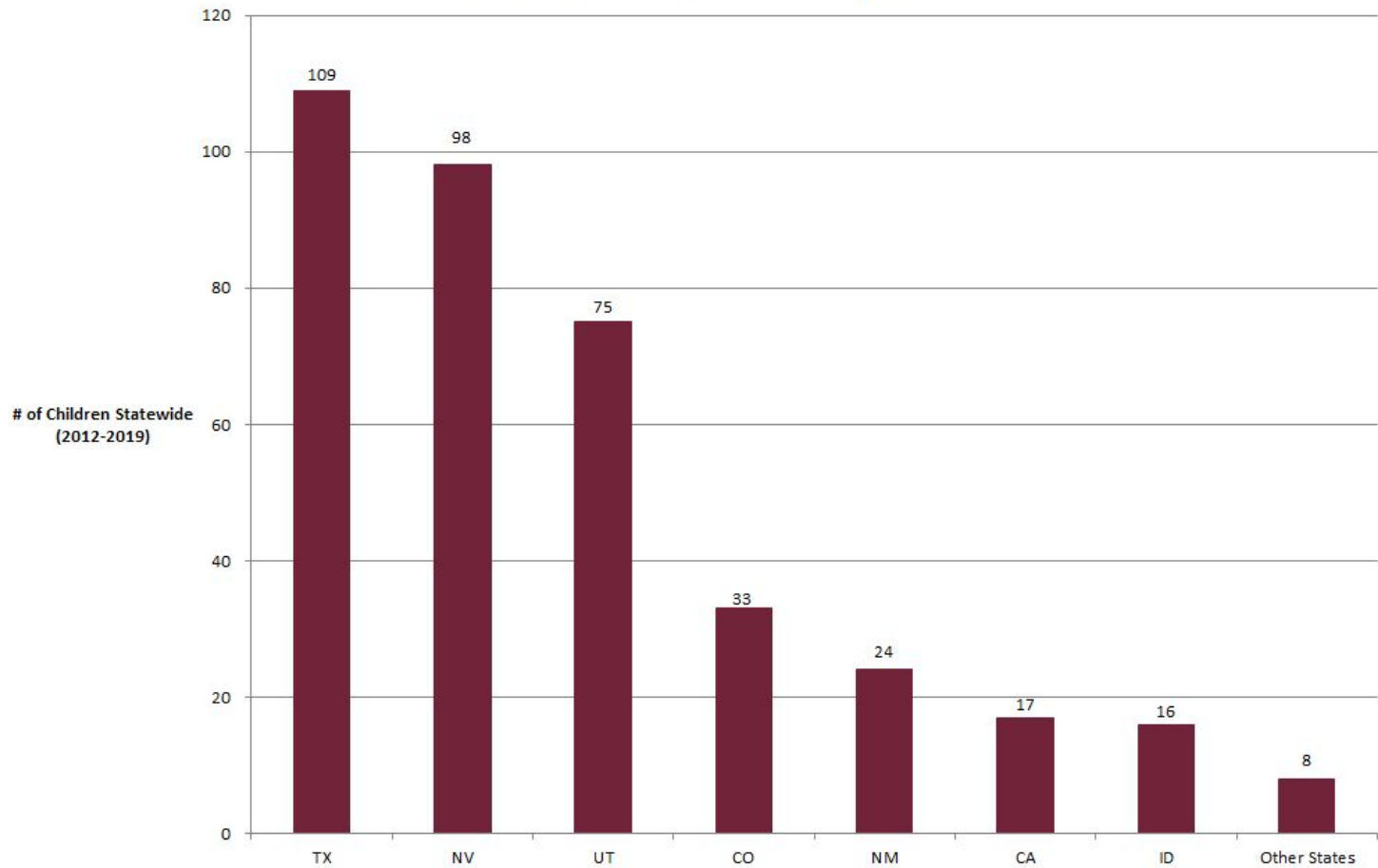| Diagnosis	Count
Mood Disorder	160
Bipolar	98
Depression	70
Other - See Next Figure	62
SUD	59
ADHD	27
ASD	23
Schizophrenia/Schizoaffective/Psychosis	21
PTSD	14
Conduct Disorder	11
Adjustment Disorder	3
Sexual Abuse	2

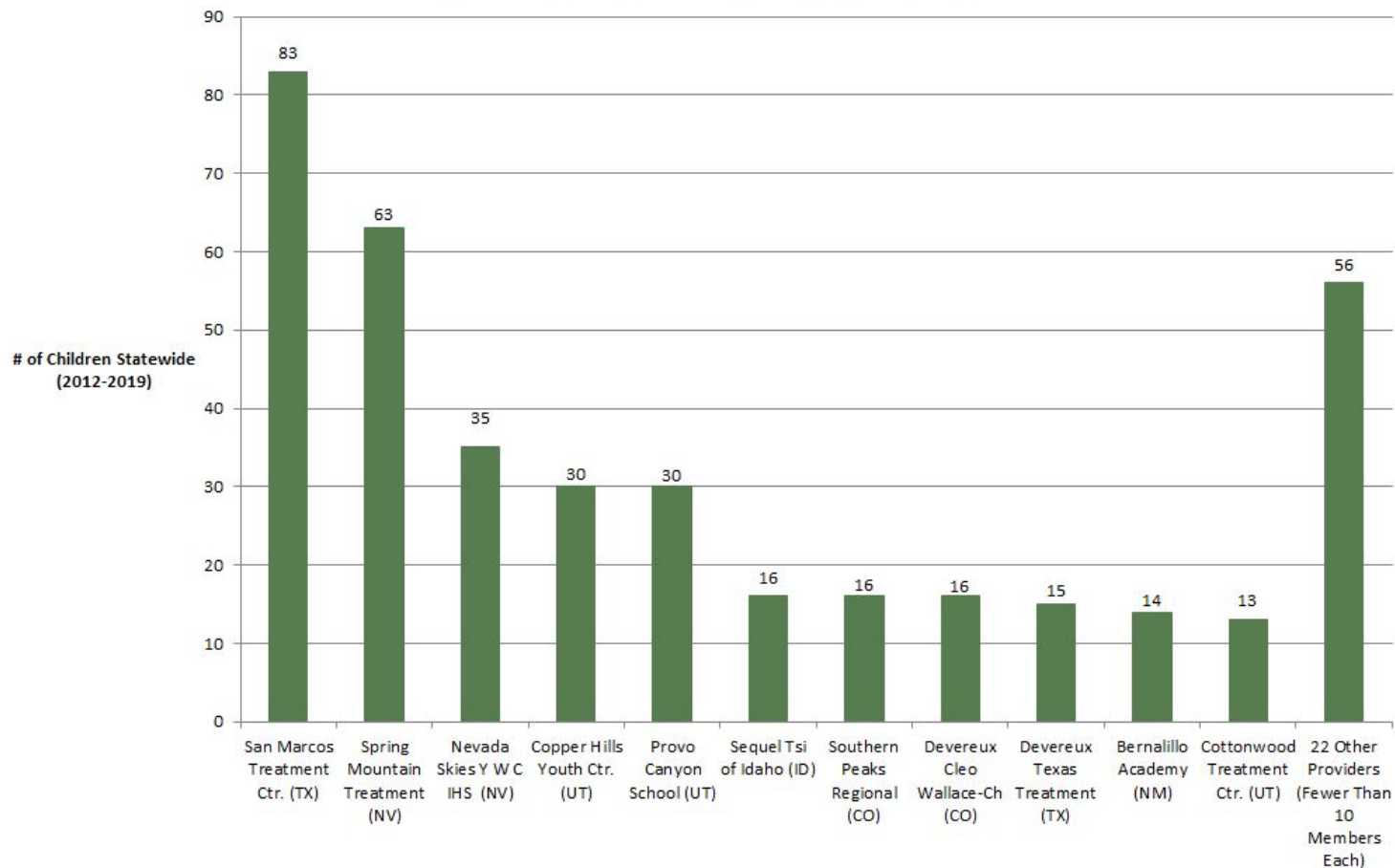Out-of-State RTC Utilization by Primary Diagnosis Classified as "Other" in Prior Figure
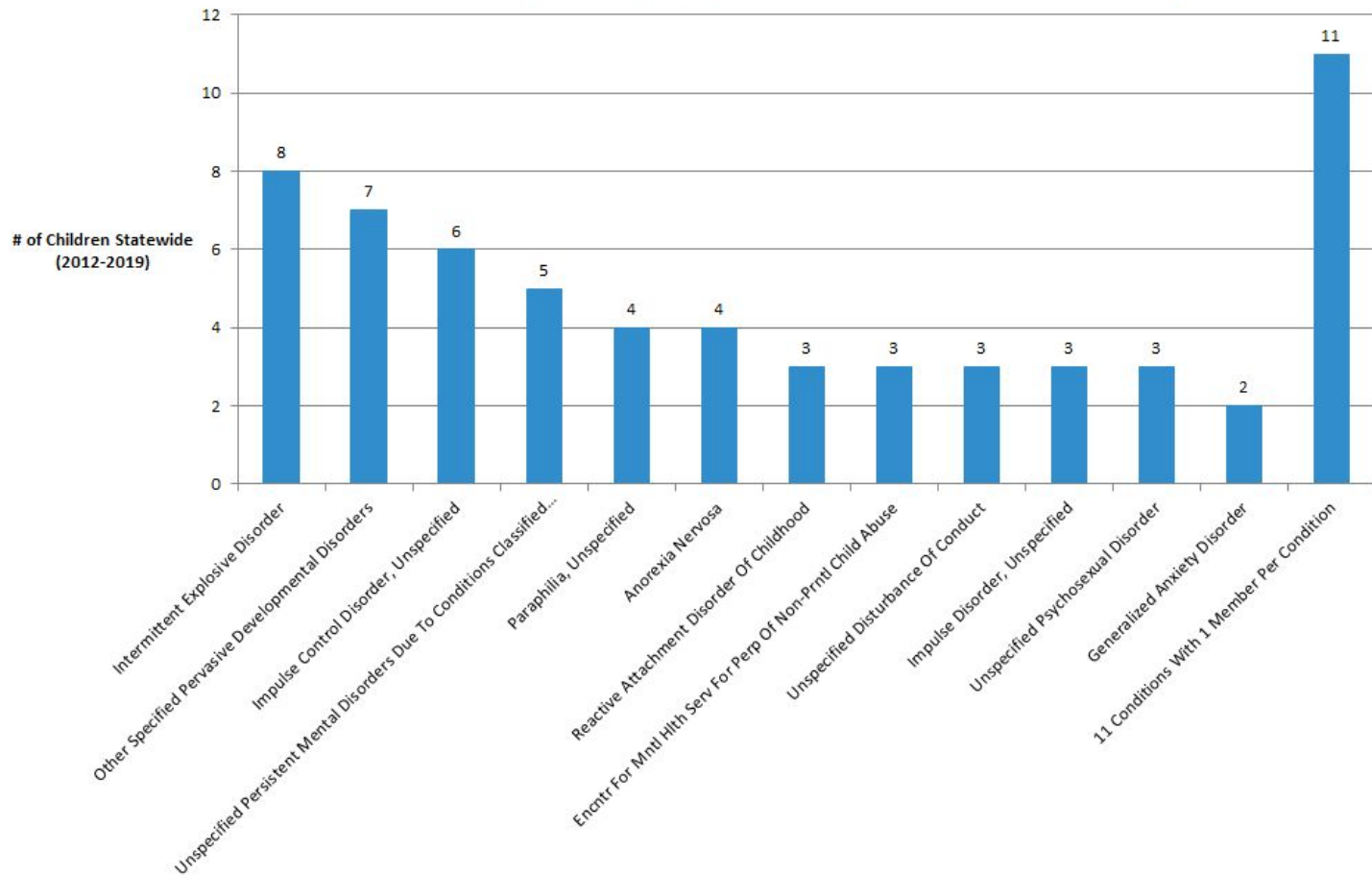
Out-of-State RTC Utilization by Age Group
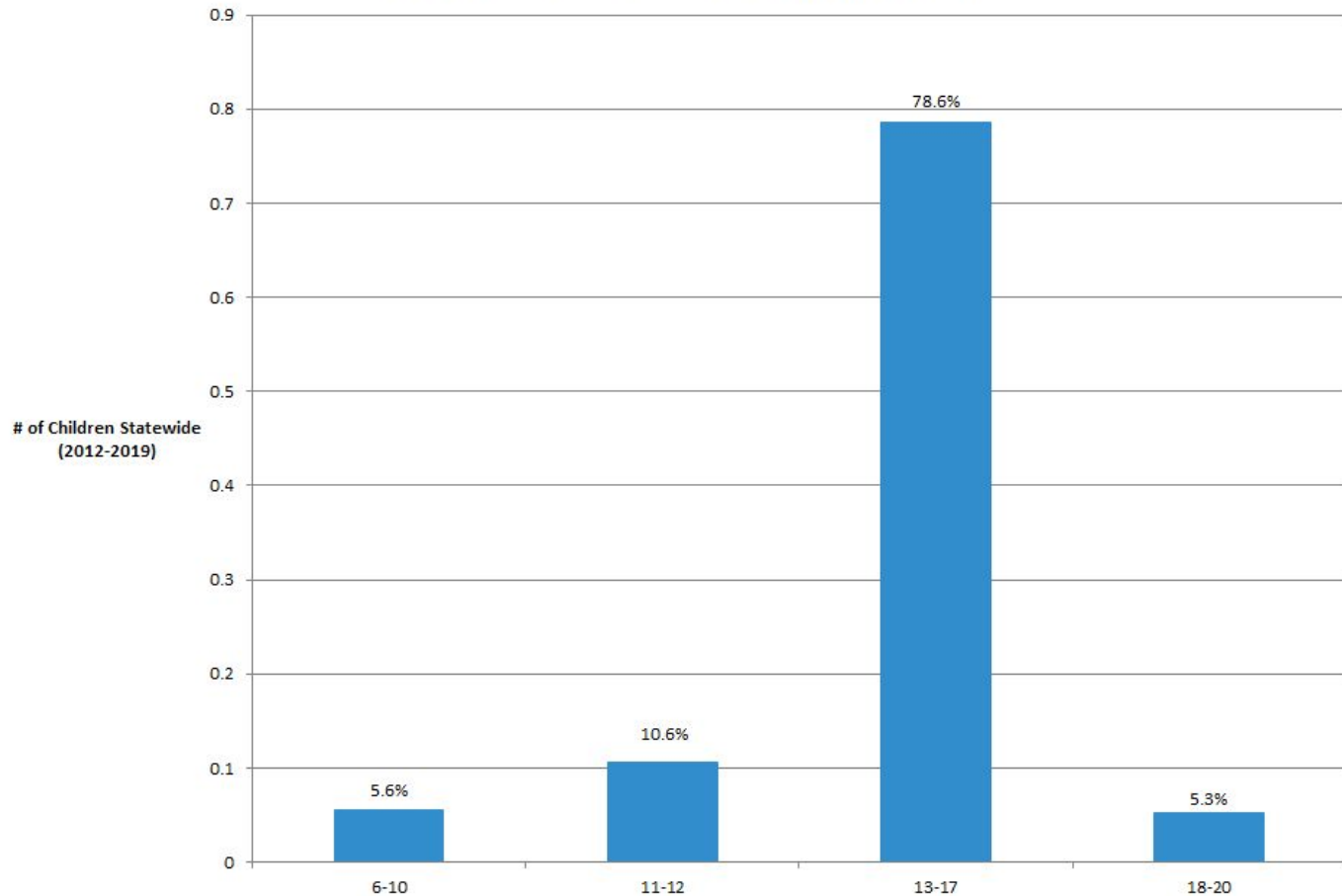
Out-of-State RTC Utilization by State

Out-of-State RTC Utilization by Top Providers

# of Children Statewide (2012-2019)

Provider	Value
San Marcos Treatment Ctr. (TX)	83
Spring Mountain Treatment (NV)	63
Nevada Skies Y W C IHS (NV)	35
Copper Hills Youth Ctr. (UT)	30
Provo Canyon School (UT)	30
Sequel Tsi of Idaho (ID)	16
Southern Peaks Regional (CO)	16
Devereux Cleo Wallace-Ch (CO)	16
Devereux Texas Treatment (TX)	15
Bernalillo Academy (NM)	14
Cottonwood Treatment Ctr. (UT)	13
22 Other Providers (Fewer Than 10 Members Each)	56

Telehealth Utilization Analysis and Discussion

Will Buckley, Clinical Analyst, DHCM
Sara Salek, CMO, AHCCCS

AHCCCS
Arizona Health Care Cost Containment System

of ACC Members Served and Paid Claims by Month
(Estimates Using Reported Claims Data as of 6/10)

Legend: # of Telehealth Claims — # of Members Served by Telehealth

Data points:
- # of Telehealth Claims: 48,900 (2019-10) ... 538,600 (2020-04) (Approx. 1,000%)
- # of Members Served by Telehealth: 28,700 (2019-10) ... 266,900 (2020-04) (Approx. 830%)

X-axis: 2019-10, 2019-11, 2019-12, 2020-01, 2020-02, 2020-03, 2020-04

of ACC Claims by Type of Telehealth
(Estimate Using Reported Claims Data as of 6/10)

Legend:
- Modifier GQ Store & Forward
- Modifier GT Interactive A/V
- Telephonic Permanent Codeset
- Telephonic Temporary Codeset

ACC 10/2019:
- 3
- 6,700
- 42,200

ACC 4/2020:
- 1,100
- 143,800
- 214,300
- 179,400

of ALTCS-DDD Members Served and Paid Claims by Month
(Estimates Using Reported Claims Data as of 6/10)

Legend: # of Telehealth Claims; # of Members Served by Telehealth

Data labels: 62,600 (Approx. 2,000%); 18,700 (Approx. 1,100%); 2,900; 1,500
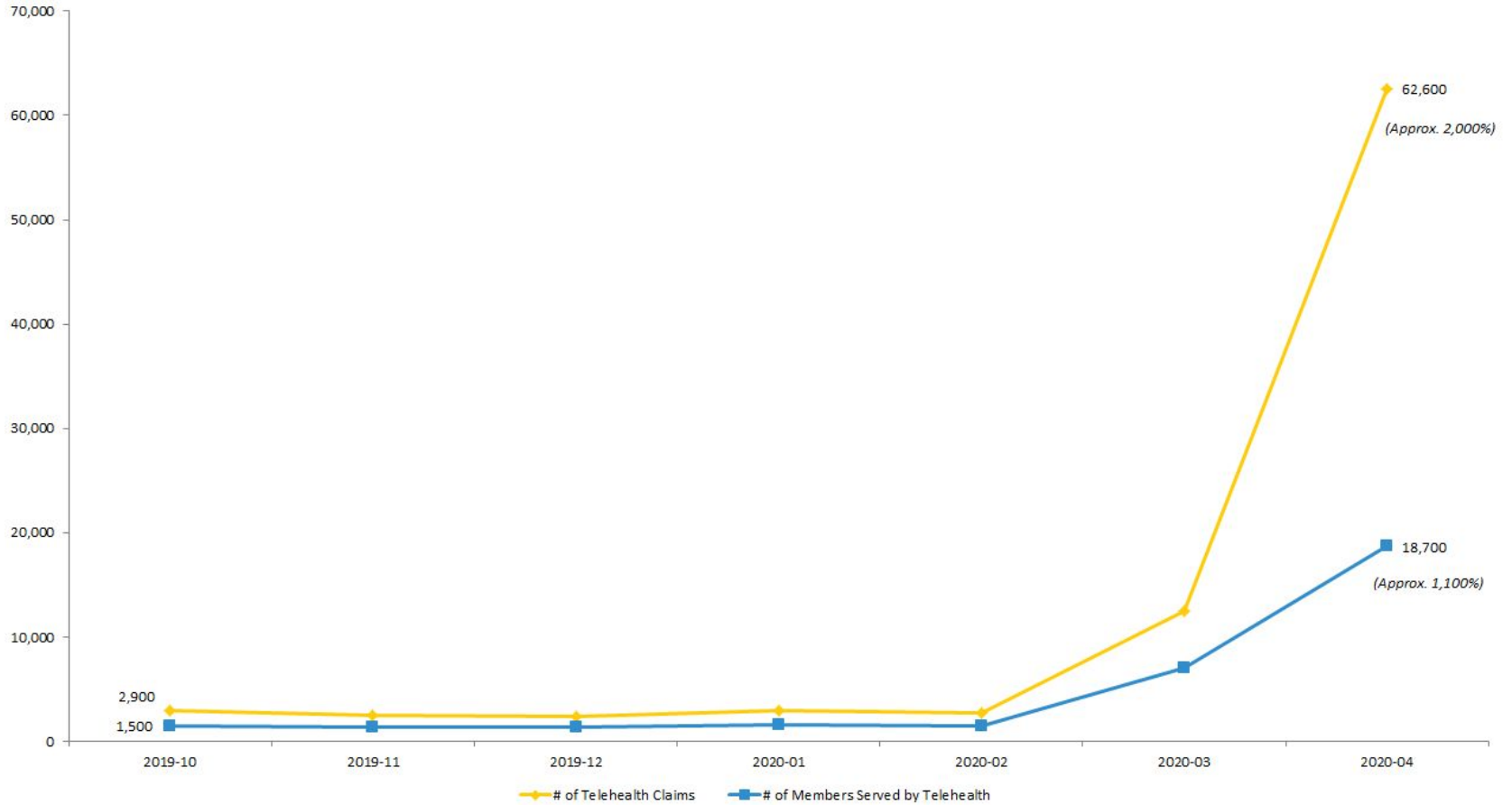
of ALTCS-DDD Claims by Type of Telehealth
(Estimate Using Reported Claims Data as of 6/10)

Legend:
- Modifier GQ Store & Forward
- Modifier GT Interactive A/V
- Telephonic Permanent Codeset
- Telephonic Temporary Codeset

ALTCS-DDD 10/2019: 1, 200, 2,700
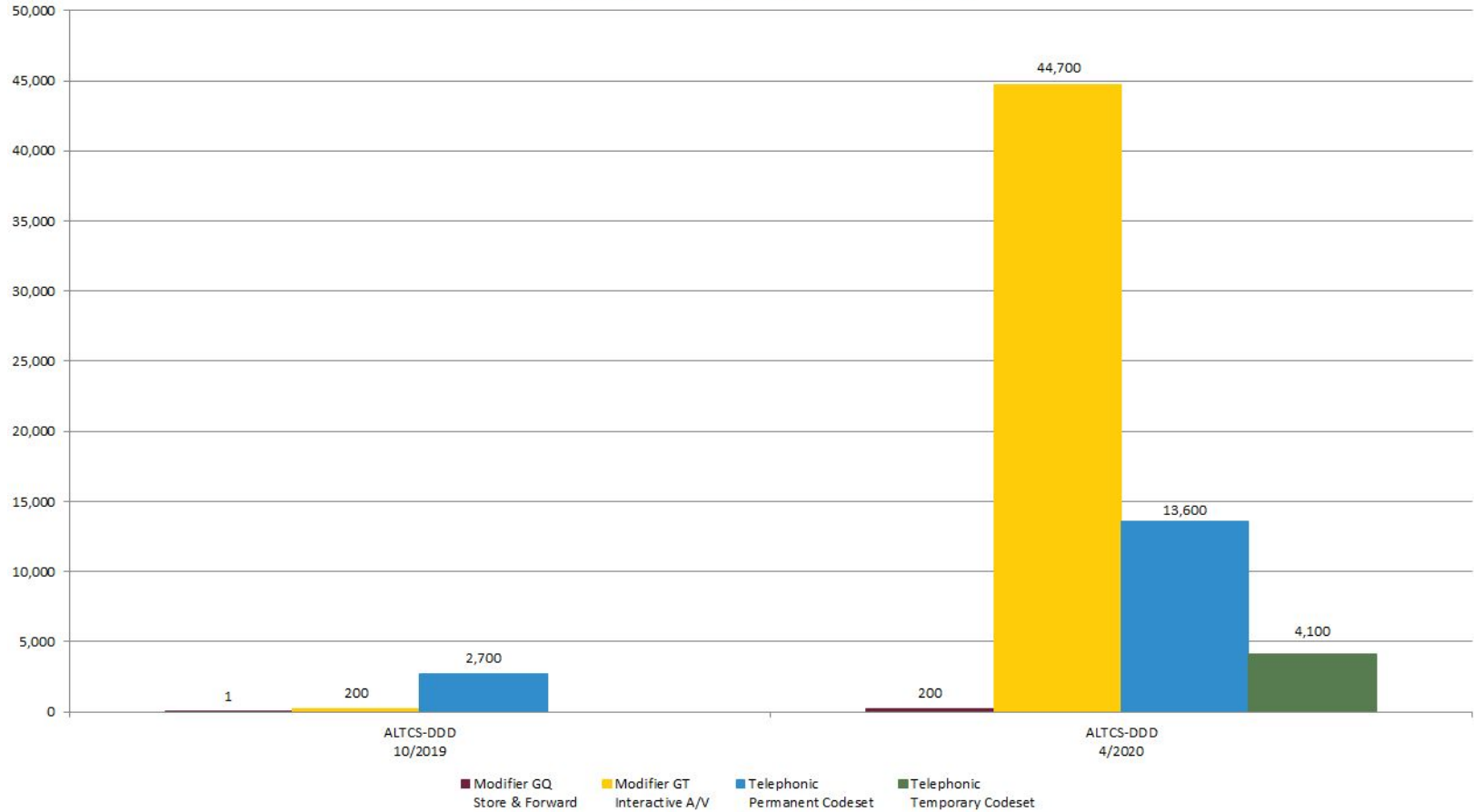
ALTCS-DDD 4/2020: 200, 44,700, 13,600, 4,100

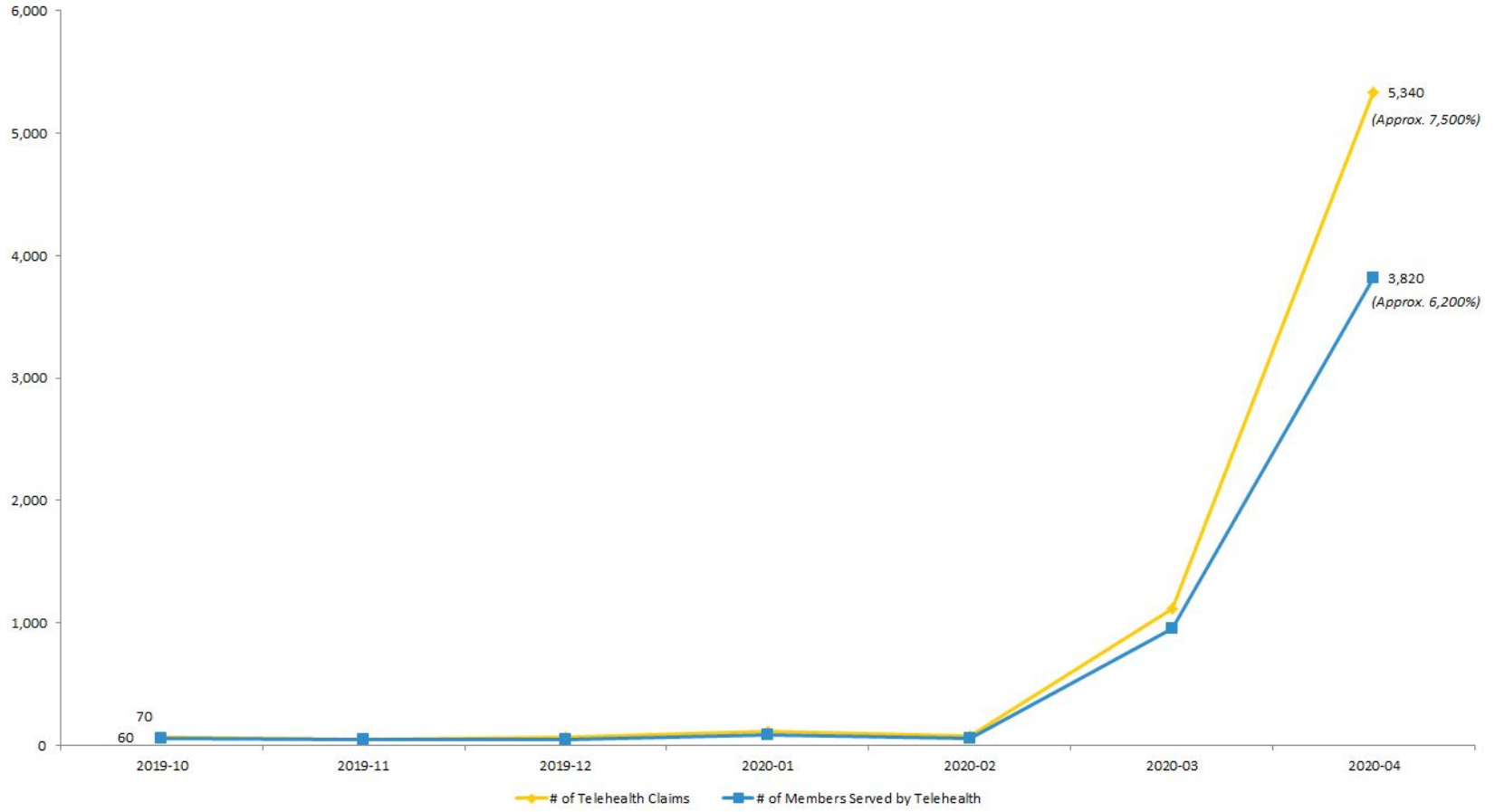# of ALTCS-EPD Members Served and Paid Claims by Month
(Estimates Using Reported Claims Data as of 6/10)

of ALTCS-EPD Claims by Type of Telehealth
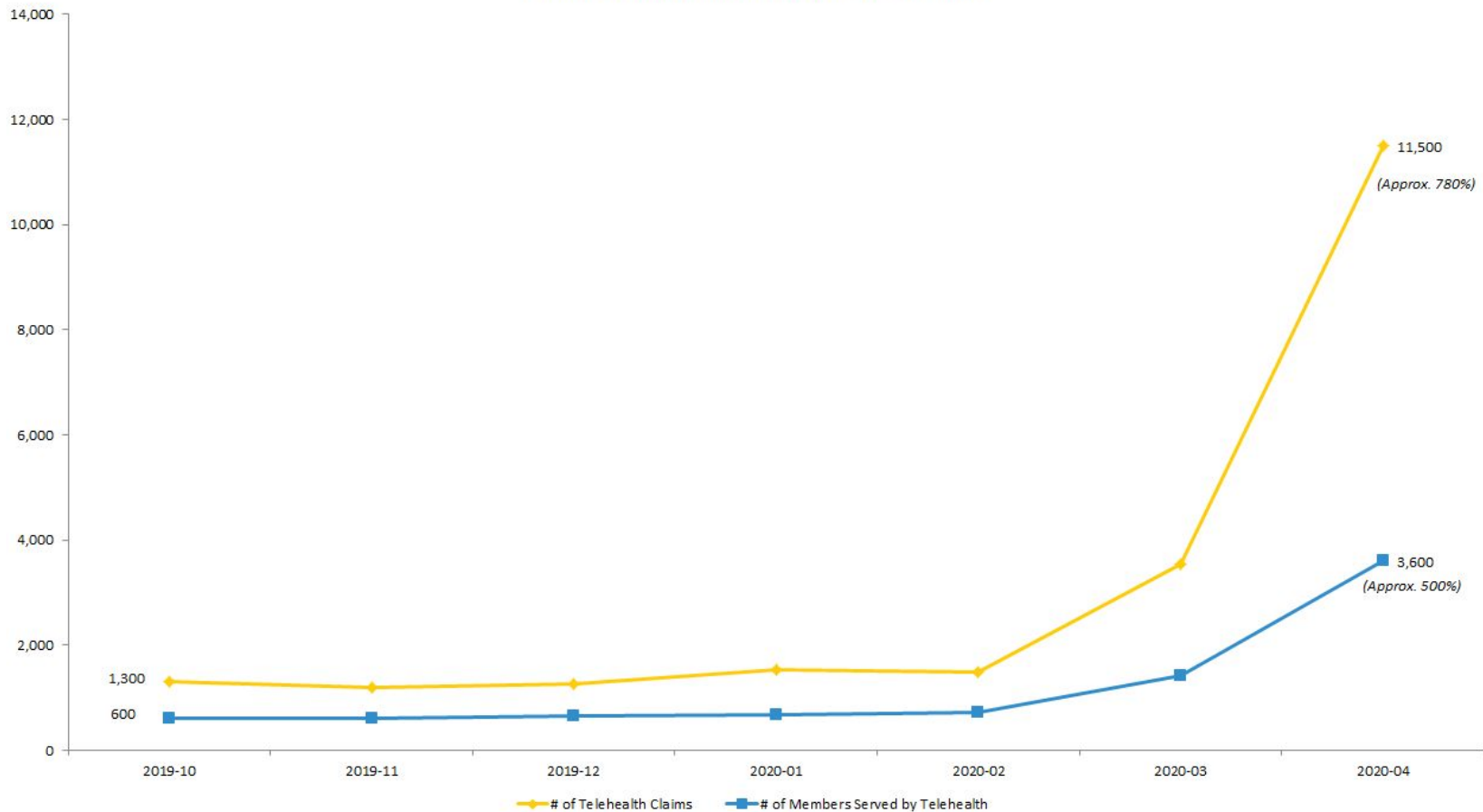## (Estimate Using Reported Claims Data as of 6/10)

Bar chart comparing ALTCS-EPD claims by type of telehealth.

ALTCS-EPD 10/2019:
- Modifier GQ Store & Forward: (none shown)
- Modifier GT Interactive A/V: 30
- Telephonic Permanent Codeset: 40

ALTCS-EPD 4/2020:
- Modifier GQ Store & Forward: 90
- Modifier GT Interactive A/V: 1,960
- Telephonic Permanent Codeset: 1,100
- Telephonic Temporary Codeset: 2,190

Legend:
- Modifier GQ Store & Forward
- Modifier GT Interactive A/V
- Telephonic Permanent Codeset
- Telephonic Temporary Codeset

of CMDP Members Served and Paid Claims by Month
(Estimates Using Reported Claims Data as of 6/10)

11,500
(Approx. 780%)

3,600
(Approx. 500%)

1,300

600

2019-10   2019-11   2019-12   2020-01   2020-02   2020-03   2020-04

# of Telehealth Claims   # of Members Served by Telehealth

of CMDP Claims by Type of Telehealth
(Estimate Using Reported Claims Data as of 6/10)

Legend:
- Modifier GQ Store & Forward
- Modifier GT Interactive A/V
- Telephonic Permanent Codeset
- Telephonic Temporary Codeset
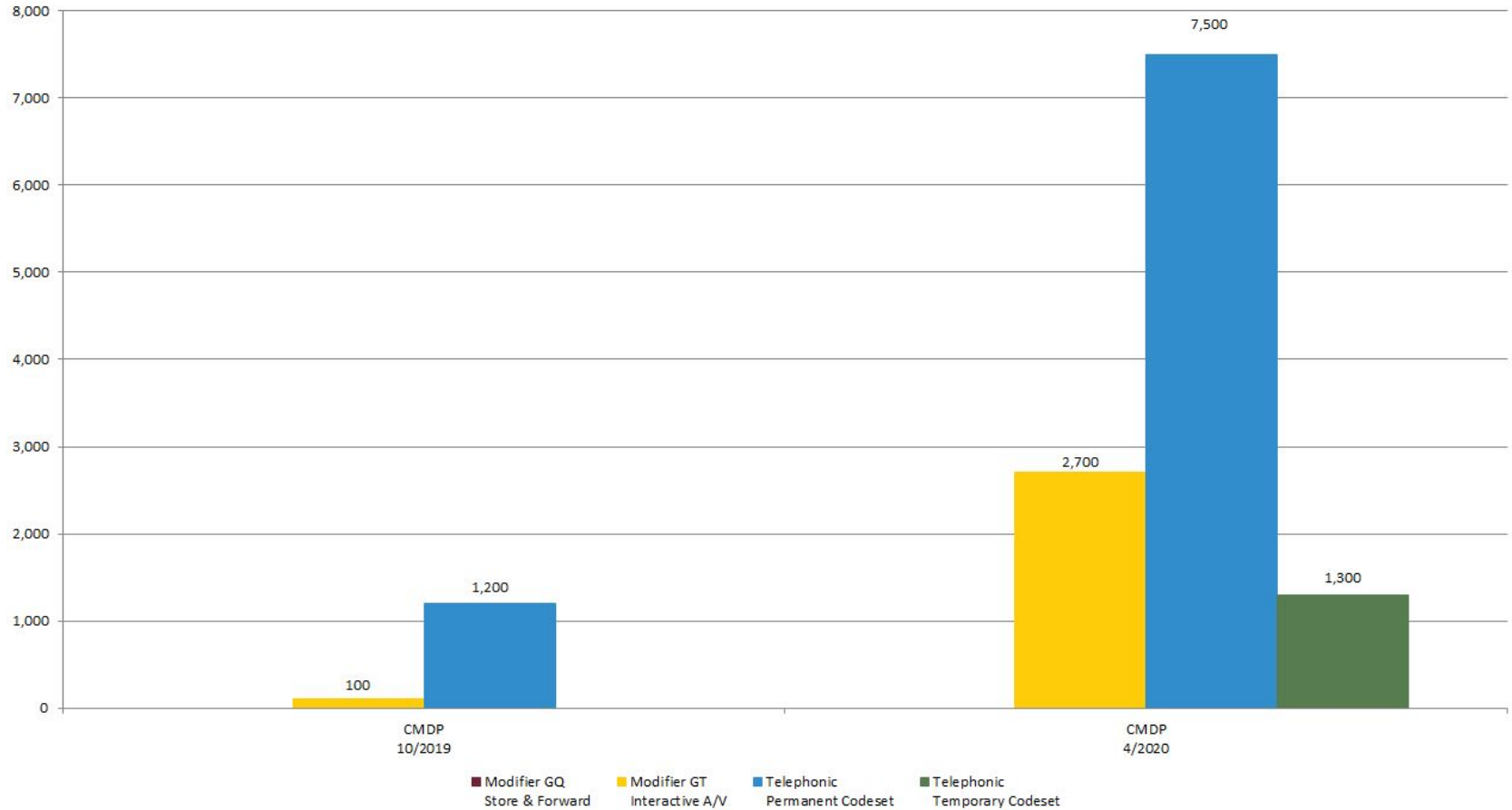
# # of RBHA Members Served and Paid Claims by Month
(Estimates Using Reported Claims Data as of June 10 With N-TXIX Est. TBD)

271,100
(Approx. 370%)

85,800
(Approx. 250%)

57,600

24,400

2019-10 • 2019-11 • 2019-12 • 2020-01 • 2020-02 • 2020-03 • 2020-04

# of Telehealth Claims • # of Members Served by Telehealth
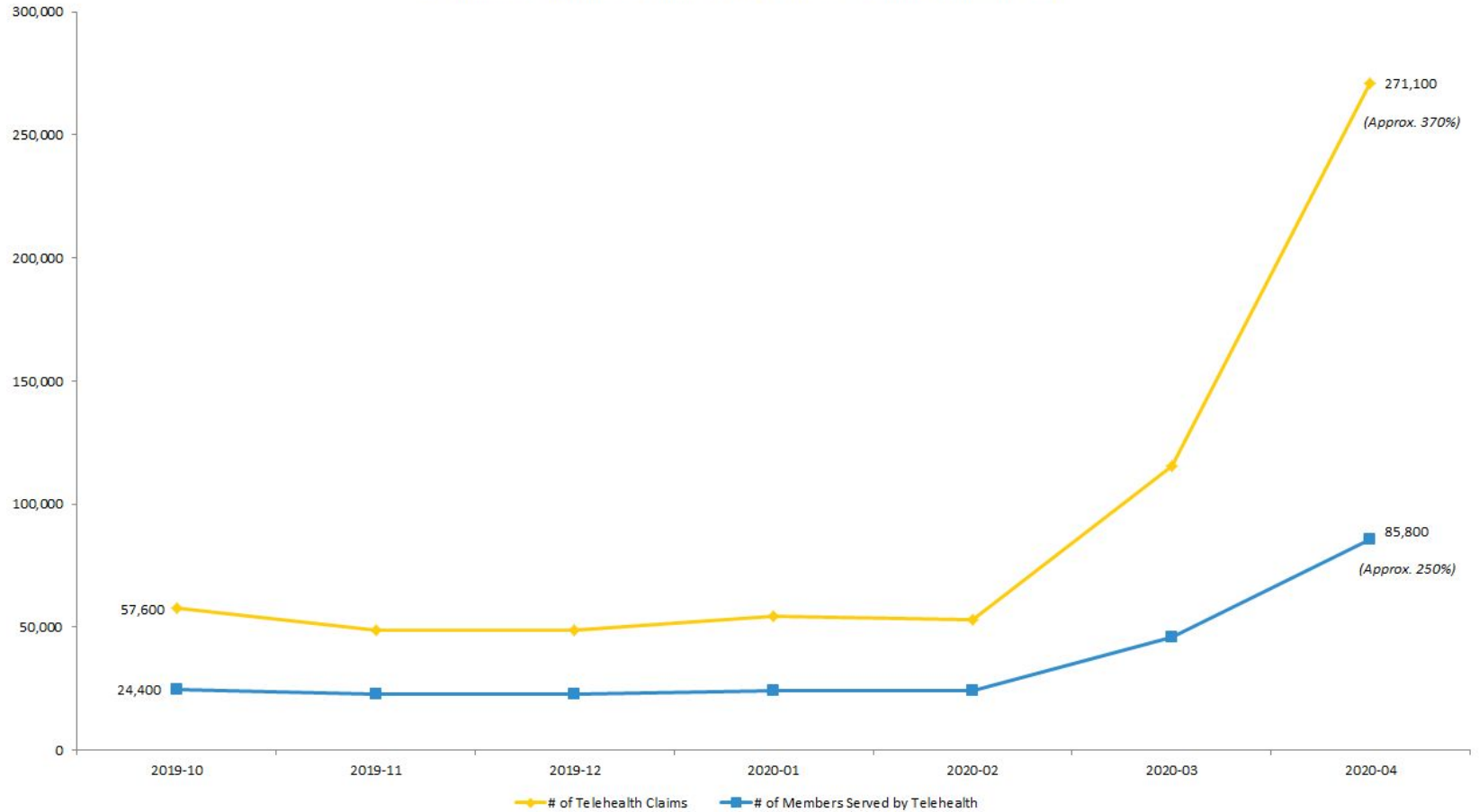
of RBHA Claims by Type of Telehealth
(Estimate Using Reported Claims Data as of June 10 With N-TXIX Est. TBD)
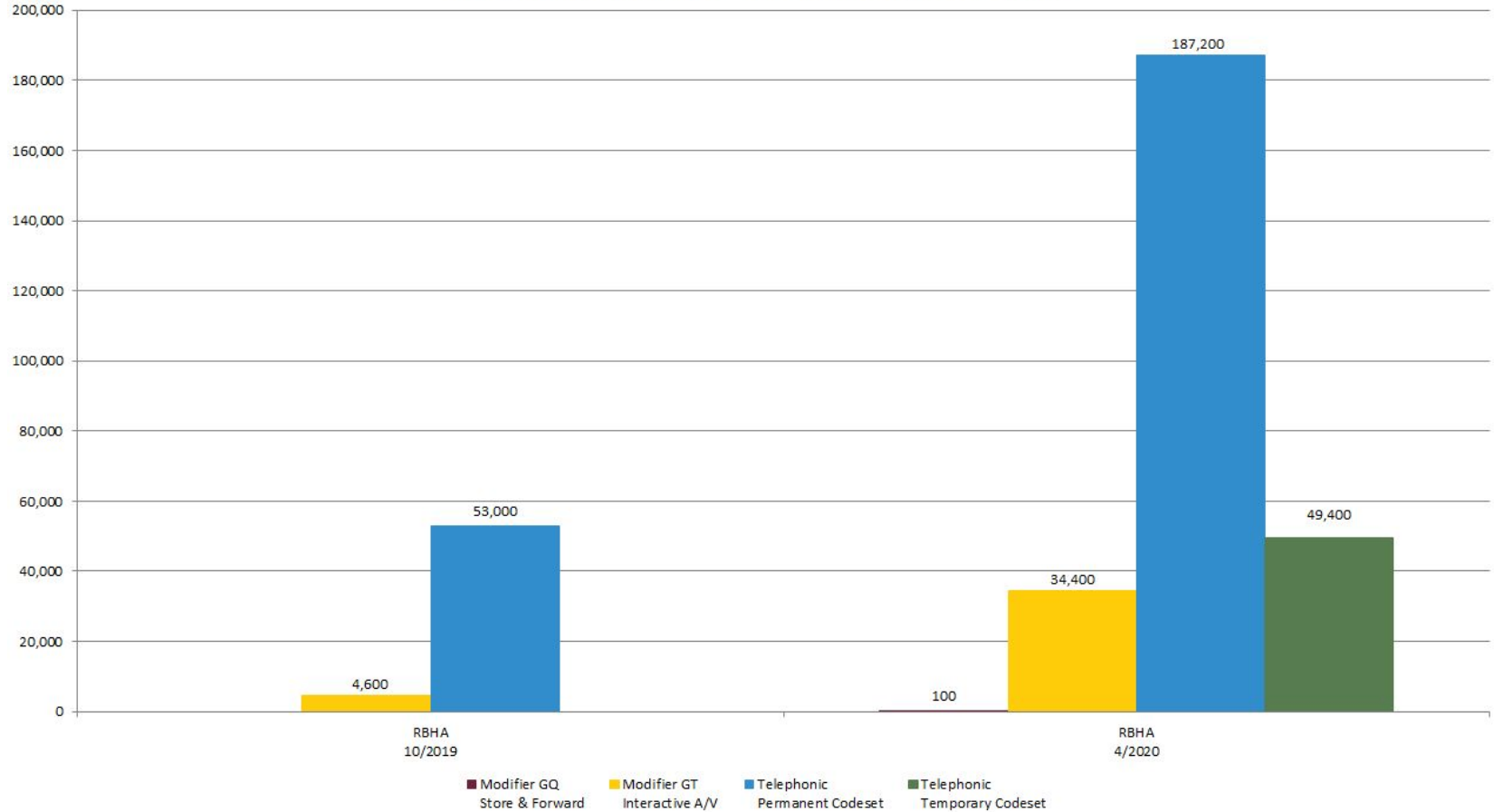
Thank You.

Next 2020 Meetings: September 15th & December 16th