



Community Quality Forum

July 15, 2021
3-5pm

Community Quality Forum Agenda

- Purpose and Objectives: Dr. Sara Salek
- Telehealth Update: Dr. Sara Salek & Justin Bayless
- ARPA Update: Alex Demyan
- Crisis Utilization Trending Update: CJ Loiselle
- CALOCUS Update: Dr. Megan Woods
- State Opioid Response Grant Update: Hazel Alvarenga
- Quality Improvement Update: Georgette Kubrussi Chukwuemeka
- Targeted Investments 2.0: George Jacobson
- Meeting Recap and Next Steps: Dr. Salek

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.

Telehealth Presentation

Justin Bayless
Chief Executive Officer
Bayless Integrated Healthcare





*Improving lives,
transforming healthcare™*



Technology's influence on Bayless Integrated Care Model

Bayless Care Model Overview

Integrated Behavioral and Primary Care Provider



Problems We Solve

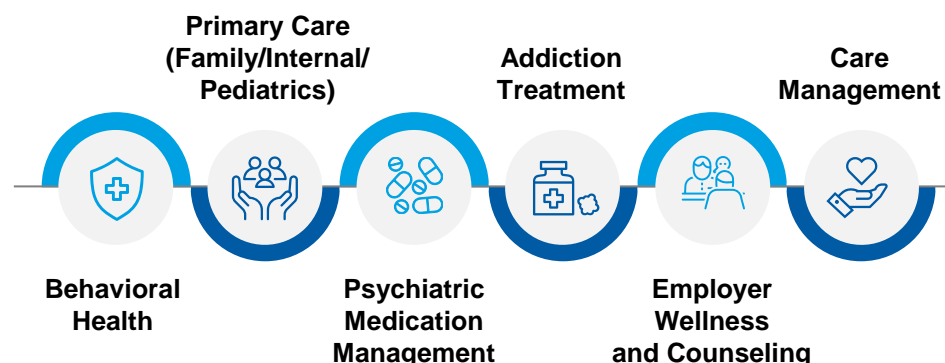
According to the CDC, over 40% of US adults currently report at least one adverse mental or behavioral health condition and over 25% of young adults (ages 18-24) have seriously considered suicide in the past 30 days. Yet, barriers to accessing proper mental health services (provider shortages, lack of affordable care, stigma, and fragmented delivery of physical and behavioral care) typically prevent many from receiving treatment. Not only is this staggering unmet need detrimental to patients and families, but it is also incredibly costly to healthcare systems as approximately 1 in 8 emergency department visits are associated with behavioral health needs.

Bayless, founded in 1982, is committed to disrupting this status quo with a comprehensive integrated healthcare delivery system that combines the need for mental health and primary care in an interconnected ecosystem where patients receive all care under one roof. Bayless's URAC accredited technology-driven practice platform contributes to better health outcomes for patients by ensuring better care coordination between teams, standardizing best-practice clinical protocols, and providing patients virtual access to licensed providers for all levels of care when an in-person visit is not necessary. The Bayless integrated care model not only drives improved health outcomes for each patient, but it also produces lower medical costs per member.



Professional Services

Virtual Care Enabled Delivery System



Magellan Strategic Partnership

Bayless entered into a strategic [partnership](#) in December 2020 with Magellan Health Inc acquiring 70% of Bayless parent organization Aurelia Health LLC. In January 2021, Magellan and Centene signed a [merger agreement](#) with closing expected in 2H 2021.

Executive Team

Proven Track Record in a Competitive Market with an Innovative Model

Justin M. Bayless

Chief Executive Officer



- President and CEO (2010 - Present), VP and CFO (2008 - 2009)
- Son of Dr. Michael Brad Bayless, founder of Bayless Integrated Healthcare
- Focuses on developing new contractual relationships with diversified payer types while continually expanding the Bayless service array, locations, and brand
- Former board member of Dignity Health St. Joseph's Hospital, former board member of Delta Dental Arizona, previously appointed to African American Affairs Commission and Arizona Board of Behavioral Health Examiners by Governor Doug Ducey.
- Prior to Bayless, Investment Banker at Morgan Stanley (2006-2008)

Graham B. Johnson, CPA

Chief Financial Officer



- 5 years at Bayless
- Responsible for managing the finance department, managing vendor relationships, budgeting, forecasting, and overseeing the Company's IT needs
- Previously an auditor at Deloitte & Touche for 15 years

Andrea Raby, DO

Vice President, Psychiatry



- 6 years at Bayless
- Oversees the treatment of the outpatient psychiatry population while creating robust mental health programs and supervising physician assistants
- Provides forensic evaluations and numerous other services for the acutely ill for over 10 years

Danielle Sink, MD

Chief Medical Officer



- Started at Bayless in January 2020
- Board Certified in Internal Medicine and Lifestyle Medicine
- Founded Acacia Internal Medicine and sold to Optum Care in 2017
- Member of Humana Western Region Peer Review Quality Committee for Primary Care, Humana National Peer Review Quality Committee for Behavioral Health, and Banner Health Network PCP Clinical Governance Committee

Arthur Pelberg, MD

Chief Advisor



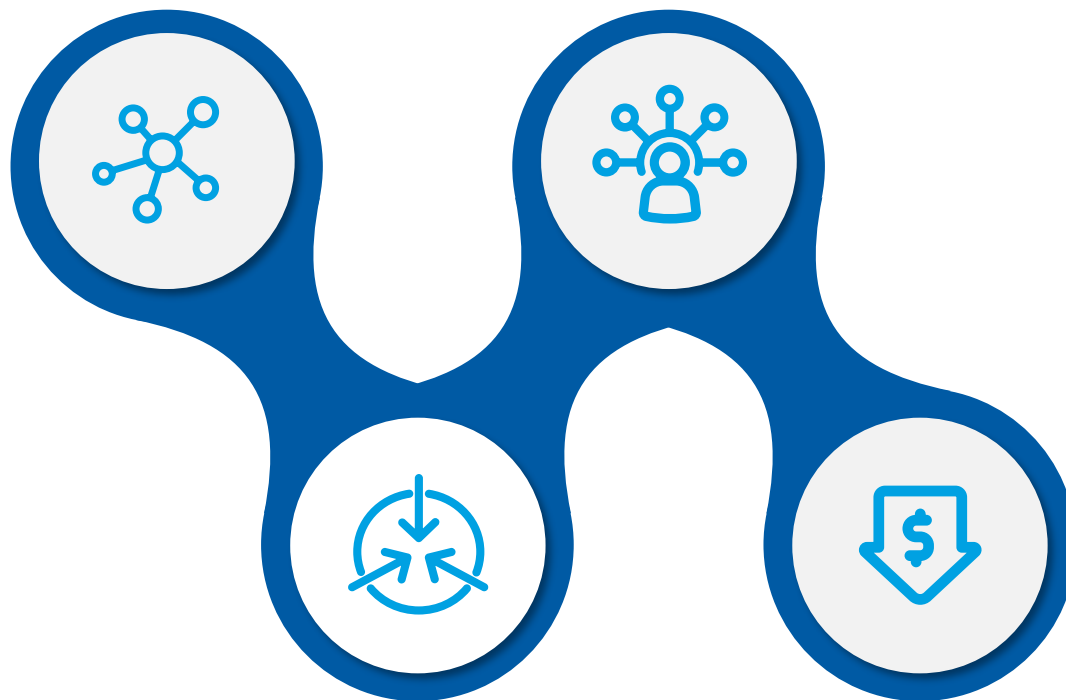
- 8 years at Bayless
- Responsible for assisting in the development of an integrated service delivery program
- Previously CMO at INSPIRIS (2008 - 2011) (complex Medicare/Medicaid members health plan acquired by UnitedHealth); President and CMO (1999 - 2007) and VP and National Medical Director (1988 - 1995) at Schaller Anderson (acquired by Aetna)

Patient expectations had evolved prior to COVID-19...

What do consumers want?

Seamless access

Personalized experience



Integration

Affordable options



77%

Are frustrated when scheduling



83%

Expect Amazon-like experience



73%

Of Gen Z would use telehealth for low acuity



16%

Self-identify as comparison shoppers

Prior to COVID-19 only 14% of physicians offered virtual visits

Mental Health in the US: By the Numbers

Pandemic Has Exacerbated Mental Health Epidemic

An Epidemic...

100 Million

adults reported they were struggling with
mental health or substance use in June 2020

25%

suicide ideation in young adults
ages 18-24 in the past 30 days in June 2020

That Continues to Go Untreated...

59%

of all patients with a diagnosed any mental illness did
not receive mental health care in 2018

60%

of US counties have no
practicing psychiatrists

At a Great Human and Financial Cost

1 in 8

of all visits to EDs are related to mental
and substance use

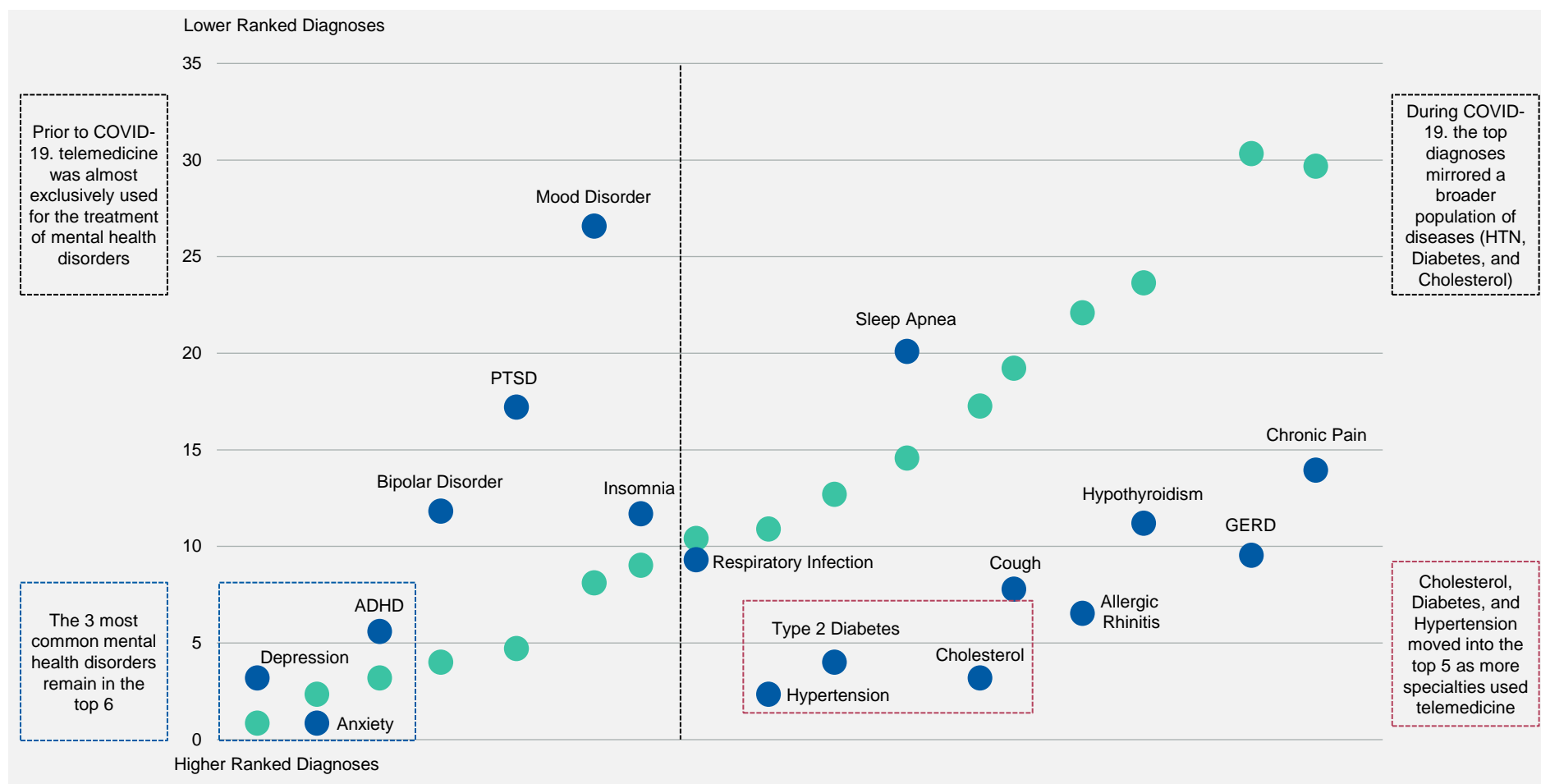
\$200 billion

in lost productivity
each year

Post-COVID, Telehealth is no Longer Primarily Just a Mental Health Tool

● Pre-COVID ● Post-COVID

Dichotomy of Top-Ranked Telehealth Diagnoses from Pre-Covid to Post-Covid¹



Notes:

1. As of Week ended March 27, 2020.
2. Source: IQVIA – Monitoring the Impact of Covid-19 on the Pharmaceutical Market Presentation.

Bayless Integrated Healthcare Operating Unit Update

Engineered for Partnerships and Scale

Bayless is poised for substantial growth. By focusing on an integrated patient experience to organically build its business and attract the best providers, Bayless has created a feedback loop that will continue to grow the top and bottom lines as the company expands.

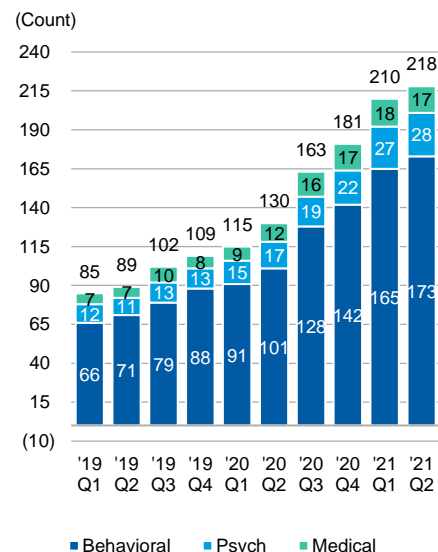
Bayless is the first and the only provider group in Arizona (and one of only thirteen in the US) with URAC telehealth accreditation. As a result, the company was well positioned to succeed when COVID hit and telehealth visits have increased substantially since the middle of March 2020.

Bayless still has room to grow in the local AZ market, but it believes strongly that its proprietary provider platform is scalable on a national basis.

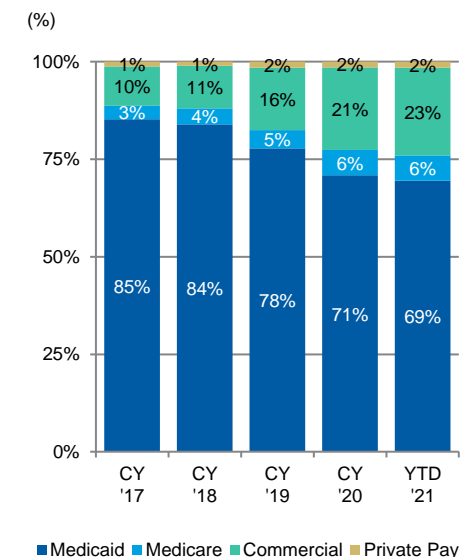
As a diverse organization, Bayless is committed to embracing and celebrating individuals from all backgrounds.

Bayless is a market leader that is unwavering in its commitment to improve healthcare and disrupt the status quo and welcomes anyone who feels the same to partner with them – and change the world of healthcare.

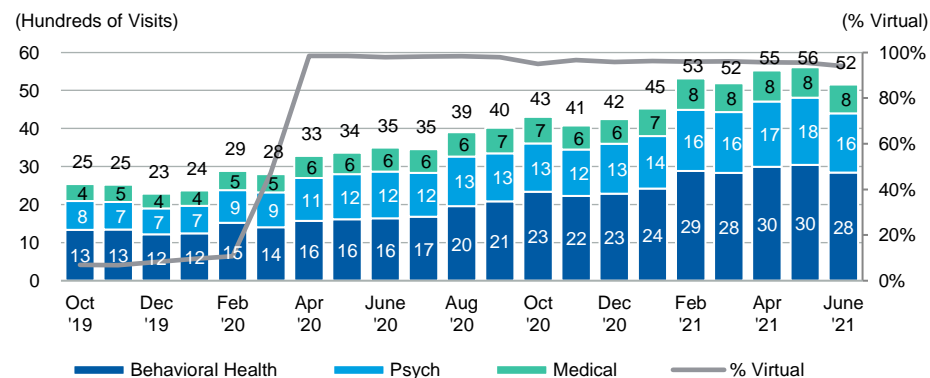
Employed Clinicians by Quarter



Payor Mix



Average Weekly Visits



Key Stats as of 6/30/2021:

Employees

418 Employees / 218 Providers

- 17 Primary Care Providers
- 28 Psychiatry Providers
- 173 Behavioral Health Providers
- 200 Clinical Support / Admin

Existing Footprint

Single Market (All Services Provided Virtually)

- 6 integrated clinics
- 2 mental health counseling clinics
- 1 corporate/support office location

Telemedicine Program: URAC Accredited

Bayless is the first and the only provider group in Arizona to receive this designation and 1 of 13 in the US

As the only telemedicine or telehealth accreditation program approved by the American Telemedicine Association, the URAC (Formerly CHQI) Telemedicine Accreditation Program (TAP) seal provides consumers with an easy-to-identify confirmation of quality from an independent third-party organization – a patient and consumer benefit that had previously been unavailable for telehealth care

TAP's goal is to promote access to safe, quality, and competent health care regardless of the telemedicine model or modality being deployed, or the type of clinical services being provided to patients



ACCREDITED

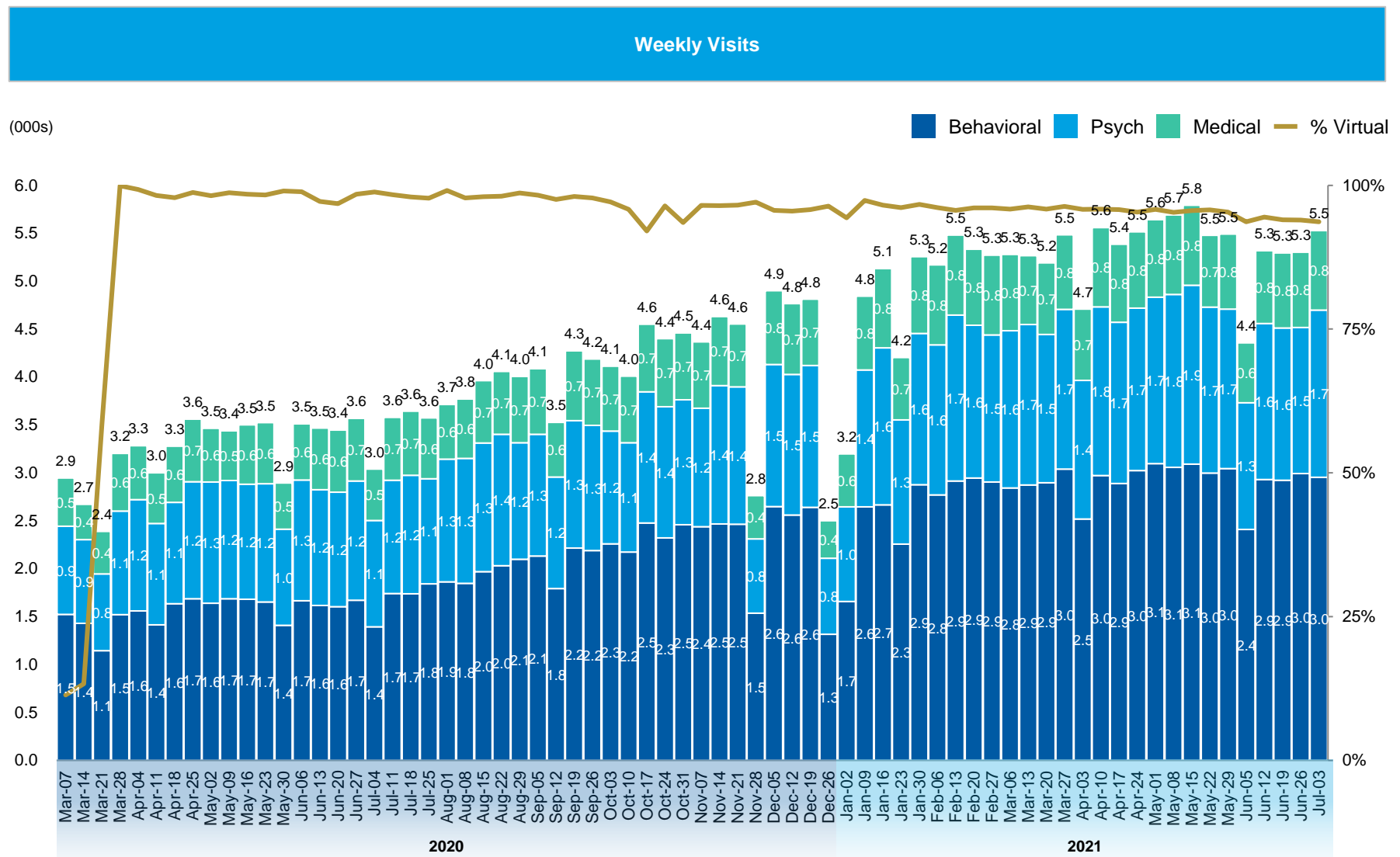
Telehealth
Accreditation - P2C
Expires 03/23/2021

Bayless provides 10.5 hours of telehealth clinical training for licensed behavioral health clinicians which qualifies them to become board eligible for tele-mental health (BC-TMH).

Companies with URAC Accreditation

Company												
AbleTo	Alicare Medical Management	Amwell	Bayless Integrated Health-care	CHRISTUS Good Shepherd	Doctor on Demand	InTouch Health	InnovaTel Tele-psychiatry	SOC Tele-medicine	Teledoc Health	United Concierge Medicine	United Health Services Hospitals	UC San Diego Health System
New York	New Hampshire	Massachusetts	Arizona	Texas	California	California	Pennsylvania	Virginia	New York	New York	New York	California
State												

COVID-19 Catalyst for Virtual Care



Many Patients Prefer Virtual Care to In-Person Visits

Bayless Has Seen an Increase in Patient Satisfaction Post Transition to All Virtual Care

Bayless Patient Satisfaction Rating (Out of 5)
July 2019 – March 2020

4.71



% of 3,675 Unique Responses

1-3 Stars



4-5 Stars



Bayless Patient Satisfaction Rating (Out of 5)
April 2020 – June 2021

4.83



% of 13,836 Unique Responses

1-3 Stars



4-5 Stars



In their own words...

Patient Feedback and Reviews on Google

★★★★★ 6 days ago **NEW**

My life has changed over the last couple years and I don't know exactly what I did that made a difference but I will tell you that I started going to Bayless when I got sober two years ago. I have gone to other places similar and have never had the success I have had these last two years. I am about to get off probation early and have been sober over two years now. I never once have felt judged or unsafe going here they have done nothing but support and build me up!

★★★★★ 3 weeks ago **NEW**

Everyone at Bayless has helped me so much. My psychiatrist has helped me find meds that have helped balance me out, my therapist is helping me with my triggers and I always feel better after a session with her. My PCP is amazing too! Everyone that I've worked with cares about the patient more than the profit ; they listen to you and are pretty accommodating as well. I've gotten the best medical care from this Healthcare facility and I highly recommend them. They've changed my life for the better and I'm so thankful that I was introduced to them.

★★★★★ a week ago **NEW**

Or whole family goes through bayless. They have pcp, pediatricians, mental health, you name it they got it. And have all your doctor's and all your records under one umbrella is so convenient and keeps the different doctors from prescribing meds that don't work well together as well as other procedures. I wouldn't go anywhere else

★★★★★ 4 months ago

They are always available and listen to me. I don't ever get spoken down to when I explain to them my symptoms and what I know based on my personal illness history. A doctor that is willing to listen and genuinely wants to help you get better is the best kind of doctor to have. I am blessed to be a patient of Bayless.

★★★★★ a month ago

Dr. Robert James has been my children's pediatrician since birth. He is the very best I trust him completely. When he left his previous practice and joined Bayless we followed him and that was the best decision we/he made.

★★★★★ a month ago

I just had my initial intake interview with one of the lovely practitioners, and honestly everything about this facility has been so easy and great so far. Struggling with mental health is no joke, and I appreciate that getting help through Bayless has not been a struggle, too.

★★★★★ 3 months ago

I talk to Josh Hartley and Jamie Crumley. They are both the best at what they do! I have been to so many clinics and none have been able to help me like they have. I have made so much progress in just the little time I have been with them, than all the years I was at the other clinics. They actually do listen and give real great feedback.

★★★★★ 3 months ago

This is a company that cares about your entire health, all dimensions of it. Which is a nice change of pace from most practices these days. Great service, prompt responses, good technology to assist as well.

★★★★★ 3 weeks ago **NEW**

My doctor and the staff are top class and kind and compassionate. I'm grateful for their patience and giving me the time I need at appointments. I don't feel rushed nor forgotten. They remember details and make sure we have addressed all concerns. Best in class.

★★★★★ 2 weeks ago **NEW**

Great complete care from medical to psych to addiction treatment to counseling. This place provides quality care even if you are on AHCCCS. I highly recommend Bayless to anyone that has any type of medical or behavioral health needs. They helped me quit using heroin and meth (3+ years sober) and they continue to provide excellent counseling and medical care when I need it. Great communication as well. Thank you Bayless!

★★★★★ 3 weeks ago **NEW**

All I can say is that the people at Bayless came through for me. They helped me with everything I needed. They still continue to help me. They have made it a very pleasant experience. Thank you Bayless

As of 4/22/21, Bayless has 1,450 verified google reviews averaging 4.67 out of 5 stars across its metro Phoenix locations

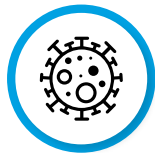
As of 4/22/21, Bayless has 390 verified reviews on Facebook with an average of 4.9 out of 5 stars

(https://www.facebook.com/BaylessIntegratedHealthcare/reviews/?ref=page_internal)

“Our Moment in Time”



83% of US workers suffer from work-related stress



Pandemic Stress-7/10 employees indicated that this is the most stressful time of their entire professional career



Nearly 1 in 5 adults live with a mental illness



6 in 10 adults in the US have a chronic disease



US businesses lose up to \$300 billion yearly as a result of workplace stress



Depression leads to \$51 billion in costs due to absenteeism

The leading causes of death and disability are

- Heart disease
- Cancer
- Chronic Lung disease
- Stroke
- Alzheimer’s disease
- Diabetes
- Chronic Kidney Disease
- COVID -19

...But we offer an EAP?

Employee Wellness and Counseling Program (EWCP)



Bayless partners with employers to ensure their employees have access to quality wellness and counseling services



Our commitment is to help each employee navigate the challenges they experience **both at work and at home**



Our approach is: virtual, individualized, and easily accessible

The Traditional EAP

The current model

- Nearly all companies offer an EAP
- EAPs give employees access to a counselor, a limited number of free sessions, and referrals
- Recent additions to EAP programs include financial health, legal assistance, and self-paced educational modules
- Already included in benefits package to the employer or very inexpensive (75 cents-\$2 per member per month)



But it's not working

- Utilization averages below 10%
- Median usage in 2018 was 5.5%
- Mental Health stigma
- Fears of non-confidentiality
- Lack of advertising/sharing the resource with employees
- Long waiting times to access licensed professionals in a network

97%

of large employers offer EAPs

5.5%

of employees used EAPs in 2018

\$3-\$10

ROI for every \$1 that companies invest in EAPs

Our partnership with Alorica in Arizona



Key Points

Employer is paying for wellness services.



All services are done virtually through Bayless Accredited Tele-Health Platform.



Bayless providers are available 24/7.

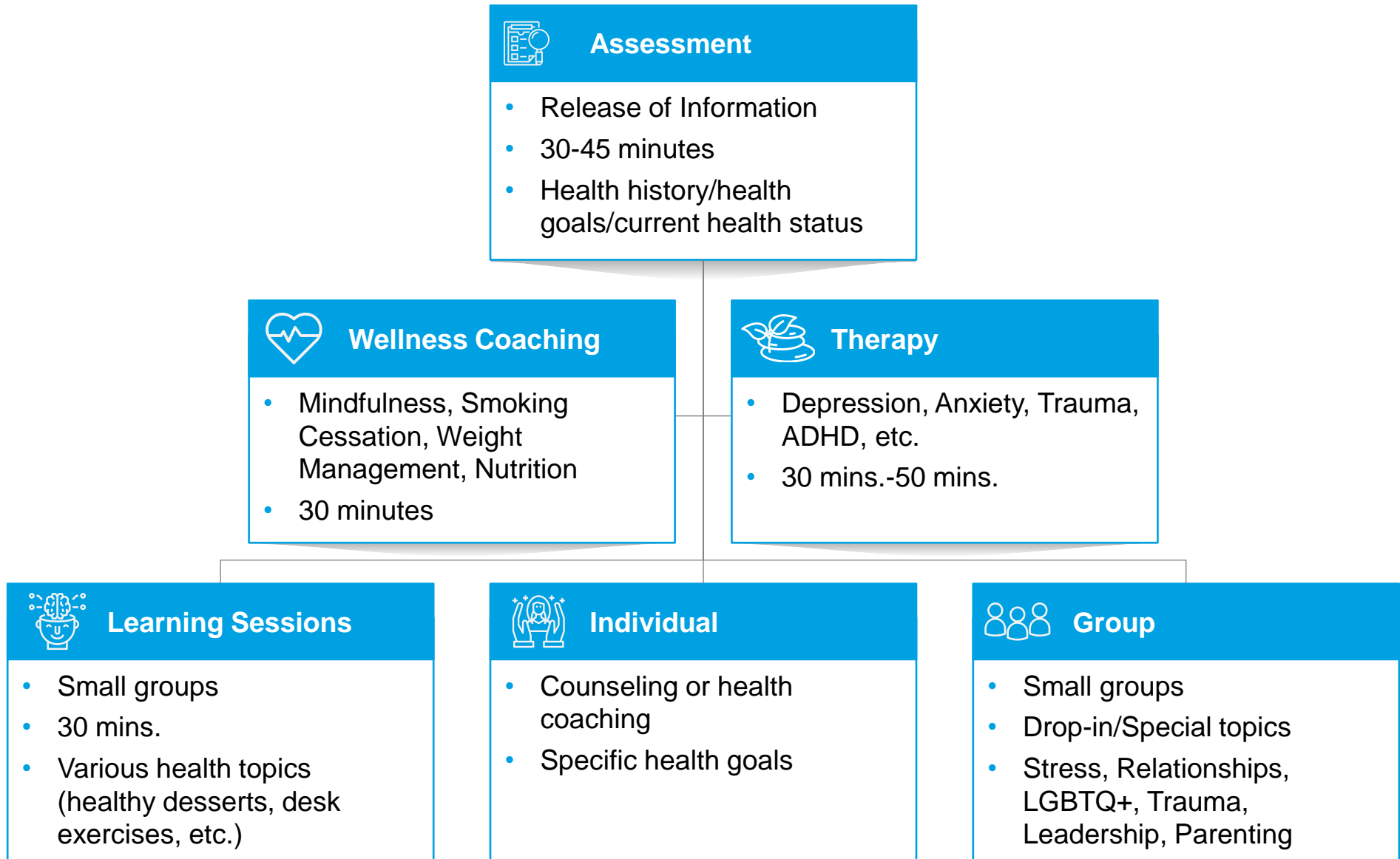


Alorica employees are *asked* to attend at least 1 service for at least 30 minutes per month.



Services are completed during the work shift (wellness breaks).

EWCP Service Menu



Lifestyle Medicine Certification



Lifestyle Medicine: What is It?

It is an evidence-based approach to treating, reversing, and preventing chronic disease through non-drug means, including:



Plant-Predominant
Diet



Regular Physical
Activity



Adequate
Sleep



Stress
Management



Cultivating
Relationships



Avoiding Risky
Substances

Meaningful Savings Opportunity

\$20,000

Spent annually by US employers for each family's healthcare costs

80%

Of heart disease, stroke, and type 2 diabetes (and 40% of cancer) could be prevented, primarily with improvements to diet and other lifestyle factors, according to the WHO

210% ROI

during a six-month, diabetes-focused lifestyle medicine pilot at Vanderbilt University

What makes our EWCP different?



No waiting times

- Therapy
- Drop-in learning sessions



Lifestyle Medicine Curriculum

- Addresses the leading causes of death and disability through:
 - Healthful Eating
 - Increase Physical Activity
 - Develop strategies to Manage Stress
 - Form/Maintain Relationships
 - Improve Sleep
 - Avoid Risky Substances



Individualized Treatment

- Weekly feedback loop w/ employer leadership, patient satisfaction survey
- Curriculum added based on feedback from employees and leadership
 - Examples: Grief, Civil Unrest, LGBTQ+, and Leading During Difficult Times
- Family/Couples Counseling

Current Alorica Arizona Employees- 605 as of 7/14/21

Most common identified issues



Anxiety



Depression



Stress Management



Weight Management



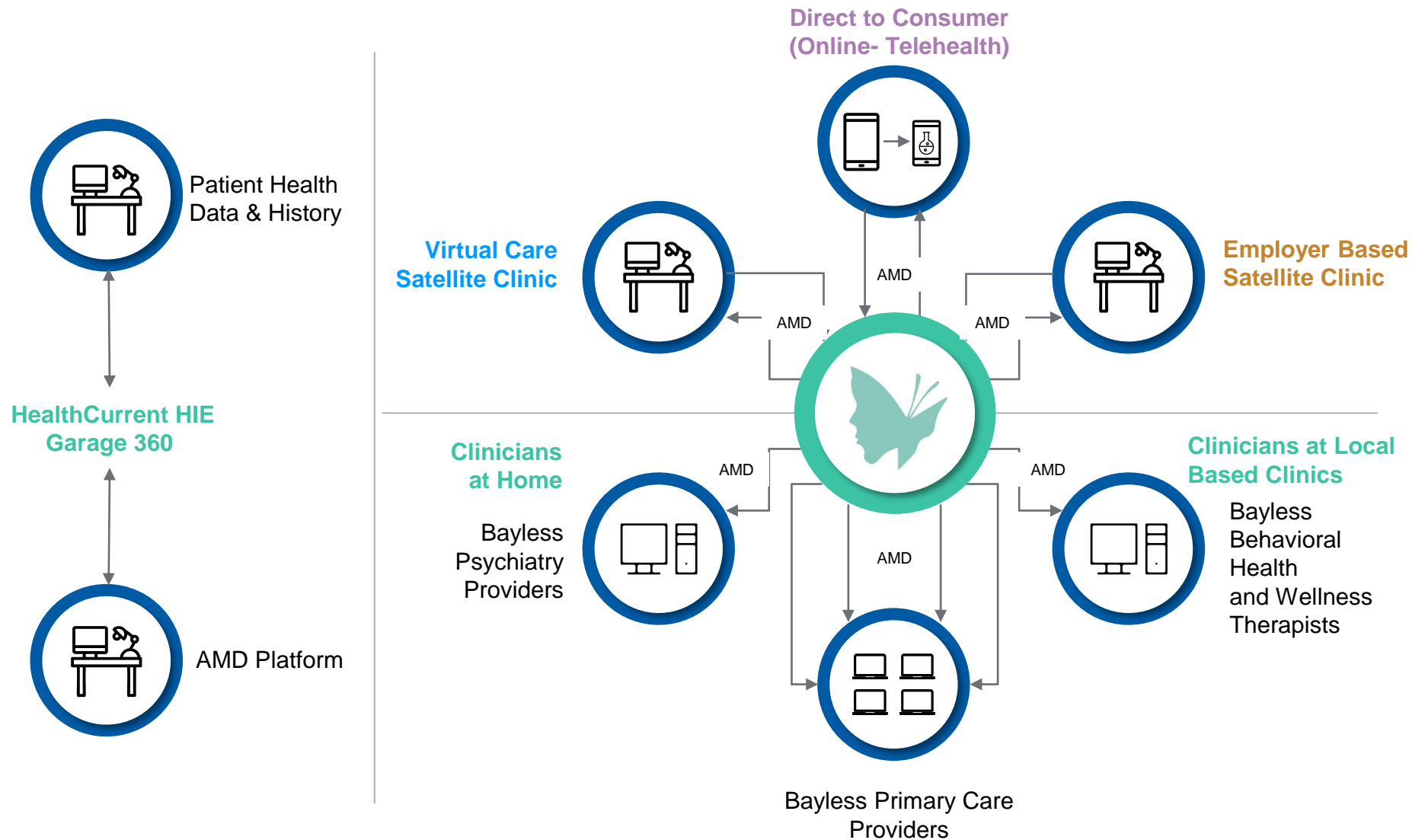
Trauma

Group/Learning sessions
average 84 employees
per week

**An average of 86% of
employees have had at
least
1 wellness service
since March 2021**

27% employees
have engaged
in individual or family therapy

Bayless Future: Technology Enabled, Hybrid Delivery Model



Success Goes Beyond Well-Planned Clinic Assets Toward an Interconnected Ecosystem



Leverage Brand and “Strategic” Locations

- Attract consumers and connect to the Bayless system of care.
- Hardwire a consistent and high-value consumer experience.
- “Retail” locations to foster connectivity and consumer appeal.



Seamless Access

- Ensure a consumer-focused triage process across the low-acuity ecosystem.
- Build one-stop scheduling
- Integrate technology and patient to provider interaction processes



Enhance Culture and Measure Impact

- Build provider leadership into the redesign process.
- Understand incentives that drive success.
- Break down primary and specialty care silos.
- Outcomes data

Questions?



The American Rescue Plan Act Update

Alex Demyan

Deputy Assistant Director
Division of Community Advocacy and
Intergovernmental Relations



ENHANCED BY Google



Advanced search

HOME

AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?

THE AMERICAN RESCUE PLAN ACT OF 2021

Learn more about Medicaid funding opportunities.



American Rescue Plan Act of 2021



**COVID-19
Vaccine
Administration**



**Mobile Crisis
Services**



**Elimination of
Medicaid Drug
Rebate Cap**



**100% FMAP
for Urban
Indian Health
Program**



**10% Increase
to
FMAP for HCBS**



**Twelve Months
Postpartum
Coverage**



American Rescue Plan Act of 2021 - Section 9817



**10% Increase
to
FMAP for
HCBS**

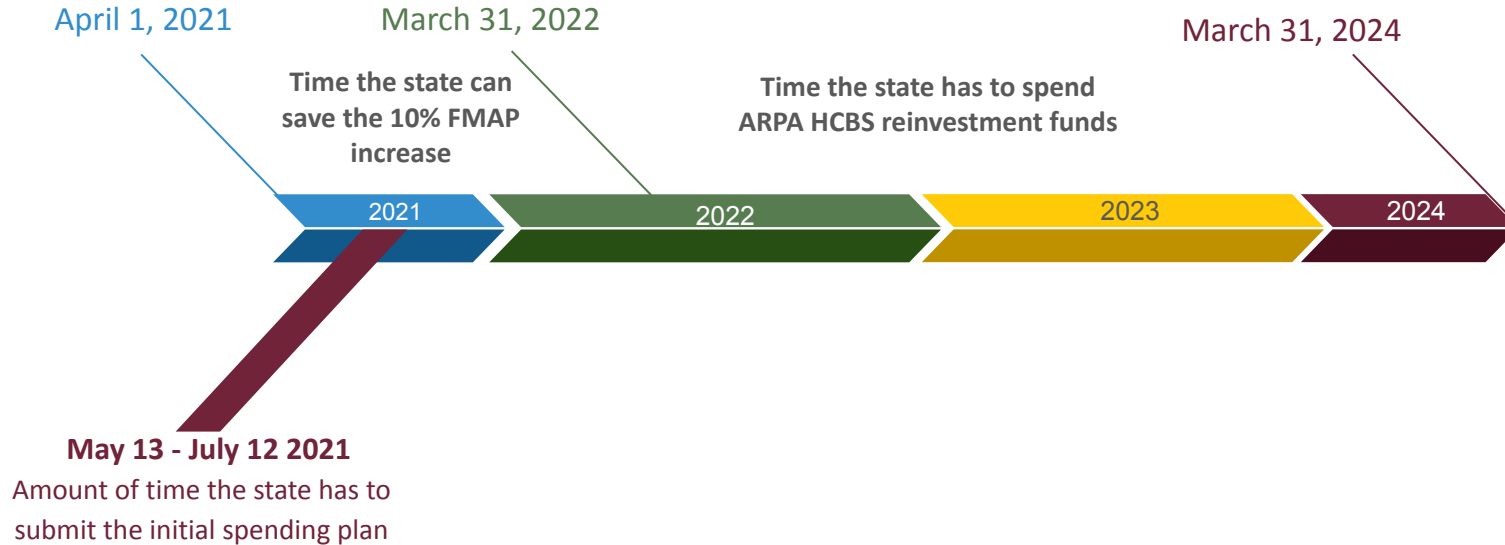
**4/1/21 -
3/31/22**

- Provision offers temporary 10 percentage point bump in federal funds for certain HCBS services
- [State Medicaid Director Letter](#) issued on May 13, 2021
 - Services eligible for the enhancement
 - Examples of activities that enhance, expand, or strengthen HCBS
 - Maintenance of Effort requirement
 - Requirement that states submit initial and quarterly HCBS spending plans
 - Initial narrative and spending plan due July 12, 2021

Key Parameters - ARP/HCBS Provision

- Funding is short-term and must be spent by March 31, 2024
- Broader definition of HCBS - includes services such as home health, personal care services, attendant care services, case management and rehabilitative services (mental health and substance use treatment services)
- Cannot use funds to pay for HCBS available under the Medicaid program as of April 1, 2021
 - Funds must be used to enhance, expand, or strengthen existing HCBS program
- Strategies employed under the plan cannot negatively impact current HCBS program
 - Prohibited from imposing stricter eligibility standards
 - Must preserve covered HCBS
 - Must maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021
- Nothing will be included which creates a long-term funding obligation without a sustainable funding source after March 31, 2024

ARPA HCBS Funding Timeline



Funding Enhancement & Reinvestment Opportunity

- AHCCCS estimates it will expend approximately \$3.5 billion on HCBS that qualify for the temporary 10 percentage point FMAP increase (expenses during April 1, 2021 through March 31, 2022)
- Enhanced match rate is expected to increase federal spending on currently covered HCBS by approximately \$350 million during that time to be used as reinvestment funds for the strategies proposed in ARP HCBS spending plan
- Reinvestment funds then leverage additional federal funds = to a total of \$1.6 billion to be spent throughout the period from April 1, 2021 through March 31, 2024
 - Enhance or strengthen Medicaid HCBS
 - Subject to CMS approval and legislative expenditure authority
 - Estimates subject to change due to various factors

Member Focus

- Seniors
- Individuals with Disabilities
- Individuals Living with Serious Mental Illness
- Individuals Accessing General Mental Health and Substance Use Services
- Children with Behavioral Health Needs

Funding Priority #1:

Strengthening and Enhancing Arizona's Home and Community Based System of Care

- Expanding access to care from a well-trained, highly-skilled workforce
- Funding local initiatives and community-specific programming to improve member health
- Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement
- Empowering parents and families to provide care and meet the needs of their children
- Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes



Funding Priority #2:

Advancing Technology to Support Greater Independence and Community Connection



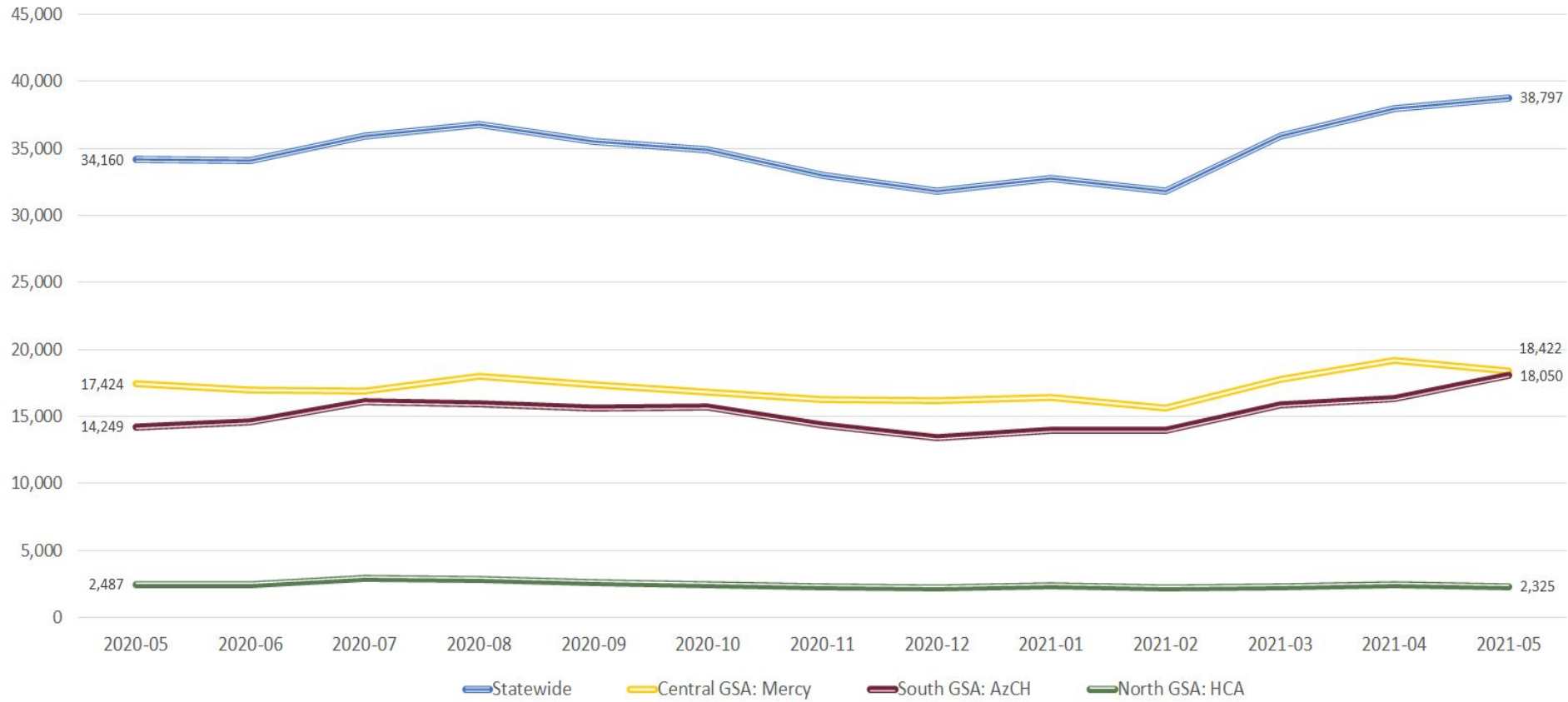
- Utilizing new technology to promote care coordination and seamless communication
- Creating tools that strengthen quality monitoring and prevent abuse and neglect
- Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence

Crisis Utilization Trending Update

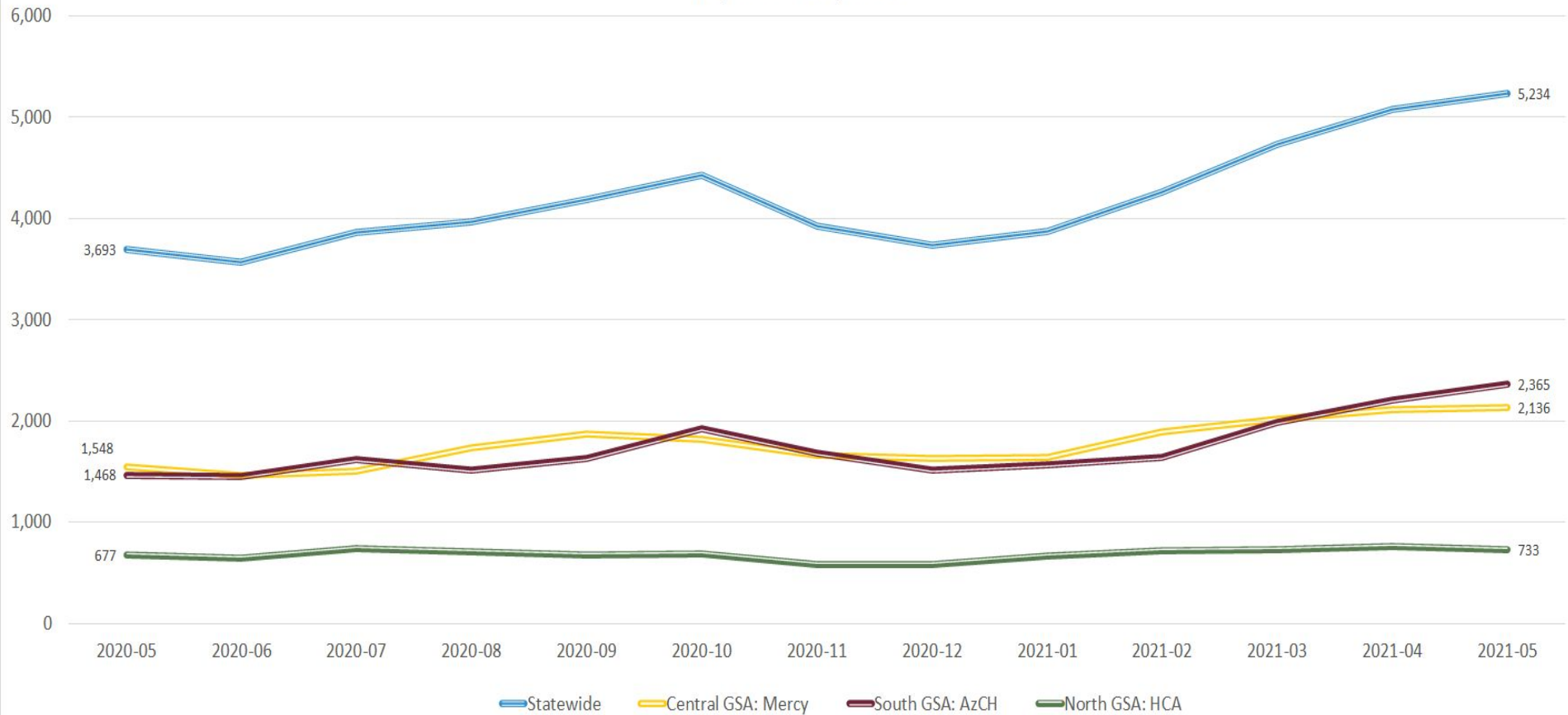
CJ Loiselle

Quality Management Manager
Division of Health Care Management

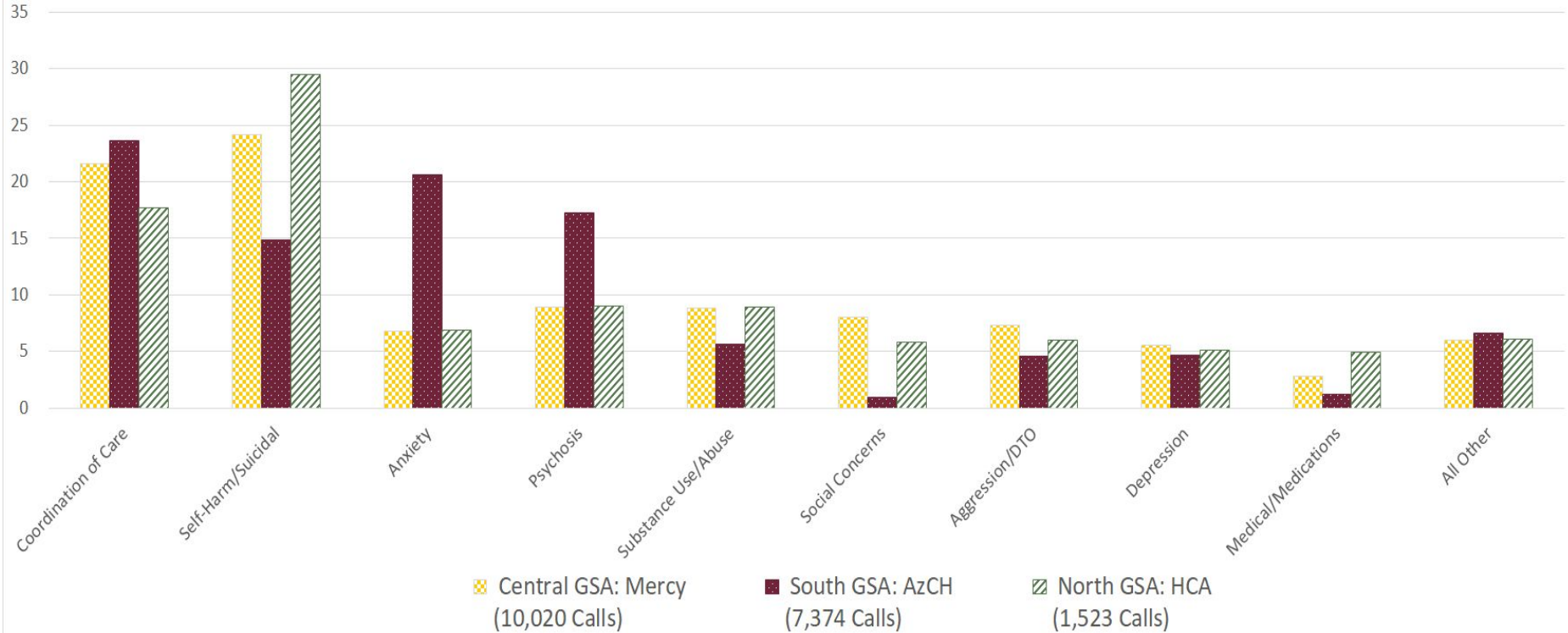
Crisis Call Volume May 2020 - May 2021



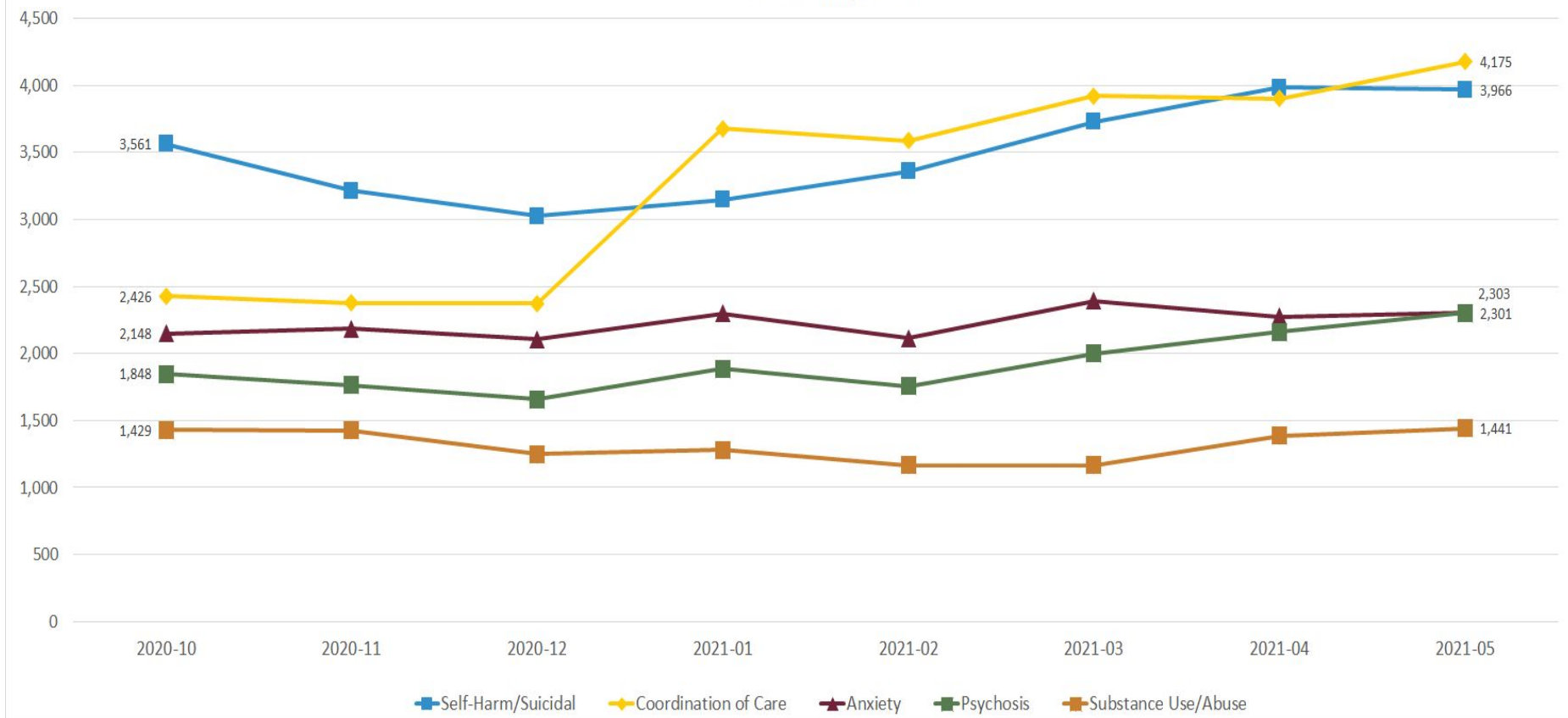
Mobile Team Dispatch Volume May 2020 - May 2021



Crisis Call Center - Top Reasons for Calls
May 2021
 (By RBHA/GSA, Rate Per 100 Calls)



Top Five Reasons For Crisis Calls by Volume October 2020 - May 2021



*AHCCCS began standardizing call reason categories in October 2020

CALOCUS Update

Dr. Megan Woods

Integrated Care Administrator

Division of Health Care Management

CALOCUS Implementation Updates

- Announcement letter sent to plans and stakeholders June 1, 2021
- Providers have begun registering for access to the online version of the tool and online training
- AHCCCS is working with Deerfield and providers to integrate the CALOCUS tool into provider EHRs
- AHCCCS is also working with Health Current to automate CALOCUS data extracts to minimize provider reporting through separate mechanisms
- AHCCCS is working with AACP and Workforce Development to re-initiate Train-the-Trainer this Fall

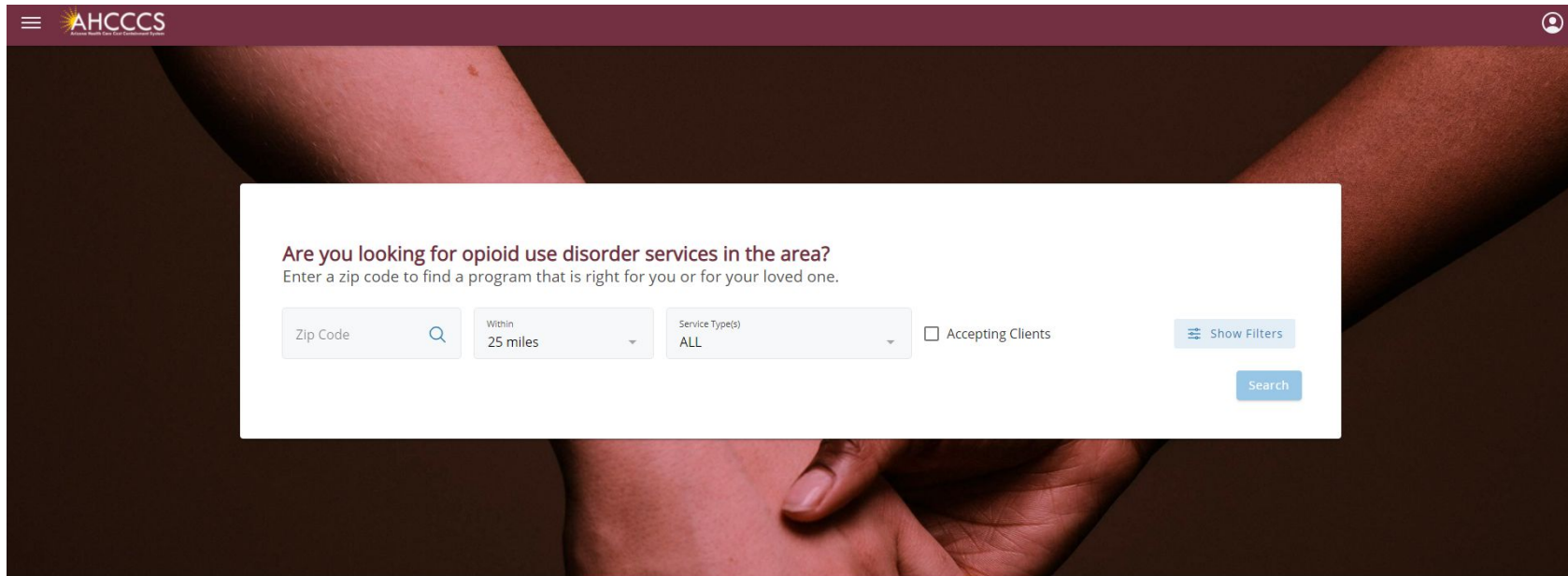
State Opioid Response Grant

Hazel Alvarenga






Grants Administrator

Division of Grants Administration

Opioid Services Locator



Are you looking for opioid use disorder services in the area?
Enter a zip code to find a program that is right for you or for your loved one.

Zip Code  Within 25 miles  Service Type(s) ALL  ☐ Accepting Clients  

Disclaimer: The Opioid Use Disorder (OUD) Service Locator is made available by the Arizona Health Care Cost Containment System (AHCCCS) to assist the public in locating general information about medication assisted treatment and opioid use disorder services. The OUD Service Locator is intended solely to provide convenient electronic access to possible resources for medication assisted treatment and opioid use disorder services. It can be used as a helpful tool in finding providers by zip code that may be available to provide these services. The inclusion of providers in the OUD Service Locator is not an endorsement of the quality or competence of the listed provider.

AHCCCS strives to offer the most current, correct, and complete information in the OUD Service Locator. Please keep in mind that this information is subject to change. Therefore, the information in the OUD Service Locator may not reflect the most current information. Note that the OUD Service Locator includes links to websites maintained by other entities. AHCCCS is not responsible for those websites or for the information or opinions expressed in those websites.

To ensure that you have the most up to date provider information, it is very important that you contact the provider and health plan directly to verify details. We recommend that you check provider participation status and whether the provider is registered with AHCCCS. Health plans will be able to inform you whether a provider is part of a particular health plan's network. We also recommend that you verify availability and whether the provider is accepting new patients.



The AHCCCS Administration does not provide individual advice or counseling. If you would like specific advice or counseling, please contact a licensed practitioner or professional, a social services agency representative, or an organization in your local community.


To report inaccurate information found in the OUD Service Locator, please contact opioidserviceslocator-support@azahcccs.gov

Phase 1

1. Provide a “one-stop” portal that houses a daily census and capacity for available OUD service options
2. Build an electronic system for agencies to update their available capacity in real-time. E.g.:
 - number of slots in local OTPs for Office Based Opioid Treatment (OBOTs)
 - number of available residential beds
 - psychosocial services
 - Naloxone

Real-Time Availability






☐ Accepting Clients

1 Show FiltersSEARCH

Sort By ↑ Distance ↓

● Accepting Clients

OTP - 171 / 250 Available

**Cactus Integrated Care**
1520 East Pima Street, Phoenix, AZ 85034

Health Plans - Accepting 8 Plans
Counties Served - Serving 1 Counties


Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone
OUD Services Provided - No Additional Services

(877) 931-9142 <https://communitybridgesaz.org>

3.6 miles

● Accepting Clients

OTP - 11 / 11 Available

**East Valley Addiction Recovery Center (EVARC)**
560 South Bellview, Room A, Mesa, AZ 85204


Health Plans - Accepting 8 Plans
Counties Served - Serving 1 Counties

Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone
OUD Services Provided - No Additional Services


(877) 931-9142 <https://communitybridgesaz.org>

11.5 miles

● Accepting Clients

 Residential - 6 / 25 Available

OTP - 32 / 32 Available

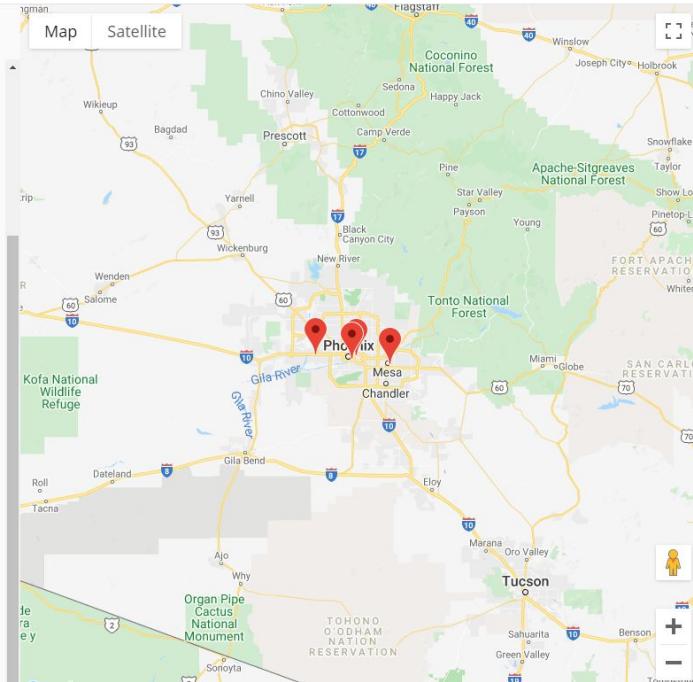
**West Valley Access Point**
824 North 99th Avenue, Suite 107-108, Avondale, AZ 85323


Health Plans - Accepting 8 Plans
Counties Served - Serving 1 Counties

Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone
OUD Services Provided - No Additional Services

(877) 931-9142 <https://communitybridgesaz.org>

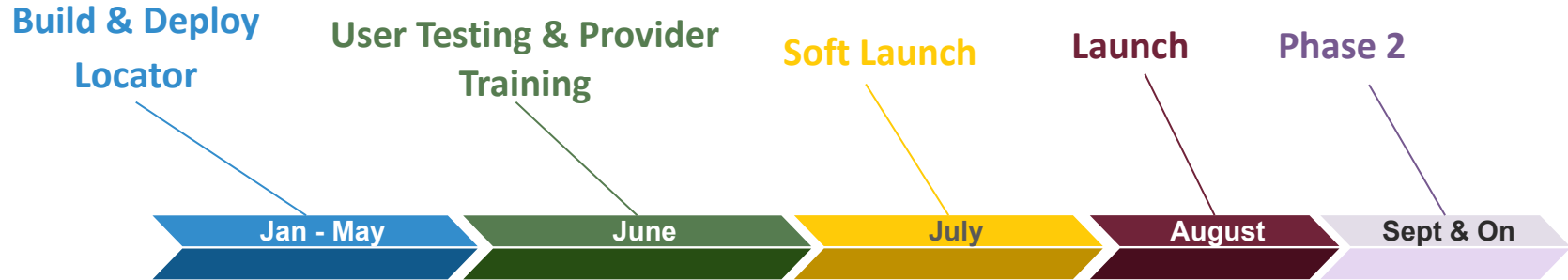
15.7 miles



**AHCCCS**
Arizona Health Care Cost Containment System

28

Opioid Services Locator Timeline



Quality Improvement Updates

Georgette Kubrussi Chukwuemeka
Performance Strategy Administrator
Division of Health Care Management

Quality Strategy Updates

Quality Strategy & Quality Strategy Evaluation

- 2021 Quality Strategy:
 - AHCCCS posted a Notice of Public Information on 5/28/21 seeking public comment and feedback on its 2021 Quality Strategy.
- CYE 2018 - CYE 2020 Quality Strategy Evaluation:
 - The AHCCCS Quality Strategy Evaluation accompanies the AHCCCS Quality Strategy and is used to evaluate the effectiveness of the AHCCCS Quality Strategy.
- The [Quality Strategy](#) and [Quality Strategy Evaluation](#) were submitted to CMS on 7/1/21 and are available on the AHCCCS website.

Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey

AHCCCS requests feedback from members on experiences and satisfaction with healthcare services utilizing the CAHPS survey.

- CYE 2020 survey administration for the ACC, KidsCare, DCS CHP, and the RBHA-SMI integrated populations was delayed due to the COVID-19 public health emergency.
- Administration efforts resumed in early 2021 and AHCCCS anticipates the availability of final reports in November/December 2021.
- Results will be made available via the [Health Plan Report Card](#) on the AHCCCS website.

Performance Improvement Projects (PIPs)

MCOs are required to participate in AHCCCS-mandated PIPs and implement PIPs based on self-identified opportunities for improvement. The following AHCCCS-mandated PIPs have been implemented:

PIP Topic	Applicable Line(s) of Business	Years Implemented	Status
E-Prescribing	RHBA (SMI Integrated)	CYE 2014 - CYE 2019	Closed
Developmental Screening	ACC/Acute, DCS CHP, ALTCS DD	CYE 2016 - CYE 2019	Open, CYE 2019 final results pending
Back to Basics	ACC/KidsCare, DCS CHP, ALTCS DD	CYE 2019 - CY 2023	Open
Breast Cancer Screening	ALTCS EPD	CYE 2019 - CY 2023	Open
Preventive Screening	RHBA (SMI Integrated)	CYE 2019 - CY 2023	Open

[PIP methodologies](#) and previous years' PIP results within [External Quality Review Annual Reports](#) are available on the AHCCCS website.

Targeted Investments 2.0

George Jacobson
Project Administrator
Office of the Director

TI 2.0 Program

- AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026, known as the TI Program 2.0
- This extension request was submitted to CMS in December 2020 with Arizona's Waiver renewal packet
- AHCCCS developed a concept paper to supplement the waiver renewal request to provide further details on the structure and requirements of the TI Program 2.0

TI 2.0 Program Structure

TI Program 2.0 will include two distinct cohorts:

- **Extension cohort** will include TI Program providers that completed participation in the current TI Program
- **Expansion cohort** will include primary care practices and behavioral health providers, integrated clinics with no prior TI participation

TI 2.0 Extension Cohort

- Align and complement AHCCCS' Whole Person Care Initiative
- Continue key TI 1.0 requirements
- Incorporate non-clinical or social needs into point of care systems to provide a more holistic, person-centered approach to care while addressing health disparities
- The Quality Improvement Collaborative will support and assist TI Program participants with meeting core components and milestones and facilitate peer learning.

TI 2.0 SDOH & Health Equity

- SDOH Screening- upload the results to NowPow and submit Z codes on claims for all social risk factors identified by the tool.
- Develop and implement SDOH workflows
 - How the SDOH screen is performed, including the screening instrument, available languages
 - Referral & follow up procedures with CBO partners, including through NowPow
 - incorporates results of the SDOH screen into clinical care

TI 2.0 SDOH & Health Equity

Connect and demonstrate effective use of NowPow to connect members to community resources by:

- Completing a NowPow Scope of Work;
- Demonstrating workflow systems that effectively use NowPow, including EHR system interface
- Entering SDOH screening results and generating referrals, if desired by the member, to community based organizations;
- Demonstrating effective follow up on SDOH referrals consistent with CBO communication protocols utilizing NowPow

TI 2.0 SDOH & Health Equity

- Data and Analytics
 - Perform analytics to assess the prevalence of social risk factors and to identify health disparities by
 - Aggregating and analyzing SDOH screening results to assess the prevalence of SDOH within the organization's member population
 - Stratifying screening results by race, ethnicity, and language to identify and intervene upon health disparities.

TI 2.0 SDOH & Health Equity

- Develop and implement a Health Equity Plan
 - Identify health disparities prevalent with AHCCCS members served, and address the disparities
 - Implement a quality improvement initiative to address identified health disparities
- Develop protocols to provide patient-centered, culturally competent services
 - Develop protocols and implement practices in line with the National Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
 - Train staff members in cultural competency

Meeting Recap and Next Steps

Thank You.

Next Meeting:
November 18th