Welcome to the AHCCCS Community Quality Forum

- You were automatically muted upon entry. Please keep yourself on mute throughout the meeting to limit feedback.
- Do not put us on hold.
- Please use the chat feature for questions.
- To unmute your phone you will need to click on the microphone icon or press “*6” on your phone.
Community Quality Forum

September 16, 2020
3-5pm
Agenda

❖ Community Quality Forum: Purpose and Objectives
❖ AHCCCS Survey Outcomes for Quality Dashboard
❖ MCO Quality Updates
❖ AHCCCS COVID-19 Updates
  ➢ 2020-2021 Flu Strategy
  ➢ Telehealth Strategy
  ➢ BH Taskforce
  ➢ Grants
❖ AHCCCS SUD Strategic Plan Updates
❖ Suicide Prevention Updates
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 Metrics Dashboard Update

Dr. Sara Salek
Chief Medical Officer
Quality Metrics Dashboard

- AHCCCS survey conducted on quality metrics dashboard reporting for behavioral and physical health for the next three years
  - Oct. 1, 2020 through Sept. 30, 2023
- Survey ended on June 22, 2020
- Total responses: 56
- Dashboard currently being developed with plan for review at next Community Quality Forum (12-15-20)
Top 5

Well-Child Visits in the First 15 months of Life (W15)

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

Developmental Screening in the First Three Years of Life (DEV)

Adolescent Well-Care Visit (AWC)

Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
Top 5

Follow-Up after Hospitalization for Mental Illness (FUH)- 7 days, 30 days

Follow-Up after Emergency Department Visit for Mental Illness (FUM)- 7 days, 30 Days

Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)-7 days, 30 days

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Q3 Please rank the following Performance/Utilization Metrics in order of recommendation for an AHCCCS Behavioral Health dashboard. Measure Definition - Measure*, Frequency of Measure, Performance Metric Steward**, CMS Core Set or Other*Measures will vary based on AHCCCS health plan line(s) of business. For example, the SSD measure is used in the Regional Behavioral Health Authority (RBHA) contract for members determined to have a SMI.**A measure “steward” is the entity responsible for the development and maintenance of the measure specifications. ADA=American Dental Association; AHRQ=Agency for Healthcare Research and Quality; NCQA= National Committee for Quality Assurance; OPA=U.S. Office of Population Affairs; OHSU= Oregon Health and Science University; PQA=Pharmacy Quality Alliance.
MCO Quality Strategy Updates

Jakenna Lebsock
Assistant Director of Division of Health Care Administration
COVID-19 Response Effort

Dr. Sara Salek
Where do I find the latest information about COVID-19?

• AHCCCS updates the FAQ document daily to reflect the latest guidance for providers, members and plans
• Please find guidance at: https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html
Key Flexibilities Offered During the Public Health Emergency

- Streamline provider enrollment
- Amend prior and continued authorization processes
- Provide continuous eligibility
- Waive premiums and copays
- Expand respite limit
- Expand telehealth and telephonic service delivery
Public Health Emergency (PHE) Extension

- PHE scheduled to expire October 22, 2020, unless renewed by DHHS Secretary
- DHHS could extend for 90 days
AHCCCS Enrollment: August 2019 - September 2020

+189k in 7 months
Influenza Vaccine Strategy

“The overlap of COVID-19 and flu season presents a perfect storm — and we aren’t taking any chances,” said Governor Ducey. “We are approaching this fall with a proactive mindset and plan of action to limit the impact of the flu and preserve hospital resources. ... I urge all Arizonans to get their flu shots. It’s never been more important to do so.”
AHCCCS Flu Vaccine Strategy During COVID-19

• Multi-pronged strategy to:
  o Reimburse flu vaccine administration by pharmacists for kids 3 - 18
  o Increase rates for in office flu vaccine and administration codes by 10%
  o Provide a $10 gift card to all managed care members who obtain an flu vaccine

• Effective dates of service on and after September 1, 2020
The Arizona Department of Health Services (ADHS) launched a public awareness campaign – Roll Up Your Sleeve. It includes messages for healthcare workers, families with young children, college students, and people at high risk for serious complications from influenza. 

https://vaccinefinder.org/find-vaccine
AzAAP Campaign

• [https://azaap.org/](https://azaap.org/) to download the zip files with the campaign materials.
Telehealth Flexibilities during COVID19

• Added >140 codes to telemedicine (GT modifier)
• Created temporary telephonic code set
• Require MCOs to cover contracted services via telehealth modalities
• Require MCOs to reimburse at same rate as in person
• Created AHCCCS MCO Workgroup on Telehealth
Permanency Around Telehealth Code Sets

• Interest in creating permanency around telehealth codes opened on a temporary basis for COVID response

• Workgroup is considering codes for permanency
How AHCCCS and MCOs are using the HIE to improve care during the COVID pandemic

• Beginning in April, MCO Contractors receive alerts when their members have test results that confirm COVID infection. Alerts capture members, lab providers who allow their data to be exchanged with the HIE
• MCO Contractors perform outreach to members who are COVID positive
• MCO Contractors provide education, case management to address social and behavioral needs and coordination of care for members.
• AHCCCS FFS follows this process for HNHC members
COVID-19 BH Taskforce

- Created in response to COVID-19 pandemic
- ADHS and AHCCCS partnership with multiple stakeholders including providers, provider associations, and health plans
- Reviews crisis utilization trends, suicide and opioid related data, and approaches to address
## Arizona Opioid Deaths

Confirmed through death certificates reported to ADHS Vital Records

<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020 (Preliminary to date*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>105</td>
<td>142</td>
</tr>
<tr>
<td>February</td>
<td>81</td>
<td>115</td>
</tr>
<tr>
<td>March</td>
<td>105</td>
<td>155</td>
</tr>
<tr>
<td>April</td>
<td>103</td>
<td>132</td>
</tr>
<tr>
<td><strong>Total Jan. – April</strong></td>
<td><strong>394</strong></td>
<td><strong>544</strong></td>
</tr>
<tr>
<td><strong>Yearly Total</strong></td>
<td><strong>1358</strong></td>
<td>**709 Year to Date ***</td>
</tr>
</tbody>
</table>

*Reported as of 8/10/2020*
## Arizona Suicide Deaths
Confirmed through death certificates reported to ADHS Vital Records

<table>
<thead>
<tr>
<th>Month</th>
<th>2019</th>
<th>2020 (Preliminary to date*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>138</td>
<td>131</td>
</tr>
<tr>
<td>February</td>
<td>99</td>
<td>104</td>
</tr>
<tr>
<td>March</td>
<td>140</td>
<td>136</td>
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<tr>
<td>April</td>
<td>137</td>
<td>110</td>
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<tr>
<td>May</td>
<td>143</td>
<td>99</td>
</tr>
<tr>
<td>June</td>
<td>139</td>
<td>98</td>
</tr>
<tr>
<td>July</td>
<td>133</td>
<td>99</td>
</tr>
<tr>
<td>Yearly Total</td>
<td>1477</td>
<td>784 Year to Date *</td>
</tr>
</tbody>
</table>

*Reported as of 8/10/2020
ArMA Physician Peer Coaching Program

- Made possible through grant from ADHS
- Physician peer coach volunteers from AZ across specialties currently being trained
- Due to launch early October 2020
COVID-19 Grant Updates

Alisa Randall, Assistant Director of Division of Grants Administration

Jill Rowland, Chief Clinical Officer
Emergency Grant to Address Mental and Substance Abuse Disorders During COVID-19

• Awarded $2 million to support efforts throughout Arizona
• Working with RBHAs and TRBHAs to implement specific grant requirements in their network and/or service areas
• Areas of focus:
  o Recovery housing for those who cannot return home or to alternative care levels due to COVID-19 symptoms
  o Counseling and support groups for healthcare workers
  o Increased engagement for Substance Use needs
  o PPE for service providers within the grant scope
Emergency Grant to Address Mental and Substance Abuse Disorders During COVID-19

Primary RBHA targets:

- Screening and assessment for mental health, substance use and or co-occurring disorders to allow for most appropriate service alignment including:
  - Medications
  - MAT
  - Substance Use Services
  - Case Management
  - Recovery housing
  - Medication management
  - Connection to additional services as identified
  - Support groups
Emergency Grant to Address Mental and Substance Abuse Disorders During COVID-19

Primary TRBHA targets:

• Service provision includes

  ● Counseling support - in person, telephonic or video support for those:
    ○ SUD identified clients
    ○ SMI identified clients
    ○ Healthcare professional

  ● Peer support
  ● Psychiatric services both in person or via telehealth options
  ● EAP support - compassion fatigue
  ● Personal care for staff in recovery
Opioid Focus

Continued SOR programming across the continuum focusing on Prevention, Treatment and Recovery. SAMHSA allowed the following flexibilities to established grant expectations due to COVID-19:

- **Prevention** - Transition to online/virtual settings, increased allocation to ADHS to support naloxone distribution
- **Treatment** - Purchase of PPE for staff, reallocation of funds to support MAT services due to funding needs
- **Recovery** - Reallocation of funds to support Opioid Patient Assistance Funding Program
Crisis Counseling Program (CCP)

- The mission of the FEMA and SAMHSA Immediate Services Program/Crisis Counseling Program Grant (ISP/CCP) and the Regular Services Program/Crisis Counseling Program Grant (RSP/CCP) is to assist individuals and communities in recovering from the challenging effects of natural and human-caused disasters through the provision of community-based outreach and psychoeducational services that includes:
  - Individual Counseling
  - Group Counseling
  - Brief Educational Supportive Contacts
  - Public Education Meetings, Media and Public Service Announcements
  - Assessment, Referral and Resource Linkage
  - Community Networking and Support

- AHCCCS received the CCP/ISP Grant Award approval in June 2020 with consequent grant extensions over the summer and received the RSP/CCP Grant Award approval in August 2020; the total amount of funding is just over $3,200,000 and extends funding to June 2021.

- Crisis Response Network (CRN) is the Contractor to implement and oversee the program and partners with multiple agencies to provide services: Crisis Preparation and Recovery, EMPACT, Family Involvement Center, The Guidance Center, La Frontera and RI International; Crisis Response Network created Resilient Arizona and information is available on resilientarizona.org
Visit www.resilientarizona.org
## RESILIENT Arizona

### CRISIS COUNSELING PROGRAM

<table>
<thead>
<tr>
<th>Primary Service</th>
<th>Number Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Referrals</td>
<td>1777</td>
</tr>
<tr>
<td>Individual Crisis Counseling</td>
<td>578</td>
</tr>
<tr>
<td>Group Counseling/Public Education</td>
<td>572</td>
</tr>
<tr>
<td>Brief Educational/Supportive Contact</td>
<td>1460</td>
</tr>
<tr>
<td>Total Unique Interactions</td>
<td>2610</td>
</tr>
</tbody>
</table>

*Through September 7, 2020*
### Other Contacts/Materials Distributed

<table>
<thead>
<tr>
<th>Contact/Item</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotline/helpline/lifeline contact</td>
<td>233</td>
</tr>
<tr>
<td>Telephone contact</td>
<td>726</td>
</tr>
<tr>
<td>E-mail contact</td>
<td>1,078</td>
</tr>
<tr>
<td>Community networking and coalition building</td>
<td>981</td>
</tr>
<tr>
<td>Material handed to people</td>
<td>4,128</td>
</tr>
<tr>
<td>Material mailed to people</td>
<td>1,538</td>
</tr>
<tr>
<td>Material left in public places</td>
<td>4,800</td>
</tr>
<tr>
<td>Mass media</td>
<td>39</td>
</tr>
<tr>
<td>Social networking messages</td>
<td>395</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,918</strong></td>
</tr>
</tbody>
</table>

*Through September 7, 2020*
Substance Use Disorder Strategic Plan

Nidhi Krishna, Opioid Epidemiologist
Previous Overall Goals:
1. Reduce opioid-related overdose deaths among AHCCCS members by 25%
2. Reduce opioid-related costs to the system by 20%

Evaluation:
1. Did we execute the strategies leading to the above goals?
2. Did we achieve these goals?
Current Overall Goals: By the end of 2024

1. Reduce the rate of all drug overdose deaths by 10%
2. Reduce the number of opioid deaths by 10%
3. Reduce the number of verified non-fatal opioid overdoses by 15%
4. Reduce the number of deaths and overdoses in priority populations by creating new or focusing on existing initiatives
Major Changes:

1. Opioid strategies is revised to a comprehensive SUD strategies

2. Focus initiatives on priority populations: *Youth; Pregnant women and their babies; Justice Involved; Homeless; Veterans; Trauma survivors; Ex-convicts; LGBTQ; Injection drug users; Native Americans; Blind; Deaf and hard of hearing; Elderly*

3. **Data** as a key area of focus
Strategies

Strategy #1: Prevention

Strategy #2: Treatment

Strategy #3: Recovery and Social Connectedness

Strategy #4: Data
Strategy #1: Prevention

*Primary Prevention:* Increase education, screening, referral and promote resiliency

*Secondary Prevention:* Harm Reduction; Prevent Overdose Deaths
Strategy #2: Treatment

**Strategy #2A:** Improve Access to Treatment

**Strategy #2B:** Enhance Access to Medication Assisted Treatment

**Strategy #2C:** Enhance Quality of Treatment for Substance Use Disorder and Chronic Pain
Strategy #3: Recovery and Social Connectedness

- Support recovery by reducing stigma
- Increasing social connectedness
- Connecting to social supports such as housing, employment, education, skills training, benefits including Serious Mental Illness benefits
Strategy #4: Data

- Develop/consolidate meaningful Data Sources to assess, evaluate and track SUD related health events
Preventing Suicide in Arizona

Kelli Donley Williams, MPH
Suicide Prevention Specialist
What does the data tell us?

Men, age 45 and older are most at risk.

71% of gun deaths in Arizona are suicides.

Increased rate of suicide among all ages
What Should We Look For?

- Loss
- Isolation
- Sleep and mood changes
- Substance use
- Giving away prized possessions
- Possible planning
  - Two weeks or more
Then What?

Is it an emergency?
- Call crisis
- Go to the ER

First Episode Psychosis Center

Remove means

Never leave a suicidal person alone
What are we doing?

**Interagency Collaboration**
- ADHS
- DVS
- DES
- ADE
  - Project AWARE

**Community Collaboration**
- Be Connected
- VA hospitals
- Schools
- Tribal partners
Substance Use and Suicide

- June CDC study found 40% of adults polled reported symptoms of anxiety disorder, depressive disorder, substance use and suicidal thoughts
- Up to 70% of suicide deaths involve alcohol or another substance
- Alcoholism and suicidal thoughts, depression are strongly linked in research
Our team!

• Zeruiah Buchanan – Suicide prevention epidemiologist
• Brian Planty – Project AWARE suicide prevention lead
• Albert Swanson – COVID Emergency suicide prevention lead
Questions?

Kelli.williams@azahcccs.gov

Zeruijah.Buchanan@azahcccs.gov
Meeting Recap and Next Steps

Sara Salek
Thank You.

Next 2020 Meeting: December 16th