Quality Improvement Collaborative

ASU College of Health Solutions — Arizona State University

CHiR

AHCCCS | Targeted Investments
Arizona Health Care Cost Containment System

Quality Improvement Collaborative Team

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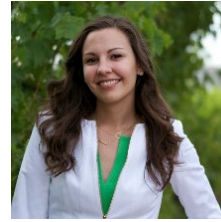
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Agenda

TIME	TOPIC	PRESENTER
10:00 AM – 10:10 AM	Introductions	George Jacobson
10:10 AM – 10:30 AM	Goal & Purpose	William Riley, George Jacobson
10:30 AM – 10:45 AM	What is the Health Plan Role in the QIC?	Charlton Wilson
10:45 AM – 11:15 AM	TIP Measures Panel	George Runger, George Jacobson, Charlton Wilson
11:15 AM – 11:45 AM	Data Sharing	George Runger, Gevork Harootunian
11:45 AM – 12:15 PM	Working Lunch	
12:15 PM – 1:30 PM	Breakout Sessions to Facilitate Peer Learning	William Riley, Satya Sarma, Charlton Wilson, George Jacobson, George Runger, Jennifer Barrett
1:30 PM – 1:45 PM	QIC Schedule	William Riley
1:45 PM – 2:00 PM	Wrap-up and Next Steps	William Riley

Goal & Purpose

- The purpose of the Quality Improvement Collaborative (QIC) is to help provider teams meet and exceed Year 4 and 5 performance measures

- The QIC will enable providers to advance whole person integrated care in Arizona

- The QIC will consist of:
  - Interprofessional teams of providers working together
  - Timely actionable information with a performance management system
  - Peer learning forum to collaborate and share best practices
  - Dissemination of practical content needed to achieve TIP milestones

Kick-off Learning Objectives

1. Identify three benefits of an interprofessional quality improvement collaborative to improve patient care

2. Apply peer learning to interprofessional team performance

3. Describe how a QIC can be used to improve health care outcomes and the TIP milestones

4. Be able to apply principles of a QIC to enhance integrated care provided to AHCCCS members

5. Analyze how attribution methodologies impact performance metrics

QIC Participation Milestone Expectations

- Two Designated Champions per Organization
  - Clinical Representative
  - Administrative Representative

- Portion of TIP incentive is based on both representatives attending 80% of the QIC sessions
  - Can select a designee to attend if conflict

TI QIC Participation Milestone

1.
Participate in the Targeted Investments Program Quality Improvement Collaborative (QIC) offered by the Arizona State University College of Health Solutions. The QIC will support TI Program participants by providing interim updates on their Year 4 Milestone Performance Measures, assist with quality improvement, offer HEDIS ™ technical assistance, and facilitate peer learning.
Milestone #1 (October 1, 2019–September 30, 2020)

By September 30, 2020, attest that:

The participating organization has registered both an administrative representative and licensed clinical representative to participate in the TI Program Quality Improvement Collaborative (QIC). Organizations with only one site participating in the TI Program may elect to have one representative if that person has both clinical and administrative Program responsibilities.

A. The organization's administrative <u>and</u> clinical QIC representatives (excepting one site participants as noted above) or their designees have attended the January 27, 2020 in-person kick-off meeting and 80% of the Year 4 Quality Improvement Collaborative virtual group meetings offered for the Area of Concentration.

B. The administrative and clinical QIC representatives, must submit a Data Use Agreement, by March 1, 2020. Designees who are substituting for the clinical or administrative representatives must submit a Data Use Agreement prior to their attendance at a QIC virtual group meeting in order to meet the milestone attendance requirement.

QIC Expectations: Virtual Meetings

- Share experiences in order to advance integrated health in Arizona

- Open communication and engagement

- Collaborate with fellow participants

- Commit to attend meetings

- Prepare for virtual QIC meetings and follow-up

Continuing Education Credit Information

Targeted Investments QIC – Kick-Off Session.

Medical	CME	4	AMA PRA Category 1 Credits™.
Nursing	CNE	4	Nursing Continuing Education Credits.
Psychology	APA	4	Psychology Continuing Education Credits.
Social Work	ACE	4	Social Work Approved Continuing Education Credits.

Targeted Investments QIC – Supplemental Virtual Sessions. (20 credits max – 2 per monthly sessions).

Medical	CME	20	AMA PRA Category 1 Credits™.
Nursing	CNE	20	Nursing Continuing Education Credits.
Psychology	APA	20	Psychology Continuing Education Credits.
Social Work	ACE	20	Social Work Approved Continuing Education Credits.

JAICE Accreditation Statement:
 In support of improving patient care, Arizona State University is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

What is a Quality Improvement Collaborative (QIC)?

- A well-used approach in health systems to improve performance.
  - Involves teams in a series of meetings to learn best practices from experts knowledgeable about the content as well as quality improvement (QI)
- Typically consist of interdisciplinary teams from numerous organizations willing to share experiences and to use quality improvement methods and techniques
- Always includes both content experts and QI experts to lead the collaborative

QIC - Elements for Success

- Active and collaborative sharing mindset
- Not striving for perfection, but constant improvement
- Not a competition

What is the Health Plan Role

- Facilitate root cause analysis efforts
- Responsiveness to needed solutions in a timely manner
- Provide routine and timely patient assignment data

Years 4 & 5 Measures Selection Process

Selection Criteria:

❖ Measures that are admin only-have no documentation review component [claims based]

❖ Measures that relate to the program goals of integration and whole person care

❖ Measures for behavioral health and primary care, and for both children and adults

❖ Metrics that can be calculated with available data at the member/practice level

❖ Measure results that can be independently validated

❖ Measures able to be calculated within 6-9 months from the end of the measurement period

Years 4 & 5 Measure Alignment

- Alignment with:

  ❖ Aligned with the AHCCCS quality strategy

  ❖ Statewide TI Population Measures and Targets

  ❖ CMS Core Set

  ❖ CMS Scorecard

  ❖ Across TI Areas of Concentration

TIP Year 4 Measures

Adult PCP & BH	Pediatric PCP	Pediatric BH	Hospital	Justice
3	3	3	2	5

Adult PCP & BH

Adult PCP & BH		
Chosen Performance Measure	**Measure Description**	**Measure Sets**
Follow up after hospitalization for Mental Illness: 18 and older (30 - Day)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge	🔵🔵🟢🟡
Follow up after hospitalization for Mental Illness: 18 and older (7 - Day)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge	🔵🔵🟢🟡
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotic medications	Percentage of beneficiaries ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	🔵🟡

Measure Sets Key (hyper-linked)			
CMS Core Set **PEDS Adult**	**CMS ScoreCard**	**Statewide (STCs)**	**NCQA HEDIS™**
🔵	🔵	🟢	🟡

Pediatric PCP

Pediatric PCP		
Chosen Performance Measure	**Measure Description**	**Measure Sets**
Well child visits in third, fourth, fifth and sixth years of life	Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.	🔵🔵🟢🟡
Adolescent well-care visits	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year.	🔵🔵🟡
Well-child visits in the first 15 months of life	Percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: --No well-child visits --Four well-child visits --One well-child visit --Five well-child visits --Two well-child visits --Six or more well-child visits --Three well-child visits	🔵🔵🟡

Measure Sets Key (hyper-linked)			
CMS Core Set **PEDS** **Adult**	**CMS ScoreCard**	**Statewide (STCs)**	**NCQA HEDIS™**
🔵	🔵	🟢	🟡

Pediatric BH

Pediatric BH		
Chosen Performance Measure	**Measure Description**	**Measure Sets**
Pediatric follow-up after hosp. for mental illness ages 6-17 (30 - Day)	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the child received follow-up within 30 days after discharge	🔵 🟡
Pediatric follow-up after hosp. for mental illness ages 6-17 (7 - Day)	Percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the child received follow-up within 7 days after discharge	🔵 🟡
Metabolic monitoring for children and adolescents on antipsychotics	Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year.	🟡

Measure Sets Key (hyper-linked)			
CMS Core Set PEDS Adult	CMS ScoreCard	Statewide (STCs)	NCQA HEDIS™
🔵	🔵	🟢	🟡

Hospitals

Hospital		
Chosen Performance Measure	**Measure Description**	**Measure Sets**
Follow up after hospitalization for Mental Illness: 18 and older (30 - Day)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge	🔵🔵🟢🟡
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Measure Sets Key (hyper-linked)			
CMS Core Set PEDS Adult	**CMS ScoreCard**	**Statewide (STCs)**	**NCQA HEDIS™**
🔵	🔵	🟢	🟡

Justice

Justice		
Chosen Performance Measure	**Measure Description**	**Measure Sets**
Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (14 - Day)	Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received initiation of AOD Treatment. Percentage of beneficiaries who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis	🔵🔵🟡
Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (34 - Day)	Percentage of beneficiaries age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received continued engagement of AOD Treatment. Percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit	🔵🔵🟡
Follow up after hospitalization for Mental Illness: 18 and older (30 - Day)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge	🔵🔵🟢🟡
Follow up after hospitalization for Mental Illness: 18 and older (7 - Day)	Percentage of discharges for beneficiaries age 18 and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health practitioner. --Percentage of discharges for which the beneficiary received follow-up within 7 days after discharge	🔵🔵🟢🟡
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using antipsychotic medications	Percentage of beneficiaries ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	🔵🟡

Measure Sets Key (hyper-linked)			
CMS Core Set PEDS Adult	**CMS ScoreCard**	**Statewide (STCs)**	**NCQA HEDIS**™
🔵	🔵	🟢	🟡

Performance Measurement

- Performance measurement to help meet the integration objectives for TIP
- TIP performance & incentives based on Group (TIN) performance
- TIP measures match common HEDIS (*Healthcare Effectiveness Data and Information*) measures
  - Calculated from encounter data
  - Using National Committee for Quality Assurance (NCQA) certified software
  - Adapt inputs/outputs for Group performance measures, no change to algorithms

Performance Measurement

- Codes and algorithm details defined by HEDIS measures over period of performance, e.g.,
  - Based on numerator and denominator criteria for each measure
  - Definition of continuous enrollment
  - Start and end days considered covered days
  - Anchor date (required coverage date, such as December 31) used for some measures

Example Timeline from Clinical Service to Your Performance Report

Date of Clinical Service

Provider to MCO Typical Data Lag before 90% Completion (Approximate):
- 7 days pharmacy
- 90 days services
- 120 days for readmissions counts

MCO to AHCCCS

AHCCCS to CHiR:

Data reporting

Days 7 - 120

Days 7 -90

Monthly

Monthly
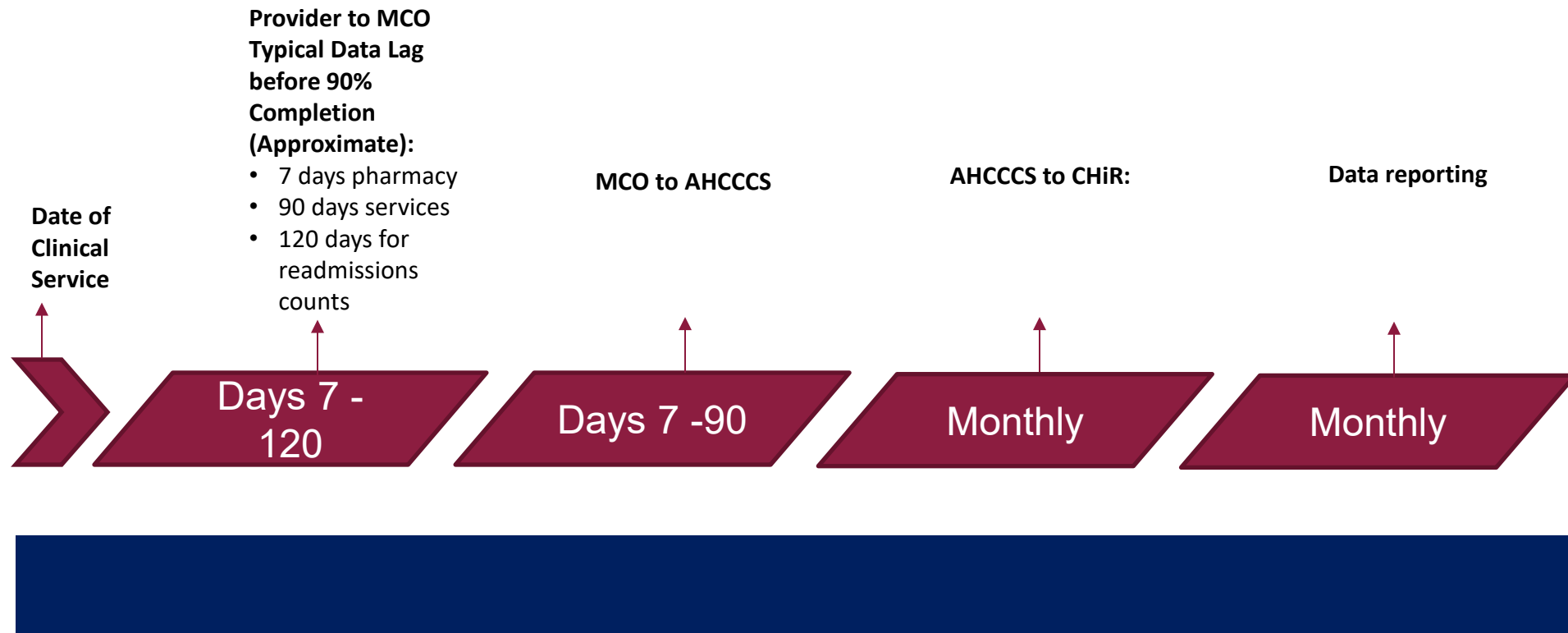
PCP Attribution- w/ Assignment

- Stepwise process: Attribution made by earliest met criterion

- 1. Physical examination or assessment by one of the PCP specialties *and* PCP assigned via enrollment.

- 2. Most recent physical examination or assessment by *any physician* with one of the PCP specialties. Non-physician specialties (e.g., physician assistant) do not qualify.

- 3. Ambulatory or nursing facility visit or professional supervision service by one of the PCP specialties *and* PCP assigned via enrollment.

- 4. Largest number of any combination of the following by one of the PCP specialties
  - Ambulatory visits, Nursing facility visits, Professional supervision services (The most recent visit breaks any ties.)

- 5. Prenatal, postpartum, or antepartum visit, or routine obstetrical care services performed by one of the PCP specialties *and* PCP assigned via enrollment.

- 6. Largest number of prenatal, postpartum, or antepartum visits, or routine obstetrical care services (most recent service breaks ties) by one of the PCP specialties

- 7. PCP assigned **via** enrollment. The PCP can be any specialty.

Performance Measurement Targets

- Objectives
  - Foster cooperation among participants
  - Incentivize everyone to succeed
- For state level measures, general recommendations at https://www.medicaid.gov/state-resource-center/
- Improvement goals versus external (or absolute) goals compare
  - Percentage improvement from baseline, previous performance
  - External targets from similar reporting entities, e.g., AHCCCS or national Medicaid performance, or over time
    - E.g., a vaccination coverage rate among children greater than 80%
  - Goals to encourage performance improvement

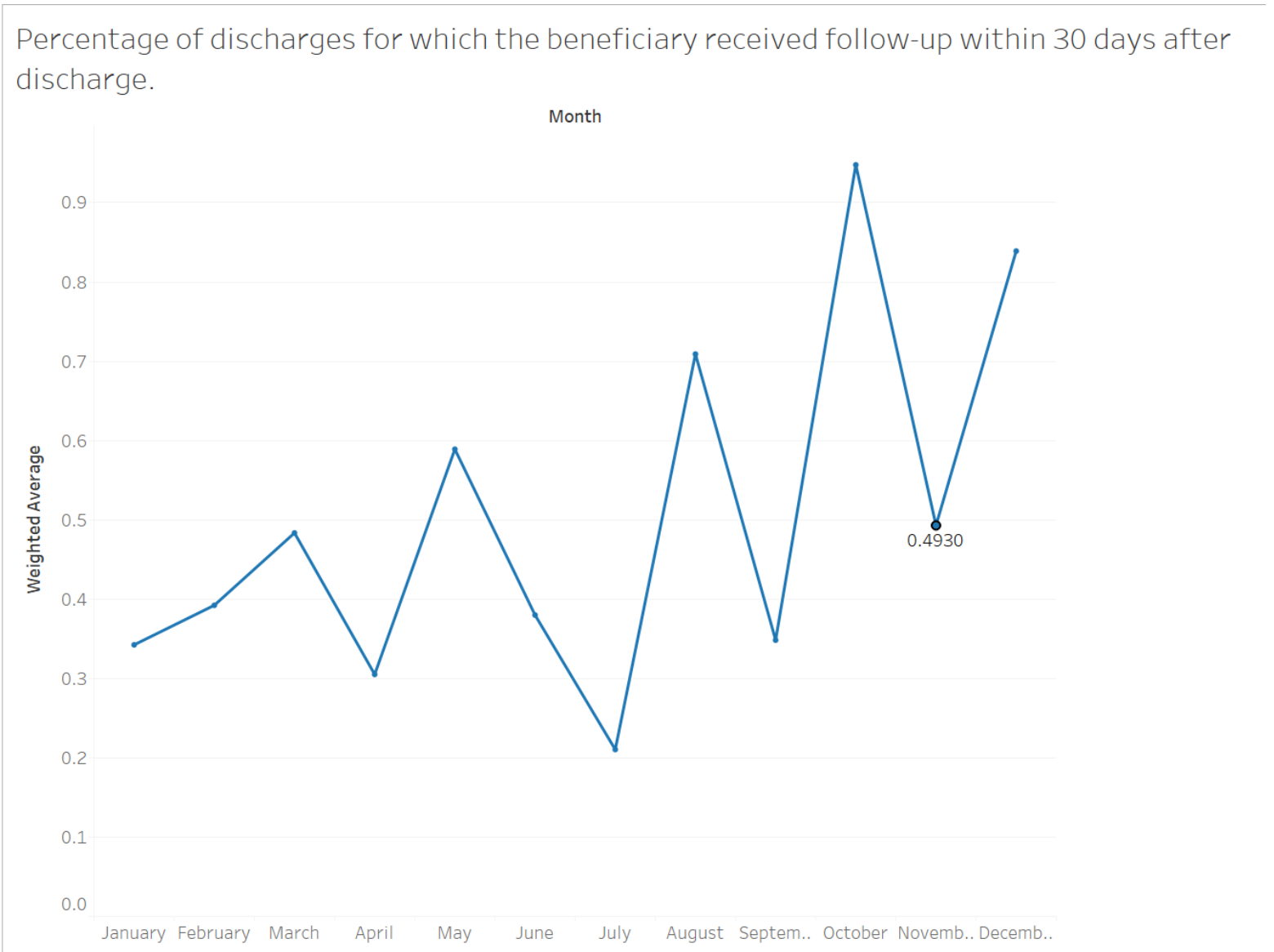# Performance Measurement Targets

- Blend methods with a Tier System
  - Typically 3-5 tiers
- Performance of Group to improve from tier in baseline to higher tier in period of performance to meet incentive (top tier to maintain)
- Tier boundaries set from AHCCCS baseline performance period in aggregate
  - Absolute boundaries between tiers

100%

0

Tiers for Groups
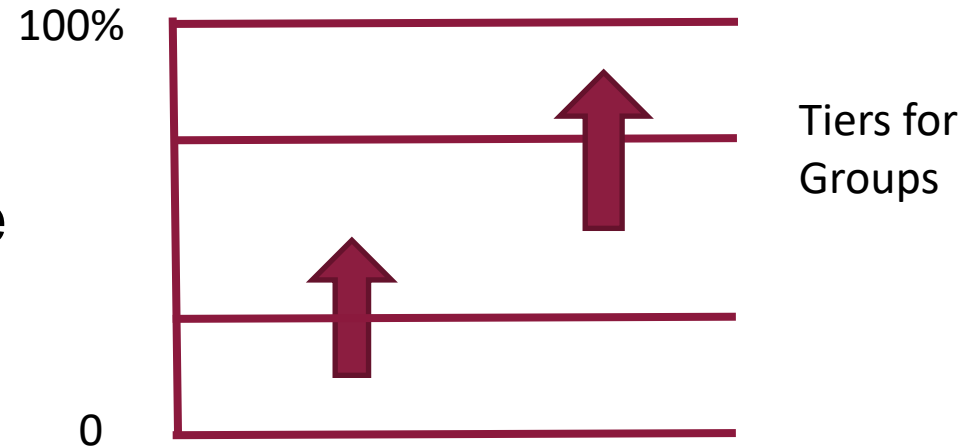
Performance Measurement Dashboards

- Year-end results at Group level to be supplemented for quality improvement
- More frequent performance measures with *QIC Dashboards*
  - QIC Dashboard provides TIP measures at the Group level monthly initially (year-ending at month)
  - Subsequent analyses to supplement with Site performance
  - Dashboard provides trend plots and details for more actionable improvement
- View individual Group/Site performance with authorization, and overall TIP aggregate performance, not other Groups

- Example monthly provider
  - Vertical: Performance measure
  - Horizontal: Moving (rolling) 12-month performance
- Planning
  - Details for aggregate performance
  - Numerators and denominators
  - Additional details

Percentage of discharges for which the beneficiary received follow-up within 30 days after discharge.

Working Lunch

- Boxed lunches are available
- Be sure to secure parking validation

Breakout Session Groups

Group	Location	Moderator
Pediatric PCP	Ventana Ballroom	Bill Riley, George Jacobson
Pediatric BH	Coconino	George Runger, Alexa Kaumaya
Adult A	Mohave	Charlton Wilson, Cameron Adams
Adult B	La Paz	Satya Sarma, Gevork Harootunian
Adult C	Gold	Jennifer Barrett, Staff Member
Choice	Self-select	--
Stakeholder	Self-select	--

Breakout Discussion Questions

- Round Robin: Name & Organization
- To the group as a whole:
  - What are your biggest challenges for meeting the Year 4 performance measures?
  - Based on what you heard this morning, where do you see the most value from the QIC?
  - What are your expectations for the virtual peer learning?

Pediatric PCP: Ventana
Pediatric BH: Coconino
Adult A: Mohave
Adult B: La Paz
Adult C: Gold
Choice
Stakeholder

Monthly QIC Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		11:30 AM – 1:00 PM: Peds A Collaborative		11:30 AM – 1:00 PM: Adult A Collaborative		
			11:30 AM – 1:00 PM: Adult B Collaborative			
		11:30 AM – 1:00 PM: Adult C Collaborative		11:30 AM – 1:00 PM: Justice Collaborative		
			11:30 AM – 1:00 PM: Peds B Collaborative			

Wrap-up & Next Steps

- Next Steps
  - Monthly virtual QIC's to launch in March of 2020
  - Grouping assignments to be distributed
  - Review 2020 dashboard and performance data prior to March virtual QIC
  - Submit CME Evaluation Forms for CEU Credits

- Questions or concerns?
  - Contact ASU QIC team at TIPQIC@asu.edu if questions or concerns regarding performance data

Thank you and drive safe

Thank you!

TIPQIC@asu.edu