February 1, 2018

Douglas A. Ducey
Office of the Governor
1700 West Washington
Phoenix, Arizona 85007

Dear Governor Ducey:

Pursuant to A.R.S. § 36-2917.01, please find enclosed the 2018 AHCCCS Report on Clinical Oversight Review Committee Activities Please do not hesitate to contact me if I can answer any questions or provide additional information.

Sincerely,

Thomas J. Betlach
Director

cc: The Honorable Steve Yarbrough, President, Arizona State Senate
       The Honorable J.D. Mesnard, Speaker, Arizona House of Representatives
       The Honorable Heather Carter, Arizona House of Representatives
       The Honorable Nancy Barto, Arizona State Senate

Report to Governor Douglas A. Ducey, Senate President Steve Yarbrough, House Speaker J.D. Mesnard, Senator Nancy Barto, and Representative Heather Carter Regarding the AHCCCS Clinical Oversight Committee Activities for 2017

February 2018

Thomas J. Betlach, Director

BACKGROUND

On or before 2/1/18 and 2/1 of each year thereafter, AHCCCS shall provide a report to the Governor, the President of the Senate, the Speaker of the House of Representatives, the chairperson of the health and human services committee, or its successor, in the senate and the chairperson of the health committee, or its successor, in the House of Representatives and shall provide a copy of this report to the Secretary of State.

The report shall include:
1. A summary of topics reviewed by the clinical oversight review committee in the preceding year; and
2. Any recommendations relating to quality performance metrics stemming from the committee's activities.

COMMITTEE STRUCTURE

The AHCCCS Clinical Oversight Committee was established in late 2016, with meetings occurring on:
- December 22, 2016
- April 3, 2017
- July 3, 2017
- November 2, 2017

The Committee includes representatives from the following Divisions:
- Office of the Director
  - Agency Leadership
  - Clinical Projects
  - Office of Business Intelligence
- Office of Intergovernmental Relations
- Division of Health Care Management
  - Clinical
  - Operations (including Network)
  - Finance
- Division of Health Care Advocacy and Advancement (DHCAA)
  - Office of Human Rights (OHR)
  - Office of Individual and Family Affairs (OIFA)
- Division of Fee-for-Service Management

Information from the Committee is presented at the following meetings to ensure transparency and frequent communication with/feedback from members and stakeholders:
- Quarterly Behavioral Health Quality Meeting (now called AHCCCS Community Quality Forum)
- OIFA Advisory Council
- AHCCCS Opportunities and Trends Committee (led by OHR)
- ALTCS Advisory Council (as needed)

COMMITTEE TOPICS AND RECOMMENDATIONS

December 2016 Committee Meeting

The December meeting was the inaugural session for the committee. The meeting was chaired by Director Betlach. The agenda and recommendations were as follow:

- Committee Representation
  - o *Discussion:* The purpose of the Committee was reviewed along with the preliminary invite list to ensure that all appropriate AHCCCS staff were included.
  - o *Recommendations:* The Committee should include additional representation from the Division of Health Care Advocacy (OHR and OIFA staff) to ensure broader member and stakeholder engagement and feedback are incorporated into the Committee meetings. Feedback from the Committee should also be shared with OIFA and OHR groups as appropriate to ensure bi-directional communication. Representatives from the Division of Fee for Service Management (DFSM) should also be included as whole-system clinical discussions are of interest vs. Managed Care Organziation-specific review.
  - o *Follow-Up:* Representatives from OHR, OIFA, and DFSM were added to all future meeting invites. A review of the invite list occurs each quarter to ensure that any new staff to the Agency that should participate on the Committee is added to the invite list.
- Meeting frequency
  - o *Discussion:* The group discussed meeting frequency from monthly to bi-monthly or every quarter. Schedules were reviewed to determine availability as well as the amount of time available for any given meeting.
  - o *Recommendations:* It was recommended that the Committee meet quarterly, two hours at a time. If additional review by the Committee was needed at any time, an ad hoc meeting could be called.
  - o *Follow-Up:* Meetings were scheduled quarterly for the year.
- Agenda Overview
  - o *Discussion:* Discussion included numerous options for agenda items that should be included for Committee Review. The group discussed is legislative deliverables should be reviewed as well as internal initiatives to enhance clinical work as well as barriers for the clinical team.
  - o *Recommendations:* The following was recommended for Committee review:
    - Legislative reports and other agency deliverables, including the Annual Suicide Prevention Plan and the Inpatient Psychiatric Report
    - Emergency Department Wait Times
    - Quality Improvement updates (Performance Measures, Performance Improvement Projects, Consumer Assessment of Healthcare Providers and Systems (CAHPS) or other member satisfaction surveys, External Quality Review activities)
    - Health Plan Performance (clinical perspective)
    Additionally, any other clinically-focused initiatives or operational considerations that have significant clinical impact should also be presented to the Committee.
  - o *Follow-Up:* Standing agenda items were documented. A process was also developed for the Clinical team to have pre-meetings each quarter to finalize agendas and prepare presenation materials, data, and major talking points. A post-review meeting has also

been established to debrief after each Committee meeting to document take-aways and assign next steps.

April 2017 Committee Meeting

The April meeting was chaired by Director Betlach with all areas represented.   The agenda and recommendations were as follows:
- Inpatient Psychiatric Legislative Report
  - *Discussion:* Data included within the report was discussed at length, including data sources, historical reporting, and elements for future consideration.
  - *Recommendations*: It was recommended that an electronic version of the report be made available to the committee members in order to share with various stakeholder groups. It was also recommended that early planning occur to prepare for the 1/1/2018 submission.
  - *Follow-Up:* A sub group met shortly after the April meeting to discuss ideas for future reporting as well as data sources. A timeline for task completion was developed (June through December). A copy of the legislative report as well as the website for the electronic version was shared with committee members. The document was shared with the Human Rights Committees, the OIFA Advisory Council, and the Quarterly Behavioral Health Quality Committee. No significant concerns were noted from the various stakeholder groups.
- Emergency Department Wait Times
  - *Discussion:* Data was summarized by Reginal Behaviroal Health Authority (RBHA) and population (Children, General Mental Health/Substance Abuse, and Serious Mental Illness). Committee members raised several questions regarding the data and how it was captured/reported. The Committee   requested new data elements and posed questions on how the data is used from a community standpoint (e.g. follow-up with the Managed Care Organization (MCO)s to address any concerns).
  - *Recommendations:*   It was recommended that additional data points be added to the analysis (e.g. more detailed population splits such as Division of Developmental Disabilities and Childrens Medical and Dental Program sub-sets for children's wait times, voluntary vs. involuntary holds for adults). It was also recommended that follow-up be conducted with the RBHAs to better understand the mechanisms for data collection. Additionally, it was noted that reporting started at 48-hours and needed to start at 24-hours in order to meet all reporting requirements.
  - *Follow-Up:* Subsequent to the April meeting, the Medical Management team followed up with the RBHAs to better understand how each RBHA was meeting the reporting requirements (it was determined that each RBHA has a different process for data collection). Efforts to standardize the dataset were made and additional guidance was issued to the RBHAs in early May, including updating reporting requirements starting at 24 hours into the hold. Enhanced data analysis was implemented and reported during the July meeting.
- Updates from the Clinical Areas (Medical Management, MCH/EPSDT, Quality Improvement, Clinical Resolution, and Quality Management)
  - *Discussion:* Each unit provided an update on projects, areas of focus, and upcoming initiatives to gain perspective on future reporting.

- There were no recommendations. These updates were an opportunity to educate the Committee on the various clinical units and associated projects and priorities.
- Update from OHR and OIFA
  - *Discussion:* The OHR and OIFA representatives provided specific member experiences and feedback regarding inpatient psychiatric care and emergency department wait times as well as concerns within the community about these issues
  - *Recommendations:* The Committee voiced substantial support for the purpose of the Clinical Oversight Committee and continued efforts specific to the elements discussed earlier in the meeting (e.g. Emergency Department Wait Time monitoring). Concerns were shared regarding stigma, fragmented care, and opportunites for increased education of behavioral health practices. It was recommended that the Clinical team take advantate of any opportunity to share data with the community and/or obtain community feedback.
  - *Follow-Up:* The clinical team has sought stakeholder buy-in and feedback on various elements since the April 2017 meeting, including additional community insight on availability of behavioral health placements and RBHA practices for supporting members to find appropriate levels of care . Furthermore, extensive efforts have been undertaken to further educate staff on the behavioral health system and services and the impact that decisions have on members and the broader community.

July 2017 Committee Meeting

The July meeting was chaired by Director Betlach with all areas represented. The agenda and recommendations were as follows:

- AHCCCS Suicide Prevention Plan
  - *Discussion:* It was determined that AHCCCS would focus on zero suicides and actively support efforts through numerous stakeholder activities and general outreach. The Committee reviewed and agreed with the specific strategies outlined in the report.
  - *Recommendations:* There were no recommendations.
  - *Follow-Up:* There were no follow-up items.
- Annual *Arnold v. Sarn* Report
  - *Discussion:* An overview of report was provided, including next steps for review and approval. The report was to be presented in a separate meeting to Agency leadership as well as be posted to the AHCCCS website for the public to view.
  - *Recommendations:* The Committee agreed that the report should follow the same process for stakeholder review as the previous process that was completed at the Division of Behavioral Health Services
  - *Follow-Up:* The report was to be posted to the AHCCCS website, which was completed after the meeting.
- Emergency Department Wait Times
  - *Discussion:* The Clinical team summarized data by RBHA and population (Children, GMH/SA, and SMI). The data was reflective of requests made during the April 2017 Committee meeting. There was extensive discussion about the data elements, reporting mechanisms, and expectations of RBHAs when members are awaiting placement. OHR and OIFA generally confirmed that member experience aligns with data based on their interactions with community members.

- o *Recommendations:* It was recommended that the Clinical team obtain feedback from the health plans and the behavioral health community about specific concerns related to wait times and known trends for review at the next Oversight meeting.
  - o *Follow-Up:* The Clinical team continues to refine the data.
- Integrated Care Reports
  - o *Discussion:* Data highlights were presented. Director Betlach asked to review each report in-depth after learning about specific elements covered by the Health Plans.
  - o *Recommendations:* It was recommended that additional elements be added to the required reporting elements. It was also recommended that the report be required for the Elderly/Physically Disabled (E/PD) population going forward.
  - o *Follow-Up:* The report checklist was revised to include additional elements such as detailed utilization trends and social determinants of health considerations as well as promote a more consistent response across the MCOs. The deliverable was added to the CYE 2018 E/PD contracts.
- Quality Improvement Updates
  - o *Discussion:* General project timelines were provided for CYE 2014, CYE 2015, and CYE 2016 performance measures. It was shared that AHCCCS is currently looking to procure a vendor to assist with future performance measurement. An update was also provided on the External Quality Review process and the timelines for the CYE 2017 review kickoff (October 2017).
  - o *Recommendations:* There were no recommendations.
  - o *Follow-Up:* There were no follow-up items.
- Bi-Annual RBHA Chart Review
  - o *Discussion:* The Committee discussed the review process in-depth as it was the first time that data had been available to AHCCCS since the merger. The discussion included an overview of positive findings as well as concerns from each RBHA. . It was identified that a standardized method for the chart reviews was not utilized and each RBHA conducted reviews in a different manner.
  - o *Recommendations:* Suspension of the reviews was recommended until a new standardized method could be developed for use system-wide. Additionally, it was suggested that MCOs and other stakeholders be engaged in the process to develop a thoughtful and representative tool for the populations served by the providers.
  - o *Follow-Up:* Extensive efforts have been undertaken to develop tools (adult and children-focused) to meet the request of the Committee via an Audit Tool sub-committee. MCOs and community-based subject matter experts have been engaged and progress reports are provided regularly to OIFA, OHR, and other member-focused stakeholder groups. Revisions are expected to be finalized in Spring 2018.
- Quality Management Statistics
  - o *Discussion:* A general overview of Quality of Care cases was presented and efforts regarding performance metrics as well as greater stakeholder education was discussed. It was noted that members and stakeholders now have numerous ways to submit quality of care concerns (website application, secure phone line, Quality email address, and through other methods such as the Clinical Resolution team). Additionally, those new methods are now outlined on the website, in member literature, and shared at stakeholder forums and when interacting with members.
  - o *Recommendations:* There were no recommendations.
  - o *Follow-Up:* There were no follow-up items.

- MMIC - Residential Treatment Review Protocols
    - *Discussion:* The Committee discussed MMIC's review protocols for authorization and medical necessity of residential treatment, including the process for submission of formal authorization requests which include formal appeal rights for denials vs outcomes of informal guidance discussions between MMIC and residential treatment providers.
    - *Recommendations:* The Committee recommended that DHCAA coordinate with Medical Management to further assess the review protocols and impact to members and provide written guidance to MMIC. Furthermore, they suggested that progress of these efforts be monitored via the Opportunities and Trends Committee.
    - *Follow-Up:* Additional analysis of this concern has taken place and new guidance as well as a regulatory letter is being issued to the RBHA. Once issued, staff will monitor to ensure compliance going forward.
- Seclusion and Restraints/Chemical Restraints
    - *Discussion:* The current reporting process was discussed in detail and expectations around reporting as well as investigations (both through OHR as well as through the Quality of Care process) were clarified.
    - *Recommendations:* It was recommended that Quality Management and OHR partner to further evaluate monitoring and oversight activities as well as quality of care reporting.
    - *Follow-*Up: The Clinical Administrator and OHR met to discuss next steps and opportunities for further collaboration. Efforts remain ongoing to support each team's review processes and streamline processes to maximize efficiency and timeliness of addressing care concerns.

November 2017 Committee Meeting

The November meeting was chaired by Director Betlach with all areas represented. The agenda and recommendations were as follows:
- Quality Improvement Updates
    - *Discussion:* The Clinical team facilitated a review of MCO Report Cards, Performanace Improvement Projects (PIPs), and CAHPS scores.
    - *Recommendations*: The Committee recommended that the Report Cards be more member-friendly and identify advanced options for data presentation and interactive review.There were no specific recommendations regarding the PIP data. A request was made that additional topics for future PIP implementation be presented at the next meeting and topics take into account all populations served. Regulatory action was requested for one Acute MCO who performed very poorly on the CAHPS (member satisfaction) survey.
    - *Follow-Up:* MCO Report Card refinement is underway with a preview scheduled for early February 2018. A list of potential PIP topics has been prepared for presentation in the February 2018 Committee meeting and includes stakeholder feedback. CAHPS data for the identified MCO was presented to the AHCCCS Compliance Committee and regulatory action was approved. Additionally, DHCM Operations and Clinical leadership met with the MCO to discuss concerns and outline expectations for future performance.
- Psychiatric Inpatient Readmission Project
    - *Discussion:* The Committee reviewed the data and had positive feedback regarding the data elements and thoroughness of the study. AHCCCS is partnering with the Arizona

Department of Health Services Licensing team and the state Quality Improvement Organization (Health Services Advisory Group or HSAG) on this initiative. Additionally, this data is being shared with stakeholders across the state, including health plans, providers, and members. Data will be shared at HSAG-led meetings as well as AHCCCS-led meetings.

- o *Recommendations:* The committee recommended that future data analyses include the American Indian Health Program as well as more in-depth drill downs for both SMI and GMH/SA members.
- o *Follow-Up:* Revisions have been made to the data sets to accommodate the recommendations above. Revised data will be presented at a future Committee meeting, once a new year's worth of data is available for review.

- Quality Strategy Update
  - o *Discussion:* The group discussed general elements to be included in the Quality Stategy as well as stakeholder groups that should be included in the feedback process. *Recommendation:* In addition to public comment, it was recommended that the Strategy be presented to several behavioral health-based groups such as the Quality Initiatives meeting, the ALTCS Advisory Council, and the OIFA Advisory Council.
  - o *Follow-Up:* The Quality Strategy has been presented to all requested groups (Quality Initiatives, ALTCS Advisory Council, and OIFA Advisory Council); presentations occurred in December 2017 andJanuary 2018.

- Emergency Department Wait Times
  - o *Discussion:* An overview of the current data as well as potential limitations was provided.
  - o *Recommendations:* It was recommended that the Clinical team seek alternative methods for data collection to ensure accuracy, consistency, and completeness of the data. It was also recommended that once standardized, the reporting requirement be implemented for other lines of business including ALTCS E/PD and AHCCCS Complete Care (ACC; post 10/01/2018).
  - o *Follow-Up:* Efforts around this reporting element are ongoing. The team has explored options for automated reporting via the state Health Information Exchange as well as mechanisms to further standardize MCO to MCO processes. The team meets approximately every three weeks to review progress. The reporting requirement was added to the draft Contract as part of the ACC Request for Proposal and will be sent to the E/PD plans once a methodology is finalized.

- GMH/SA Service Utilization
  - o *Discussion:* Data was presented regarding various types of service utilization per 1,000 members, across the delivery system. It was identified that utilization for one RBHA was not at the same level of utilization as the other RBHAs. OHR and OIFA representatives provided insight from ommunity feedback regarding service utilization.
  - o *Recommendations:* It was recommended that the data be shared with the AHCCCS Opportunity and Trends Committee and that AHCCCS obtain specific stakeholder feedback and follow-up directly with the RBHA in question. OHR and OIFA committed to obtaining additional feedback from members to share at Opportunities and Trends.
  - o *Follow-Up:* A letter of concern was sent to the RBHA, requesting additional information. Their response and related data was presented to Opportunity and Trends Committee in January. A sub-group was formed to further review evaluate utilization trends and make recommendations for ongoing monitoring to the larger committees. The Operations team will provide additional follow-up to the RBHA. Utilization of the

GMH/SA population will be a standing agenda item for future Clinical Oversight meetings.

- MCO/Health Plan Review
  - o *Discussion:* This element is being continuously refined. Specific metrics from each of the clinical areas was presented for review, including performance measures, Incident/Accident/Death (IAD) statistics, MCO-based Quality of Care investigations, Emergency Department diversion, and out-of-state placements.
  - o *Recommendations:* It was recommended that additional data points be added to the dashboard for future reporting, specifically network capacity, lead screening, and any performance measure that is utilized for Agency payment reform initiatives. Additionally, Director Betlach requested efforts around early identification of potential performance concerns and timely communication with the MCOs in order to address immediately.
  - o *Follow-Up:* The dashboard is being refined with each meeting and the metrics listed above will be shared in the February 2018 Committee meeting.

The Clinical Oversight Committee was a value-added workgroup for 2017 and will continue as a standing Committee. The Committee brought a greater awareness of clinical activities across the Agency as well as provided a forum for member and stakeholder feedback to be evaluated and incorporated into clinical operations. As a result of the Committee, there is enhanced monitoring and oversight of health plan performance and new opportunities to review systemwide clinical performance from network adequacy to quality of care.