

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

- Finalize the development of Statewide physical and behavioral health dashboards;
- Evaluate dashboard data metrics and provide feedback for performance improvement efforts including performance improvement projects (PIPs); and
- 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

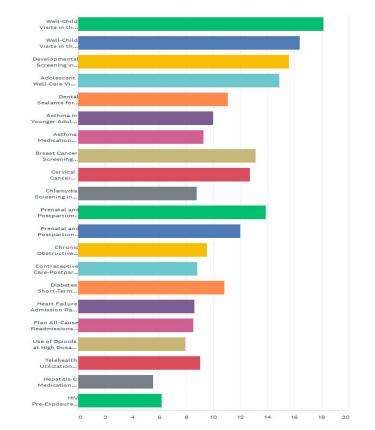
Well-Child Visits in the First 15 months of Life (W15)

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) Q2 Please rank the following Performance/Utilization Metrics in order of recommendation for an AHCCCS Physical Health dashboard.Measure Definition - Measure*, Frequency, Performance Metric Steward**, CMS Core Set or Other*Measures will vary based on AHCCCS health plans line of business. For example, the PPC-CH measure is utilized in the AHCCCS Complete Care (ACC) contract.**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.





Top 5

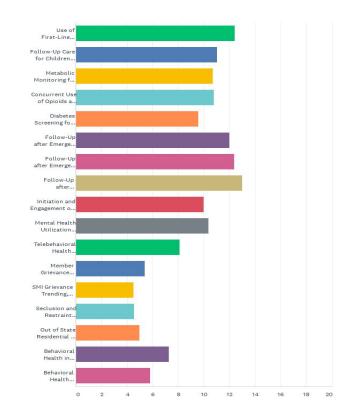
Follow-Up after Hospitalization for Mental Illness (FUH)- 7 days, 30 days

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; POA=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

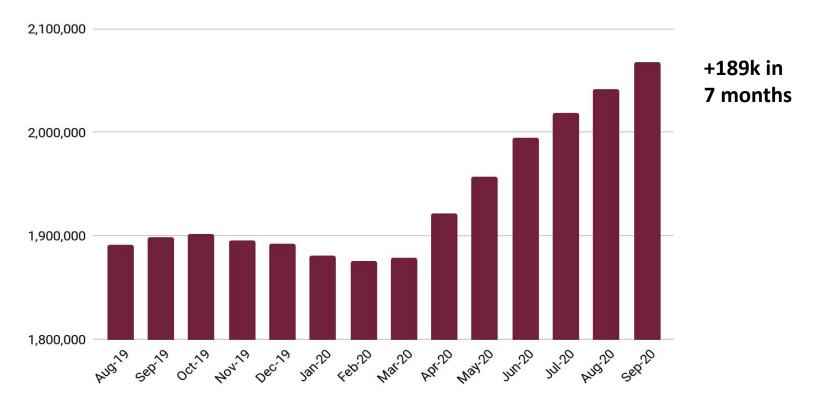


Public Health Emergency (PHE) Extension

- PHE scheduled to expire October 22, 2020, unless renewed by DHHS Secretary
- DHHS could extend for 90 days



AHCCCS Enrollment: August 2019 - September 2020





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:
 - Reimburse flu vaccine administration by pharmacists for kids 3
 18
 - Increase rates for in office flu vaccine and administration codes by 10%
 - 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



ADHS Flu Shot Campaign

- 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/
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

Month	2019	2020 (Preliminary to date*)
January	105	142
February	81	115
March	105	155
April	103	132
Total Jan. – April	394	544
Yearly Total	1358	709 Year to Date *

^{*}Reported as of 8/10/2020

Arizona Suicide Deaths

Confirmed through death certificates reported to ADHS Vital Records

Month	2019	2020
		(Preliminary to date*)
January	138	131
February	99	104
March	140	136
April	137	110
May	143	99
June	139	98
July	133	99
Yearly Total	1477	784 Year to Date *

^{*}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:
 - Recovery housing for those who cannot return home or to alternative care levels due to COVID-19 symptoms
 - Counseling and support groups for healthcare workers
 - Increased engagement for Substance Use needs
 - 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



RESILIENTArizona

CRISIS COUNSELING PROGRAM







What we do

Resilient Arizona Crisis Counseling Program is
a federally funded program that helps people
and communities recover from the effects of

disasters and/or pandemics through short-

Resilient Arizona Crisis Counseling Program is

Our services are 100% free and confidential.

Free and confidential

Providers

Resilient Arizona providers are located throughout Arizona and specialize in short-term counseling and emotional support. Dial 2-1-1 to connect with a provider todau.

Visit www.resilientarizona.org





CALL 2-1-1 TO CONNECT WITH A CRISIS COUNSELING PROVIDER.

CENTRAL ARIZONA

















NORTHERN ARIZONA



The Guidance Center









SOUTHERN ARIZONA















Primary Service	Number Served
Unique Referrals	1777
Individual Crisis Counseling	578
Group Counseling/Public Education	572
Brief Educational/Supportive Contact	1460
Total Unique Interactions	2610



RESILIENTArizona

CRISIS COUNSELING PROGRAM

Other Contacts/Materials Distributed	
Hotline/helpline/lifeline contact	233
Telephone contact	726
E-mail contact	1,078
Community networking and coalition building	981
Material handed to people	4,128
Material mailed to people	1,538
Material left in public places	4,800
Mass media	39
Social networking messages	395
Total	13,918



Substance Use Disorder Strategic Plan

Nidhi Krishna, Opioid Epidemiologist



Previous Overall Goals:

- 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?

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Zeruiah.Buchanan@azahcccs.gov



Meeting Recap and Next Steps

Sara Salek



Thank You.

Next 2020 Meeting: December 16th

