



Targeted
Investments

Education Module for the Hospital Area of Concentration

Education module that covers all five
Hospital Core Components for TI Year 2



TI Hospital Project

- **Provider Type:** Hospital Providers
- **Area of Concentration:** Adults with Behavioral Health Needs (**primary mental health diagnosis and/or Serious Mental Illness (SMI) designation**)
- **Objective:** For hospitals to more effectively coordinate the care for adults with a primary mental health discharge diagnosis and/or persons with serious mental illness (SMI) designation, upon discharge from an **inpatient** stay.
- All five Core Components and Milestones in this module have a completion date of **September 30, 2018**.
- **Hospitals will need to attest for their Milestones by the end of TI Year 2 (9/30/18).**

Hospital Core Component and Milestone Summary

| Hospital Project | | |
|------------------|---|----------|
| Core Component | Milestone | Due Date |
| 1 | Develop protocols to identify members' primary care physicians and to obtain members health history | 9/30/18 |
| 2 | Make direct connections to community behavioral health providers | 9/30/18 |
| 3 | Schedule follow-up with behavioral health provider within 7 days of patient discharge | 9/30/18 |
| 4 | Conduct a review within 48 hours of discharge | 9/30/18 |
| 5 | Provides priority medications in sufficient amounts for patients | 9/30/18 |
| 6 | Participate in relevant TI program-offered training | N/A |

Qualifying Hospital Project Discharges

- Includes all inpatient discharges for any and all persons with a **SMI designation** regardless of discharge diagnosis.
- The following ICD-10 Codes below include the diagnoses for adults with behavioral health diagnosis being discharged from an inpatient stay:

F10-F19 Mental and behavioral disorders due to psychoactive substance abuse

F20-F29 Schizophrenia, schizotypal and delusional disorders

F30-F39 Mood (affective) disorders

F40-F48 Neurotic, stress-related and somatoform disorders

F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors

F60-F69 Disorders of adult personality and behavior

F80-F89 Disorders of psychological development

F90-F98 Behavioral emotional disorders with onset usually occurring in childhood or adolescence

F99-F99 Unspecified mental disorder

Hospital Core Component #1

Provider Type: Hospital Providers

Area of Concentration: Adults with Behavioral Health Needs and/or a SMI designation

| | | |
|----|--|---|
| 1. | <p>A. Develop and implement written protocols used to identify member's primary care provider (PCP) and community behavioral health providers. The protocols must include utilizing Health Current, the health information exchange, AHCCCS managed care organizations (MCOs), including regional behavioral health authorities (RBHAs), and hospital-based electronic medical records.</p> <p>B. Develop and implement written protocols with high volume community behavioral health providers and PCPs to solicit and receive their input into their member's health history upon admission, seven days per week.</p> | |
| | <p>Milestone Measurement Period 1 (October 1, 2017–September 30, 2018)</p> <p>◀─▶◀─▶</p> <p>Hospital Reporting Requirement to State</p> | <p>Milestone Measurement Period 2 (October 1, 2018–September 30, 2019*)</p> <p>◀─▶◀─▶</p> <p>Hospital Reporting Requirement to State</p> |
| | <p>A. By September 30, 2018, document and attest to the implementation of hospital protocols used to identify patient PCP and behavioral health providers.</p> <p>B. By September 30, 2018, list the names of the community behavioral health and PCPs with whom written protocols have been established for soliciting and receiving relevant clinical information about the patient upon admission.</p> | <p>Based on a hospital record review of a random sample of 20 discharged members with a primary discharge diagnosis of mental health and persons with serious mental illness designation, attest that, 85% of the time, the patient's community behavioral health or PCP was asked about the patient's behavioral <u>and</u> medical health history upon admission.</p> |

Key Concepts for Core Component

#1

- The goal is to have hospitals more effectively coordinate the care and reduce fragmentation of the care received following discharge from an inpatient stay.
- Hospitals are expected to develop a written protocol with local high-volume BH and PCP providers whose patients are commonly treated at the participating hospital.
- The goal is to establish a process to obtain more information about the patient upon admission.

Hospital Core Component #2

Provider Type: Hospital Providers

Area of Concentration: Adults with Behavioral Health Needs

| | | |
|----|---|---|
| 2. | <p>The hospital must make direct connection to the community behavioral health provider to discuss the member's clinical and discharge disposition <i>prior</i> to discharge and to obtain input into the discharge planning process.</p> <p>In its communication, the hospital must include information regarding any social determinants of health that may impact the member's ability to transition out of the hospital. (Specific social determinants of health shall include but not be limited to housing, safety, food insecurity and access to support systems.)</p> | |
| | <p>Milestone Measurement Period 1 (October 1, 2017–September 30, 2018*)</p> <p>◀──▶◀──▶◀──▶</p> <p>Hospital Reporting Requirement to State</p> | <p>Milestone Measurement Period 2 (October 1, 2018–September 30, 2019*)</p> <p>◀──▶◀──▶◀──▶</p> <p>Hospital Reporting Requirement to State</p> |
| A. | <p>By September 30, 2018, document and attest to the implementation of protocols to directly contact the PCP and/or community behavioral health provider(s), on a priority basis and through an acceptable means¹, in addition to providing the discharge summary.</p> | <p>Based on a hospital record review of a random sample of 20 discharged members with a primary discharge diagnosis of behavioral health and persons with serious mental illness designation, attest that, 85% of the time, the inpatient provider made a direct connection to the members community behavioral health provider (s) to:</p> |
| B. | <p>By September 30, 2018, document a protocol for identifying² the social determinants of health (SDOH) that may impact the member's ability to transition from the hospital and documenting those SDOH in the electronic medical record.</p> | <ol style="list-style-type: none"> 1) Discuss the patient's clinical and discharge disposition prior to discharge, obtain input into the discharge planning process, and 2) Convey any identified social determinants of health. |

Footnotes and Resources for Hospital Core Component #2

Acceptable Means (footnote 1) : Contacting the PCP and/or community behavioral health providers on a priority basis and through acceptable means may include face-to-face, phone or secure electronic communication.

Footnote 2: One approach to identify social determinants of health (SDOH) is by administering a screening tool such as the following suggestions:

- The Patient Centered Assessment Method (PCAM):
[https://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/Practice%20Centered%20Assessment%20Model%20\(PCAM\).pdf](https://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/Practice%20Centered%20Assessment%20Model%20(PCAM).pdf)
- Health Leads Screening Toolkit (which includes a screening tool):<https://healthleadsusa.org/tools-item/health-leads-screening-toolkit/>.
- The Hennepin County Medical Center Life Style Overview:
<http://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/Hennepin%20Health%20Life%20Style%20Overview.pdf>,
- The Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE):
<https://www.azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/PRAPARE - NACHC.mht>
- The Accountable Health Communities Screening Tool: <https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf>

Hospital Core Component #3

Provider Type: Hospital Providers

Area of Concentration: Adults with Behavioral Health Needs

| | | |
|----|--|---|
| 3. | <p>For patients with a primary diagnosis of mental illness, the hospital must, with input from the patient, schedule a follow-up appointment with the patient's community behavioral health provider to occur within seven days of discharge.</p> | |
| | <p>Milestone Measurement Period 1 (October 1, 2017–September 30, 2018*)</p> <p>↔</p> <p>Hospital Reporting Requirement to State</p> <p>By September 30, 2018, document the protocol for setting up follow-up appointments to occur within seven days of discharge with the patient's community behavioral health provider.</p> | <p>Milestone Measurement Period 2 (October 1, 2018–September 30, 2019*)</p> <p>↔ ↔</p> <p>Hospital Reporting Requirement to State</p> <p>Based on a hospital record review of a random sample of 20 discharged members with a primary discharge diagnosis of behavioral health and persons with serious mental illness designation, attest that, 85% of the time, the hospital scheduled a follow-up appointment to occur within seven days of discharge with the patient's community behavioral health provider.</p> |

Tips for completing Hospital Core Component #3

- Review your existing discharge protocols and ensure that they meet the Milestone requirements for patients with a primary diagnosis of mental illness and/or SMI designation.
- Follow up appointments need to occur within seven days of discharge with the patient's community behavioral health provider.

Hospital Core Component #4

Provider Type: Hospital Providers

Area of Concentration: Adults with Behavioral Health Needs

| | |
|--|--|
| <p>4. Conduct a community-based, post-discharge medication review within 48 hours of discharge, for members with a primary diagnosis of mental illness and for members with complex medication regimens. Protocols developed by the hospital should identify for which members in-home reviews will be conducted and for which members telephonic or telehealth-enabled review will be conducted. Any medication-related problems found on the review (including opioid use) must be communicated to the member's primary care and/or behavioral health provider.</p> | |
| <p>Milestone Measurement Period 1 (October 1, 2017–September 30, 2018*)</p> <p>◀ ↔ ▶</p> <p>Hospital Reporting Requirement to State</p> | <p>Milestone Measurement Period 2 (October 1, 2018–September 30, 2019*)</p> <p>◀ ↔ ▶ ◀ ↔ ▶ ◀ ↔ ▶</p> <p>Hospital Reporting Requirement to State</p> |
| <p>A. By September 30, 2018, document the criteria used to identify individuals who would most benefit from in-person medication reviews and those who could be supported with a telephonic or telehealth-enabled review.</p> <p>B. By September 30, 2018, document the protocol that governs the process for conducting the medication review within 48 hours of discharge to the community, including how the hospital ensures the primary care and/or behavioral health provider are contacted when a medication problem arises.</p> | <p>Based on a hospital record review of a random sample of 20 discharged members who fit the hospital's medication review criteria attest that, 85% of the time, the hospital assisted in these reviews with the member, within 48 hours of discharge to the community, and communicated any medication-related problems to the PCP and/or behavioral health provider.</p> |

Core Component #4 cont.

- **This Core Component is intended to improve medication safety and patient understanding of medication use during the post-hospital transition period.**
- **The hospital determines whether the patient is appropriate for a tele health/telephonic review, requires an in-person medication review, or some combination of the two approaches.**
- **The review is intended to ensure patients have their hospital-prescribed medications, understand how to take those medications, and are not taking any additional medications that were not identified during the inpatient medication reconciliation.**
- **The medication review is arranged by the hospital and may be performed by hospital staff, appropriately trained community health workers, home health providers, or through arrangements with other agencies.**
- **Concerns identified through the medication review are expected to be communicated to the appropriate behavioral health and/or primary care providers.**
- **The medication review is intended to supplement the medication reconciliation performed during the patient's hospital stay.**

Hospital Core Component #5

Provider Type: Hospital Providers

Area of Concentration: Adults with Behavioral Health Needs

| | |
|--|--|
| <p>5. The hospital provides priority medications (including opioid addiction-treatment drugs prescribed for any reason and naloxone, as per Arizona Opioid Prescribing Guidelines) in amounts sufficient to meet patient needs until his or her first scheduled outpatient follow-up appointment.</p> | |
| <p>Milestone Measurement Period 1 (October 1, 2017–September 30, 2018*)</p> <p>↔</p> <p>Hospital Reporting Requirement to State</p> | <p>Milestone Measurement Period 2 (October 1, 2018–September 30, 2019*)</p> <p>↔ ↔ ↔</p> <p>Hospital Reporting Requirement to State</p> |
| <p>A. By September 30, 2018, document which medications the hospital has prioritized for this Core Component.</p> <p>B. By September 30, 2018, document policies and procedures for discharging members with prioritized medications in amounts sufficient to cover member needs until his or her first scheduled outpatient follow-up appointment and attest to their implementation.</p> | <p>Based on a hospital record review of a random sample of 20 discharged members with a primary discharge diagnosis of behavioral health and persons with serious mental illness designation, attest that, 85% of the time, the hospital dispensed the priority medication in an amount sufficient to cover the member until the first scheduled outpatient follow-up appointment.</p> |

Recommended Resource for Opioid Prescribing for Acute and Chronic Pain

- The *Arizona Opioid Prescribing Guidelines* (2018) are intended for use by clinicians in primary care and outpatient settings who provide care to patients receiving treatment for acute and chronic pain that is not occurring at the end of life or after complex surgery, and is not due to an active malignancy.
- They may also be used by hospitals, outpatient surgical centers, behavioral health inpatient facilities and nursing care institutions for the management of pain upon discharge.

To download the 2018 Arizona Guidelines for Opioid Prescribing, please click below.

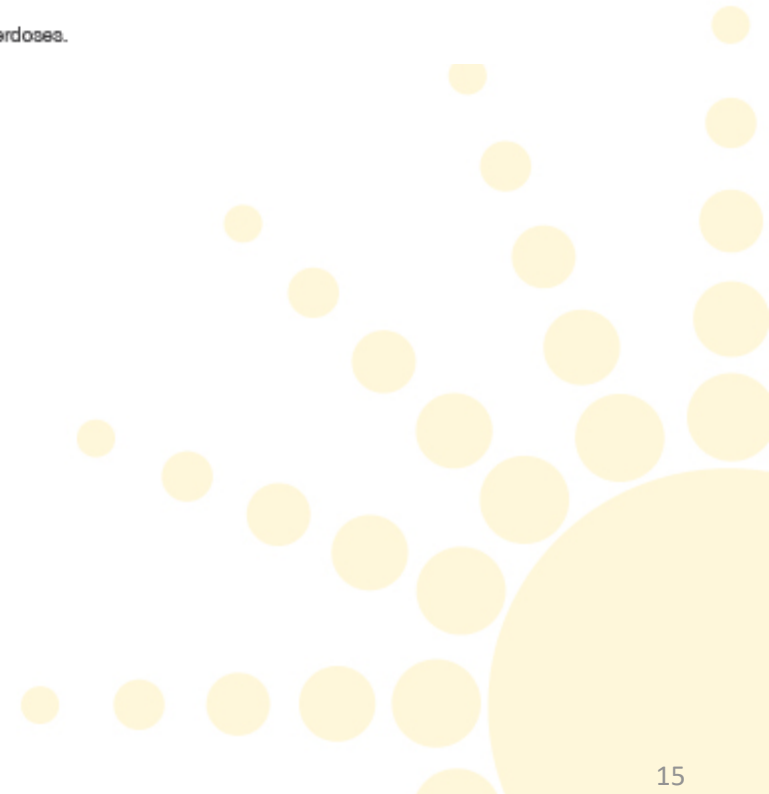
<https://azahcccs.gov/PlansProviders/Downloads/TI/CoreComponents/2018opioid-prescribing-guidelines.pdf>

Disclaimer

DISCLAIMER

This document should not be used to establish any standard of care or any deviation or variance from an accepted standard of care; nor should it be used solely to establish any health insurance coverage or determination. No legal proceeding, including medical malpractice proceedings or disciplinary hearings, should reference a deviation or variance from any part of this document as evidence of a breach of professional conduct, health insurance coverage policy or determination, or evidence that a deviation or variance from any part of this document demonstrates negligence, misconduct, errors or omissions, or breach of contract in the rendering of health care. These voluntary guidelines are an educational tool for providers, meant to promote informed management of Arizonans with acute and chronic pain. Clinicians should use their own independent clinical judgment and consider but not base clinical decisions solely on this document.

The following guidelines are founded on the best available evidence, national guidance, and Arizona-specific data on opioid overdoses.



Hospital Core Component #6

| | | |
|----|--|---|
| 6. | Participate in any Targeted Investment program offered learning collaborative, training and education, relevant to this project. In addition, utilize any resources developed or recommendations made during the Targeted Investment period by AHCCCS to assist in the treatment of AHCCCS-enrolled members. | |
| | Milestone Measurement Period 1 (October 1, 2017–September 30, 2018*) Hospital Reporting Requirement to State | Milestone Measurement Period 2 (October 1, 2018–September 30, 2019*) ↔ Hospital Reporting Requirement to State |
| | Not applicable. AHCCCS or an MCO will confirm hospital participation in training. | Not applicable. AHCCCS or an MCO will confirm hospital participation in training. |

- At this time, there are no scheduled TI trainings for Hospital Participants.
- We will inform TI participants if trainings become available in TI Year 2.

Attestation and Document Validation

- AHCCCS will be opening a TI Attestation Portal through AHCCCS Online.
- The portal will be available for milestone attestation in June 2018.
- Not all of the Milestones will require providers to upload documentation through the Attestation Portal for review by AHCCCS.
- More detailed information and guidance about how to use the TI Attestation Portal will be available prior to June 2018

Thank you

- Please contact us at targetedinvestments@azahcccs.gov if you have questions.

