Potentially Avoidable Complications (PAC)
February 2019 PIAC
What is PAC?

• Algorithm that uses historical claims to identify complications that are potentially avoidable

• Based on an “Episode of Care”
  – Event driven: Knee Surgery or Pregnancy
  – Chronic Conditions: SUD or Diabetes

• Costs are divided into “typical” and PAC
  – Based on NDC, Procedure, and Diagnostic Codes
  – Developed by a panel of clinical experts

Region 1 PAC

- 16% PAC
- 84% Typical
Making PAC Actionable

• Pick three episodes and submit interventions to HCPF by March 1\textsuperscript{st}
• Soliciting feedback and recommendations

<table>
<thead>
<tr>
<th>Episode</th>
<th>PAC Dollars (Split Basis w/ all SUD Claims)</th>
<th>% of Region 1 PAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUD*</td>
<td>$8,961,098.00</td>
<td>12%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>$7,259,047.00</td>
<td>10%</td>
</tr>
<tr>
<td>Routine Sick Care</td>
<td>$6,069,034.00</td>
<td>8%</td>
</tr>
<tr>
<td>Diabetes*</td>
<td>$5,599,500.00</td>
<td>7%</td>
</tr>
<tr>
<td>Depression &amp; Anxiety*</td>
<td>$4,267,673.00</td>
<td>6%</td>
</tr>
<tr>
<td>Top 5 Episodes Total</td>
<td>$32,156,352.00</td>
<td>43%</td>
</tr>
<tr>
<td>*Selected Episodes Total</td>
<td>$18,828,271.00</td>
<td>25%</td>
</tr>
</tbody>
</table>
SUD PAC Data

- Substance Use Disorder (SUD) accounts nearly 9 million in PAC

- Alcohol Abuse and Dependence accounts for 982% more PAC than Opioid Abuse and Dependence

- Seventy percent of all SUD PAC in Region 1 is attributed to Inpatient and Emergency Room Categories of Services
SUD Care Coordination

• Create a custom workflow in that identifies and triages Members with a primary diagnosis code using real-time ED ADT alerts.

• Coordinate efforts and reduce duplication of follow up/outreach activities.

• Implement care coordination activities to follow up with Members who are identified through ADT alerts.

• Revise the RMHP care coordination assessment to include an assessment for SUD.
• Include SBIRT Screening as a break out session at the March 2019 SIM Learning Collaborative.

• Include Treating Substance Use Disorders in Primary Care as an break out session at the April 2019 Behavioral Health Skills Training.

• Review, gather stakeholder feedback, and revise RMHP’s Alcohol Provider Toolkit.

• Send at least three columns in our provider newsletters discussing the importance of screening for SUD.
Inpatient stays and DME account for just under $3 million in PAC and account for 52% of all Diabetes PAC

<table>
<thead>
<tr>
<th>Category of Service</th>
<th>PAC $</th>
<th>Members</th>
<th>% of Diabetes PAC</th>
<th>% of Members w/Diabetes</th>
<th>PAC/Member</th>
<th>PAC %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>$1,842,796</td>
<td>287</td>
<td>34%</td>
<td>15%</td>
<td>$6,421</td>
<td>100%</td>
</tr>
<tr>
<td>DME</td>
<td>$358,745</td>
<td>1289</td>
<td>18%</td>
<td>66%</td>
<td>$744</td>
<td>50%</td>
</tr>
<tr>
<td>Professional</td>
<td>$738,321</td>
<td>1895</td>
<td>15%</td>
<td>55%</td>
<td>$430</td>
<td>45%</td>
</tr>
<tr>
<td>Outpatient - ER</td>
<td>$625,533</td>
<td>1104</td>
<td>11%</td>
<td>56%</td>
<td>$567</td>
<td>56%</td>
</tr>
<tr>
<td>Outpatient - Non-ER</td>
<td>$509,150</td>
<td>1367</td>
<td>9%</td>
<td>70%</td>
<td>$372</td>
<td>57%</td>
</tr>
<tr>
<td>FQHC/RHC</td>
<td>$249,977</td>
<td>825</td>
<td>5%</td>
<td>42%</td>
<td>$303</td>
<td>36%</td>
</tr>
<tr>
<td>SNF</td>
<td>$219,809</td>
<td>15</td>
<td>4%</td>
<td>1%</td>
<td>$14,654</td>
<td>100%</td>
</tr>
<tr>
<td>Lab/Rad</td>
<td>$75,331</td>
<td>1593</td>
<td>1%</td>
<td>82%</td>
<td>$47</td>
<td>27%</td>
</tr>
<tr>
<td>IHS</td>
<td>$48,512</td>
<td>17</td>
<td>1%</td>
<td>1%</td>
<td>$2,854</td>
<td>100%</td>
</tr>
</tbody>
</table>
Diabetes Care Coordination

• Revise screening to **include General Anxiety Disorder (GAD – 7) and SUD screening**

• Develop list of **self management and health living resources** (such as Cooking Matters)

• Members who are identified in the diabetes program and are in a community with a participating recreation center will be able to receive a **recreation center referral**

• RMHP will explore and develop a plan for **text reminder programs**
Diabetes Practice Transformation

• Develop **evaluation reports for PCMPs** with Member level PAC data and other clinical data.
  – RMHP Clinical Informaticists available to review and discuss data.

• Conduct **regional analysis** to identify outlying practices and offer practice transformation engagement

• Review the RMHP Diabetes: Hemoglobin A1c Poor Control toolkit and provide to practices:
  – Quality Improvement Advisors to help with implementation of toolbox and PDSA cycles
PAC Rate for those Member with and without at least "k" Therapy Visits

Unsplit PAC Rate

Members with less than "K" visits

Members with at least "K" visits

Number of Basic Visits "Threshold" (k)

Depression and Anxiety PAC Data
Depression and Anxiety Interventions

• Revised Care Management Assessment to include GAD-7

• Meet with healthy communities to review PAC data and discuss opportunities for improving access for Members

• Streamlined referral channels for PCMPs making referrals to CMHCs
  – Build close loop referral processes

• Expand access with the deployment of telehealth solutions
Questions and Recommendations