

Health Plan Performance Improvement Project (PIP)

Health Plan: AmeriHealth Caritas Louisiana

PIP Title: Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

PIP Implementation Period: January 1, 2020-December 31, 2020

Submission Dates:

	Interim	Final
Version 1	02/03/2020	12/10/2020
Version 2	03/12/2020	12/30/2020

MCO Contact Information

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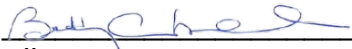
3. External Collaborators (if applicable):

Attestation

Plan Name: AmeriHealth Caritas Louisiana

Title of Project: Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

The undersigned approve this PIP and assure involvement in the PIP throughout the course of the project.

Medical Director Signature: 
First and last name: Betty Muller, M.D.
Date: 12/30/2020

CEO Signature: 
First and last name: Kyle Viator
Date: 12/30/2020

Quality Director Signature: 
First and last name: Mary Scorsone
Date: 12/30/2020

IS Director Signature (if applicable): 
First and last name: Trampas Cranford
Date: 12/30/2020

Updates to the PIP

For Interim and Final Reports Only: Report all changes in methodology and/or data collection from initial proposal submission in the table below.

Table 1: Updates to PIP

Change	Date of change	Area of change	Brief Description of change
Change 1 Separated provider trainings (ITM 1) ITM into individual trainings (ITM 1a – 1d)	Quarter 3	☐ Project Topic ☒ Methodology ☒ Barrier Analysis / Intervention ☐ Other	Changed ITM 1 – Provider trainings to ITM 1a -1d to represent various types of trainings.
Change 2 Retired Intervention #2 to address barrier: Provide resources to SDoH subpopulation in crisis	Quarter 4	☐ Project Topic ☐ Methodology ☒ Barrier Analysis / Intervention ☐ Other	Retired ITM due to the inability to capture accurate data.
Change 3 Implemented ITM#3 5 Ps Screening Assessment	8/21/2020	☐ Project Topic ☐ Methodology ☒ Barrier Analysis / Intervention ☐ Other	Implemented new Enhanced Care Management Maternity Assessment (5 Ps Screening) to identify potential / active AOD utilization for pregnant members with no previous documentation of AOD use.
Change 4 ITM #5 CHN outreach changed from face to face while inpatient outreach to telephonic outreach.	Quarter 2	☐ Project Topic ☒ Methodology ☒ Barrier Analysis / Intervention ☐ Other	Community Health Navigator outreach to members while Inpatient intervention changed to telephonic outreach due to pandemic.
Change 5 Implemented enhancement to ITM #4 – member telephonic outreach to <u>all</u> members post ED visit with a principal diagnosis of SUD	10/1/2020	☐ Project Topic ☐ Methodology ☒ Barrier Analysis / Intervention ☐ Other	Previous outreach excluded some members in this population due to criteria not met. Current outreach does not exclude any members from this population.
Change 6 Target goals increased from proposal	Quarter 2	☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☒ Other	Target goals increased to create stretch goals.
Change 7 ITM 4-6 Data Logic	Quarter 4	☐ Project Topic ☒ Methodology ☐ Barrier Analysis / Intervention ☐ Other	Changed logic of ITM report identification of successful call Successful call captured within specified timeframe ('complecenceservicedate' + 34 days) of IESD date.

Abstract

For Final Report submission only. Do not exceed 1 page.

The Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Performance Improvement Project (PIP) was implemented to improve treatment and engagement rates for Alcohol and Other Drug Abuse or Dependence (AOD) and follow up rates for AOD Emergency Department (ED) visits. A robust set of interventions were implemented in order to meet the following objectives:

1. Conduct provider training to expand the workforce for treatment initiation and follow-up.
2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT).
3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment.
4. Provide enhanced member care coordination.
5. Other interventions as informed by the MCOS' barrier analyses they will conduct as part of the PIP process.

Opioid-related deaths in Louisiana have more than doubled over the past five years. Between 2013 and 2017, Louisiana experienced a 36% increase in drug-related deaths, more than twice the national increase (CDC). It is important that members stay engaged longer in treatment to help decrease the incidence of relapse and death. Referrals afford members the opportunities to achieve a clean and sober life. High ED use for members with AOD may indicate a shortage of access to care or lack of continuity of care. Timely follow-up care for members seen in the ED with AOD is associated with a reduction in substance use, future ED use, hospital admissions and bed days (Kunz, French and Bazargan-Hejazi, 2004).

Baseline data for IET rates demonstrated a strong performance as compared to NCQA 2018 Quality Compass (QC) benchmarks, performing at the 75th percentile or higher. Conversely, baseline data for FUA rates performed below the 2018 NCQA QC 50 percentile. Target rates established in the PIP proposal were updated to reflect stretch goals based on the 2019 NCQA QC benchmarks.

A multi-disciplinary team from AmeriHealth Caritas Louisiana participated in developing and implementing numerous provider and member related interventions to address the IET / FUA populations and their high risk subpopulations. Provider were educated on Medication-Assisted Treatment (MAT), American Society of Addiction Medicine (ASAM) Criteria Course for Appropriate Levels of Care, Motivational Interviewing, Treatment Planning, Clinical Documentation, Release of Information, Informed Consent, and Member Rights. Case Management and Care Coordination member outreach was enhanced to target high risk subpopulations and inpatient face-to-face visits were conducted due to the difficulty locating the member after discharge.

The Performance Indicator methodology used was based on the HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA). When comparing baseline data to interim final rates (claims through November 2020), only two IET performance indicators demonstrated improvement (Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort and Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort). On the contrary, both FUA performance indicators demonstrated improvement when compared to baseline. When comparing interim performance indicator rates to interim final rates (claims through November 2020), seven of eight performance indicators exhibited improvement. The FUA 7-Day performance indicator demonstrated a slight decrease of .82 percentage points. Year-to-date performance indicator rates have not met or exceeded the target goals.

Although the plan did not meet target goals, meaningful interventions were implemented throughout the year. The plan acknowledges that the impact from the COVID-19 Pandemic and numerous weather events impacted outreach, interventions and utilization of services. Moving forward in 2021, the plan anticipates resuming face-to-face visits, increasing provider trainings around MAT and Screening, Brief Intervention, and Referral to Treatment (SBIRT) and expanding provider education through Quality visits and Provider Alerts. Additionally, the plan intends to implement a regional SUD provider treatment listing.

Project Topic

To be completed upon Proposal submission. Do not exceed 2 pages.

Describe Project Topic and Rationale for Topic Selection

- **Describe how PIP Topic addresses your member needs and why it is important to your members:**

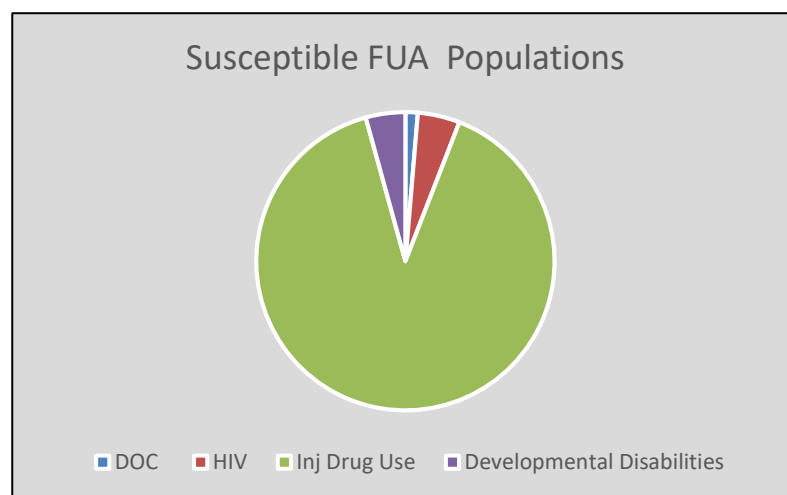
AmeriHealth Caritas Louisiana has 6,870 members that meet the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) population and 1,242 members that meet the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) for measurement year 2019. The IET PIP addresses the need for increased referrals and treatment for our members with alcohol and other drug (AOD) abuse or dependence, both short and long term. The PIP highlights the current opioid epidemic and identifies how members with co-occurring disorders are at higher risk. Opioid-related deaths in Louisiana have more than doubled over the past five years. Between 2013 and 2017, Louisiana experienced a 36% increase in drug-related deaths, more than twice the national increase. It is important that members stay engaged longer in treatment to help decrease the incidence of relapse and death. Referrals afford members the opportunities to achieve a clean and sober life. Medication-Assisted Treatment (MAT) entails AOD and substance use disorders (SUD) treatment that offers shortened duration and intensity of detoxification/withdrawals. MAT also allows members to obtain gainful employment because of reduced relapses and reduced admission for inpatient treatment. It provides a supervised treatment program that encourages adherence and recovery. Treatment and ongoing engagement can also help decrease ED utilization and inpatient hospitalizations. Follow-up rates for members after emergency department utilization for alcohol and other drug abuse fall below the Quality Compass 50th percentile and offer an opportunity for improvement relative to this population. High ED use for members with AOD may indicate a shortage of access to care or lack of continuity of care. Timely follow-up care for members seen in the ED with AOD is associated with a reduction in substance use, future ED use, hospital admissions and bed days (Kunz, French and Bazargan-Hejazi, 2004).

- **Describe high-volume or high-risk conditions addressed:**

The following categories were identified as either high-volume or high-risk:

1. AOD/SUD during pregnancy account for 4% of the total IET female population and is associated with an increased risk of adverse outcomes. It is imperative to identify pregnant members with AOD/SUD early as possible to decrease the risks of obstetrical complications and birth defects. The plan identified 121 members who were pregnant in the measurement year. Of those members, 21.5% were identified as having a Social Determinant of Health (SDOH) and only 23% were identified as engaged in case management. Of those in case management, 68% were compliant for IET Initiation of Treatment and 25% were compliant for Engagement of Treatment versus 52% compliant for Initiation and 20% compliant for Engagement for those not in case management. Moreover, 40% of the pregnant females in the IET population were identified as having a Severe Mental Illness (SMI).
2. Within the IET population, the plan identified 3113 (45%) members with a diagnosis of SMI: schizophrenia, bipolar disorder and major depression. 29% of that SMI population had a diagnosis of schizophrenia, 38% had a diagnosis of bipolar disorder and 72% had a diagnosis of major depression. Members with all 3 diagnoses accounted for 8% of the SMI population. Members in this high-risk population are also high utilizers that frequented the ED four or more times with at least two or more inpatient hospitalizations. Of those members, only 4% are actively engaged in case management. Members with SMI face an increased risk of having chronic medical conditions. Adults living with serious mental illness die on average 25 years earlier than others, largely due to treatable conditions. 73% of the SMI/IET population were compliant for Initiation of Treatment but only 26% were compliant for Engagement of Treatment.

3. The IET population often use the ED for care indicating possible issues with access to care and continuity of care. Within the IET population, 71% had at least 1 ED visit during the measurement period. The plan identified 1,338 (19%) members as high utilizers with four or more ED visits, accounting for more than 9000 ED visits during the measurement period. Within this high ED utilization population, only 5% are engaged in case management and 24% reported at least 1 SDOH. Additionally, follow-up care for members seen in the ED specifically for AOD is associated with a reduction in substance use and can reduce future ED use, inpatient admissions. The plan identified 947 (14%) as high inpatient utilizers with two or more unplanned inpatient hospitalizations and over 20,000 inpatient hospital days. Within this population, only 9% are engaged in case management and 30% report at least 1 SDOH.
4. To identify additional susceptible subpopulations, the plan evaluated the Department of Corrections (DOC), HIV, Developmental Disabilities and Injection Drug Use populations as potential high risk categories within FUA. The DOC population accounted for only 1% of the unique members within FUA and 1.5% of the total ED visits within the measurement period. The HIV population accounts for 3.4% of the unique members within FUA and only 4.7% of the total ED visits. Developmental Disabilities comprise 3.2% of the unique FUA members and 3.5% total ED visits. Conversely, the Injection Drug Use population within FUA encompasses 67% of the population and accounts for 68.2% of the ED visits within the measurement year. Moreover, the Injection Drug Use population demonstrated only a 15.2% 30-day follow-up rate.



- **Describe current research support for topic (e.g., clinical guidelines/standards):**

In 2016, 20.1 million Americans over 12 years of age (about 7.5% of the population), were classified as having a substance use disorder involving AOD; less than 20% receive treatment (SAMHSA, 2017). From 2009 to 2012, neonatal abstinence syndrome incidence increased nationally from 3.4 to 5.8 per 1000 hospital births, reaching a total of 21,732 infants with the diagnosis (ACOG, 2017). Chronic opioid use is the most common source of NAS (AAP, 2012). Substance use disorders also put pregnant women at additional risk: victimization, lack of prenatal care, poor nutrition, use of tobacco, incarceration, infectious disease, and others (ACOG, ASAM, 2012). MAT and other treatment, including behavioral therapy and counseling has shown to reduce morbidity and mortality rates in connection with AOD, improve social outcomes, and reduce health care spending (NIDA, 2018). MAT is also a standard of care that can provide stabilization and improve birth outcomes (ACOG, ASAM, 2012). Half of all chronic mental illness begins by age 14; three-quarters by age 24. Despite effective treatment, there are long delays – sometimes decades – between the first appearance of symptoms and when people get help (Kessler – Archives of General Psychiatry (2005). According to a study conducted by the AJPH, people with SUD or SMI that frequented the ER stated it was due to poor access to care, quality of care, affordability, and housing (APHJ, 2015). Louisiana's drug-poisoning death rate showed a statistically significant increase of 14.7% from 2015 to 2016 (CDC, 2017). Prescription and illicit opioids are the prime drivers of drug overdose deaths in the U.S. (CDC, 2017). The opioid-related overdose death rate in Louisiana has more than doubled over the past five years, from 3.7 per 100,000 persons in 2012 to 7.7 in 2016 (NIH, 2018). Prior to 2012, the prime driver of opioid-related overdose deaths was prescription opioids. Since 2012, the number of heroin-related deaths trended sharply upward to exceed that of prescription opioid-related deaths in 2016 (149 vs. 124, respectively; NIH, 2018). The overdose crisis has been interpreted as “an epidemic of poor access to care” (Wakeman and Barnett, 2018), with close to 80% of Americans with opioid use disorder lacking treatment (Saloner and Karthikeyan, 2015).

- **Explain why there is opportunity for MCO improvement in this area (must include baseline and if available, statewide average/benchmarks):**

Although the overall IET Initiation and Engagement rates for AmeriHealth Caritas Louisiana members are high when compared to Quality Compass (QC) benchmarks, there is opportunity for improvement specifically for Engagement of Treatment due to the low rates regionally and nationally. The plan is currently at the 90th QC benchmark for Total Engagement with a rate of 22.14%; however, this rate is low and offers an opportunity for improvement. Female engagement rates were slightly lower than male, 21% versus 23%. With a rate of 4%, case management engagement is low throughout the IET population. Members in the IET may benefit from case management by improving through care coordination. Louisiana State Health Improvement Plan includes behavioral health as one of the five priority areas with emphasis on three objectives: 1. Promote integration of behavioral health and primary care services. 2. Support a coordinated continuum of behavioral health care and prevention services. 3. Improve community awareness of behavioral health services. Base line data is currently at the Quality Compass 95th percentile for Initiation and Quality Compass 90th for engagement totals. ACLA will continue to strive to improve these rates, as national rates from which QC benchmarks are derived are low.

AmeriHealth Caritas Louisiana performed at the QC 25th Percentile for 7 Day and 30 Day Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) for measurement year 2019. These rates indicate opportunities for improvement for both indicators. Follow-up care for members seen in the ED specifically for AOD is associated with a reduction in substance use and can reduce future ED use and inpatient admissions. The plan will strive to achieve the QC 50th percentile.

Aims, Objectives and Goals

Healthy Louisiana PIP Aim: The overall aim is to improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and to improve the rates for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA; HEDIS 2020) by implementing enhanced interventions to test the change concepts indicated in the Driver Diagram (Appendix D) to achieve the following objectives:

1. Conduct provider training to expand the workforce for treatment initiation and follow-up, and encourage provider enrollment in the following training programs:
 - Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) - American Society of Addiction Medicine (ASAM); Targeted providers to include: PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.
 - Fundamentals of Addiction Medicine (ASAM); Targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
 - The ASAM Criteria Course for appropriate levels of care; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
 - ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (<https://www.samhsa.gov/sbirt/resources>), and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
4. Provide enhanced member care coordination (e.g., behavioral health integration, case management, improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches).
5. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.

Table 2: Goals

Indicators	Baseline Rate Measurement Period: 1/1/18-12/31/18	Interim Rate Measurement Period: 1/1/19-12/31/19	Final Interim Rate Measurement Period: 1/1/20-11/30/20	Target Rate ²	Rationale for Target Rate ³
Indicator #1. Initiation of AOD Treatment: Total groups, Alcohol abuse or dependence diagnosis cohort	N: 1220 D: 2184 R: 55.86%	N: 1237 D: 2286 R: 54.11%	N: 1161 D: 2064 R: 56.25%	R: 63.76%	>95 th QC percentile
Indicator #2. Initiation of AOD Treatment: Total groups, Opioid abuse or dependence diagnosis cohort	N: 783 D: 1084 R: 72.23%	N: 828 D: 1244 R: 66.56%	N: 793 D: 1115 R: 71.12%	R: 77.06%	>95 th QC percentile
Indicator #3. Initiation of AOD Treatment: Total groups, Total diagnosis cohort	N: 3977 D: 6460 R: 61.56%	N: 3859 D: 6955 R: 55.49%	N: 3647 D: 6203 R: 58.79%	R: 65.64%	>95 th QC percentile
Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 387 D: 2184 R: 17.72%	N: 356 D: 2286 R: 15.57%	N: 351 D: 2064 R: 17.01%	R: 23.89%	>95 th QC percentile
Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 337 D: 1084 R: 31.09%	N: 397 D: 1244 R: 31.91%	N: 409 D: 1115 R: 36.68%	R: 40.83%	90 th QC Percentile
Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1432 D: 6460 R: 22.17%	N: 1295 D: 6955 R: 18.62%	N: 1247 D: 6203 R: 20.1	R: 27.14%	>95 th QC percentile
Indicator #7. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit	N: 130 D: 1318 R: 9.86%	N: 162 D: 1241 R: 13.05%	N: 155 D: 1134 R: 13.67%	R: 26.55%	75 th QC percentile
Indicator #8. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days of the ED visit	N: 72 D: 1318 R: 5.46%	N: 113 D: 1241 R: 9.11%	N: 94 D: 1134 R: 8.29%	R: 16.97%	75 th QC percentile

¹ Baseline rate: the MCO-specific rate that reflects the year prior to when PIP interventions are initiated.

² Upon subsequent evaluation of performance indicator rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.

³ Indicate the source of the final goal (e.g., NCQA Quality Compass) and/or the method used to establish the target rate (e.g., 95% confidence interval).

Methodology

To be completed upon Proposal submission.

Performance Indicators

Table 3: Performance Indicators¹

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #1 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data Sources include: - claims/encounter data - Pharmacy data	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.	No exclusions	The percentage of members who initiate AOD treatment for Alcohol abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #2 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data Sources include: - claims/encounter data - Pharmacy data	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.	No exclusions	The percentage of members who initiate AOD treatment for Opioid abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #3 (HEDIS IET)	Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data Sources include: - claims/encounter data - Pharmacy data	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.	No exclusions	The percentage of members who initiate AOD treatment for Alcohol abuse or dependence, Opioid abuse or dependence, or Other drug abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #4 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data Sources include: - claims/encounter data - Pharmacy data	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.	No exclusions	The percentage of members that were compliant for the Initiation of AOD Treatment for Alcohol abuse or dependence numerator whose: - Initiation of AOD treatment was a medication treatment event and had two or more engagement events, where only one can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days). Or - Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: - At least one engagement medication treatment event. - At least two engagement visits.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #5 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data Sources include: - claims/encounter data - Pharmacy data	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.	No exclusions	The percentage of members that were compliant for the Initiation of AOD Treatment for Opioid abuse or dependence numerator whose: - Initiation of AOD treatment was a medication treatment event and had two or more engagement events, where only one can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days). Or - Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: - At least one engagement medication treatment event. - At least two engagement visits.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year).

Indicator #6 (HEDIS IET)	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagemen of Alcohol and Other Drug Abuse or Dependence Treatment (IET) Data Sources include: - claims/encounter data - Pharmacy data	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 13 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.	No exclusions	The percentage of members that were compliant for the Initiation of AOD Treatment for Alcohol abuse or dependence, Opioid abuse or dependence, or Other drug abuse or dependence numerator whose: - Initiation of AOD treatment was a medication treatment event and had two or more engagement events, where only one can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days). Or - Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: - At least one engagement medication treatment event. - At least two engagement visits.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 48 days after the IESD (109 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1– November 13 of the measurement year).
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Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #7 (HEDIS FUA)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Data Sources include: claims/encounter data	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days).	Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission. If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit and exclude the remaining eligible ED visits.	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #8 (HEDIS FUA)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days of the ED visit	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Data Sources include: claims/encounter data	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days).	Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission. If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit and exclude the remaining eligible ED visits.	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days).

Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? If not, why?

Sampling Procedures

If sampling was employed (for targeting interventions, medical record review, or survey distribution, for instance), the sampling methodology should consider the required sample size, specify the true (or estimated) frequency of the event, the confidence level to be used, and the margin of error that will be acceptable.

- **Describe sampling methodology:**

Data Collection

Describe data collection: AmeriHealth Caritas Louisiana's Medical Economics (Informatics) Department will collect data from claims/encounter files of all eligible members. Data sources may include claims/encounter data (administrative data). Administrative data will be collected based on need, quarterly, annually, and during hybrid. For Intervention Tracking Measures (ITM), data will be collected monthly utilizing claims/encounter data, clinical documentation software, and departmental tracking tools.

Unless otherwise specified, medical claims that are paid, adjusted or denied are included. For pharmacy claims, only paid or adjusted claims are included. These rates are calculated using administrative claims data found in the Data Warehouse unless otherwise specified. All measures are calculated with a 3-month lag time to allow adequate time for the claim submission and payment process.

Validity and Reliability

Describe validity and reliability: Administrative data is collected by the Medical Informatics team. All HEDIS® measures are reviewed and audited via the Plan's NCQA accredited auditor. The audit also includes review of the plan's HEDIS Medical Record Review Process. Non-HEDIS measures are validated through an internal quality audit process. The process for verifying ITM data validity and reliability is conducted by quality associates within each department. Through the PDSA cycle, analysis will be conducted to determine process improvements, strengths and opportunities.

Data Analysis

- **Describe data analysis procedures:** Analysis will address the comparability of baseline and re-measurement data, including factors that impact validity. Results will present numerical data that is accurate, clear, and easily understood. Interpretation will involve looking at all the possible explanations for results and factors that may have affected them. Historical circumstances will be considered. Visual displays of data will facilitate analysis and communicate results.
- **Describe how plan will interpret improvement relative to goal:** Data analysis will guide how well interventions are influencing performance indicator rates and outcomes. This data will be assessed against established goals and will drive decisions on effectiveness of change.
- **Describe how plan will monitor ITMs for ongoing QI:** ITMs will be validated and monitored weekly and monthly as appropriate through trending, PDSA cycles, run charts, and other QI tools to analyze impact and effectiveness. The process for verifying ITM data validity and reliability will be conducted by quality associates within each department.

PIP Timeline

Report the measurement data collections periods below.

Baseline Measurement Period:

Start date: 1/1/2018

End date: 12/31/2018

Submission of Proposal/Baseline Report Due: 2/3/2020

Submission of 1st Quarterly Status Report for Intervention Period from 1/1/20-3/31/20 Due: 4/30/2020

Submission of 2nd Quarterly Status Report for Intervention Period from 4/1/20-6/30/20 Due: 7/31/2020

Submission of 3rd Quarterly Status Report for Intervention Period from 7/1/20-9/30/20 Due: 10/31/2020

Interim Measurement Period:

Start date: 1/1/2019
End date: 12/31/2019

First Year PIP Interventions (New or Enhanced) Initiated: 12/1/2018
Second Year PIP Interventions (New or Enhanced) Initiated: 1/1/2020

Final Measurement Period:
Start date: 1/1/2020
End date: 12/31/2020

Submission of Draft Final Report Due: 12/10/2020
Submission of Final Report Due: 12/30/2020

Barrier Analysis, Interventions, and Monitoring

Table 4MAT: Alignment of Barriers, Interventions and Tracking Measures

Barrier 1: Limited workforce for treatment initiation and follow-up		2020			
Method of barrier identification: ACLA network evaluation		Q1	Q2	Q3	Q4
Intervention #1a to address barrier: • Provide trainings to ACLA providers • MAT • ASAM Criteria Course for Appropriate Levels of Care • Motivational Interviewing • SBIRT • Treatment Planning, Clinical Documentation, ROI, Informed Consent, Member Rights Planned Start Date: 1st Quarter Actual Start Date: 1st Quarter	1a) N: # of providers who complete MAT trainings D: # of providers registered for MAT trainings	N: 1 D: 2 R: 50%	N: 16 D: 16 R: 100%	No trainings offered during this quarter	N: 0 D: 2 R: 0%
	#1b) N: # of providers who complete ASAM Criteria trainings D: # of providers registered for ASAM Criteria trainings	No trainings offered during this quarter	N: 44 D: 103 R: 42.72%	N: 15 D: 24 R: 63%	No trainings offered during this quarter
	#1c) N: # of providers who complete Treatment Planning, Clinical Documentation, ROI, Informed Consent, and Member Rights Training. D: # of providers registered for Treatment Planning, Clinical Documentation, ROI, Informed Consent, and Member Rights trainings	N: 4 D: 6 R: 66%	N: 72 D: 116 R: 62.07%	No trainings offered during this quarter	N: 18 D: 32 R: 56.25%
	#1d) N: # of providers who complete Calocus/Locus trainings D: # of providers registered for Calocus/Locus trainings	N: 28 D: 40 Rate: 70%	No trainings offered during this quarter	No trainings offered during this quarter	No trainings offered during this quarter
Barrier 2: IET Members with SDoH in Crisis		2020			
Method of barrier identification: Med Economics Report		Q1	Q2	Q3	Q4
Intervention #2 to address barrier: Provide resources to SDoH subpopulation in crisis Planned Start Date: 1st Quarter Actual Start Date: 1st Quarter	Intervention #2 tracking measure: N: # of IET members in crisis that received resources D: # of IET members in crisis	N:62 D:170 R:36.5%	N: 89 D: 287 R: 31.0%	N: 20 D:153 R: 13.1%	Retired due to inability to validate data
Barrier 3: Pregnant members in pre-contemplation stage of change		2020			
Method of barrier identification:		Q1	Q2	Q3	Q4

Intervention #3 to address barrier: Enhanced Care Management Maternity Assessment (5 Ps Screening) to identify potential / active AOD utilization Planned Start Date: 3rd Quarter Actual Start Date: 08/21/20	Intervention #3 tracking measure: #3) (Implementing new assessment in Q3) N: # pregnant members with no SUD history documented that complete 5 P screening D: # pregnant members with no SUD history documented outreached for 5 P Screening	NA	NA	N: 39 D: 177 R: 22%	N: 39 D: 250 R: 15.6%
Barrier 4: Low follow-up rates post ED visit for SUD		2020			
Method of barrier identification: FUA HEDIS Measure		Q1	Q2	Q3	Q4
Intervention #4 to address barrier: Enhanced Care Management Outreach to FUA population Planned Start Date: 1st Quarter Actual Start Date: 1st Quarter Enhancement Planned Start Date: 3rd Quarter Actual Start Date: October 1, 2020	Intervention #4a tracking measure: N: # of FUA members successfully outreached for follow up following ER visit D: : # FUA members outreached	N:12 D:65 R:18%	N:15 D:89 R:17%	N:14 D:120 R:12%	N:9 D:91 R: 10%
	Intervention #4b tracking measure: N: # of FUA members successfully outreached for follow up following ER visit within 30 days compliant for the 30-Day measure D: : # of FUA members successfully outreached for follow up following ER visit within 30 days	N: 2 D: 12 R: 17%	N: 4 D: 15 R: 27%	N: 3 D: 14 R: 21%	N: 2 D: 9 R: 22%
	Intervention #4c tracking measure: N: # of FUA members that were unsuccessfully outreached or not outreached for follow up following ER visit that were compliant for the 30-Day measure D: : # of FUA members unsuccessfully outreached or not outreached for follow up following ER visit	N: 46 D: 265 R: 17%	N: 59 D: 308 R: 19%	N: 54 D: 331 R: 16%	N: 19 D: 177 R: 11%
	Intervention #4d tracking measure: N: # of FUA members successfully outreached for follow up following ER visit within 7 days compliant for the 7-Day measure D: : # of FUA members successfully outreached for follow up following ER visit within 7 days	N: 0 D: 3 R: 0	N: 1 D: 8 R: 13%	N: 1 D: 7 R: 14%	N: 1 D: 6 R: 17%
	Intervention #4e tracking measure: N: # of FUA members that were unsuccessfully outreached or not outreached for follow up following ER visit that were compliant for the 7-Day measure	N: 26 D: 265 R: 10%	N: 41 D: 308 R: 13%	N: 36 D: 331 R: 11%	N: 13 D: 177 R: 7%

	D: : # of FUA members unsuccessfully outreached or not outreached for follow up following ER visit within 7 days				
Barrier 5: AOD Low Case Management Engagement Rate for Members with AOD and SMI		2020			
Method of barrier identification: Med Economics Report		Q1	Q2	Q3	Q4
Intervention #5 to address barrier: Care Coordination Outreach to IET population with SMI Planned Start Date: 1st Quarter Actual Start Date: 1st Quarter	Intervention #5a tracking measure: N: # of IET members with SMI successfully outreached for follow up within 14 days of IESD D: : # IET members with SMI outreached within 14 days of IESD	N: 112 D: 279 R: 40%	N: 98 D: 238 R: 41%	N: 71 D: 244 R: 29%	N: 11 D: 84 R: 13%
	Intervention #5b tracking measure: N: # of IET members with SMI successfully outreached within 14 days of IESD for follow up that became compliant for Initiation Phase D: : # IET members with SMI successfully outreached within 14 days of IESD	N: 98 D: 112 R: 88%	N: 89 D: 98 R: 91%	N: 59 D: 71 R: 83%	N: 7 D: 11 R: 64%
	Intervention #5c tracking measure: N: # of IET members with SMI successfully outreached for follow up during the initiation or engagement phase compliant for Engagement Phase D: : # IET members with SMI successfully outreached during the initiation or engagement phase	N: 62 D: 261 R: 24%	N: 47 D: 196 R: 24%	N: 33 D: 135 R: 25%	N: 6 D: 31 R: 19%
	Intervention #5d tracking measure: N: # of IET members with SMI who received no outreach or unsuccessful outreach who became compliant for Initiation Phase D: : # IET members with SMI who received no outreach or unsuccessful outreach	N: 528 D: 855 R: 62%	N: 367 D: 547 R: 67%	N: 352 D: 508 R: 69%	N: 119 D: 190 R: 63%
	Intervention #5e tracking measure: N: # of IET members with SMI who received no outreach or unsuccessful outreach who became compliant for Engagement Phase D: : # IET members with SMI who received no outreach or unsuccessful outreach	N: 182 D: 855 R: 21%	N: 131 D: 547 R: 24%	N: 112 D: 508 R: 22%	N: 22 D: 190 R: 12%

Barrier 6: Unable to Contact IET and FUA Population: transient population, bad phone numbers, no answer		2020			
		Q1	Q2	Q3	Q4
Method of barrier identification: Med Economics Report					
Intervention #6 to address barrier: Enhanced Community Health Navigator outreach to members while Inpatient	Intervention #6 tracking measure:				
Planned Start Date: 1 st Quarter	N: # of IET / FUA members outreached successfully while inpatient	N: 48	N: 19	N: 9	N:0
Actual Start Date: 1 st Quarter	D: # of IET / FUA members with referred to CHN	D: 193	D: 45	D:33	D:0
		R: 25%	R: 42%	R: 27.27%	R:0
				Reprioritization of work due to severe weather events	Reprioritization of work due to severe weather events and other initiatives

Results

To be completed upon Proposal/Baseline and Final Report submissions. The results section should present project findings related to performance indicators. **Do not** interpret the results in this section.

Table 5: Results

Indicator	Baseline Measure period: 1/1/18-12/31/18	Interim Measure period: 1/1/19- 12/31/19	Interim Final Measure period: 1/1/20-11/30/20	Target Rate ¹
Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 1220 D: 2184 R: 55.86%	N: 1237 D: 2286 R: 54.11%	N: 1161 D: 2064 R: 56.25%	R: 63.76%
Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 783 D: 1084 R: 72.23%	N: 828 D: 1244 R: 66.56%	N: 793 D: 1115 R: 71.12%	R: 77.06%
Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 3977 D: 6460 R: 61.56%	N: 3859 D: 6955 R: 55.49%	N: 3647 D: 6203 R: 58.79%	R: 65.64%
Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 387 D: 2184 R: 17.72%	N: 356 D: 2286 R: 15.57%	N: 351 D: 2064 R: 17.01%	R: 23.89%
Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 337 D: 1084 R: 31.09%	N: 397 D: 1244 R: 31.91%	N: 409 D: 1115 R: 36.68%	R: 40.83%
Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1432 D: 6460 R: 22.17%	N: 1295 D: 6955 R: 18.62%	N: 1247 D: 6203 R: 20.1	R: 27.14%
Indicator #7. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit	N: 130 D: 1318 R: 9.86%	N: 162 D: 1241 R: 13.05%	N: 155 D: 1134 R: 13.67%	R: 26.55%

Indicator	Baseline Measure period: 1/1/18-12/31/18	Interim Measure period: 1/1/19- 12/31/19	Interim Final Measure period: 1/1/20-11/30/20	Target Rate¹
Indicator #8. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days of the ED visit	N: 72 D: 1318 R: 5.46%	N: 113 D: 1241 R: 9.11%	N: 94 D: 1134 R: 8.29%	R: 16.97%

¹ Upon subsequent evaluation of quarterly rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.

Discussion

To be completed upon Interim/Final Report submission.

Discussion of Results

- **Interpret the performance indicator rates for each measurement period**, i.e., describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods.
 - Baseline to Interim Comparison:
 - Of the six IET performance indicators, five of the six demonstrated a decline when comparing baseline to interim rates. Both FUA performance indicators demonstrated improvement when comparing baseline and interim rates.
 - Interim to Interim Final Comparison
 - When comparing interim to interim final rates (claims through November, 2020) for IET performance indicators, all 6 demonstrated improvement. FUA demonstrated improvement in the 30-day performance indicator and a decline in the 7-day performance indicator.
 - Baseline to Interim Final (claims through October, 2020)
 - Of the six IET performance indicators, four of the six demonstrated a decline when comparing baseline to interim final rates. Both FUA performance indicators demonstrated improvement when comparing baseline and interim final rates
- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations.
 - Although target goals were not met, meaningful interventions were developed and implemented throughout the PIP.
 - 198 providers were trained on MAT, ASAM Criteria Course for Appropriate Levels of Care, Motivational Interviewing, Treatment Planning, Clinical Documentation, Release of Information, Informed Consent, and Member Rights.
 - The plan partnered with hospitals to improve timely initiation and engagement in treatment by conducting inpatient visits to coordinate care on discharge.
 - The plan provided enhanced member care coordination to the IET and FUA populations, in addition to, implementing a new SUD maternity assessment and targeted outreach to high risk populations.
 - When examining ITM 4a-4e, 30-day compliance rates were slightly better than those not contacted for care coordination after an ED for SUD. 7-day compliance rates demonstrated minimal impact from telephonic outreach. The enhancement implemented in Q4 did not demonstrate an impact on the YTD data. Q4 data is incomplete as the report was run prior to the end of the quarter.
 - For ITM 5a, successful calls to the IET population demonstrated a 40% success rate for Q1 and Q2. A decline in success was noted in Q3 and Q4, potentially due to the effects of the pandemic and weather events, as well as incomplete data for Q4.
 - When looking at compliance rates for IET members with SMI, members with a successful contact within 14 days of the IESD demonstrated higher compliance rates for the Initiation Phase than those not outreached or unsuccessfully contacted, as demonstrated in ITMs #5b and 5d.
 - Conversely, the compliance rates for IET members with SMI successfully contacted during the Initiation or Engagement phase did not show a significant difference in compliance rates for the Engagement Phase than those not outreached or unsuccessfully outreached, as demonstrated in ITMs #5c and 5e.
 - When examining if successful calls impact FUA compliance, the plan was not able to attribute improvement based on calls. The date does not reflect the enhancement implemented in Quarter 3.
 - Goals for ITM 6 were not met due to the impact of the COVID-19 pandemic and the inability to visit members while inpatient. This outreach was changed to telephonic in Quarter 2. Additionally, severe weather events during Q3 and Q4 caused a reprioritization of work for this team.
- **What factors were associated with success or failure?** For example, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.
 - ITM-1 - 198 providers were trained during 2020. Trainings were moved to virtual to accommodate provider schedules and due to the pandemic. Barriers faced include the following:

- COVID-19 Pandemic
- Numerous severe weather events
- Low provider turnout
- Trainer scheduling conflicts
- Delays due to legal review of trainings
- SBIRT reimbursement
- o ITM-2 – The plan faced numerous issues with data validation around this ITM. Though the measure was retired due to inaccurate data, the plan continues to address SDOH for this high-risk population.
- o ITM-3 – A new Maternity Assessment (5 Ps Screening) was implemented to identify potential / active AOD utilization when no previous documentation of SUD exist. Since its inception in Q3, the plan has identified 78 members at risk and in need of further evaluation or referral.
- o ITM-4 – Due to an established criteria for outreach to the FUA population, some members were not receiving an outreach call or a call within a specified time frame. In Q4, a new outreach intervention was implemented to include all members with an ED visits with a principal diagnosis of SUD receive a call within a specified timeframe to impact the follow up visit. Barriers faced include the following:
 - Data collection
 - COVID-19 Pandemic
 - Numerous severe weather events
 - Inability to contact members
 - Incomplete Q4 data
- o ITM-5 – The subpopulation of IET Members with SMI who received a successful outreach demonstrated improved compliance rates for Initiation when compared to the compliance rate of members with unsuccessful calls. Successful telephonic outreach did not have a meaningful impact on Engagement compliance rates. The data analysis supports the effectiveness of the intervention for the initiation phase for this high risk population. Barriers include the COVID-19 Pandemic, severe weather events and the inability to contact members.
- o ITM-6 – Due to the COVID-19 Pandemic, face-to-face member outreach was terminated in early Q2. Outreach continued by phone. Severe weather events during Q3 and Q4 caused a reprioritization of work for this team.

Limitations

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design, i.e., challenges identified when conducting the PIP (e.g., accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided).

- **Were there any factors that may pose a threat to the internal validity the findings?**

Definition and examples: internal validity means that the data are measuring what they were intended to measure. For instance, if the PIP data source was meant to capture all children 5-11 years of age with an asthma diagnosis, but instead the PIP data source omitted some children due to inaccurate ICD-10 coding, there is an internal validity problem.

- Threats to the internal validity of the findings include care management/ case management process measure data accuracy due to the limitations of episodic documentation and data abstractions from the plan's integrated care management software.

- **Were there any threats to the external validity the findings?**

Definition and examples: external validity describes the extent that findings can be applied or generalized to the larger/entire member population, e.g., a sample that was not randomly selected from the eligible population or that includes too many/too few members from a certain subpopulation (e.g., under-representation from a certain region).

- Threats to the external validity of the findings include administrative measure accuracy that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes.

- **Describe any data collection challenges.**

Definition and examples: data collection challenges include low survey response rates, low medical record retrieval rates, difficulty in retrieving claims data, or difficulty tracking case management interventions.

- The plan faced data collection challenges for numerous ITMs. ITM-2 was retired due to the challenges faced with collecting valid data. Additionally, the plan faced additional challenges with accurately tracking

Case Management and Care Coordination interventions. Limitations relative to the episodic documentation and data abstraction from the plan's integrated care management software resulted in under-represented Case Management / Care Management member interactions.

Next Steps

This section is completed for the Final Report. For each intervention, summarize lessons learned, system-level changes made and/or planned, and outline next steps for ongoing improvement beyond the PIP timeframe.

Table 6: Next Steps

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
Provide trainings to ACLA providers • MAT • ASAM Criteria Course for Appropriate Levels of Care • Motivational Interviewing • SBIRT • Treatment Planning, Clinical Documentation, ROI, Informed Consent, Member Rights	Low provider engagement	Provider education through Quality visits and Provider Alerts	Increase MAT and SBIRT trainings Quality Visits with providers Provider Alerts
Enhanced Care Management Maternity Assessment (5 Ps Screening) to identify potential / active AOD utilization	New Intervention	None	Analysis data against Maternity assessment data. Continue Intervention
Enhanced Care Management Outreach to FUA population	No significant impact from care coordination calls thus far. Enhancement started in Q3	None	Analysis data to evaluate impact of enhancement. Continue intervention.
Care Coordination Outreach to IET population with SMI	Successful care coordination calls impact compliance rates.	None	Continue intervention.
Enhanced Community Health Navigator outreach to members with Inpatient	Unable to outreach face-to-face during pandemic	None	Continued telephonic outreach lieu of face-to-face. Anticipate starting face-to-face visits in 2021.

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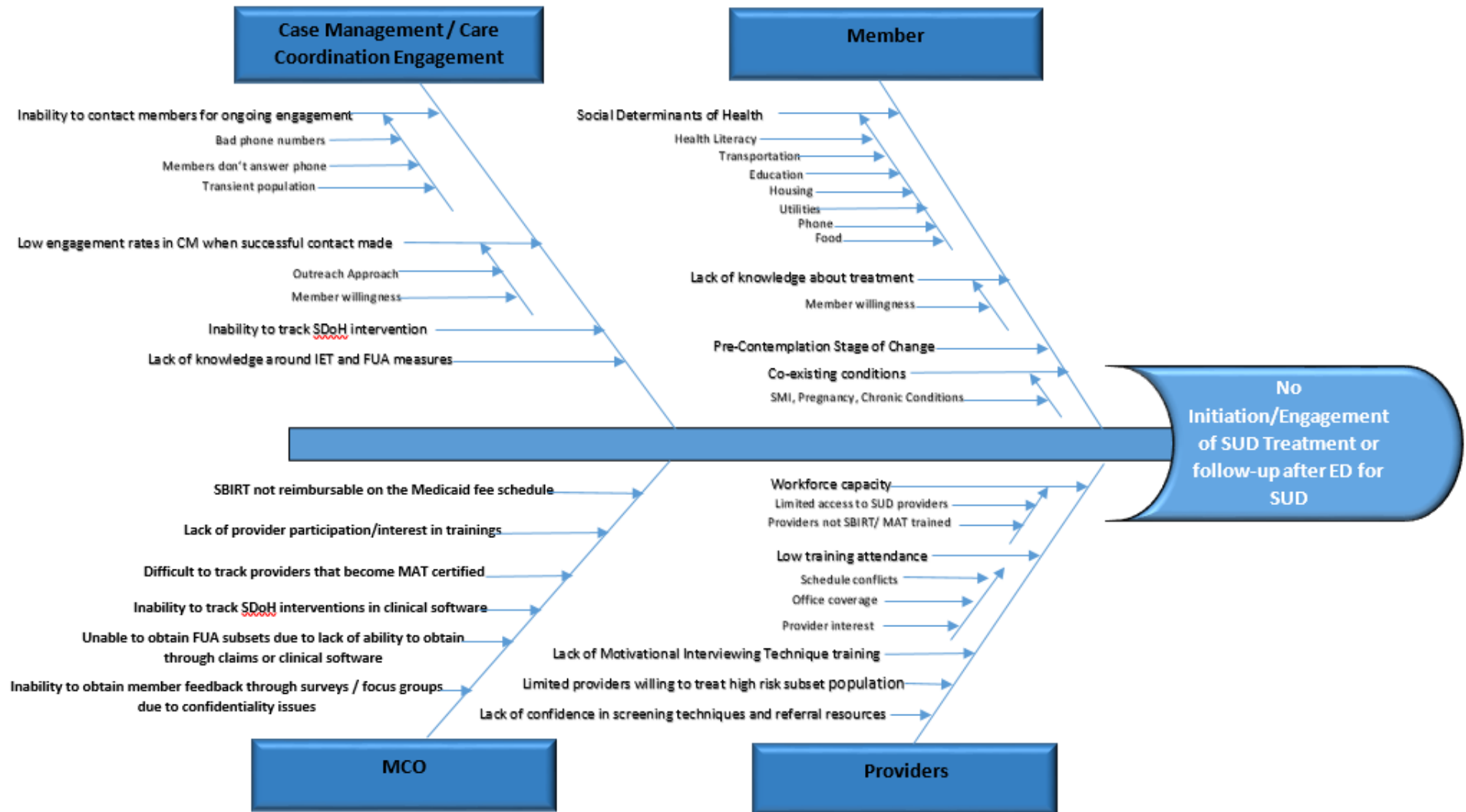
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as...	Purpose	Definition
Aim	Purpose	To state what the MCO is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions “How much improvement, to what, for whom, and by when?”
Barrier	- Obstacle - Hurdle - Road block	To inform meaningful and specific intervention development addressing members, providers, and MCO staff.	Barriers are obstacles that need to be overcome in order for the MCO to be successful in reaching the PIP Aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members/providers/MCOs. A barrier analysis should include analyses of both quantitative (e.g., MCO claims data) and qualitative (such as surveys, access and availability data or focus groups and interviews) data as well as a review of published literature where appropriate to root out the issues preventing implementation of interventions.
Baseline rate	Starting point	To evaluate the MCO’s performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
Benchmark rate	- Standard - Gauge	To establish a comparison standard against which the MCO can evaluate its own performance.	The benchmark rate refers to a standard that the MCO aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
Goal	- Target - Aspiration	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
Intervention tracking measure	Process Measure	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.
Limitation	- Challenges - Constraints - Problems	To reveal challenges faced by the MCO, and the MCO’s ability to conduct a valid PIP.	Limitations are challenges encountered by the MCO when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
Performance indicator	Indicator	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of

PIP Term	Also Known as...	Purpose	Definition
	• Performance Measure (terminology used in HEDIS) • Outcome measure		improvement in health care status, delivery processes, or access.
Objective	• Intention	To state how the MCO intends to accomplish their aim.	Objectives describe the intervention approaches the MCO plans to implement in order to reach its goal(s).

Appendix A: Fishbone (Cause and Effect) Diagram



Appendix B: Priority Matrix

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address	• SDoH • Member contact in while inpatient • Internal staff education • Workforce capacity • Provider education / trainings via webinars • Treatment guideline knowledge	• Face to face provider trainings
Less Feasible to Address	• Tracking MAT certified providers • Member UTC • Member feedback from focus groups / surveys • Pre-Contemplation Stage of Change • Member education	• Locating transient members when not in hospital • Tracking SDoH interventions

Appendix C: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Diagram

	Positives	Negatives
INTERNAL under your control	build on STRENGTHS Examples: • Provider trainings can be given through webinars • Everyone Makes An Impact Training available to internal staff • During successful Care Management contacts, Pre-Contemplation Stage of Change addressed through Motivational Interviewing Techniques	minimize WEAKNESSES Examples: • Inability to obtain member feedback through surveys / focus groups due to confidentiality issues • Clinical software limitations
EXTERNAL not under your control, but can impact your work	pursue OPPORTUNITIES Examples: • High inpatient utilization gives opportunity to locate transient population • Track SDoH interventions to monitor outcomes • Account Executive / Quality field staff able to support practices with resources	protect from THREATS Examples: • Unable to contact members • Co-existing medical and behavioral conditions • Limited workforce capacity (esp. community) • Provider participation/ availability training • Limited appointment time to address SUD issues (15 mins) • Case Management in provider offices not on the Medicaid fee schedule.

Appendix D: Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
1. Improve the rates for Initiation of and Engagement in Alcohol and Other Drug Abuse or Dependence Treatment to the next highest Quality Compass percentile (or by 10 percentage points) 2. Improve the rates for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence to the next highest	First-line medical provider knowledge: PCPs: youth, adult, OB/Gyn ED providers	- Understanding Stages of Change and motivational interviewing for SUD -SBIRT training: adult, youth -ASAM criteria for level of care/transitions in care training - MAT waiver-training and local SUD treatment resources - Staff and providers may not be aware of the IET timeline specifications	Implement innovative approaches for training providers in (SBIRT) Adult and Adolescent specific screening, brief intervention, triage and referral to ASAM evaluations in first-line medical settings.	Provider trainings via visits and notices
			- Prompt ASAM level of care evaluations/referral to treatment for those members presenting at the ED/inpatient with SUD overdoses.	
			- First-line medical provider education supporting screening, brief intervention and referral (Stages of Change, motivational interviewing, knowledge of available treatment/services/providers)	
			Waiver training to increase MAT prescribers statewide	Provider trainings
	Member Engagement: Youth, adult, all SUD involved SHCN subpopulations eligible for CM:	-Members in Pre-Contemplation Stage of Change Vulnerability of SHCN sub-populations -SDOH impeding service delivery	Implement innovative statewide intervention to increase MAT prescriber knowledge of local evidence-based psychosocial treatment resources and referral procedures to higher levels of care	Provider education through face to face visits
			SHCN Case Management : Implement innovative approaches to conduct motivational interviewing techniques, with increased face-to-face engagement with members (Recovery coaches, Life coaches BH advocates, etc)	- Inpatient member face to face visits - Telephonic outreach

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
Quality compass percentile (or by 10 percentage points)				

Appendix E: Plan-Do-Study-Act Worksheet

	Pilot Testing	Measurement #1	Measurement #2
Intervention #1:			
Plan: Document the plan for conducting the intervention.	•	•	•
Do: Document implementation of the intervention.	•	•	•
Study: Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
Act: Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•
Intervention #2:			
Plan: Document the plan for conducting the intervention.	•	•	•
Do: Document implementation of the intervention.	•	•	•
Study: Document what you learned from the study of your work to this point, including impact on secondary drivers.	•	•	•
Act: Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	•	•	•