

Health Plan Performance Improvement Project (PIP)

**Health Plan:
Louisiana Healthcare Connections (LHCC)**

**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**

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

Submission Dates:

	Interim	Final
Version 1	1/23/2020	
Version 2	3/11/2020	12/31/2020

MCO Contact Information

1. Principal MCO Contact Person

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3. External Collaborators (if applicable):


Attestation

Plan Name: Louisiana Healthcare Connections
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

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

Medical Director Signature: 
First and last name: Stewart Gordon, MD
Date: 12/9/2020

CEO Signature: 
First and last name: Jamie Schlottman, CEO
Date: 12/9/2020

Quality Director Signature: 
First and last name: Yolanda Wilson, VP Quality
Date: 12/9/2020

IS Director Signature (if applicable): _____
First and last name:
Date:

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.

[EXAMPLES INCLUDE: ADDED NEW INTERVENTIONS, ADDED A NEW SURVEY, CHANGE IN INDICATOR DEFINITION OR DATA COLLECTION, DEVIATED FROM HEDIS® SPECIFICATIONS, REDUCED SAMPLE SIZE(S)]

Table 1: Updates to PIP

Change	Date of change	Area of change	Brief Description of change
Change 1	3/13/2020	<input type="checkbox"/> Project Topic <input checked="" type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input checked="" type="checkbox"/> Other	Revisions include correcting/ relabeling interventions/ITM's for consistency, added SBIRT sub-tracking measure, clarified ASAM education offerings, and updated barrier analysis per guidance from IPRO/LDH (member/ provider feedback).
Change 2	10/31/2020	<input type="checkbox"/> Project Topic <input checked="" type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input checked="" type="checkbox"/> Other	Addition/revision of interventions/ ITMs for ED provider sub-tracking measure re: MAT certified providers within network; revision of Community Health Worker ITM and data to better reflect revised workflows since transition from Life Coach Program.
Change 3		<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	
Change 4		<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	

Abstract

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

Provide a high-level summary of the PIP, including the project topic and rationale (include baseline and benchmark data), objectives, description of the methodology and interventions, results and major conclusions of the project, and next steps.

Project Topic/Rationale/Objectives

Topic:

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

Rationale:

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).

Objectives:

To improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2020) and 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 achieve the following objectives:

- conduct provider training to expand the workforce for treatment initiation and follow-up, and encourage provider enrollment in the following training programs;
- 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) and encourage primary care conduct of SBIRT for youth and adults;
- partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
- 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).

Methodology

Eligible population:

Louisiana residents ages 13 years of age and older who are enrolled in the Louisiana Medicaid program and included in the HEDIS® Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and/or Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) measures.

Description of Annual Performance Indicators:

Annual Performance Indicators are in alignment with the HEDIS® measure 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).

Sampling Method:

Not applicable

Baseline and Re-measurement Periods:

Baseline period: 1/1/2017-12/31/2017, Interim Measurement Periods: 1/1/2018-12/31/2018, 1/1/2019-12/31/2019; Final Measurement Period 1/1/2020 to 12/10/2020.

Data Collection Procedures:

Performance indicator data for this measure is collected administratively only, electronically, using extraction software. The parameters for extraction come directly from the Healthcare Effectiveness Data and Information Set (HEDIS®) measure for 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). These data extracts are already in place in order to track and trend all HEDIS® measures throughout the year. Intervention measure tracking will be collected through administrative claims data using the Centene-level corporate Quality Spectrum Insight (QSI-XL) database in addition to data from Centene's Enterprise Data Warehouse and also through programs such as Microstrategy, TruCare, and Sharepoint through LHCC's Data Analytics department and Case Management reporting.

Interventions**Member Barriers Identified:**

Member barriers to the initiation and engagement of treatment and follow-up after an Emergency Department visit for alcohol and other drug abuse or dependence have been identified, including the following:

- Limited Member knowledge/awareness of available treatment options, services, resources;
- Special Health Care Needs (SHCN) eligible subpopulations pose unique communication/mode of outreach challenges to engagement in case management;
- Member abrasion concerns due to volume of outreach initiatives during measurement period, particularly with onset of COVID-19 pandemic communications beginning in Quarter 1 and compounded with hurricane preparedness and recovery outreach during Quarter 3; and
- Difficulty reaching and engaging members in this population to participate in care management services; potentially influenced by stigma related to seeking treatment.

Interventions to address member barriers:

Interventions developed to address the identified member barriers include:

- Case management outreach to increase IET members enrolled in case management through targeted outreach and strategic care coordination for identified members with AOD;
- Engaged Community Health Outreach team for expanded coverage area and increased promotion/availability of resources to the IET population (including pandemic support, linkage to resources, follow up after ED visits, and supplemental resource assistance to members unwilling to utilize dedicated case management services; and
- Extended outreach capacity through use of automated dialing systems and direct mailers due to limited member responses to telephonic outreach.

Provider Barriers Identified:

Provider barriers to the initiation and engagement of treatment and follow-up after an Emergency Department visit for alcohol and other drug abuse or dependence have been identified, including the following:

- Limited in-network providers who can provide MAT;
- Provider knowledge deficit regarding available referral resources for MAT;
- Need for provider training and education in methodologies to engage SUD patients, screening, triage and referral procedures, and SUD treatment continuum of care;
- Provider motivation to engage in targeted education and training courses; utilization of non-reimbursed billing codes; and

- Limited ability to collect Provider training records from external training sites. Provider prioritization and engagement in IET improvement initiatives in the midst of emerging pandemic response and impacted operations due to both COVID-19 and hurricane events.

Interventions to address provider barriers:

Interventions developed to address the identified provider barriers include:

- Provider outreach and education to promote and the expand number of MAT providers Statewide, offering education and training related to ASAM Treatment of Opioid Use Disorder (TOUD) and the Waiver Information and Application Process;
- Provider outreach and education/resources targeting primary care and emergency department practitioners to provide SBIRT resources and education offerings, including training on Stages of Change and Motivational Interviewing techniques with CEUs;
- Provider outreach and resources with listing of in-network providers for referral of suspected SUD to support ASAM 6 Dimension risk evaluations and determine recommended patient placement; and
- MCO collaboration on future efforts to distribute project education and resources; development of an internal Provider training platform to accommodate tracking and reporting.

Results

Annual HEDIS rates will not be finalized until June 2021 for the Reporting Year 2020. Available performance indicator data through 12/10/2020 may be found beginning on page 23; however, the YTD IET and FUA HEDIS rates are, as follows:

Initiation of treatment YTD for alcohol abuse or dependence is 50.42%; for opioid abuse or dependence is 66.67%, and the total of all groups is 50.99%;

Engagement of treatment YTD for alcohol abuse or dependence is 13.06%, for opioid abuse or dependence is 32.42%, and the total of all groups is 15.87%; and

Follow-Up after ED visit YTD within 30 days is 10.98% and within 7 days is 7.09%.

Conclusion and Next Steps

Ongoing analysis of IET interventions and outcomes has provided valuable insight into member and provider centric challenges and opportunities for continued improvement. Significant impacts from the COVID-19 pandemic and multiple hurricane events in Louisiana were recognized as disruptive to both member and provider facing initiatives as well as impacting provider operations and member access patterns. PIP activities were suspended for several months as COVID-19 emerged, with activities resuming in July. Although education and outreach initiatives resumed in Quarter 3 with alternative approaches to navigate the pandemic barriers, established targets for the IET performance indicators were not met. Interventions continue and rates through 12/10/2020 indicate positive trending in 4 of 8 measures as alternative approaches to outreach and resourcing have been implemented; however increases in measure denominators were also noted as influencing the desired upward trend. Although final rates are pending, 6 of 8 measures are showing improvement over prior year baseline. Notable gains were observed in initiation of and engagement in treatment for opioid abuse or dependence, nearing the target rate set; while indicators for the initiation of and engagement of treatment for alcohol abuse or dependence remained relatively consistent.

Provider education and member outreach initiatives were adversely impacted during 2020 and remain priorities for continued focus as we move into 2021. More specifically, provider education and access to IET resources, as well as continued member outreach to facilitate linkage to treatment, follow up support, and resources remain priorities. Increasing provider knowledge of ASAM and SBIRT training opportunities is an ongoing effort, with specific offerings incorporated into updated online learning portals with continued promotion through direct communications and online media platforms. Expanding on-demand versus live virtual options for convenient scheduling is also being explored to meet provider needs. Ongoing assessment of the MAT provider network has been complemented by expanding PCP and ED provider access to updated MAT referral sources and facilitating MAT training and waiver assistance to expand that network moving forward.

Continued efforts and innovation are needed to increase member engagement with care management services in order to provide support and assistance to resources for treatment of alcohol and other drugs. Opportunities include exploring new outreach methods to better impact a population that historically has been difficult to contact, including assessment of member communication preferences to better inform next steps.

Opportunity was also noted for collaboration across MCO's and LDH to streamline provider communications and linkage to resources in an effort to minimize duplicative outreach and overlapping initiatives to avoid provider abrasion. With pandemic and hurricane impacts on provider operations and patient needs being prioritized, providers' ability to schedule and/or attend offered education opportunities was limited. Initial discussions across MCO quality partners in the 4th quarter have been productive and several proposed improvement opportunities were being explored pending 2021 project details to inform next steps.

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:**
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).
- **Describe high-volume or high-risk conditions addressed:**
The performance improvement project will address the high risk conditions of alcohol and other drug abuse or dependence in adolescent and adult members.
- **Describe current research support for topic (e.g., clinical guidelines/standards):**
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):**
As mentioned in the section above, Louisiana's drug-poisoning death rate showed a statistically significant increase of 14.7% from 2015 to 2016 (CDC, 2017) and the opioid-related overdose death rate in Louisiana has more than doubled over the past five years. Baseline performance for measure year **2017** was as follows:

Measure	LHCC MY 2017 Rate	Statewide Average	2017 Quality Compass 50 th Percentile
Total Initiation Rate	46.30%	48.51%	40.67%
Total Engagement Rate	14.09%	15.30%	12.34%
Alcohol AOD Initiation Rate	43.57%	45.33%	
Alcohol AOD Engagement Rate	10.15%	11.57%	
Opioid AOD Initiation Rate	57.53%	60.56%	
Opioid AOD Engagement Rate	24.18%	25.92%	
Other AOD Initiation Rate	48.12%	50.25%	
Other AOD Engagement Rate	14.88%	15.36%	

LHCC conducted a data-driven barrier analysis. Information obtained is in the tables below:

By Gender	Total	Male	Female
Alcohol Abuse or Dependence, 13-17 y/o	8	5	3
Alcohol Abuse or Dependence, 18+ y/o	915	544	371
Opioid Abuse or Dependence, 13-17 y/o	4	4	0
Opioid Abuse or Dependence, 18+ y/o	440	204	236
Other Drug Abuse or Dependence, 13-17 y/o	92	62	32
Other Drug Abuse or Dependence, 18+ y/o	1723	815	908

By Race, if available	Total	White	Black	Hispanic	Asian	Other
Alcohol Abuse or Dependence, 13-17 y/o	11	4	3			4
Alcohol Abuse or Dependence, 18+ y/o	1140	338	382	3	1	416
Opioid Abuse or Dependence, 13-17 y/o	4	1	3			
Opioid Abuse or Dependence, 18+ y/o	574	261	97	2	1	213
Other Drug Abuse or Dependence, 13-17 y/o	125	38	47		1	39
Other Drug Abuse or Dependence, 18+ y/o	2281	695	692	5	6	883

By Region	Total	1	2	3	4	5	6	7	8	9
Alcohol Abuse or Dependence, 13-17 y/o	8	1	1	1	1	2	1		1	
Alcohol Abuse or Dependence, 18+ y/o	916	171	118	60	136	115	70	71	87	88
Opioid Abuse or Dependence, 13-17 y/o	4			1		2	1			
Opioid Abuse or Dependence, 18+ y/o	440	129	65	18	48	34	39	17	22	68
Other Drug Abuse or Dependence, 13-17 y/o	94	16	8	9	11	14	11	10	9	6
Other Drug Abuse or Dependence, 18+ y/o	1723	275	194	114	280	219	168	143	172	158

By Pertinent Clinical Characteristics	Total	Depression	Schizophrenia	Bipolar	Perinatal SUD
Alcohol Abuse or Dependence, 13-17 y/o	6	5		1	
Alcohol Abuse or Dependence, 18+ y/o	820	443	146	230	1
Opioid Abuse or Dependence, 13-17 y/o	4	2		2	
Opioid Abuse or Dependence, 18+ y/o	384	231	33	120	
Other Drug Abuse or Dependence, 13-17 y/o	66	39	2	25	
Other Drug Abuse or Dependence, 18+ y/o	1850	947	308	593	2

After analyzing the data obtained through September 2019, it appeared that a very small percentage of our membership is affected by alcohol, opioid, and other drug dependence; however we attributed some of the low denominators in part to these particular members not willingly coming forward or seeking help with their alcohol or drug abuse issues. This was identified as one of the member focused barriers - the stigma of coming forward and asking for help with an addiction or other behavioral health issue. Another similar issue is that many drug users are not ready for help and therefore do not seek professional care, treatment or services.

Further review of the percentages in LHCC's membership (as of September 2019) indicated there were more members with other drug abuse dependence than with opioid and alcohol and all higher rates fall into the ≥ 18 years category. Females are slightly higher than males. There was no significant variance by race, with white and black members comparable with 'other drug dependence'. In contrast, regional variation indicated 'other drug abuse' has the highest percentages, with Region 4 and Region 1 having the highest prevalence at 0.26% and 0.24% respectively. When looking at our membership with drug dependence' and other serious mental health illness, with the highest correlation between 'other drug dependence' and depression with 0.79% of our membership having both conditions. Bipolar disorder

comes in second with 0.43%. If the rates for depression, schizophrenia and bipolar disorder are combined, it equals 1.65% of LHCC's total membership having SUD and a serious mental illness (SMI). Initial data trends identified during the 2019 initial phase of this PIP indicated susceptible subpopulations identified included women, members residing in Regions 4 and 1, and members with a diagnosis of a co-occurring SMI.

With the 2020 additional focus including Follow-up After ED Visit for Alcohol and Other Drug Abuse/Dependence (FUA), additional baseline data including HEDIS trends for FUA measures was initiated. Preliminary 2019 data for each metric is provided below, with final rates pending.

NCQA HEDIS Measure	2018	2019 YTD*
FUA-7 Day	N: 215 D: 2126 R: 10.11%	N: 213 D: 2059 R: 10.34%
FUA-7 Day	N: 125 D: 2126 R: 5.88%	N: 131 D: 2059 R: 6.36%

**2019 HEDIS rates are not yet finalized; data shown is through 11/30/2020.*

Although LHCC has observed positive movement in the FUA measures (among others) as a result of various initiatives towards expanding behavioral health outreach, there is great opportunity to continue those efforts with additional focus on Follow-up After Emergency Department Visits through this PIP and collaborative efforts with LDH.

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	Target Rate ²	Rationale for Target Rate ³
Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 1730 D: 3686 R: 46.93%	N: 1916 D: 3816 R: 50.21%	R: 56.93%	Increase of 10 percentage points from baseline rate.
Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 1080 D: 1832 R: 58.95%	N: 1217 D: 1970 R: 61.78%	R: 68.95%	Increase of 10 percentage points from baseline rate.
Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 5659 D: 11802 R: 47.95%	N: 6235 D: 12271 R: 50.81%	R: 57.95%	Increase of 10 percentage points from baseline rate.
Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 430 D: 3686 R: 11.67%	N: 538 D: 3816 R: 14.10%	R: 16.43%	Next highest Quality compass percentile (NCQA, 2019)
Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 495 D: 1832 R: 27.02%	N: 581 D: 1970 R: 29.49%	R: 35.15%	Next highest Quality compass percentile (NCQA, 2019)
Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1849 D: 11802 R: 15.67%	N: 2076 D: 12271 R: 16.92%	R: 18.45%	Next highest Quality compass percentile (NCQA, 2019)
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: 215 D: 2126 R: 10.11%	N: 213 D: 2059 R: 10.34%	R: 17.91%	Next highest Quality compass percentile (NCQA, 2019)
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: 125 D: 2126 R: 5.88%	N: 131 D: 2059 R: 6.36%	R: 11.56%	Next highest Quality compass percentile (NCQA, 2019)

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).

*2019 NCQA Quality Compass

Methodology

To be completed upon Proposal submission.

Performance Indicators

Table 3: Performance Indicators^{1,2}

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #1 (HEDIS IET - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation of AOD - Alcohol abuse or dependence)	Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	Administrative / Claims/ Encounter data	Medicaid enrolled LA residents \geq 13 yrs, who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis. No claim/encounter during the 60 days prior to the diagnosis date (IESD). Continuous enrollment 60 days before and through 48 days after the IESD with no gaps.	Medicaid enrolled Louisiana residents in hospice care	Number of members in eligible population who initiated the AOD treatment within 14 days of the Index Episode Start Date (IESD) with any of the designated code combinations and diagnosis as specified in the Alcohol Abuse and Dependence Value Set. For all initiation events except medication treatment, initiation on the same day as the IESD must be with different providers in order to count.	Number of members in the eligible population less number of excluded members
Indicator #2 (HEDIS IET - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation of AOD Opioid abuse or dependence)	Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	Administrative / Claims/ Encounter data	Medicaid enrolled LA residents \geq 13 yrs, who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis. No claim/encounter during the 60 days prior to the diagnosis date (IESD). Continuous enrollment 60 days before and through 48 days after the IESD with no gaps.	Medicaid enrolled Louisiana residents in hospice care	Number of members in eligible population who initiated the AOD treatment within 14 days of the Index Episode Start Date (IESD) with any of the designated code combinations and diagnosis as specified in the Opioid Abuse and Dependence Value Set. For all initiation events except medication treatment, initiation on the same day as the IESD must be with different providers in order to count.	Number of members in the eligible population less number of excluded members
Indicator #3 (HEDIS IET - Initiation and Engagement of Alcohol and	Initiation of AOD Treatment: Total age groups, Total	Administrative / Claims/ Encounter data	Medicaid enrolled LA residents \geq 13 yrs, who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or	Medicaid enrolled Louisiana residents in hospice care	Total Members in the eligible population who is compliant to the Initiation of AOD Treatment criteria for both the Alcohol and Opioid diagnosis cohorts.	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Other Drug Dependence Treatment - Initiation of AOD - Total)	diagnosis cohort		partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis. No claim/encounter during the 60 days prior to the diagnosis date (IESD). Continuous enrollment 60 days before and through 48 days after the IESD with no gaps.			
Indicator #4 (HEDIS IET - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Engagement of AOD - Alcohol abuse or dependence)	Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	Administrative / Claims/ Encounter data	Medicaid enrolled LA residents \geq 13 yrs, who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis. No claim/encounter during the 60 days prior to the diagnosis date (IESD). Continuous enrollment 60 days before and through 48 days after the IESD with no gaps.	Medicaid enrolled Louisiana residents in hospice care	<p>Number of members in the eligible population who are compliant for the Initiation of AOD treatment numerator and meet either of the following (<i>in accordance with HEDIS specification manual details/Alcohol Abuse and Dependence Value Set</i>):</p> <ol style="list-style-type: none"> 1. At least, one engagement medication treatment event 2. At least two (2) engagement visits beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days). <p>If the member is compliant for multiple cohorts, only count the member once for the Total Engagement numerator.</p>	Number of members in the eligible population less number of excluded members
Indicator #5 (HEDIS IET - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Engagement of AOD Opioid abuse or dependence)	Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	Administrative / Claims/ Encounter data	Medicaid enrolled LA residents > 13 yrs, who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis. No claim/encounter during the 60 days prior to the diagnosis date (IESD). Continuous enrollment 60 days before and through 48 days after the IESD with no gaps.	Medicaid enrolled Louisiana residents in hospice care	<p>Number of members in the eligible population who are compliant for the Initiation of AOD treatment numerator and meet either of the following (<i>in accordance with HEDIS specification manual details/Opioid Abuse and Dependence Value Set</i>):</p> <ol style="list-style-type: none"> 1. At least, one engagement medication treatment event 2. At least two (2) engagement visits beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days). 	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
					If the member is compliant for multiple cohorts, only count the member once for the Total Engagement numerator.	
Indicator #6 (HEDIS IET - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement of AOD - Total)	Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	Administrative / Claims/ Encounter data	Medicaid enrolled LA residents > 13 yrs, who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis. No claim/encounter during the 60 days prior to the diagnosis date (IESD). Continuous enrollment 60 days before and through 48 days after the IESD with no gaps.	Medicaid enrolled Louisiana residents in hospice care	Total Members in the eligible population who is compliant to the Engagement of AOD Treatment criteria for both the Alcohol and Opioid diagnosis cohorts.	Number of members in the eligible population less number of excluded members
Indicator #7 (HEDIS FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 30 days)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of Opioid or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit	Administrative / Claims/ Encounter data	Medicaid enrolled LA residents ≥ 13 yrs, and who meet the following criteria and timeframes: 1. Member had an ED visit with a principal diagnosis of AOD abuse or dependence on or between January 1 and December 1 of the measurement year 2. Continuous enrollment from the date of the ED visit through 30 days after the ED visit (31 total days)	Medicaid enrolled Louisiana residents in hospice care	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days) with principal diagnosis of AOD abuse or dependence (<i>in accordance with specification manual details/AOD Abuse and Dependence Value Set</i>). Include visits that occur on the date of the ED visit. Indicators must meet the following criteria for a follow-up visit: 1. <u>IET Stand Alone Visits Value Set</u> 2. <u>IET Visits Group 1 Value Set</u> with <u>IET POS Group 1 Value Set</u> 3. <u>IET Visits Group 2 Value Set</u> with <u>IET POS Group 2 Value Set</u> 4. An observation visit 5. A telephone visit 6. An online assessment	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #8 (HEDIS FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – 7 days)	The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of Opioid or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days of the ED visit	Administrative / Claims/ Encounter data	Medicaid enrolled LA residents \geq 13 yrs, and who meet the following criteria and timeframes: 1. Member had an ED visit with a principal diagnosis of AOD abuse or dependence on or between January 1 and December 1 of the measurement year 2. Continuous enrollment from the date of the ED visit through 30 days after the ED visit (31 total days)	Medicaid enrolled Louisiana residents in hospice care	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days) with principal diagnosis of AOD abuse or dependence (<i>in accordance with specification manual details/AOD Abuse and Dependence Value Set</i>). Include visits that occur on the date of the ED visit. Indicators must meet the following criteria for a follow-up visit: 1. <u>IET Stand Alone Visits Value Set</u> 2. <u>IET Visits Group 1 Value Set</u> with <u>IET POS Group 1 Value Set</u> 3. <u>IET Visits Group 2 Value Set</u> with <u>IET POS Group 2 Value Set</u> 4. An observation visit 5. A telephone visit 6. An online assessment	Number of members in the eligible population less number of excluded members

1. HEDIS Indicators: If using a HEDIS measure, specify the HEDIS reporting year used and reference the HEDIS Volume 2 Technical Specifications (e.g., measure name(s)). It is not necessary to provide the entire specification. A summary of the indicator statement, and criteria for the eligible population, denominator, numerator, and any exclusions are sufficient. Describe any modifications being made to the HEDIS specification, e.g., change in age range.

To clarify incident IET cases, see Step 3 of HEDIS IET spec: Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD

2. Source: NCQA HEDIS 2020 Volume 2; Technical Specifications for Health Plans

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:** No sampling; the entire eligible population is being targeted by PIP interventions.

Data Collection

Describe who will collect the performance indicator and intervention tracking measure data (using staff titles and qualifications), when they will perform collection, and data collection tools used (abstraction tools, software, surveys, etc.). If a survey is used, indicate survey method (phone, mail, face-to-face), the number of surveys distributed and completed, and the follow-up attempts to increase response rate.

- **Describe data collection:** Data will be collected through administrative claims data using the Centene-level corporate Quality Spectrum Insight (QSI-XL) database. We will also utilize data from Centene's Enterprise Data Warehouse and then through programs such as Microstrategy, TruCare, and Sharepoint. Additional data for ITMs will be collected through our internal Data Analytics department and Case Management reporting. Data will be collected on a quarterly basis.

Validity and Reliability

Describe efforts used to ensure performance indicator and intervention tracking measure data validity and reliability. For medical record abstraction, describe abstractor training, inter-rater reliability (IRR) testing, quality monitoring, and edits in the data entry tool. For surveys, indicate if the survey instrument has been validated. For administrative data, describe validation that has occurred, methods to address missing data and audits that have been conducted.

- **Describe validity and reliability:** Data is validated by our Quality Improvement Abstractors, the HEDIS team, and our Analytics Department. All Quality Improvement Abstractors are provided training and must pass subsequent testing. Abstractors are also audited on a quarterly basis. We validate data by having multiple analysts run same data for a volume check and analyze further if there is a discrepancy.

Data Analysis

*Explain the data analysis procedures and, if statistical testing is conducted, specify the procedures used (note that hypothesis testing should only be used to test significant differences between **independent** samples; for instance, differences between health outcomes among sub-populations within the baseline period is appropriate). Describe the methods that will be used to analyze data, whether measurements will be compared to prior results or similar studies, and if results will be compared among regions, provider sites, or other subsets or benchmarks. Indicate when data analysis will be performed (monthly, quarterly, etc.).*

Describe how plan will interpret improvement relative to goal.

Describe how the plan will monitor intervention tracking measures (ITMs) for ongoing quality improvement (e.g., stagnating or worsening quarterly ITM trends will trigger barrier/root cause analysis, with findings used to inform modifications to interventions).

- **Describe data analysis procedures:** Data will be analyzed by data analysts, Quality Improvement Abstractors, and Behavioral Health Case Management staff who track and trend their department's data. ITM data is collected through departmental reporting and analyzed on a quarterly basis, or more often as needed. Data used for ITMs includes claims data, Case Management enrollment data, and overall membership data. Data is compared to previous year's data when available, denominators and numerators will be checked for inclusion of all eligible populations and any discrepancies are investigated. Data is compared to all sources and histories available in an effort to produce the most valid data possible. As mentioned above, data will be collected on a quarterly basis and analyzed for increasing or decreasing trends. Any stagnating or decreasing trends identified will result in a root-cause analysis and interventions will be modified as needed based on the information gathered.
- **Describe how plan will interpret improvement relative to goal:** Data is compared to previous year's data as available as well as established benchmarks/targets; denominators and numerators will be

checked for inclusion of all eligible populations and any identified discrepancies are investigated. Data is compared to all sources and histories available in an effort to produce the most valid data possible. Improvement will be monitored via internal benchmarking against established baseline thresholds and subsequent goals established beyond baselines assessed; in accordance with targets proposed for the purposes of this PIP continuation, this will be improvement from baseline to the next highest Quality compass percentile (or by 10 percentage points).

- **Describe how plan will monitor ITMs for ongoing QI:** ITM's will be monitored quarterly to evaluate positive improvement, plateaus, or identify adverse trends for prompt investigation, analysis and/or action to modify interventions if indicated.

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: 12/31/2020

Barrier Analysis, Interventions, and Monitoring

Table 4: Alignment of Barriers, Interventions and Tracking Measures

Barrier 1: Geographic disparities - identified parishes have some of the highest reported drug (opioid, benzodiazepine and stimulant) poisoning rates in LA. Method of barrier identification: IPRO PIP guidance document.		2020			
		Q1	Q2	Q3	Q4
Intervention #1A to address barrier: Provider Education: Expand and promote ASAM-related* educational offerings ^(1A) to Providers within identified LA geographic disparity areas Planned Start Date: 3/1/2020 Actual Start Date: 3/1/2020	Intervention #1A tracking measure: N: # Providers who received ASAM-related* education D: # Providers targeted for outreach/ASAM education offering	N: 0 D: 1,996 R: 0.00%	<i>PIP suspended</i>	N: 0 D: 1,996 R: 0.00%	N: 13 D: 1996 R: 0.65%
Barrier 2: First line medical providers' lack of knowledge/training in engaging SUD patients, screening, triage and referral procedures, and SUD treatment continuum of care. Method of barrier identification: IPRO PIP guidance document.		2020			
		Q1	Q2	Q3	Q4
Intervention #2A to address barrier: Provider Education/Resources: Focused SBIRT resources and education offerings for ED Providers, to include training on Stages of Change and Motivational Interviewing techniques. Planned Start Date: 4/1/2020 Actual Start Date: 8/1/2020	Intervention #2A tracking measure: N: # ED Providers completed SBIRT training D: # ED Providers targeted for outreach/education offering	<i>Deferred/ COVID</i>	<i>PIP suspended</i>	N: 0 D: 910 R: 0.00%	N: 0* D: 910 R: 0.00% <i>*24 providers completed; none registered as ED providers</i>
Intervention #2B to address barrier: Provider Education/Resources: Focused SBIRT resources and education offerings for PCP Providers, to include training on Stages of Change and Motivational Interviewing techniques. Planned Start Date: 4/1/2020 Actual Start Date: 8/1/2020	Intervention #2B tracking measure: N: # PCP Providers completed SBIRT training D: # PCP Providers targeted for outreach/education offering	<i>Deferred/ COVID</i>	<i>PIP suspended</i>	N: 0 D: 1,996 R: 0.00%	N: 0* D: 1,996 R: 0.00% <i>*24 providers completed; none registered as PCP's</i>

2C Sub-measure to monitor utilization of SBIRT: Monthly data collection to measure utilization via claims data re: SBIRT billing codes. Planned Start Date: 4/1/2020 Actual Start Date: 3/10/2020 (run baseline)	2C Sub-measure tracking measure: Monthly volume of SBIRT billing codes identified via claims review; plan to measure raw number of claims monthly for directional trending and association with interventions/outreach. N: # IET Compliant Members with SBIRT coded claims D: Total IET Compliant Members	N: 0 D: 6,270 R: 0.00%	N: 33 D: 4,678 R: 0.71% <i>PIP suspended</i>	N: 40 D: 5,117 R: 0.78%	N: 104 D: 5,965 R: 1.74%
Barrier 3: Statewide lack of MAT prescribers and prescriber knowledge of local psychosocial treatment resources. Method of barrier identification: IPRO PIP guidance document; plan assessment of provider resources.		2020			
		Q1	Q2	Q3	Q4
Intervention #3A to address barrier: Provider Education: Expand educational offerings to increase MAT Providers within identified LA geographic disparity areas Planned Start Date: 3/1/2020 Actual Start Date: 3/1/2020	Intervention #3A tracking measure : N: # Providers completed training/received X waiver D: # Providers targeted for outreach/education offering	N: 6 D: 121* R: 4.96% <i>*registered providers that completed training</i>	<i>PIP suspended</i>	ITM revised – see below	ITM revised – see below
Revised Intervention #3A to address barrier: Provider Education: Expand educational offerings to increase MAT Providers within identified LA geographic disparity areas Planned Start Date: 3/1/2020 Actual Start Date: 7/1/2020	Intervention #3A tracking measure: N: # Active MAT providers in network D: # Providers targeted for outreach/education offering	Revised Q3	Revised Q3	N: 264 D: 4,974 R: 5.31%	Pending 4 th Quarter Data
Intervention #3B to address barrier: Provide PCPs with listing of providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluations and determine recommended Pt placement in type (WM or treatment)/ level of care which may or may not include MAT. Planned Start Date: 3/1/2020 Actual Start Date: 9/1/2020	Intervention #3B tracking measure: N: # of providers outreached by Provider Network and provided a listing of providers for referral of suspected SUD D: # of providers targeted for outreach	Deferred/ COVID	<i>PIP suspended</i>	N: 139 D: 636 R: 21.86%	N: 113 D: 636 R: 17.77%

Addition Q3 Intervention #3C to address barrier: Provide EDs with listing of providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluations and determine recommended Pt placement in type (WM or treatment)/ level of care which may or may not include MAT. Planned Start Date: 9/1/2020 Actual Start Date: 9/1/2020	Intervention #3C tracking measure: N: # of EDs outreached by Provider Network and provided a listing of providers for referral of suspected SUD D: # of providers targeted for outreach	Added Q3	Added Q3	N: 58 D: 225 R: 25.78%	N: 114 D: 225 R: 50.67%
Barrier 4: Special Health Care Needs (SHCN) eligible subpopulations pose unique communication/ mode of outreach challenges to engagement in case management. Method of barrier identification: IPRO PIP guidance document; plan assessment of member subgroups.		2020			
		Q1	Q2	Q3	Q4 (Partial)
Intervention #4A to address barrier: CM Outreach: Increase IET members enrolled in CM through targeted CM outreach ^{4A} and strategic care coordination for identified members with AOD in identified disparity areas. Planned Start Date: 3/1/2020 Actual Start Date: 3/1/2020	Intervention #4A tracking measure: N: # of members targeted that agreed to CM services D: # of members targeted for CM outreach	N: 84 D: 1674 R: 5%	N: 60 D: 1773 R: 3% <i>*PIP suspended, COVID impact</i>	ITM revised – see below	ITM revised – see below
Revised Intervention #4A to address barrier: CM Outreach: Increase IET members enrolled in CM through targeted CM outreach ^{4A} and strategic care coordination ^{4A} for identified members with AOD in identified disparity areas. Planned Start Date: 3/1/2020 Actual Start Date: 3/1/2020	Intervention #4A tracking measure: N: # of members targeted that agreed / participated in CM services D: # of members targeted for IET outreach	N: 87 D: 1,923 R: 4.52%	N: 72 D: 2,393 R: 3.01%	N: 49 D: 2,360 R: 2.08%	N: 27 D: 1,035 R: 2.61%
Intervention #4B to address barrier: (Continuation of previous intervention) CM Outreach: Percentage of members identified for targeted CM outreach ^{4A} who received services through Life Coach program Planned Start Date: Continued from 2019 Actual Start Date:	Intervention #4B tracking measure: N: # of targeted CM outreach members in IET who received services D: # of members identified for Life Coach program	N: 158 D: 8748 R: 1.81%	<i>*PIP suspended, COVID impact – reorganization of program</i>	ITM revised – see below	ITM revised – see below

<p>*Revised*</p> <p>Intervention #4B to address barrier: CM Outreach: Percentage of members identified for targeted CM outreach^{4A} who were outreached through Community Health Services team</p> <p>Planned Start Date: 3/1/2020</p> <p>Actual Start Date: 3/1/2020</p>	<p>Intervention #4B tracking measure:</p> <p>N: # members outreached via reorganized Community Health Outreach team for member support and navigating resources and access to care</p> <p>D: # of members targeted for IET outreach</p>	<p>N: 1,566</p> <p>D: 1,923</p> <p>R: 81.44%</p>	<p>N: 1,990</p> <p>D: 2,393</p> <p>R: 83.16%</p>	<p>N: 2,029</p> <p>D: 2,360</p> <p>R: 85.97%</p>	<p>N: 849</p> <p>D: 1,035</p> <p>R: 82.03%</p>
<p>Notes:</p> <p>1A – ASAM-related educational offerings include designated topics available through Provider Training Resources and identified as focus educational outreach topics by the IET Performance Improvement Team for the purposes of this PIP and tracking of effectiveness (ASAM Criteria: Treatment Criteria for Addictive, Substance Related, and Co-Occurring Conditions; Co-Occurring Disorders: Substance Use and Mental Health; Psychotropic Medications; Substance Use Related and Addictive Disorders: Opioid Related Disorders; Substance Use Related and Addictive Disorders: Alcohol Related Disorders).</p> <p>4A - Targeted Care Management outreach is defined as strategies to expand beyond standard CM predictive modeling risk scores with the goal to find strategies to support improved proactive impact of outreach efforts. In particular, integration of the new ORCA scoring tools – identifies members at risk for OR diagnosed with Substance Use Disorder (SUD) and ranks them into low /medium/ high for SUD. ORCA both impacts standard CM risk scores but is also separate from it – in that a member who traditionally fell into a low risk score (through the ORCA enhanced model) can be identified proactively prior to the SUD initiation event in order to hopefully either accomplish one of the following actions: 1) proactive education, support and treatment prior to the initiating SUD event to prevent the event, 2) impacting support tools that may support a member if they are about to have an initiating event. ORCA tools were rolled out at the end of 2019 and expand and refine the proactive reporting metrics that were previously in place related to SUD. In 2020, we will trial methodologies to refine the use of these new reporting tools to maximize outreach and impact on the IET measures. Strategic Care Coordination is defined as strategies to focus first and foremost on the specific needs of a targeted population or group so that member interactions are focused to meet the primary need first while also addressing more general needs as identified during the interaction.</p>					

In addition to the targeted interventions and ITM's above, efforts will also be informed through member and provider feedback to supplement evaluation of the effectiveness of these initiatives. Although a Member Advisory Committee is in place with regional meeting distribution, participation is voluntary and specific members impacted by this PIP would be limited for substantive involvement. As an alternate approach, care management outreach may be complemented through direct member feedback via CM satisfaction surveys and/or focused query at the end of telephonic encounters to facilitate valuable dialogue and input. From a Provider input perspective, ongoing outreach and provider engagement strategies include feedback mechanisms through visit audit /survey processes that allow for capture of provider feedback as well as ongoing monitoring of provider feedback through satisfaction surveys, complaint/grievance activity, and other venues with provider participation.

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	Final Measure period: 1/1/20-12/10/20	Target Rate ¹
Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 1730 D: 3686 R: 46.93%	N: 1916 D: 3816 R: 50.21%	N: 1810 D: 3590 R: 50.42%	R: 56.93% ²
Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 1080 D: 1832 R: 58.95%	N: 1217 D: 1970 R: 61.78%	N: 1240 D: 1860 R: 66.67%	R: 68.95% ²
Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 5659 D: 11802 R: 47.95%	N: 6235 D: 12271 R: 50.81%	N: 5965 D: 11698 R: 50.99%	R: 57.95% ²
Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 430 D: 3686 R: 11.67%	N: 538 D: 3816 R: 14.10%	N: 469 D: 3590 R: 13.06%	R: 16.43% ³
Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 495 D: 1832 R: 27.02%	N: 581 D: 1970 R: 29.49%	N: 603 D: 1860 R: 32.42%	R: 35.15% ³
Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1849 D: 11802 R: 15.67%	N: 2076 D: 12271 R: 16.92%	N: 1857 D: 11698 R: 15.87%	R: 18.45% ³

Indicator	Baseline Measure period: 1/1/18-12/31/18	Interim Measure period: 1/1/19-12/31/19	Final Measure period: 1/1/20-12/10/20	Target Rate ¹
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: 215 D: 2126 R: 10.11%	N: 213 D: 2059 R: 10.34%	N: 223 D: 2031 R: 10.98%	R: 17.91% ³
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: 125 D: 2126 R: 5.88%	N: 131 D: 2059 R: 6.36%	N: 144 D: 2031 R: 7.09%	R: 11.56% ³

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.

² Rationale for target is to increase 10 percentage points from baseline rate.

³ Rationale for target is to increase performance to achieve the next highest Quality Compass percentile (NCQA, 2019)

Discussion

To be completed upon Interim/Final Report submission. The discussion section is for explanation and interpretation of the results.

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.

Analysis of IET indicator performance indicates improvement in initiation of treatment and follow up after ED visit when compared to baseline and interim rates; however engagement in treatment measures only showed improvement in the opioid subgroup. Though some improvements were noted over baseline, none of the performance indicators met the established 10% improvement targets established. Interruption in PIP activities due to COVID-19 pandemic is attributed to the plan's limited impacts in these initiatives. A synopsis of performance indicator outcomes is provided below:

Annual performance data is pending year-end aggregation and review; annual rates will not be finalized until June 2021 for the Reporting Year 2020.

- **Initiation of treatment**
Initiation of treatment for all subgroups (alcohol, opioid, total diagnosis) increased from the MY2018 baseline and MY2019 interim, with the opioid subgroup showing the most notable increase for MY2020.
- **Engagement of treatment**
Engagement of treatment for all subgroups (alcohol, opioid, total diagnosis) increased from the MY2018 baseline; however only the opioid subgroup showed improvement from MY2019 and similarly had the most notable increase for MY2020.
- **Follow-up after ED visit**
Follow-Up after ED visit (within 7 days and within 30 days) increased from the MY2018 baseline and MY2019 interim, with the 7 day follow-up showing the most notable increase for MY2020.

As indicated in Table 5, most of the IET and FUA rates continue to show improvement year over year although not as substantially as initially projected. While target rates for the annual performance indicators were not met, 6 of the 8 performance indicators exceeded the interim measurement and all 8 measures did exceed the baseline measurement.

Overall, rates for initiation of treatment have improved in comparison to the engagement of treatment rates. All initiation of treatment indicators for all subgroups (alcohol, opioid, and total) show improvement from the baseline MY2018 and the interim MY2019. Initiation of treatment for opioid use being the highest utilized treatment area. Further, initiation of and engagement in treatment for opioid abuse or dependence experienced the greatest increase, nearing the target rates set; while indicators for the initiation and engagement of treatment for alcohol abuse or dependence remained more stable. Follow-up after ED visit rates have climbed consistently from Quarter 1 through the end of the year, and have exceeded the baseline and interim rates but have not yet met the established target for MY2020.

When compared to Quality Compass 2020 National benchmarks, each of the current year initiation of treatment rates for all subgroups (alcohol, opioid, and total) display outcomes above the 2020 75th percentile, with the alcohol cohort currently above the 90th percentile. Engagement of treatment rates for all subgroups also display outcomes above the 50th percentile. Follow up after ED visit rates were at the 25th percentile, noted as an area for targeted improvement moving forward.

- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations.

LHCC Care management and Community Health Service teams have worked in tandem to outreach all members in the IET/FUA population in order to provide follow-up after ED visits and assist members with the support and resources needed to initiate and engage in treatment of alcohol and other drugs. Analysis of available data indicates that this population has proven difficult to engage overall. Case management engagement declined with the onset of the COVID-19 pandemic, and more so during a particularly active hurricane season that required multiple hurricane safety and recovery outreach campaigns. As these campaigns eased in Q4, engagement in case management began to increase. Although engagement in case management services was lower than desired, the Community Health Services team was able to provide additional support by outreaching members for follow up after ED visits and providing support and resources when members opted out of case management enrollment. Although successful contact has posed a challenge, overall the case management and community health services staff have attempted outreach to approximately 85% of the population each quarter.

Successful initiation and engagement of treatment for opioid abuse or dependence may also be associated with ongoing focus and interventions related to LHCC's OpiEnd project targeting opioid misuse. Continued multidisciplinary engagement is imperative to achieve meaningful improvement in member access to treatment and resulting increase in IET performance outcomes.

A review of the submitted ITM data indicates Provider trainings for ASAM and SBIRT were poorly attended (0%). This is partially attributed to the onset of COVID-19 during which Providers primarily focused on rapidly changing care delivery environments and shifting priorities as the pandemic evolved. The limited availability of provider training records or a unified reporting platform was also recognized as a barrier to data collection towards this measure. Challenges were noted with access or sharing of Provider training records from other MCO offerings or external sources such as ASAM and SAMHSA; requesting additional submissions of external education records was identified as an additional burden to providers given the challenging circumstances in 2020. For this reason, the ITM was adjusted in Q3 to reflect and monitor a more applicable measure of the MAT providers available within the network. In contrast, the resumption of Provider Consultant live virtual education visits in July, 2020, allowed for coverage of IET/FUA educational topics including ASAM, MAT and SBIRT topics with 40% of in-network provider groups. Further, the ITM data reflects improved provider utilization of SBIRT claim codes since the initiation of these efforts, improving from 0.78% in Q3 to 1.74% in the partial Q4 measurement period, as well as utilization of ASAM training offerings.

In response to lower than anticipated member initiation and engagement rates, MAT provider education was expanded to all providers statewide in an effort to impact a larger section of the population with expanded educational offerings to increase the number of MAT Providers. This adjustment is reflected in the data reported. Additionally, as the project resumed in Q3, outreach began in order to disseminate current directories of in-network MAT providers to front-line Primary Care Providers and Emergency Department providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluations and determine recommended patient placement in type/level of care which may or may not include MAT. 77% of Louisiana hospitals received updated in-network MAT provider listings through this intervention.

- **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.

In an effort to improve data collection and provider training attribution, updates to LHCC's internal training platform offered training resources to providers that could be better tracked and reported. It is recognized that each MCO, along with external sources, are providing similar content yet there is no singular platform in which provider training records/evidence of completion may be shared, hence provider completion rates may not be reflective of actual provider participation in continuing education programs offered through various MCO's or external organizations. Additionally, due to the volume of MCO outreach for

the same project and educational topics, the risk for provider abrasion is recognized since multiple requests for information may be duplicative across MCO's.

With pandemic and hurricane impacts on provider operations and patient needs being prioritized, provider ability to schedule and/or attend offered education opportunities was limited. Analysis of provider education data indicates that training courses were utilized however not always attended by the target audience for the purposes of this project. The offered training courses provided an avenue to Provider support staff, and even out of network Providers, to obtain continuing education credits but did not impact the intent of increasing the MAT certified providers within the network.

Variation in reimbursement for SBIRT was recognized as a limiting factor to engage providers in expanding screening. Current fee schedule limitations on SBIRT reimbursement outside of pre-natal obstetric visits also limits broader adoption of SBIRT by providers, also impacting the ability to reliably measure whether provider outreach and education is effective in promoting awareness and adoption of screening and intervention tools.

Early in the year the Life Coach program was transitioned to the Community Health Service team in order to expand outreach services to a larger population. This transition was helpful in supplementing case management enrollment efforts when members were not willing to enroll in case management services. As the COVID-19 pandemic and the resulting healthcare and social restrictions significantly impacted facilitation of member support and appointment scheduling for treatment, the community health worker teams were able to provide an additional avenue of treatment assistance and resource support.

Lastly, the volume of required communications and outreach from MCOs to member populations related to COVID-19 and later hurricane events likely contributed to member "outreach fatigue", resulting in a larger number of member's declining CM enrollment or general avoidance of plan outreach efforts.

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.

No threats were identified.

- **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).

The identified SBIRT CPT codes (H0049, H0050) are not reimbursable for Medical professionals outside of pre-natal obstetric visits in the current Medicaid fee schedule, likely limiting provider coding/claims submission and impacting plan ability to reliably measure whether SBIRT is being utilized during visits.

- **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.

All data for the IET/FUA PIP performance indicators is collected administratively, hence accuracy and validity of performance data is dependent on provider coding and claim accuracy.

Intervention tracking measure data related to Provider completion of identified training resources from external organizations was not readily accessible or available for reporting. In addition, while providers completed training for MAT certification, that did not ensure that the Provider would complete the application process in order to obtain the certification.

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
Provider Education: Expand and promote ASAM-related educational offerings to Providers within identified LA geographic disparity areas	<p>Completed training records not available;</p> <p>Providers completing the training were not in-network or not the targeted audience. Provider registration/ demographic data often incomplete.</p> <p>Provider ability to schedule and/or attend offered education opportunities was limited.</p> <p>Aggregating provider training data by geographic disparity areas was labor-intensive.</p>	Updated Provider Training Portal and ASAM trainings; platform allows for improved capture of enrollment/ completion information.	<p>Update 2021 LHCC provider training offerings for targeted promotion.</p> <p>MCO/LDH collaborative efforts to consolidate provider trainings and resources and explore opportunity for sharing provider training completion records.</p>
Provider Education/ Resources: Focused SBIRT resources and education offerings for ED Providers, to include training on Stages of Change and Motivational Interviewing techniques.	<p>Completed training records not available; Providers completing the training were not in-network or not the targeted audience;</p> <p>Medicaid Fee Schedule does not provide for Medical Professional reimbursement outside of pre-natal obstetric intervention - limited provider incentive to screen/code for SBIRT.</p>	Updated Provider Training Portal and SBIRT trainings; platform allows for improved capture of enrollment/ completion information.	<p>Update 2021 LHCC SBIRT training calendar for targeted promotion.</p> <p>Continue to provide and encourage provider attendance to expand knowledge and use of the SBIRT for the early identification and referral to treatment related to SUD.</p>
Monthly data collection to measure utilization via claims data re: SBIRT billing codes	Limited use of SBIRT CPT coding noted in submitted claims; Medicaid Fee Schedule does not provide for Medical Professional reimbursement outside	Continue to provide education on the delivery of the SBIRT approach, use of the code for verification and monitoring of claims data quarterly.	MCO/LDH collaborative discussion of PIP improvement opportunities, including exploration and consideration of

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
	of pre-natal obstetric intervention resulting in limited provider incentive to screen/code for SBIRT.		expanded SBIRT reimbursement in Fee Schedule; Continue to provide SBIRT education and coding with continued monitoring of claims data quarterly.
Provider Education: Expand educational offerings to increase MAT Providers within identified LA geographic disparity areas	Completed training records not available; Providers completing the training were not in-network or not the targeted audience.	Updated Provider Training Portal and access to trainings; platform allows for improved capture of enrollment/ completion information.	Explore ROI potential for provider incentive and/or CEU sponsorship.
Provide PCP/EDs with listing of providers for referral of suspected SUD to ensure ASAM 6 Dimension risk evaluations and determine recommended Pt placement in type / level of care which may or may not include MAT.	<p>Accurate listing is dependent on Provider participation/voluntary inclusion in SAMSHA directory and tracked through external organization, requiring frequent monitoring to ensure accuracy of plan directory/listings (manual process)</p> <p>More difficult to distribute to individual ED providers due to organizational structure and staffing practices.</p>	<p>Established recurring update schedule for MAT Provider directory posted on Provider resource library to ensure linkage to current Provider information;</p> <p>Exploring capabilities for expansion of online Find a Provider (FAP) tool to include MAT PAR as a search field.</p>	Continue to provide updated listing of available in-network certified MAT providers for direct access online; continue to work with IT on FAP search field options.
CM Outreach: Increase IET members enrolled in CM through targeted CM outreach ^{4A} and strategic care coordination for identified members with AOD in identified disparity areas.	<p>Difficulty in successfully outreaching/engaging members;</p> <p>Increased outreach call volume due to COVID/hurricanes;</p> <p>Member readiness to initiate or engage in treatment modalities was limited.</p>	Continued telephonic outreach; utilization of Community Health Services team as a complement to CM efforts to engage members less inclined to agree to full CM enrollment while still allowing provision of follow-up support and resources for treatment initiation and/or engagement.	Continue member outreach and utilization of CHS team. Evaluate supplemental outreach methods, including social media and website communications for outreach effectiveness.

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
CM Outreach: Percentage of members identified for targeted CM outreach ^{4A} who received services through Life Coach program	Prior Life coach pilot ended - opportunity to expand role of Community Health Workers through Community Health Outreach Program which has provided greater coverage by region.	Transition to expanded CHS team to meet with needs of the member population statewide and supplement CM enrollment efforts.	Continue to monitor impact and effectiveness of Community Health Service workers on IET initiatives.
CM Outreach: Percentage of members identified for targeted CM outreach ^{4A} who received services through Community Health Outreach team	Difficulty in successfully outreaching members; difficulty in engaging members; increased outreach call volume due to COVID/hurricanes; limited member readiness to initiate or engage in treatment modalities.	Continue supplemental outreach by Community Health Service team to provide resources and support when members have opted out of case management services.	Continue member outreach/utilization of CHS team to engage members for continued provision of follow-up, support and resources for treatment initiation and/or engagement (as an alternative when members opt out of CM enrollment). Evaluate effectiveness of supplemental outreach methods, including social media and website communications.

References

National Committee for Quality Assurance (2019). NCQA HEDIS 2020 Volume 2; Technical Specifications for Health Plans. Retrieved from <https://www.ncqa.org/>

National Committee for Quality Assurance (2019). NCQA Quality Compass. Retrieved from <https://www.ncqa.org/>

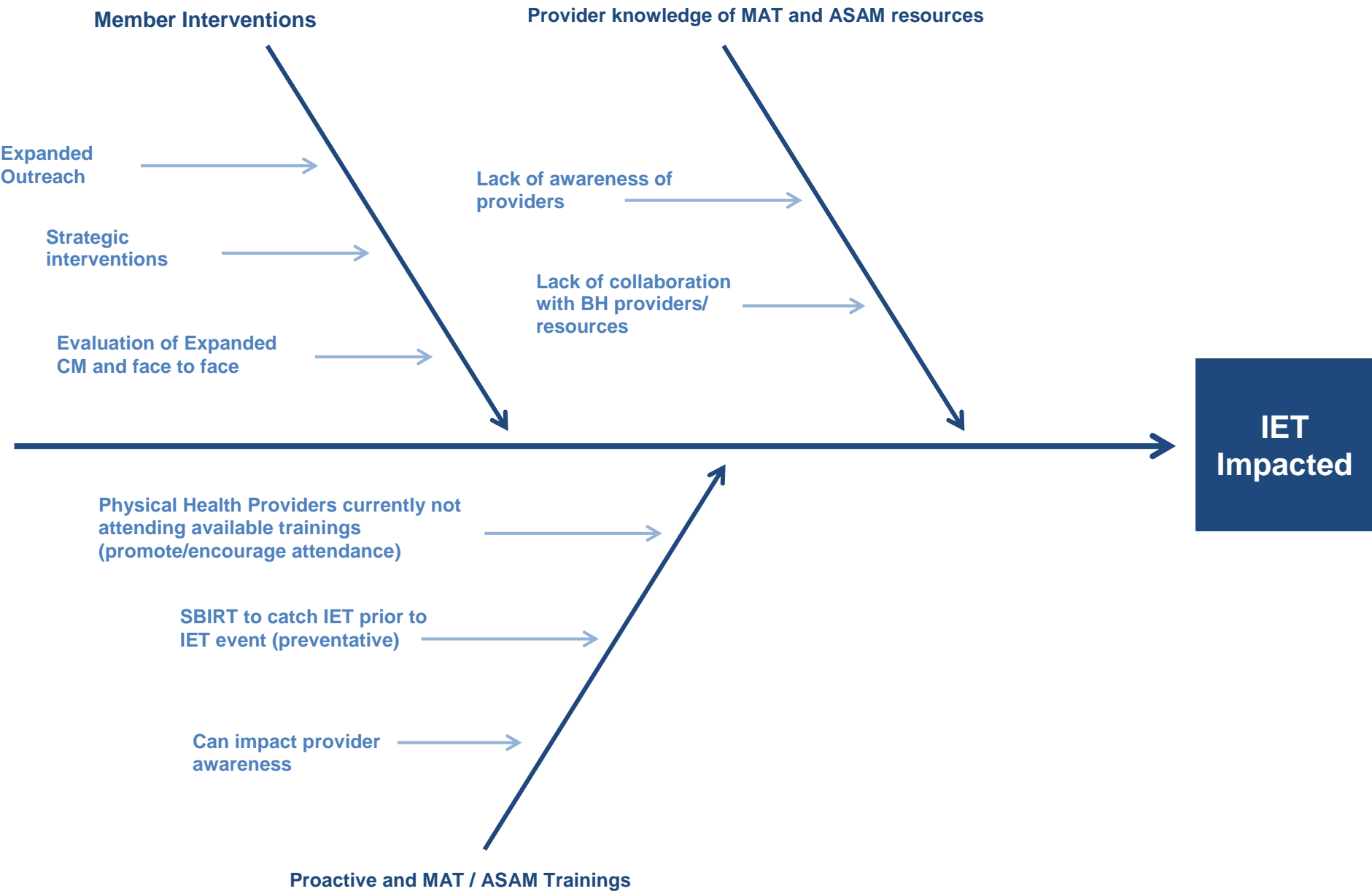
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as...	Purpose	Definition
Aim	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Obstacle • Hurdle • Road block 	To inform meaningful and specific intervention development addressing members, providers, and MCO staff.	<p>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.</p> <p>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.</p>
Baseline rate	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

PIP Term	Also Known as...	Purpose	Definition
Limitation	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Indicator • Performance Measure (terminology used in HEDIS) • Outcome measure 	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 improvement in health care status, delivery processes, or access.
Objective	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Provider knowledge of resources/providers • Expanded and targeted outreach to strategically impact members impacted or at risk of an IET event. 	
Less Feasible to Address	<ul style="list-style-type: none"> • Expansion of face to face interventions will require additional review and evaluation to determine how to best roll out – this may take longer to implement • Increase engagement of Physical Health Providers in Trainings to support SBIRT / preventative screenings and awareness of BH resources 	

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

	Positives	Negatives
INTERNAL <i>under your control</i>	<p><i>build on</i> STRENGTHS</p> <ul style="list-style-type: none"> • Life Coach program – noted impact on engagement • Development of trainings • Development of tools/resources for providers • Process revision from lessons learned in 2019 IET PIP to target geographical areas • Online platforms for direct access of resources, dissemination of information 	<p><i>minimize</i> WEAKNESSES</p> <ul style="list-style-type: none"> • Expansion of some programs dependent on recruiting/onboarding time staff
EXTERNAL <i>not under your control, but can impact your work</i>	<p><i>pursue</i> OPPORTUNITIES</p> <ul style="list-style-type: none"> • Provider participation in programs/trainings is optional (consider incentives) • Provider use of provided resources • Member awareness and willingness to engage in available services • Provider implementation of evidence based guidelines and assessment tools 	<p><i>protect from</i> THREATS</p> <ul style="list-style-type: none"> • Outreach and strategic interventions are reliant on member participation

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 Quality compass percentile (or by 10 percentage points)	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. - 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)	Provider education/training offerings: <ul style="list-style-type: none"> • MAT • SBIRT – focus on ED, PCP • Expand ASAM offerings for online access as well as promote provider workshop opportunities
			Waiver training to increase MAT prescribers statewide	Expand access to training programs; consider incentives for provider certification.
			Implement innovative statewide intervention to increase MAT prescriber knowledge of local evidence-based psychosocial treatment resources and referral procedures to higher levels of care	Add MAT resources to provider portal; establish directory of current MAT providers by region for distribution/access by providers for referral.
	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	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)	Enhanced case management – continue focused IET outreach for both IET and FUA - increase field staff for Life Coach program to address high risk members/subpopulations

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.	•	•	•