Health Plan Performance Improvement Project (PIP)

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Health Plan:

PIP Title: Improve Screening for Chronic Hepatitis C Virus (HCV) and Pharmaceutical Treatment Initiation

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

Submission Dates:

	Proposal/Baseline	Interim/Final
Version 1	2/3/2020	12/10/2020
Version 2	3/11/2020	

MCO Contact Information

1. Principal MCO Contact Person

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3. External Collaborators (if applicable):

Attestation

Plan Name:
Title of Project:

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

Medical Director Signature: _____
Raymond E. Poliquit, MD, FAAP
2/3/2020

CEO Signature: _____
2/3/2020

Quality Director Signature: _____
Christin Cantavespri
2/3/2020

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	3/19/2020	☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☒ Other	Due to Covid-19, the PIP was placed on hold
Change 2	6/19/2020	☐ Project Topic ☒ Methodology ☐ Barrier Analysis / Intervention ☐ Other	Reporting and PDSA templates were edited for PIs to include frequencies of "ever-screened" versus "annually screened". Q3 the plan implemented those changes.
Change 3		☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☐ Other	
Change 4		☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☐ 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.

Healthy Blue initiated the Hepatitis C (HCV) Performance Improvement Project (PIP) in February 2020. The goal was to increase HCV screenings for at-risk populations and increase treatment with Direct Antivirals (DAA) for those members identified as a probable or confirmed HCV diagnosis, by ten (10) percentage points above baseline. The baseline data determined the target rates for each measure.
Healthy Blue's objective was to increase the HCV screening rates for members identified as at-risk:

a. Beneficiaries born between the years 1945 and 1965
b. Current or past injection drug use
c. Persons ever on long term hemodialysis
d. Persons who were ever incarcerated
e. Persons with HIV infection

Another group of members were identified as having a probable or confirmed HCV diagnosis from the OPH listing provided monthly to the plan. Data analysis of claims and encounter of the members was completed to identify and stratify those for targeted outreach and provider education.

Once the membership was stratified into specific screening and treatment targeted groups; a methodology was developed to identify interventions appropriate for members and providers who may encounter those identified members. Interventions included:

a. Enhanced Case Management outreach for HCV treatment initiation and HCV screening of identified members
b. Member education on HCV risk factors and treatment options via text and phone call campaign, written educational material and education through provider resources
c. Provider education on Epclusa preferred DAA for treatment
d. Provider education on HCV screenings for the at-risk member population and treatment options for those with positive diagnoses of HCV
e. Plan provided list of identified members to providers and assisted with member outreach for engagement in treatment and screenings

The results for the performance indicators were as follows:

1a. Universal Screening for members ages 18-79: Target rate of 24.31 was not met; Final rate = 16.17 with a percentage increase over baseline of 1.86 noted

1b. Birth Cohort Screening for members birth year between 1945 and 1965: Target rate of 29.66 was not met; Final rate = 20.73 with a percentage increase over baseline of 1.07 noted

2a. Non-Birth Cohort/Risk Factor Screening – ever screened – members 18 and older with risk factors except being born between 1945 and 1965: Target rate of 40.84 was not met; Final rate = 33.35 with a percentage increase over baseline of 2.51 noted

2b. Non-Birth Cohort/Risk Factor Screening- Annual Screening, ages 18 and older with risk factors except being born between 1945 and 1965: Target rate of 24.59 was not met; Final rate = 8.77 with a percentage decrease from baseline of 5.82 noted

3a. HCV Treatment Initiation Overall, 18 and older with confirmed or probable diagnosis of HCV (OPH list): Target rate of 26.44 was not met; Final rate = 22.24 with a percentage increase from baseline of 5.8 noted

3b. HCV Treatment Initiation-Drug Users, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 25.27 was not met; Final rate = 23.25 with a percentage increase from baseline of 7.98 noted

3c. HCV Treatment Initiation-Persons with HIV, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 32.03 was not met; Final rate = 30.71 with a percentage increase from baseline of 8.68 noted

The plan identified many barriers during the project. The greatest barrier was related to Covid-19 pandemic, which essentially halted the project for three (3) months and increased the challenge of engaging members with HCV screenings and treatment. Another barrier identified was the challenge of three (3) hurricane storms within two (2) months affecting the Gulf Coast region. Other barriers included reduction in provider office staff and clinic hours, resulting in decreased access to care. Healthy Blue was able to successfully engage providers in the efforts to reach members following offices starting to open back up. Provider surveys to obtain feedback on current barriers provided insight into opportunities for improved outcomes. Ultimately, positive outcomes were obtained despite barriers in measurement year 2020.

Looking into 2021, the Health Plan will continue initiatives to include the identification of disparities in screenings and treatments among demographics and clinical subsets, develop strategies with Case Management for enhanced member engagement in CM services and work closely with providers to elicit feedback to address member interventions and strategies for improved progress and outcomes. Additionally, Community partnership are key for the plan in successfully educating members and offering screening opportunities. Social determinants of health data will be evaluated and provide more opportunities for improved health outcomes through targeted initiatives.

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:**

Hepatitis C (HCV) is a significant health problem in the U.S where millions of Americans are believed to be chronically infected. Louisiana has one of the highest rates of HCV in the country. Eradicating HCV in Louisiana and with our member population is critical to improve health inequities within our state. Addressing HCV by early detection and treatment is a priority and a key strategy for Healthy Blue as we work to improve health outcomes for our member population. As a health plan, we have an opportunity to leverage data and technology, enhance provider relationships and share best practices with providers to improve screening, evaluation and treatment for our members. Healthy Blue supports the development of evidence-based standards and quality metrics that define and encourage successful treatment for our members.

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

There is a disproportionally HCV infected population in Louisiana with those who are low-income and/or incarcerated. Many members who have chronic Hepatitis C have not been tested and do not know they are infected. For those who have been diagnosed, many of them and their providers have been awaiting approved new medications before starting treatment. The high cost of treatment is another barrier in successfully eradicating HCV in Louisiana.

Healthy Blue will identify members with high-risk conditions such as current or past injection drug use, members on long term hemodialysis, members who are currently or were ever incarcerated and those with an HIV diagnosis. Once identified, the plan will cross reference those who already have an HCV diagnosis and/or treatment regime for HCV or HIV. An outreach and educational campaign for providers and members will ensure that proper education regarding screenings and treatment will occur. Healthy Blue currently has over 66,000 members who could potentially benefit for early detection and screening.

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

Healthy Blue will utilize the clinical practice guidelines/standards as outlined in the U.S Preventive Service Task Force Guidelines (USPSTF), Infectious Diseases Society of America (IDSA/AASLD) and World Health Organization (WHO) source sites. Additionally, the HIV Medicine Association of IDSA and CDC will also be referenced sources for managing populations with coinfections and the at-risk population.

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

Healthy Blue member population represents a statistically significant sample of the overall baseline to show an opportunity for a reduction in HCV in our state. With the pharmaceutical treatment partnership, we have an advantage in the reduction of HCV. Within the past six months of initiating the treatment partnership, we have increased the treatment rate of our member population by 22.82%. Healthy Blue will use demographic data as well as an analysis of subpopulations (e.g., HIV, SMI/SUD) to develop a targeted outreach campaign to increase the number of members identified for treatment and/or at risk for HCV.

Aims, Objectives and Goals

Aim

Improve the Healthy Louisiana HCV screening rate and initiation of HCV pharmaceutical treatment rate by ten percentage points by implementing a robust set of interventions to address the following key intervention objectives:

1. **Member Intervention Objective**: Outreach and educate eligible members, and facilitate referrals to/schedule appointments with (I) PCPs for screening and (II) HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high risk characteristics)::
   a. Beneficiaries born between the years 1945 and 1965
   b. Current or past injection drug use
   c. Persons ever on long term hemodialysis
   d. Persons who were ever incarcerated
   e. Persons with HIV infection

2. **Provider Intervention Objective**: Educate providers on evidence-based recommendations and availability of HCV specialty providers (USPSTF, 2013; AASLD/IDSA, 2018), and coordinate referrals for screening and treatment.

Table 2: Goals

Indicators	Baseline Rate[1] Measurement Period: 1/1/19-12/31/19	Target Rate[2]	Rationale for Target Rate[3]
Performance Indicator #1a (Universal Screening): ***The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for HCV {numerator}.***	N: 18930 D: 132323 R: 14.31	R: 24.31%	10% points above updated Baseline Rate
Performance Indicator #1b (Birth Cohort Screening): ***The percentage of Healthy Louisiana enrollees for whom HCV screening is indicated by birth year between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.***	N: 4035 D: 20522 R: 19.66	R: 29.66%	10% points above updated Baseline Rate
Performance Indicator #2a (Non-Birth Cohort/Risk Factor Screening- ever screened): *The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.*	N: 2483 D: 8051 R: 30.84	R: 40.84%	10% points above updated Baseline Rate
Performance Indicator #2b (Non-Birth Cohort/Risk Factor Annual Screening): *The percentage of*	N: 1175 D: 8051 R: 14.59	R: 24.59%	10% points above updated Baseline Rate

Indicators	Baseline Rate[1] Measurement Period: 1/1/19-12/31/19	Target Rate[2]	Rationale for Target Rate[3]
Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the measurement year for HCV {numerator}.			
Performance Indicator #3a (HCV Treatment Initiation-Overall): ***The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	N: 664 D: 4039 R: 16.44	R: 26.44%	10% points above updated Baseline Rate
Performance Indicator #3b (HCV Treatment Initiation-Drug Users): ***The percentage of the subset of adults with current or past drug use and a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	N: 242 D: 1585 R: 15.27	R: 25.27%	10% points above updated Baseline Rate
Performance Indicator #3c (HCV Treatment Initiation-Persons with HIV): ***The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	N: 39 D: 177 R: 22.03	R: 32.03%	10% points above updated Baseline Rate

[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 Indicators

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #1a (Universal Screening)	**Performance Indicator #1a (Universal Screening)**: ***The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for HCV {numerator}.***	Administrative/ Claims/ Encounter data	All Healthy Louisiana enrollees ages 18-79 years	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members
Performance Indicator #1b (Birth Cohort Screening).	***The percentage of Healthy Louisiana enrollees for whom HCV screening is indicated by birth year between 1945 and 1965 {denominator} and who were screened for HCV {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana enrollees born between 1945 and 1965	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #2a (Non-Birth Cohort/Risk Factor Screening- ever screened)	***The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults aged 18 and older who were NOT born between 1945 and 1965, and who meet one or more of the following criteria: a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR b. Persons ever on long term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were ever screened for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #2b (Non-Birth Cohort/Risk Factor Annual Screening)	***The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the measurement year for HCV {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults aged 18 and older who were NOT born between 1945 and 1965, and who meet one or more of the following criteria: a. Current or past injection drug use (ICD-9 or ICD-10 codes in Table A); OR b. Persons ever on long term hemodialysis (ICD-9 or ICD-10 codes in Table B); OR c. Persons who were ever incarcerated (ICD-9 or ICD-10 codes in Table C); OR d. Persons ever diagnosed with HIV infection (ICD-9 or ICD-10 codes in Table d)	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	Number of Healthy Louisiana enrollees who were screened during the measurement year for HCV: CPT code 86803 OR CPT code 86804 OR CPT code 87520 OR CPT code 87521 OR CPT code 87522 OR HCPCS code G0472	Number of members in the eligible population less number of excluded members

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #3a (HCV Treatment Initiation-Overall)	***The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the authorized generic (AG) of Epclusa ®) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}	Number of members in the eligible population for Performance Indicator #3a
Performance Indicator #3b (HCV Treatment Initiation-Drug Users)	***The percentage of the subset of adults with current or past drug use and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with current or past drug use (ICD-9 or ICD-10 codes in Appendix A) AND with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the authorized generic (AG) of Epclusa ®) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}	Number of members in the eligible population for Performance Indicator #3b

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Performance Indicator #3c (HCV Treatment Initiation- Persons with HIV)	***The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	Administrative/ Claims/ Encounter data	Healthy Louisiana adults ever diagnosed with HIV (ICD-9 or ICD-10 codes in Appendix D) AND with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatisvir (the authorized generic (AG) of Epclusa ®) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}	Number of members in the eligible population for Performance Indicator #3c

Data Collection and Analysis Procedures

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

Sampling Procedures

- **Describe sampling methodology:** n/a

Data Collection

- **Describe data collection:**

Data will be collected by multiple departments within the Health Plan. Data collection will be completed by Business Data Analysts, Manager of Case Management, Quality Improvement Manager and HEDIS Manager. The tools that are used to collect the data include the use of SQL Server Management Studio and Teradata to analyze claims/utilization data. Additionally, the Case Management data is obtained using referrals from a vendor who manages high risk population, and health risk assessments. The use of the Office of Public Health Hepatitis C file provided by LDH is also utilized for data collection.

Validity and Reliability

- **Describe validity and reliability:**

Data collection is done in conjunction with the specifications set forth by the measures. The Business Analyst performs an audit of data pulled and addresses any gaps in missing data by conducting a deep dive of data collection method. The OPH file is cross walked against the eligible population criteria to determine the high-risk members. Claims data (CPT, HCPCS, ICD-9 and 10Cm and/or NCD's) are used to determine numerator compliance.

Data Analysis

- **Describe data analysis procedures:**

Once data is obtained, it is analyzed and compared to the goals set forth for each performance measure. Additionally, the data is trended and compared to prior results for identification of opportunities of improvement. Also, the data is stratified by region and member demographics to identify opportunities for targeted interventions to address specific performance measures.

- **Describe how plan will interpret improvement relative to goal:**

Data is continuously monitored, at minimum, on a quarterly basis to determine if metrics are on target or at risk to meeting goals. Data is benchmarked using similar studies and compared to previous results each quarter. Additionally, data deep dives may be required to determine a subset of population trends as related to regional prevalence, member disparities and/or access to care barriers.

- **Describe how plan will monitor ITMs for ongoing QI:**

Healthy Blue will complete monthly PDSA and run charts for oversight of measuring interventions to impact overall goals. Additionally, barrier analysis and member/provider focus groups if needed, will be used to identify additional barriers with obtaining goals will be conducted as needed. These exercises will assist in the monitoring of interventions, developing new interventions or the realignment of existing interventions as needed.

(Tentative) PIP Timeline

Report the baseline, interim and final measurement data collections periods below.

Baseline Measurement Period:
Start date: 1/1/2019
End date: 12/31/2019

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

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

PIP Interventions (New or Enhanced) Initiated: 2/1/2020

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

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: New Healthy Louisiana HCV treatment benefit may be unknown to enrollee. **Method of barrier identification: IPRO HCV PIP guidance document.**		**2020**			
		Q1	**Q2**	**Q3**	**Partial Q4**
Intervention #1 to address barrier: Enhanced Case Management Outreach for HCV Treatment Initiation **Planned Start Date: 2/3/2020** **Actual Start Date**: **2/3/2020 (PIP on hold 3/2020-6/2020)**	**Intervention #1 tracking measure :** (IPRO MEASURE) **N:** # members with appointment scheduled with HCV specialist (in OPH database) or PCP for HCV treatment assessment/initiation **D:** # members with confirmed or probable HCV per OPH listing not receiving treatment	Num:2 Denom: 3848 Rate:0.05%	Num: 0 Denom: 3743 Rate: 0%	Num: 154 Denom: 4440 Rate: 3.46%	Num:87 Denom: 4139 Rate: 2.10%
Barrier 2: Asymptomatic enrollees may not know they are infected with HCV. **Method of barrier identification: IPRO HCV PIP guidance document.**		**2020**			
		Q1	**Q2**	**Q3**	**Partial Q4**
Intervention #2 to address barrier: Enhanced Case Management Outreach for HCV Screening **Planned Start Date: 2/3/2020** **Actual Start Date: 2/3/2020 (PIP on hold 3/2020-6/2020)**	**Intervention #2 tracking measure:** (IPRO MEASURE) **N:** # members with appointment scheduled with PCP for HCV screening **D:** # members age 18-79 at risk for HCV per MCO claims/encounter data	Num: 6 Denom: 24242 Rate: 0.02%	Num: 2 Denom: 23899 Rate: 0.008%	Num: 47 Denom: 24948 Rate: 0.19%	Num: 32 Denom: 25309 Rate: 0.12%
Intervention #2a to address barrier: Enhanced Case Management Outreach for HCV Screening of at-risk members **Planned Start Date: 2/3/2020** **Actual Start Date**: **2/3/2020 (PIP on hold 3/2020-6/2020)**	**Intervention #2a tracking measure:** **N:** # members with appointment scheduled with PCP for HCV screening **D:** # members at risk for HCV per MCO claims/encounter data =/> 18 and not born between 1945-1965	Num: 2 Denom:6597 Rate: 0.03%	Num: 0 Denom:6445 Rate: 0%	Num: 2 Denom: 6772 Rate: 0.029%	Num:2 Denom: 6942 Rate: 0.028%
Barrier 3: Providers may not be aware of current HCV screening and treatment protocols. **Method of barrier identification: Claims/encounter data**		**2020**			
		Q1	**Q2**	**Q3**	**Partial Q4**

Intervention #3 to address barrier: Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) prescription. **Planned Start Date: 2/3/2020** **Actual Start Date**: **2/3/2020 (PIP on hold 3/2020-6/2020)**:	**Intervention #3 tracking measure:** (IPRO MEASURE) **N:** # members with SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) dispensed **D:** # members with any DAA dispensed	N: 274 D: 277 R: 98.91%	N: 246 D: 250 R: 98.4%	N: 244 D: 249 R: 97.99%	N: 200 D: 203 R: 98.5%
Intervention #3a to address barrier: Virtual provider outreach and education to PCP on HCV screenings and treatment options **Planned Start Date:** **Actual Start Date**:	**Intervention #3a tracking measure:** **N:** # providers outreached and educated on HCV screening **D:** # total number of providers targeted for QM outreach and training quarterly	Num: 0 Denom:80 Rate: 0%	Num:28 Denom:80 Rate:35%	Num: 47 Denom: 80 Rate: 58.75%	Num:45 Denom:80 Rate:56.25%
Barrier 4: Providers may require a more proactive approach in identifying members who are at risk for HCV. **Method of barrier identification: Claims/encounter data to identify disparities/demographics**		**2020** **Q1**	**Q2**	**Q3**	**Partial Q4**
Intervention #4 to address barrier: Identify current members with HIV diagnosis for targeted outreach efforts **Planned Start Date: 2/3/2020** **Actual Start Date**: **2/3/2020 (PIP on hold 3/2020-6/2020)**	**Intervention #4 tracking measure:** **N:** # members identified with HIV DX with appointment scheduled with PCP/specialist for HCV screening **D:** # of members with current HIV DX per claims/encounter data	Num: 1 Denom: 839 Rate: 0.11%	Num: 0 Denom: 798 Rate: 0%	Num: 0% Denom: 689 Rate: 0%	Num:1 Denom: 691 Rate: 0.14%
Intervention #4a to address barrier: Identify current members with SUD/SMI diagnosis for targeted outreach efforts **Planned Start Date: 2/3/2020**	**Intervention #4a tracking measure:** **N:** # members identified with SUD/SMI DX with appointment scheduled with PCP/specialist for HCV screening **D:** # of members with current SUD/SMI DX per claims/encounter data	Num: 1 Denom: 14802 Rate: 0.006%	Num: 0 Denom: 14545 Rate: 0%	Num:0 Denom: 19188 Rate: 0%	Num:1 Denom: 21153 Rate: 0.004%

Actual Start Date: **2/3/2020 (PIP on hold 3/2020-6/2020)**					
Intervention #5: Identify current members on the OPH list and assist PCP's with outreach and appointments for treatment of HCV **Planned Start Date: 4/1//2020** **Actual Start Date**: **6/1/2020 (PIP on hold 3/2020-6/2020)**	**Intervention #5 tracking measure:** **N:** # members whose provider was notified via a care gap report **D:** #members on the OPH listing who have not been treated for HCV	Not started	Not started	Num: 1090 Denom: 4440 Rate: 24.5%	Num:511 Denom: 4139 Rate: 12.3%

Results

To be completed upon Baseline, Interim 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 Period** Measure period: 1/1/2019 to 12/30/2019	**Final Period** Measure period:1/1/2020 to 11/30/2020	**Target Rate[1]**
Performance Indicator #1a (Universal Screening): ***The percentage of Healthy Louisiana enrollees ages 18-79 years {denominator} who were ever screened for HCV {numerator}.***	N: 18930 D: 132323 R: 14.31	N: 26387 D: 163206 R: 16.17	**R: 24.31%**
Performance Indicator #1b (Birth Cohort Screening): ***The percentage of Healthy Louisiana enrollees for whom HCV screening is indicated by birth year between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.***	N: 4035 D: 20522 R: 19.66	N: 4671 D: 22533 R: 20.73	**R: 29.66%**
Performance Indicator #2a (Non-Birth Cohort/Risk Factor Screening- ever screened): *The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were ever screened for HCV {numerator}.*	N: 2483 D: 8051 R: 30.84	N: 3478 D: 10428 R: 33.35	**R: 40.84%**

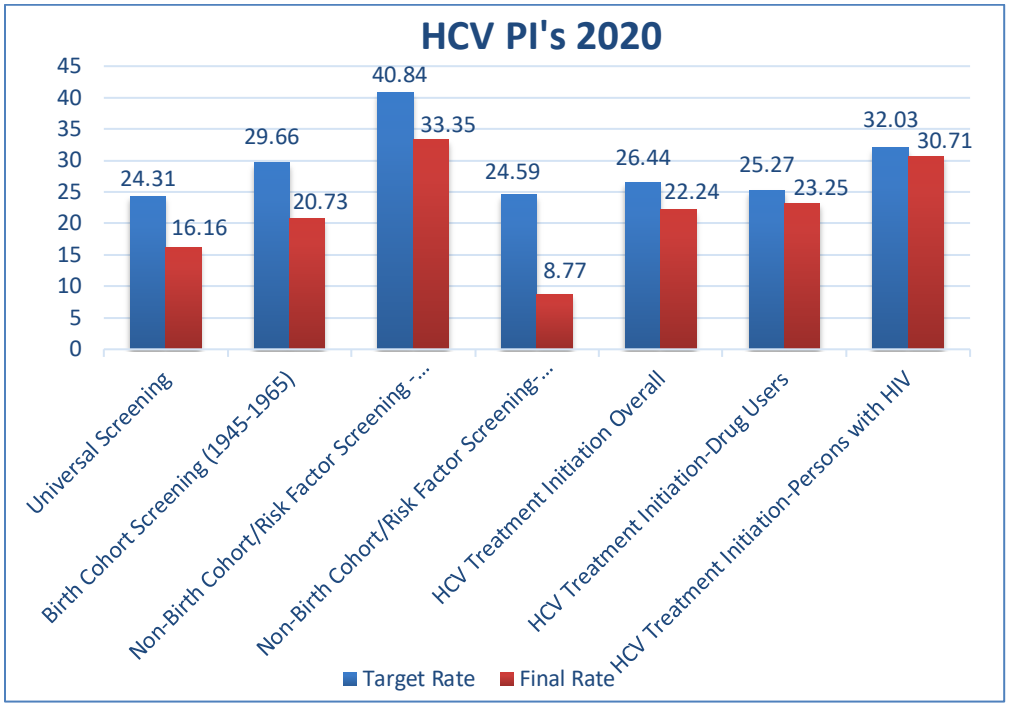
Indicator	**Baseline Period** Measure period: 1/1/2019 to 12/30/2019	**Final Period** Measure period:1/1/2020 to 11/30/2020	**Target Rate**[1]
Performance Indicator #2b (Non-Birth Cohort/Risk Factor Screening- Annual Screening): ***The percentage of Healthy Louisiana adults aged 18 and older for whom HCV screening is indicated by any one or more risk factors other than being born between 1945 and 1965 {denominator} and who were screened during the measurement year for HCV {numerator}.***	N: 1175 D: 8051 R: 14.59	N: 915 D: 10428 R: 8.77	**R: 24.59%**
Performance Indicator #3a (HCV Treatment Initiation-Overall): ***The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	N: 664 D: 4039 R: 16.44	N: 1216 D: 5467 R: 22.24	**R: 26.44%**
Performance Indicator #3b (HCV Treatment Initiation-Drug Users): ***The percentage of the subset of adults with current or past drug use and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.***	N: 242 D: 1585 R: 15.27	N: 540 D: 2323 R: 23.25	**R: 25.27%**
Performance Indicator #3c (HCV Treatment Initiation-Persons with HIV): *The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.*	N: 39 D: 177 R: 22.03	N: 74 D: 241 R: 30.71	**R: 32.03%**

[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.

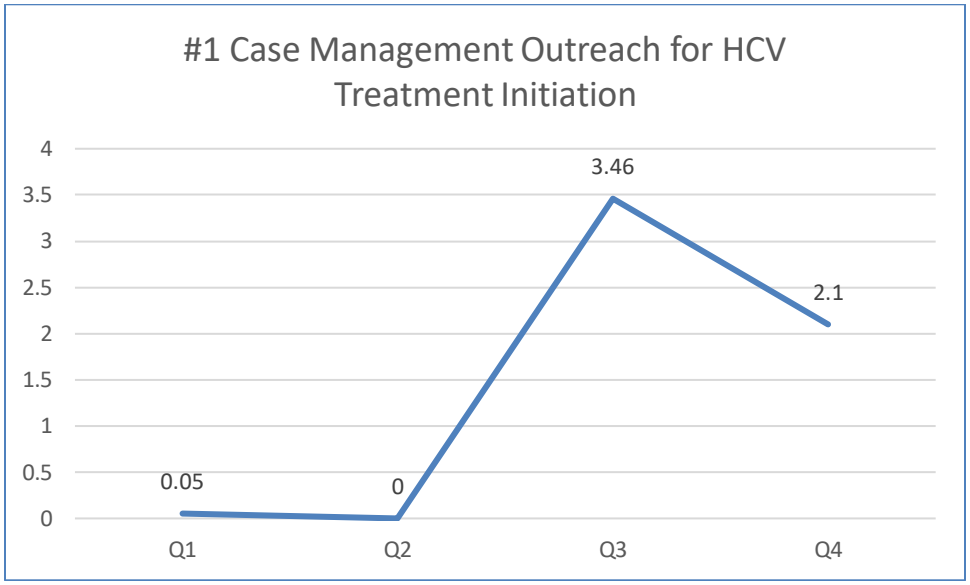
OPTIONAL: Additional tables, graphs, and bar charts can be an effective means of displaying data that are unique to your PIP in a concise way for the reader. If you choose to present additional data, include only data that you used to inform barrier analysis, development and refinement of interventions, and/or analysis of PIP performance.

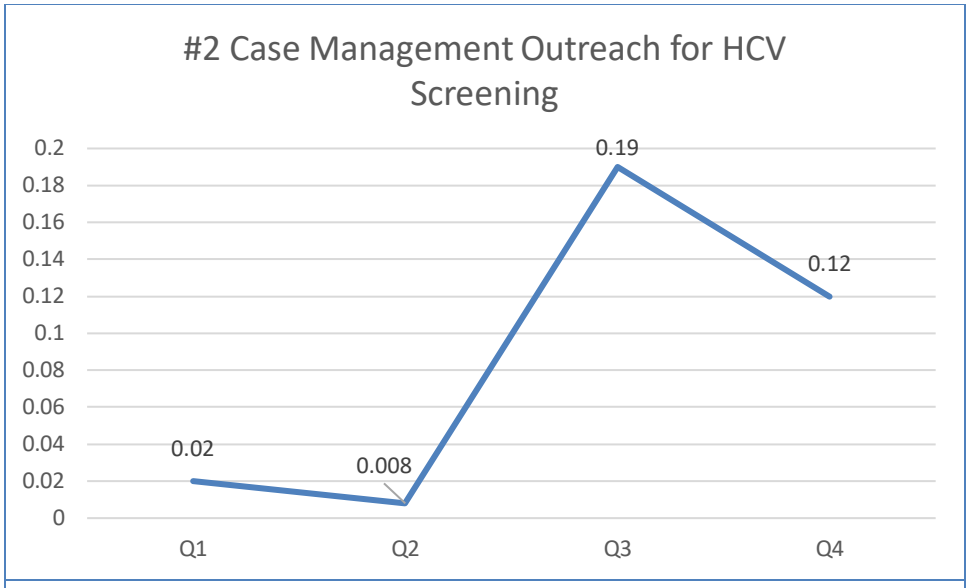
In the results section, the narrative to accompany each table and/or chart should be descriptive in nature. Describe the most important results, simplify the results, and highlight patterns or relationships that are meaningful from a population health perspective. ***Do not*** interpret the results in terms of performance improvement in this section.

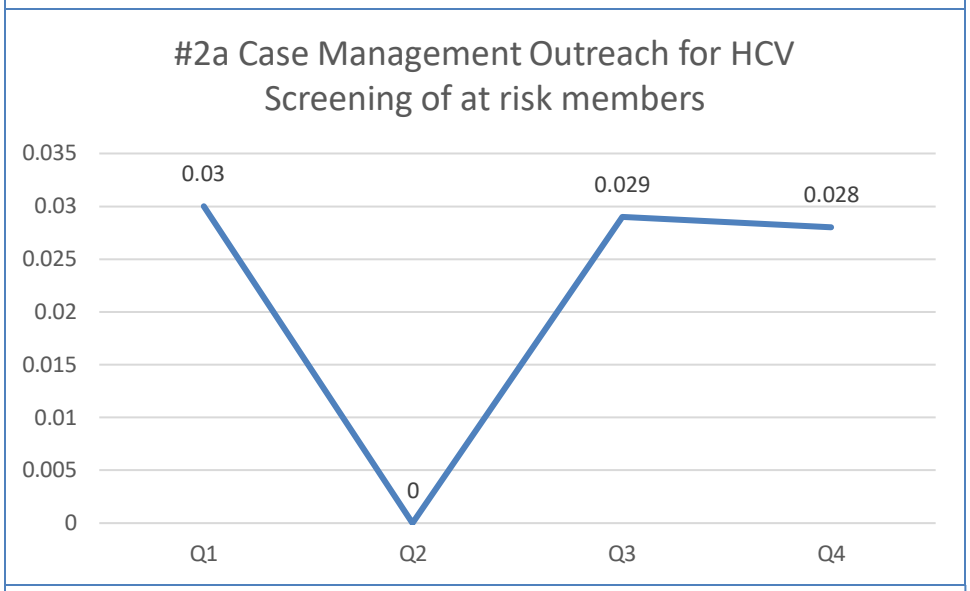
Performance Indicators Trends:

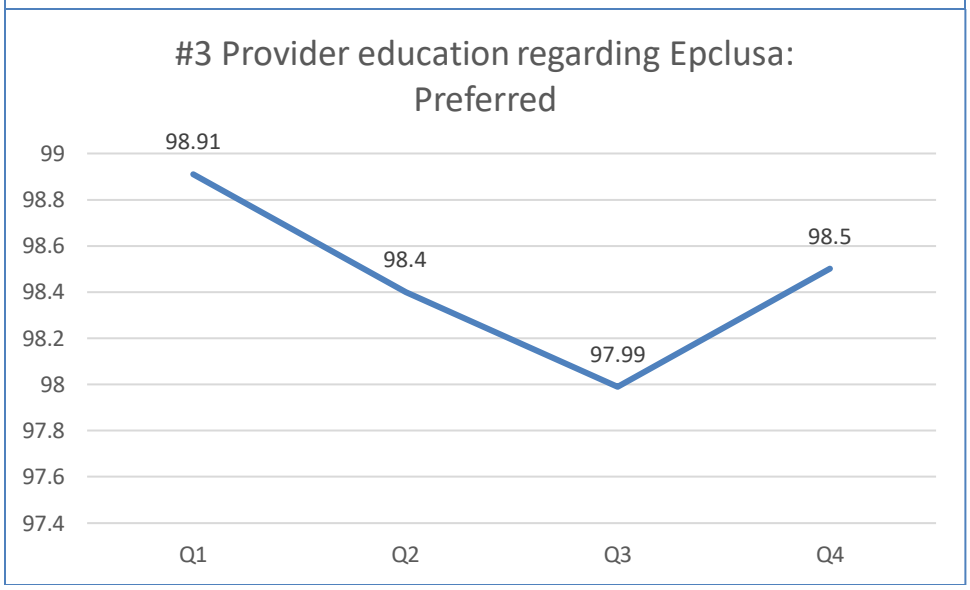


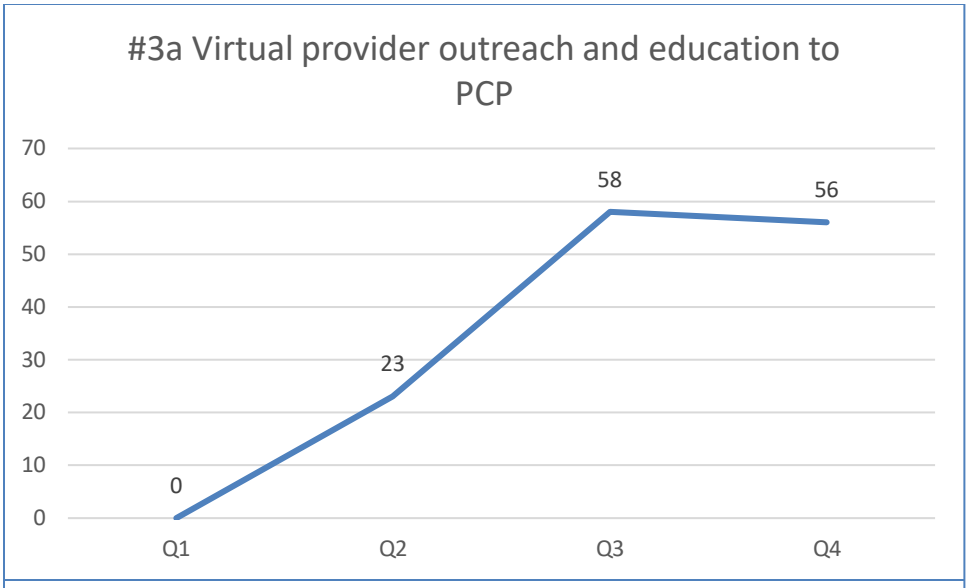
ITM Trends:

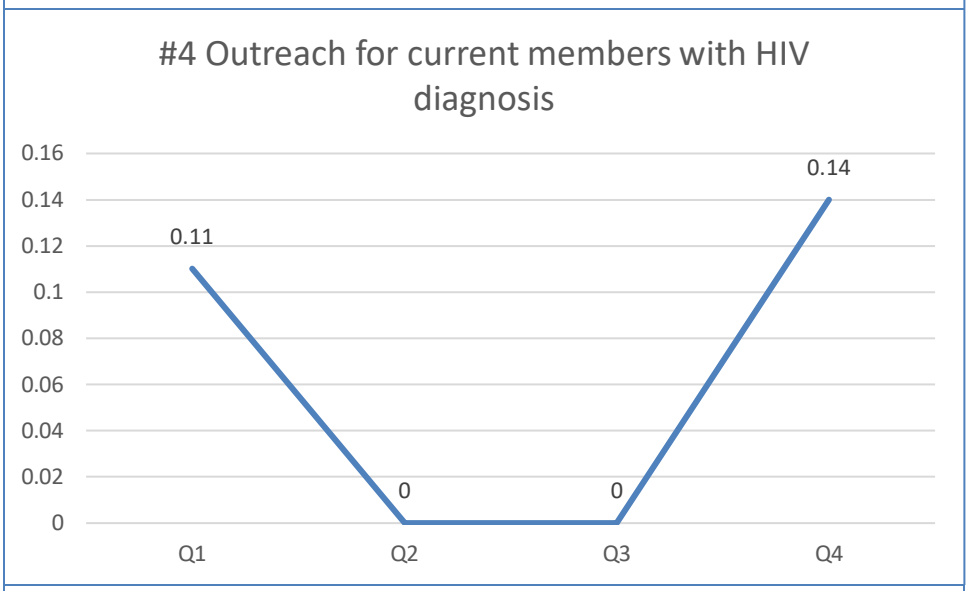


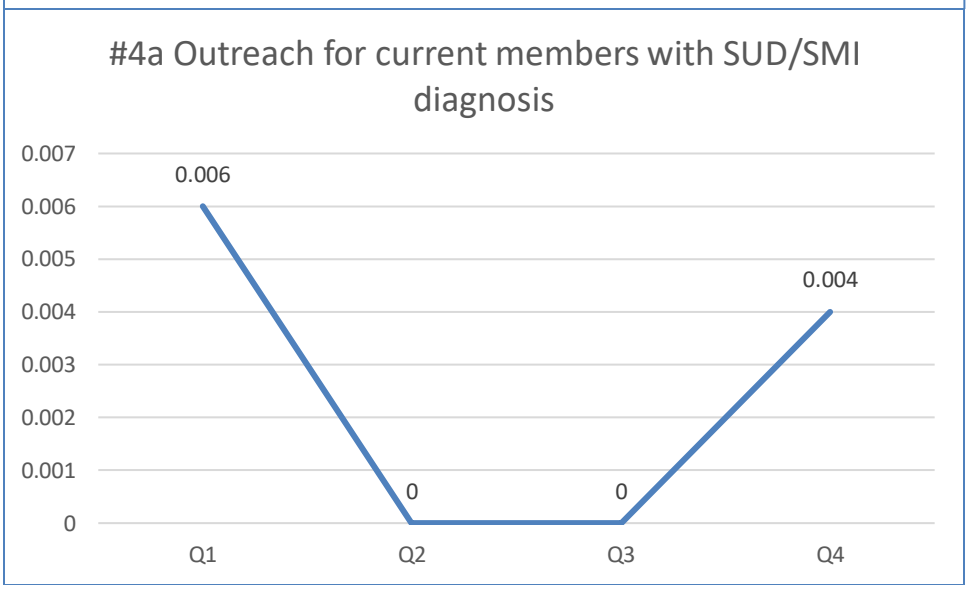

#2 Case Management Outreach for HCV Screening
0.2
0.18
0.16
0.14
0.12
0.1
0.08
0.06
0.04
0.02
0
0.02
0.008
0.19
0.12
Q1
Q2
Q3
Q4

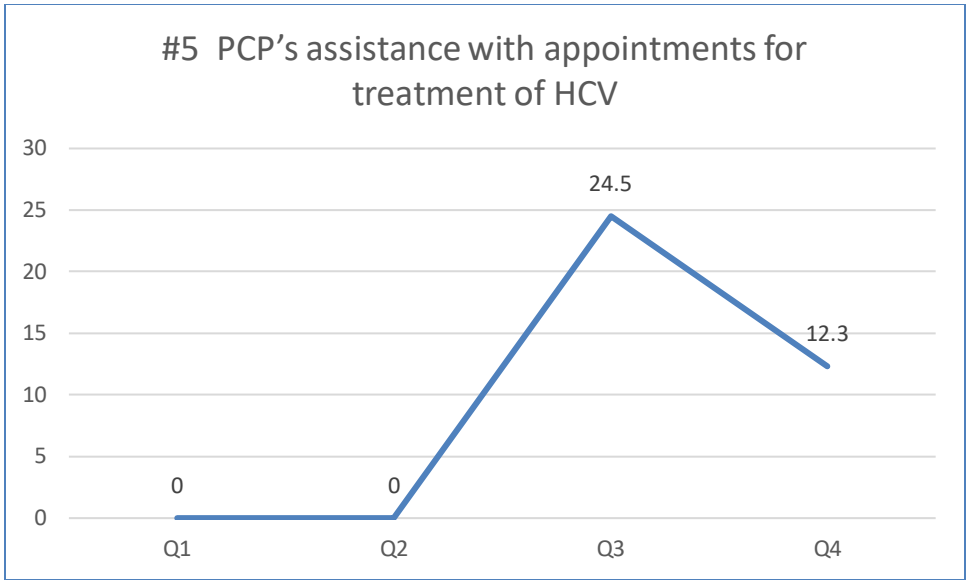

#2a Case Management Outreach for HCV Screening of at risk members
0.035
0.03
0.025
0.02
0.015
0.01
0.005
0
0.03
0
0.029
0.028
Q1
Q2
Q3
Q4


#3 Provider education regarding Epclusa: Preferred
99
98.8
98.6
98.4
98.2
98
97.8
97.6
97.4
98.91
98.4
97.99
98.5
Q1
Q2
Q3
Q4


#3a Virtual provider outreach and education to PCP
70
60
50
40
30
20
10
0
0
23
58
56
Q1
Q2
Q3
Q4


#4 Outreach for current members with HIV diagnosis
0.16
0.14
0.12
0.1
0.08
0.06
0.04
0.02
0
0.11
0
0
0.14
Q1
Q2
Q3
Q4


#4a Outreach for current members with SUD/SMI diagnosis
0.007
0.006
0.005
0.004
0.003
0.002
0.001
0
0.006
0
0
0.004
Q1
Q2
Q3
Q4


#5 PCP's assistance with appointments for treatment of HCV
30
25
20
15
10
5
0
24.5
12.3
0
0
Q1
Q2
Q3
Q4

Discussion

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

Discussion of Results

The final results for the performance indicators were as follows:

- 1a. Universal Screening for members ages 18-79: Target rate of 24.31 was not met; Final rate = 16.17 with a percentage increase over baseline of 1.86 noted
- 1b. Birth Cohort Screening for members birth year between 1945 and 1965: Target rate of 29.66 was not met; Final rate = 20.73 with a percentage increase over baseline of 1.07 noted
- 2a. Non-Birth Cohort/Risk Factor Screening – ever screened – members 18 and older with risk factors except being born between 1945 and 1965: Target rate of 40.84 was not met; Final rate = 33.35 with a percentage increase over baseline of 2.51 noted
- 2b. Non-Birth Cohort/Risk Factor Screening- Annual Screening, ages 18 and older with risk factors except being born between 1945 and 1965: Target rate of 24.59 was not met; Final rate = 8.77 with a percentage decrease from baseline of 5.82 noted
- 3a. HCV Treatment Initiation Overall, 18 and older with confirmed or probable diagnosis of HCV (OPH list): Target rate of 26.44 was not met; Final rate = 22.24 with a percentage increase from baseline of 5.8 noted
- 3b. HCV Treatment Initiation-Drug Users, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 25.27 was not met; Final rate = 23.25 with a percentage increase from baseline of 7.98 noted
- 3c. HCV Treatment Initiation-Persons with HIV, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 32.03 was not met; Final rate = 30.71 with a percentage increase from baseline of 8.68 noted

- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Healthy Blue demonstrated improved rates overall on Performance Indicators (PI). Target Rates for the Performance Indicators were not met in 2020. HCV Treatment rates averaged less than 3 percentage points from the overall goals for treatment. Screening rates overall averaged 10.1 percentage points from the overall goals for screening. Non-Birth Cohort/Risk Factor Screening (Annual Screening) was identified to have the largest opportunity of improvement being 15.82 percentage points less than goal.
  For the Intervention Tracking Measures (ITMs) overall member engagement rates were low, although positive improvement from Q1 2020 to Q4 2020 were made. The most highlighted improvement from Q1 2020 to Q4 2020 resulted from provider outreach efforts (ITM # 5) with up to 2.05% of providers identified receiving HEP-C education and member gap in care reporting.

- **What factors were associated with success or failure?**

Factors associated with low ITM rates overall can be attributed to barriers identified in 2020 due to Covid-19 pandemic, three Gulf Coast hurricanes, and the inability to reach identified members. Denominators for the HEP C members who needed screenings and treatment (ITM #1, #2) were large numbers, with the highest denominator being 24,948. For tracking of engagement of members in CM, the median of the denominator was almost 4,000 members. The size of this population and probability of ITM rates being impactful is unlikely due to the barriers as mentioned above.

In addition, the intervention of targeted outreach for HIV and SUD/SMI members (ITMs #4 and #4a) did not yield in positive results or meet the target rates expected. Several barriers were identified in not meeting this rate. The sensitivity of this population related to HIV and SUD diagnoses required varied strategies with engaging members such as partnering with community resources and providers who specifically treat these types of members. An inability to reach these members has been another barrier in addition to the pandemic and hurricanes that have affected our areas.

Factors associated with success of ITM and PI's can be attributed to provider engagement increases in Q3 & Q4, 2020. Initial outreach efforts with providers started in September resulted in 8.62% member appointments made through the providers. Final results were 17% which is an increase of 8.38 percentage points. During the study of this PIP, it was clear that engagement of members via their PCP was more successful than the health plan attempting engagement alone. This is a strategy that can built upon in 2021.

Opportunities to engage members via multiple strategies including provider collaboration, case management and community partnerships. For 2021, strategies will address member fears due to COVID-19 such as possibly distributing face masks, hand sanitizers and healthy tips on keeping safe during a pandemic.

Overall, screening ITM's pose the biggest opportunity for improvement. Treatment ITM's remained steady throughout the PIP with Q4 2020 almost reaching 100% (98.5%).

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?**
  Initial data analysis conducted on claims and encounter data was stratified by ages eighteen and older, those members born between 1945-1965 and members with an HIV/ SUD/SMI diagnoses. Further data analysis on disparities of health may help define our efforts moving forward. Data collected for quarterly measures is refreshed mid-month, so the validity of our final report only shows partial Q4 results.

- **Were there any threats to the external validity the findings?**
  Healthy Blue received updated OPH member lists sporadically during the project and updated analysis was conducted monthly to ensure that all eligible members were included into the outreach lists. Subpopulations were stratified from the data monthly and provided to the teams for targeted outreach efforts. This resulted in a delay of outreach efforts due to the changing data and high denominator sample. Members successfully contacted on OPH list who were identified as probable or confirmed HCV, stated they had either never been tested for HCV or were negative. Members also stated they were previously treated which affects the validity of the findings as well.

- **Describe any data collection challenges.**
  Healthy Blue met data collection challenges in gathering data for actual member appointments as required by the PIP. The plan had various teams working with various sections of member lists which resulted in varied data collection methods. The data analysis methods were most often manual to determine accurate rates for the interventions.

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
#1) Enhanced Case Management Outreach for HCV Treatment Initiation	Provider education and assistance with member outreach improved outcomes; Covid-19 create barriers for access to care	Direct provider education with list of members identified for HCV treatmer assisted with appointment scheduling	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#2) Enhanced Case Management Outreach for HCV Screening	Provider education and assistance with member outreach improved outcomes; member engagement was low due t unable to reach members	Direct provider education with list of members identified for HCV treatmer assisted with appointment scheduling	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#2a) Enhanced Case Management Outreach for HCV Screening of at-risk members	Provider education and assistance with member outreach improved outcomes; member engagement was low due t unable to reach barriers	Direct provider education with list of members identified for HCV treatmer assisted with appointment scheduling	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#3) Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred):	Provider education on Epclusa preferred DAA resulted in positive treatme outcomes	Provider education on HCV treatment protocols continues to increase positive results	Continue provider and member education on treatment protocols; expa provider use of HCV toolk
#3a) Virtual provider outreach and education to PCP on HCV screenings and treatment options:	Direct Provider outreach created educational opportunities for HCV screening and treatment protocols	Team approach continues with provider education related to HCV	Continue provider and member education on treatment protocols; expa provider use of HCV toolk
#4) Identify current members with HIV diagnosis for targeted outreach efforts	Engagement for HIV identified members was lo due to unable to reach members	Direct provider engagemer with those who treat HIV is planned to increase memb engagement	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#4a) Identify current members with SUD/SMI diagnosis for targeted outreach efforts	Member engagement with SUD/SMI members was lo due to unable to reach members	Direct provider engagemer with those who treat SUD/SMO is planned to increase member engagement	Expand provider outreach efforts and partner with community resources for additional screening opportunities
#5) Identify current members on the OPH list and assist PCP's with outreach and appointments for treatment of HCV	Direct Provider outreach created educational opportunities for HCV screening and treatment protocols	Team approach continues with provider education related to HCV	Continue provider and member education on treatment protocols; expa provider use of HCV toolk

References

American Association for the Study of Liver Diseases (AASLD)/ Infectious Diseases Society of America (IDSA). HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. May 24, 2018.

Louisiana Department of Health (LDH). Letter from Jen Steel, Medicaid Director, to All Louisiana Medicaid Providers with Subject: Louisiana Fee for Service (FFS) Medicaid and Managed Care Organizations (MCOs) Hepatitis C Virus (HCV) Direct-Acting Antiviral (DAA) Agents Clinical Prior and Pre-Authorization Criteria Revision, April 24, 2018.

Louisiana Department of Health (LDH). Hepatitis C. http://ldh.la.gov/index.cfm/page/1012 [4 November 2019a].

Louisiana Department of Health (LDH). Direct-Acting Antiviral Agents (DAA) Used to Treat Hepatitis C Virus (HCV) Medication Therapy Worksheet for Louisiana Medicaid Recipients. Revised May 2019b.

Louisiana Medicaid. Authorization Criteria for Hepatitis C DAA Agents for Medicaid July 2019.

Louisiana Office of Public Health (LA OPH). Epidemiologic Profile of Hepatitis C Virus Infection in Louisiana – 2015. Louisiana Office of Public Health – Infectious Disease Epidemiology Section- Hepatitis C Infection Epidemiologic Profile. http://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/Hepatitis/HepC/HepCEpiProfile.pdf [4 November 2019].

United States Preventive Services Task Force. Screening for Hepatitis C Virus Infection in Adults: U.S. Preventive Services Task Force Recommendation Statement. Ann Intern Med. 2013; 159:349-357.

Table A: **Current or past injection drug use** (any one or more of diagnosis codes or diagnosis code combinations in this table, not restricted to place of service and not restricted to principal or primary diagnosis; note: a limitation of this measure is that ICD-9 and 10 codes do not specify injection vs. other route)

ICD-9 code or code combination	ICD-10 code or code combination	Description
	F11-	Opioid related disorders (Hyphen indicates that all codes within F11 should be included. This applies to all other ICD-10 and ICD-9 codes with hyphens that are listed in this table, as well.)
304.0-		Opioid dependence
304.7-		Opioid combined with another drug dependence
	F14-	Cocaine related disorders
304.2-		Cocaine dependence
	F15-	Other stimulant related disorders
304.4-		Amphetamine and other psychostimulant dependence
V69.8 AND 304.91		(other problems related to lifestyle) AND (unspecified drug dependence continuous)
	Z72.89 AND F19.20	(other problems related to lifestyle) AND (other psychoactive substance abuse, uncomplicated)

Table B. Persons ever on long term hemodialysis (any one or more of diagnosis codes in this table, not restricted to place of service and not restricted to principal or primary diagnosis)

ICD-9 code	ICD-10 code	Description
	Z49-	Encounter for care involving renal dialysis (Hyphen indicates that all codes within Z49 should be included. This applies to all other ICD-10 and ICD-9 codes with hyphens that are listed in this table, as well.)
	Z99.2	Dependence on renal dialysis
V4511		Dependence on renal dialysis
V560 or V561 or V562 or V5631 or V5632 or V568		Encounter for care involving renal dialysis

Table C. Persons who were ever incarcerated (any one or more of diagnosis codes in this table, not restricted to place of service and not restricted to principal or primary diagnosis)

ICD-9 code	ICD-10 code	Description
	Z65.1	Imprisonment and other incarceration
	Z65.2	Problems related to release from prison

Table D. Persons ever diagnosed with HIV infection. (any one or more of diagnosis codes in this table, not restricted to place of service and not restricted to principal or primary diagnosis)

ICD-9 code	ICD-10 code	Description
	B20	Human immunodeficiency virus (HIV) disease
042		Human immunodeficiency virus (HIV) disease
	Z21	Asymptomatic human immunodeficiency virus (HIV) infection status
V08		Asymptomatic human immunodeficiency virus (HIV) infection status

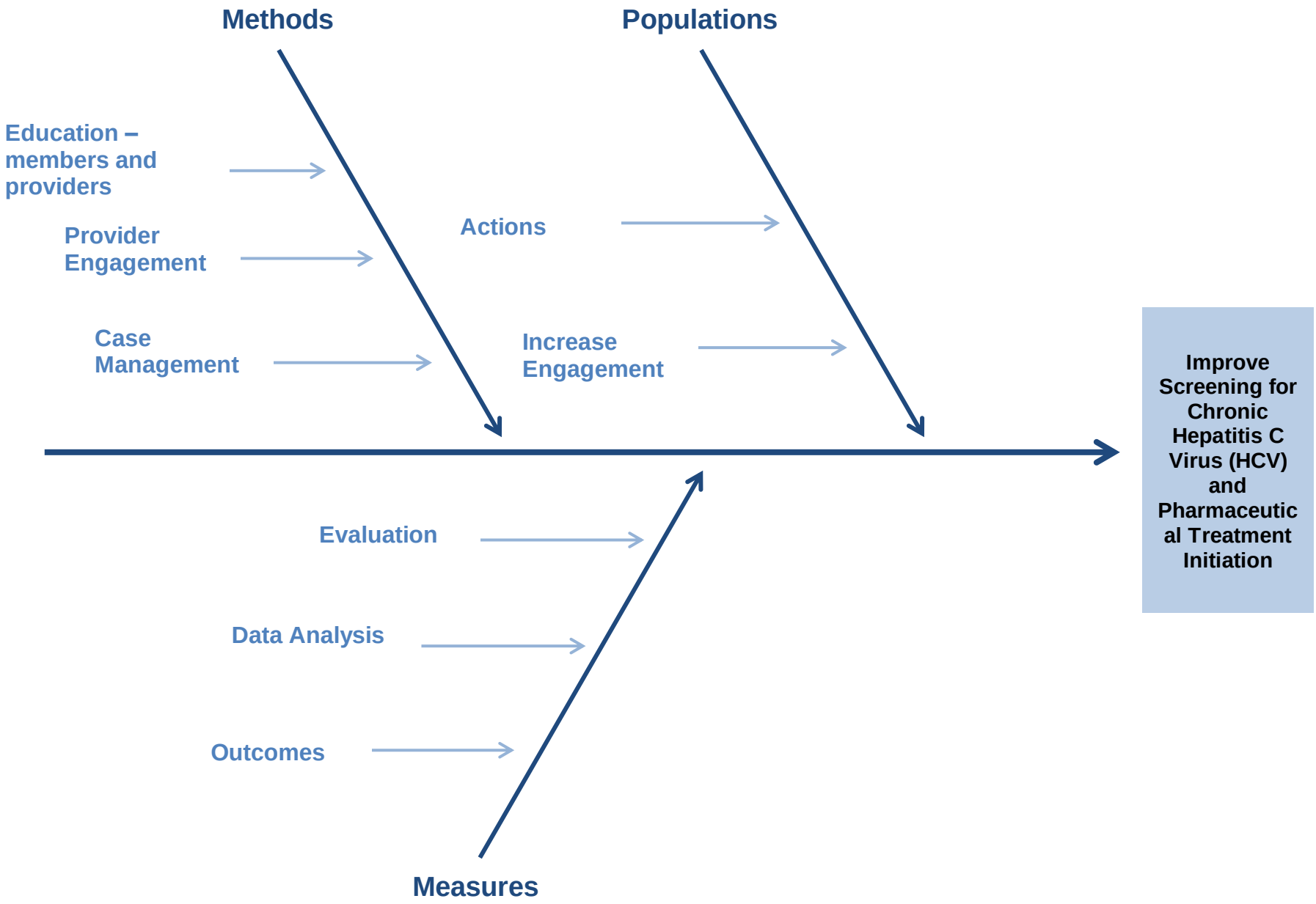
Glossary of PIP Terms

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 • Roadblock	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.

PIP Term	Also Known as…	Purpose	Definition
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 • 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	• 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 – Identifying the at-risk populations	Identifying & Engaging HIV/SUD members for targeted outreach Identifying & Engaging members who currently receive DAA Focus on Annual Screening Rates for Non-Birth Cohort/Risk Factor Population Provider Collaboration to engage members overall for screenings	Engaging Providers on importance of treatment
Less Feasible to Address – Increased HCV cured rates	Engagement of members with HCV in CM due to large denominators Members continue DAA to increase cure rates	Data analysis/identification of members Actual engagement with CM and Treatment

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

	Positives	**Negatives**
INTERNAL ***under your control***	***build on*** **STRENGTHS** Data Analysis Case Management structure Member Resources/Education Provider Relationships Community Partner Partnerships	***minimize*** **WEAKNESSES** Claim/encounter data analysis delay
EXTERNAL ***not under your control, but can impact your work***	***pursue*** **OPPORTUNITIES** Provider education and knowledge of member resources Improved collaboration with HIV and SUD treatment centers	***protect from*** **THREATS** Inaccurate member demographics Claim delays Member fears

Appendix D: Driver Diagram

Aims	Primary Drivers	Secondary Drivers	Specific Ideas for Interventions to Test/ Implement (Change Concepts)
Aim 1. Increase the HCV screening rates among Healthy Louisiana adults at risk for HCV by 10 percentage points from CY 2019 to CY 2020.	**PCPs screen the following high-risk Healthy Louisiana adults for HCV antibody:** **a. Beneficiaries born between the years 1945 and 1965** **b. Beneficiaries with Current or past injection drug use** **c. Beneficiaries ever on long term hemodialysis** **d. Persons who were ever incarcerated** **e. Beneficiaries with HIV infection**	**Educate PCPs about evidence-based guidelines (EBGs) for HCV screening:** **-U.S. Preventive Service Task Force Guidelines** **-American Association for the Study of Liver Diseases (AASLD)/ Infectious Diseases Society of America (IDSA).** **-Office of Public Health streamlined test and treat strategy (forthcoming)** **-Medicaid reimbursable CPT/HCPCS codes**	**-Notify providers regarding Provider Portal access to HCV EBGs** **-Medical Director and Provider Relations face-to-face Outreach for Education** **-Incorporate USPSTF and AASLD/IDSA HCV screening guidelines into Clinical Practice Guideline repository** **-Disseminate Office of Public Health streamlined test and treatment strategy (forthcoming)** **-Develop and disseminate billing guidelines for HCV screening and Medicaid reimbursement** **- Encourage providers to participate in OPH-provided HCV treatment training [this covers screening as well]**
		Identify adult members at risk for HCV	**-Utilize HCV PIP specifications to identify at risk members using historical and current claims** **-Develop PCP lists of members eligible for screening** **-Develop Care Coordinator lists of members eligible for HCV screening**
		Inform PCPs of their patients who are at risk/ eligible for screening	**-Distribute to each PCP their listing of eligible members with instructions to contact patients to schedule an appointment for HCV screening**
		Educate at risk members about HCV screening	**-Care Coordinators Outreach, educate and council members at risk who are eligible for HCV screening**
		Refer at risk members to PCPs and facilitate appointment scheduling for HCV screening	**-Care Coordinators refer and schedule appointments with PCPs for HCV screening**

Aims	Primary Drivers	Secondary Drivers	Specific Ideas for Interventions to Test/ Implement (Change Concepts)
Aim 2. Increase the HCV pharmaceutical treatment initiation rate among Healthy Louisiana adults ever diagnosed with HCV by 10 percentage points from CY 2019 to CY 2020.	**HCV Providers identified in the OPH database (e.g., gastroenterologists, infectious disease specialists) and/or PCPs prescribe LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA} for beneficiaries diagnosed with HCV**	**Educate PCPs about evidence-based guidelines (EBGs) for HCV diagnosis and treatment: -Office of Public Health streamlined test and treat guideline -American Association for the Study of Liver Diseases (AASLD)/ Infectious Diseases Society of America (IDSA).**	**-Provider Portal notification regarding access to HCV EBGs -Medical Director and Provider Relations face-to-face Outreach for Education -Incorporate the Office of Public Health streamlined test and treat guideline into Clinical Practice Guideline repository -Educate providers that prior authorization is not required for Epclusa generic for any Medicaid member -Develop and disseminate billing guidelines for HCV DAA agents and Medicaid reimbursement -Disseminate existing LDH resources to providers, including (1) the DAA Agent Medication Therapy Worksheet, (2) the HCV Treatment Agreement for Louisiana Medicaid Recipients, and (3) the Louisiana Medicaid Hepatitis C Direct-Acting Antiviral (DAA) Agents criteria, and (4) Office of Public Health (OPH) streamlined test and treatment guideline. - Encourage providers to participate in OPH-provided HCV treatment training**
		Foster collaboration between PCPs, behavioral health and HCV specialists	**-Develop and implement new processes to facilitate communication and coordinate care between PCPs, behavioral health and HCV providers listed in the OPH database (e.g., gastroenterologists, infectious disease specialists)**
		Identify all members diagnosed with HCV	**-Utilize the Office of Public Health listing of members with probable or confirmed HCV PIP to identify members with HCV diagnosis -Collaborate with OPH to develop PCP-specific listings of their patients who are potential candidates for HCV treatment -Develop Care Coordinator lists of members with HCV diagnosis for referral to PCPs for treatment**
		Inform PCPs of their patients with HCV	**-Distribute to each PCP their listing of members with HCV for medical assessment of appropriate treatment and/or referral to/ coordination with HCV specialist for treatment**
		Educate and refer members with HCV for treatment assessment	**-Care Coordinators Outreach, educate, refer and schedule member's appointment with HCV provider on OPH listing or PCP for treatment assessment.**

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.	•	•	•