Healthy Louisiana Performance Improvement Project (PIP)

MCO Name: **Louisiana Healthcare Connections**

PIP Title Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

2018- 2019

Project Phase: Proposal
Original Submission Date: 11/6/2018
Revised Submission Date: 1/25/2019
Project Phase: Baseline
Submission Date: 5/31/2019
Revised Submission Date: Click here to enter a date
Project Phase: Interim
Submission Date: 11/15/2019
Revised Submission Date: Click here to enter a date
Project Phase: Final
Submission Date: 11/30/2019
Revised Submission Date: Click here to enter a date

Submission to: IPRO
State: Louisiana Department of Health

1. Principal MCO Contact Person

[PERSON RESPONSIBLE FOR COMPLETING THIS REPORT AND WHO CAN BE CONTACTED FOR QUESTIONS]

Yolanda Wilson, MSN RN, CPHQ, CJCP
Vice President, Quality Improvement
225-666-4761
Yolanda.Wilson@louisianahealthconnect.com

PIP proposal: 12/1/2018 Date

Baseline Report: 1/1/2017 – 12/31/2017 Date

Interim Report: 1/1/2018 – 12/31/2018 Date

Final Report: 11/30/2019 Date

2. Additional Contact(s)

[PERSON(S) RESPONSIBLE IN THE EVENT THAT THE PRINCIPAL CONTACT PERSON IS UNAVAILABLE]

Gwen Laury, RN, PCMH-CCE, SSBBP, CPHQ
Senior Director, Quality Improvement
225-201-8430
Gwendolyn.d.laury@louisianahealthconnect.com

3. External Collaborators (if applicable): N/A

4. For Final Reports Only: If Applicable, Summarize and Report All Changes in Methodology and/or Data Collection from Initial Proposal Submission:

N/A

5. Attestation

Managed Care Plan Name: Louisiana Healthcare Connections
Title of Project: Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Required Attestation signatures for PIP Proposal and PIP Final Report:
(1) Medical Director or Chief Medical Officer; (2) Quality Director or Vice President for Quality

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

Stewart Gordon, MD, Chief Medical Officer, G & A Operations

Joseph Tidwell, Vice President, Quality Improvement — Click here to enter a date.

IS Director Signature (when applicable)
Printed Name

Jamie Schlottman, CEO — Click here to enter a date.

The undersigned approve this FINAL PIP Report:

Stewart Gordon, MD, Chief Medical Officer, G & A Operations — 11/25/2019

Yolanda Wilson, Vice President, Quality Improvement — 11/25/2019

IS Director Signature (when applicable) — Date
Printed Name

Jamie Schlottman, CEO — 11/25/2019

Abstract

The Abstract should be drafted for the Interim Report and finalized for the Final Report submission. Should not exceed 2 pages.

Provide an abstract of the PIP highlighting the project topic, rationale and aims, briefly describe the methodology and interventions, and summarize results and major conclusions of the project (refer to instructions in full report template or appendix).

Project Topic/Rationale/Aims

Title of Project: Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Rationale for Project: 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).

Project Aims: By 09/30/19, the MCO aims to improve the total rate of Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (AOD) for members aged 13 years and older with a new AOD diagnosis by 3 percentage points. By 09/30/19, the MCO aims to improve the total rate of Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (AOD) for members aged 13 years and older with a new AOD diagnosis to the next Quality Compass percentile rate of 15.62%.

Methodology

Eligible Population: Louisiana residents ages 13 and older who are enrolled in the Louisiana Medicaid program.

Description of Annual Performance Indicators: Annual Performance Indicators for this PIP are in alignment with the HEDIS measure Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). There are a total of 24 measures.

Sampling Method: N/A

Baseline and Re-measurement Periods: Please refer to page 9 for a listing of all measurement periods associated with this PIP.

Data Collection Procedures: Data is collected through claims and internal reporting.

Interventions

Member Barriers Identified: Stigma of seeking treatment; lack of step down services available to members once inpatient hospitalization is complete.

Interventions to address member barriers: LHCC will be proactive in seeking out members who need this treatment rather than relying on members to reach out to their provider or us. We have developed a Life Coach Program and a Transition of Care Team to assist inpatient facilities and EDs with setting up proper follow-up care. LHCC has contracted with Oceans Healthcare and Compass Behavioral Health to provide IOP services post-discharge to our members when appropriate. All facilities that we are working with have licensed addiction counselors on staff.

Provider Barriers Identified: Lack of providers who can provide MAT; lack of provider knowledge as to who is certified in MAT; lack of PCP knowledge of available ASAM-certified providers for appropriate referrals.

Interventions to address provider barriers: Provider Network to conduct outreach and educate providers about this certification and let them know of providers in their area that are certified in MAT. We are offering an ASAM training course on opioid use disorder to providers free of charge.

Results

Report Data for Annual Performance Indicators: Annual performance data is pending year-end aggregation and review; all available performance indicator data through Quarter 3 (9/30/2019) may be found beginning on page 14.

Conclusions

Interpret improvement in terms of whether or not Target Rates were met for annual performance indicators: Overall, target rates for the established performance indicators demonstrated improvement, with favorable increases noted in several areas (i.e. AOD treatment age 13-17, ages 18+ for alcohol and opioid treatment). While IET initiatives showed positive gains for these populations, opportunity for continued outreach and targeted interventions remains prevalent in the adolescent population.

Indicate interventions that did and did not work in terms of quarterly intervention tracking measure trends: Analysis of the process measure trends indicate opportunities for continued performance improvement surrounding provider training/education initiatives, expanding provider resources with MAT training, and maintaining staff resources for continued outreach activities for sustained impact.

Study Design Limitations: All data for the associated HEDIS measures utilized for performance monitoring is collected administratively, which means we are dependent on providers coding claims accurately. An additional limitation identified at the conclusion of the PIP was the limited ability to associate provider training/certification activity to subsequent expansion of MAT providers within the network.

Lessons Learned and Next Steps: Next steps include continuing our efforts to improve access to addiction treatment (ASAM levels of care) in vulnerable populations and also to refine information warehousing to facilitate provider access to referral resources with MAT credentials. Continued focus on refining interventions to better impact the addiction populations will extend resources to members that have been historically difficult to identify for proactive engagement, particularly adolescent populations.

1. Project Topic/ Rationale and 2. Aim

Suggested length: 2 pages

1. Describe Project Topic and Rationale for Topic Selection

- **Describe how PIP Topic addresses your member needs and why it is important to your members (e.g., disease prevalence stratified by demographic subgroups):** 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 is as follows:

Measure	LHCC MY 2017 Rate	Statewide Average	2017 Quality Compass 50th 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, it appears that a very small percentage of our membership is affected by alcohol, opioid, and other drug dependence; however we attribute some of the low denominators to be due to these particular members not willingly coming forward or seeking help with their alcohol or drug abuse issues. One of the barriers identified for members is the stigma of coming forward and asking for help with an addiction or other behavioral health issue. Another issue is that many drug users are not ready for help and therefore do not see a professional for help with their problem.

However, once we look at the percentages in LHCC's membership, there are more members with other drug abuse dependence than with opioid and alcohol and all higher rates fall into the 18 years of age and older category. Females are slightly higher than males. When looking at race, white and black members are even with other drug dependence. By region, again other drug abuse has the highest percentages, with Region 4 and Region 1 having the highest percentages at 0.26% and 0.24% respectively. When looking at our membership with drug dependence and other serious mental health illness, there is 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).

Susceptible subpopulations have been identified as women, members residing in Regions 4 and 1, and members with a diagnosis of a co-occurring SMI.

2. Aim Statement, Objectives and Goals

Aim Statement: ***(Will be discussed and established collaboratively.)***
An aim should be specific, measurable, and should answer the questions, How much improvement, to what, for whom, and by when?
By 09/30/19, the MCO aims to improve the total rate of Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (AOD) for members aged 13 years and older with a new AOD diagnosis by 3 percentage points.
By 09/30/19, the MCO aims to improve the total rate of Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (AOD) for members aged 13 years and older with a new AOD diagnosis to the next Quality Compass percentile rate of 15.62%.
Note: In the results table, set target rates for each performance indicator, as well.

Objective(s): ***(Will be discussed and established collaboratively.)***
"Implement the following interventions to improve all performance indicators from baseline to final measurement."

- PCP education of the availability of MAT training
- PCP education of what providers are MAT certified for appropriate referrals
- LHCC Life Coach Program and the Transition of Care Team to assist with follow-up care
- LHCC offering IOP services to members when deemed appropriate
- LHCC offering ASAM training on opioid use disorder to providers free of charge

3. Methodology

Performance Indicators[1]

Indicators should be measurable, objective, clearly defined, and correspond directly to the study aim. The timeframe should be indicated as the measurement year, i.e., the annual timeframe represented by the data, from the start date to the end date of each measurement year, as indicated in the subsection "Timeline", below.

Indicator #1 **Data Source(s):** Administrative Claims Data
Initiation of AOD Treatment (HEDIS IET), stratified by age (a. 13-17; b. 18+ years; c. Total) and, for each age stratification, the rates for the following AOD diagnosis cohorts: i. Alcohol abuse or dependence; ii. Opioid abuse or dependence; iii. Other drug abuse or dependence; iv. Total.

Indicator #2 **Data Source(s):** Administrative Claims Data
Engagement of AOD Treatment (HEDIS IET), stratified by age (a. 13-17; b. 18+ years; c. Total) and, for each age stratification, the rates for the following AOD diagnosis cohorts: i. Alcohol abuse or dependence; ii. Opioid abuse or dependence; iii. Other drug abuse or dependence; iv. Total.

Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? The entire eligible population is being targeted by PIP interventions.

If sampling was employed:
Describe sampling methodology: No sampling is being used in this PIP.
Sample Size and Justification: N/A

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
(For definitions, refer to Glossary of PIP Terms in HEALTHY_LOUISIANA_PIP_TEMPLATE_w_example)**:**
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:
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.

Timeline

Baseline Measurement Period:
Start date: 1/1/2017
End date: 12/31/2017

Submission of Proposal Report due: 11/7/2018

Interim Measurement Period:
Start date: 1/1/2018
End date: 12/31/2018

PIP Interventions (New or Enhanced) Initiated: 12/1/2018

Submission of 1st Quarterly Status Report for Intervention Period from 1/1/19-3/31/19 Due: 4/30/2019
Submission of 2nd Quarterly Status Report for Intervention Period from 4/1/19-6/30/19 Due: 7/31/2019
Submission of 3rd Quarterly Status Report for Intervention Period from 7/1/19-9/30/19 Due: 10/31/2019

Final Measurement Period:
Start date: 1/1/2019
End date: 9/30/2019

Submission of Draft Final Report due: 11/15/2019
Submission of Final Report due: 11/30/2019

4. Barriers and 5. Interventions

This section describes the barriers identified and the related interventions planned to overcome those barriers in order to achieve improvement.

Populate the tables below with relevant information, based upon instructions in the footnotes.

Table of Barriers Identified and the Interventions Designed to Overcome Each Barrier.

Description of Barrier[2]	Method and Source of Barrier Identification[3]	Number of Intervention	Description of Intervention Designed to Overcome Barrier[4]	Intervention Timeframe[5]
Lack of provider knowledge of who is certified in MAT	Provider feedback	1	Education to PCP's regarding availability of MAT training and/or education to PCP's regarding a list of providers that currently have MAT certification.	*Planned Start: Actual Start: 04/2019 Date Revised: 11/2019*
Members face stigma of seeking treatment for addiction	Member and Case Management feedback	2	Health Plan to be proactive in identification of members who need treatment by identifying members in susceptible subpopulations through data analysis as described below. We have developed a Life Coach program and a Transition of Care Team to assist inpatient facilities and EDs with setting up proper follow-up care.	*Planned Start: 1/1/2019 Actual Start: 01/2019 Date Revised: 11/2019*
Lack of step down services available to members once inpatient hospitalization is complete	Analysis of BH HEDIS measures	3	LHCC has contracted with Oceans Healthcare and Compass Behavioral Health to provide IOP services post-discharge to our members when appropriate. If members are not ready to commit to Residential, IOP service are offered post-discharge. These facilities are located in Region 4 and both have a licensed addiction counselor on staff.	*Planned Start: 1/1/2019 Actual Start:01/2019 Date Revised: 11/2019*
Lack of PCP knowledge of available ASAM-certified providers for appropriate referrals	Provider feedback	4	ASAM training on opioid use disorder being offered to providers free of charge. This is an 8 hour course. There will be four sessions, with the first occurring at the end of March.	*Planned Start: Q1 2019 Actual Start: 03/2019 Date Revised: 11/2019*

2,3,4,5: See PIP HEALTHY_LOUISIANA_PIP_TEMPLATE_w_examples for examples and additional guidance.

Data analysis of the percentages of LHCC's membership that are candidates for IET show there are more members with other drug abuse dependence than with opioid and alcohol and all higher rates fall into the 18 years of age and older category. Females are slightly higher than males, with rates of 0.87% and 0.77% respectively. When looking at race, white and black members are even with other drug dependence (0.67%). By region, again other drug abuse has the highest percentages, with Region 4 and Region 1 having the highest percentages at 0.26% and 0.24% respectively. When looking at our membership with drug dependence and other serious mental health illness, there is 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%. However, when all three SMI conditions are combined, 1.65% of LHCC's total membership suffers from other drug dependence and SMI. Trigger lists will be created by our Data Analytics department for our BH Case Management department to work for outreach for services. Members will be prioritized for outreach based on acuity level, if necessary.

Member feedback used in the barrier analysis was a compilation of information given by members to the case management department. Given the time constraints on this PIP, a formal survey was not feasible. The stigma of getting treatment has been the top complaint of members about why they don't get treatment sooner. Member feedback will continue to be gathered through case management interactions and any new barriers that are identified will trigger modifications to existing interventions or the development of new interventions. Data Analytics reporting will allow case management to identify those members who could benefit from IET and have not received it yet. This allows us to be more proactive in reaching out to the members rather than waiting for them to be referred by a provider once they have received treatment or by self-referral. Additional analysis of provider work flows was conducted, with recommendations to explore gaps in processes surrounding screening and initiation of treatment. Ultimately, substantial variation in individual provider practice and the nature of voluntary participation in Care Management limited our ability to outline a standard process.

The same can be said for our provider feedback. Lack of knowledge on who to refer to for IET treatment has been the top barrier providers have expressed through interactions with our case management department and our Provider Network department. This feedback will continue to be gathered through these avenues and any new barriers that are identified will trigger modifications to existing interventions or the development of new interventions. To address the provider barrier, a list of providers that have MAT certification and are in our network will be provided to all PCPs and BH specialists in Regions 4 and 1, as those regions were identified as having the most members who qualified for IET.

Monitoring Table YEAR 1: Quarterly Reporting of Rates for Intervention Tracking Measures, with corresponding intervention numbers.

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2019	Q2 2019	Q3 2019	Q4 2019
1	Percentage of providers that have been provided a list of MAT-certified providers in their regions Num: # of providers outreached by Provider Network in Region 4 and provided a list of MAT-certified providers Denom:# of providers targeted for outreach in Region 4			Please see Section 8 Next Steps for barriers encountered	
1	Percentage of providers that have been provided a list of MAT-certified providers in their region Num: # of providers outreached by Provider			Please see Section 8 Next Steps for barriers encountered.	

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2019	Q2 2019	Q3 2019	Q4 2019
	Network in Region 1 and provided a list of MAT-certified providers Denom: # of providers targeted for outreach in Region 1				
2	Percentage of female members identified as having "other drug abuse or dependence" who were outreached and successfully provided CM services for IET Num: # of those members targeted that agreed to CM services Denom:# of female members targeted for CM outreach from the gender trigger list	Numerator: 37 Denominator: 908 Rate: 4.08%	Numerator: 243 Denominator: 1005 Rate: 24.18%	Numerator: 206 Denominator: 3513 Rate: 5.86%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
2	Percentage of members in Region 4 identified as having "other drug abuse or dependence" who were outreached and successfully provided CM services for IET Num: # of those members targeted that agreed to CM services Denom:# of members in Region 4 targeted for CM outreach from the Region 4 trigger list	Numerator: 27 Denominator: 280 Rate: 9.64%	Numerator: 67 Denominator: 292 Rate: 22.95%	Numerator: 40 Denominator: 514 Rate: 7.78%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
2	Percentage of members in Region 1 identified as having "other drug abuse or dependence" who were outreached and successfully provided CM services for IET Num: # of those members targeted that agreed to CM services Denom:# of members in Region 1 targeted for CM outreach from the Region 2 trigger list	Numerator: 8 Denominator: 275 Rate: 2.91%	Numerator: 67 Denominator: 272 Rate: 24.63%	Numerator: 35 Denominator: 520 Rate: 6.73%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
2	Percentage of members identified as having "other drug abuse or dependence" and also have a diagnosis of depression who were outreached and successfully provided CM services for IET Num: # of those members targeted that agreed to CM services Denom:# of members targeted for CM outreach from the depression trigger list	Numerator: 45 Denominator: 947 Rate: 4.75%	Numerator: 285 Denominator: 995 Rate: 28.64%	Numerator: 194 Denominator: 1413 Rate: 13.73%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2019	Q2 2019	Q3 2019	Q4 2019
2	Percentage of members identified as having "other drug abuse or dependence" and also have a diagnosis of depression, schizophrenia, or bipolar disorder who were outreached and successfully provided CM services for IET Num: # of those members targeted that agreed to CM services Denom:# of members targeted for CM outreach from the depression trigger list	Numerator: 53 Denominator: 1112 Rate: 4.77%	Numerator: 90 Denominator: 1999 Rate: 4.50%	Numerator: 237 Denominator: 1776 Rate: 13.34%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
2	Percentage of members who received services through Life Coach program Num: # of members in IET who received services Denom: # of members identified for Life Coach program	Numerator: 4 Denominator: 3802 Rate: 0.105%	Numerator: 228 Denominator: 3802 Rate: 6.00%	Numerator: 684 Denominator: 3802 Rate: 17.99%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
3	Percentage of members who received IOP services that were identified. Num: # of members who received IOP services Denom: # of IET members identified for the IOP program	Numerator: 3126 Denominator: 8625 Rate: 36.24%	Numerator: 5574 Denominator: 8890 Rate: 62.70%	Numerator: 2747 Denominator: 4130 Rate: 66.51%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
4	Percentage of providers that completed the ASAM trainings offered Num: # of providers who completed the course Denom: # of providers in network offered the course	Numerator: 19 Denominator: 21802 Rate: 0.087%	Numerator: 31 Denominator: 21,802 Rate: 0.14%	Numerator: 6 Denominator: 21,802 Rate: 0.03%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom

6: See PIP HEALTHY_LOUISIANA_PIP_TEMPLATE_w_examples for examples and additional guidance.

6. Results

The results section should present project findings related to performance indicators. Indicate target rates and rationale, e.g., next Quality Compass percentile. Accompanying narrative should describe, but ***not*** interpret the results in this section.

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.

Results Table.

Performance Indicator	**Administrative (A) or Hybrid (H) Measure?**	**Baseline Period** 1/1/2017 – 12/31/2017	**Interim Period** 1/1/18-12/31/18	**Final Period** 1/1/2019 – 9/30/2019	**Final Goal/Target Rate**
Indicator #1a.i. Initiation of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 98 Exclusions= 0 If "H", Sample size = N/A Numerator = 52 Denominator = 98 Rate = 53.06%	Eligible Population = 63 Exclusions= 0 If "H", Sample size = N/A Numerator = 31 Denominator = 63 Rate = 49.21%	Eligible Population = 55 Exclusions= 0 If "H", Sample size = N/A Numerator = 25 Denominator = 55 Rate = 45.45%	Target Rate: 56.06% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #1a.ii. Initiation of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 18 Exclusions= 0 If "H", Sample size = N/A Numerator = 17 Denominator = 18 Rate = 94.44%	Eligible Population = 17 Exclusions= 0 If "H", Sample size = N/A Numerator = 6 Denominator = 17 Rate = 35.29%	Eligible Population = 18 Exclusions= 0 If "H", Sample size = N/A Numerator = 14 Denominator = 18 Rate = 77.78%	Target Rate: 97.44% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #1a.iii. Initiation of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 603 Exclusions= 0 If "H", Sample size = N/A Numerator = 326 Denominator = 603 Rate = 54.06%	Eligible Population = 484 Exclusions= 0 If "H", Sample size = N/A Numerator = 236 Denominator = 484 Rate = 48.76%	Eligible Population = 414 Exclusions= 0 If "H", Sample size = N/A Numerator = 200 Denominator = 414 Rate = 48.31%	Target Rate: 57.06% Rationale: IPRO recommendation of 3 percentage points higher

Performance Indicator	**Administrative (A) or Hybrid (H) Measure?**	**Baseline Period** 1/1/2017 – 12/31/2017	**Interim Period** 1/1/18-12/31/18	**Final Period** 1/1/2019 – 9/30/2019	**Final Goal/Target Rate**
Indicator #1a.iv. Initiation of AOD Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 659 Exclusions= 0 If "H", Sample size = N/A Numerator = 350 Denominator = 659 Rate = 53.11%	Eligible Population = 537 Exclusions= 0 If "H", Sample size = N/A Numerator = 255 Denominator = 537 Rate = 47.49%	Eligible Population = 463 Exclusions= 0 If "H", Sample size = N/A Numerator = 222 Denominator = 463 Rate = 47.95%	Target Rate: 56.11% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #1b.i. Initiation of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 3526 Exclusions= 0 If "H", Sample size = N/A Numerator = 1527 Denominator = 3526 Rate = 43.31%	Eligible Population = 3623 Exclusions= 0 If "H", Sample size = N/A Numerator = 1699 Denominator = 3623 Rate = 46.89%	Eligible Population = 3187 Exclusions= 0 If "H", Sample size = N/A Numerator = 1561 Denominator = 3187 Rate = 48.98%	Target Rate: 46.31% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #1b.ii. Initiation of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1628 Exclusions= 0 If "H", Sample size = N/A Numerator = 930 Denominator = 1628 Rate = 57.13%	Eligible Population = 1815 Exclusions= 0 If "H", Sample size = N/A Numerator = 1074 Denominator = 1815 Rate = 59.17%	Eligible Population = 1656 Exclusions= 0 If "H", Sample size = N/A Numerator = 1011 Denominator = 1656 Rate = 61.05%	Target Rate: 58.67% Rationale: IPRO recommendation of next highest Quality Compass percentile
Indicator #1b.iii. Initiation of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 6716 Exclusions= 0 If "H", Sample size = N/A Numerator = 3196 Denominator = 6716 Rate = 47.59%	Eligible Population = 7457 Exclusions= 0 If "H", Sample size = N/A Numerator = 3699 Denominator = 7457 Rate = 49.60%	Eligible Population = 6731 Exclusions= 0 If "H", Sample size = N/A Numerator = 3451 Denominator = 6731 Rate = 51.27%	Target Rate: 50.59% Rationale: IPRO recommendation of 3 percentage points higher

Performance Indicator	**Administrative (A) or Hybrid (H) Measure?**	**Baseline Period** 1/1/2017 – 12/31/2017	**Interim Period** 1/1/18-12/31/18	**Final Period** 1/1/2019 – 9/30/2019	**Final Goal/Target Rate**
Indicator #1b.iv. Initiation of AOD Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 10403 Exclusions= 0 If "H", Sample size = N/A Numerator = 4772 Denominator = 10403 Rate = 45.87%	Eligible Population = 11265 Exclusions= 0 If "H", Sample size = N/A Numerator = 5404 Denominator = 11265 Rate = 47.97%	Eligible Population = 10009 Exclusions= 0 If "H", Sample size = N/A Numerator = 4988 Denominator = 10009 Rate = 49.84%	Target Rate: 48.87% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #1c.i. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 3624 Exclusions= 0 If "H", Sample size = N/A Numerator = 1579 Denominator = 3624 Rate = 43.57%	Eligible Population = 3686 Exclusions= 0 If "H", Sample size = N/A Numerator = 1730 Denominator = 3686 Rate = 46.93%	Eligible Population = 3242 Exclusions= 0 If "H", Sample size = N/A Numerator = 1586 Denominator = 3242 Rate = 48.92%	Target Rate:46.57% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #1c.ii. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1646 Exclusions= 0 If "H", Sample size = N/A Numerator = 947 Denominator = 1646 Rate = 57.53%	Eligible Population = 1832 Exclusions= 0 If "H", Sample size = N/A Numerator = 1080 Denominator = 1832 Rate = 58.95%	Eligible Population = 1674 Exclusions= 0 If "H", Sample size = N/A Numerator = 1025 Denominator = 1674 Rate = 61.23%	Target Rate: 60.53% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #1c.iii. Initiation of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 7319 Exclusions= 0 If "H", Sample size = N/A Numerator = 3522 Denominator = 7319 Rate = 48.12%	Eligible Population = 7941 Exclusions= 0 If "H", Sample size = N/A Numerator = 3935 Denominator = 7941 Rate = 49.55%	Eligible Population = 7145 Exclusions= 0 If "H", Sample size = N/A Numerator = 3651 Denominator = 7145 Rate = 51.10%	Target Rate: 51.12% Rationale: IPRO recommendation of 3 percentage points higher

Performance Indicator	**Administrative (A) or Hybrid (H) Measure?**	**Baseline Period** 1/1/2017 – 12/31/2017	**Interim Period** 1/1/18-12/31/18	**Final Period** 1/1/2019 – 9/30/2019	**Final Goal/Target Rate**
Indicator #1c.iv. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 11062 Exclusions= 0 If "H", Sample size = N/A Numerator = 5122 Denominator = 11062 Rate = 46.30%	Eligible Population = 11802 Exclusions= 0 If "H", Sample size = N/A Numerator = 5659 Denominator = 11802 Rate = 47.95	Eligible Population = 10472 Exclusions= 0 If "H", Sample size = N/A Numerator = 5210 Denominator = 10472 Rate = 49.75%	Target Rate: 49.30% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #2a.i. Engagement of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 98 Exclusions= 0 If "H", Sample size = N/A Numerator = 29 Denominator = 98 Rate = 29.59%	Eligible Population = 63 Exclusions= 0 If "H", Sample size = N/A Numerator = 9 Denominator = 63 Rate = 14.29%	Eligible Population = 55 Exclusions= 0 If "H", Sample size = N/A Numerator = 6 Denominator = 55 Rate = 10.91%	Target Rate: 32.59% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #2a.ii. Engagement of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 18 Exclusions= 0 If "H", Sample size = N/A Numerator = 11 Denominator = 18 Rate = 61.11%	Eligible Population = 17 Exclusions= 0 If "H", Sample size = N/A Numerator = 5 Denominator = 17 Rate = 29.41%	Eligible Population = 18 Exclusions= 0 If "H", Sample size = N/A Numerator = 2 Denominator = 18 Rate = 11.11%	Target Rate: 64.11% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #2a.iii. Engagement of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 603 Exclusions= 0 If "H", Sample size = N/A Numerator = 190 Denominator = 603 Rate = 31.51%	Eligible Population = 484 Exclusions= 0 If "H", Sample size = N/A Numerator = 119 Denominator = 484 Rate = 24.59%	Eligible Population = 414 Exclusions= 0 If "H", Sample size = N/A Numerator = 70 Denominator = 414 Rate = 16.91%	Target Rate: 34.51% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #2a.iv. Engagement of AOD Treatment:	A	Eligible Population = 659 Exclusions= 0 If "H", Sample size = N/A	Eligible Population = 537 Exclusions= 0 If "H", Sample size = N/A Numerator = 120	Eligible Population = 463 Exclusions= 0 If "H", Sample size = N/A Numerator = 74	Target Rate: 33.20% Rationale: IPRO recommendation of

Performance Indicator	**Administrative (A) or Hybrid (H) Measure?**	**Baseline Period** 1/1/2017 – 12/31/2017	**Interim Period** 1/1/18-12/31/18	**Final Period** 1/1/2019 – 9/30/2019	**Final Goal/Target Rate**
age 13-17 years, Total diagnosis cohort		Numerator = 199 Denominator = 659 Rate = 30.20%	Denominator = 537 Rate = 22.35%	Denominator = 463 Rate = 15.98%	3 percentage points higher
Indicator #2b.i. Engagement of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 3526 Exclusions= 0 If "H", Sample size = N/A Numerator = 339 Denominator = 3526 Rate = 9.61%	Eligible Population = 3623 Exclusions= 0 If "H", Sample size = N/A Numerator = 421 Denominator = 3623 Rate = 11.62%	Eligible Population = 3187 Exclusions= 0 If "H", Sample size = N/A Numerator = 432 Denominator = 3187 Rate = 13.56%	Target Rate: 12.61% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #2b.ii. Engagement of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1628 Exclusions= 0 If "H", Sample size = N/A Numerator = 387 Denominator = 1628 Rate = 23.77%	Eligible Population = 1815 Exclusions= 0 If "H", Sample size = N/a Numerator = 490 Denominator = 1815 Rate = 27.00%	Eligible Population = 1656 Exclusions= 0 If "H", Sample size = N/A Numerator = 444 Denominator = 1656 Rate = 26.81%	Target Rate: 26.77% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #2b.iii. Engagement of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 6716 Exclusions= 0 If "H", Sample size = N/A Numerator = 899 Denominator = 6716 Rate = 13.39%	Eligible Population = 7457 Exclusions= 0 If "H", Sample size = N/A Numerator = 1179 Denominator = 7457 Rate = 15.81%	Eligible Population = 6731 Exclusions= 0 If "H", Sample size = N/A Numerator = 1071 Denominator = 6731 Rate = 15.91%	Target Rate: 14.23% Rationale: IPRO recommendation of next highest Quality Compass percentile
Indicator #2b.iv. Engagement of AOD Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 10403 Exclusions= 0 If "H", Sample size = N/A Numerator = 1360 Denominator = 10403 Rate = 13.07%	Eligible Population = 11265 Exclusions= 0 If "H", Sample size = N/A Numerator = 1729 Denominator = 11265 Rate = 15.35%	Eligible Population = 10009 Exclusions= 0 If "H", Sample size = N/A Numerator = 1065 Denominator = 10009 Rate = 10.64%	Target Rate:15.57% Rationale: IPRO recommendation of next highest Quality Compass percentile

Performance Indicator	**Administrative (A) or Hybrid (H) Measure?**	**Baseline Period** 1/1/2017 – 12/31/2017	**Interim Period** 1/1/18-12/31/18	**Final Period** 1/1/2019 – 9/30/2019	**Final Goal/Target Rate**
Indicator #2c.i. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 3624 Exclusions= 0 If "H", Sample size = N/A Numerator = 398 Denominator = 3624 Rate = 10.15%	Eligible Population = 3686 Exclusions= 0 If "H", Sample size = N/A Numerator = 430 Denominator = 3686 Rate = 11.67%	Eligible Population = 3242 Exclusions= 0 If "H", Sample size = N/A Numerator = 438 Denominator = 3242 Rate = 13.51%	Target Rate: 12.65% Rationale: IPRO recommendation of next highest Quality Compass percentile
Indicator #2c.ii. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1646 Exclusions= 0 If "H", Sample size = N/A Numerator = 398 Denominator = 1646 Rate = 24.18%	Eligible Population = 1832 Exclusions= 0 If "H", Sample size = N/A Numerator = 495 Denominator = 1832 Rate = 27.02%	Eligible Population = 1674 Exclusions= 0 If "H", Sample size = N/A Numerator = 446 Denominator = 1674 Rate = 26.64%	Target Rate: 27.18% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #2c.iii. Engagement of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 7319 Exclusions= 0 If "H", Sample size = N/A Numerator = 1089 Denominator = 7319 Rate = 14.88%	Eligible Population = 7941 Exclusions= 0 If "H", Sample size = N/A Numerator = 1298 Denominator = 7941 Rate = 14.19%	Eligible Population = 7145 Exclusions= 0 If "H", Sample size = N/A Numerator = 1141 Denominator = 7145 Rate = 15.97%	Target Rate: 17.88% Rationale: IPRO recommendation of 3 percentage points higher
Indicator #2c.iv. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 11062 Exclusions= 0 If "H", Sample size = N/A Numerator = 1559 Denominator = 11062 Rate = 14.09%	Eligible Population = 11802 Exclusions= 0 If "H", Sample size = N/A Numerator = 1849 Denominator = 11802 Rate = 15.67%	Eligible Population = 10472 Exclusions= 0 If "H", Sample size = N/A Numerator = 1679 Denominator = 10472 Rate = 16.03%	Target Rate: 15.62% Rationale: IPRO recommendation of next highest Quality Compass percentile

7. Discussion

The discussion section is for explanation and interpretation of the results. Please draft a preliminary explanation and interpretation of results, limitations and member participation for the Interim Report, then update, integrate and comprehensively interpret all findings for the Final Report. Address dissemination of findings in the Final Report.

Discussion of Results

Interpret the performance indicator rates for each measurement period, i.e., indicate whether or not target rates were met, describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods Overall the performance in the established indicators has increased from baseline to final measurement periods. Areas of improvement include AOD treatment age 13-17 and ages 18+ for alcohol and opioid treatment. Ages 13-17 saw some decline in "other drug abuse" treatment (separate from opioid and alcohol) but overall "other drug abuse" treatment saw improvement for ages 18+. While there was overall improvement, the short term nature of this PIP limited the scope and trending to effectively assess the full impact of these interventions over time and to implement and measure interventions that will require more long term action items. In addition to overall improvement, we exceeded our target goals for the AOD treatment of members 18+ for opioid abuse (61.05% compared to target goal of 58.67%), and for 18+ treatment of other drug abuse /dependence (51.27% compared to target goal of 50.59%), and 18+ Alcohol treatment (49.84% compared to our initial target of 48.87). Areas of decline included ages 13-17 "other drug use" and total diagnosis cohort (for the same age range). This can be attributed to several barriers impacting access: stigma associated with treatment, limited availability of substance use specific treatment for individuals under the age of 18, and additional family systems / social barriers. There was also decline in the region 4 area (age 18+ with other drug abuse / dependence), which has been attributed to a staffing shortage impacting coverage of that region. It should be noted that the HEDIS measures being targeted for this PIP focus on initiation of a claims related substance use event, and the subsequent treatment (or lack of treatment) received. Additionally, provider training efforts to connect physicians to ASAM certification training saw a cumulative baseline of 121 providers registered for the training that would qualify providers for the X waiver. While this education and resource expansion is an improvement, additional efforts are needed to expand the availability and access to trained providers and establishing a reliable information source for other providers to locate available providers in their areas.

Explain and interpret the extent to which improvement was or was not attributable to the interventions, by interpreting quarterly or monthly intervention tracking measure trends: HEDIS measures improved in correlation with increased CM outreach (based on assignment tool identification and proactive scoring of members at risk of opioid use) and in correlation with implementation of transition of care team support for Emergency Departments and in person interventions performed by our Life Coaches. Challenges with measurement of provider training and the abbreviated scope of this PIP limited evaluation of improvement, as it took the majority of the quarters designated for the PIP to arrange trainings and to gather initial data on provider registration for those trainings for a comparison to baseline status. Members aged 18+ saw greater returns on interventions; the noted improvement of members ages 18+ compared to the under 18 members can be attributed to better access to provider services for this age group. Additionally, treatment of minors requires consent and engagement and facilitation of guardian(s) in a member's treatment (which may be an additional barrier to connecting members under 18 to services).

What factors were associated with success or failure? LHCC continues to prioritize substance use treatment and integrated approaches to addressing treatment gaps in our communities. Our team continues to focus on the development of initiatives to address the IET measure, resources and staff to focus on key interventions, including care coordination and education with providers, increasing engagement rates in our Care Management programs (through in person and traditional outreach efforts), and ensuring members are referred to the appropriate behavioral health services. (Note - ASAM providers/criteria dictate what services members are referred to; additionally, Mental Health IOP acts as an in-lieu of service addition to address members with severe mental

illness that may be open to MH IOP but may not be open to a substance use treatment option due to the additional stigma associated with SUD treatment). Network adequacy remains high throughout all areas of the state; however, there is a statewide shortage of adolescent substance use treatment providers (impacting care for members under the age of 18). Targeted initiatives related to expanding provider education, training and resources were limited by challenges with identifying existing training and certification completion for baseline consideration and subsequent benchmarking. Expanded outreach to providers and more in depth analysis is planned for 2020 to include consideration of alternate information sharing resources to facilitate identification of training gaps for focused intervention as well as expanding available resource information across the provider network for those seeking referral options for certified providers with X waivers.

Limitations (For definitions and examples, refer to HEALTHY_LOUISIANA_PIP_TEMPLATE_w_example)

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design. Examples of study limitations include: 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?** No threats were identified.
- **Were there any threats to the external validity the findings?** An enterprise-wide transition to an upgraded version of QSI (QSI-XL) occurred since the baseline data collection for this PIP. During that transition, there were some issues with measure builds, however all issues have been corrected.
- **Describe any data collection challenges.** All data for the IET PIP performance indicators is collected administratively, hence accuracy and validity of performance data is dependent on providers coding claims accurately.

Member Participation

N/A

Describe methods utilized to solicit or encourage membership participation: N/A

Dissemination of Findings

Describe the methods used to make the findings available to members, providers, or other interested parties: Findings within this PIP have been shared with other interested parties, such as Case Management, Data Analytics and Provider Network. The information is disseminated through applicable department and performance improvement meetings.

8. 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.

Description of Intervention	**Lessons Learned**	**System-level changes made and/or planned**	**Next Steps**
Education to PCP's regarding availability of MAT training and/or education to PCP's regarding a list of providers that currently have MAT certification	Limited information tracking process to identify providers with existing MAT certification. Provider education and training resource allocation must also consider accessibility and convenience for optimal impact.	Coordination of planned offerings with key stakeholders (including marketing and provider consultants) to ensure convenient scheduling for providers is essential for sustained impact. Expand communication efforts to include mailers and educational blitz campaigns to increase awareness of available MAT training resources, including increased online offerings.	Expand tracking of provider training/ education completions to better identify gaps for targeted interventions as well as build provider resource for ready access to information on providers with MAT certification, X waiver, etc.
Proactive identification of members w/ treatment needs in susceptible subpopulations - Life Coach program and a Transition of Care Team to assist inpatient facilities and EDs with setting up proper follow-up care.	Pilot project established Life Coach resources with favorable impact, however subsequent staffing shortages impacted effectiveness during the measurement period.	Recruiting efforts have been ongoing with successful hiring of additional Life Coaches to resume services and target high risk/high volume areas.	Evaluation of current staffing resources and department structure to further support community based outreach activities.
LHCC has contracted with Oceans Healthcare and Compass Behavioral Health to provide IOP services post-discharge to members when appropriate. (Members not ready to commit to Residential are offered IOP service post-discharge.	Mental health IOP had notable impact on several areas, including readmissions, ED visits, and improved engagement in care management. It is unclear if these IOP initiatives had a direct impact on the member receiving needed IET when indicated or prevented future need for addiction specific treatment.	No specific changes at this time; continue current efforts.	Continue current efforts and trending of outcomes.

Description of Intervention	Lessons Learned	System-level changes made and/or planned	Next Steps
ASAM training on opioid use disorder being offered to providers free of charge. This is an 8 hour course. There will be four sessions, with the first occurring at the end of March.	Additional training/ education offerings are needed to substantially impact provider awareness and referral patterns.	Continue to offer on demand access to ASAM training resources; additionally, a live training is being offered January 17, 2020 and can also be attended remotely through online streaming.	Continue to evaluate participation and effectiveness of current offerings; consider gap analysis for identification of additional training needs.