Health Plan Performance Improvement Project (PIP)

Health Plan: UnitedHealthcare

PIP Title: Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older (or 16 years and up for Pfizer vaccine only)

PIP Implementation Period: April 2021- ongoing

Project Phase: Final

Submission Dates:

	Baseline	Interim	Final
Version 1	05/07/2021		12/31/2021
Version 2			

MCO Contact Information

1. Principal MCO Contact Person

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

First and last name: Lauren Wetzlau
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2. Additional Contact(s)

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

First and last name: Janeace Voorhies
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3. External Collaborators (if applicable): Louisiana Department of Health Vaccination Strike Teams; Vaccine Providers; Office of Public Health

Attestation

Plan Name: UnitedHealthcare
Title of Project: Ensuring access to the COVID-19 vaccine among Healthy Louisiana vaccine-eligible enrollees: Persons 18 years of age or older (or 16 years and up for Pfizer vaccine only)

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

Medical Director signature: 
First and last name: Julie Morial MD
Date: 12/31/21

CEO signature: 
First and last name: Karl Lirette
Date: 12/31/21

Quality Director signature: 
First and last name: Deborah Junot BSN RN
Date: 12/31/21

IS Director signature (if applicable): Shnay Wright-Richardson
First and last name: Shnay Wright-Richardson
Date: 12/31/21

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 Changed reporting for members engaged in case management vs. members identified eligible for case management	July 2021	☐ Project Topic ☒ Methodology ☐ Barrier Analysis / Intervention ☐ Other	Prior to 07.01.2021 reporting of case management numbers was based on members identified as eligible for case management. Numbers have been changed to reflect those members identified, willing, and accepting of case management services.
Change 1 Pediatric members 12-15 year old eligible for Pfizer vaccination	July 2021	☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☒ Other	Per CDC guidance children ages 11-15 are now able to receive COVID-19 vaccination
Change 2 Pediatric members aged 5+ eligible for Pfizer vaccination	November 2021	☐ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☒ Other	Per CDC guidance children ages 5-11 are now able to receive COVID-19 vaccination

Abstract

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

The implementation of the COVID-19 performance improvement project (PIP) was initiated on April 9th, 2021 in response to the worldwide pandemic of the novel corona virus (SAR-CoV-2) and the widespread availability of the newly developed COVID-19 vaccine from Pfizer, Moderna, and Johnson & Johnson. To increase knowledge, reduce risk of infection, ease the burden on the healthcare system, and bring back our community, UnitedHealthcare, along with the additional state managed care organizations (MCOs), have been tasked to promote and encourage vaccination.

Baseline data provided by Louisiana's Department of Health (LDH) indicated that UnitedHealthcare's member population aged 16+ had 301,072 members that were eligible to receive the vaccination. As of May 6th, 2021, 57,683 (19.16%) of these members had received at least one dose of vaccine and 46,118 (15.32%) members had received the completed course of vaccination. Utilizing this state reported data, provided on a weekly basis of eligible and overdue members, UnitedHealthcare (UHC) developed a strategic plan to contact, encourage, and assist members in receiving the vaccine through the case management team, national team, and community outreach via statewide events and direct contact with network providers.

Case management identified the members actively engaged and made direct telephonic contact which provided education, along with fostering a two-way conversation to address any hesitancy and assist with the scheduling of vaccination appointment. The National team approach utilized a tiered system which identified eligible members and engaging with the members via email, IVR calls, and direct mailers. Provider focused education and dissemination of eligible and overdue lists were delivered by the Population Health Consultants, Clinical Transformation Consultants, and Provider Advocates. Trying to leave no stone unturned, the main objective was to focus on increasing vaccination rates, identifying any barriers, and help the community rebound from the devastation of the worldwide pandemic.

As a result of the combined efforts outlined above, multiple barriers, both large and small, were identified and addressed. The largest of these barriers being the hesitation and fear surrounding a newly developed vaccine that was not yet FDA approved, political bias, religious beliefs, apprehension of side effects, and misinformation. To address these barriers, UnitedHealthcare focused on providing accurate information to members, building a trusted relationship within the community, and heavy involvement in community events statewide. Multiple events provided not only a means to speak throughout the state encouraging vaccination through media interviews and promotion but also offered real time insight into the community lives of our members and providers, allowing UnitedHealthcare the opportunity to connect with individuals on a personal level. Additionally, the events allowed the plan to address other social determinants of health and areas of need such as food insecurity and transportation. Impactful change was facilitated with the support of donated non-perishable food boxes, bottled water, collaboration with transportation vendor Movidcare, and 'Thank You' boxes which included masks, hand sanitizer, a no-touch tool, and thermometers.

As of December 23rd, 2021, UnitedHealthcare's eligible member population has grown by 15,899 members from the May baseline report data to 316,971 with 130,394 (41.14%) members receiving 1 or more doses of vaccination from any manufacturer and 111,933 (35.31%) members receiving

complete vaccine course. While we note this positive increase in vaccination rates among the two groups it is our continued goal to obtain 70+% vaccination throughout the state.

Next steps for the COVID-19 PIP include but are not limited to developing and increasing provider engagement by forming strategic partnerships with community leaders. Continued community events that support vaccination and other identified social determinates of health will be ongoing throughout the continuation of the project. In addition, education to providers and members as the state of COVID-19 infection is ever changing and evolving along with increased collaboration with adult and pediatric providers will be needed to combat misinformation.

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 enrollee needs and why it is important to your enrollees:**
  The unprecedented pandemic of Covid-19 has impacted our nation, state, and community with devastating amounts of sickness and death. The unforeseen events have shown us many opportunities for improvement on an individual level as well as globally. This highlights the need for a strong healthcare system that is both fluid and flexible in serving its members. Facilitating the vaccination of Covid-19 is vitally important to our enrollees, not only because vaccination aids in the “return to normal” from a community perspective allowing us to enjoy the company of our friends and family but also because Covid-19 is so devastating to our medically fragile members. The dynamic nature of the COVID-19 pandemic has put added stress, strain, and heartache into each of our lives. We are a community rich in culture with an amalgamation of diverse backgrounds, race, ethnicities, and religions, who have all been unilaterally affected to various degrees by the devastating unbiased effects of Covid-19.

- **Describe vaccine eligibility:** The Louisiana Department of Health website (https://ldh.la.gov/index.cfm/page/4137, 2021) lists vaccine eligibility. Currently, all individuals age 5 or greater are eligible for COVID-19 vaccination.

- **Describe current research support for topic (e.g., clinical guidelines/standards):** The Advisory Committee on Immunization Practices (ACIP) issued interim recommendations on the use of available COVID-19 vaccines to prevent COVID-19 (Oliver et al., 2020b). The State of Louisiana COVID-19 Vaccination Playbook’s rationale for prioritizing persons with these conditions is to protect the most vulnerable, and cites the current CDC guidelines (CDC, 2020). Effective Tuesday, March 9, 2021, the State of Louisiana expanded eligibility for COVID-19 vaccines to include people who have health conditions that may result in a higher risk of disease (https://ldh.la.gov/index.cfm/page/4137, 2021).

Aims, Objectives and Goals

Aim: Ensure access to COVID-19 vaccination for Healthy Louisiana enrollees.

Objective:

- **The key objective of this PIP is to facilitate COVID-19 vaccination of all eligible enrollees.**

Interventions:

A. Enrollee Interventions will be the focus of this PIP, as follows:

1. Refer and facilitate making appointments for eligible enrollees engaged in case management to COVID-19 vaccination sites.
2. Refer and facilitate making appointments for eligible enrollees NOT engaged in case management to COVID-19 vaccination sites.
3. Educate and inform enrollees on vaccine merits, safety and accessibility with comprehensive and clear communication in accordance with the State of Louisiana communication plan for the COVID-19 vaccine [e.g., LDH COVID-19 website: Louisiana Coronavirus COVID-19 | Department of Health | State of Louisiana (la.gov)].
4. Provide enrollees with second dose reminders for those overdue.

B. Provider Interventions

5. Distribute listings of COVID-19 vaccine-eligible enrollees, as well as listings of pharmacy vaccination sites and other LINK-enrolled providers, to PCPs.
6. Conduct training and education of providers, when necessary, using LINKS training videos and CDC/ACIP evidence-based guidance in collaboration with the Tri-Regional LINKS Outreach Coordinators.

C. Collaborate with state and local partners

7. Outreach to racial/ethnic minority enrollees. Utilize COVID-19 vaccination coverage reports generated in LINKS to track and monitor COVID-19 vaccination rates and to determine pockets of need (e.g., zip code and region level). Collaborate and coordinate with the Louisiana Department of Health Vaccination Strike Teams to vaccinate hard-to-reach target populations in Louisiana.
8. Collaborate with the Office of Public Health on vaccine education materials.

Table 2: Goals

Indicators	Baseline Rate[2] Measurement Period:	Target Rate[3]	Rationale for Target Rate[4]
Indicator 1: Receipt of COVID-19 vaccine Measure A: Receipt of at least one dose of COVID-19 vaccine *Baseline data derived from state provided eligible and overdue lists given 04/01/2021 Measure B: Receipt of a complete vaccine series[1]	N:49,130 D:298,680 R:16% N:29,928 D:298,680 R:10%	R:70% R:70%	On May 4th,2021 President Biden set forth the goal to administer at least one vaccine shot to 70% of the U.S. adult population. All MCO's have adopted this as their target rate moving forward as we continue to work towards this goal across our population.
Indicator 2: Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine: Measure A: White enrollees receiving at least one dose Measure B: Black enrollees receiving at least one dose Measure C: Hispanic/Latino enrollees receiving at least one dose Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving at least one dose	N: 6,282 D: 70,936 R: 8.86% N:12,227 D: 92,297 R: 13.25% N:1,632 D:17,708 R:9.22% N: 18,024 D: 120,121 R: 15.00%	R: 70% R: 70% R: 70% R: 70%	Same as above
Indicator 3: Racial/ethnic disparity in receipt of a complete COVID-19 vaccine course[1]: Measure A: White enrollees receiving a complete COVID-19 vaccine course Measure B: Black enrollees receiving a complete COVID-19 vaccine course	N: 2,964 D: 70,936 R: 4.18% N: 6,151 D: 92,297 R: 6.66% N: 757 D: 17,708 R: 4.27%	R: 70%: R: 70% R:70%	Same as above

Indicators	Baseline Rate[2] Measurement Period:	Target Rate[3]	Rationale for Target Rate[4]
Measure C: Hispanic/Latino enrollees receiving a complete COVID-19 vaccine course Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving a complete COVID-19 vaccine course	N: 9,131 D: 120,121 R: 7.60%	R: 70%	
Indicator 4: Receipt of COVID-19 vaccine by children[5] Measure A: Receipt of at least one dose of COVID-19 vaccine Measure B: Receipt of a complete vaccine series[1]	Measure A: N: 3,348 D: 50,161 R: 6% (12-15yr.) Measure B: N: 2,225 D: 50,161 R: 4% (12-15yr.)	R: 70% R: 70%	Same as above

1. This refers to completion of a 2-dose series for 2-dose vaccines (e.g., Pfizer and Moderna) and receipt of one dose for vaccines only requiring one dose (e.g., Johnson and Johnson).
2. LDH to provide data.
3. Upon evaluation of progress, consideration should be given to improving the target rate, if it has been met or exceeded at that time.
4. Indicate the rationale, e.g., percentage point improvement based upon the strength of interventions.
5. Baseline Pediatric population age 12-15 eligible to receive Pfizer vaccination in July 2021.

Methodology

To be completed upon Proposal submission.

Table 3: Performance Indicators

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Indicator 1	Receipt of COVID-19 vaccine	Numerator: State immunization registry (LINKS) Denominator: Medicaid enrollment data	All Medicaid enrollees, age 16+	---	Measure A: Persons who received at least one vaccine dose Measure B: Persons who received a complete vaccine course[1]	All Medicaid enrollees, age 16+
Indicator 2	Indicator 2: Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine: Measure A: White enrollees receiving at least one dose Measure B: Black enrollees receiving at least one dose Measure C: Hispanic/Latino enrollees receiving at least one dose Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving at least one dose	Numerator: State immunization registry (LINKS) Denominator: Medicaid enrollment data	All Medicaid enrollees, stratified by race/ethnicity, age 16+	--	Persons who received at least one vaccine dose	Eligible individuals as listed in LDH Report
Indicator 3	Indicator 3: Racial/ethnic disparity	Numerator: State	All Medicaid enrollees, stratified by	--	Persons who received a complete COVID-	All Medicaid enrollees

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
	in receipt of a complete COVID-19 vaccine course[1]: Measure A: White enrollees receiving a complete COVID-19 vaccine course Measure B: Black enrollees receiving of a complete COVID-19 vaccine course Measure C: Hispanic/Latino enrollees receiving a complete COVID-19 vaccine course Measure D: Enrollees of other, missing, or unknown race/ethnicity receiving a complete COVID-19 vaccine course	immunization registry (LINKS) Denominator: Medicaid enrollment data	race/ethnicity, age 16+		19 vaccine course[1]	
Indicator 4	Receipt of COVID-19 vaccine by children[2]	Numerator: State immunization registry (LINKS) Denominator: Medicaid enrollment data	All Medicaid enrollees, age 0-15	---	Measure A: Persons who received at least one vaccine dose Measure B: Persons who received a complete vaccine series[1]	All Medicaid enrollees, age 0 to 15
[1]This refers to completion of a 2-dose series for 2-dose vaccines (e.g., Pfizer and Moderna) and receipt of one dose for vaccines only requiring one dose (e.g., Johnson and Johnson). [2]This is a future indicator which will not be measured until a pediatric vaccine is authorized						

Data Collection and Analysis Procedures

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

Sampling Procedures

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

- **Describe sampling methodology:** No sampling method utilized. Identified members provided by Louisiana Department of Health.

Data Collection

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

- **Describe data collection:** Vaccination data collected and disseminated to MCO by Louisiana Department of Health weekly. Shnay Wright-Richardson, Senior Business Analyst, adds Primary Care Provider information (address, telephone number) and includes member telephone number. Data is then given to individual department leads for dissemination to specific providers as described below:
    - Tonya Smith-Shaw, Ph.D., RN Sr. Regional Director, list provided for dissemination to ACO contracted practices.
    - Rhonda Pena, MBA, Manager of Provider Relations Service Advocacy, list provided for dissemination to Provider Advocates to be shared with individual Providers.
    - Lauren Wetzlau BSN, RN Population Health Community Liaison, for dissemination to Population Health Consultants to be shared with individual Providers.
    - Nicole Thibodeaux BSN, RN, CCM Director of Medical Clinical Operations, for dissemination to case management staff.

  Information regarding vaccination site locations and vaccination hotline are disseminated by way of fax blast to complete UnitedHealthcare directory within the State of Louisiana. Additionally, UnitedHealthcare national team has launched a campaign to target all members on a 3 Tier system:

  Tier 1 – Email

  Emails are sent to all eligible members 16^{+}y.o. who have opted into communication and have an email on file. (+/-138,000 members) Initial emails are sent informing members they are eligible for vaccine and encouraging them to discuss appointment with Primary Care Provider. Second round of emails are sent as a second dose reminder email after 21 days from initial dose (utilizing claims-based data).

  Tier 2 – IVR Calls

  Initial IVR calls utilizing vendor, Welltok, to all first dose eligible members informing members that they are eligible for the vaccine and encouraging them to schedule an appointment with their Primary Care Provider. Members who have claims for first dose of vaccine and members who received email outreach were excluded. Utilizing claims-based data, second IVR calls are conducted to all missed second dose members after 58 days past due for Pfizer and 60+ days past due for Moderna. Members who have vaccine claims are excluded and members who have received an email are excluded.

  Tier 3 of Campaign - Direct Mailers

  Members who do not have email or phone on record received a direct mailer encouraging vaccination and education.

Validity and Reliability

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

- **Describe validity and reliability:**

The UnitedHealthcare Community & State of Louisiana Analytics Team validated data submitted for the vaccination of Covid-19 Performance Improvement Project by verifying that the data from Louisiana Department of Health coincided with data that had been entered in ICUE or Community Care (Clinical Documentation Systems); moreover, random sampling and cross reference checks from the claims data extracts ensures validity of what has been entered in either systems. SMART Analytics, SAP Orbit, and CSP Facets are the databases where all of UHCLA Member and Provider data is stored and where the claims data is extracted accordingly. ICUE and Community Care are clinical documentation interfaces where our Clinical/Non-Clinical Staff documents a Member's Utilization and Case Management information. Additionally, the team utilizes an ongoing review of the LINKS system as a supplementation data resource. As a result of the UHCLA Analytics Team data validation procedures, the UHCLA Analytics Team produced accurate and concise data that insured content validity of the data that was received by the Louisiana Department of Health for the Covid-19 baseline data extracts which adhered to Performance Indicators definition as well as continued to monitor the Intervention tracking measures.

Data Analysis

*Explain the data analysis procedures and, if statistical testing is conducted, specify the procedures used (note that hypothesis testing should only be used to test significant differences between **independent** samples; for instance, differences between health outcomes among sub-populations within the baseline period is appropriate).Describe the methods that will be used to analyze data, whether measurements will be compared to prior results or similar studies, and if results will be compared among regions, provider sites, or other subsets or benchmarks. Indicate when data analysis will be performed (monthly, quarterly, etc.).*
Describe how plan will interpret improvement relative to goal.
Describe how the plan will monitor intervention tracking measures (ITMs) for ongoing quality improvement (e.g., stagnating or worsening quarterly ITM trends will trigger barrier/root cause analysis, with findings used to inform modifications to interventions).

- **Describe data analysis procedures:** Data is pulled from the LINKS system by the Louisiana Department of Health. Data is then disseminated to appropriate Managed Health Plan Organizations. The data is then analyzed, and additional criteria are assigned appropriately such at PCP and contact information.
- **Describe how plan will interpret improvement relative to goal:** Improvement of overall vaccination rate and a noted decline in eligible members receiving vaccinations will be a positive indication of overall improved outcomes via the successful outreach and education to both our Providers and Members.
- **Describe how plan will monitor ITMs for ongoing QI:** On an ongoing weekly basis, case management member calls and outreach are reported and tracked. Documentation of confounding factors with continual reassessment will provide timely feedback for interventional modifications and assistance. Monthly rates will be analyzed for progression towards goal.

PIP Timeline

Start Date: April 9, 2021
Baseline Measurement Period: COVID-19 Vaccine Report as of 3/25/21

PIP Interventions (New or Enhanced) Initiated: 4/9/2021

Submission of Baseline Report Due: 5/7/2021

Submission of Final Report Due: 12/31/2021

Barrier Analysis, Interventions, and Monitoring

To be completed upon Proposal submission (to be updated for baseline, interim and final reports).

Table 4: Alignment of Barriers, Interventions and Tracking Measures

Barrier 1: Enrollees need help with accessing COVID-19 vaccine.		***Month 1***	***Month 2***	***Month 3***	***Month 4***	***Month 5***	***Month 6***	***Month 7***	***Month 8***	***Month 9***
Intervention to address barrier 1: 1a. Develop and implement COVID-19 vaccination outreach to enrollees engaged in case management. Planned Start Date: 04/09/2021 Actual Start Date:04/09/2021	Intervention tracking measure 1a: *Percentage of enrollees age 16+ who are engaged in CM and had an appointment made for COVID-19 vaccination* N: *# enrollees with appointments made at any vaccine provider* D: *# enrollees otherwise engaged in case management*	N: 130 D: 7,143 R: 2%	N: 277 D: 7,143 R: 4%	N: 702 D: 9590 R: 7%	N:301 D:1669[1] R:18%	N:610 D:1636 R:37%	N:660 D:1534 R:43%	N:714 D:1649 R:43%	N:778 D:1717 R:45.3%	N:794 D:1649 R:48.1%
Intervention to address barrier 1: 1b. Develop and implement COVID-19 vaccination outreach to enrollees not engaged in case management.[2] Planned Start Date: 04/09/2021 Actual Start Date:04/09/2021	Intervention tracking measure 1b: *Percentage of enrollees age 16+ who are NOT engaged in CM and had an appointment made for COVID-19 vaccination* *N: # enrollees with appointments made at any vaccine provider* *D: # enrollees NOT engaged in case management*	N:626 D:291,537 R:0.2%	N: 12,938 D: 295,365 R:4%	N: 20,981 D: 296,287 R: 7%	N:75,442 D:305,691 R:25%	N:86,097 D:305,700 R:38%	N:112,705 D:310,115 R:36.3%	N:119,740 D:310,975 R:38.5%	N:125,145 D:313,845 R:39.8%	N:129,600 D:315,322 R:41.1%

[1] Denominator adjusted to only include members engaged in case management and excluded members identified as eligible for case management

[2] Denominator obtained from taking state delivered total of UnitedHealthcare eligible members and subtracting the number of members currently engaged with case management.

Barrier 2: The large volume of eligible enrollees poses a challenge to enrollee reach via CM outreach alone.		***Month 1***	***Month 2***	***Month 3***	***Month 4***	***Month 5***	***Month 6***	***Month 7***	***Month 8***	***Month 9***
Intervention to address barrier 2: 2. Distribute eligible enrollee lists and vaccination site lists to PCPs and facilitate referrals as needed. Planned Start Date: 04/09/2021 Actual Start Date:04/09/21 End Date (if applicable): TBD	Intervention tracking measure 2: *Percentage of enrollees age 16+ where PCPs were provided with their eligible patient list and list of vaccine providers* *N: # enrollees whose PCP was provided with their list of eligible patients* *D: # eligible individuals*	N:644 D:4,275 R:15%	N:860 D:4,275 R:20%	N: 1309 D:4,275 R:31%	N:1099 D:4,275 R:25%	N:1414 D:4,275 R:33%	N:1499 D:4,275 R:35%	N:1436 D:4,275 R:33.5%	N:1433 D:4,275 R:33.5%	N:1159 D:4,275 R:27.1%
Barrier 3: Enrollees may need reminders for the second dose in a 2-dose series		***Month 1***	***Month 2***	***Month 3***	***Month 4***	***Month 5***	***Month 6***	***Month 7***	***Month 8***	***Month 9***
Intervention to address barrier 3: 3. Remind enrollees to get their 2nd dose in a timely manner.[3] Planned Start Date: 04/09/2021 Actual Start Date:04/09/21 End Date (if applicable): TBD	Intervention tracking measure 3: *Percentage of enrollees age 16+ that were contacted via direct calls, email, and IVR for second dose.* N: *# eligible individuals contacted with one of the methods listed above* D: *# eligible individuals that have received 1 dose*	N:49,130 D:49,130 R:100%	N:49,130 D:49,130 R:100%	N:49,130 D:49,130 R:100%	N:49,130 D:49,130 R:100%	N:49,130 D:49,130 R:100%	N:49,130 D:49,130 R:100%	N:49,130 D:49,130 R:100%	N:49,130 D:49,130 R:100%	N:49,130 D:49,130 R:100%

[3] Per National all members eligible for second dose of Covid-19 vaccination have been contacted via direct call, email, and/or IVR.

Barrier 4: There may be disparities in receipt of COVID-19 vaccines		***Month 1***	***Month 2***	***Month 3***	***Month 4***	***Month 5***	***Month 6***	***Month 7***	***Month 8***	***Month 9***
Intervention to address barrier: Planned Start Date: 04/09/2021 Actual Start Date:04/09/2021 End Date (if applicable): TBD	Intervention tracking measure 4a: *Identification of most disparate region with targeted provider engagement utilizing LDH Parish Risk identification map.* [4] N: *Contacted Providers in region* D: *Number of Providers in Region*	N:69 D:2191 R:3%	N:120 D:2191 R:5%	N:157 D:2,191 R: 7%	N:2,191[5] D:2,191 R:100%	N:2,191 D:2,191 R:100%	N:2,191 D:2,191 R:100%	N:2,191 D:2,191 R:100%	N:2,191 D:2,191 R:100%	N:2,191 D:2,191 R:100%
	Intervention tracking measure 4b: *Collaboration with DePaul Community Health Center* N: Number vaccinated associated with FQHC D: Number of UHC members associated with FQHC	N:66 D:8693 R:1%	N:1198 D:8693 R:13.7%	N:1240 D:8,693 R: 14.2%	N:1,520 D:8,693 R:17.4%	N:1,626 D:8,693 R:18.7%	N:1,957 D:8,693 R:22.5%	N:2,183 D:8,693 R:25%	N:5,432 D:8,693 R:62.4%	N:5,627 D:8,693 R:64.7%
	Intervention tracking measure 4c: Providers educated on vaccination locations. N: Providers sent vaccine location educated D: Providers in UHC directory	N:7,342 D:7,342 R:100%	N:7342 D:7342 R:100%	N:7,342 D:7,342 R: 100%	N:7,342 D:7,342 R:100%	N:7,342 D:7,342 R:100%	N:7,342 D:7,342 R:100%	N:7,342 D:7,342 R:100%	N:7,342 D:7,342 R:100%	N:7,342 D:7,342 R:100%

[4] Utilizing LDH state map Beauregard, Cameron, Calcasieu, Jefferson Davis, St. Mary, and West Baton Rouge consistently determined to be high risk Parish's.
[5] Utilization of fax blast to target region specific providers implemented

Barrier 5: Enrollees may have difficulties with transportation or be homebound		***Month 1***	***Month 2***	***Month 3***	***Month 4***	***Month 5***	***Month 6***	***Month 7***	***Month 8***	***Month 9***
Intervention to address barrier: 5. Planned Start Date: 04/09/21 Actual Start Date: 04/09/21 End Date (if applicable): TBD	Intervention tracking measure 5a: *Transportation Vendor Collaboration* N: *Number of members taken for vaccination administration.* D: *Number of UHC members enrolled with transportation services.*	N: 135 D:3,817 R:4%	N:214 D:3,682 R:5.8%	N: 264 D: 3468 R:7.6%	N:289 D:3,204 R:9%	N:338 D:2,915 R:13.1%	N:381 D:2,577 R:14.7%	N:408 D:2,196 R:18.5%	N:439 D:1,788 R:24.5%	N:498 D:1,349 R:36.9%

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	Description	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December A:2021	Target
Indicator 1	Measure A: Persons who received at least one vaccine dose Measure B: Persons who received a complete vaccine course Racial/ethnic disparity in receipt of at least one dose of COVID-19 vaccine	A: 38,165 B:19,003	A: N: 57,683 D:301,072 R:19.16% B: N: 46,118 D:301,072 R:15.32%	A: N: 66,263 D:302,724 R:19.16% B: N: 56,285 D:302,724 R:18.59%	A: N: 73,320 D:305,877 R:23.97% B: N: 62,432 D:305,877 R:21.26%	A: N: 87,757 D:307,360 R:28.55% B: N: 71,838 D:307,360 R:23.37%	A: N:108,498 D:309,830 R: B: N: 86,859 D:309,830 R:28.03%	A: N:114,728 D:311,201 R:36.87% B: N: 97,018 D:311,201 R:31.18%	A: N:120,481 D:312,624 R:38.54% B: N:103,030 D:312,624 R:32.96%	A: N:130,394 D:316,971 R:41.14% B: N:111,933 D:316,971 R:35.31%	70%
Indicator 2	Measure A: Difference between the percentage of eligible White and Black individuals receiving at least one dose Measure B: Difference between the percentage of eligible White and Hispanic/Latino individuals receiving at least one dose	A: B13.25% -W8.86% 4.39% B: H 9.22% -W 8.86% 0.36%	A: B19.83% W13.74% 6.09% B: W 13.74% H 15.61% 1.87%	A: B22.74% W15.65% 7.09% B: W 15.65% H 18.52% 2.87%	A: B25.23% W17.11% 8.12% B: W 17.11% H 20.53% 3.42%	A: B30.76% W 20.63% 10.13% B: W 20.63% H 24.91% 4.28%	A: B38.34% W 26.28% 11.56% B: W26.28% H 31.10% 4.82%	A: B 40.60% W 27.78% 12.82% B: W 27.78% H 33.02% 5.24%	A: B 42.64% W 29.07% 13.57% B: W 29.07% H 34.87% 5.8%	A: B 46.36% H 37.30% 9.06% B: W 33.07% H 37.30% 4 .23%	70%

Indicator	Description	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December A:2021	Target
	Measure C: Difference between the percentage of eligible White and those of Other, Unknown, or Missing race/ethnicity receiving at least one dose Racial/ethnic disparity in receipt of a complete COVID-19 vaccine series[1]	C: O15.00% -W8.86% 6.14%	C: O23.35% W13.74% 9.61%	C: O28.13% W15.65% 12.48%	C: O 30.65% W 17.11% 13.54%	C: O 36.84% W 20.63% 16.21%	C: O 42.62% W 26.28% 16.34%	C: O 38.82% W 23.02% 15.80%	C: O 45.73% W 29.07% 16.66%	C: O 49.63% W 33.07% 16.56%	
Indicator 3	Measure A: Difference between the percentage of eligible White and Black individuals receiving a complete vaccine series Measure B: Difference between the percentage of eligible White and Hispanic/Latino individuals receiving a complete vaccine series Measure C: Difference between the percentage of eligible White and those of Other, Unknown, or Missing race/ethnicity receiving a complete vaccine series	A. B 6.66% -W 4.18% 2.48% B. H4.27% -W4.18% 0.09% C. O 7.60% -W4.18% 3.42%	A. B 15.77% -W 10.88% 4.89% B. H 12.12% -W 10.88% 1.24% C. O 18.90% -W10.88% 8.02%	A. B 19.19% -W 13.20% 5.99% B. H 15.29% -W 13.20% 2.09% C. O 24.28% -W 13.20% 11.08%	A. B 22.19% -W 15.13% 7.06% B. H 18.12% -W 15.13% 2.99% C. O 27.52% -W 15.13% 12.39%	A. B 24.67% -W 16.51% 8.16% B. H 20.07% -W 16.51% 3.56% C. O 31.67% -W 16.51% 15.16%	A. B 30.26% -W 20.38% 9.88% B. H 24.26% -W 20.38% 3.88% C. O 36.00% -W 20.38% 15.62%	A. B 33.98% -W 23.02% 10.96% B. H 27.44% -W 23.02% 4.42% C. O 38.82% -W 23.02% 15.8%	A. B 36.18% -W 24.39% 11.79% B. H 29.27% -W 24.39% 4.88% C. O 40.45% -W 24.39% 16.06%	A: B 39.38% -W 28.33% 11.05% B: H 31.59% W 28.33% 3.26% C. O 44.60% -W28.33% 16.27%	70%

Indicator	Description	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December A:2021	Target
Indicator 4[2]	Measure A: Children (0-15) who received at least one vaccine dose Measure B: Children (0-15) who received a complete vaccine series	A: N/A B: N/A	A: N/A B: N/A	A:N/A B: N/A	A: N: 3,348 D: 50,161 R: 6% (12-15yr.) B: N: 2,225 D: 50,161 R: 4% (12-15yr.)	A: N: 7,403 D: 50,233 R: 14.7% (12-15yr.) B: N: 3,904 D: 50,233 R: 7% (12-15yr.)	A: N: 12,279 D: 50,453 R: 24.3% (12-15yr.) B: N: 8,369 D: 50,453 R: 16.5% (12-15yr.)	A: N: 13,174 D: 50,547 R: 26% (12-15yr.) B: N: 10,345 D: 50,547 R: 20.4% (12-15yr.)	A: N: 13,685 D: 50,558 R: 27% (12-15yr.) B: N: 11,169 D: 50,558 R: 22% (12-15yr.)	A: N: 19,408 D: 136,208 R: 14.25% (5-15yr.)[3] B. N: 14,252 D: 136,208 R: 10.46% (5-15yr.)	70%

[1] This refers to completion of a 2-dose series for 2-dose vaccines (e.g., Pfizer and Moderna) and receipt of one dose for vaccines only requiring one dose (e.g., Johnson and Johnson).
[2] This is a future indicator which will not be measured until a pediatric vaccine is authorized.
[3] Members aged 5-15 added to denominator.

Discussion

To be completed upon Interim and Final Report submissions. The discussion section is for explanation and interpretation of the results. In the Final Report Discussion, revise the Interim Discussion so that the Final Discussion Section represents one comprehensive and integrated interpretation of results, rather than a separate add-on to the Interim discussion.

Discussion of Results

- **Interpret the performance indicator rates for each measurement period**

During the past 9 months vaccination rates across the state have increased at a slow but steady rate. Baseline data compared to the most recent data obtained from LDH indicates that indicator 1A had an increase of UnitedHealthcare members receiving at least one vaccine dose from 38,165 to 130,394 (41.14%). Indicator 1B increased from 19,003 to 111,933 showing that 35.31% of UnitedHealthcare members have now received a complete vaccine course. Interestingly, racial/ethnical disparity data showed a trend among the four identified populations for indicator 2 and indicator 3. Members who identified as Other/Unknown consistently remained the highest for both indicator 1A and 1B and were most likely to receive at least one dose as well as complete vaccination course. This was followed by the Black, Hispanic, and White identifying populations. This trend remained consistent across the state with the White population being the least likely to receive at least one vaccination as well as receive a completed course of vaccination. There was a marked increase among vaccination rates between all populations from July 2021 to August 2021, presumptively from the new Delta variant that emerged. Indicator 4 measured the number of children aged 12-15 years old starting July 2021 with the approval of the Pfizer covid vaccination for this age group ending the year with the addition of 5-11 year-old children in December. Baseline date for this subgroup identified for the month of July that UnitedHealthcare had 50,161 eligible children aged 12 -15 to receive vaccination. Of those identified members 3,348 had received at least one vaccination and 2,225 had received complete vaccination. By December 2021 the denominator had a marked increased with the addition of children aged 5-11 to 136,208 and children receiving one dose of vaccine increased to 19,408 (14.25%) and completed course to 14,252 (10.46%).

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

Overall COVID-19 vaccination rates continue to rise across the plan membership and state. However, the initial goal of vaccinating 70% of our member population by July 2021 proved to be difficult. This showed that extensive work and attention to detail was needed by UnitedHealthcare and all MCO's, to identify barriers and create solutions was paramount. Hesitation of the public combined with misinformation surrounding the multiple vaccinations proved difficult, yet not impossible to combat. Dividing the UHC membership into eligible and overdue lists to specifically target members identified as engaged with case management allowed us to have a multiprong approach to targeting our population. Along with the plan utilizing the national team, we set forth to contact all members by either direct call, email, direct mailer, or IVR calls. There was somewhat comparative success between the case management members and the national team members. The case management group of members successfully making an appointment growing to 48.1% of the identified and engaged members; whereas the rate of members identified as not being engaged in case management increased to 41.1%. Due to the large size of UHC's membership, engagement of the case management team and national team was not enough.

Engagement of the UHC provider network was also encouraged by using the Population Health Consults, Clinical Transformation Consultants, and Provider Advocates to reach out to the providers and share the eligible and overdue COVID-19 vaccination member lists. Having providers assist in contacting their identified members increased reach and enlisted more individuals to promote vaccination. Month over month, with the use of these three teams, the percentage of provider engagement has increased. Additionally, fax blast information was disseminated to provide up to date information on current vaccination sites to the entire provider network which proved to be a strong resource. Again, UHC looked for opportunities to increase vaccination engagement.

Community events throughout the state were a large success and offered the ability to partner with trusted local community leaders. These events allowed not only sharing of information, encouragement of vaccination, and the physical ability to receive the vaccine but also provided the opportunity to make a difference to identified social determinants of health such as food insecurity. Creating a positive word of mouth throughout the community surrounding the vaccination experience. Several partnerships were created with multiple FQHC's, Shreveport Housing & Urban Development, the Salvation Army, Community Grocery stores, the Hispanic Apostolate, Mt. Canaan Baptist Church, Walmart, and many more. These community events increased vaccination in the locations in which they occurred and were well received. Additionally, UHC looked at transportation issues, specifically surrounding the ability of members to get to vaccination locations. A weekly collaborative meeting with transportation vendor, Movidcare, was set up in anticipation of this known difficulty. This collaboration led to quick identification of confounding factors and resolution to issues as they arose in real time which resulted in assisting 2,966 members with transportation to an identified vaccination site.

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

There have been multiple factors associated with our success and multiple factors that have shown us opportunities for improvement related to the COVID-19 vaccination PIP. Factors that have been associated with UHC's opportunities for improvement are the large number of members that need to be contacted. Specifically, the team identified incorrect contact information which resulted in noted difficulty with physically being able to reach our members. Hesitancy, misinformation, politicalized beliefs regarding vaccination, and religious beliefs regarding vaccination have also played their part in the difficulty that UHC has faced. Members remain obstinate in their refusal to receive the vaccine, anger regarding an "overabundance" of information and multiple contacts from various competing priorities (i.e., HCV PIP, Developmental Screening PIP, FUH IET PIP) have proved difficult to combat. Collaboration between the multiple ongoing PIPs has been important to decrease abrasion with both members and providers. Additionally, the unpredictable hurricanes and natural disasters pull focus away from the various PIP topics to focus on member safety. The factors that are associated with our success have been our engagement of case management in contacting members, the national team outreach, and our boots on the ground outreach to recruit providers to engage with their identified members that are eligible and overdue for vaccination, multiple vaccination events, and our collaboration with transportation vendor Movidcare.

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

  Typical claims lag related to input into the LINKS system which mildly impacted the weekly numbers regarding vaccination. Also, of note, human error through inputting information into the case management system was a noted threat to internal validity of findings as there may be multiple topics discussed.

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

  Lower rates in the final month could be attributed to a delay in vaccination entry due to the holidays and a lag within the LINKS system. Additionally, a lag of data entry may be likely due to batching input information for vaccinations.

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

  Initial challenges surrounding case management members created difficulty as UHC was counting members that were identified as eligible for case management but not actively engaged in case management. Since members must make their own decision to opt into the additional support of case management services data was not reflective of efforts. The change to report identified case management members to engaged case management members was made to show reflective efforts of the case management team. Data entry into the case management reporting system, Tableau, should be interpreted as a rough estimate as documentation is reliant on the individual inputting the information consistently as well as the retrieval of information.

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
Intervention 1a: Percentage of enrollees age 16+ who are engaged in CM and had an appointment made for COVID-19 vaccination	1a: Members must be engaged in case management to be included in this denominator not merely identified as potential case management members. This change effected our numerator and denominator but gave a more accurate depiction of our efforts at contacting and encouraging these members to receive vaccination.	1a.Tracking of appointments made, attempted contacts, education given, and outcome of call will be recorded and tracked.	1a. Count members called as well as appointments made. This will give a more accurate depiction of efforts and outcomes.
Intervention 1b: Percentage of enrollees age 16+ who are NOT engaged in CM and had an appointment made for COVID-19 vaccination	1b. Utilizing the National Team to set up a tiered system of contacting members was beneficial for the large number of members to contact. Continued issues with incorrect contact information remained ongoing. Use of IVR calls to contact members was beneficial as it allowed a large	1b. Project leads to meet with national team and reevaluate and set goal alignment for consistency across the eligible membership.	1b. Health plan to continue collaboration with national team and address any additional barriers identified due to the constant changing dynamic of the COVID-19 pandemic.

	number of individuals to be contacted.		
Intervention 2: Percentage of enrollees age 16+ where PCPs were provided with their eligible patient list and list of vaccine providers	Providing PCPs with eligible and overdue list was successful for engaged PCPs and was beneficial for aiding in reaching out to eligible and overdue members.	Making lists widely available on one consistent platform that is easily accessible to all providers.	Continued engagement of PCPs with the addition of specialists. Incorporation of monthly updated eligible and overdue list on a single platform.
Intervention 3: Percentage of enrollees age 16+ that were contacted via direct calls, email, and IVR for second dose.	Success of IVR calls, while increased contact reach and gave ability to contact many individuals, was mediocre. Incorrect contact information and engagement with called members was a continued hardship.	Known systemwide issue across membership. Collaborative effort to make successful contact with members.	Implementation of claims analysis, engagement of providers for correct up to date contact information, and utilization of pharmacy claims data.
Intervention 4a: Identification of most disparate region with targeted provider engagement utilizing LDH Parish Risk identification map.	Utilizing fax blasts of information to region specific locations was successful at contacting multiple providers at once.	Continued implementation of fax blast will remain ongoing maximizing provider touch.	Plan to increase outreach efforts such as using email communication in addition to fax blast information.
Intervention 4b: Collaboration with DePaul Community Health Center	Community partnerships were foundational to vaccination success. Utilizing well established trusted relationship for members to receive information was vital to increasing rates.	Planned continued engagement of strategic partnerships across the state. Due to the complexity of the diverse medical and behavioral needs of the member associated with FQHC's engagement of this partnership is foundational to our success.	Engagement of both adult and pediatric FQHC's to facilitate continued success of increasing vaccinations across the state.
Intervention 4c: Providers educated on vaccination locations.	Utilizing fax blasts to provide up to date vaccination site information allowed a large reach across the state during a difficult	Continued use of fax blast to disseminate up to date information	Increase reach by continuing to utilize fax blasts of information and add on additional modes of information

	time when face to face contact was not always readily available or physically possible to be carried out.		communication such as updated provider portals and email communications.
Intervention 5: Transportation Vendor Collaboration	Ongoing open communication has been important to identifying barriers and creating solutions in real time.	Continuation of close collaboration with transportation vendor planned with weekly	Will continue to monitor

References

Include a list of references for any sources of information used to formulate the project.

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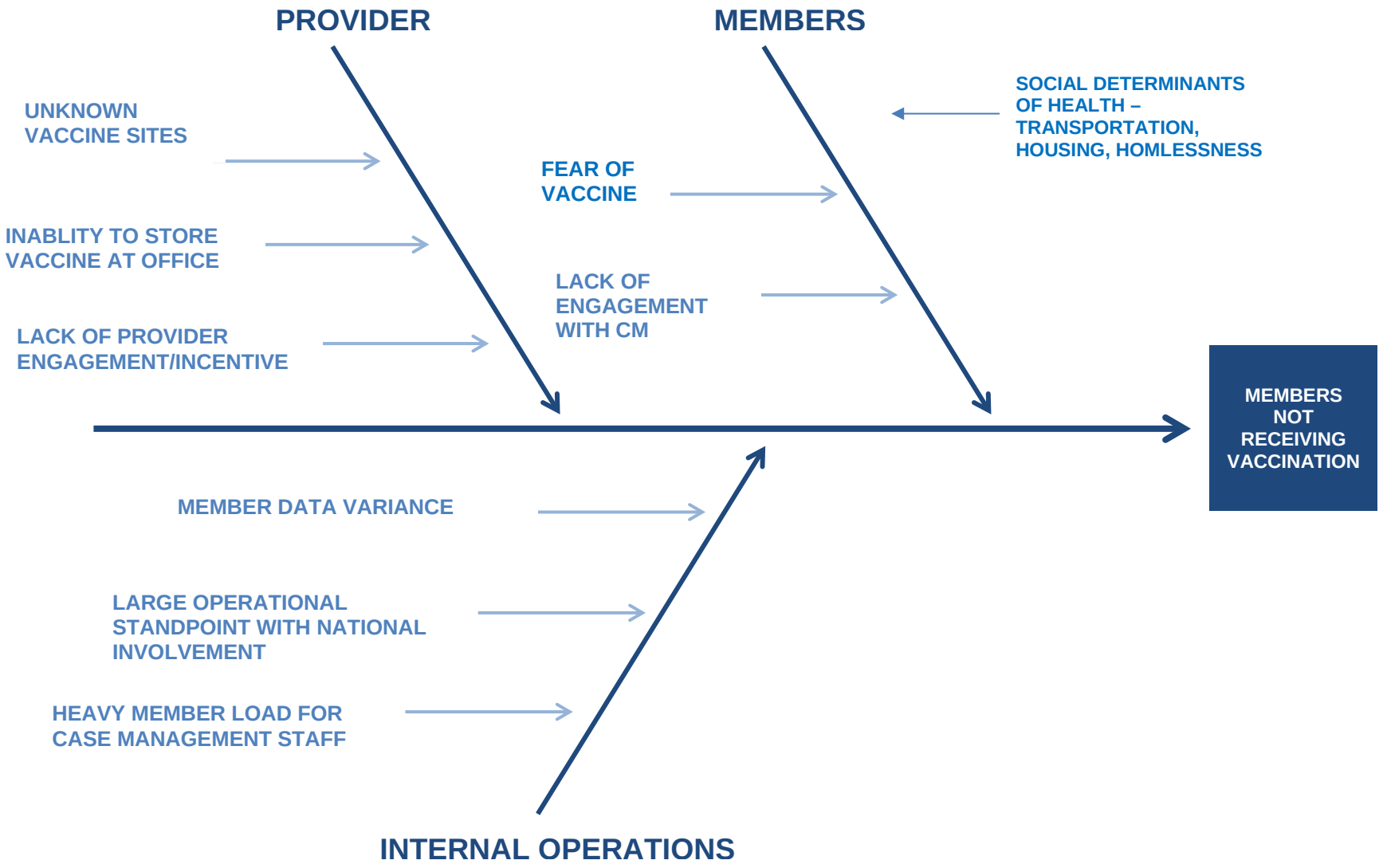
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as…	Purpose	Definition
Aim	• Purpose	To state what the MCO is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions "How much improvement, to what, for whom, and by when?"
Barrier	• Obstacle • Hurdle • Road block	To inform meaningful and specific intervention development addressing enrollees, 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 enrollees/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- OPTIONAL



Appendix B: Priority Matrix- OPTIONAL

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address	Lack of member knowledge regarding vaccination sites. Lack of member engagement in CM Lack of provider knowledge on Covid-19 Vaccination sites Targeted geographic areas SDoH – Transportation	
Less Feasible to Address	Member data variance	

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

	Positives	**Negatives**
INTERNAL ***under your control***	***build on*** **STRENGTHS** ***Examples:*** Strong process of utilizing weekly lists for outreach. Strong multifaceted approach to provider education on Covid-19 vaccination and vaccination sites.	***minimize*** **WEAKNESSES** ***Examples:*** Process analysis of data
EXTERNAL ***not under your control, but can impact your work***	***pursue*** **OPPORTUNITIES** ***Examples:*** Continued provider and member education Member engagement with case management.	***protect from*** **THREATS** ***Examples:*** Fear and apprehension of vaccination particularly with the recent information and stopping of Johnson and Johnson