

# **Health Plan Performance Improvement Project (PIP)**

**Health Plan: AmeriHealth Caritas**

**PIP Title: Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), and (3) Pharmacotherapy for Opioid Use Disorder (POD)**

**PIP Implementation Period: January 1, 2021-December 31, 2021**

**Submission Dates:**

	<b>Report Year 2021</b>
Version 1	12/10/2021
Version 2	12/30/2021

# MCO Contact Information

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## 1. Principal MCO Contact Person

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

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## 2. Additional Contact(s)

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

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## 3. External Collaborators (if applicable):

# Attestation

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**Plan Name:** AmeriHealth Caritas Louisiana

**Title of Project:** Improving Rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), and (3) Pharmacotherapy Events for Opioid Use disorder (POD)

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

Medical Director Signature: Rodney Wise, MD

First and last name: **Rodney Wise, MD**

Date: 12/30/2021

CEO Signature: 

First and last name: **Kyle Viator**

Date: 12/30/2021

Quality Director Signature: Rhonda Baird

First and last name: **Rhonda Baird**

Date: 12/30/2021

IS Director Signature (if applicable): Trampas Cranford

First and last name: **Trampas Cranford**

Date: 12/30/2021

# 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
<b>Change 1</b> Separated provider trainings (ITM 1) ITM into individual trainings (ITM 1a – 1d)	Quarter 3 - 2020	<input type="checkbox"/> Project Topic <input checked="" type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Changed ITM 1 – Provider trainings to ITM 1a -1d to represent various types of trainings.
<b>Change 2</b> Retired Intervention #2 to address barrier: Provide resources to SDOH subpopulation in crisis	Quarter 4 - 2020	<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Retired ITM due to the inability to capture accurate data.
<b>Change 3</b> ITM #5 CHN outreach changed from face to face while inpatient outreach to telephonic outreach.	Quarter 2 - 2020	<input type="checkbox"/> Project Topic <input checked="" type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Community Health Navigator outreach to members while Inpatient intervention changed to telephonic outreach due to Pandemic.
<b>Change 4</b> Implemented enhancement to ITM #4 – member telephonic outreach to <u>all</u> members post ED visit with a principal diagnosis of SUD	10/1/2020	<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Previous outreach excluded some members in this population due to criteria not met. Current outreach does not exclude any members from this population.
<b>Change 5</b> Target goals increased from proposal	Quarter 2 - 2020	<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis / Intervention <input checked="" type="checkbox"/> Other	Target goals increased to create stretch goals.
<b>Change 6</b> ITM 4-6 Data Logic	Quarter 4 - 2020	<input type="checkbox"/> Project Topic <input checked="" type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Changed logic of ITM report identification of successful call <ul style="list-style-type: none"> <li>Successful call captured within specified timeframe ('complianceservicedate' + 34 days) of IESD date.</li> </ul>
<b>Change 7</b> Removed tracking measure #1d under Barrier 1: Limited workforce for treatment initiation and follow-up	Quarter 1 - 2021	<input type="checkbox"/> Project Topic <input checked="" type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Removed tracking measure #1d – Providers completing Calocus/Locus training due to no trainings provided for 3 quarters of 2020
<b>Change 8</b> Retired Intervention #3 to address barrier: Pregnant members in pre-contemplation stage of change - 5 Ps Screening	Quarter 1 - 2021	<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Retired ITM due to low rates and low impact of pregnant members identified with a diagnosis of SUD/AOD.

Assessment			
<b>Change 9</b> Revision of tracking measures for barrier 4: Low follow-up rates post ED visit for SUD – FUA barrier identification	Quarter 1-2021	<input type="checkbox"/> Project Topic <input checked="" type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Revised tracking measures to track total eligible members diagnosed with AOD/SUD outreached, successful outreach calls, and member enrollment for both 7 and 30 day metric following an ED visit.
<b>Change 10</b> Retired Intervention #6 to address barrier 6: Unable to Contact IET and FUA Population: transient population, bad phone numbers, no answer		<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Low member impact. Community Health Navigators no longer scheduling face-to-face inpatient visits due to pandemic.
<b>Change 11</b> Addition of 2 new interventions to address barrier 5: Low rates for new pharmacotherapy events - POD measure		<input type="checkbox"/> Project Topic <input type="checkbox"/> Methodology <input checked="" type="checkbox"/> Barrier Analysis / Intervention <input type="checkbox"/> Other	Addition of 2 new interventions and 7 new tracking measures that will measure members outreached and CM enrollment. Addition of a MAT survey measuring outcomes and psychosocial treatment for MAT utilizers.

# Abstract

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

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## **Project Topic and Rationale**

The Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET), Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), and Pharmacotherapy Events for Opioid Use Disorder (POD) Performance Improvement Project (PIP) was implemented to improve treatment and engagement rates. A robust set of interventions were implemented to meet the following objectives:

1. Conduct provider training to expand the workforce for treatment initiation and follow-up.
2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA), Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT), and the ATLAS for locating addiction treatment facilities.
3. Partner with hospitals/Emergency Departments (ED) to improve timely initiation and engagement in treatment.
4. Provide enhanced member care coordination.
5. Other interventions as informed by the ACLA's barrier analyses.

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

## **Objectives**

AmeriHealth Caritas Louisiana's (ACLA) objective was to develop innovative initiatives to continuously improve rates for the PIP's three HEDIS measures.

## **Methodology and Interventions**

The Performance Indicator methodology follows the HEDIS 2020 Volume 2 Technical Specifications for IET, FUA, and POD. ACLA formed a multidisciplinary workgroup that was responsible for developing and implementing numerous provider and member related interventions to address the IET/FUA/POD populations and their high risk subpopulations. Provider education included the following: Medication-Assisted Treatment (MAT), American Society of Addiction Medicine (ASAM) Criteria Course for Appropriate Levels of Care, Motivational Interviewing, Screening, Brief Intervention, & Referral to Treatment (SBIRT) Services, Treatment Planning, Clinical Documentation, Release of Information, Informed Consent, and Member Rights.

Member outreach and care coordination were enhanced to target members prescribed a MAT drug; additional outreach identified high risk subpopulations through telephonic outreach to members following an ED discharge to assist with scheduling follow-up appointments. Members were also assisted with locating a treatment facilities or practitioners to assist in managing medication with a combination of therapy. Members on MAT were encouraged to enroll in ACLA's Care Management program for assistance with medication management and treatment.

## **Results and Major Conclusions of the Project**

In comparison to the Baseline Rates, the IET Interim Final rates (claims through October 2021), slightly decreased in the alcohol abuse performance indicators. However, the treatment and engagement of opioid use disorder submeasure increased. Baseline data for IET rates demonstrated a strong performance, 75<sup>th</sup> percentile or higher, utilizing the NCQA 2020 Quality Compass (QC) as a benchmark. Comparatively, the FUA Interim Final rates demonstrated improvement compared to Baseline rates. Baseline data for FUA rates performed below the 2020 NCQA QC 50<sup>th</sup> percentile. Target rates established in the PIP proposal were updated to reflect stretch goals utilizing the 2020 NCQA QC benchmarks. When comparing Interim I performance indicator rates to Interim Final rates (claims through October 2021): all six performance indicators for IET exhibited improvement, the FUA 7-Day performance indicator demonstrated a decrease of .57 percentage points and the 30-day rate decreased by .48 percentage points. The POD measure increased by 25.76 percentage points from Interim I to Interim II, then decreased by 13.70 percentage points from the Interim II to Interim Final measurement periods. Year-to-date performance indicator rates have not met or exceeded the 2021 target goals.

## **Next Steps**

Although ACLA did not meet target goals, meaningful interventions were implemented throughout the year. ACLA acknowledges that the impact from the COVID-19 pandemic and numerous weather events impacted outreach, interventions and utilization of services. Moving forward in 2022, ACLA anticipates resuming face-to-face visits and expanding provider education through Quality visits and Provider Alerts.

# Project Topic

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

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## Describe Project Topic and Rationale for Topic Selection

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

ACLA has 6,460 members that meet the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) population and 1,318 members that meet the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) for measurement year 2019. The IET portion of the PIP addresses the need for increased referrals and treatment for our members with alcohol and other drug (AOD) abuse or dependence, both short and long term.

The PIP also highlights the current opioid epidemic and identifies how members with co-occurring disorders are at higher risk. Opioid-related deaths in Louisiana have more than doubled over the past five years. Between 2013 and 2017, Louisiana experienced a 36% increase in drug-related deaths, more than twice the national increase. It is important that members stay engaged longer in treatment to help decrease the incidence of relapse and death. Referrals afford members the opportunities to achieve a clean and sober life. Medication-Assisted Treatment (MAT) entails AOD and substance use disorders (SUD) treatment that offers shortened duration and intensity of detoxification/withdrawals. MAT also allows members to obtain gainful employment because of reduced relapses and reduced admission for inpatient treatment. It provides a supervised treatment program that encourages adherence and recovery.

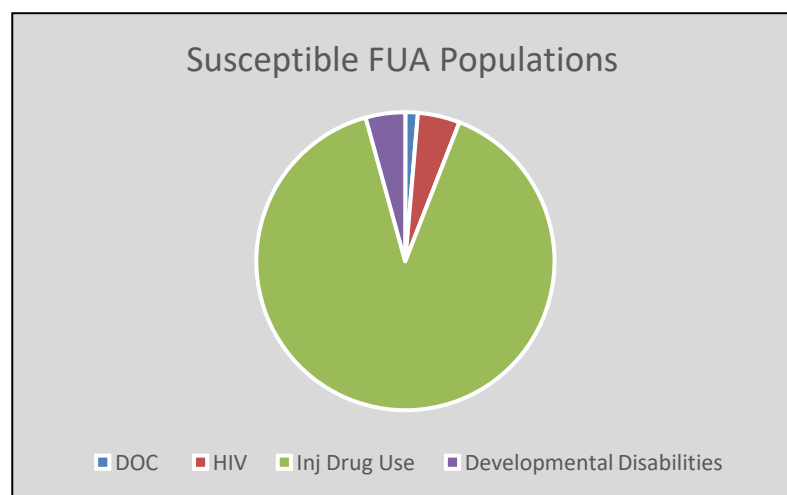
Treatment and ongoing engagement can also help decrease ED utilization and inpatient hospitalizations. Follow-up rates for members after emergency department utilization for alcohol and other drug abuse fall below the Quality Compass 50<sup>th</sup> percentile and offer an opportunity for improvement relative to this population. High ED use for members with AOD may indicate a shortage of access to care or lack of continuity of care. Timely follow-up care for members seen in the ED with AOD is associated with a reduction in substance use, future ED use, hospital admissions and bed days (Kunz, French and Bazargan-Hejazi, 2004).

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

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

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

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



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

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



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

Although the overall IET Initiation and Engagement rates for AmeriHealth Caritas Louisiana members exceed the NCQA 2018 Quality Compass (QC) benchmarks, there is opportunity for improvement specifically for Engagement of Treatment due to the low rates regionally and nationally. The plan is currently at the 90<sup>th</sup> QC benchmark for Total Engagement with a rate of 22.14%; however, this rate is low and offers an opportunity for improvement. Female engagement rates were slightly lower than male, 21% versus 23%. With a rate of 4%, case management engagement is low throughout the IET population. Members in the IET may benefit from case management by improving through care coordination. Louisiana State Health Improvement Plan includes behavioral health as one of the five priority areas with emphasis on three objectives: 1. Promote integration of behavioral health and primary care services. 2. Support a coordinated continuum of behavioral health care and prevention services. 3. Improve community awareness of behavioral health services. Base line data is currently at the Quality Compass 95<sup>th</sup> percentile for Initiation and Quality Compass 90<sup>th</sup> for engagement totals. ACLA will continue to strive to improve these rates, as national rates from which QC benchmarks are derived are low.

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

## Aims, Objectives and Goals

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

1. Conduct provider training to expand the workforce for treatment initiation, follow-up, and continuity of pharmacotherapy for Opioid Use Disorder (POD), and encourage provider enrollment in the following training programs:
  - The ASAM National Practice Guideline For the Treatment of Opioid Use Disorder, 2020 Focused Update (hard copy + web-based learning)
  - Treatment of Opioid Use Disorder Course (includes training for the waiver to prescribe buprenorphine) - American Society of Addiction Medicine (ASAM); Targeted providers to include: PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers.
  - Fundamentals of Addiction Medicine (ASAM); Targeted providers to include psychiatrists, pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
  - The ASAM Criteria Course for appropriate levels of care; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
  - ASAM Motivational Interviewing Workshop; Targeted providers to include LMHPs, PCPs, pediatricians, obstetricians, ER physicians, FQHC and urgent care providers
2. Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT) (<https://www.samhsa.gov/sbirt/resources>), and encourage primary care conduct of SBIRT for youth and adults; Targeted providers to include pediatricians, LMHPs, PCPs, obstetricians, ER physicians, FQHC and urgent care providers.
3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
4. Provide MCO enhanced care coordination (e.g., behavioral health integration, case management, and improved communication between MCO UM and CM for earlier notification of hospitalization, improved discharge planning practices and support, such as recovery coaches, and coordinate with pharmacists).
5. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.

**Table 2: Goals**

Indicators	Baseline Rate Measurement Period: 1/1/18- 12/31/18	Interim I Rate Measurement Period: 1/1/19- 12/31/19	Interim II Rate Measurement Period: 1/1/20- 12/31/20	Interim Final Rate Measurement Period: 1/1/21- 10/31/21	Target Rate <sup>2</sup>	Rationale for Target Rate <sup>3</sup>
Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse dependence diagnosis cohort	N: 1220 D: 2184 R: 55.86%	N: 1237 D: 2286 R: 54.11%	N: 1169 D: 2076 R: 56.31%	N: 1095 D: 1978 R: 55.36%	R: 63.76%	>NCQA 2018 QC 95 <sup>th</sup> percentile  (>52.10%)
Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 783 D: 1084 R: 72.23%	N: 828 D: 1244 R: 66.56%	N: 812 D: 1135 R: 71.54%	N: 775 D: 1048 R: 73.95%	R: 77.06%	> NCQA 2018 QC 95 <sup>th</sup> percentile  (>67.99%)
Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 3977 D: 6460 R: 61.56%	N: 3859 D: 6955 R: 55.49%	N: 3697 D: 6245 R: 59.20%	N: 3622 D: 6249 R: 57.96%	R: 65.64%	> NCQA 2018 QC 95 <sup>th</sup> percentile  (>53.29%)
Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 387 D: 2184 R: 17.72%	N: 356 D: 2286 R: 15.57%	N: 365 D: 2076 R: 17.58%	N: 319 D: 1978 R: 16.13%	R: 23.89%	> NCQA 2018 QC 95 <sup>th</sup> percentile  (>19.68%)
Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 337 D: 1084 R: 31.09%	N: 397 D: 1244 R: 31.91%	N: 429 D: 1135 R: 37.80%	N: 379 D: 1048 R: 36.16%	R: 40.83%	> NCQA 2018 QC 90 <sup>th</sup> percentile  (>37.40%)
Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1432 D: 6460 R: 22.17%	N: 1295 D: 6955 R: 18.62%	N: 1295 D: 6245 R: 20.74%	N: 1190 D: 6249 R: 19.04%	R: 27.14%	> NCQA 2018 QC 95 <sup>th</sup> percentile  (>23.44%)

Indicators	Baseline Rate Measurement Period: 1/1/18-12/31/18	Interim I Rate Measurement Period: 1/1/19-12/31/19	Interim II Rate Measurement Period: 1/1/20-12/31/20	Interim Final Rate Measurement Period: 1/1/21-10/31/21	Target Rate <sup>2</sup>	Rationale for Target Rate <sup>3</sup>
Indicator #7. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days of the ED visit	N: 72 D: 1318 R: 5.46%	N: 113 D: 1241 R: 9.11%	N: 100 D: 1162 R: 8.61%	N: 89 D: 1042 R: 8.54%	R: 16.97%	75 <sup>th</sup> QC percentile
Indicator #8. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit	N: 130 D: 1318 R: 9.86%	N: 162 D: 1241 R: 13.05%	N: 165 D: 1162 R: 14.20%	N: 131 D: 1042 R: 12.57%	R: 26.55%	75 <sup>th</sup> QC percentile
Indicator #9: The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.	N: N/A D: R:	N: 219 D: 875 R: 25.03%	N: 772 D: 1520 R: 50.79%	N: 549 D: 1480 R: 37.09%	R: 53.79%	Increase 3 percentage points from 2020 rate.

<sup>1</sup> Baseline rate: The MCO-specific rate that reflects the year prior to when PIP interventions are initiated.

<sup>2</sup> Rationale Column: QC 2018 percentiles used to set initial target rates; All LOB's (Excluding PPOs and EPOs): Average

<sup>2</sup> Upon subsequent evaluation of performance indicator rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.<sup>3</sup> Indicate the source of the final goal (e.g., NCQA Quality Compass) and/or the method used to establish the target rate (e.g., 95% confidence interval).

# Methodology

To be completed upon Proposal submission.

## Performance Indicators

**Table 3: Performance Indicators<sup>1</sup>**

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #1 (HEDIS IET)	<b>Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort</b>	<p>HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engage of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p> <p>Data Sources include:</p> <ul style="list-style-type: none"> <li>• Claims/encounter data</li> <li>• Pharmacy data</li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.</p>	No exclusions	The percentage of members who initiate AOD treatment for Alcohol abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #2 (HEDIS IET)	<b>Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort</b>	<p>HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engage of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p> <p>Data Sources include:</p> <ul style="list-style-type: none"> <li>• Claims/encounter data</li> <li>• Pharmacy data</li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.</p>	No exclusions	The percentage of members who initiate AOD treatment for Opioid abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #3 (HEDIS IET)	<b>Initiation of AOD Treatment: Total age groups, Total diagnosis cohort</b>	<p>HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engage of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p> <p>Data Sources include:</p> <ul style="list-style-type: none"> <li>• Claims/encounter data</li> <li>• Pharmacy data</li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.</p>	No exclusions	The percentage of members who initiate AOD treatment for Alcohol abuse or dependence, Opioid abuse or dependence, or Other drug abuse or dependence through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.	Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #4 (HEDIS IET)	<b>Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort</b>	<p>HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p> <p>Data Sources include:</p> <ul style="list-style-type: none"> <li>• Claims/encounter data</li> <li>• Pharmacy data</li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.</p>	No exclusions	<p>The percentage of members that were compliant for the Initiation of AOD Treatment for Alcohol abuse or dependence numerator whose:</p> <ul style="list-style-type: none"> <li>• Initiation of AOD treatment was a medication treatment event and had two or more engagement events, where only one can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days). Or</li> <li>• Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: <ul style="list-style-type: none"> <li>○ At least one engagement medication treatment event.</li> <li>○ At least two engagement visits.</li> </ul> </li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year).</p>



Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #5 (HEDIS IET)	<b>Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort</b>	<p>HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engage of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p> <p>Data Sources include:</p> <ul style="list-style-type: none"> <li>• Claims/encounter data</li> <li>• Pharmacy data</li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.</p>	No exclusions	<p>The percentage of members that were compliant for the Initiation of AOD Treatment for Opioid abuse or dependence numerator whose:</p> <ul style="list-style-type: none"> <li>• Initiation of AOD treatment was a medication treatment event and had two or more engagement events, where only one can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days). Or</li> <li>• Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: <ul style="list-style-type: none"> <li>○ At least one engagement medication treatment event.</li> <li>○ At least two engagement visits.</li> </ul> </li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1–November 14 of the measurement year).</p>

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #6 (HEDIS IET)	<b>Engagement of AOD Treatment: Total age groups, Total diagnosis cohort</b>	<p>HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Initiation and Engage of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p> <p>Data Sources include:</p> <ul style="list-style-type: none"> <li>• Claims/encounter data</li> <li>• Pharmacy data</li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1– November 14 of the measurement year). Test for Negative Diagnosis History. Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence, AOD medication treatment or an alcohol or opioid dependency treatment medication dispensing event during the 60 days (2 months) before the IESD.</p>	No exclusions	<p>The percentage of members that were compliant for the Initiation of AOD Treatment for Alcohol abuse or dependence, Opioid abuse or dependence, or Other drug abuse or dependence numerator whose:</p> <ul style="list-style-type: none"> <li>• Initiation of AOD treatment was a medication treatment event and had two or more engagement events, where only one can be an engagement medication treatment event, beginning on the day after the initiation encounter through 34 days after the initiation event (total of 34 days). Or</li> <li>• Initiation of AOD treatment was <i>not</i> a medication treatment event and either of the following: <ul style="list-style-type: none"> <li>○ At least one engagement medication treatment event.</li> <li>○ At least two engagement visits.</li> </ul> </li> </ul>	<p>Members 13 years and older as of December 31 of the measurement year meeting the continuous enrollment criteria of 60 days (2 months) prior to the Index Episode Start Date (IESD) through 47 days after the IESD (108 total days) with a new episode of alcohol abuse or dependence during the Intake Period (January 1– November 14 of the measurement year).</p>

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #7 (HEDIS FUA)	<b>The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days of the ED visit</b>	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) Data Sources include: <ul style="list-style-type: none"><li>• Claims/encounter data</li></ul>	Members 13 years and older as of the ED visit on or between January 1 and December 1 of the MY with a principal diagnosis of AOD or dependence meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days).	Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission.  If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit and exclude the remaining eligible ED visits.	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days).
Indicator #8 (HEDIS FUA)	<b>The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit</b>	HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)  Data Sources include: <ul style="list-style-type: none"><li>• Claims/encounter data</li></ul>	Members 13 years and older as of the ED visit on or between January 1 and December 1 of the MY with a principal diagnosis of AOD or dependence meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days).	Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission.  If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit and exclude the remaining eligible ED visits.	A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit	Members 13 years and older as of the ED visit meeting the continuous enrollment criteria of date of the ED visit through 30 days after the ED visit (31 total days).

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #9 (HEDIS POD)	<b>The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.</b>	<p>HEDIS 2020 Volume 2 Technical Specifications for Health Plans metric Pharmacotherapy for Opioid Use Disorder (POD)</p> <p>Data Sources include:</p> <ul style="list-style-type: none"> <li>• Claims/encounter data</li> <li>• Pharmacy data</li> </ul>	<p>Members ages 16 years and older with a new diagnosis of Opioid Use Disorder (OUD) with a pharmacotherapy event for 180 days or more.</p> <p>A 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year</p>	There are no exclusions for this measure	New OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days	Members ages 16 years and older with a new diagnosis of Opioid Use Disorder (OUD) with a pharmacotherapy event for 180 days or more

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

## Data Collection and Analysis Procedures

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

### Sampling Procedures

**Describe sampling methodology:** Being that evidence-based MAT in combination with therapy has been proven by research to sustain recovery, ACLA developed a MAT survey targeted to BH groups. Criteria consisted of MAT certified physicians to determine length of treatment, outcome results with and without therapy, treatment barriers, and provider knowledge of BH resources available by LDH, ASAM, and SAMHSA.

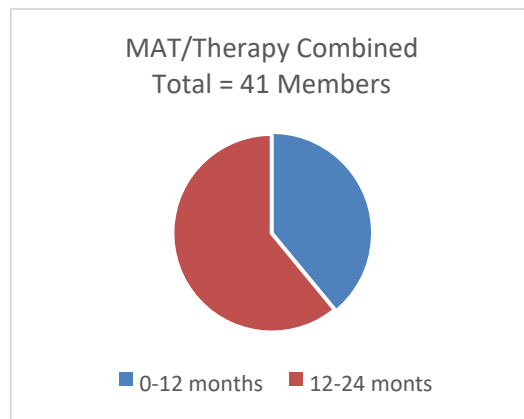
The methodology for obtaining the survey information has changed quarterly due to an identified barrier and low completion rates. ACLA identified the survey was taking providers 10-15 minutes to complete depending on EMR capabilities. The survey completion goal was set at 10 per quarter, sampling methodology is noted below within each quarter.

*Q2: Sent 70 surveys utilizing SurveyMonkey to all BH practices with an email address noted in database system. Of the 70 surveys distributed, 2 were completed by BH practices without MAT certified physicians on staff.*

- Survey #1
  - Identified Barrier: Access to Methadone clinics prevents group from prescribing MAT
  - Provider rated knowledge of supportive resources a 2/5, with 5 being Very Familiar
- Survey #2
  - Provider rated knowledge of supportive resources available a 1/5

*Q3: Survey distributed following scheduled Quality virtual visits with BH practices with MAT certified physicians treating members of ACLA in Q3 2021.*

- Survey #1
  - Of 41 patients newly prescribed in 2020, 40 patients were on Naltrexone and 1 on Buprenorphine
  - Average length of "MAT only" treatment without a relapse was 0-6 months
  - Average length of "MAT and therapy combined" treatment without a relapse was 6-12 months
  - Identified Barrier: Patient readiness to receive MAT; Medicaid requires Naltrexone before approving prescriptions for Vivitrol (Vivitrol needs a PA, this process can create patient resistance)
  - Provider rated knowledge of supportive resources available a 4/5, with 5 being Very Familiar
- Survey #2
  - Of 475 patients newly prescribed in 2020, 3 patients were on Naltrexone and 472 on Buprenorphine
  - 50-65% were enrolled in therapy
  - Average length of MAT only treatment without a relapse was 1+ year
  - Average length of MAT and therapy combined treatment without a relapse was 1+ year
- Survey #3
  - Of 41 patients newly prescribed in 2020, 20 patients were on Naltrexone and 21 on Buprenorphine
  - All 41 enrolled in therapy
  - Average length of "MAT only" treatment without a relapse was 0-6 months
  - Average length of "MAT and therapy combined" treatment without a relapse was 6-12 month
  - Identified Barrier: Insurance companies not understanding/willing to cover IOP/MAT. Client's relapse, try multiple times to live a sober life before being successful. As providers, we see first-hand the pain and suffering.
  - Provider rated knowledge of supportive resources available a 5/5, with 5 being Very Familiar
- Survey #4
  - Of 41 patients newly prescribed in 2020, 0 patients were on Naltrexone and 41 on Buprenorphine
  - All 41 enrolled in therapy
  - Average length of "MAT and therapy combined" treatment without a relapse – 16/41 discontinued program due to non-compliance. 25 are still active in program
  - Identified Barrier: N/A
  - Provider rated knowledge of supportive resources available a 3/5, with 5 being Very Familiar
  - The chart below identifies 41 members on MAT with a combination of therapy. 61% remained in treatment program for 1+ year



*Q4: Changed methodology to a medical record review due to barrier identification. Criteria consisted of MAT prescribers from Q2 2020 claim submissions.*

Requested 24 charts of members' new events of pharmacotherapy in May and June of 2020.

8 received for medical record review with only 2 incidences of a new prescribed MAT drug

- Record #1
  - Average length of "MAT only" treatment without a relapse was 6-12 months
  - Average length of "MAT and therapy combined" treatment without a relapse was 0-6 months
- Record #2
  - Average length of "MAT only" treatment without a relapse was 6-12 months
  - No indication of therapy

## **Data Collection**

### **Describe data collection:**

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

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

## **Validity and Reliability**

### **Describe validity and reliability:**

Administrative data is collected by the Enterprise Analytics (Informatics) team. All HEDIS measures are reviewed and audited via the Plan's NCQA accredited auditor. The audit also includes review of the plan's HEDIS Medical Record Review Process.

The process for verifying ITM data validity and reliability is conducted by quality associates within each department. Through the PDSA cycle, analysis will be conducted to determine process improvements, strengths and opportunities.

## **Data Analysis**

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

## PIP Timeline

*Report the measurement data collections periods below.*

Baseline Measurement Period (IET):

Start date: 1/1/2018

End date: 12/31/2018

Interim I Measurement Period (IET and FUA)

Start date: 1/1/2019

End date: 12/31/2019

Interim II Measurement Period (IET, FUA and POD)

Start date: 1/1/2020

End date: 12/31/2020

Final Measurement Period:

Start date: 1/1/2021

End date: 12/31/2021

Submission of 1st Quarterly Status Report for Intervention Period from 1/1/21-3/31/21 Due: 4/30/2021

Submission of 2nd Quarterly Status Report for Intervention Period from 4/1/21-6/30/21 Due: 7/31/2021

Submission of 3rd Quarterly Status Report for Intervention Period from 7/1/21-9/30/21 Due: 10/31/2021

First Year PIP Interventions (New or Enhanced) Initiated: 1/1/2019

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

Third Year PIP Interventions (New or Enhanced) Initiated: 1/1/2021

Submission of IET/FUA/POD Draft Report with CY 2021 data due: 12/10/2021

Submission of IET/FUA/POD Draft Report with CY 2021 data due: 12/31/2021

# Barrier Analysis, Interventions, and Monitoring

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

Barrier 1: Limited workforce for treatment initiation and follow-up		2020				2021			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Method of barrier identification: ACLA network evaluation									
Intervention #1 to address barrier: ASAM Criteria Course for Appropriate Levels of Care  Planned Start Date: 1 <sup>st</sup> quarter 2020 Actual Start Date: 1 <sup>st</sup> quarter 2020	Intervention #1 tracking measure : N: # of providers who complete ASAM Criteria trainings D: # of providers registered for ASAM Criteria trainings	N/A	N: 44 D: 103 R: 42.72%	N: 15 D: 24 R: 62.50%	N/A	N: 71 D: 203 R: 34.98%	N: 14 D: 31 R: 45.16%	N/A	N: 13 D: 33 R: 39.39%
Intervention #2 to address barrier: Treatment Planning, Clinical Documentation, Informed Consent, Member Rights  Planned Start Date: 1 <sup>st</sup> quarter 2020 Actual Start Date: 1 <sup>st</sup> quarter 2020	Intervention #2 tracking measure : N: # of providers who complete Treatment Planning, Clinical Documentation, ROI, Informed Consent, and Member Rights Training D: # of providers registered for Treatment Planning, Clinical Documentation, ROI, Informed Consent, and Member Rights trainings	N: 4 D: 6 R: 66.67%	N: 72 D: 116 R: 62.07%	N/A	N: 18 D: 32 R: 56.25%	N: 4 D: 4 R: 100.00%	N: 24 D: 73 R: 32.88%	N: 21 D: 24 R: 87.50%	N: 18 D: 62 R: 29.03%
Intervention #3 to address barrier: SBIRT/Motivational Interviewing Training  Planned Start Date: 1 <sup>st</sup> quarter 2021 Actual Start Date: 2/22/2021	Intervention #3 tracking measure : N: # of providers who complete SBIRT/Motivational Interviewing Training	N/A	N/A	N/A	N/A	N: 45 D: 125 R: 36.00%	N: 28 D: 91 R: 30.77%	N/A  Hurricane Ida	N: 9 D: 31 R: 29.03%



	D: # of providers registered for SBIRT/Motivational Interviewing Training								
<b>Barrier 2: Low follow-up rates post ED visit for SUD</b>		<b>2020</b>				<b>2021</b>			
<b>Method of barrier identification: FUA HEDIS Measure</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Intervention #4 to address barrier:</b> Enhanced Care Management Outreach to FUA population (13 and older) w/in 7 days of ED visit  <b>Planned Start Date:</b> Q4 2020 <b>Actual Start Date:</b> October 2020	<b>Intervention #4a tracking measure:</b> <b>N:</b> Total number of members outreached w/in 7 days of ED visit <b>D:</b> Total number of members with an ED visit per quarter with a diagnosis of AOD/SUD	N/A	N/A	N/A	N/A	N: 34 D: 291 R: 11.68%	N: 32 D: 343 R: 9.33%	N: 29 D: 297 R: 9.76%	N: 7 D: 78 R: 8.97%
	<b>Intervention #4b tracking measure</b> <b>N:</b> Total number of successful (live contact) calls <b>D:</b> Total number of members outreached w/in 7 days of ED visit					N: 5 D: 34 R: 14.71%	N: 16 D: 32 R: 50.00%	N: 9 D: 29 R: 31.03%	N: 0 D: 7 R: 0.00%
	<b>Intervention #4c tracking measure</b> <b>N:</b> Total number of members enrolled in CM <b>D:</b> Total number of successful (live contact) calls					N: 0 D: 5 R: 0.00%	N: 1 D: 16 R: 6.25%	N: 1 D: 9 R: 11.11%	N: 0 D: 0 R: 0.00%
	<b>Intervention #4d tracking measure</b> <b>N:</b> Total number of members outreached w/in 7 days of ED visit <b>D:</b> Total number of					N: 1 D: 7 R: 14.29%	N: 5 D: 10 R: 50.00%	N: 2 D: 9 R: 22.22%	N: 0 D: 3 R: 0.00%

	members enrolled in CM								
<b>Intervention #5 to address barrier:</b> Enhanced Care Management Outreach to FUA population w/in 30 days of ED visit  <b>Planned Start Date:</b> Q4 2020 <b>Actual Start Date:</b> October 2021	<b>Intervention #5a tracking measure:</b> <b>N:</b> Total number of members outreached w/in 30 days of ED visit <b>D:</b> Total number of members with an ED visit per quarter with a diagnosis of AOD/SUD  <b>Intervention #5b tracking measure</b> <b>N:</b> Total number of successful (live contact) calls <b>D:</b> Total number of members outreached w/in 30 days of ED visit  <b>Intervention #5c tracking measure</b> <b>N:</b> Total number of members enrolled in CM <b>D:</b> Total number of successful (live contact) calls  <b>Intervention #5d tracking measure</b> <b>N:</b> Total number of members outreached w/in 30 days of ED visit <b>D:</b> Total number of members enrolled in CM	N/A	N/A	N/A	N/A	N: 81 D: 291 R: 27.84%	N: 83 D: 343 R: 24.20%	N: 84 D: 297 R: 28.28%	N: 21 D: 78 R: 26.92%
						N: 23 D: 81 R: 28.40%	N: 38 D: 83 R: 45.78%	N: 18 D: 84 R: 21.43%	N: 7 D: 21 R: 33.33%
						N: 1 D: 23 R: 4.35%	N: 2 D: 38 R: 5.26%	N: 2 D: 18 R: 11.11%	N: 0 D: 7 R: 0.00%
						N: 1 D: 7 R: 14.29%	N: 5 D: 10 R: 50.00%	N: 5 D: 9 R: 55.56%	N: 0 D: 3 R: 0.00%
<b>Barrier 3: Lack of knowledge from PCP's, BH</b>		<b>2020</b>				<b>2021</b>			

providers, and hospitals regarding updated national guidelines with latest evidence-based treatment of OUD									
Method of barrier identification: ACLA provider network		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Intervention #6 to address barrier: Educate both first line medical and BH providers on the updated ASAM National Practice Guidelines, Motivational Interviewing Courses, and SBIRT Resources	Intervention #6a tracking measure: N: Total # of confirmed fax receipts D: Total # of medical and BH providers with a documented fax number	N/A	N/A	N/A	N/A	N: 2309 D: 2991 R: 77.20%	N: 1014 D: 1441 R: 70.37%	N: 4000 D: 5450 R: 73.39%	N: 3799 D: 5450 R: 69.71%
Planned Start Date: Q1 2021 Actual Start Date: March 2021									
Intervention #7 to address barrier: Quality to conduct face-to-face/virtual visits with the top 10 high volume groups per quarter	Intervention #7 tracking measure: N: Number of visits completed D: Number of visits scheduled (Goal - 10 visits per quarter)	N/A	N/A	N/A	N/A	N/A	N: 7 D: 8 R: 87.50%	N: 10 D: 11 R: 90.91%	N: 9 D: 9 R: 100.00%
<ul style="list-style-type: none"> <li>BH Toolkit</li> <li>ASAM's Updated National Practice Guidelines for Treating Opioid Use Disorder</li> <li>ACLA SBIRT/Motivational Interviewing webinar</li> <li>SBIRT coding</li> <li>ATLAS education</li> <li>TeleEcho Program</li> </ul>									
Planned Start Date: Q2 2021 Actual Start Date: May 2021									
Barrier 4: Limited knowledge of resources for utilization of treatment facilities in State		2020				2021			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

<b>Method of barrier identification: IET/FUA HEDIS Measure and network medical and BH providers</b>									
Intervention #8 to address barrier: Deliver the ATLAS and directory of certified MAT provider links via electronic email to first line network medical and BH providers  Planned Start Date: Q2 2021 Actual Start Date: June 2021	Intervention #8 tracking measure: N: Total confirmed electronic emails delivered D: Total number of reported emails	N/A	N/A	N/A	N/A	N/A	N: 384 D: 1553 R: 24.73%  Num. identifies opened emails	N: 1245 D: 1247 R: 99.84%	N: 507 D: 1541 R: 32.90%  Num. identifies opened emails. 37 providers accessed link for addiction treatment facilities
<b>Barrier 5: Low rates for new pharmacotherapy events</b>						<b>2021</b>			
<b>Method of barrier identification: POD HEDIS Measure</b>						<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Intervention #9 to address barrier: CM to utilize first fill pharmacy report and monthly Methadone production report to outreach members ages 16 and older with a new script of Buprenorphine, Naltrexone, or Methadone  Planned Start Date: Q2 2021 Actual Start Date: July 2021	Intervention #9a tracking measure: N: Total number of members outreached D: Total number of members with a new script of Buprenorphine or Naltrexone  Intervention #9b tracking measure: N: Total number of members with a successful (live contact) contact D: Total number of members outreached with a new script of Buprenorphine or Naltrexone  Intervention #9c tracking measure: N: Total number of	N/A	N/A	N/A	N/A	N/A	N/A	N: 146 D: 214 R: 68.22%  N: 16 D: 146 R: 10.96%  N: 0 D: 16 R: 0.00%	N: 337 D: 371 R: 90.84%  N: 296 D: 337 R: 87.83%  N: 7 D: 296 R: 2.36%

	<p>members enrolled in CM</p> <p><b>D:</b> Total number of members outreached with a successful contact</p> <p><b>Intervention #9d tracking measure:</b></p> <p><b>N:</b> Total number of members outreached</p> <p><b>D:</b> Total number of members with a new script of Methadone</p> <p><b>Intervention #9e tracking measure:</b></p> <p><b>N:</b> Total number of members with a successful (live contact) contact</p> <p><b>D:</b> Total number of members outreached with a new script of Methadone</p> <p><b>Intervention #9f tracking measure:</b></p> <p><b>N:</b> Total number of members enrolled in CM</p> <p><b>D:</b> Total number of members outreached with a successful contact</p>							<p>N: 86 D: 96 R: 89.58%</p> <p>N: 9 D: 86 R: 10.47%</p> <p>N: 1 D: 9 R: 11.11%</p>	<p>N: 65 D: 110 R: 59.09%</p> <p>N: 30 D: 65 R: 46.15%</p> <p>N: 1 D: 30 R: 3.33%</p>
<b>Barrier 6: Length of time for providers to complete MAT Survey</b>		<b>2020</b>				<b>2021</b>			
<b>Method of barrier identification: Provider Contact</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<p><b>Intervention #10 to address barrier: Quality to conduct BH provider MAT survey for OUD (number of patients, length and outcome of treatment)</b></p> <p><b>Planned Start Date:</b> Q2 2021 <b>Actual Start Date:</b> June 2021</p>	<p><b>Intervention #10a tracking measure:</b></p> <p><b>N:</b> # of provider group surveys completed</p> <p><b>D:</b> # of provider group surveys delivered</p>	N/A	N/A	N/A	N/A	N/A	<p>N: 2 D: 70 R: 2.86%</p>	<p>N: 4 D: 10 R: 40.00%</p>	<p>N: 6 D: 24 R: 25.00%</p>



	<b>Intervention #11c tracking measure:</b> N: # of IET members with SMI successfully outreached for follow up during the initiation or engagement phase compliant for Engagement Phase D: # IET members with SMI successfully outreached during the initiation or engagement phase	N: 62 D: 261 R: 23.75%	N: 47 D: 196 R: 23.98%	N: 33 D: 135 R: 24.44%	N: 6 D: 31 R: 19.35%	N: 32 D: 154 R: 20.78%	N: 26 D: 148 R: 17.57%	N: 10 D: 46 R: 21.74%	N: 0 D: 3 R: 0.00%  Claims through October 31, 2021
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# Results

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

**Table 5: Results**

Indicator	Baseline Measure period: 1/1/18- 12/31/18	Interim I Measure period: 1/1/19- 12/31/19	Interim II Measure period: 1/1/20- 12/31/20	Interim Final Measure period: 1/1/21- 10/31/21	Target Rate <sup>1</sup>
Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 1220 D: 2184 R: 55.86%	N: 1237 D: 2286 R: 54.11%	N: 1169 D: 2076 R: 56.31%	N: 1095 D: 1978 R: 55.36%	Rate: 63.76%
Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 783 D: 1084 R: 72.23%	N: 828 D: 1244 R: 66.56%	N: 812 D: 1135 R: 71.54%	N: 775 D: 1048 R: 73.95%	Rate: 77.06%
Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N: 3977 D: 6460 R: 61.56%	N: 3859 D: 6955 R: 55.49%	N: 3697 D: 6245 R: 59.20%	N: 3622 D: 6249 R: 57.96%	Rate: 65.64%
Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N: 387 D: 2184 R: 17.72%	N: 356 D: 2286 R: 15.57%	N: 365 D: 2076 R: 17.58%	N: 319 D: 1978 R: 16.13%	Rate: 23.89%
Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N: 337 D: 1084 R: 31.09%	N: 397 D: 1244 R: 31.91%	N: 429 D: 1135 R: 37.80%	N: 379 D: 1048 R: 36.16%	Rate: 40.83%
Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N: 1432 D: 6460 R: 22.17%	N: 1295 D: 6955 R: 18.62%	N: 1295 D: 6245 R: 20.74%	N: 1190 D: 6249 R: 19.04%	Rate: 27.14%
Indicator #7. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 7 days of the ED visit	N: 72 D: 1318 R: 5.46%	N: 113 D: 1241 R: 9.11%	N: 100 D: 1162 R: 8.61%	N: 89 D: 1042 R: 8.54%	Rate: 16.97%
Indicator #8. The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit	N: 130 D: 1318 R: 9.86%	N: 162 D: 1241 R: 13.05%	N: 165 D: 1162 R: 14.20%	N: 131 D: 1042 R: 12.57%	Rate: 26.55%



Indicator	Baseline Measure period: 1/1/18-12/31/18	Interim I Measure period: 1/1/19-12/31/19	Interim II Measure period: 1/1/20-12/31/20	Interim Final Measure period: 1/1/21-12/31/21	Target Rate <sup>1</sup>
Indicator #9: The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.	N: N/A D: R:	N: 219 D: 875 R: 25.03%	N: 772 D: 1520 R: 50.79%	N: 549 D: 1480 R: 37.09%	Rate: 53.79%

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

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

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

## Discussion

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

### Discussion of Results

**Interpret the performance indicator rates for each measurement period**, i.e., describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods.

- **Performance Indicator #1 (Initiation of AOD Treatment: Alcohol Abuse):** Initiation of AOD treatment for alcohol abuse displayed an increase of 0.45 percentage points from 2018 Baseline MY to the 2020 Interim MY (55.86% to 56.31%), and a decrease of 0.95 percentage points from the 2020 Interim MY to the Final MY (56.31% to 55.36%). There was a decrease of 0.50 percentage points from the Baseline to Final MY, (55.86% to 55.36% as of October 31, 2021). The target goal of 63.76% was not achieved for any of the measurement years.
- **Performance Indicator #2 (Initiation of AOD Treatment: Opioid Abuse):** Initiation of AOD treatment of opioid abuse displayed a decrease of 0.69 percentage points from 2018 Baseline MY to the 2020 Interim MY (72.23% to 71.54%), and an increase of 2.41 percentage points from the 2020 Interim MY to the Final MY (71.54% to 73.95%). There was an increase of 1.72 percentage points from the Baseline to the Final MY (72.23% to 73.95% as of October 31, 2021), however, the target goal of 77.06% was not achieved for any of the measurement years.
- **Performance Indicator #3 (Initiation of AOD Treatment: Total Diagnosis):** Initiation of AOD treatment for total diagnosis displayed a decrease of 2.36 percentage points from 2018 Baseline MY to 2020 Interim MY (61.56% to 59.20%), and a decrease of 1.24 percentage points from the 2020 Interim MY to the Final MY (59.20% to 57.96%). There was also a decrease of 3.60 percentage points from Baseline to Final MY (61.56% to 57.96% as of October 31, 2021). The target goal of 65.64% was not achieved for any of the measurement years.

- **Performance Indicator #4 (Engagement of AOD Treatment: Alcohol Abuse):** Engagement of AOD treatment for alcohol abuse displayed a decrease of 0.14 percentage points from 2018 Baseline MY to the 2020 Interim MY (17.72% to 17.58%), and a decrease of 1.45 percentage points from the 2020 Interim MY to the Final MY (17.58% to 16.13%). There was also a decrease of 1.59 percentage points from the Baseline to Final MY (17.72% to 16.13% as of October 31, 2021). The target goal of 23.89% was not achieved for any of the measurement years.
- **Performance Indicator #5 (Engagement of AOD Treatment: Opioid Abuse):** Engagement of AOD treatment for opioid abuse displayed an increase of 6.71 percentage points from 2018 Baseline MY to the 2020 Interim MY (31.09% to 37.80%), and a decrease of 1.63 percentage points from the 2020 Interim MY to the Final MY (37.80% to 36.16%). There was an increase of 5.08 percentage points from the Baseline to Final MY (31.09% to 36.16% as of October 31, 2021), however, the target goal of 40.83% was not achieved for any of the measurement years.
- **Performance Indicator #6 (Engagement of AOD Treatment: Total Diagnosis):** Engagement of AOD treatment: total diagnosis displayed a decrease of 1.43 percentage points from 2018 Baseline MY to the 2020 Interim MY (22.17% to 20.74%), and a decrease of 1.69 percentage points from the 2020 Interim MY to the Final MY (20.74% to 19.04%). There was also a decrease of 3.12 percentage points from the Baseline to Final MY (22.17% to 19.04% as of October 31, 2021). The target goal of 27.14% was not achieved for any of the measurement years.
- **Performance Indicator #7 (Follow-Up Visits within 7 days of ED Discharge):** Follow up visits for AOD within 7 days of ED visits displayed an increase of 3.14 percentage points from 2018 Baseline MY to the 2020 Interim MY (5.46% to 8.61%), and a decrease of 0.06 percentage points from the 2020 Interim MY to the Final MY (8.61% to 8.54%). There was an increase of 3.08 percentage points from the Baseline to Final MY (5.46% to 8.54% as of October 31, 2021), however, the target goal of 16.97% was not achieved for any of the measurement years.
- **Performance Indicator #8 (Follow-Up Visits within 30 days of ED Discharge):** Follow up visits for AOD within 30 days of ED visits displayed an increase of 4.34 percentage points from 2018 Baseline MY to the 2020 Interim MY (9.86% to 14.20%), and a decrease of 1.63 percentage points from the 2020 Interim MY to the Final MY (14.20% to 12.57%). There was an increase of 2.71 percentage points from the Baseline to Final MY (9.86% to 12.57% as of October 31, 2021), however, the target goal of 26.55% was not achieved for any of the measurement years.
- **Performance Indicator #9 (Pharmacotherapy Events for Opioid Use Disorder):** New opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days displayed an increase of 25.76 percentage points from 2019 Interim I MY (Baseline) to 2020 Interim II MY (25.03% to 50.79%) and a decrease of 13.69 percentage points from 2020 Interim II MY to Final MY (50.79% to 37.09%). There was an increase of 12.07 percentage points from 2019 Interim I MY (Baseline) to Final MY (25.03% to 37.09% as of October 31, 2021), however, the target goal of 53.79% was not achieved for any of the measurement years.
- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations.
  - Although target goals were not met, meaningful interventions were developed and implemented throughout the PIP.
  - **Interim I MY2019**
    - ACLA partnered with hospitals to improve timely initiation and engagement in treatment by conducting inpatient visits to coordinate care on discharge.
  - **Interim II MY 2020:**
    - 198 providers were trained on MAT, ASAM Criteria Course for Appropriate Levels of Care, Motivational Interviewing, Treatment Planning, Clinical Documentation, Release of Information, Informed Consent, and Member Rights.
    - ACLA provided enhanced member care coordination to the IET and FUA populations in addition to implementing a new SUD maternity assessment and targeted outreach to high risk populations.
    - An enhanced report was created in Q4 to standardize the process for FUA CM outreach. This intervention had minimal impact on final rates for the 7 day and 30 day performance indicators.

- ITM 5a. Successful outreach by CM to the IET population demonstrated a 40% success rate for Q1 and Q2. A decline in success was noted in Q3 and Q4, potentially due to the effects of the pandemic and weather events, as well as incomplete data for Q4.
  - IET members with SMI successfully contact within 14 days of the IESD demonstrated higher compliance rates for the Initiation Phase than those not outreached or unsuccessfully contacted.
  - IET members with SMI successfully contacted during the Initiation or Engagement phase did not show a significant difference in compliance rates for the Engagement Phase than those not outreached or unsuccessfully outreached.
  - When examining if successful calls impact FUA compliance, the plan was not able to attribute improvement based on calls. In Q4, out of 334 successful calls, 27 members became compliant for the 7-day follow-up measure and 39 members became complaint for the 30-day follow- up measure.
- **Interim Final MY 2021:**
- 247 providers were trained on ASAM Criteria Course for Appropriate Levels of Care, Motivational Interviewing, Treatment Planning, Clinical Documentation, Release of Information, Informed Consent, Member Rights, and SBIRT. Registration links for all courses are included in quarterly provider alerts and Quality virtual visits, however, the number of providers registered for the training was low.
  - 26 BH provider groups and 31 PCPs were educated on PIP HEDIS measures, telehealth utilization, BH Toolkit access and utilization, ASAM's Updated National Practice Guidelines for Treatment Opioid Use Disorder, ACLA's SBIRT/Motivational Interviewing webinar, SBIRT coding, ATLAS locator, ACLA's TeleECHO clinics, and MAT education. ACLA recognizes that repetition of education tools may be beneficial to success, HEDIS MY 2021 rates did not increase significantly.
  - Quarterly provider alerts were sent to hospitals, PCP's, and BH groups regarding PIP HEDIS measures, telehealth, BH Toolkit access, ASAM's Updated National Practice Guidelines for Treatment Opioid Use Disorder, ACLA's SBIRT/Motivational Interviewing webinar, SBIRT coding, ATLAS locator, ACLA's TeleECHO clinics, and MAT education. The intervention did not seem to impact the HEDIS MY 2021 rates.
  - ACLA developed a proposal and conducted several meetings with a local hospital organization hopeful of forming a partnership. The project was placed on hold due to the COVID 19 pandemic. Goal of partnership:
    - Participating providers designate daily f/u appointment slots for ACLA BH members.
  - ACLA provided enhanced CM outreach to IET and FUA population, as well as the POD population by implementing a new process of adding two pharmacotherapy drugs to the daily pharmacy report to be compiled for weekly outreach.
  - ITM 4a. FUA CM outreach, 7-day compliance rates decreased in total number of members outreached from Q1 to Q3 by 1.92%. Successful contacts increased by 16.32% and enrollment increased by 11.11%, however, a low denominator was noted. Of the 9 members actively enrolled in CM, 2 were contacted within 7 days. Compliance rates demonstrated minimal impact from telephonic outreach.
  - ITM 5a. FUA CM outreach, 30-day compliance rates increased in total number of members outreached from Q1 to Q3 by .45%. Successful contacts decreased by 6.97% and enrollment increased by 6.76%, however, a low denominator was noted. Of 9 members actively enrolled in CM, 5 were outreached w/in 30 days. Compliance rates demonstrated minimal impact from telephonic outreach.
  - ITM 11a. Successful calls to the IET population demonstrated an increase of 17.36% from Q1 and Q2 and a decrease of 16.03% from Q2 to Q3 potentially due to the effects of the pandemic as well as a natural disaster. There was a significantly lower denominator in Q3 of members with severe mental illness outreached within 14 days of the IESD due to a COVID outreach initiative and a decrease in Plan resources.
  - IET members with SMI successfully contact within 14 days of the IESD demonstrated a 6.43% increase from Q1 to Q2 and a 2.48% decrease from Q2 to Q3 of the Initiation Phase. There was a significantly lower denominator in Q3 of members with SMI successfully outreached within 14 days of the IESD due to a COVID outreach initiative and a decrease in Plan resources.
  - IET members with SMI successfully contacted during the Initiation or Engagement phase showed a 3.21% decrease from Q1 to Q2 and a 4.17% increase from Q2 to Q3 of the Engagement Phase. There was a significantly lower denominator in Q3 of members with SMI

successfully outreached during the initiation or engagement phase due to a COVID outreach initiative and a decrease in Plan resources.

- ACLA was not able to attribute FUA compliance improvement based CM outreach. Of 86 successful calls, 8 members became compliant for the 7-day follow-up measure and 12 members became compliant for the 30-day follow-up measure.
- The POD CM outreach process was created internally with a collaboration methodology between the Quality Management and Population Health Management departments.
  - Care Management received weekly outreach lists from Quality containing Buprenorphine and Naltrexone first-fill events.
  - CM also received a monthly list of first-fill Methadone events.
  - Results. Buprenorphine/Naltrexone outreach rates improved from 68% in Q3 to 91% for Q4 and Methadone outreach decreased from 90% Q3 to 59% in Q4 due to COVID outreach and a decrease in Plan resources. The goal of successful contacts is to enroll in CM program for at least 6 months of care coordination. A significantly low enrollment rate was noted for Q3 and Q4, conversely, ACLA noted a significantly high rate of successful contacts.
- A MAT Survey was developed to measure length and outcomes of POD along with knowledge of ASAM, ACLA, and SAMSHA available resources. The methodology was changed each quarter due to low participation rates and reported provider barriers.
  - Q2- Email distribution to participating BH groups
  - Q3- Quality virtual visits (proved the highest success rate)
  - Q4- Medical record review was conducted

- **What factors were associated with success or failure?** For example, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.

#### **ITMs 1-3**

- 198 providers were trained during 2020.
- 247 providers were trained during 2021. Due to the COVID-19 pandemic, face-to-face trainings were cancelled and hosted virtually.
- Provider trainings did not seem to positively impact the rates for IET and FUA. Barriers faced include the following:
  - COVID-19 Pandemic
  - Numerous severe weather events (internet connection issues, office closures)
  - Low provider registration
  - SBIRT reimbursement

#### **ITMs 4-5**

- In 2020, due to an established criteria for outreach to the FUA population, some members were not receiving an outreach call or a call within a specified time frame. In Q4, a new outreach intervention was implemented, including all members with an ED visit with a principal diagnosis of SUD, to receive a call within a specified timeframe to encourage/schedule necessary follow up visits.
- In 2021, it was determined that approximately 50% of HEDIS eligible members from the real-time discharge report were being outreached. Barriers faced include the following:
  - Low ADT participation, unable to determine all eligible ED discharges
  - COVID-19 outreach prioritized
  - Numerous severe weather events (internet connection issues, office closures)
  - Inability to successfully contact members

#### **ITMs 6-8**

- 2021 provider education was comprised of Quality virtual visits with high volume groups, Provider Network Management team distribution, fax/email blasts, ACLA's website updates, and newsletter distribution. Barriers faced include the following:
  - BH group access to the Provider Portal discharge reports and alerts
  - Limited email addresses documented in system
  - Time constraints noted from provider groups with scheduling virtual education visits

#### **ITMs 9-10**

- In 2021, Care Management for POD population consisted of real time pharmacy reports of members with a first-fill event of Buprenorphine and Naltrexone and monthly reports of members with a first event of Methadone. Outreach, successful contacts, and CM enrollment has steadily increased throughout 2021.

**ITM 11**

- In 2020, the subpopulation of IET members with SMI successfully outreached demonstrated improved compliance rates for Initiation when compared to the compliance rate of members with unsuccessful calls. Successful telephonic outreach did not have a meaningful impact on Engagement compliance rates.
- In 2021, rates improved for all 3 tracking measures (Successful calls within 14 days for SMI population, Compliancy for Initiation Phase, and Compliancy for Engagement Phase). The data analysis supports the effectiveness of the interventions for the initiation and engagement phases for this high risk population. Barriers include:
  - COVID-19 Pandemic
  - Severe weather events
  - Unable to contact members.

## PIP Highlights

### ***Member Interventions***

Total Members Contacted (POD)	Successful Live Contacts	CM enrollment	Topics of Discussion
402	326	8	<ul style="list-style-type: none"><li>• Survey/Assessment/Reassessment</li><li>• Ongoing Coordination/Education</li><li>• Access to Care Issues</li><li>• BH/PH Consented Outreach to Providers as needed</li><li>• Care Gap education</li></ul>

### **Quantitative Analysis**

ACLA attempted to contact 402 members, with up to 3 attempts per member, by utilizing a first-fill pharmacy report of Buprenorphine, Naltrexone, or Methadone prescribed by a MAT certified practitioner. Of the 402 members attempted, 326 were successfully contacted leading to an 81.09% success rate for CM outreach. ACLA was highly effective in streamlining processes to improve success and reporting mechanisms and will continue the initiative into 2022. ACLA was not successful in enrolling members who were prescribed a first-fill MAT drug. There was a 2.45% rate of enrollment, however, enhanced reporting for Care Coordination will be implemented in 2022.

### **Qualitative Analysis**

ACLA continues to address members' needs through assessments, education, and coordination of care. Access to care, provider collaboration, and care gap alerts are also addressed with members. ACLA identified a low participation rate, only 2% complete the enrollment process to be engaged in the Care Management program. ACLA recognizes the need to further determine which barriers can be overcome to improve enrollment rates.

### **Barriers**

- Members are unwilling to complete assessments, may take an hour or more to complete
- Members are afraid to 'open up' regarding addiction until relationship is established with CM
- Unable to contact
  - Members utilize previous facilities site phone number as their primary contact number
  - BH members change phone numbers frequently, but do not update contact information with ACLA
  - Phone disconnected after initial contact
- Members opt out of CM program
- Member consistency with same BH treatment providers due to staffing issues at facility

### **Opportunities for Improvement**

- Prioritize completion of Care Coordination assessments vs. Care Management enrollment
- Enhancing reporting mechanisms to capture care coordination efforts from the CM team
- Attempt outreach to BH facilities and pharmacies of members to obtain viable contact numbers
- Improve reporting into clinical software system to capture member participation into all programs

### **Actions**

- Continue attempts when members express an interest in enrollment but haven't followed-up with Care Manager
- Continue to mail "Unable to Contact" letter if telephonic outreach is unsuccessful
- Prioritize enrollment into Care Coordination due to higher response from shorter version of assessment
- Work with clinical software team to improve manual reporting process

### **Re-measurement**

- Identify members with a new MAT drug for outreach opportunities on a weekly basis
- Monitor and evaluate member outreach on a monthly basis for first-fill of a MAT drug
- Stratification of members to determine health disparities identified due to an AOD diagnosis

### **Conclusion**

ACLA will continue to outreach members with a new event of POD offering Care Management services with the goal of enrollment or coordination of care. Continued monthly monitoring of outreach and ongoing process improvement will be accomplished throughout 2022.

### **Provider Interventions**

<b>Group Type</b>	<b>Total Groups Outreached</b>	<b>Total Groups Scheduled</b>	<b>Total Groups Completed</b>	<b>Success Rate</b>
BH Groups	39	26	26	100%
PCP Groups	68	43	31	72.09%

### **Quantitative Analysis**

A total of 39 BH groups and 68 PCP groups were contacted to offer education on BH HEDIS measures: BH Toolkit, ASAM's Updated National Practice Guidelines for OUD treatment, ATLAS education, TeleECHO Program, and ACLA's SBIRT/ Motivational Interviewing, and 6 Dimension Criteria training. Of 39 BH groups, 26 virtual visits were scheduled with a 100% completion rate. Of 68 PCP groups, 43 were scheduled, and 31 were completed with a completion rate of 72.09%.

### **Qualitative Analysis**

ACLA was highly efficient in developing processes for provider education. Enterprise Analytics created a report of 50 high volume BH groups as well as the 200 high volume PCP groups. In addition, Quality compiled a list of MAT prescribers for provider education. ACLA began offering BH education virtual visits in May 2021 and will continue ongoing provider education throughout 2022. Success rates prove virtual visits to be a highly effective initiative as providers are offer critical feedback to assist ACLA with expanding educational material and processes to improve HEDIS rates and outcomes.

### **Barriers to Treatment**

- Rural Areas
  - Limited MAT providers
  - Resources available
  - Limited internet service
- Denial of MAT drug coverage
- Patient readiness to receive MAT
- Medicaid requires Naltrexone before approving prescriptions for Vivitrol (Vivitrol needs a PA, this process can create patient resistance)
- BH group access to the Provider Portal discharge reports and alerts

### **Opportunities for Improvement**

- Increase BH provider network in rural areas
- Review Louisiana Medicaid fee schedule for medically necessary BH treatment, provide recommendations as needed
- Collaboration between BH providers and ACLA CM team to assure members are properly educated and care coordination is executed
- Member affiliation with BH group providing treatment services through ACLA's Provider Portal

### **Actions**

- Collaborate with Contracting Department to increase BH provider network
- Review approval process of drugs utilized for treating members suffering with an addition to alcohol, opioid use, or other illegal substances
- Continue to educate providers on completing CM referral form for collaboration amongst BH providers and CM team
- Apply attribution logic to BH members to generate reports on the Provide Portal for awareness of member ED visits or hospitalizations

### **Re-measurement**

- Identify high volume providers with a low compliancy HEDIS rate to target for provider education
- Monitor groups on a quarterly basis to determine if rate improvement has followed
- Collaborate with assigned Provider Account Representatives for follow-up if additional education is needed
- Identify high risk members for outreach and enrollment purposes

### **Conclusion**

Provider group visits will continue throughout 2022 based on provider feedback received and HEDIS rates will be measured for Quality outcomes.

## Limitations

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

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

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

- Threats to the internal validity of the findings include care management/case management process measure data accuracy due to the limitations of episodic documentation and data abstractions from the plan's integrated care management software. Care Coordination enrollment isn't accurately represented in the Care Management enrollment rates.
- The administrative measure accuracy that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes

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

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

- The retrieval of data was affected by several factors. CM Outreach experienced several Unable to Contact members, as well as member opt-outs. Furthermore, the COVID 19 pandemic impacted our outreach for the year, and the various extreme weather events in Louisiana pulled our focus away from IET, FUA, and POD outreach and prioritized overall member care during these stressful events.

- **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.*

- ACLA faced data collection challenges for numerous ITMs with accurately tracking Case Management and Care Coordination interventions. Limitations relative to the episodic documentation and data abstraction from the plan's integrated care management software resulted in under-represented Case Management / Care Management member interactions.
- ACLA experienced low response rates following the 3 distribution methods used to disperse the provider MAT survey. The survey was created to clarify length of treatment and determined combination of both MAT and therapy outcomes.
  - Limitations encountered following the utilization of SurveyMonkey exhibited the following:
    - Email addresses weren't limited to of MAT certified physicians
    - Low response rate inhibited an unconstructive analysis of treatment outcomes
  - Limitations faced following survey completion following virtual provider visits include the following:
    - EMR capabilities
    - 10-15 minutes for completion
    - Vague perception of questions asked
  - Limitations confronted following the medical record audit comprised of the following:
    - Data discrepancies for members prescribed a MAT drug
    - Ambiguous charts
    - Member not a patient



# 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
Enhanced Care Management outreach to IET population	High HEDIS compliancy rate for CM successful outreach calls for Initiation of Treatment. Low HEDIS compliancy rate for CM successful outreach calls for Engagement Of Treatment		Continue intervention
Enhanced Care Management outreach to FUA population	Low HEDIS compliancy rate for CM successful contacts . No significant impact from care coordination calls.	FUA population pull-out from real-time ED Discharge reports.	Addition of member text messaging campaign with a direct CM link if assistance is needed for members discharged from an ED visit with a diagnosis of AOD  Utilizing new vendor for outreach/home visits following an ED discharge for a f/u assessment, Telehealth visit, or Care Coordination  Additional outreach to HEDIS eligible members that are w/in time frame for 30-day F/U  Measure education incorporated into TeleECHO bi-weekly clinics  Continue intervention
Enhanced Care Management outreach to POD population	Real-time pharmacy report available  Low successful contacts and enrollment	Addition of Buprenorphine and Naltrexone to pharmacy report  Weekly list created for CM outreach	Continue intervention
Provide trainings to ACLA providers •MAT certified •ASAM Criteria Course for Appropriate Levels of Care	Low participation in webinar registered trainings  Barrier identification	Network News is encouraged by utilizing website to register email address for updates	Partner with hospitals to open up appointments for members that come in after hours with an AOD diagnosis

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
<ul style="list-style-type: none"> <li>• High volume BH and primary care groups</li> <li>• SBIRT/Motivational Interviewing</li> <li>• Treatment Planning, Clinical Documentation, ROI, Informed Consent, Member Rights</li> </ul>	<p>Knowledge deficit of BH HEDIS measures</p> <p>BH providers unable to access patients in provider portal who visited the ED or with an inpatient admission</p>		<p>Addition of BH providers to provider portal for access to ED/Inpatient alerts and reports</p> <p>Create BH and PCP survey to distribute via SurveyMonkey to determine if provider resources presented in education sessions are being utilized</p> <p>Continue Intervention</p>

# References

Centers for Disease Control and Prevention (CDC). Drug Overdose Death Data. December 19, 2017. <https://www.cdc.gov/drugoverdose/data/statedeaths.html> [30 August 2018].

Clemens-Cope L, Benatar S, Epstein M, Holla N. Research Report: Potential cost savings associated with providing screening, brief intervention, and referral to treatment for substance use disorder in emergency departments; A rapid review. Urban Institute, June 2018. [https://www.urban.org/sites/default/files/publication/98535/2001854-\\_potential\\_cost\\_savings\\_associated\\_with\\_sbirt\\_in\\_emergency\\_departments\\_rapid\\_review\\_finalized\\_1.pdf](https://www.urban.org/sites/default/files/publication/98535/2001854-_potential_cost_savings_associated_with_sbirt_in_emergency_departments_rapid_review_finalized_1.pdf) [20 August 2018].

D'Onofrio G, O'Connor PG, Pantalon MV, Chawarski MC, Busch SH, Owens PH, et al. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: A randomized clinical trial. JAMA 2015; April 28; 313(16):1636-1644.

ED Bridge. How to start a buprenorphine program in the ED. ED-BRIDGE is a program through the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis Grant to the California Department of Health Care Services (DHCS), May 2018. <https://ed-bridge.org/how/> [Accessed 30 August 2018].

Hawk K, D'Onofrio G. Emergency department screening and interventions for substance use disorders. Addiction Science & Clinical Practice 2018; 13:18.

National Institutes of Health (NIH). Louisiana Opioid Summary. National Institute on Drug Abuse. February 2018. <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/louisiana-opioid-summary> [30 August 2018].

Kunz, F.M., French, M.T., Bazargan-Hejazi, S. (2004). Cost-effectiveness analysis of a brief intervention delivered to problem drinkers presenting at an inner-city hospital emergency department. Journal of Studies on Alcohol and Drugs, 65, 363-370.

Rubin R. As overdoses climb, emergency departments begin treating opioid use disorder. JAMA 2018; 319(21); June 5, 2018.

Saloner B, Karthikeyan S. Changes in substance abuse treatment use among individuals with opioid use disorders in the United States, 2004-2013. JAMA 2015;314:1515-7.

SAMHSA, 2018. Medication-Assisted Treatment (MAT). Substance Abuse and Mental Health Services Administration (SAMHSA). <https://www.samhsa.gov/medication-assisted-treatment> [29 August 2018]

Smith TE, Abraham M, Bolotnikova NV, Donahue SA, Essock SM, Olsson M, et al. Psychiatric inpatient discharge planning practices and attendance at aftercare appointments. *Psychiatric Services in Advance*, 2015. Doi:10.176/appi.ps.201500552.

Smith TE, Bivona M, Brown IS, Goodman S, Abraham M, Brakman MJ, et al. "Just Be a Light": Experience of peers working on acute inpatient psychiatric units. *Psychiatric Rehabilitation Journal*, 2016. <http://dx.doi.org/10.1037/prj0000224>.

Wakeman SE, Barnett ML. Primary care and the opioid-overdose crisis—Buprenorphine myths and realities. *NEJM* 2018; 379(1), July 1, 2018.

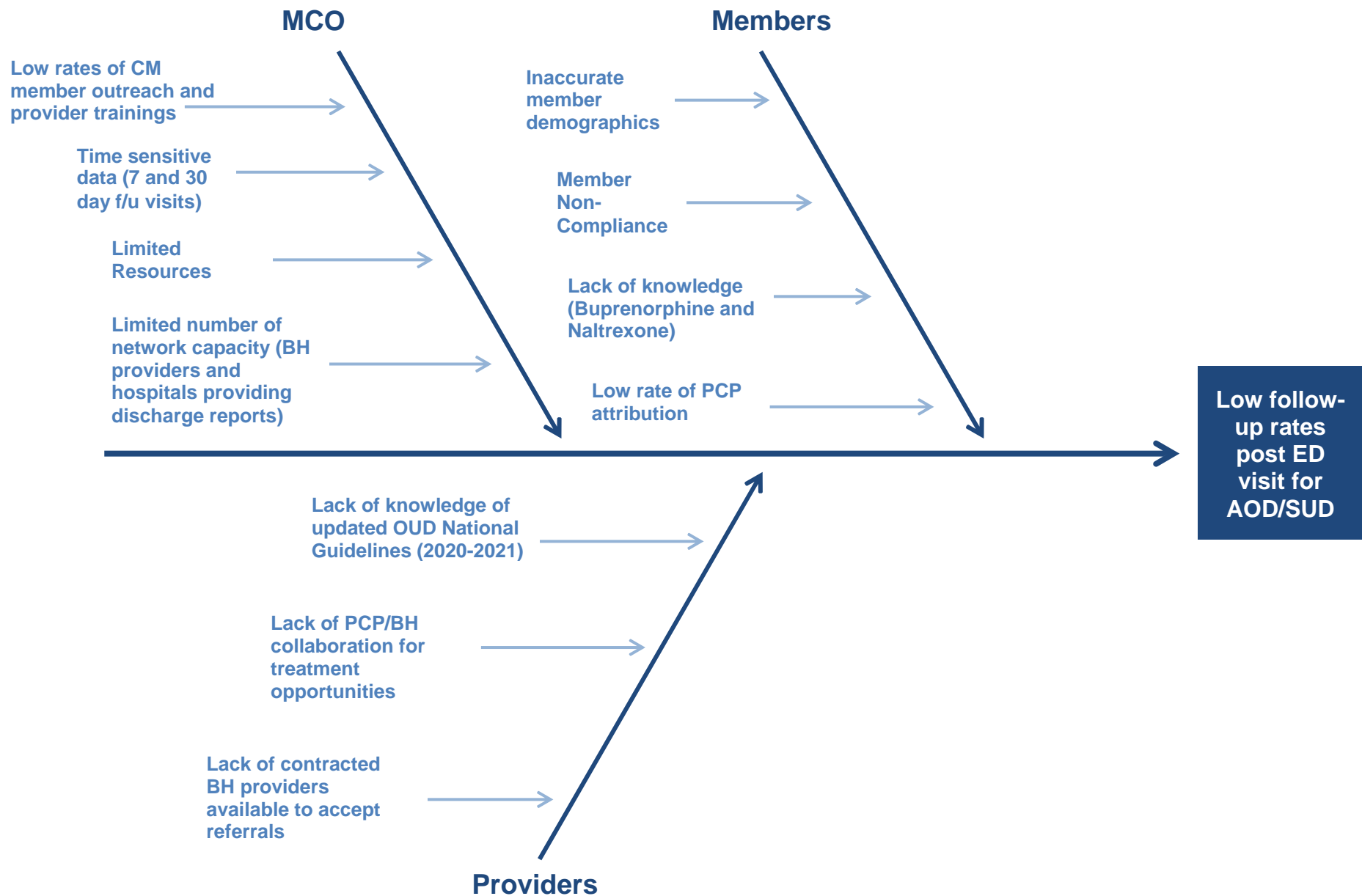
# Glossary of PIP Terms

**Table 7: PIP Terms**

PIP Term	Also Known as...	Purpose	Definition
<b>Aim</b>	<ul style="list-style-type: none"> <li>• Purpose</li> </ul>	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?”
<b>Barrier</b>	<ul style="list-style-type: none"> <li>• Obstacle</li> <li>• Hurdle</li> <li>• Road block</li> </ul>	To inform meaningful and specific intervention development addressing members, providers, and MCO staff.	<p>Barriers are obstacles that need to be overcome in order for the MCO to be successful in reaching the PIP Aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members/providers/MCOs.</p> <p>A barrier analysis should include analyses of both quantitative (e.g., MCO claims data) and qualitative (such as surveys, access and availability data or focus groups and interviews) data as well as a review of published literature where appropriate to root out the issues preventing implementation of interventions.</p>
<b>Baseline rate</b>	<ul style="list-style-type: none"> <li>• Starting point</li> </ul>	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.
<b>Benchmark rate</b>	<ul style="list-style-type: none"> <li>• Standard</li> <li>• Gauge</li> </ul>	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.
<b>Goal</b>	<ul style="list-style-type: none"> <li>• Target</li> <li>• Aspiration</li> </ul>	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.
<b>Intervention tracking measure</b>	<ul style="list-style-type: none"> <li>• Process Measure</li> </ul>	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
<b>Limitation</b>	<ul style="list-style-type: none"> <li>• Challenges</li> <li>• Constraints</li> <li>• Problems</li> </ul>	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.
<b>Performance indicator</b>	<ul style="list-style-type: none"> <li>• Indicator</li> <li>• Performance Measure (terminology used in HEDIS)</li> <li>• Outcome measure</li> </ul>	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.
<b>Objective</b>	<ul style="list-style-type: none"> <li>• Intention</li> </ul>	To state how the MCO intends to accomplish their aim.	Objectives describe the intervention approaches the MCO plans to implement in order to reach its goal(s).

# Appendix A: Fishbone (Cause and Effect) Diagram



# Appendix B: Priority Matrix

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address	<ul style="list-style-type: none"> <li>• Provider trainings on SBIRT, Motivational Interviewing, ASAM 6 Dimension Criteria, and Treatment Planning, Clinical Documentation and ROI Training via webinars</li> <li>• Provider awareness of updated National guidelines on treating opioid disorder via virtual, face-to-face, fax and email blast</li> <li>• Member telephonic outreach to all eligible members</li> <li>• Internal staff training on BH measures</li> </ul>	<ul style="list-style-type: none"> <li>• Accuracy of member demographics/contact information</li> </ul>
Less Feasible to Address	<ul style="list-style-type: none"> <li>• Tracking MAT certified providers</li> <li>• Member UTC</li> <li>• Member feedback from focus groups / surveys</li> <li>• Member education</li> <li>• Tracking SDOH and areas with highest AOD rates</li> </ul>	<ul style="list-style-type: none"> <li>• Locating transient members when not in hospital</li> </ul>



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

	Positives	Negatives
INTERNAL under your control	<p><b>build on STRENGTHS</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Schedule provider trainings on SBIRT, Motivational Interviewing, ASAM 6 Dimension Criteria, and Treatment Planning, Clinical Documentation and ROI Training via webinars</li> <li>Assure provider awareness of updated National guidelines on treating opioid disorder via virtual, face-to-face, fax and email blast</li> <li>Member telephonic outreach to all eligible members</li> </ul>	<p><b>minimize WEAKNESSES</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Inability to obtain member feedback through surveys / focus groups due to confidentiality issues</li> <li>Clinical software limitations</li> </ul>
EXTERNAL not under your control, but can impact your work	<p><b>pursue OPPORTUNITIES</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Providers registering and completing webinar trainings</li> <li>Providers researching updated clinical guidelines for evidence-based practice</li> <li>Providers assuring members discharged from hospital are scheduled for follow-up visits</li> <li>Provider offices to complete MAT survey</li> </ul>	<p><b>protect from THREATS</b></p> <p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>Unable to contact members</li> <li>Co-existing medical and behavioral conditions</li> <li>Limited workforce capacity (esp. community)</li> <li>Provider participation/ availability training</li> <li>Limited appointment time to address SUD issues (15 mins)</li> <li>CM in provider offices not on the Medicaid fee schedule</li> </ul>

# Appendix D: Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
<p>1. Improve the rates for Initiation of and Engagement in Alcohol and Other Drug Abuse or Dependence Treatment to the next highest Quality Compass percentile (or by 10 percentage points)</p> <p>2. Improve the rates for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence to the next highest Quality compass percentile (or by 10 percentage points)</p>	<p>Provider barriers encountered with IET</p> <p>Barriers encountered by hospitals with FUA and IET</p> <p>First-line medical provider knowledge: PCPs: youth, adult, OB/Gyn ED providers</p>	<p>Process issues internal and external to providers</p> <p>Internal and external barriers</p> <p>- Understanding Stages of Change and motivational interviewing for SUD</p> <p>-SBIRT training: adult, youth</p> <p>-ASAM criteria for level of care/transitions in care training</p> <p>- MAT waiver-training and local SUD treatment resources</p> <p>- Staff and providers may not be aware of the IET and FUA timeline specifications</p>	<p>MCOs conduct focus groups with provider organizations to understand the barriers to IET/FUA and POD as viewed by providers.</p> <p>MCOs conduct FUA-specific focus groups with EDs- <u>both urban and rural</u> as the rural EDs may have more challenges with less staff; and also collaborate with LHA.</p> <p>Implement innovative approaches for training providers in (SBIRT) Adult and Adolescent specific screening, brief intervention, triage and referral to ASAM evaluations in first-line medical settings.</p> <p>- Prompt ASAM level of care evaluations/referral to treatment for those members presenting at the ED/inpatient with SUD overdoses.</p> <p>- First-line medical provider education supporting screening, brief intervention and referral (Stages of Change, motivational interviewing, knowledge of available treatment/services/providers)</p>	<p>Quarterly training distributed to BH providers and PCP's via email and fax blasts centered around the following:</p> <ul style="list-style-type: none"> <li>ASAM criteria – offered through ACLA</li> <li>Motivational Interviewing – offered through ASAM</li> <li>SBIRT – offered through ACLA</li> <li>Treatment Planning, Clinical Documentation, and ROI Training – offered through ACLA</li> <li>TeleECHO - Educate providers to utilize TeleECHO as a resource for PCP's and BH providers to disseminate specialty knowledge, collaborative education, and coordination of services; offered through ACLA</li> </ul> <p>Engage providers regarding challenges faced concerning Initiation and Engagement of treatment following ED visits with a diagnosis of AOD/SUD at the ACLA Provider Advisory Committee meetings held on a quarterly basis</p> <p>Collaboration with Marketing to distribute the following via fax or email blast:</p>

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
				<ul style="list-style-type: none"> <li>• BH Toolkit</li> <li>• ASAM's Updated National Practice Guideline for Treating Opioid Use Disorder</li> <li>• ASAM Motivational Training</li> <li>• SBIRT coding</li> <li>• ATLAS, the free, on-line SUD Treatment Locator at <a href="https://www.treatmentatlas.org/">https://www.treatmentatlas.org/</a> to all first line medical and behavioral health providers</li> </ul> <p>Conduct face-to-face provider education for large volume groups on MAT/(motivational interviewing - ASAM) and treating OUD/SUD/MH patients (10 per quarter)</p>
			Waiver training to increase MAT prescribers statewide, especially in rural areas	
			Implement innovative statewide intervention to increase MAT prescriber knowledge of local evidence-based psychosocial treatment resources and referral procedures to higher levels of care	
			Conduct separate focus groups with urban and rural ED Directors to better understand process challenges from the provider perspective	
	Member Engagement: Youth, adult, all SUD involved	-Members in Pre-Contemplation Stage of Change Vulnerability of SHCN sub-	SHCN Case Management : Implement innovative approaches to conduct motivational interviewing techniques, with increased face-to-face engagement	

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
<b>3. Improve the rates for the percentage of new opioid use disorder (OUD) pharmacy-therapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD to the next highest Quality compass percentile (or by 10 percentage points)</b>	<p>SHCN subpopulations eligible for CM:</p> <p>Geographic disparities in opioid, benzodiazepine and stimulant poisoning rates – New Orleans metro; North-shore; Metro Baton Rouge; Terrebonne, Rapides, Calcasieu, Lafayette and Caddo</p> <p>OUDs increasing Pts’ ambivalence toward medication adherence</p>	<p>populations -SDOH impeding service delivery</p> <p>Prescribers’ lack of knowledge/skills/referrals:</p> <ol style="list-style-type: none"> <li>1. Importance of therapeutic rapport</li> <li>2. Motivational Interviewing techniques to interact with Pts</li> <li>3. Importance of concurrent</li> </ol>	<p>with members (Recovery coaches, Life coaches BH advocates, etc)</p> <p>Recovery coaches, Life coaches, BH advocates, case management contact with Pts</p> <p>Consider implementing PIP interventions in these areas.</p> <p>Medication prompting services</p> <p>Educating prescribers</p> <p>Include pharmacists in outreach when dispensing</p> <p>Value of long-acting MAT formulations</p> <p>Consider collocating OUD MAT and HCV</p>	<p>Pharmacy report with date of new fills of Buprenorphine and/or naloxone</p> <p>CM to target geographic outreach to manage patients with OUD and Pharmacotherapy</p> <p>Peer Support team/Rapid Response to assist with coordination of care</p> <p>Provider education (virtual and fax blast) on offered trainings on building patient connections (motivational interviewing - ASAM) and treating MH patients</p> <p>Notify providers of updated requirements pertaining to Buprenorphine prescriptions via fax, email blasts, and virtual visits</p> <p>Conduct survey to Buprenorphine prescribers to collect data on treatment and outcomes</p>

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
		<p>psychosocial treatment with an SUD treatment provider.</p> <p>4. Importance of peer support for Pts and family members</p> <p>Identifying/Treating co-morbid SUD and MH conditions</p> <p>Integrating primary care</p>	<p>treatment where feasible.</p> <p>Measuring percentages of members receiving concurrent MAT and psychosocial SUD treatment.</p> <p>Measuring percentages of those with OUD/MH being concurrently treated for both OUD and MH.</p>	

# Appendix E: Plan-Do-Study-Act Worksheet

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