Health Plan Performance Improvement Project (PIP)

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Health Plan:

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:

	Report Year 2021
Version 1	February 2021
Version 2	December 2021

MCO Contact Information

1. Principal MCO Contact Person

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3. External Collaborators (if applicable):

Attestation

Plan Name: Healthy Blue
Title of Project: IET/FUA/POD

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

Medical Director signature: ____ Cheryll Bowers-Stephens,MD,MBA_____
First and last name: Cheryll Bowers-Stephens, Provider Performance Medical Director
Date: 12.10.2021

CEO signature: __ C. Valentine Theard, MD, MBA _____
First and last name: Christy Valentine MD, Plan President
Date: 12.10.2021

Quality Director signature: ___ ***Christin L. Cantavespri, MSHCM, CPHQ*** _____
First and last name: Christin Cantavespri, Quality Director
Date: 12.10.2021

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
Change 1	1/1/2018 - 12/31/2018	☒ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☐ Other	Report for measurement data collections for IET only
Change 2	1/1/2019-12/31/2019	☒ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☐ Other	Interim I measurement period (IET and FUA)
Change 3	1/1/2020-12/31/2020	☒ Project Topic ☐ Methodology ☐ Barrier Analysis / Intervention ☐ Other	Interim II measurement period (IET, FUA, POD)
Change 4	2/1/2021-7/1/2021	☐ Project Topic ☐ Methodology ☒ Barrier Analysis / Intervention ☐ Other	New interventions: SDOH, ATLAS, OPT coordination, Resilience through Intervention, Support and Education (RISE) program

Abstract

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

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

Project Topic:

Healthy Blue continued the performance improvement project of Improving rates for (1) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) and (2) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence, and (3) Pharmacotherapy for Opioid Use Disorder (POD) in 2021. The goal was to implement enhanced interventions to enact change for this population and compare the baseline encounter/claims data to determine target rates for each measure.

Objectives:

Healthy Blues objective was to increase the number of referrals to follow-up care and treatment post emergency and hospital admits by:

- Conducting provider training for treatment initiation and follow-up, and encourage provider enrollment in training programs
- Link primary care providers for youth and adults to resources from the Substance Abuse and Mental Health Services Administration (SAMHSA) Resources for Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Partner with hospitals/EDs to improve timely initiation and engagement in treatment
- Provide enhanced member care coordination
- Increase the use of medication assisted therapy (MAT) for SUD members by enhancing our provider network for MAT prescribers

Methodology and Interventions:

Healthy Blue identified members who had a claims/encounter related to alcohol for SUD, along with specific subsets, e.g. pregnant members with SUD, members with three (3) or more ED visits for SUD, members with high readmits for SUD, dual diagnosis for Sever Mental Illness (SMI) and those justice involved. Once the populations were stratified for outreach, case management engaged members for care coordination and referrals to treatment based upon the appropriate ASAM level of care. Provider education on SBIRT and motivational interviewing techniques was provided via various routes, e.g. CME educational virtual programs and opioid use disorder (OUD) treatment standards. Strategic focus was given to increase our seven- and thirty-day follow-up after admissions to emergency departments and inpatient facilities for SUD. An out-of-network MAT prescribers initiative was started to increase the volume of Par providers for the plan.

Results and major conclusions of the project:

The results for the Performance Indicators (PI) are as follows:

- Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort: Target rate of 62.86 was not met; Final rate = 58.20% with a percentage increase over baseline of 0.75 noted
- Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort: Target rate of 75.17 was not met; Final rate = 72.93% with a percentage increase over baseline of 3.48 noted

- Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort: Target rate of 63.75 was not met; Final rate = 59.10% with a percentage increase over baseline of 0.81 noted
- Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort: Target rate of 21.75 was not met; Final rate = 19.74% with a percentage increase over baseline of 3.28 noted
- Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort: Target rate of 39.34 was not met; Final rate = 37.08% with a percentage increase over baseline of 6.38 noted
- Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort: Target rate of 23.71 was not met; Final rate = 20.63 with a percentage increase over baseline of 0.8 noted
- 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: Target rate of 18.17 was not met; Final rate = 9.09% with a percentage increase over baseline of 2.76 noted
- 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: Target rate of 13.63 was met; Final rate = 14.42% with a percentage increase over baseline of 3.48 noted
- 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: Target rate of 41.92 was not met; Final rate = 25.98% with a percentage increase over baseline of 3.56 noted

The plan identified many barriers during the project. The greatest barrier was related to Covid-19 pandemic, which essentially increased the challenge of engaging members with IET, FUA and POD for SUD/Alcohol. Another barrier identified was the challenge of hurricane storm Ida affecting the Gulf Coast region significantly. Other barriers included reduction in provider office staff and high emergency usage, resulting in decreased access to care. Healthy Blue was able to successfully engage members in case management resulting in an increase with referrals to the appropriate ASAM level of care for follow-up care. In-network MAT prescribers increased in 2021 which assisted in a reduction of members with SUD. Ultimately, positive outcomes were obtained despite barriers in measurement year 2021. Overall, all performance indicators increased from 2018 baseline rates.

Next Steps:

Looking into 2022, the Health Plan will continue initiatives to include the identification of disparities and SDOH with screenings and treatments among demographics and clinical subsets, develop strategies with Case Management for enhanced member engagement in CM services and work closely with providers to address member interventions and strategies for improved progress and outcomes. Additionally, improved care coordination with providers and hospitals for better discharge planning practices, are key initiatives for the plan to successfully refer members for follow-up care and reducing SUD readmissions. The plan initiated an Integrated Collaborative Care Model (ICCM) program for providers and uses clinical Navigators for enhanced discharge planning and care coordination efforts to identify barriers for continuity of care and increase follow-up after AOD ED visit to meet the FUA measure for seven and thirty days.

Project Topic

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

Describe Project Topic and Rationale for Topic Selection

- **Describe how PIP Topic addresses your member needs and why it is important to your members:**
  Addressing substance use disorders among our health plan members, in the community, and for members who are the support system for others dealing with substance use disorders, is a priority and a key strategy for Healthy Blue as we continue to improve health outcomes. The widespread impact of SUD's extends across all delivery points within the healthcare system, with no single entity capable of implementing a complete solution. As a health plan, we have the opportunity to leverage data and technology, further build provider relationship and provide best practices to providers in an effort to improve screening, evaluation and treatment (initiation and engagement) for our members. Healthy Blue supports the development of evidence-based standards and quality metrics that define and encourage successful treatment for our members and support for their caregivers.

  A deep dive was conducted to evaluate high volume and high-risk conditions within the health plan. This evaluation encompassed a population review of Healthy Blue member claims, which included all members with a Substance Use Disorder diagnosis and sub stratified members by age, race, location, top diagnosis by age and race, and top disease cohorts (including SMI and prenatal SUD). A barrier analysis was conducted with members and providers.

  The results of Healthy Blue Louisiana's analyses will be used to drive meaningful interventions for this performance improvement project and monitor any declining trends that would trigger additional barrier analyses, continue to obtain provider and member input through reviews, and adjust modifications as indicated.

- **Describe high-volume or high-risk conditions addressed:**
  Health Blue identifies members who with high-risk conditions through review of claims data, pharmacy data, utilization management and case management. Once identified and risk stratified, Healthy Blue uses our CM team to drive member support for initiation and engagement. Opioid Use disorder identified during pregnancy is outreached within 72 hours of assignment. Co-occurring PH and BH conditions are actively managed with SUD as indicated in our analysis, as is the screening and management of communicable disease. Medication Assisted Treatment for SUD (Methadone, Buprenorphine maintenance for opioids and Naltrexone and Acamprosate for Alcohol SUD) as appropriate and concurrent with behavioral health screening and treatment. Relapse is considered a part of recovery and SUD treatment continues in these cases. A review of member statistics on pertinent member characteristics, such as the prevalence of co-occurring severe mental illness (SMI), pregnancy, and SHCN, revealed a need for continued monitoring and outreach. IET FUA PIP data analysis for 2021 revealed a need for targeted interventions related to the members with SMI and SUD pregnant members. SDOH and MAT prescribers will continue to be a focus of this PIP for 2022.

- **Describe current research support for topic (e.g., clinical guidelines/standards):**
  Healthy Blue is focused on improving models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the American Society of Addiction Medicine (ASAM) criteria or other comparable

nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines. Healthy Blue is utilizing a regional model to review quality best practices within Anthem and drive those opportunities to the local health plans and is utilizing a Medicaid Risk Team to assist with SBIRT best practices and training to support the local market.

- **Explain why there is opportunity for MCO improvement in this area (must include baseline and if available, statewide average/benchmarks):**
  Opportunities to improve performance and barriers as identified in the Barrier Analyses conducted and review of Healthy Blue Plan Data, are a priority. Identifying, Screening and Connecting members with initiation and follow up for SUD and effective case management, as well as coordination with Behavioral Health and the members Primary Care providers, is essential to the success of the overall health of our members. Healthy Blue will conduct a barrier analysis for the subpopulation of ED and inpatient high utilizers to increase FUA metrics. Our other disparity population focus will be to continue the rate of engagement with CM for our SUD pregnant members. Evaluation of Par versus Non-Par providers who prescribe MAT will be another focus of this project. This opportunity aligns us comparatively with the NCQA Quality Compass Benchmark Scores for our Market, and higher in all areas than the state average, which Healthy Blue currently leads these metrics as indicated in the table below. Improvement beyond the expected NCQA guidelines is continually the focus for Healthy Blue Louisiana. Healthy Blue will focus on improving our baseline HEDIS IET data using Quality Compass measures and where indicated, by at least 3 percentage points.

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, 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	Target Rate[2]	Rationale for Target Rate[3]
Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N:1553 D:2703 R: 57.45%	N: 1782 D: 2977 R: 59.86%	N: 1838 D: 3029 R: 60.68%	R: 63.68	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate
Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N:932 D:1342 R: 69.45%	N: 1136 D: 1624 R: 69.95%	N: 1219 D: 1649 R: 73.92%	R: 76.92	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate
Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N:4715 D:8089 R: 58.29%	N: 5512 D: 9092 R: 60.62%	N: 5709 D: 9259 R: 61.66%	R: 64.66	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate

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	Target Rate[2]	Rationale for Target Rate[3]
Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N:445 D:2703 R: 16.46%	N: 516 D: 2977 R: 17.33%	N: 598 D: 3029 R: 19.74%	R: 21.74	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate
Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N:412 D:1342 R: 30.70%	N: 550 D: 1624 R: 33.87%	N: 621 D: 1649 R: 37.66%	R: 40.66	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate
Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N:1604 D:8089 R: 19.83%	N: 1877 D: 9092 R: 20.64%	N: 2042 D: 9259 R: 22.05%	R: 25.05	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate

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	Target Rate[2]	Rationale for Target Rate[3]
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:178 D:1627 R: 10.94%	N: 10 D: 108 R: 9.26%	N: 138 D: 1744 R: 7.91%	R: 20.91	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate
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:103 D:1627 R: 6.33%	N: 9 D: 108 R: 8.33%	N: 225 D: 1744 R: 12.90%	R: 15.90	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate
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/A	N: 229 D: 1021 R: 22.42%	N: 777 D: 2013 R: 38.59%	R: 41.59	Exceed NCQA Quality Compass benchmarks for 95th percentile or 3 percentage point increase from Interim II rate

[1] Baseline rate: the MCO-specific rate that reflects the year prior to when PIP interventions are initiated.
[2] Upon subsequent evaluation of performance indicator rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.
[3] Indicate the source of the final goal (e.g., NCQA Quality Compass) and/or the method used to establish the target rate (e.g., 95% confidence interval).

Methodology

To be completed upon Proposal submission.

Performance Indicators

Table 3: Performance Indicators[1]

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #1 (HEDIS IET)	**Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort**	Administrative Claims Data	=/> 13 years as of the MY; AOD dx cohorts; alcohol abuse or dependence, (IET specs)	Members in Hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD.	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #2 (HEDIS IET)	**Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort**		=/> 13 years as of the MY; AOD dx cohorts; opioid abuse or dependence, etc (IET specs)	Members in Hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD.	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #3 (HEDIS IET)	**Initiation of AOD Treatment: Total age groups, Total diagnosis cohort**	Administrative Claims Data	=/> 13 years as of the MY; AOD dx cohorts; alcohol abuse or dependence, Opioid abuse or dependence. Other drug abuse or dependence. (IET specs)	Members in Hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD.	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #4 (HEDIS IET)	**Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort**	Administrative Claims Data	=/> 13 years as of the MY; AOD dx cohorts; alcohol abuse or dependence, (IET specs)	Members in Hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD.	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #5 (HEDIS IET)	**Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort**	Administrative Claims Data	=/> 13 years as of the MY; AOD dx cohorts; opioid abuse or dependence, etc (IET specs)	Members in Hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD.	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #6 (HEDIS IET)	**Engagement of AOD Treatment: Total age groups, Total diagnosis cohort**	Administrative Claims Data	=/> 13 years as of the MY; AOD dx cohorts; alcohol abuse or dependence, Opioid abuse or dependence. Other drug abuse or dependence. (IET specs)	Members in Hospice; Exclude members who had a claim/ encounter with a diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set), AOD medication treatment (AOD Medication Treatment Value Set) or an alcohol or opioid dependency treatment medication dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) during the 60 days (2 months) before the IESD.	Initiation of AOD treatment within 14 days of the index episode start date	Eligible population

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #7 (HEDIS FUA)	**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**	HEDIS Administrative NCQA 2020 Measures and Guidelines	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,	Members in Hospice; Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute 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	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.	Eligible population
Indicator #8 (HEDIS FUA)	**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**	HEDIS Administrative NCQA 2020 Measures and Guidelines	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,	Members in Hospice; Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute 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	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.	Eligible population

Indicator	Description	Data Source	Eligible Population Specification	Exclusion Criteria	Numerator Specification	Denominator Specification
Indicator #9 (HEDIS POD)	**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.**	HEDIS Administrative NCQA 2020 Measures and Guidelines	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.	Members in Hospice; Members < 16 years of age by December 31 of the measurement year; members not continuously enrolled - Members must be continuously enrolled from 31 days prior to the Treatment Period Start Date through 179 days after the Treatment Period Start Date (211 total days).	New OUD pharmacotherapy events with OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days. Use the steps below to identify the numerator	Eligible population

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:** N/A

Data Collection

- **Describe data collection:**

HEDIS Data will be provided by validated corporate data specific to Healthy Blue Louisiana. Data collection for Pharmacy Intervention strategy will be provided by Healthy Blue Louisiana Administrative data collection through Plan Pharmacy Data. Data collection for CM and UM initiatives will be collected through respective departments and claims data.

Validity and Reliability

- **Describe validity and reliability:**

Validity: All HEDIS data submitted by Healthy Blue is produced by Invovalon which is an NCQA certified vendor. Additionally, Healthy Blue uses an over-read process for all Hybrid measure data. Prior to any data being finalized, Healthy Blue also sends all data to a third-party auditor for review. Any additional administrative claims data information not HEDIS related is validated by ensuring that data pulled is for members who had a prior diagnosis via the claims system. Data collection is done in conjunction with the specifications set forth by the measures. The HEDIS manager performs an audit of data pulled and addresses any gaps in missing data by conducting a deep dive of data collection method.

Data Analysis

- **Describe data analysis procedures:**

Once the HEDIS data is obtained, it is analyzed and compared to the goals set forth for each performance measure. Additionally, the data is trended and compared to prior results for identification of opportunities of improvement. The data is stratified by region and member demographics to identify opportunities for targeted interventions to address specific performance measures. Additional administrative claims data, not HEDIS related, is validated by ensuring that data pulled is for those members who had a prior diagnosis via the claims system.

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

Goals will be developed based upon the initial data set for members with substance use disorders. Data is continuously monitored, at minimum, on a quarterly basis to determine if metrics are on target or at risk to meeting goals. Data is benchmarked using similar studies and compared to previous results each quarter. Additionally, data deep dives may be required to determine a subset of population trends as related to regional prevalence, member disparities and/or access to care barriers.

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

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

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: Decreased follow up post Hospitalization and ED DC for alcohol/SUD **Method of barrier identification: DC planning and Care Coordination**		**2020**				**2021**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Intervention #1 to address barrier: Targeted CM outreach post ED visit related to alcohol/SUD. **Planned Start Date: 2/2020** **Actual Start Date**:	**Intervention #1 tracking measure:** **N:** # of those >3 ED visits members enrolled/outreached/ engaged in CM **D:** # of members with 3 or more ED visits identified with an alcohol or SUD DX	Num:1 Denom: 12 Rate: 8.335	Num:2 Denom: 23 Rate: 8.70%	Num: 8 Denom: 17 Rate: 47.05%	Num: 10 Denom: 21 Rate 47.62%	Num: 9 Denom: 9 Rate: 100%	Num: 53 Denom: 116 Rate: 45.69%	Num: 13 Denom: 96 Rate: 13.54%	Num: 10 Denom: 98 Rate: 10.20%
Intervention #2 to address barrier: Targeted CM outreach post Hospitalization related to alcohol/SUD **Planned Start Date: 2/2020** **Actual Start Date**:	**Intervention #2 tracking measure:** **N:** # of members enrolled/outreached/engaged in CM post hospitalizations for alcohol/SUD **D:** # of members identified with hospitalization for alcohol and SUD	Num:112 Denom: 289 Rate: 38.75%	Num: 95 Denom: 166 Rate: 57.23%	Num: 37 Denom: 228 Rate: 16.23%	Num: 1 Denom 9 Rate: 11.11	Num: 159 Denom: 1256 Rate: 12.65%	Num: 187 Denom: 1496 Rate: 12.50%	Num: 28 Denom: 1630 Rate: 1.17%	Num: 17 Denom: 1740 Rate: 2.29%
Barrier 2: Lack of information for providers and members regarding treatment initiation and follow up for alcohol/SUD **Method of barrier identification: Provider feedback**		**2020**				**2021**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**

Intervention #3 to address barrier: Provider education about evidence based SBIRT screening best practices (Stages of Change, Motivational interviewing techniques, knowledge of available treatment/services/providers) and billing practices. **Planned Start Date: 2/2020** **Actual Start Date**: **2/2020**	**Intervention #3 tracking measure:** **N:** # of SBIRT screenings for members 13 years of age and older billed/paid, by ED provider type **D:** # of providers billing SBIRT, by provider type in network A. Primary care (Family practice, Internal medicine) B. Urgent care C. Pediatricians D. OBs E. Other	A.Num: 7 Denom: 2876 Rate: .24% B. Num: 0 Denom: 59 Rate: 0% C. Num: 0 Denom: 681 Rate: 0% D. Num: 0 Denom: 646 Rate: 0% E. Num: 2 Denom: 1151 Rate: .17%	Num: 7 Denom: 2876 Rate: .24% Num: 0 Denom: 59 Rate: 0% Num: 0 Denom: 681 Rate: 0% Num: 9 Denom: 646 Rate: 1.39% Num: 1 Denom: 1151 Rate: .09%	Num: 12 Denom: 2876 Rate: .42% Num: 0 Denom: 59 Rate: 0% Num: 0 Denom: 681 Rate: 0% Num: 0 Denom: 646 Rate: 0% Num: 6 Denom: 1151 Rate: .52%	Num: 35 Denom: 2876 Rate: 1.22 Num: 0 Denom: 59 Rate: 0.00% Num: 0 Denom: 681 Rate: 0.00 Num: 22 Denom: 646 Rate: 3.41 Num: 3 Denom: 1151 Rate: .27	A.Num: 129 Denom: 3209 Rate: 4.02% B.1 Denom: 58 Rate: 1.72% C.Num: 4 Denom: 562 Rate: 0.71% D.Num: 43 Denom: 570 Rate: 7.5% E. Num: 21 Denom: 1252 Rate: 1.67%	A.Num:213 Denom: 2797 Rate: 7.61% B.Num: 1 Denom: 57 Rate: 1.75% C.Num: 4 Denom: 565 Rate: 0.70% D.Num: 78 Denom: 580 Rate: 13.44% E.Num: 58 Denom: 1255 Rate: 4.62%	A. Num: 393 Denom: 2797 Rate: 14.05% B. Num: 0 Denom: 57 Rate: 0% C. Num: 50 Denom: 565 Rate: 8.84% D. Num: 63 Denom: 580 Rate: 10.86% E: Num: 130 Denom: 1255 Rate: 10.36%	A. Num: 124 Denom: 2797 Rate: 4.43% B. Num:0 Denom: 57 Rate: 0% C. Num: 7 Denom: 565 Rate: 1.23% D. Num: 52 Denom: 580 Rate: 8.97% E: Num: 22 Denom: 1255 Rate: 1.75%
Barrier 3: Access to care for Outpatient SUD TX resulting in increased hospitalizations and Overdoses		**2020**				**2021**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**

Method of barrier identification: Utilization and diagnostic data									
Intervention #4 to address barrier: Inpatient Readmission Outreach Case management and Discharge Planning Program- **Planned Start Date: 2/2020** **Actual Start Date**: **2/2020**	**Intervention #4 tracking measure:** **N:** # of members connected with a Case Manager for discharge planning and had a follow-up visit completed by member with SUD diagnosis following hospital discharge **D:** Members identified as having re-admissions with SUD diagnosis	Num: 94 Denom: 1267 Rate: 7.41	Num: 79 Denom: 751 Rate: 10.51	Num: 107 Denom: 972 Rate: 11.01	Num: 2 Denom: 33 Rate: 6.06	Num: 556 Denom: 987 Rate: 56.33%	Num: 276 Denom: 702 Rate: 39.32%	Num: 8 Denom: 50 Rate: 16.0%	Num: 6 Denom: 990 Rate:0.6 1 %
Intervention #4a to address barrier: Targeted CM for members that have a dual diagnosis of SUD and SMI diagnosis discharged from an ED with referral to treatment and follow-up. **Planned Start Date: 2/2020** **Actual Start Date**: **2/2020**	**Intervention #4a tracking measure:** **N:** # of SUD Members with SMI outreached by CM for follow up care **D:** # of members with 3 or more ED visits identified as special health care need members with SUD and SMI diagnosis	Num:0 Denom: 9 Rate:0	Num:0 Denom: 18 Rate:0	Num: 7 Denom: 13 Rate: 53.85	Num: 9 Denom: 18 Rate: 50.00	Num: 2 Denom: 2 Rate: 100%	Num: 61 Denom: 89 Rate: 68.54%	Num: 8 Denom: 50 Rate: 16.0%	Num: 9 Denom: 267 Rate: 3.37%
Intervention #5 to address barrier: Targeted CM for members that have a dual diagnosis of SUD and SMI diagnosis discharged from an inpatient admission with referral to treatment and follow-up. **Planned Start Date: 2/2020** **Actual Start Date**: **2/2020**	**Intervention #5 tracking measure:** **N**: # of SUD Members with SMI outreached by CM for follow up care post inpatient admission **D**: # of inpatient admissions of members with SUD and SMI diagnosis	Num: 74 Denom: 1111 Rate: 6.66	Num: 62 Denom: 616 Rate: 10.06	Num: 80 Denom: 792 Rate: 10.10	Num: 1 Denom: 25 Rate: .04	Num: 407 Denom: 469 Rate: 86.78%	Num: 222 Denom: 544 Rate: 40.80%	Num: 194 Denom: 430 Rate: 45.12%	Num:126 Denom: 192 Rate: 65.63%
		2020				**2021**			

Barrier 4: Members not aware of SUD support and follow up options **Method of barrier identification: Claims and encounter data**		**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Intervention #6 to address barrier: Enroll members text educational campaigns to educate members on resource tools available through Common Ground Library targeting Behavioral Health needs **Planned Start Date**: **2/2020** **Actual Start Date: 10/2020**	**Intervention #6 tracking measure:** **N:** # of members actively enrolled in receiving educational tools and accessing resource library **D:** # of members outreached and educated	***Intervention to resume in Q3 due to Covid-19*** Num: Denom: Rate:	***Intervention to resume in Q3 due to Covid-19*** Num: Denom: Rate:	Num: 383 Denom: 419 Rate: 91.4	Num:81 Denom: 118 Rate:69	Num: 616 Denom: 634 Rate: 97.16%	Num: 44 Denom: 1265 Rate: 3.47%	Num: 634 Denom: 635 Rate: 99.84%	Num: 44 Denom: 1265 Rate: 3.48%
Intervention #7 to address barrier: Educate Heathy Blue members on the telehealth platform for provider visits **Planned Start Date: 2/2020** **Actual Start Date**: **2/2020**	**Intervention #7 tracking measure: CLAIMS** **N:** # of SUD members who are utilizing the telemedicine platform for BH visits **D:** # of members identified with SUD	Num: 4054 Denom: 6253 Rate: 64.283	Num: 2900 Denom: 4607 Rate: 62.95	Num: 3919 Denom: 5674 Rate: 69.07	Num: 910 Denom: 1300 Rate: 70.00	Num: 2113 Denom: 10241 Rate 20.63%	Num: 1748 Denom: 10883 Rate: 16.06%	Num: 1449 Denom: 10014 Rate: 14.47%	Num: 813 Denom: 7043 Rate: 11.54%
Intervention #8 to address barrier: CM to use stratified population health reporting to identify all new and current pregnant mothers with SUD's with goal to engage in CM services **Planned Start Date: 2/2020** **Actual Start Date**: **2/2020**	**Intervention #8 tracking measure:** **N:** Members engaged in CM who are pregnant and have a SUD Diagnosis **D:** Pregnant Members identified with SUD	Num: 2 Denom: 237 Rate: 0.84	Num: 11 Denom: 151 Rate: 7.28	Num: 29 Denom: 469 Rate: 6.18	Num: 18 Denom: 416 Rate: 4.33	Num: 59 Denom: 248 Rate: 23.79%	Num: 56 Denom: 194 Rate: 28.86%	Num: 22 Denom: 363 Rate: 6.06%	Num: 67 Denom: 181 Rate: 37.01%
Barrier 5: Justice involved Members not engaged in AOD Tre		**2020**				**2021**			
Method of barrier identification: Claims and encounter data		**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**

Intervention #9 to address barrier: CM to use stratified population health reporting to identify all Justice involved members and have a SUD diagnosis with goal to engage in CM services **Planned Start Date: 2/2020** **Actual Start Date**: **2/2020**	**Intervention #9 tracking measure:** **N:** Members engaged in CM who were recently incarcerated and have a SUD Diagnosis **D:** Justice involved members who have a SUD diagnosis	Num:0 Denom: 0 Rate: 0	Num: 5 Denom: 5 Rate: 100%	Num: 16 Denom: 16 Rate: 100%	Num: 8 Denom: 8 Rate: 100%	Num: 1 Denom: 1 Rate: 100%	Num: 4 Denom: 4 Rate: 100%	Num: 7 Denom: 7 Rate: 100%	Num: 6 Denom: 6 Rate: 100%
Barrier 6: Provider are not using MAT therapy for Opioid/SUD members **Method of barrier identification: Pharmacy Claims and encounter data**		**2020**				**2021**			
Intervention #10 to address barrier: Educate providers on the guidelines for use of MAT therapy with SUD/OUD **Planned Start Date: 2/2021** **Actual Start Date**: **2/2021**	**Intervention #10 tracking measure:** **N:** PAR providers who have prescribed and billed for MAT treatment **D:** Total PAR providers eligible for MAT	N/A – new measure for 2021				Num:5 Denom: 15 Rate: 33.33%	Num: 50 Denom: 60 Rate: 83.33%	Num: 20 Denom: 54 Rate: 37.04%	Num: 20 Denom: 54 Rate: 37.04%
Intervention# 11 to address SDOH barrier: Engage providers in Aunt Bertha training and reviewing monthly utilization to increase SDOH assessments/referrals/follow-up. **Planned Start Date: 2/2021** **Actual Start Date**: **2/2021**	**Intervention# 11 tracking measure:** N: # of members referred to a Community Based Organization (CBO) D: # of member SDOH assessments completed	N/A – new measure for 2021				Num: 171 Denom: 896 Rate: 19%	Num: 396 Denom: 1106 Rate: 35.80%	Num: 934 Denom: 999 Rate: 93.49%	Num: 291 Denom: 1051 Rate: 27.68 %
Intervention# 12 to address barrier: Educate providers on ATLAS, a free online SUD treatment locator tool **Planned Start Date: 7/2021** **Actual Start Date**: **7/2021**	**Intervention# 12 tracking measure:** N: # of providers emailed ATLAS link D: # of eligible providers	N/A – new measure for 2021				Na	** started in Q2**	Num: 3393 Denom: 5219 Rate: 65.01%	Sent out end of last quarter/ no update for Q4

Intervention# 13 to address barrier: Increase coordination of care with new OTP members for engagement in CM **Planned Start Date: 6/2021** **Actual Start Date**: **6/2021**	**Intervention# 13 tracking measure:** N: # of new OTP Pts successfully engaged with CM D: # of new OTP Pts (OTP specific code H0020) outreached to for CM	N/A – new measure for 2021	Na	** started in Q2**	Num: 2 Denom: 690 Rate: 0.290%	Num: 2 Denom: 669 Rate: 0.299%
Intervention# 14 to address barrier: Engagement of CM members with Comorbid conditions related to SUD/Alcohol **Planned Start Date: 6/2021** **Actual Start Date**: **6/2021**	**Intervention# 14 tracking measure:** N# of members successfully contacted and engaged in R.I.S.E program for assessment, care planning, service coordination, and resource identification D:# of members eligible for RISE who have behavioral health, physical health, and substance abuse needs	N/A – new measure for 2021	Na	** started in Q2**	Num: 69 Denom: 120 Rate: 57.5%	Num: 85 Denom: 157 Rate: 54.14%

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	**Final Measure period:** 1/1/21-12/31/21 (through 11/31/21)	**Target Rate**[1]
Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N:1553 D:2703 R: 57.45%	N: 1782 D: 2977 R: 59.86%	N: 1838 D: 3029 R: 60.68%	N: 1890 D: 3247 R: 58.21%	**R: 63.68**
Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N:932 D:1342 R: 69.45%	N: 1136 D: 1624 R: 69.95%	N: 1219 D: 1649 R: 73.92%	N: 1296 D: 1777 R: 72.93%	**R: 76.92**
Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	N:4715 D:8089 R: 58.29%	N: 5512 D: 9092 R: 60.62%	N: 5709 D: 9259 R: 61.66%	N: 5986 D: 10128 R: 59.10%	**R: 64.66**
Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	N:445 D:2703 R: 16.46%	N: 516 D: 2977 R: 17.33%	N: 598 D: 3029 R: 19.74%	N: 641 D: 3247 R: 19.74%	**R: 21.74**
Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	N:412 D:1342 R: 30.70%	N: 550 D: 1624 R: 33.87%	N: 621 D: 1649 R: 37.66%	N: 659 D: 1777 R: 37.08%	**R: 40.66**
Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	N:1604 D:8089 R: 19.83%	N: 1877 D: 9092 R: 20.64%	N: 2042 D: 9259 R: 22.05%	N: 2090 D: 10128 R: 20.64%	**R: 25.05**
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:103 D:1627 R: 6.33%	N: 9 D: 108 R: 8.33%	N: 138 D: 1744 R: 7.91%	N: 155 D: 1705 R: 9.09%	**R: 20.91**

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	**Final Measure period:** 1/1/21-12/31/21 (through 11/31/21)	**Target Rate**[1]
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:178 D:1627 R: 10.94%	N: 10 D: 108 R: 9.26%	N: 225 D: 1744 R: 12.90%	N: 246 D: 1705 R: 14.43%	**R: 15.90**
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.**	NA: new measure in 2019	N: 229 D: 1021 R: 22.42%	N: 777 D: 2013 R: 38.59%	N: 651 D: 2505 R: 25.99%	**R: 41.59**

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

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

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

Figure 1.

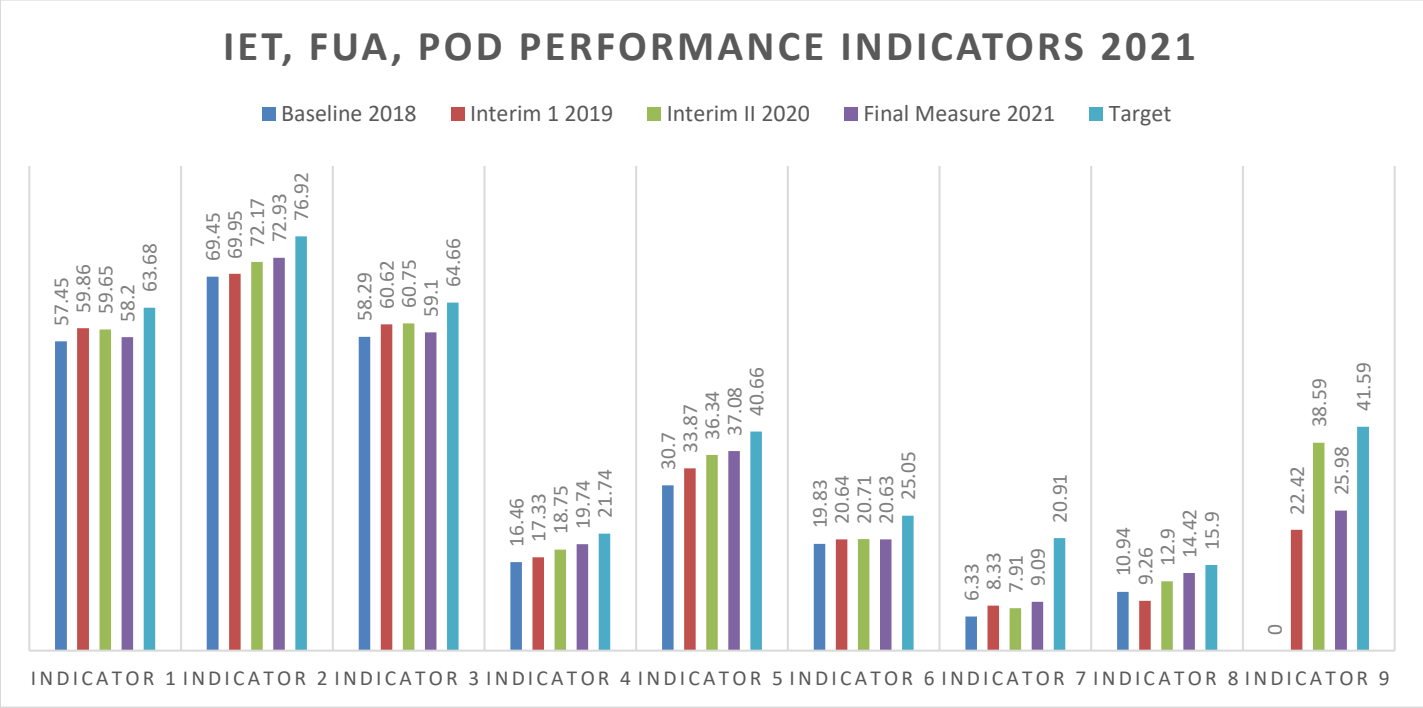


Figure 2.

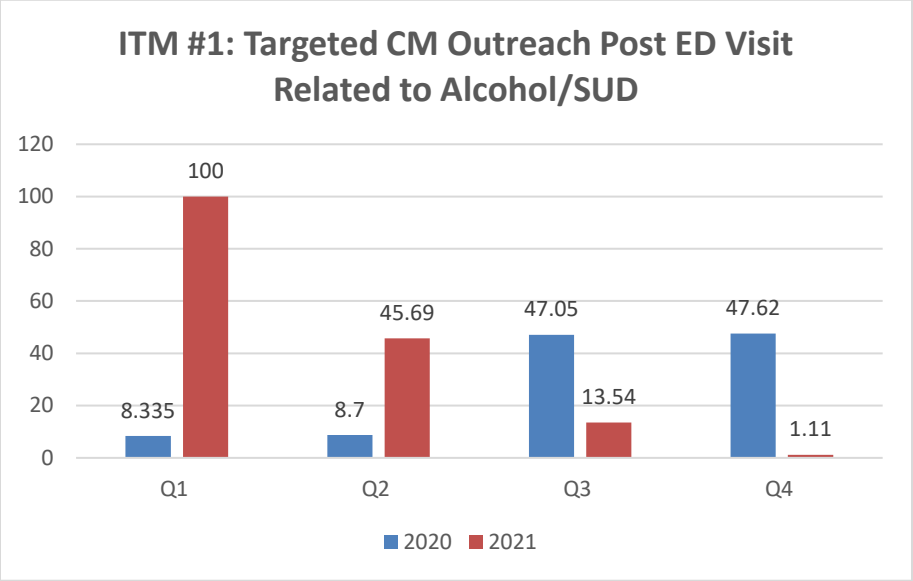


Figure 3.

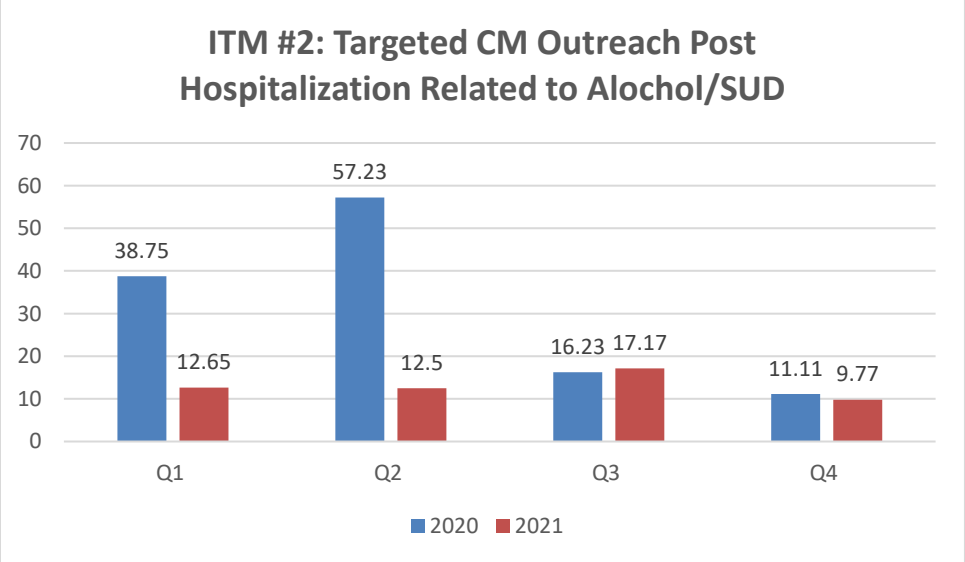


Figure 4.

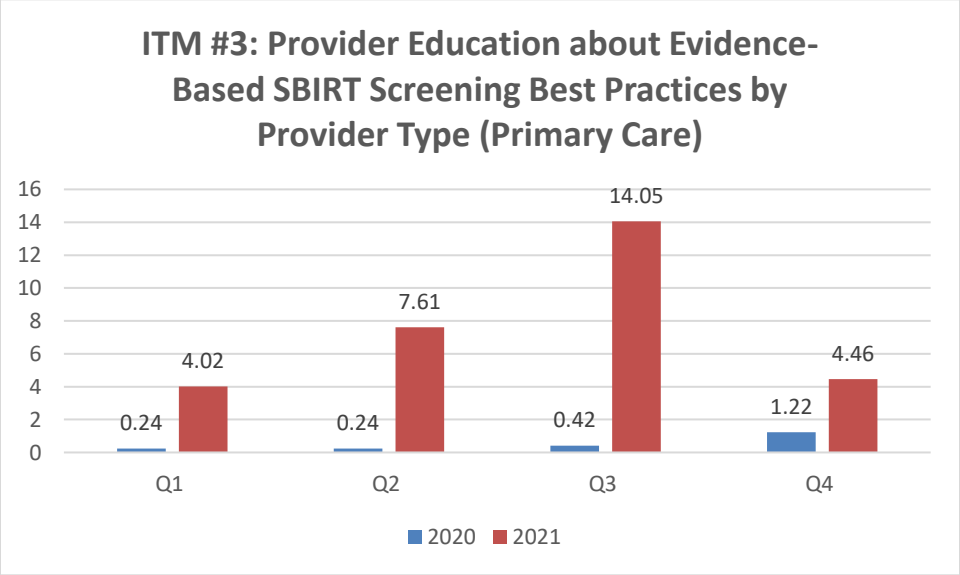


Figure 4a.

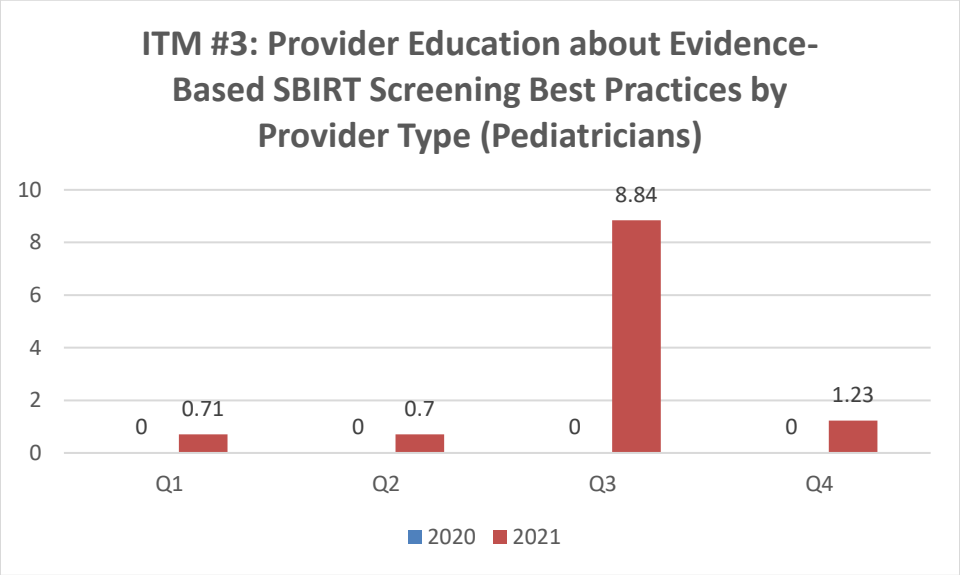


Figure 4b.

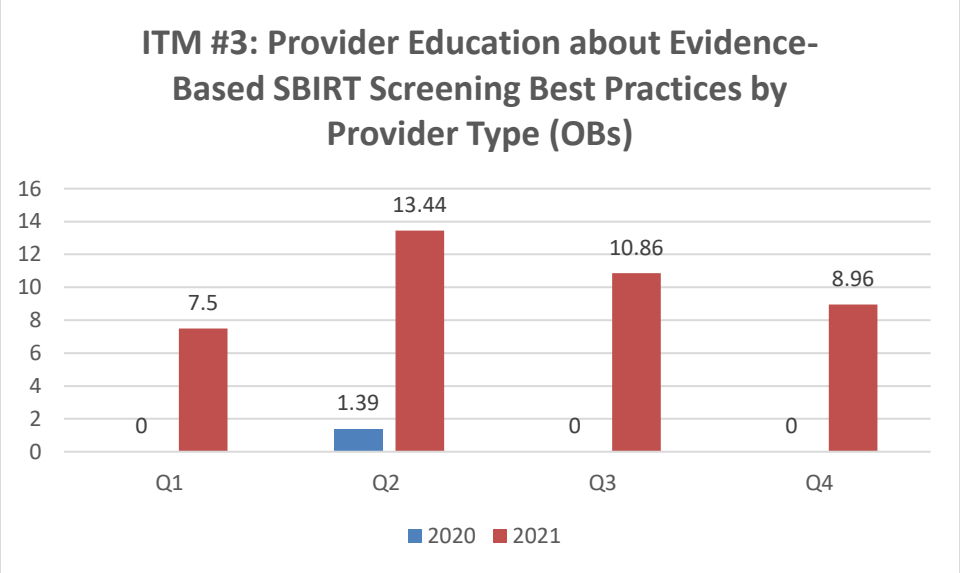


Figure 4c

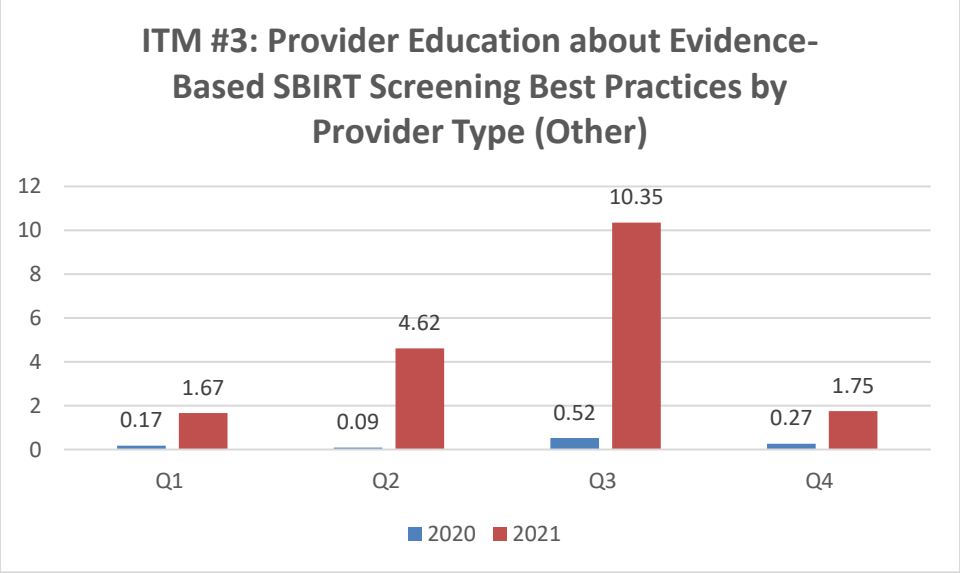


Figure 5.

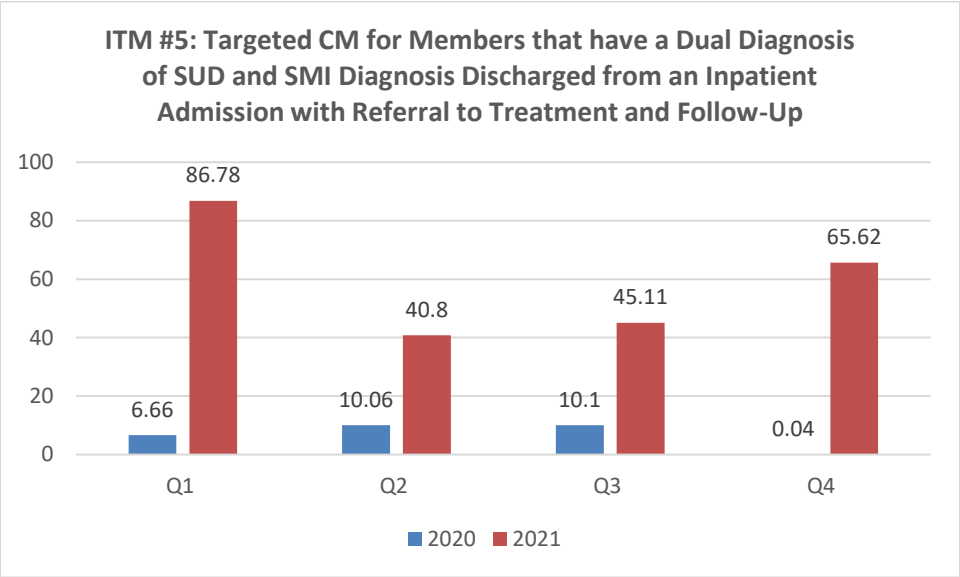
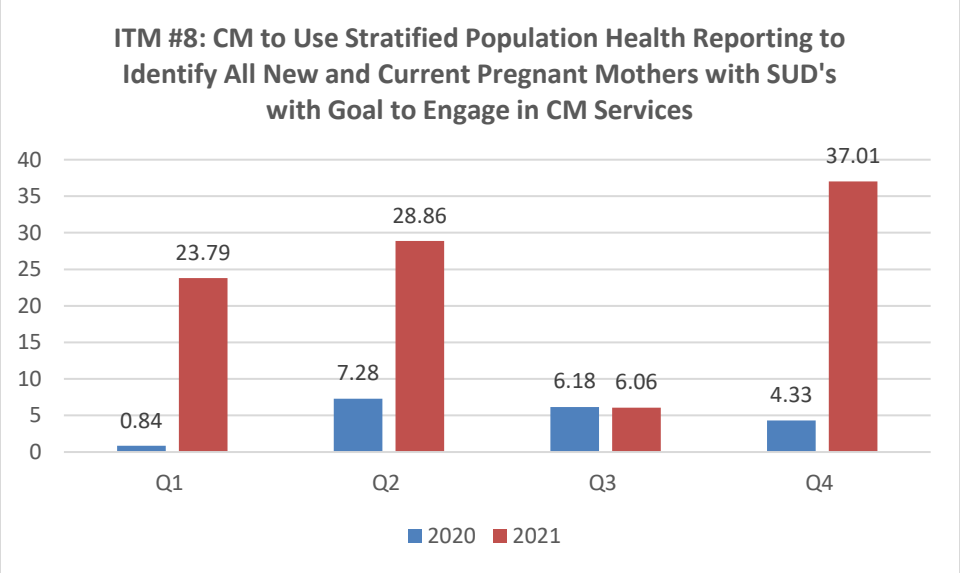


Figure 6.



Discussion

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

Interpret the performance indicator rates for each measurement period:

The results for the Performance Indicators (PI) are as follows: (Q4 partial data due to timing of report due)

- Indicator #1. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort: Increased 0.75 percentage point from baseline to final. Decreased 1.66 percentage points from interim to final and decreased 2.48 percentage from interim 2019 by 1.66 percentage points. Target rate of 63.68 was not met but exceeded the NCQA quality compass 95th percentile (53.28) by 4.92 percentage points

- Indicator #2. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort: Increased 3.48 percentage points from baseline to final, decreased 0.99 from interim to final, and increased from interim 2019 by 2.98 percentage points. Target rate of 76.92% was not met but exceeded the NCQA quality compass 95th percentile (70.14) by 2.79 percentage points
- Indicator #3. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort: increased 0.81 percentage points from baseline to final, decreased by 2.56 from interim to final, and decreased by 2.89 percentage points from interim 2019 to final. Target rate of 64.66 was not met but exceeded the NCQA quality compass 95th percentile (53.89) by 5.82 percentage points
- Indicator #4. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort: Increased 3.28 percentage points from baseline to final, sustained rate from interim to final, and increased by 2.41 percentage points from interim 2019. Target rate of 21.74 was not met but exceeded the NCQA quality compass 95th percentile (19.34) by 0.4 percentage points
- Indicator #5. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort: Increased 6.38 percentage points from baseline to final, decreased by 0.58 from interim to final, and increased from interim 2019 by 3.21 percentage points. Target rate of 40.66 was not met
- Indicator #6. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort: Increased 0.8 percentage points from baseline to final, decreased 1.42 from interim to final, and decreased from interim 2019 by 0.01 percentage points. Target rate of 25.05 was not met
- 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: Increased 2.76 percentage points from baseline to final, increased 1.18 from interim to final, and increased from interim 2019 by .76 percentage points. Target rate of 20.91% was not met
- 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: Increased 3.48 percentage points from baseline to final, increased 1.52 from interim to final, and increased from interim 2019 by 5.16 percentage points. Target rate of 15.90 was not met.
- Indicator #9: The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members ages 16 and older with a diagnosis of OUD: Increased in 2021 from interim 2019 by 3.56 percentage points but decreased from 2020 rate by 12.94 percentage points. Target rate of 41.92 was not met

The interpretation and analysis of the performance indicator rates for 2021 showed a quarter over quarter improvement in most measures, except for Q4, mostly due to partial data not inclusive of December claims. Healthy Blue exceeded the final measure target rates of Indicator's 1, 2, 3 and 4 from the NCQA Quality Compass 95th percentile rates. Slight increases in 2021 from 2020 with some decreases noted.

- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.**

Barriers related to Covid-19 and hurricanes created access to care issues and led to an overall decrease year over year in these metrics across the board. The plan also discovered that Louisiana allows non-licensed staff to perform assessments which are not counted towards the performance indicators as they are outside the scope of the HEDIS specifications.

Healthy Blue's interventions that continued and those newly implemented in 2021, assisted with meeting the objectives and goals for this PIP. The intervention of increasing provider awareness and coding for Screening,

Brief, Intervention and Referral to Treatment (SBIRT) (fig #4 a-c) showed a decrease in 2021 due to barriers related to Covid-19 and hurricanes in 2021. Case management and care coordination efforts increased in 2021 for improved discharge planning. New interventions consisted of notifications of ATLAS referral tool, evaluating outpatient treatment providers (OTP), and increasing the MAT network provider base in an effort to increased referrals for SUD follow-up post ED and Hospitalizations. The plan also increased the use of telemedicine visits to assist with treatment for follow-up care.

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

Healthy Blues members with a dual diagnosis (ITM 5)(fig. 5) are more difficult to engage in case management due to SMI members are typically engaged in intensive outpatient programs and the SUD issue is not the priority of treatment. Targeted outreach efforts assisted with increasing the SMI and SUD population treatment for SUD rates in 2021. The plans engagement of SUD pregnant women with treatment increased 13.22% in 2021. The plan determined that the ITM #1 and 2 (Fig. 2,3) had the greatest impact on improving the FUA measure. ITM #3 (Fig. 4 a-c) assisted in increasing the PIs overall with providing education to providers on SBIRT screenings. ITM #8 (Fig. #6) for engaging pregnant SUD members in CM had considerable increases noted from 2020 to 2021. . New interventions added in 2021 also assisted with increased rates overall. The goal for 2021 is to continue to increase the seven and thirty day follow up rates for post ED and hospitalization treatment.

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?**

A monthly refresh on data versus obtaining the data the following month, would enhance our outreach efforts due to not having a timely member lists available for case management. Non-licensed staff are not counted in the metrics as they are outside the scope of the HEDIS specifications.

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

External threat noted as receiving timely ED data collection related to FUA. ADT feed active but limited to only a few providers.

- **Describe any data collection challenges.**

Pharmacy data presented a delay for timely analysis as well as other claims/encounter data delays.

PIP Highlights

Member intervention

Healthy Blue identified the most effective member interventions as the engagement of SUD pregnant members and increasing SUD/SMI treatment rates in 2021. Pregnant SUD member CM engagement increased over 14 percentage points in 2021 compared to 202 and SUD/SMI increased around 25 percentage points from Q2-Q4 and over 59 percentage points from 2020. Member feedback with those contacted was consistent with refusal for treatment and that the member was already engaged in follow up care.

Provider intervention

The most effective provider interventions were education on the use of SBIRT screenings and the use of the online ATLAS tool to aid referrals for treatment. SBIRT use increase the most for the Primary care (PCP) by over 10 percentage points in Q3 2021. Provider feedback consisted of barriers with reaching the members and those refusing follow up treatment/care.

Next Steps

This section is completed for the Final Report. For each intervention, summarize lessons learned, system-level changes made and/or planned, and outline next steps for ongoing improvement beyond the PIP timeframe.

Table 6: Next Steps

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
#1) Targeted CM outreach post ED visit related to alcohol/SUD.	Tracking and engaging high E utilizers improved outcomes	Identifying high ED utilizers	Identifying high ED utilizer will continue in 2022; ED partnerships for FUA with further established
#2) Targeted CM outreach post Hospitalization related to alcohol/SUD	Increased access to appropria ASAM level of care for follow- care and treatment assisted w improving outcomes	Referring members to th appropriate level of care based upon ASAM level	Continue referring membe to the appropriate level of care based upon ASAM levels
#3) Provider education about evidence based SBIRT screening best practices (Stages of Change, Motivational interviewing techniques, knowledge of available treatment/services/providers) and billing practices	Provider educational sessions continued throughout the project. Increased education and provider follow up would help improve the plans outcomes	Provide provider awareness and appropriate coding for SBIRT and use of motivational interviewing techniques	Increase provider awareness and appropriat coding for SBIRT and use motivational interviewing
#4) Inpatient Readmission Outreach Case management and Discharge Planning Program	Telemedicine services use has assisted in follow-up and outreach for members; identifi as high readmits has assisted with inpatient admissions	Promote telehealth services for follow up ca	Continue to promote telehealth services for follo up care
#4a) Targeted CM for member that have a dual diagnosis of SUD and SMI diagnosis and 3 or more ED visits with referral treatment and follow-up	Targeted CM outreach and engagement to members who are high ED utilizers with a SU and SMI diagnosis improved outcomes as well as initiating post DC programs	Identifying high ED utilizers	Continue targeted CM outreach and engagement the high ED utilizers
#5) Targeting a sub-population of the total population of members with SUD and SMI post hospitalization with referral to treatment and follow up.	Targeted CM outreach and engagement to members who have frequent hospital readmi with a SUD and SMI diagnosis improved outcomes	Identifying members with frequent hospital readmit for referral to treatment based upon ASAM level care	Continue identifying members with frequent hospital readmits for referr to treatment based upon ASAM level of care
#6) Targeting members to offer additional educational resources	Text campaign for members with SUD diagnosis and offeri CM engagement and resource for SUD/alcohol treatment improved results	Initiated member text an IVR call campaign for all members on SUD/Alcoh treatment resources	Continue to enroll member in text/IVR campaigns

#7) Targeting members to educate opportunity for increased access to care by using the telehealth platform.	Increased use of telemedicine and awareness campaign for members with SUD diagnosis through phone call and text campaigns assisted with improved outcomes	Initiated member text an IVR call campaign relate to use of telehealth optio for care	Continue to enroll member in text/IVR campaigns
#8) Targeting high risk pregnant members as sub-population of the total population diagnosed with SUD to provide Case Management and Maternal Child Case Management services	Identify high risk pregnant members through the populati health platform for analytics ar predictive modeling assisted improving outcomes with this population	Using population health platform and use predictive modeling to identify this population	Continue Using population health platform and use predictive modeling to identify this population
#9) CM to use stratified population health reporting to identify all Justice involved members and have a SUD diagnosis	Recently incarcerated membe with high-risk diagnoses are identified and outreached for CM engagement; this initiative has yielded positive results	Identify all justice involve members with SUD diagnosis and engaging them in CM services	All justice involved membe with SUD diagnosis are engaged in CM services
#10) Evaluate and engage providers with Non-Par status that are prescribing opioids or MAT therapy and help them become network providers.	Non- PAR providers are prescribing opioids and not utilizing MAT therapy.	The plan initiated a program to engage providers who were previously out of network to join the network in an effort to reduce Opioid us and increase the use of MAT therapy.	MAT prescribers are continually evaluated and monitored for appropriate use of therapy
#11) Engage providers in Aunt Bertha training and reviewing monthly utilization to increase SDOH assessments/ referrals/follow-up	Engage providers with training on the Aunt Bertha platform to increase their SDOH assessments and referrals to elicit increased follow up.	Providers are enrolled ar trained on the use of the Aunt Bertha platform to increase SDOH assessments and referra	Continue to educate and monitor SDOH referrals
#12) *NEW* Educate providers on ATLAS, a free online SUD treatment locator tool	Provide education on the ATLAS link for providers via email and post on the provider portal	ATLAS link is posted on the provider portal and was sent via email/fax blast	Continue to educate on the ATLAS tool
#13) *NEW* coordination of care with new OTP members for engagement in CM	OTP intervention (care coordination efforts of MAT (methadone in addition to buprenorphine or naltrexone) and engagement with CM for identified members	Code H0020 is monitore for CM referrals	Continue to identify new OTP members for engagement in CM post D from OTP
# 14) *New* Engagement of CM members with Comorbid conditions related to SUD/Alcohol	Members contacted and engaged in R.I.S.E program for assessment, care planning, service coordination, and resource identification	Members are identified with comorbid conditions related to SUD/Alcohol through claims analysis	ICCM, BHQIP, BHSUD are new programs to enhance care coordination in 2022

References

List any references that you cite.

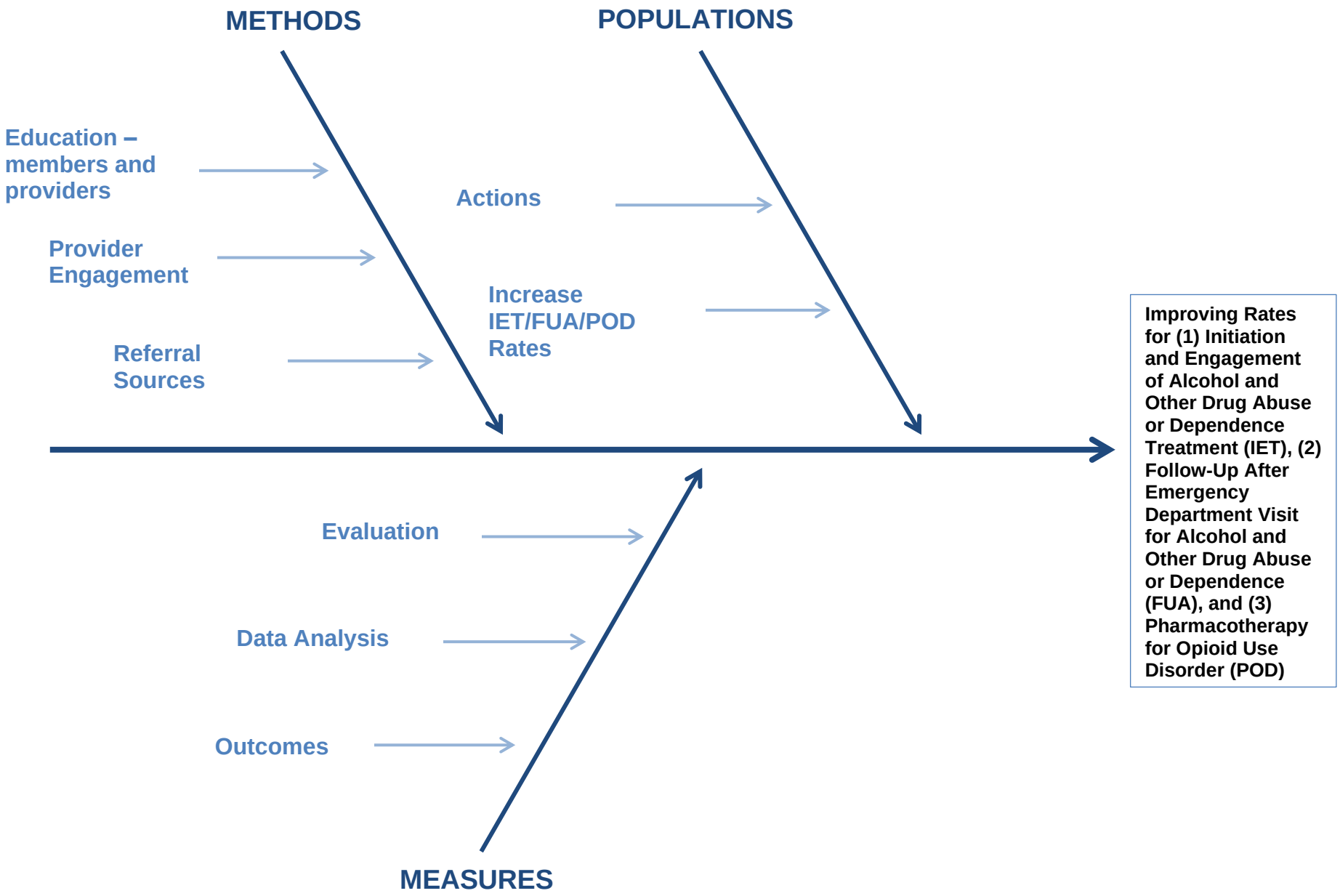
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as…	Purpose	Definition
Aim	• Purpose	To state what the MCO is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions "How much improvement, to what, for whom, and by when?"
Barrier	• Obstacle • Hurdle • Road block	To inform meaningful and specific intervention development addressing members, providers, and MCO staff.	Barriers are obstacles that need to be overcome in order for the MCO to be successful in reaching the PIP Aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members/providers/MCOs. A barrier analysis should include analyses of both quantitative (e.g., MCO claims data) and qualitative (such as surveys, access and availability data or focus groups and interviews) data as well as a review of published literature where appropriate to root out the issues preventing implementation of interventions.
Baseline rate	• Starting point	To evaluate the MCO's performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
Benchmark rate	• Standard • Gauge	To establish a comparison standard against which the MCO can evaluate its own performance.	The benchmark rate refers to a standard that the MCO aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
Goal	• Target • Aspiration	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
Intervention tracking measure	• Process Measure	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.

PIP Term	Also Known as…	Purpose	Definition
Limitation	• Challenges • Constraints • Problems	To reveal challenges faced by the MCO, and the MCO's ability to conduct a valid PIP.	Limitations are challenges encountered by the MCO when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
Performance indicator	• Indicator • Performance Measure (terminology used in HEDIS) • Outcome measure	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of improvement in health care status, delivery processes, or access.
Objective	• Intention	To state how the MCO intends to accomplish their aim.	Objectives describe the intervention approaches the MCO plans to implement in order to reach its goal(s).

Appendix A: Fishbone (Cause and Effect) Diagram



Appendix B: Priority Matrix

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address	Identifying & Engaging members for targeted outreach Identifying & Engaging members who have a care gaps Provider Collaboration to engage members overall for care	Engaging Providers on importance of care and follow up treatment
Less Feasible to Address	Engagement of members with PCPs to increase IET/FUA/POD rates	Data analysis/identification of members Actual member engagement with PCP and completion of follow up care to identify deficits Actual referrals to specialists for follow up

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

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

Appendix D: Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
1. Improve the rates for Initiation of and Engagement in Alcohol and Other Drug Abuse or Dependence Treatment to the next highest Quality Compass percentile (or by 10 percentage points) 2. Improve the rates for Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence to the next highest Quality compass percentile (or by 10 percentage points)	Provider barriers encountered with IET Barriers encountered by hospitals with FUA and IET First-line medical provider knowledge: PCPs: youth, adult, OB/Gyn ED providers	Process issues internal and external to providers Internal and external barriers - Understanding Stages of Change and motivational interviewing for SUD -SBIRT training: adult, youth -ASAM criteria for level of care/transitions in care training - MAT waiver-training and local SUD treatment resources - Staff and providers may not be aware of the IET and FUA timeline specifications	MCOs conduct focus groups with provider organizations to understand the barriers to IET/FUA and POD as viewed by providers. MCOs conduct FUA-specific focus groups with EDs- both urban and rural as the rural EDs may have more challenges with less staff; and also collaborate with LHA. Implement innovative approaches for training providers in (SBIRT) Adult and Adolescent specific screening, brief intervention, triage and referral to ASAM evaluations in first-line medical settings. - Prompt ASAM level of care evaluations/referral to treatment for those members presenting at the ED/inpatient with SUD overdoses. - First-line medical provider education supporting screening, brief intervention and referral (Stages of Change, motivational interviewing, knowledge of available treatment/services/providers)	
			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	

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
			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 SHCN subpopulations eligible for CM:	-Members in Pre-Contemplation Stage of Change Vulnerability of SHCN sub-populations -SDOH impeding service delivery	SHCN Case Management : Implement innovative approaches to conduct motivational interviewing techniques, with increased face-to-face engagement with members (Recovery coaches, Life coaches BH advocates, etc)	
			Recovery coaches, Life coaches, BH advocates, case management contact with Pts	
	Geographic disparities in opioid, benzodiazepine and stimulant poisoning rates – New Orleans metro; North-shore; Metro Baton Rouge; Terrebonne, Rapides, Calcasieu, Lafayette and Caddo		Consider implementing PIP interventions in these areas.	

Aim	Primary Drivers	Secondary Drivers	Change Concepts	MCO-identified Enhanced Interventions to test Change Concepts
3. Improve the rates for the percentage of new opioid use disorder (OUD) pharmaco-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)	OUDs increasing Pts' ambivalence toward medication adherence	Prescribers' lack of knowledge/skills/referrals: 1. Importance of therapeutic rapport 2. Motivational Interviewing techniques to interact with Pts 3. Importance of concurrent psychosocial treatment with an SUD treatment provider. 4. Importance of peer support for Pts and family members Identifying/Treating co-morbid SUD and MH conditions Integrating primary care	Medication prompting services Educating prescribers Include pharmacists in outreach when dispensing Value of long-acting MAT formulations Consider collocating OUD MAT and HCV treatment where feasible. Measuring percentages of members receiving concurrent MAT and psychosocial SUD treatment. Measuring percentages of those with OUD/MH being concurrently treated for both OUD and MH.	

Appendix E: Plan-Do-Study-Act Worksheet

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