

# **Healthy Louisiana Performance Improvement Project (PIP)**

**MCO Name: Amerihealth Caritas**

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

**2018 -2019**

**Project Phase:** Proposal

**Original Submission Date:** 11/7/2018

**Revised Submission Date:** 1/25/2019

**Project Phase:** Final

**Submission Date:** 11/15/2019

**Revised Submission Date:** 1/7/2020

---

Submission to: IPRO

**State: Louisiana Department of Health**

## MCO Contact Information

---

### 1. Principal MCO Contact Person

Mary Scorsone  
Quality Director  
225-300-9115  
Mscorsone@amerihealthcaritasla.com

PIP proposal: *Mary Scorsone*  
Final Report: *Mary Scorsone*

11/7/2018  
11/15/2019

### 2. Additional Contact(s)

Rhonda Baird  
Manager of Quality Management  
225-300-9111  
rbaird@amerihealthcaritasla.com

### 3. External Collaborators (if applicable): NA

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

The plan removed ITM#3 due to the difficulties separating the IET population from the total SDOH survey population. Subpopulations were added to Intervention Tracking Measure's #4, #5 and #6 to include members referred to case management and members successfully contacted via outreach.

### 5. Attestation

**Managed Care Plan Name:** AmeriHealth Caritas Louisiana

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

**Required Attestation signatures for PIP Proposal and PIP Final Report:**

(1) Medical Director or Chief Medical Officer; (2) Quality Director or Vice President for Quality

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

Medical Director Signature  
Betty Muller

11/7/2018

Quality Director Signature  
Mary Scorsone

11/7/2018

CEO Signature  
Kyle Viator

11/7/2018

**The undersigned approve this FINAL PIP Report:**

Medical Director Signature  
Betty Muller

11/15/2019

Quality Director Signature  
Mary Scorsone

11/15/2019

CEO Signature  
Kyle Viator

11/15/2019

# Abstract

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

## Project Topic/Rationale/Aims

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

**Rationale for Project:** 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). Between 2013 and 2017, Louisiana experienced a 36% increase in drug-related deaths, more than twice the national increase. The IET PIP addresses the need for increased referrals for AOD & SMI/SUD treatment, both short and long term. It also puts emphasis on the need to combat the current opioid epidemic and members with co-occurring disorders. It is important that members stay engaged longer in treatment to help decrease the incidence of relapse and death. Referrals for treatment and engagement can reduce morbidity and mortality rates, improve social outcomes and reduce health care spending (NIDA, 2018).

**Project Aims:** To identify barriers and increase the rate for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment by implementing interventions to improve care and achieve the following objectives:

1. Conduct provider training to expand the workforce for treatment initiation and follow-up (e.g., MAT guidelines, waiver training);
2. Partner with physicians to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
3. Provide enhanced member care coordination (behavioral health integration, case management, Bright Start, and Community Outreach Team).
4. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.

## Methodology

**Eligible Population:** The HEDIS® IET population; members 13 years and older with the following AOD diagnosis cohorts.

- Alcohol abuse or dependence.
- Opioid abuse or dependence.
- Other drug abuse or dependence.

## Description of Annual Performance Indicators:

**Indicator #1**      **Data Source(s):** Administrative Claims Data

Initiation of AOD Treatment (HEDIS IET) stratified by age (a. 13-17; b. 18+ years; c. Total) and, for each age stratification, the rates for the following AOD diagnosis cohorts: 1. Alcohol abuse or dependence; 2. Opioid abuse or dependence; 3. Other drug abuse or dependence; 4. Total.

**Indicator #2**      **Data Source(s):** Administrative Claims Data

Engagement of AOD Treatment (HEDIS IET) stratified by age (a. 13-17; b. 18+ years; c. Total) and, for each age stratification, the rates for the following AOD diagnosis cohorts: 1. Alcohol abuse or dependence; 2. Opioid abuse or dependence; 3. Other drug abuse or dependence; 4. Total.

**Sampling Method:** NA

**Baseline and Re-measurement Periods:**

Baseline Measurement Period	Interim Measurement Period	Final Measurement Period:
Start date: 1/1/2017	Start date: 1/1/2018	Start date: 1/1/2019
End date: 12/31/2017	End date: 12/31/2018	End date: 9/30/2019

**Data Collection Procedures:** AmeriHealth Caritas Louisiana's Medical Economics (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.

## Interventions

**Member Barriers Identified:** According to the findings in the 2018 Behavioral Health Member Satisfaction survey, members being treated for alcohol and drug use are less likely to report that they are involved as much as they would like to be in their counseling and treatment. Members identified the inability to be involved in counseling and treatment due to social determinants of health. AmeriHealth Caritas Louisiana assesses member social determinants of health through a survey, however, the IET population is difficult to reach/locate during outreach attempts and has a low case management engagement rate. Providing education relative to treatment regimens and addressing social determinates of health is difficult due to the low contact rates. Subpopulations often face additional challenges in getting care. AOD/SUD during pregnancy is associated with an increased risk of adverse outcomes. Many providers are unwilling or reluctant to treat high risk populations.

**Interventions to address member barriers:** AmeriHealth Caritas Louisiana developed robust interventions to address member barriers. New educational sessions were developed and conducted for internal associates on process flow and care coordination for IET members. To address member knowledge deficits, member education initiatives were implemented across various settings. Members are provided education and resources through Integrated Health Care Management (IHCM), Community Health Navigators, and the Rapid Response Outreach Team (RROT). Additionally, IET education is provided during community events and at the AmeriHealth Caritas Wellness Centers. Based on the findings of the Social Determinant screenings, AmeriHealth Caritas designed action steps to support members in addressing their unmet social needs to improve health outcomes.

**Provider Barriers Identified:** Providers lack education relative to the treatment and engagement of the AOD population. The limited number of providers and resources available for behavioral health members was identified as an opportunity for improvement through provider feedback at the primary care level. The plan has limited trained staff and providers who have Screening, Brief Intervention, and Referral to Treatment (SBIRT) and/or Medication-Assisted Treatment (MAT) training. Lack of trained providers creates barriers for members and their access to care for behavioral health services. Additionally, providers reported challenges in attending trainings due to the length of the trainings and time out of office.

**Interventions to address provider barriers:** AmeriHealth Caritas Louisiana has identified and targeted pilot practices to determine their willingness to participate in MAT and SBIRT trainings. The plan has partnered with American Society of Addiction Medicine (ASAM) for MAT training to expand primary care accessibility, as well as train OB, ER, FQHC, and urgent care providers. Additionally, the plan collaborates with providers on a continuous basis to encourage treatment and care of high risk members such as pregnant members with AOD, and AOD members with high ER utilization and hospital admissions though provider outreach, education and value based contracting.

## Results

### Report Data for Annual Performance Indicators

Total Rates Only:

Performance Indicator	Baseline Period My 2017	Interim Period MY 2018	Final Period <i>2019 Interim Rates (Claims through 8/31/2019)</i>	Final Goal/Target Rate	Goal Met
Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	Rate: 45.30%	Rate: 61.56%	Rate: 59.94%	Target Rate: 50.2% <i>QC 90<sup>th</sup> Percentile</i>	Yes
Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	Rate: 13.50%	Rate: 22.17%	Rate: 21.55%	Target Rate: 17.73% <i>QC 75<sup>th</sup> Percentile</i>	Yes

## Conclusions

**Interpret improvement in terms of whether or not Target Rates were met for annual performance indicators:** Target rates for annual performance measures were set based on the NCQA 2018 Quality Compass benchmarks. All target rates were set at the QC 75<sup>th</sup> or above.

Performance Indicator	Baseline Period My 2017	Interim Period MY 2018	Final Period 2019 Interim Rates (Claims through 10/31/2019)	Final Goal/Target Rate	Baseline Compared to Final	Final Rate 2018 QC Percentile	Goal Met
Initiation of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	40.00%	56.25%	64.52%	45.8%	+ 24.52%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	83.33%	83.33%	100%	86.33%	+ 16.67%	No QC, low denominator	Yes
Initiation of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	50.76%	74.87%	67.21%	58.93%	+ 16.45%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: age 13-17 years, Total diagnosis cohort	49.32%	72.77%	65.0%	56.67%	+ 15.68%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	41.35%	55.86%	58.05%	44.76%	+ 16.70%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	57.70%	72.17%	70.76%	65.40%	+ 13.06%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	47.15%	63.21%	60.23%	53.26%	+ 13.08%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: age 18+ years, Total diagnosis cohort	45.15%	61.20%	59.78%	50.49%	+ 14.63%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	41.33%	55.86%	58.15%	44.32%	+ 16.82%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	57.85%	72.23%	70.81%	65.22%	+ 12.96%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	47.33%	63.74%	60.53%	52.70%	+ 13.22%	95 <sup>th</sup> Percentile	Yes
Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	45.30%	61.56%	59.94%	50.2%	+ 14.64%	95 <sup>th</sup> Percentile	Yes
Engagement of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	16%	37.50%	19.35%	21.22%	+ 3.35%	75 <sup>th</sup> Percentile	No
Engagement of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	33.33%	33.33%	50%	36.33%	+ 16.67%	No QC, low denominator	Yes
Engagement of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	29.44%	37.17%	23.50%	31.51%	- 5.94%	75 <sup>th</sup> Percentile	No
Engagement of AOD Treatment: age 13-17 years, Total diagnosis cohort	28.77%	36.14%	21.50%	28.67%	- 7.27%	75 <sup>th</sup> Percentile	No
Engagement of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	10.09%	17.57%	17.64%	13.41%	+ 7.55%	95 <sup>th</sup> Percentile	Yes
Engagement of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	23.16%	31.08%	34.19%	31.52%	+ 11.03%	75 <sup>th</sup> Percentile	Yes

Performance Indicator	Baseline Period My 2017	Interim Period MY 2018	Final Period 2019 Interim Rates (Claims through 10/31/2019)	Final Goal/Target Rate	Baseline Compared to Final	Final Rate 2018 QC Percentile	Goal Met
Engagement of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	12.69%	21.98%	20.70%	17.91%	+ 8.01%	90 <sup>th</sup> Percentile	Yes
Engagement of AOD Treatment: age 18+ years, Total diagnosis cohort	12.93%	21.72%	21.55%	17.61%	+ 8.62%	90 <sup>th</sup> Percentile	Yes
Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	10.16%	17.72%	17.67%	13.51%	+ 7.51%	90 <sup>th</sup> Percentile	Yes
Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	23.22%	31.09%	34.22%	31.47%	+ 11%	75 <sup>th</sup> Percentile	Yes
Engagement of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	13.53%	22.67%	20.82%	18.42%	+ 7.29%	95 <sup>th</sup> Percentile	Yes
Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	13.50%	22.17%	21.55%	17.73%	+ 8.05%	90 <sup>th</sup> Percentile	Yes

**Indicate interventions that did and did not work in terms of quarterly intervention tracking measure trends:** Although 17 providers attended SBIRT training, MAT trainings had to be delayed due to provider low responses and challenges with scheduling/office coverage. The plan has rescheduled the MAT trainings to January of 2020 to allow for additional time to facilitate scheduling and enhance outreach to providers. Interventions have not shown to make a significant impact to case management engagement rates. The plan was unable to separate the behavioral health population from the physical health population relative to SDoH data. The plan will continue to work with the medical economics team to stratify this population.

**Study Design Limitations:** Shortened timeline of PIP did not allow intervention impact and PDSA cycle evaluation and completion. Additionally, timeframe does not allow for a full year of data to be reported for Measurement year 2019.

#### **Lessons Learned and Next Steps:**

Lessons Learned	Next Steps
Providers need ample amount of time to arrange schedules and ensure office coverage in order to attend trainings.	Collaborated with ASAM for a dual approach to include WebEx and online training to be completed at the provider's convenience.
Plan faced challenges with scheduling trainings, intervention delayed.	Will execute intervention post trainings
Associates didn't have a clear understanding of the process flow within various departments	Implementation of associate education and weekly workgroups
Unable to identify behavioral health only population for evaluation	Work with medical economics team to stratify SDoH member responses
Population transient, difficult to contact/locate, often declines case management	Implementation of additional resources to assist in locating/ contacting members

# Project Topic/ Rationale and 2. Aim

---

Suggested length: 2 pages

---

## 1. Describe Project Topic and Rationale for Topic Selection

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

The IET PIP addresses the need for increased referrals for AOD & SMI/SUD treatment, both short and long term. It also puts emphasis on the need to combat the current opioid epidemic and members with co-occurring disorders. 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. MAT entails AOD & SMI/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.

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

3% of our total population identify as having AOD. 47% of the total eligible population is female and 53% male. Although the population identifies more males, female engagement rate is slightly lower. Male engagement rate is 15%, while female is 13%. Of the 47% female population, 3% are 13-17 and 97% are 18 and over. Black and white females (91%) account for the majority of the eligible engagement population, 41% and 59% respectively. Black females, 13-17 had 9% total engagement while White females had 10%. Black females, 18 and over had 5% engagement and White females, 8%. Females 18 and over with AOD have a larger population but lower engagement rate. Our subset populations with high-risk conditions and high utilization are:

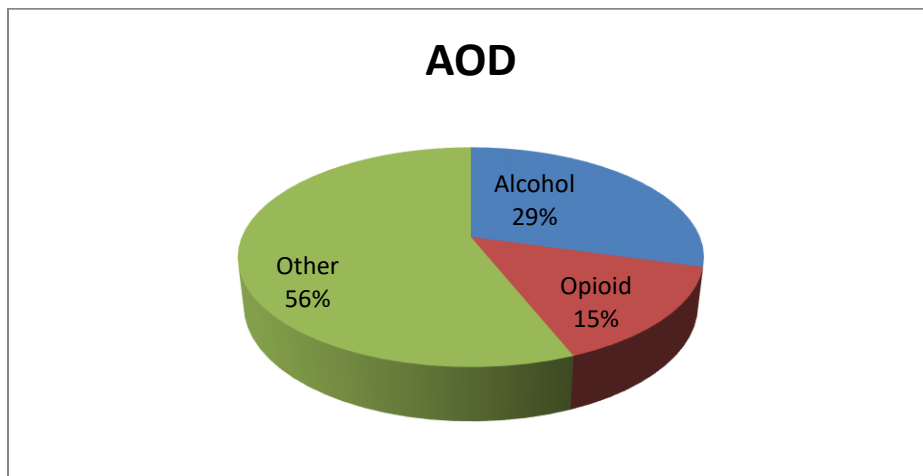
1. Pregnant females with AOD/SUD. AOD/SUD during pregnancy is associated with an increased risk of adverse outcomes. It is imperative to identify pregnant members with AOD/SUD early as possible to decrease the risks of obstetrical complications and birth defects. We identified 394 members who were either pregnant in the measure year or currently pregnant. That's 13% of the eligible female population, which is equal to the total engagement rate for eligible females. Of the subset population, 33% are currently pregnant, which is more than the total engagement rate in the eligible female and male population.
2. 1874 (29%) members identified with SMI/SUD diagnosis: schizophrenia, bipolar disorder and major depression. 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.
3. 1425 (22%) members identified as high utilizers with four or more ED visits and only 8% are engaged in case management. 916 (14%) members also identified as high utilizers with two or more inpatient hospitalizations and only 9% are engaged in case management. High utilization in members with SUD is often associated with homelessness, accessibility, and quality care.

- **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 –



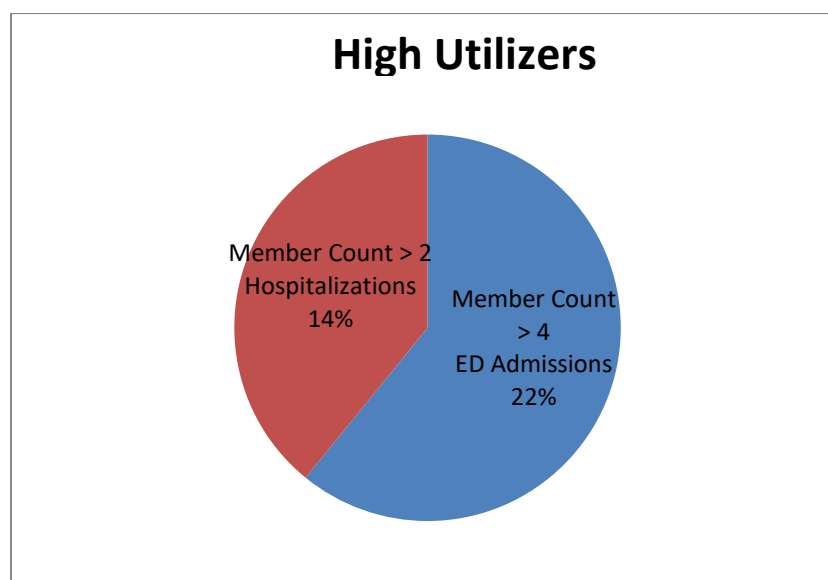
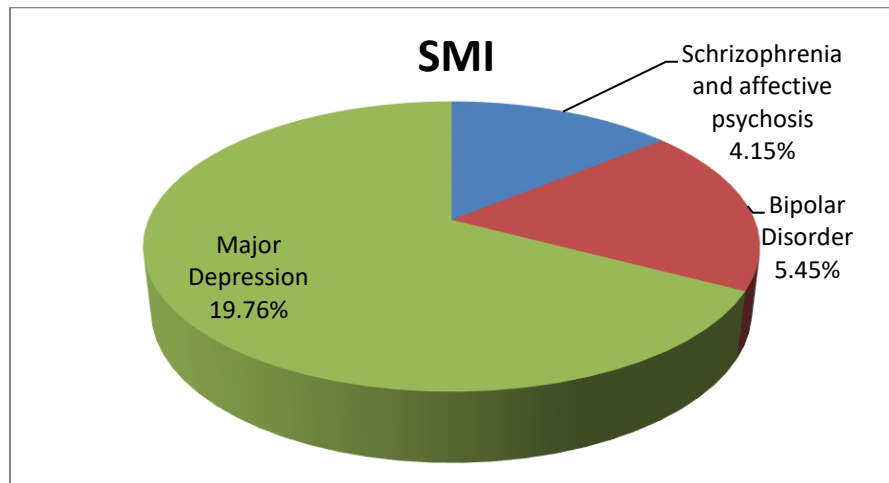
Archives of General Psychiatry (2005). According to a study conducted by the AJPH, people with SUD or SMI that frequented the ER stated it was due to access to care, quality of care, affordability, and housing (APHJ, 2015). Louisiana's drug-poisoning death rate showed a statistically significant increase 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):** There is opportunity for MCO improvement in this area because engagement rate is low regionally and nationally. ACLA's overall engagement rate in the 13 and over population for AOD is 14%. Female engagement rates were lower than male; this includes our pregnant members with AOD. This population is identified as high-risk. There are a total of 2994 female members who are in the eligible population for AOD, 394 identified as pregnant, which is 13% and 33% of the subset are currently pregnant. AOD in pregnancy can lead to prematurity. March of Dimes, 2016 Premature Birth Report Card issued Louisiana a, "F", with a preterm birth rate of 12.3%. The state or local goal is 8.1 percent by 2020. Alcohol and other substance use during pregnancy can lead to serious long-lasting consequences for women and infants including miscarriage, stillbirth, fetal alcohol spectrum disorders, and neonatal abstinence syndrome (SAMHSA, 2017). 29% of the AOD population has a diagnosis of schizophrenia (4.15%), bipolar disorder (5.45%), or major depression (19.76%). 22.33% have had four or more ED encounters and 14.35% have had two or more hospitalizations. 18 and older accounted for 99% of four or more ED encounters and 98% of two or more hospitalizations. Only 4% of the total IET population is involved in case management and 30% of that population have a serious mental illness disorder. On average, 18 and older frequented the ED 6.9 days and members engaged in CM with a SMI diagnosis frequented the ED an average of 10.2 days in the last 12 months. The overall ED and IH utilization in the AOD population was 22% and 14% respectively. Case management engagement is low throughout the IET population and members can benefit from care coordination to reduce high utilization. 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 75<sup>th</sup> percentile for Initiation and Quality Compass 50<sup>th</sup> for engagement totals. ACLA will strive to improve these rates by at least 3% from baseline or increase to the next QC percentile.



AOD	Female							
	White	Black	American	Asian	Native American	Mutually defined	Unknown	
13-17 alcohol	5		1				2	8
18+ alcohol	404	367	14	1	2		56	844
13-17 opioid	1	2						3

18+ opioid	430	93	3			1	28	555
13-17 other	32	31					5	68
18+ other	1060	795	14	3	5	3	89	1969
Total	1932	1288	32	4	7	4	180	3447
<b>AOD</b>	<b>Male</b>							
	White	Black	American	Asian	Native American	Mutually defined	Unknown	
13-17 alcohol	3	4					1	8
18+ alcohol	544	638	8	3			116	1309
13-17 opioid		2						2
18+ opioid	317	159	2	1			42	521
13-17 other	34	63					4	101
18+ other	865	974	2	3	4	158		2006
Total	1763	1840	12	7	4	158	163	3947



Age	Schizophrenia (only)	Bipolar Disorder (only)	Major Depression (only)	Member Count $\geq$ 4 ED Admissions	Member Count $\geq$ 2 Hospitalizations
13-17	1	5	33	10	902
18+	264	343	1228	1415	14
<b>Total</b>	<b>265</b>	<b>348</b>	<b>1261</b>	<b>1425</b>	<b>916</b>

## 2. Aim Statement, Objectives and Goals

### Aim Statement:

To identify barriers and increase the rate for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment by implementing interventions to improve care and achieve the following objectives:

5. Conduct provider training to expand the workforce for treatment initiation and follow-up (e.g., MAT guidelines, waiver training);
6. Partner with physicians to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and
7. Provide enhanced member care coordination (behavioral health integration, case management, Bright Start, and Community Outreach Team).
8. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.

By reporting year 2020 the MCO aims to improve the total rate of Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (AOD) for *members aged 13 years and older with a new AOD diagnosis by increasing, at a minimum, to the 90<sup>th</sup> 2018 Quality Compass percentile.*

By reporting year 2020, the MCO aims to improve the total rate of Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (AOD) for *members aged 13 years and older with a new AOD diagnosis by increasing, at a minimum, to the 75<sup>th</sup> 2018 Quality Compass percentile.*

### Objective(s):

Implement processes and provide training to improve members' continuity of care for initiation and engagement of alcohol and other drug dependence treatment from baseline to final measurement.

- A. Build workforce capacity;
- B. Deliver Provider Education;
- C. Enhance Care Coordination with Bright Start and Community Health Team to target pregnant members with AOD, members with SMI and SUD, and high ER utilization and inpatient hospitalizations

### Goals:

Sub Measure	MY 2017 Rate	2018 QC	PIP Goal
Initiation for alcohol (13-17)	40.00 %	50th	45.8% (2018 QC 75 <sup>th</sup> Percentile)
Engagement for alcohol (13-17)	16.00 %	50th	21.22% (2018 QC 90 <sup>th</sup> Percentile)

Initiation for opioid (13-17)	83.33 %		86.33% (No QC; 3% improvement)
Engagement for opioid (13-17)	33.33 %		36.33% (No QC; 3% improvement)
Initiation for other (13-17)	50.76 %	50th	58.93% (2018 QC 90 <sup>th</sup> Percentile)
Engagement for other (13-17)	29.44 %	90th	31.51% (2018 QC 95 <sup>th</sup> Percentile)
Initiation total (13-17)	49.32 %	50th	56.67% (2018 QC 90 <sup>th</sup> Percentile)
Engagement total (13-17)	28.77 %	90th	31.77% (3% improvement, above the 2018 QC 95 <sup>th</sup> Percentile)
Initiation for alcohol (18+)	41.35 %	50th	44.76% (2018 QC 90 <sup>th</sup> Percentile)
Engagement for alcohol (18+)	10.09 %	50th	13.41% (2018 QC 75 <sup>th</sup> Percentile)
Initiation for opioid (18+)	57.70 %	75th	65.40% (2018 QC 90 <sup>th</sup> Percentile)
Engagement for opioid (18+)	23.16 %	50th	31.52% (2018 QC 75 <sup>th</sup> Percentile)
initiation for other (18+)	47.15 %	50th	53.26% (2018 QC 90 <sup>th</sup> Percentile)
Engagement for other (18+)	12.69 %	50th	17.91% (2018 QC 90 <sup>th</sup> Percentile)
initiation total (18+)	45.15 %	50th	50.49% (2018 QC 90 <sup>th</sup> Percentile)
Engagement total (18+)	12.93 %	25th	17.61% (2018 QC 75 <sup>th</sup> Percentile)
Initiation for alcohol (all ages)	41.33 %	50th	44.32% (2018 QC 75 <sup>th</sup> Percentile)
Engagement for alcohol (all ages)	10.16 %	25th	13.51% (2018 QC 75 <sup>th</sup> Percentile)
Initiation for opioid (all ages)	57.85 %	50th	65.22% (2018 QC 90 <sup>th</sup> Percentile)
Engagement for opioid (all ages)	23.22 %	50th	31.47% (2018 QC 75 <sup>th</sup> Percentile)
initiation for other (all ages)	47.33 %	50th	52.70% (2018 QC 90 <sup>th</sup> Percentile)
Engagement for other (all ages)	13.53 %	50th	18.42% (2018 QC 90 <sup>th</sup> Percentile)
initiation total (all ages)	45.30 %	50th	50.2% (2018 QC 90 <sup>th</sup> Percentile)
Engagement total (all ages)	13.50 %	50th	17.73% (2018 QC 75 <sup>th</sup> Percentile)

2018 NCQA Quality Compass percentiles were used for goals as the 2017 Quality Compass percentiles were not present for most sub-measures.

## 3. Methodology

### Performance Indicators<sup>1</sup>

#### **Indicator #1**

**Data Source(s):** Administrative Claims Data

Initiation of AOD Treatment (HEDIS IET) stratified by age (a. 13-17; b. 18+ years; c. Total) and, for each age stratification, the rates for the following AOD diagnosis cohorts: 1. Alcohol abuse or dependence; 2. Opioid abuse or dependence; 3. Other drug abuse or dependence; 4. Total.

#### **Indicator #2**

**Data Source(s):** Administrative Claims Data

Engagement of AOD Treatment (HEDIS IET) stratified by age (a. 13-17; b. 18+ years; c. Total) and, for each age stratification, the rates for the following AOD diagnosis cohorts: 1. Alcohol abuse or dependence; 2. Opioid abuse or dependence; 3. Other drug abuse or dependence; 4. Total.

### Data Collection and Analysis Procedures

**Is the entire eligible population being targeted by PIP interventions?** Yes, per the HEDIS eligible population

**If sampling was employed: No**  
**Describe sampling methodology: NA**  
**Sample Size and Justification: NA**

### **Data Collection:**

AmeriHealth Caritas Louisiana's Medical Economics (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**

Administrative data is collected by the Medical 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. Non-HEDIS measures are validated through an internal quality audit 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:**

N/A

## **Timeline**

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

Baseline Measurement Period:

Start date: 1/1/2017

End date: 12/31/2017

Submission of Proposal Report due: 11/7/2018

Interim Measurement Period:

Start date: 1/1/2018

End date: 12/31/2018

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

Submission of 1<sup>st</sup> Quarterly Status Report for Intervention Period from 1/1/19-3/31/19 Due: 4/30/2019

Submission of 2<sup>nd</sup> Quarterly Status Report for Intervention Period from 4/1/19-6/30/19 Due: 7/31/2019

Submission of 3<sup>rd</sup> Quarterly Status Report for Intervention Period from 7/1/19-9/30/19 Due: 10/31/2019

Final Measurement Period:

Start date: 1/1/2019

End date: 9/30/2019

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

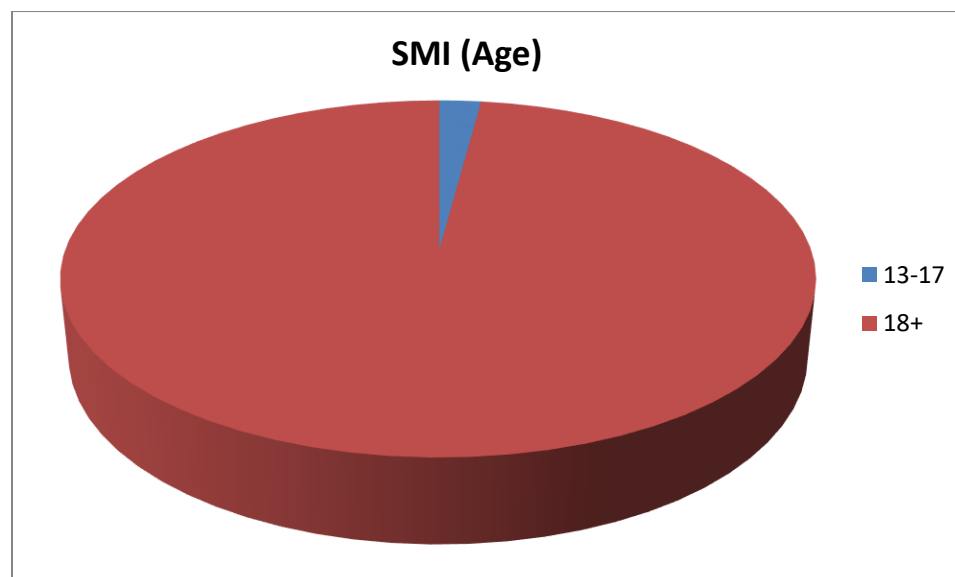
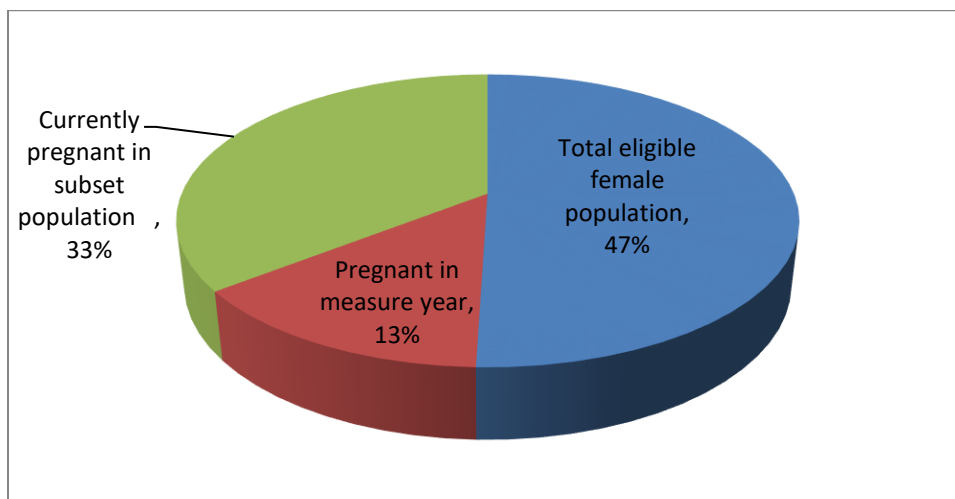
Submission of Final Report due: 11/30/2019

## 4. Barriers and 5. Interventions

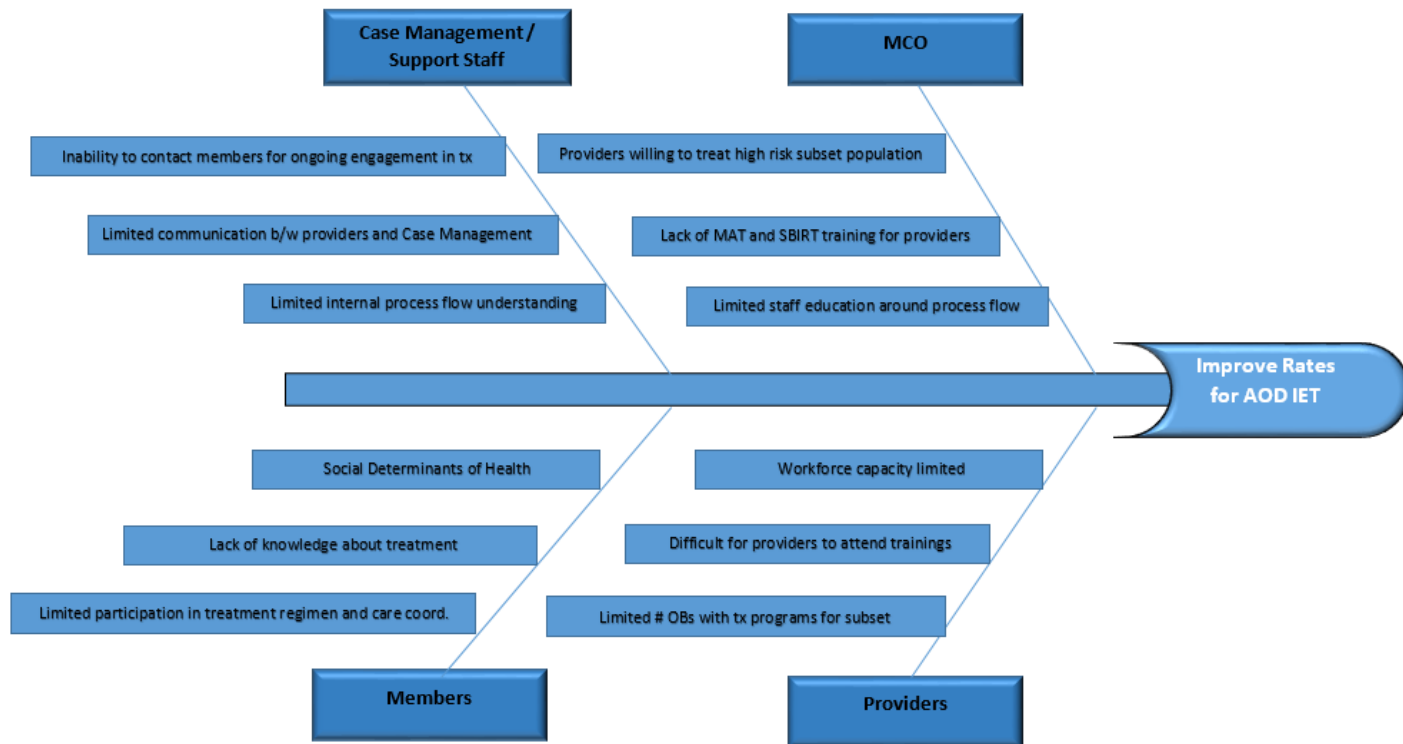
This section describes the barriers identified and the related interventions planned to overcome those barriers in order to achieve improvement.

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

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



Using an Ishikawa Fishbone Diagram, AmeriHealth Caritas Louisiana conducted a root cause analysis to identify barriers and develop interventions to improve the HEDIS® measure rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET).



## MCO

A root cause analysis and geo-mapping conducted by the plan identified opportunities for improvement relative to MAT and SPIRT workforce capacity. The plan will implement interventions to expand network access by targeting pilot providers to participate in trainings. Additionally, the plan will collaborate with the American Society of Addiction Medicine (ASAM) to facilitate trainings with providers in the following areas of care: Primary Care, Obstetrics, Federally Qualified Health Centers, Rural Health Centers, Emergency Departments, Urgent Care Centers and Behavioral Health. In addition to network expansion, the plan will work with providers to improve timely initiation and engagement in treatment through collaboration and education.

## Case Management and Support Staff

Barriers identified for Case Management and Support Staff include high rates of member no contacts and limited communication between providers and case management. Additionally, root cause analysis identified lack of staff education around IET member process flow as an area for improvement. The plan will develop and implement interventions to address barriers identified by improving internal workflows, developing initiatives around difficult to contact members and improved communication between providers and case management staff.

## Members

In 2018, Morpace conducted a Behavioral Health Member Satisfaction survey. 5,908 members were selected to participate in the survey. The response rate is below:

### Response Rate

The final response rates after all phases of data collection are displayed in the table below.

Response rate = Total Responses / Total Surveyed - Total Ineligibles

	Adults	Children
Total Members Surveyed	2,700	3,208
Total Responses	394	278
Total Ineligibles	376	523
Response Rate	17%	10%

According to the findings, over the last year, there was significant improvement in the proportion of members who indicated that the treatment received in the past 12 months helped “a lot” or “somewhat”, (84% vs 79%). More than three quarters of our members indicated that they “Always” or “Usually” get the care that they need. Clinician communication remains an area of strength as 9 out of 10 members feel their clinicians “always” or “usually” are easy to understand, listen carefully, and show respect and spend enough time.

Additional findings within member subgroups: 95% of member and demographic groups find their care to be responsive to language, race, religion, and ethnic or cultural needs. However, members who are being treated for alcohol or drug use are significantly more likely to be told about self-help groups (77% vs 46%), but less likely to report that they are involved as much as they would like to be in their counseling and treatment (74% vs 88%). This finding suggests additional attention should be given to those in alcohol/drug treatment and more opportunities to express their involvement in treatment regimens. Members identified the inability to be involved in counseling and treatment due to social determinants of health.

The plan implemented the integration of Social Determinants of Health (SDoH) in its population health relationship centered care model. The plan addresses social determinants of health via a survey/assessment, however, member contact and engagement for this population is identified as a significant barrier. Based on the findings of the Social Determinant screenings, AmeriHealth Caritas designed action steps to support members in addressing their unmet social needs to improve health outcomes. SDoH information is obtained by IHCM, RROT, Member Services, and CCMT teams through a standardized social determinants of health data collection addressing both urgent and non-urgent needs. Member outcomes are identified as crisis, vulnerable or stable and are addressed within required established timeframes. Real-time ER data feeds are also utilized as an avenue to outreach members in order to complete assessments that includes SDoH.

### Providers

ACLA conducts an annual survey through a vendor to assess the strength of the Plan's relationship with contracting practitioners' in order to identify opportunities for improvement, and drivers behind satisfaction or dissatisfaction. The identified areas that are assessed are: Plan's processes, people and systems which the physicians and providers interact and to compare their performances with other Medicaid plans. This assessment and results enable the Plan to develop and implement interventions to increase practitioners' satisfaction and evaluate the effectiveness of interventions. Providers have designated PNM representatives to assist with concerns or needs and are active members of the Quality Assessment and Performance Improvement Committee meetings to provide input on the quality, appropriateness, safety, efficiency and effectiveness of care provided to AmeriHealth Caritas Louisiana members.

The limited number of providers and resources available for behavioral health members was identified as an opportunity for improvement through provider feedback at the primary care level. The plan has limited trained staff and providers who have Screening, Brief Intervention, and Referral to Treatment (SBIRT) and/or Medication-Assisted Treatment (MAT) training. This creates a barrier for our members and their access to care for behavioral health services. Primary care centers, hospital emergency rooms, Urgent Care Centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur (SAMHSA, 2017). Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. MAT has a higher success rate of rehabilitation and relapse prevention than other forms of treatment. ACLA members can benefit from MAT to reduce overall readmissions and regain normalcy of life. ACLA has identified and targeted pilot practices to determine their willingness to participate in MAT training. The plan will partner with American Society of Addiction Medicine (ASAM) for MAT training to expand primary care accessibility, as well as train OB, ER, FQHC, and urgent care providers. Additionally, AmeriHealth Caritas Louisiana will collaborate with providers to encourage treatment and care of high risk members such as pregnant members with AOD, high ER and hospital admission through value based contracting.



Description of Barrier <sup>2</sup>	Method and Source of Barrier Identification <sup>3</sup>	Number of Intervention	Description of Intervention Designed to Overcome Barrier <sup>4</sup>	Intervention Timeframe <sup>5</sup>
Lack of access to PCPs with MAT training Limited number of trained providers to refer patient to (provider feedback)	BH Coordinator Provider Network Management BH Medical Director MCO	1	<ul style="list-style-type: none"> <li>Identify and target pilot providers to determine willingness to participate in MAT training for subset population</li> <li>Partnership with American Society of Addiction Medicine (ASAM) for MAT Training to expand primary care, OB, ER and Urgent care MAT providers</li> <li>Partner with providers to improve timely initiation and engagement in treatment</li> <li>Provide Geo Access list to providers that list behavioral health practitioners within a 30 mile radius for completion of MAT training and FQHC.</li> <li>Offer regional SBIRT 4-hour training at ACLA Community Centers</li> </ul>	<i>Planned</i> <i>Start: 11/15/2018</i> <i>Actual</i> <i>Start: 08/13/19</i> <i>Date Revised:</i>
Lack of care coordination – inability to contact members	BH Coordinator BH Medical Director Bright Start Community Outreach	2	<ul style="list-style-type: none"> <li>Provide a listing of MAT providers/ resources to providers and members</li> <li>Provide enhanced member care coordination by collaborating with UM, CM, Community Navigators, Bright Start, and member provider</li> <li>Identify and engage pregnant members with AOD or filled a prescription that can cause addiction or withdrawal</li> <li>Target members with AOD on list of Top 400 ED Utilization</li> <li>Identify and engage members with SMI and SUD in case management</li> <li>Identify and engage members who frequent the ED &amp; increased inpatient hospitalizations through telephonic care managers and face to face interaction</li> <li>Increase workforce capacity and train staff</li> </ul>	<i>Planned</i> <i>Start: 12/31/2018</i> <i>Actual</i> <i>Start: 12/31/2018</i> <i>Date Revised:</i>
Internal associates lack awareness of timeframes	Quality MCO	3	<ul style="list-style-type: none"> <li>Provide centralized education on process flow</li> </ul>	<i>Planned</i> <i>Start: 12/01/2018</i> <i>Actual</i> <i>Start: 12/01/2018</i> <i>Date Revised:</i>
Social determinants of Health (member feedback)	Provider Network Management IHCM	4	<ul style="list-style-type: none"> <li>Assess member need through SDOH survey</li> <li>Offer resources based on need</li> </ul>	<i>Planned</i> <i>Start: 12/01/2018</i> <i>Actual Start: NA</i> <i>Date Revised:</i>

Description of Barrier <sup>2</sup>	Method and Source of Barrier Identification <sup>3</sup>	Number of Intervention	Description of Intervention Designed to Overcome Barrier <sup>4</sup>	Intervention Timeframe <sup>5</sup>
	Quality BH Medical Director MCO Member			
Limited knowledge and participation about treatment regimen	Member Engagement	5	<ul style="list-style-type: none"> <li>CN and IHCM will continue to educate on treatment options during community events.</li> <li>ACLA will support members with care coordination and referrals based on need or barrier through internal and external collaboration.</li> <li>Increase member awareness and education on diagnosis, treatment/options, and follow-up care through advocacy with ACLA Community Navigators and ICHM</li> </ul>	<i>Planned</i> <i>Start: 12/01/2018</i> <i>Actual</i> <i>Start: 12/01/2018</i> <i>Date Revised:</i>
High risk pregnant members with AOD lack education and resources	Member Engagement	6	<ul style="list-style-type: none"> <li>Community Health Navigators outreach in member's home to assist with appointment scheduling based on member availability</li> <li>Initiate Rapid Response team to engage members</li> </ul>	<i>Planned</i> <i>Start: 12/01/2018</i> <i>Actual</i> <i>Start: 12/01/2018</i> <i>Date Revised:</i>

2, 3, 4, 5: See PIP HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_examples for examples and additional guidance.

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

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 Enter year	Q2 Enter year	Q3 Enter year	Q4 Enter year
1a	Num: # of providers who complete MAT training Denom: # of providers outreached to	Planning	Planning	Trainings moved to January 2020	Trainings moved to January 2020
1b	# of providers who complete SBIRT training	Planning	Planning	Providers trained: 17	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom
2	Num: : # internal associates that received training on process flow and care coordination Denom: Total number of internal associates/new hires within UM/CM/BH community navigators/Bright Start/Community Outreach	Numerator: 6 Denominator: 6 Rate: 100%	Numerator: 13 Denominator: 13 Rate: 100%	Numerator: 0 Denominator: 0 Rate: 0%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 Enter year	Q2 Enter year	Q3 Enter year	Q4 Enter year
3	Num: # members in a crisis who received resources Denom: # members who complete SDOH survey	Unable to identify	Unable to identify	Unable to identify	Unable to identify
4a	Num: # pregnant/AOD members who engage in treatment and case management (Cumulative based on IET Denominator)  Denom: # pregnant/AOD members	Numerator: 8 Denominator: 54 Rate: 14.8%	Numerator: 14 Denominator: 102 Rate: 13.73%	Numerator:22 Denominator:126 Rate:17.46%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom
4b	#4b) AOD Pregnant members referred to Case Management (Cumulative based on IET Denominator; removed if already in CM)			Numerator:62 Denominator:104 Rate: 59.62%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom
4c	#4c) AOD Pregnant members referred to Case Management with a successful contact (Cumulative based on IET Denominator; removed if already in CM)			Numerator:49 Denominator:62 Rate: 79.03%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom
5a	Num: # of members with SMI/SUD that engage in case management (Cumulative based on IET Denominator) Denom: # SMI/SUD members	Numerator: 68 Denominator: 1121 Rate: 6.07%	Numerator: 120 Denominator: 2084 Rate: 5.76%	Numerator:162 Denominator:2740 Rate: 5.91%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom
5b	#5a) AOD SMI/SUD members referred to case management (Cumulative based on IET Denominator; Removed if already in CM)			Numerator:1171 Denominator:2580 Rate: 45.39%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom
5c	# 5b) AOD SMI/SUD members referred to case management with a successful contact (Cumulative based on IET Denominator)			Numerator:862 Denominator:1171 Rate: 73.61%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom
6a	#6) AOD High ED utilizers engaged in case management (Cumulative based on IET Denominator)	Numerator: 50 Denominator: 579 Rate: 8.6%	Numerator: 79 Denominator: 1049 Rate: 7.53%	Numerator:137 Denominator:2029 Rate: 6.75%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 Enter year	Q2 Enter year	Q3 Enter year	Q4 Enter year
6b	#6a) AOD High ED utilizers referred to case management (Cumulative based on IET Denominator) Removed if already in CM			Numerator:774 Denominator:1892 Rate: 40.91%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom
6c	#6b) AOD High ED utilizers referred to case management with a successful contact (Cumulative based on IET Denominator)			Numerator:535 Denominator:774 Rate: 69.12%	Numerator: Enter # Denominator : Enter # Rate: Enter results of num÷denom

6: See PIP HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_examples for examples and additional guidance.

**Monitoring Table YEAR 2: Quarterly Reporting of Rates for Intervention Tracking Measures, with corresponding intervention numbers.**

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 Enter year	Q2 Enter year	Q3 Enter year	Q4 Enter year
1	Describe intervention tracking measure that corresponds to intervention #1 Num: Enter description Denom: Enter description	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
2	Describe intervention tracking measure that corresponds to intervention #2 Num: Enter description Denom: Enter description	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
3	Describe intervention tracking measure that corresponds to intervention #3 Num: Enter description Denom: Enter description	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
4	Describe intervention tracking measure that corresponds to intervention #4 Num: Enter description Denom: Enter description	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
5	Describe intervention tracking measure that corresponds to intervention #5 Num: Enter description	Numerator: Enter # Denominator: Enter #	Numerator: Enter # Denominator: Enter #	Numerator: Enter # Denominator: Enter #	Numerator: Enter # Denominator: Enter #

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 Enter year	Q2 Enter year	Q3 Enter year	Q4 Enter year
	Denom: Enter description	Rate: Enter results of num÷denom	Rate: Enter results of num÷denom	Rate: Enter results of num÷denom	Rate: Enter results of num÷denom

6: See PIP HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_examples for examples and additional guidance

## 6. Results

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

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

**Results Table**

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period My 2017	Interim Period MY 2018	Final Period 2019 Interim Rates ( <i>Claims through 10/31/2019</i> )	Final Goal/Target Rate
Indicator #1a.i. Initiation of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 25 Exclusions= 0 Numerator = 10 Denominator = 25  Rate = 40.00%	Eligible Population = 16 Exclusions= 0 Numerator = 9 Denominator = 16  Rate = 56.25%	Eligible Population = 31 Exclusions= 0 Numerator = 20 Denominator = 31  Rate = 64.52%	Target Rate: 45.8%  Rationale: 2018 Quality Compass (QC) 75 <sup>th</sup> Percentile
Indicator #1a.ii. Initiation of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 6 Exclusions= 0 Numerator = 5 Denominator = 6  Rate = 83.33%	Eligible Population = 6 Exclusions= 0 Numerator = 5 Denominator = 6  Rate = 83.33%	Eligible Population = 2 Exclusions= 0 Numerator = 2 Denominator = 2  Rate = 100%	Target Rate: 86.33%  Rationale: No QC, 3% improvement

<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period My 2017</b>	<b>Interim Period MY 2018</b>	<b>Final Period 2019 Interim Rates (<i>Claims through 10/31/2019</i>)</b>	<b>Final Goal/Target Rate</b>
Indicator #1a.iii. Initiation of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 197 Exclusions= 0 Numerator = 100 Denominator = 197  Rate = 50.76%	Eligible Population = 191 Exclusions= 0 Numerator = 143 Denominator = 191  Rate = 74.87%	Eligible Population = 183 Exclusions= 0 Numerator = 123 Denominator = 183  Rate = 67.21%	Target Rate: 58.93%  Rationale: 2018 QC 90 <sup>th</sup> Percentile
Indicator #1a.iv. Initiation of AOD Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 219 Exclusions= 0 Numerator = 108 Denominator = 219  Rate = 49.32%	Eligible Population = 202 Exclusions= 0 Numerator = 147 Denominator = 202  Rate = 72.77%	Eligible Population = 200 Exclusions= 0 Numerator = 130 Denominator = 200  Rate = 65.0%	Target Rate: 56.67%  Rationale: 2018 QC 90 <sup>th</sup> Percentile
Indicator #1b.i. Initiation of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 2092 Exclusions= 0 Numerator = 865 Denominator = 2092  Rate = 41.35%	Eligible Population = 2168 Exclusions= 0 Numerator = 1211 Denominator = 2168  Rate = 55.86%	Eligible Population = 2086 Exclusions= 0 Numerator = 1211 Denominator = 2086  Rate = 58.05%	Target Rate: 44.76%  Rationale: 2018 QC 90 <sup>th</sup> Percentile
Indicator #1b.ii. Initiation of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1019 Exclusions= 0 Numerator = 588 Denominator = 1019  Rate = 57.70%	Eligible Population = 1078 Exclusions= 0 Numerator = 778 Denominator = 1078  Rate = 72.17%	Eligible Population = 1132 Exclusions= 0 Numerator = 801 Denominator = 1132  Rate = 70.76%	Target Rate: 65.40%  Rationale: 2018 QC 90 <sup>th</sup> Percentile
Indicator #1b.iii. Initiation of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 3697 Exclusions= 0 Numerator = 1743 Denominator = 3697  Rate = 47.15%	Eligible Population = 4009 Exclusions= 0 Numerator = 2534 Denominator = 4009  Rate = 63.21%	Eligible Population = 4096 Exclusions= 0 Numerator = 2467 Denominator = 4096  Rate = 60.23%	Target Rate: 53.26%  Rationale: 2018 QC 90 <sup>th</sup> Percentile

<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period My 2017</b>	<b>Interim Period MY 2018</b>	<b>Final Period 2019 Interim Rates (<i>Claims through 10/31/2019</i>)</b>	<b>Final Goal/Target Rate</b>
Indicator #1b.iv. Initiation of AOD Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 5953 Exclusions= 0 Numerator = 2688 Denominator = 5953  Rate = 45.15%	Eligible Population = 6258 Exclusions= 0 Numerator = 3830 Denominator = 6258  Rate = 61.20%	Eligible Population = 6305 Exclusions= 0 Numerator = 3769 Denominator = 6305  Rate = 59.78%	Target Rate: 50.49%  Rationale: 2018 QC 90th Percentile
Indicator #1c.i. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 2117 Exclusions= 0 Numerator = 875 Denominator = 2117  Rate = 41.33%	Eligible Population = 2184 Exclusions= 0 Numerator = 1220 Denominator = 2184  Rate = 55.86%	Eligible Population = 2117 Exclusions= 0 Numerator = 1231 Denominator = 2117  Rate = 58.15%	Target Rate: 44.32%  Rationale: 2018 QC 75th Percentile
Indicator #1c.ii. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1025 Exclusions= 0 Numerator = 593 Denominator = 1025  Rate = 57.85%	Eligible Population = 1084 Exclusions= 0 Numerator = 783 Denominator = 1084  Rate = 72.23%	Eligible Population = 1134 Exclusions= 0 Numerator = 803 Denominator = 1134  Rate = 70.81%	Target Rate: 65.22%  Rationale: 2018 QC 90th Percentile
Indicator #1c.iii. Initiation of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 3894 Exclusions= 0 Numerator = 1843 Denominator = 3894  Rate = 47.33%	Eligible Population = 4200 Exclusions= 0 Numerator = 2677 Denominator = 4200  Rate = 63.74%	Eligible Population = 4279 Exclusions= 0 Numerator = 2590 Denominator = 4279  Rate = 60.53%	Target Rate: 52.70%  Rationale: 2018 QC 90th Percentile
Indicator #1c.iv. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 6172 Exclusions= 0 Numerator = 2796 Denominator = 6172  Rate = 45.30%	Eligible Population = 6460 Exclusions= 0 Numerator = 3977 Denominator = 6460  Rate = 61.56%	Eligible Population = 6505 Exclusions= 0 Numerator = 3899 Denominator = 6505  Rate = 59.94%	Target Rate: 50.2%  Rationale: 2018 QC 90th Percentile
Indicator #2a.i. Engagement of AOD Treatment:	A	Eligible Population = 25 Exclusions= 0 Numerator = 4 Denominator = 25	Eligible Population = 16 Exclusions= 0 Numerator = 6 Denominator = 16	Eligible Population = 31 Exclusions= 0 Numerator = 6 Denominator = 31	Target Rate: 21.22%  Rationale:

<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period My 2017</b>	<b>Interim Period MY 2018</b>	<b>Final Period 2019 Interim Rates (<i>Claims through 10/31/2019</i>)</b>	<b>Final Goal/Target Rate</b>
age 13-17 years, Alcohol abuse or dependence diagnosis cohort		Rate = 16%	Rate = 37.50%	Rate = 19.35%	2018 QC 90th Percentile
Indicator #2a.ii. Engagement of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 6 Exclusions= 0 Numerator = 2 Denominator = 6  Rate = 33.33%	Eligible Population = 6 Exclusions= 0 Numerator = 2 Denominator = 6  Rate = 33.33%	Eligible Population = 2 Exclusions= 0 Numerator = 1 Denominator = 2  Rate = 50%	Target Rate: 36.33%  Rationale: No QC, 3% improvement
Indicator #2a.iii. Engagement of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 197 Exclusions= 0 Numerator = 58 Denominator = 197  Rate = 29.44%	Eligible Population = 191 Exclusions= 0 Numerator = 71 Denominator = 191  Rate = 37.17%	Eligible Population = 183 Exclusions= 0  Numerator = 43 Denominator = 183  Rate = 23.50%	Target Rate: 31.51%  Rationale: 2018 QC 95th Percentile
Indicator #2a.iv. Engagement of AOD Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 219 Exclusions= 0 Numerator = 63 Denominator = 219  Rate = 28.77%	Eligible Population = 202 Exclusions= 0 Numerator = 73 Denominator = 202  Rate = 36.14%	Eligible Population = 200 Exclusions= 0 Numerator = 43 Denominator = 200  Rate = 21.50%	Target Rate: 28.67%  Rationale: 2018 QC 95th Percentile
Indicator #2b.i. Engagement of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 2092 Exclusions= 0 Numerator = 211 Denominator = 2092  Rate = 10.09%	Eligible Population = 2168 Exclusions= 0 Numerator = 381 Denominator = 2168  Rate = 17.57%	Eligible Population = 2086 Exclusions= 0 Numerator = 368 Denominator = 2086  Rate = 17.64%	Target Rate: 13.41%  Rationale: 2018 QC 75th Percentile



<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period My 2017</b>	<b>Interim Period MY 2018</b>	<b>Final Period 2019 Interim Rates (<i>Claims through 10/31/2019</i>)</b>	<b>Final Goal/Target Rate</b>
Indicator #2b.ii. Engagement of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1019 Exclusions= 0 Numerator = 236 Denominator = 1019  Rate = 23.16%	Eligible Population = 1078 Exclusions= 0 Numerator = 335 Denominator = 1078  Rate = 31.08%	Eligible Population = 1132 Exclusions= 0 Numerator = 387 Denominator = 1132  Rate = 34.19%	Target Rate: 31.52%  Rationale: 2018 QC 75th Percentile
Indicator #2b.iii. Engagement of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 3697 Exclusions= 0 Numerator = 469 Denominator = 3697  Rate = 12.69%	Eligible Population = 4009 Exclusions= 0 Numerator = 881 Denominator = 4009  Rate = 21.98%	Eligible Population = 4096 Exclusions= 0 Numerator = 848 Denominator = 4096  Rate = 20.70%	Target Rate: 17.91%  Rationale: 2018 QC 90th Percentile
Indicator #2b.iv. Engagement of AOD Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 5953 Exclusions= 0 Numerator = 770 Denominator = 5953  Rate = 12.93%	Eligible Population = 6258 Exclusions= 0 Numerator = 1359 Denominator = 6258  Rate = 21.72%	Eligible Population = 6305 Exclusions= 0 Numerator = 1359 Denominator = 6305  Rate = 21.55%	Target Rate: 17.61%  Rationale: 2018 QC 75th Percentile
Indicator #2c.i. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 2117 Exclusions= 0 Numerator = 215 Denominator = 2117  Rate = 10.16%	Eligible Population = 2184 Exclusions= 0 Numerator = 387 Denominator = 2184  Rate = 17.72%	Eligible Population = 2117 Exclusions= 0 Numerator = 374 Denominator = 2117  Rate = 17.67%	Target Rate: 13.51%  Rationale: 2018 QC 75th Percentile
Indicator #2c.ii. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1025 Exclusions= 0 Numerator = 238 Denominator = 1025  Rate = 23.22%	Eligible Population = 1084 Exclusions= 0 Numerator = 337 Denominator = 1084  Rate = 31.09%	Eligible Population = 1134 Exclusions= 0 Numerator = 388 Denominator = 1134  Rate = 34.22%	Target Rate: 31.47%  Rationale: 2018 QC 75th Percentile

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period My 2017	Interim Period MY 2018	Final Period 2019 Interim Rates ( <i>Claims through 10/31/2019</i> )	Final Goal/Target Rate
Indicator #2c.iii. Engagement of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 3894 Exclusions= 0 Numerator = 527 Denominator = 3894  Rate = 13.53%	Eligible Population = 4200 Exclusions= 0 Numerator = 952 Denominator = 4200  Rate = 22.67%	Eligible Population = 4279 Exclusions= 0 Numerator = 891 Denominator = 4279  Rate = 20.82%	Target Rate: 18.42%  Rationale: 2018 QC 90th Percentile
Indicator #2c.iv. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 6172 Exclusions= 0 Numerator = 833 Denominator = 6172  Rate = 13.50%	Eligible Population = 6460 Exclusions= 0 Numerator = 1432 Denominator = 6460  Rate = 22.17%	Eligible Population = 6505 Exclusions= 0 Numerator = 1402 Denominator = 6505  Rate = 21.55%	Target Rate: 17.73%  Rationale: 2018 QC 75th Percentile

## 7. Discussion

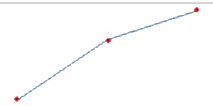
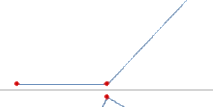
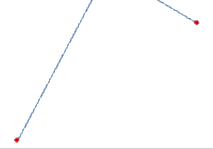
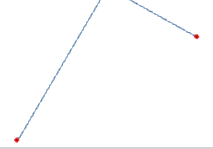
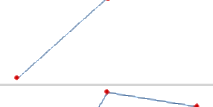

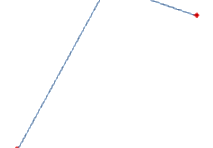
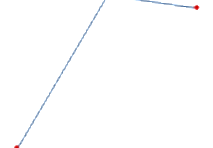
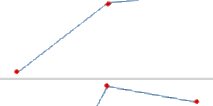
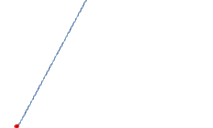
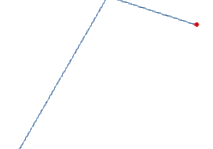
---

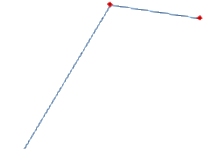

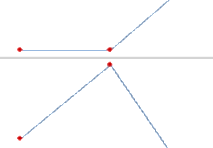
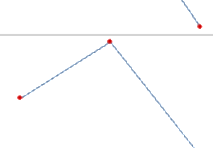
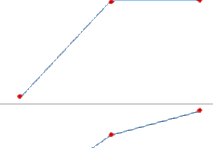
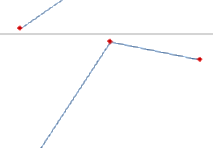
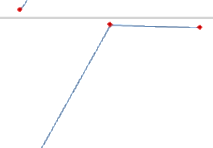

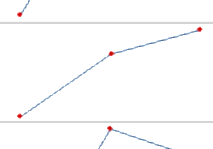
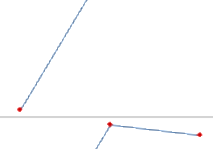


The discussion section is for explanation and interpretation of the results. Please draft a preliminary explanation and interpretation of results, limitations and member participation for the Interim Report, then update, integrate and comprehensively interpret all findings for the Final Report. Address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

---

### Discussion of Results

Interpret the performance indicator rates for each measurement period, i.e., indicate whether or not target rates were met, describe whether rates improved or declined between baseline and interim, between interim and final and between baseline and final measurement periods:

Measure	MY 2017	MY 2018	MY 2019 Interim	Target Goal	Baseline Compared to Final	Year Over Year Trend	Analysis
Initiation of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	40.00%	56.25%	64.52%	45.80%	24.52%		<ul style="list-style-type: none"> <li>· 3 year positive trend</li> <li>· Goal met</li> <li>· QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	83.33%	83.33%	100%	86.33%	16.67%		<ul style="list-style-type: none"> <li>· Low denominator</li> <li>· Goal Met</li> <li>· Improvement from 2018 to 2019</li> </ul>
Initiation of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	50.76%	74.87%	67.21%	58.93%	16.45%		<ul style="list-style-type: none"> <li>· 24.11% improvement 2017 to 2018</li> <li>· 7.66% rate decrease 2018 to Interim 2019 but showed overall improvement from baseline.</li> <li>· Goal met, QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: age 13-17 years, Total diagnosis cohort	49.32%	72.77%	65.00%	56.67%	15.68%		<ul style="list-style-type: none"> <li>· 23.45% improvement 2017 to 2018</li> <li>· 7.77% rate decrease 2018 to Interim 2019 but overall improvement from baseline to 2019 Interim</li> <li>· Goal met, QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	41.35%	55.86%	58.05%	44.76%	16.70%		<ul style="list-style-type: none"> <li>· 3 year positive trend</li> <li>· Goal met</li> <li>· Goal Met, QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	57.70%	72.17%	70.76%	65.40%	13.06%		<ul style="list-style-type: none"> <li>· 14.47% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of 1.41%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	47.15%	63.21%	60.23%	53.26%	13.08%		<ul style="list-style-type: none"> <li>· 16.06% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of 2.98%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: age 18+ years, Total diagnosis cohort	45.15%	61.20%	59.78%	50.49%	14.63%		<ul style="list-style-type: none"> <li>· 16.05% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of 1.42%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	41.33%	55.86%	58.15%	44.32%	16.82%		<ul style="list-style-type: none"> <li>· 3 year positive trend</li> <li>· Goal met</li> <li>· Goal Met, QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	57.85%	72.23%	70.81%	65.22%	12.96%		<ul style="list-style-type: none"> <li>· 14.38% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of 1.42%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 95th Percentile</li> </ul>
Initiation of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	47.33%	63.74%	60.53%	52.70%	13.22%		<ul style="list-style-type: none"> <li>· 16.41% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of 3.21%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 95th Percentile</li> </ul>

Measure	MY 2017	MY 2018	MY 2019 Interim	Target Goal	Baseline Compared to Final	Year Over Year Trend	Analysis
Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	45.30%	61.56%	59.94%	50.20%	14.64%		<ul style="list-style-type: none"> <li>· 16.26% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of 1.62%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 95th Percentile</li> </ul>
Engagement of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	16%	37.50%	19.35%	21.22%	3.35%		<ul style="list-style-type: none"> <li>· 21.50% improvement 2017 to 2018</li> <li>· Rate decrease of 18.15% from 2019 to Interim 2019</li> <li>· Goal not met, QC 75th Percentile</li> </ul>
Engagement of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	33.33%	33.33%	50%	36.33%	16.67%		<ul style="list-style-type: none"> <li>· Low denominator</li> <li>· Goal Met</li> <li>· Improvement from 2018 to 2019</li> </ul>
Engagement of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	29.44%	37.17%	23.50%	31.51%	-5.94%		<ul style="list-style-type: none"> <li>· 7.73% improvement 2017 to 2018</li> <li>· Rate decrease of 13.67% from 2019 to Interim 2019</li> <li>· Goal not met, QC 75th Percentile</li> </ul>
Engagement of AOD Treatment: age 13-17 years, Total diagnosis cohort	28.77%	36.14%	21.50%	28.67%	-7.27%		<ul style="list-style-type: none"> <li>· 7.37% improvement 2017 to 2018</li> <li>· Rate decrease of 14.64% from 2019 to Interim 2019</li> <li>· Goal not met, QC 75th Percentile</li> </ul>
Engagement of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	10.09%	17.57%	17.64%	13.41%	7.55%		<ul style="list-style-type: none"> <li>· 3 year positive trend</li> <li>· Goal met</li> <li>· QC 95th Percentile</li> </ul>
Engagement of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	23.16%	31.08%	34.19%	31.52%	11.03%		<ul style="list-style-type: none"> <li>· 3 year positive trend</li> <li>· Goal met</li> <li>· QC 75th Percentile</li> </ul>
Engagement of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	12.69%	21.98%	20.70%	17.91%	8.01%		<ul style="list-style-type: none"> <li>· 9.29% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of 1.28%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 90th Percentile</li> </ul>
Engagement of AOD Treatment: age 18+ years, Total diagnosis cohort	12.93%	21.72%	21.55%	17.61%	8.62%		<ul style="list-style-type: none"> <li>· 8.79% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of .17%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 90th Percentile</li> </ul>
Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	10.16%	17.72%	17.67%	13.51%	7.51%		<ul style="list-style-type: none"> <li>· 7.56% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of .05%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 90th Percentile</li> </ul>
Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	23.22%	31.09%	34.22%	31.47%	11%		<ul style="list-style-type: none"> <li>· 3 year positive trend</li> <li>· Goal met</li> <li>· QC 75th Percentile</li> </ul>
Engagement of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	13.53%	22.67%	20.82%	18.42%	7.29%		<ul style="list-style-type: none"> <li>· 9.14% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of 1.85%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 95th Percentile</li> </ul>
Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	13.50%	22.17%	21.55%	17.73%	8.05%		<ul style="list-style-type: none"> <li>· 8.67% improvement 2017 to 2018</li> <li>· Rate decrease from 2018 to Interim 2019 of .62%, overall improvement baseline to Interim 2019</li> <li>· Goal met, QC 90th Percentile</li> </ul>

**Explain and interpret the extent to which improvement was or was not attributable to the interventions, by interpreting quarterly or monthly intervention tracking measure trends:** Interventions have not shown to make a significant impact to case management engagement rates. The plan was unable to separate the behavioral health population from the physical health population relative to SDoH data. The plan will continue to work with the medical economics team to stratify this population

**What factors were associated with success or failure?** While the plan did not have time to complete PDSA cycles relative to interventions, all but two performance indicator target goals were met and all measures are performing at the Quality Compass 75<sup>th</sup> percentile or higher.

## Limitations

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design. Examples of study limitations include: Accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; Accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided.

- **Were there any factors that may pose a threat to the internal validity the findings?** Shortened timeline of PIP did not allow intervention impact and PDSA cycle evaluation and completion. Additionally, timeframe does not allow for a full year of data to be reported for Measurement Year 2019.
- **Were there any threats to the external validity the findings?** No
- **Describe any data collection challenges.** The plan was unable to separate the behavioral health population from the physical health population relative to SDoH data. Due to the timeframe of the PIP, it is not possible to compare a full year of data for measurement year 2019.

## Member Participation

Describe methods utilized to solicit or encourage membership participation: Members meeting the following specifications are randomly selected to participate in the plan Behavioral Health Survey. For adults, the target population includes members age 18 or older with a behavioral health diagnosis that have been enrolled with the health plan for 6 consecutive months or longer, with no more than one 30-day break in enrollment, and who have received 1 or more specialized behavioral health services in the past 6 months. For children the target population includes members age 17 or younger with a mental health diagnosis that have been enrolled with the health plan for 6 consecutive months or longer, with no more than one 30-day break in enrollment, and who have received 1 or more mental health services in the past 6 months; children who received any substance use services shall be excluded from the target population.

## Dissemination of Findings

- **Describe the methods used to make the findings available to members, providers, or other interested parties:** Findings of the PIP are disseminated to the QAPI Committee, Health Outcomes Workgroup and sub-workgroups. Additionally, plan Performance Improvement Projects are highlighted during provider regional trainings.

# 8. Next Steps

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

Description of Intervention	Lessons Learned	System-level changes made and/or planned	Next Steps
-----------------------------	-----------------	--	------------

Provider Education and Training	<ul style="list-style-type: none"> <li>Providers need ample amount of time to arrange schedules and ensure office coverage in order to attend trainings.</li> </ul>	NA	<ul style="list-style-type: none"> <li>Collaborated with ASAM for a dual approach to include WebEx and online training to be completed at the provider convenience.</li> <li>Planning to provide SBIRT training in 2020, working with SAMHSA the dates and frequency</li> </ul>
Provide a listing of new MAT providers following training	<ul style="list-style-type: none"> <li>Plan faced challenges with scheduling trainings, intervention delayed.</li> </ul>	NA	<ul style="list-style-type: none"> <li>Will execute intervention post trainings</li> </ul>
Internal associate training on workflow process	<ul style="list-style-type: none"> <li>Associates didn't have a clear understanding of the process flow within various departments</li> </ul>	NA	<ul style="list-style-type: none"> <li>Implementation of associate education and weekly workgroups</li> </ul>
Social Determinants of Health member assessment	<ul style="list-style-type: none"> <li>Unable to identify behavioral health only population for evaluation</li> <li>Completion rate of SDoH</li> </ul>	Yes	<ul style="list-style-type: none"> <li>Work with medical economics team to stratify SDoH member responses</li> <li>Utilize the real time ER reports a target approach for member outreach to complete the SDoH assessment.</li> </ul>
Member Education and case management engagement	<ul style="list-style-type: none"> <li>Population transient, difficult to contact/locate, often declines case management.</li> <li>Barrier to youth engagement in treatment for alcohol abuse.</li> <li>Decreased engagement in subpopulations</li> </ul>	NA	<ul style="list-style-type: none"> <li>Implementation of additional resources to assist in locating/ contacting members</li> <li>Increasing network adequacy for SUD programs for adolescents</li> <li>Expand on the Care Extender program across the state allowing access assistance 24/7 with outreach via text, web portal or phone.</li> </ul>
Setting Goals	<ul style="list-style-type: none"> <li>Target goals Met</li> </ul>	NA	<ul style="list-style-type: none"> <li>Adjust targets when complete data obtained.</li> </ul>