

# Healthy Louisiana Performance Improvement Project (PIP)

Please use this template to complete your PIP Proposal, Baseline Report, Interim Report and Final Report.

For detailed instructions, examples, PDSA worksheet and glossary of terms, refer to version: HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_examples.

**MCO Name: Aetna Better Health**

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

**2018- 2019**

**Project Phase:** Proposal

**Original Submission Date:** 11/6/2018

**Revised Submission Date:** 4/29/2019

**Project Phase:** Choose an item

**Submission Date:** Click here to enter a date

**Revised Submission Date:** Click here to enter a date

**Project Phase:** Choose an item

**Submission Date:** Click here to enter a date

**Revised Submission Date:** Click here to enter a date

**Project Phase:** Choose an item

**Submission Date:** Click here to enter a date

**Revised Submission Date:** Click here to enter a date

---

Submission to: IPRO

**State: Louisiana Department of Health**

**MCO Contact Information**

---

## 1. Principal MCO Contact Person

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

Melder Burton, Health Care QM Project Manager  
504-667-4480  
BurtonM1@aetna.com

**PIP proposal:** Principal MCO Contact Signature  
**Baseline Report:** Principal MCO Contact Signature  
**Interim Report:** Principal MCO Contact Signature  
**Final Report:** Principal MCO Contact Signature

Date  
Date  
Date  
Date

## 2. Additional Contact(s)

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

Foley Nash  
Director of Behavioral Health Clinical Service  
(504) 667-4610, (504) 417-0136 Cellular  
NashF@aetna.com

Tamala Edwards  
Behavioral Health Program Manager  
(504) 667-4475  
EdwardsT5@aetna.com

Jared Wakeman  
Behavioral Health Medical Director  
(959) 299-6545  
WakemanJ@aetna.com

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

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

There were several modifications to the methodology used to collect data for the final IET PIP. These changes were incorporated to ensure better reporting process and include:

- The integration and development of dashboards
- Utilization of vendor data
- Partnering with ASAM to assist with education and tracking of par providers receiving MAT certification
- Development of an electronic process to track providers receiving SBIRT training via the MCO

## 5. Attestation

**Managed Care Plan Name:** Aetna Better Health

**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

Date

Jared Wakeman, Psychiatrist  
Behavioral Health Medical Director

Quality Director Signature

Date

*Arlene Goldsmith*  
Arlene Goldsmith,  
Quality Director

IS Director Signature (when applicable)

Date

Foley Nash, LPC-S, LMFT-BAS  
Behavioral Health Coordinator

CEO Signature

Date

Rick Born  
Chief Executive Officer

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

Medical Director Signature  
Printed Name

Date

Quality Director Signature  
Printed Name

Date

IS Director Signature (when applicable)  
Printed Name

Date

CEO Signature  
Printed Name

Date

Healthcare Effectiveness and Data Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA).

# Abstract

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

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

## Project Topic/Rationale/Aims

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

### Rationale for Project:

Louisiana's drug-poisoning death rate showed a statistically significant increase of 14.7% from 2015 to 2016 (CDC, 2017). Prescription and illicit opioids are the prime drivers of drug overdose deaths in the U.S. (CDC, 2017). The opioid-related overdose death rate in Louisiana has more than doubled over the past five years, from 3.7 per 100,000 persons in 2012 to 7.7 in 2016 (NIH, 2018). 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).

### Project Aims:

The overall aim is to improve the rate of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET; HEDIS 2018) by implementing interventions (examples below) to achieve the following objectives: (Note: target will be determined using 2018 rates as reported to NCQA.) Conduct provider training to expand the workforce for treatment initiation and follow-up (e.g., MAT guidelines, waiver training); Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols); and Provide enhanced member 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). Other interventions as indicated by our findings and barrier analyses conducted as part of the PIP process.

## Methodology

**Eligible Population:** ABH Medicaid members, 13 years and older

**Description of Annual Performance Indicators:** The percentage of adolescent and adult members with a new episode of alcohol, opioid, or other drug abuse or dependence that initiated treatment and had two or more additional alcohol, opioid, or other drug abuse or dependence services rendered within the measurement year.

**Sampling Method:** N/A

### Baseline and Re-measurement Periods:

Event	Timeframe
Baseline Measurement Period	Start: 01/01/2017      End: 12/31/2017
Submission of Proposal	Due: 10/31/2018
Interim Measurement Period	Start: 01/10/2018      End: 12/31/2018
PIP Interventions (New or Enhanced) Initiated:	Due: 12/01/2018
Submission of 1 <sup>st</sup> Quarterly Status Report for Intervention	Due: 4/30/2019

Submission of 2 <sup>nd</sup> Quarterly Status Report for Intervention	Due: 7/31/2019
Submission of 3 <sup>rd</sup> Quarterly Status Report for Intervention	Due: 10/31/2019
Final Measurement Period	Start: 01/01/2019      End: 09/30/2019
Submission of Draft Final Report	Due: 11/15/2019
Submission of Final Report	Due: 11/30/2019

**Data Collection Procedures:** Inovalon data platform will be used for collection of HEDIS administrative data of claims submitted in QNXT claims/ and stored in our data warehouse. Dynamo data base for collection of care management interventions.

## Interventions

### Member Barriers Identified<sup>1</sup>:

- Members Lack of Participation in Treatment
- Member not placed in appropriate level of care/treatment
- Lack of family or support system, or non-engagement of same in treatment
- Member knowledge deficit of treatment options, benefits and services, including those with co-occurring condition of nicotine abuse
- Identification/Lack of “Linkage” to Individual Treatment Programs, and specialized programs treatment programs and inadequate care coordination
- Members use of opioid and controlled medications for pain management
- Cultural, racial variations, including those for tribal populations

### Interventions to Address Member Barriers:

- Monitoring of member survey response rates of reasons for non-participation and modifying our engagement strategies based on the findings.
- Member education of the benefits of treatment, disease specific education, community resources, treating providers inclusive of telemedicine options, and free nicotine treatment services
- Tracking of member referrals to outpatient, residential, hospital service providers
- Increasing family or support system engagement in treatment and care planning
- Health fairs and on-site education of services available with direct referrals to treatment programs
- Identification of sub-populations and to social determinants to care, including those for tribal members
- Member enrollment in the medication restriction program, restricting frequency and total amount of prescribed medication, singular pharmacy, and singular prescribing physician
- Increased engagement with tribal council members and collaboration in implementation of tribal action plan to reduce misuse and abuse by our tribal members

[Refer to Appendix A: Member Challenges/Opportunities for Improvement; Appendix B: Member Cause and Effect Diagram; Appendix C: Member Key Driver Diagram.]

### Provider Barriers Identified

- Lack of Providers trained to provide evidence-based Medication Assisted Treatment (MAT) of opioid use disorders specifically, particularly with buprenorphine which assist in the identification of members needing assistance.
- Lack of First Line providers trained in SBIRT/TAPS to assist them in the identification of members with alcohol. Opioid, or other substance abuse disorder
- Lack of providers trained to initiate ED-medication management, treatment options, and linkage of patients to inpatient and outpatient services for engagement in treatment for drug abuse
- Inappropriate placement post discharge and lack of care coordination between providers, and care management, member, and members’ support system
- Lack of provider engagement with members to participate in tobacco cessation programs for those with a co-occurring condition

<sup>1 1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1986793/>

### **Interventions to address provider barriers:**

- MAT training for First Line providers, (PCPs, Nurse Practitioners, Ob/Gyn, ED-Providers).
- SBIRT/TAPS Training Workshops available to First Line providers
- Improved utilization of SBIRT and/or TAPS to accurately identify members and refer them to various treatment options.
- ABH collaboration with hospital ED department for education of ED providers regarding protocols for ED-initiated buprenorphine treatment, and linkage to services post discharge.
- Track and trend proportion of members discharged who received evidence-based comprehensive discharge planning, implementation of X 1 action to improve communication/coordination of care
- Track and trend provider-controlled substance prescribing practices
- Active distribution of resource lists and information of available member treatment options to First Line providers, including tobacco cessation programs

[Refer to Appendix D: Provider Challenges/Opportunities for improvement; Appendix E: Provider Cause and Effect diagram; Appendix F: Provider Key Driver Diagram.]

### **Health Plan Barriers**

- Care Management staff knowledge deficits of evidence-based practice, assessments, treatment options, and available services
- Identification of population/subpopulation and disparities that exist
- Inadequate communication between UM/CM/Discharge planners and outpatient providers
- Ease of referral process/ member enrollment in care management
- Care Management and Member Services staff knowledge deficits
- Inadequate hospital discharge planning and care coordination
- Lack of developed member and provider educational material, and handouts

### **Interventions to address Health Plan Barriers**

- Assessment of current resources and allocation of qualified LMHP
- Assessment of population, sub-population and disparities that exist for our members with alcohol, opioid, and substance abuse disorders
- Care Management intensive training alcohol, opioid, and substance abuse disorders, ASAM 6, motivational interviewing, pain management, resources available, and referral process.
- Enhanced Care Management outreach and referral of members for treatment
- Tracking the effectiveness of our CM member outreach and utilization of motivational interviewing techniques
- Resource tools developed and available to care management team to ensure linkage of member to provider and available treatment options, including tobacco cessation programs
- Communication flowchart to map utilization patterns between UM/CM/hospital discharge planners and outpatient providers.

[Refer to Appendix G: Health Plan Challenges/Opportunities for improvement; Appendix H: Health Plan Cause and Effect diagram; Appendix I: Health Plan Key Driver Diagram.]

## **Results**

### **Report Data for Annual Performance Indicators:**

**Baseline Period: MY 2017, 01/01/2017 - 12/31/2017**

Measures	MY 2017 Denom	MY 2017 Num	MY 2017 Rate	MY 2018 Denom	MY 2018 Num	MY 2018 Rate	% Change 2017/201 8
Initiation for alcohol (13-17)	8	4	50.00%				
Initiation for alcohol (18+)	1,663	731	43.96%				
Initiation for alcohol (all ages)	1,671	735	43.99%				
Engagement for alcohol (13-17)	8	1	12.50%				
Engagement for alcohol (18+)	1,663	166	9.98%				
Engagement for alcohol (all ages)	1,671	167	9.99%				
Initiation for opioid (13-17)	0	0	0.00%				
Initiation for opioid (18+)	829	500	60.31%				
Initiation for opioid (all ages)	829	500	60.31%				
Engagement for opioid (13-17)	0	0	0.00%				
Engagement for opioid (18+)	829	205	24.73%				
Engagement for opioid (all ages)	829	205	24.73%				
Initiation for other (13-17)	37	23	62.16%				
Initiation for other (18+)	2,510	1,234	49.16%				
Initiation for other (all ages)	2,547	1,257	49.35%				
Engagement for other (13-17)	37	12	32.43%				
Engagement for other (18+)	2,510	302	12.03%				
Engagement for other (all ages)	2,547	314	12.33%				
Initiation total (13-17)	42	24	57.14%				
Initiation total (18+)	4,269	2,030	47.55%				
Initiation total (all ages)	4,311	2,054	47.65%				
Engagement total (13-17)	42	12	28.57%				
Engagement total (18+)	4,269	558	13.07%				
Engagement total (all ages)	4,311	570	13.22%				

## Conclusions

**Interpret improvement in terms of whether Target Rates were met for annual performance indicators:**

N/A Baseline Period, establishment of Target Rates in collaboration with the Louisiana Department of Health, Office of Behavioral Health, and Island Peer Review Organization, Inc.

**Indicate interventions that did and did not work in terms of quarterly intervention tracking measure trends: N/A Baseline****Study Design Limitations:**

Limitations of the HEDIS IET measure are lack of numerator measurement of transitions of care and prevention, and restriction of the eligible population to incident cases, only. While this is a limitation for annual performance measure reporting, these important aspects of public health may be addressed with interventions

and corresponding Intervention Tracking Measures (ITMs), as illustrated in the examples provided for each of the following key intervention areas.

An important limitation to note is that this measure is the key performance metric for this PIP and is reported annually as part of the HEDIS measure set. ABH will report this measure in June 2019 for measurement year 2018. Since the PIP will not be initiated until the fourth quarter 2018, interventions cannot begin until late 2018 at the earliest. The rates reported in 2019 will not reflect the interventions implemented as part of the PIP, therefore, it may not be realistic to expect that the targeted improvement will be reached.

Ideally, the re-measurement period should be measurement year 2019 and any improvement should be demonstrated in the rates that ABHs report in 2020, which is beyond our contract period.

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

As we continue to study and monitor this population, as well as the providers who qualify to provide care, there are several lessons that have been learned. For example:

- In reviewing our network for providers who are currently MAT certified we have identified 153 in-network providers and 22 PAR SA Residential Treatment Facilities, two of which cover our 13-17 AOD population. Resources are important to ensuring that members are receiving the appropriate level of care.
- There is a need to develop a Tribal Partner/Member Advocate to increase collaborations within the Tribal community. This is crucial to the MCO in bridging gaps and providing information on the different programs available to the members. This will assist in the initiation and engagement of those members currently struggling with SUD/OD, while collaborating with related providers to assist in sharing resources and information as to what is available via the MCO.
- Partnering with other MCO's to review best practices to ensure that we are unified in the approaches used to initiate and engage members in getting care.
- Partnering with organizations within the communities to increase visibility and collaborate on best practices from organizations whose total focus has been dealing with this epidemic.
- Early notification of members who are being seen in the ED or Inpatient for diagnosis associated with substance abuse.
- Utilization of SBIRT Criteria to appropriately identify members when presenting to the ED.
- Additional resources for maternal health members to ensure better education of the risk associated methadone treatment during pregnancy and other SUD related topics.
- Development of a taskforce within the MCO to ensure continuation and improvement of IET Program initiatives.

### **Next Steps:**

- Expanding the VBS incentives to programs such as IET to increase provider participation and collaboration.
- MAT Collaborative to increase the number of in-network provider within the MCO network and across all regions. The MCO has partnered with ASAM to provide the 8-hour online course at the MCO's expense for the Treatment of Opioid Use Disorder
- PCP Dashboard is in development to assist the MCO in looking at provider trends such as RX, ED, IP Admit Utilization and more. As the dashboard continues to morph and expand a PCP Provider Scorecard is in discussion.
- MCO has identified a dedicated tribal liaison to assist in bridging the gap and building a partnership with the tribal community to provide information on activities and available resources.
- Communications with LDH in the development of a collaborative meetings with MCO's to share best practices for PIP's that are in place to share knowledge and develop strategies to assist in bridging gaps in meeting goals for these targeted populations.
- Working with the Community Development Manager to identify organizations that the MCO can partner with to approach the SUD/OD population systematically to ensure appropriateness of outreach, education, and communication.
- IET ED Partnership are in the process of being initiated with Emergency departments throughout Louisiana. The MCO has engaged the Chief Medical Officer, Behavioral Health Medical Director, and other members of leadership to target First Line provider education. This program is designed to



partner with emergency departments in various regions based on membership ED utilization (Claims Data) to discuss and share information surrounding the development of programs instituted by the MCO to foster a collaborative impact to the members presenting to the emergency department with a SUD/ODU.

- ED initiated buprenorphine treatment targeting provider training, which is inclusive of tracking of targeted physician for training and provision of protocols/post discharge treatment center resource list and use of motivational techniques and increased member engagement.
- MCO paid SBIRT Training being provided to all in-network providers and staff to deliver a more comprehensive understanding of the initiatives aimed at changing the way medical, behavioral health, addition, and staff assess and intervene for risky substance use by adopting evidence-based screening, brief intervention, and referral to treatment (SBIRT) practices.
- IET Taskforce has been developed to ensure the continuation of initiatives that have been developed and to assist in the implementation of those that are currently in progress.

## 1. Project Topic/ Rationale and 2. Aim

---

Suggested length: 2 pages

---

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

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

Our population assessment showed a membership of 113,504 individuals within the TANF, ABD, Chip and ACA Expansion Medicaid aid categories. There were 81,153 (66%) adult members and 27,779 (34%) members under the age of 19.

ABH identified opportunities to improve health outcomes to our members due to the prevalence of alcohol, opioid, or other drug abuse or dependence in our current member population. The data shows a growing epidemic that is caused by substance misuse, with the result is higher inpatient admission and emergency room visit rates, resulting in escalating cost of care and mortality.

Opioid Dependence ranked in the top ten for reasons for an inpatient admitting diagnosis. The trend of substance abuse is even more evident when we review the top twenty diagnoses for Behavioral Health Emergency Room admissions, which identify alcohol and substance abuse as the primary reasons for seeking care. Prescriptions for Opioid rank 3<sup>rd</sup> for most prescribed drugs within our member population.

By improving in our detection, monitoring, and treatment of our alcohol, opioid, or other drug abuse or dependence members we will be able to improve our members' health outcomes and lessen their barriers to receiving the treatment and services they need.

#### **Illness Prevalence**

Within our member population there are 18,698 members with a confirmed diagnosis of substance abuse disorder (opioid or other drug) and alcohol abuse disorder, equating to 16.47% of our total population.

There are 15,624 identified members, 14.1% of our total population, with a confirmed diagnosis of substance abuse disorder (opioid or other drug), equating to 14.1% of our population. The rates are slightly higher among males (N= which equals 52.1%) to females (n=7485 which equals 47.9%)

An August 2016 a report from the Drug Enforcement Administration (DEA) states that together, Heroin and Fentanyl pose the biggest threats of any illicit substances in New Orleans. Heroin, Fentanyl, and the opioids with which they are mixed are considered at epidemic levels in New Orleans. For the rest of the state, cocaine is the largest drug threat. It is readily available in crack and powdered form, although crack cocaine is more prevalent.<sup>2</sup>

There are 3,074 identified members with a confirmed diagnosis of alcoholism. 2.8% of our total population. The count does not include members diagnosed with cirrhosis of the liver, due to alcoholism or other comorbidities. As such, the rate may be higher. Of these members, there is a much higher prevalence among males (n=2146 which equates to 69.8%) to females (n=928 which equates to 31.2%)

Alcoholism is a very serious problem in Louisiana and is compounded by the physiological, emotional, and psychological negative consequences associated with long-term abuse. Substance abuse, addiction chronic, recurring and disabling is a precipitating factor and consequence of homelessness. The prevalence is higher in homeless versus housed members. They also have a higher incidence of mental illness and comorbidities associated

Illness Prevalence	Member Count	Male	Female	% Total Population
Substance Abuse Disorder (opioid or other drug)	15,624	8,139	7,485	14.1
Alcoholism	3,074	2,146	928	2.8
Total count	18,698	10,285	8,413	16.47%

### **Substance Use Disorder**

Within the member population identified with substance abuse disorder, there are higher rates of substance abuse disorder within white, Non-Hispanic members than African American members. There are (n=8,234 which equals 52.70%) white, Non-Hispanic members identified with substance abuse disorder. There are (n=5,906 which equals 37.80%) African American members with substance abuse disorder. There are significantly higher rates of substance abuse disorder within white, Non-Hispanic females (n=4354 which equals 58.17%) than African American females (n=2547 which equals 34.03%). The population of African American males (n=3359 which equals 47.67%) and white, Non-Hispanic males (n=3880 which equals 41.27%) is more evenly distributed among those identified with substance abuse disorder.

### **Alcoholism**

Within members identified with alcoholism, there are higher rates of alcoholism among white, Non-Hispanic members than African American members. There are (n=1,595 which equals 51.89%) white, Non-Hispanic members identified with alcoholism. There are (n=1,152 which equals 37.48%) African American members with alcoholism.

### **Tribal Population**

Alcoholism and substance abuse continue to impact American Indians, a coordinated effort is needed to combat alcohol and substance abuse among our tribal members. In compliance with the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986, as amended by the Tribal Law and Order Act of 2010, our goal is to work collaboratively with Tribes, Federally Qualified Health Centers, and our doctors in the prevention of abuse or misuse of drugs or alcohol, and the initiation of treatment and ongoing management of alcohol and abuse disorders. We want to ensure our tribal members receive treatment services and the medication they need to achieve and maintain sobriety.

### **Tribal Members by Region**

Descriptor by Region	Member Count
Region 1 - Greater New Orleans Area	111
Region 2 - Capital Area	50
Region 3 - South Central Louisiana	153
Region 4 - Acadiana	62

Region 5 - Southwest Louisiana	28
Region 6 - Central Louisiana	59
Region 7 - Northwest Louisiana	123
Region 8 - Northeast Louisiana	28
Region 9 - Northshore Area	47
<b>Grand Total</b>	<b>661</b>

#### **Tribal Members with Confirmed Alcohol or Substance Abuse Disorder**

<b>Tribal Members</b>	<b>Alcohol Abuse</b>	<b>Substance Abuse</b>
<b>661</b>	<b>2</b>	<b>104</b>

#### **Tribal Members with Alcohol Abuse Disorders (AUD) by Region**

<b>Region Descriptor</b>	<b>AOD Tribal Members</b>
<b>Region 3 - South Central Louisiana</b>	<b>1</b>
<b>Region 7 - Northwest Louisiana</b>	<b>1</b>
<b>Grand Total</b>	<b>2</b>

#### **Tribal Members with Substance Abuse Disorders (SUD) by Region**

<b>Region Descriptor</b>	<b>SUD Tribal Members</b>
<b>Region 1 - Greater New Orleans Area</b>	<b>11</b>
<b>Region 2 - Capital Area</b>	<b>10</b>
<b>Region 3 - South Central Louisiana</b>	<b>27</b>
<b>Region 4 - Acadiana</b>	<b>10</b>
<b>Region 5 - Southwest Louisiana</b>	<b>1</b>
<b>Region 6 - Central Louisiana</b>	<b>12</b>
<b>Region 7 - Northwest Louisiana</b>	<b>20</b>
<b>Region 8 - Northeast Louisiana</b>	<b>6</b>
<b>Region 9 - Northshore Area</b>	<b>7</b>
<b>Grand Total</b>	<b>104</b>

#### **The Top Twenty Behavioral Health Inpatient Stay ICD-10 Diagnoses Codes:**

Opioid Dependence ranked #9 and #15 of the top twenty-inpatient stay ICD-10 Diagnosis Code frequently used for MY 2017, 01/01/2017 - 12/31/2017, Alcohol Dependence ranked #12. There were a total of 1950 claims received with 201 claims with substance abuse disorder and alcohol abuse and dependence primary diagnosis, 10.3% of all admissions with 7.02% for Opioid Dependence and 3.28% for Alcohol Dependence and Withdrawal.

<b>Claim Count</b>	<b>Principle Diagnosis</b>	<b>Description</b>
319	F33.2	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES
204	F25.0	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE
180	F20.0	PARANOID SCHIZOPHRENIA
177	F32.9	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS
143	F20.9	SCHIZOPHRENIA UNSPECIFIED
117	F33.3	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS
114	F31.9	BIPOLAR DISORDER UNSPECIFIED
96	F25.9	SCHIZOAFFECTIVE DISORDER UNSPECIFIED
<b>87</b>	<b>F11.23</b>	<b>OPIOID DEPENDENCE WITH WITHDRAWAL</b>
74	F29	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND

Claim Count	Principle Diagnosis	Description
67	F31.5	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE
<b>64</b>	<b>F10.239</b>	<b>ALCOHOL DEPENDENCE WITH WITHDRAWAL UNS</b>
59	F31.4	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR
54	F31.2	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE
<b>50</b>	<b>F11.20</b>	<b>OPIOID DEPENDENCE UNCOMPLICATED</b>
50	F25.1	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE
48	F33.1	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE
47	F39	UNSPECIFIED MOOD AFFECTIVE DISORDER

### **Top 20 Behavioral Health ER visits by DX**

There were 2047 claims received in MY 2017, 01/01/2017 - 12/31/2017 for ER visits, of the 671 claims received substance abuse disorder and alcohol abuse and dependence equaled 32.8% of principle diagnoses, 481 of claims received were for Alcohol Dependence or Abuse equaling 23.5%, 142 claims received were for Other Stimulant Abuse equaling 23.5%, and 48 claims received were for Opioid Dependence with Withdrawal equaling 2.34%.

Claim Count	Principle Diagnosis	Description
349	F32.9	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS
345	F41.9	ANXIETY DISORDER UNSPECIFIED
<b>279</b>	<b>F10.129</b>	<b>ALCOHOL ABUSE WITH INTOXICATION UNSPECIFIED</b>
136	F20.9	SCHIZOPHRENIA UNSPECIFIED
122	F41.1	GENERALIZED ANXIETY DISORDER
105	F29	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND
<b>98</b>	<b>F19.10</b>	<b>OTHER PSYCHOACTIVE SUBSTANCE ABUSE UNCOMPLICATED</b>
97	F31.9	BIPOLAR DISORDER UNSPECIFIED
<b>83</b>	<b>F10.10</b>	<b>ALCOHOL ABUSE UNCOMPLICATED</b>
81	F41.0	PANIC DISORDER WITHOUT AGORAPHOBIA
59	F23	BRIEF PSYCHOTIC DISORDER
<b>48</b>	<b>F11.23</b>	<b>OPIOID DEPENDENCE WITH WITHDRAWAL</b>
<b>46</b>	<b>F10.120</b>	<b>ALCOHOL ABUSE WITH INTOXICATION UNCOMPLICATED</b>
<b>44</b>	<b>F15.10</b>	<b>OTHER STIMULANT ABUSE UNCOMPLICATED</b>
42	F20.0	PARANOID SCHIZOPHRENIA
40	F22	DELUSIONAL DISORDERS
<b>39</b>	<b>F10.239</b>	<b>ALCOHOL DEPENDENCE WITH WITHDRAWAL UNS</b>
<b>34</b>	<b>F10.229</b>	<b>ALCOHOL DEPENDENCE W/INTOXICATION UNSPECIFIED</b>

**Pharmacy Utilization** opioid ranked #5 in the top drugs prescribed by providers. National Aetna Medicaid helps providers and members with available alternatives to avoid unnecessary opioid use as well as tools to effectively manage opioid use when needed. We have implemented a Pharmacy Restriction Program: Members are restricted to a single pharmacy and/or possibly a single prescriber due to MAT or identification as being at high risk for substance abuse disorder (uses pharmacy metrics as well as medical management reports-high ED utilization, overdoses, hospitalizations and others)

Promote the availability of naloxone (Narcan™) to members, by partnering with Governors and state leaders to train first responders on proper administration. Aetna, through the Aetna Foundation, donates additional Narcan kits via a state-by-state distribution initiative.

Rx Analysis Report	
Aetna Better Health of Louisiana - All	June 2018
Top 10 Drugs by Rx	06/01/2018
AMLODIPINE BESYLATE	3,786
GABAPENTIN	3,689
ATORVASTATIN CALCIUM	3,350
LISINAPRIL	3,223
<b>HYDROCODONE-ACETAMINOPHEN</b>	2,553
METFORMIN HCL	2,294
OMEPRazole	1,997
HYDROCHLOROTHIAZIDE	1,982
IBUPROFEN	1,955
LEVOTHYROXINE SODIUM	1,649

#### Disease prevalence stratified by subgroups:

ABH conducted a comprehensive evaluation of the disease prevalence and co-existing conditions for our members with confirmed alcohol and drug abuse disorders and identified 4622 members within the denominator for calendar year 2019, with a diagnosis count of 164, 709, with average diagnoses per member rate at 35.64.

Claims Date Range	Member Count	Diagnosis Count	Avg Diags / Member
Calendar Year 2018	4,622	164,709	35.64

#### Diagnosis by Category Type:

We identified higher incidence by ranking of total diagnoses within category of physical health diagnoses of 125, 716, alcohol-drug abuse/dependence of 24, 317, and mental health diagnosis of 14, 676. The top 5 co-existing conditions ranked as % of all diagnoses; alcohol-drug abuse/dependence at 0.1342, physical health at 0.1112, and mental health at 0.0705. Top 5 as % of category ranked as alcohol-drug abuse/dependence at 0.9088, mental health 0.7916, and physical health at 0.1457.

Descriptor	Total diagnoses w/in category	Category as % of total diagnoses	TOP 5 as % of all diagnoses	Top 5 as % of category
Alcohol-Drug Abuse/Dependence	24,317	0.1476	0.1342	0.9088
Mental Health	14,676	0.0891	0.0705	0.7916
Physical Health	125,716	0.7633	0.1112	0.1457

#### Alcohol-drug Abuse/Dependence Top 5 Diagnoses:

By ranking, the top five diagnoses by claims received are: tobacco nicotine at 6, 668, other substance abuse 6, 407, alcohol 4, 302, cannabis, 2, 454, and opioids 2, 268. The use of tobacco is identified as a focus area to improve member health outcomes secondary to increased risk factors associated with prolonged use of cigarettes. ABH focused interventions include a tobacco cessation program for this sub-population; advising smokers and tobacco users to quit, discussing cessation mediations, and discussing cessation strategies.

Alcohol-Drug Abuse/Dependence TOP 5	Diag Count	% within Category	% of All Diagnoses
Tobacco Nicotine	6,668	0.2742	0.0405
Other Substance Abuse	6,407	0.2635	0.0389
Alcohol	4,302	0.1769	0.0261
Cannabis	2,454	0.1009	0.0149
Opioids	2,268	0.0933	0.0138

### Mental Health Top 5 Diagnoses:

By ranking, the top five co-existing diagnoses by claims received are: depression at 4, 140, anxiety at 2, 774, bipolar disorder at 2, 231, and unspecified mental health at 1,597. Alcohol is a depressant that means the more a person drinks; the more likely they are prone to be depressed. People who are depressed and drink too much have more frequent and severe episodes of depression, and are more likely to think about suicide. Heavy alcohol use also can make antidepressants less effective. Women are more than twice as likely to start drinking heavily if they have a history of depression and more likely than men to drink when sad making the depression worse.<sup>3</sup>

Mental Health TOP 5	Diag Count	% within Category	% of All Diagnoses
Depression	4,140	0.2821	0.0251
Anxiety	2,774	0.1890	0.0168
Bipolar	2,231	0.1520	0.0135
Unspecified Mental Health	1,597	0.1088	0.0097
Suicidal	875	0.0596	0.0053

### Physical Health Top 5 Diagnoses:

By ranking, the top five co-existing diagnoses by claims received are: pain at 11,332, hypertension 2,795, pregnancy 2,568, diabetes at 837, and hepatitis at 781. ABH pain medication restriction program applies quantity limitations to promote appropriate and efficient drug use, enhance patient safety, and discourage misuse, waste and abuse. This includes maximum daily doses and quantity over time, examples course of therapy in a year. We also have a pharmacy medication prescription program which prevents drug seeking behavior with multiple opiates filled at different pharmacies and multiple providers writing them. We lock the member into one pharmacy and monitor member compliance.

Physical Health TOP 5	Diag Count	% within Category	% of All Diagnoses
Pain	11,332	0.0901	0.0688
Hypertension	2,795	0.0222	0.0170
Pregnancy	2,568	0.0204	0.0156
Diabetes	837	0.0067	0.0051
Hepatitis	781	0.0062	0.0047

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

Extensive research has been undertaken over the last several years on the significant increase in opioid related overdose deaths, and opioid use disorders among pregnant women in Louisiana. The Centers for Disease Control and Prevention (CDC) (2018) report designated Louisiana as one of the states that has shown a statistically significant increases in drug overdose death rates from 2016 to 2017, which assisted ABHLA in understanding the importance of this PIP and the significance of our role in helping increase initiation and engagement in treatment options. Upon further research, with assistance from research completed by National Institutes of Health (NIH) and Saloner & Karthikeyan (2015), ABHLA determined that prescription opioid dependency had increased into epidemic levels casting it on a national stage in our country; while the CDC (2017) provided findings that prescription and illicit opioids are the prime drivers of drug overdose deaths in the U.S. Wakeman and Barnett (2018) extended their research by offering cause to the overdose crisis as “an epidemic of poor access to care”. All utilized data sources were consulted to gain a better understanding of the current climate for members living with alcohol and other drug use or dependence and/or substance abuse disorders. The various sources consistently discussed the stigma associate with diagnosed with having an alcohol and/or drug abuse disorder, and how that stigma can lead to decreased initiation or engagement in treatment. Many of that articles discussed that lack patient knowledge of the available treatment options, while also bring attention to the fact PCPs also lack the knowledge in this same area due to material oversight inefficiencies on the part of the insurance plans. These extensive research resources assisted ABHLA in determining the barriers that are not only faced by our members and our providers, but also ABHLA. All the

<sup>3</sup> <https://www.webmd.com/depression/guide/alcohol-and-depression#1>

information compiled all pointed to lack of knowledge, training, educational materials, treatment options, and resources. The information gained allowed ABHLA to create appropriate and effective interventions to meet the needs of our members, providers, and our plan to successfully assist members in the initiation and engagement in treatment options for alcohol, substance, and/or drug dependency disorders.

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

<b>Measure</b> <b>Initiation and Engagement Abuse or Dependence Treatment</b>	<b>Aetna Better Health</b>	<b>2018 Statewide Average</b>	<b>2018 Quality Compass South Central - All LOBs (Excluding PPOs): 50th</b>	<b>2018 Quality Compass National - All LOBs (Excluding PPOs): 50th</b>	<b>% Difference State Average</b>	<b>% Difference 2018 QC South Central</b>	<b>% Difference 2018 QC National</b>
Alcohol abuse or dependence: Initiation	43.99%	45.33%	43.38%	40.69%	-1.34%	0.61%	3.30%
Alcohol abuse or dependence: Engagement	9.99%	11.57%	10.00%	10.79%	-1.58%	-0.01%	-0.80%
Opioid abuse or dependence: Initiation	60.31%	60.56%	49.17%	50.73%	-0.25%	11.14%	9.58%
Opioid abuse or dependence: Engagement	24.73%	25.92%	19.54%	21.12%	-1.19%	5.19%	3.61%
Other drug abuse or dependence: Initiation	49.35%	50.25%	43.37%	41.93%	-0.90%	5.98%	7.42%
Other drug abuse or dependence: Engagement	12.33%	15.36%	11.29%	11.28%	-3.03%	1.04%	1.05%
Total: Initiation	47.65%	48.51%	42.60%	42.12%	-0.86%	5.05%	5.53%
Total: Engagement	13.22%	15.30%	13.50%	13.66%	-2.08%	-0.28%	-0.44%

#### Quantitative Analysis:

- Alcohol abuse or dependence: Initiation rating score 42.99%, ABHLA did not meet State average with difference of -1.34 percentage points. ABHLA met 2018 Quality Compass South Central and Quality Compass National 50<sup>th</sup> percentile goal.
- Alcohol abuse or dependence: Engagement rating score of 9.99%, ABHLA did not meet State average with difference of -1.58 percentage points, 2018 Quality Compass South Central with difference of -0.01 percentage points, and 2018 Quality Compass National with difference of -0.80 percentage points.
- Opioid abuse or dependence: Initiation rating score of 60.31%, ABHLA did not meet State average with difference of -0.25 percentage points. ABHLA met 2018 Quality Compass South Central 50<sup>th</sup> percentile and 2018 Quality Compass National 50<sup>th</sup> percentile.
- Opioid abuse or dependence: Engagement, ABHLA did not meet State Average with difference of -1.19 percentage points. ABHLA met 2018 Quality Compass South Central 50<sup>th</sup> percentile and 2018 Quality Compass National 50<sup>th</sup> percentile.
- Other drug abuse or dependence: Initiation, ABHLA did not meet State Average with difference of -0.90 percentage points. ABHLA met 2018 Quality Compass South Central 50<sup>th</sup> percentile and 2018 Quality Compass National 50<sup>th</sup> percentile.
- Other drug abuse or dependence: Engagement, ABHLA did not meet State Average with difference of -3.03 percentage points. ABHLA met 2018 Quality Compass South Central 50<sup>th</sup> percentile and 2018 Quality Compass National 50<sup>th</sup> percentile.
- Total: Initiation: ABHLA did not meet State Average with difference of -0.86 percentage points. ABHLA met 2018 Quality Compass South Central 50<sup>th</sup> percentile and 2018 Quality Compass National 50<sup>th</sup> percentile.
- Total: Engagement: ABHLA did not meet State Average with difference of -2.08 percentage points. ABHLA did not meet 2018 Quality Compass South Central 50<sup>th</sup> percentile with difference of -0.28 percentage points.

percentage points. ABHLA did not meet 2018 Quality Compass National 50<sup>th</sup> percentile with difference of -0.44 percentage points.

#### Qualitative Analysis:

ABHLA met the 50<sup>th</sup> percentile for 2018 Quality Compass South Central rates, and 2018 Quality Compass National rates for all performance indicators except Total: Engagement Alcohol abuse and dependence. We did not meet the State of Louisiana State average for Initiation and Engagement Alcohol, Opioid, and other drug abuse and dependence for all performance indicators.

There may be many causative factors for not meeting the State average. The causative factors have been differentiated into three main categories: 1) Member 2) Provider 3) Health Plan.

ABH conducted an analysis of the challenges faced and key drivers for improved health outcomes; refer to Appendixes at the end of the abstract for full details. [Appendix A: Member Challenges/ Opportunities for Improvement; Appendix B: Member Cause and Effect Diagram; Appendix C: Member Key Drivers; Appendix D: Provider Challenges/ Opportunities for Improvement; Appendix E: Provider Cause and Effect Diagram; Appendix F: Provider Key Drivers; Appendix G: Health Plan Challenges/ Opportunities for Improvement; Appendix I: Health Plan Key Drivers.]

#### Aim Statement:

*An aim should be specific, measurable, and should answer the questions, How much improvement, to what, for whom, and by when?*

By November 30, 2019 the MCO aims to improve the total rate of Initiation of Alcohol and Other Drug Abuse or Dependence Treatment or *members aged 13 years and older with a new alcohol, opioid, and other drug abuse and dependent diagnosis by 3 percentage points.*

By November 30, 2019 the MCO aims to improve the total rate of Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for *members aged 13 years and older with a new alcohol, opioid, and other drug abuse and dependent diagnosis by 3 percentage points.*

#### Objective(s):

"Increase the IET initiation and engagement rates for Medicaid members ages 13 years of age and older from the baseline measurement by at least 3 percentage points."

**"To investigate the reasons for member non-participation and implement specific interventions to improve our member health outcomes through:**

- Tracking effectiveness of our care management outreach program
- Increasing member enrollment in our care management program
- Increasing member awareness of the programs and services available through the Health Plan and within the community, including alternative treatment options and tobacco cessation programs
- Making processes and transitions for screening, evaluation and referral to treatment easy for the member with simple, clear verbal and written instruction
- Reduction in misuse and abuse of prescribed opioid and controlled substance medications
- Ensuring family and/or support system engagement in members' treatment plan, as permitted by the member
- Ensuring tribal involvement in implementation of action plan for reduction of abuse and misuse for our tribal members"

**"To improve provision of care and increase provider awareness of treatment options and alternatives by:**

- Universal SUD screening by all first line providers (primary care, urgent care, OB/GYN, pain management, and ED settings)
- Implement MAT targeted First Line provider training, inclusive of tracking of targeted physicians for MAT training and certification.
- SBIRT/TAP targeted First Line provider training, inclusive of tracking of targeted physicians.
- Implement ED-initiated buprenorphine treatment targeted emergency room provider training, inclusive of tracking of targeted physicians for training and provision of protocols/post discharge treatment center resource lists Use of motivational techniques and increased member engagement



- Appropriate referrals of members who screen positive by First Line providers to comprehensive evaluations for determination and placement in the appropriate type/level of care
- Appropriate linkage of members and referrals to tobacco cessation programs for members with co-dependency
- Tracking and trending provider opioid and controlled substance prescribing practices”

**“To improve care coordination and continuity of care for the member and facilitate the appropriate delivery of health care services by:**

- Care Management use of motivational interviewing techniques to increase member engagement in alcohol and substance services available to them, including those for tobacco cessation
- Willingness and ability of case managers to address multiple, often complex biopsychosocial patient needs identified in the comprehensive evaluation. Severe and/or unstable co-occurring mental and physical health disorders, pain management, medication non-compliance, need for stable housing in a positive recovery environment and lack of transportation are commonly encountered in this treatment population.
- Case managers building and maintaining strong relationships with patients for assistance with complex biopsychosocial patient needs before, during and after SUD treatment.
- Care management identification of member barriers and challenges and development of a comprehensive treatment plan in collaboration with the care team, caregivers, support system, and inclusive of members across different setting (primary care, specialty care, inpatient, urgent care, emergency department)
- Development of communication flowcharts to map existing and develop enhanced communication between settings to ensure seamless member transitions between members of the care team, caregivers or professional caregivers, across all settings
- Ensure transitions over time and across trajectory of illness and changing level of coordination care needs.”

**“To identify high-risk populations and the health care disparities that may exist and implement actions to improve health outcomes for these members, including tribal populations by:**

- Annual population assessment to identify sub-populations and unique barriers in receiving care Implementation, including tribal populations.
- Implementation of at least one intervention to improve health outcomes for high-risk members using opioid or controlled substance for pain management
- We will partner with community resources including FQHCs and school-based health centers to promote initiation and engagement in treatment, including those with co-occurring nicotine dependency
- We will partner with tribal councils for reduction of misuse and abuse for our tribal members”

### 3. Methodology

---

#### **Performance Indicators<sup>4</sup>**

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

***If there is more than one indicator, copy the following headings for each one and complete the relevant information. Note: Meaningful, focused measurement is generally limited to 2-3 indicators.***

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

Initiation Treatment (HEDIS IET), stratified by age (a. 13-17; b. 18+ years; c. Total) and, for each age stratification, the rates for the following diagnosis cohorts: I. Alcohol abuse or dependence; ii. Opioid abuse or

---

dependence; iii. Other drug abuse or dependence; iv. Total, the annual time from represented by the data from the start date of the measurement year 2019 of 01/01/2019 to the end of the measurement year 12/31/2019.

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

Engagement Treatment (HEDIS IET), stratified by age (a. 13-17; b. 18+ years; c. Total) and, for each age stratification, the rates for the following diagnosis cohorts: i. Alcohol abuse or dependence; ii. Opioid abuse or dependence; iii. Other drug abuse or dependence; iv. Total, the annual time from represented by the data from the start date of the measurement year 2019 of 01/01/2019 to the end of the measurement year 12/31/2019.

## **Data Collection and Analysis Procedures**

### **Is the entire eligible population being targeted by PIP interventions?**

#### **Eligible Population:**

- **Annual population assessment:** Total members enrolled in ABH, ages birth and older.
- **HEDIS rates:** IET eligible members, 3-17 years of age, 18 years and older, and total.
- **CM utilization rates:** ABH members 13-17 years of age, 18 years and older.
- **Utilization patterns:** ABH members 13-17 years of age, 18 years and older.

**If sampling was employed:** Member survey, Vendor reports (text messages/IVR calls), Medical record audit/CM file review

**Describe sampling methodology:** Member Survey, Vendor Reports: ABH member's ages 18 years and older only, Medical record audit/CM file review: ABH members 13-17 years of age, 18 years and older.

**Sample Size and Justification:** Member survey, Vendor reports: Based on Federal and State privacy laws. Medical record audit/CM file review: Members numerator non-compliant 13-17 years of age, 50 charts, or total population. Members 18 years of age and older, a sampling size based on numerator non-compliant members with a confidence level of 95% with confidence interval of 10, based on available resources.

#### **Data Collection:**

- **Annual population assessment:** Annual report generated integrating member enrollment demographic data, Elli data software linked to State claims received with diagnoses codes, ABH QNXT claims data base.
- **HEDIS rates:** Monthly rolling trend report, quarterly progress report, and final annual rates. QNXT 5.4, Cotiviti and McKesson Claims check, Change Health care, Inovalon, NCQA accredited software for IET HEDIS data collection.
- **CM Utilization rates:** Report generated utilizing CM Dynamo data platform monthly, quarterly, and final annual rate of enrollment patterns, use of ASAM 6 screening tools, and outreach patterns. Member successful transitions to appropriate level of care by file review.
- **Utilization Management Rates:** QNXT data base system generated quarterly and annual report of member utilization patterns for telemedicine, tele-therapy, outpatient services, and treatment centers.
- **Pharmacy Rates:** Use of Elli software program of prescribing patterns by member/prescribing physician. CVS pharmacy reports of claims received for opioid and controlled substances with member enrollment patterns into the medication restriction program.
- **Medical Record Audit/CM File Review:** 50 charts, or total population for members 13-17 years of age, members 18 years and older based on sampling size for numerator non-compliant members
- **Member Survey:** Interactive Telephone Calls to the members' ages 18 years of age and older found numerator non-compliant for initiation of treatment or continuing engagement of treatment from start date of 01/01/2018 through end date of December 31, 2018.
- **Vendor Reports:** Received monthly, quarterly, and final annual rates of text messages and IVR calls to members.

## **Validity and Reliability**

(For definitions, refer to Glossary of PIP Terms in HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_example):

**Annual Population Assessment:** member demographic and claims information validated by Aetna IT informatics and Health Care Equities Director. We utilize Elli data software program, which is linked to State claims received, ABH QNXT claims received, and member enrollment data to produce reliable data over time.

**HEDIS:** In accordance with NCQA's protocols, validity audits are conducted by Advent Advisory Group, an NCQA-licensed organization, and led by a Certified HEDIS Compliance Auditor (CHCA). The IT team assists with data collection and rate calculations, and the quality management team reviews the data for validity and reliability.

Product Line	Product	NCQA Org ID	NCQA Sub ID
Medicaid	HMO	234984	12408

Audits are conducted in accordance with NCQA *HEDIS Compliance Audit: Standards, Policies and Procedures*. NCQA's Information Systems (IS) and HEDIS Measure Determination (HD) standards were the foundation on which auditors assessed the organization's ability to report HEDIS data accurately and reliably.

**CM Utilization rates:** Validated by IET Project Manager and CM project manager for variances in data and/or technical reporting issues within the Dynamo data platform. Aetna IT informatics review of final rates and of discrepancies found and using the same data base system and logic for reliable results.

**Utilization Management rates:** Validated by UM Manager and Medical Management Director for validity and accuracy of data with Aetna IT informatics review of final rates, and of discrepancies found for member utilization of treatment services including telemedicine and tele-therapy options.

**Medical Record Audits/ CM file audits:** Inter-rater reliability audits to be conducted by QI Director, or designee with passing score of 95% accuracy for medical record audit validation annually. The CM Manager conducts routine file audits monthly of each Case Manager. We will utilize same auditors to conduct audits.

**Pharmacy Rates:** Data file validation by CVS pharmacy and Aetna Pharmacy director.

**Member Survey:** Vendor data file validated by QI Director, IET Project Manager and/or designee.

Discrepancies discussed with vendor during monthly meetings. Utilizing interactive phone surveys with State approved scripts. Same method utilized for each survey conducted.

**Vendor Reports:** Vendor data file reports of text messages, mailers, and IVR calls generated validated by QI Director, IET Project Manager and/or designee. Aetna IT generation of member lists utilizing same logic. Discrepancies discussed with vendor during monthly meetings.

### **Data Analysis:**

Our data collection for identifying, measuring, and reporting gaps in service delivery includes information from our member survey, HEDIS IET performance metrics, Care Management dynamo platform of enrollment patterns, participation, and interventions conducted, utilization management of services used, medical record and CM file audits to ensure provider and health plan adherence to evidence based guidelines. We analyze results in workgroups with key leaders, providers, and enrollees comparing prior years and target goals by conducting five whys, Ishikawa diagrams, barrier analysis, and root-cause analysis, to find opportunities for action plans to address gaps; we regularly conduct re-evaluations of key data points based on findings.

In identifying reasons for variations in provision of care and evaluating practice variation, we assess the effectiveness of care rendered, adherence to evidence-based guidelines, treatment options chosen, and frequency of use of clinical activities as it relates to the capacity of our healthcare system, such as services rendered, emergency and hospital admissions. Inappropriate variation occurs when non-evidence-based care is provided, or the care lacks wide acceptance, and the high level of variation cannot be supported on a quality or outcomes basis which can lead to disparate outcomes for enrollees, higher utilization, costs, and waste. We analyze data reports, provider patterns of over-and-under utilization of services, regional and provider demographic variations, to identify variation in care. We also examine any social determinants or disparity prevalence and cost-ratios, incorporating outreach activities and care management strategies to further engage enrollees to initiative and/or continue to engage in active treatment.

We check progress using tools like Gantt charts and drive accountability through routine meetings and setting target dates for task completion. Data and information are collected, and results of the implementation are assessed and interpreted by reviewing measurement results to goal demonstrating the success or failure of the project. This provides valuable insight and cost feasibility of the project to make certain the change will provide desired results. If there is a positive impact, we implement network-wide change collaboratively within our internal departments, external vendors, and stakeholders.

## **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: 10/31/2018

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 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.**

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

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

Description of Barrier <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>
Members lack of participation due to negative experience with a prior treatment, and/or with self-treatment caused by the stigmas of seeking treatment and the belief that it is not beneficial, or cognizant changes/clear thinking secondary to heavy drinking or substance use	<p>Inovalon data platform will be used for collection of HEDIS administrative data of claims submitted in QNXT claims/ and stored in our data warehouse.</p> <p>Survey for eligible members found numerator non-compliant using Inovalon data platform</p> <p>Assessment of CM annual trainings completed MY 2018</p>	1	<p><b>Person/Member Participation</b></p> <p>Increase member initiation and engagement in treatment, including identification of reasons of lack of participation in treatment aggregated by Total, alcohol, opioid, and other drug abuse and dependent members.</p> <p>a. Monitor survey response rate for refinement of our interventions for increasing member engagement in treatment by modifying our interventions based on responses, (complete PDSA worksheet)</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>Care management member outreach phone script revisions</li> <li>Revisions to care management enrollment packet</li> <li>Revisions to care management member resource guide</li> </ul> <p>b. Tracking effectiveness of CM member outreach attempts by phone and by mail utilizing Care Management member enrolment patterns</p> <p>c. Care Management utilization of motivational interviewing skills. Training conducted annually, and ongoing as indicated.</p>
Member placement in appropriate level of care	<p>CM Dynamo data platform completion rate of screening tool</p> <p>Member utilization patterns/ claims received QNXT</p>	2	<p><b>Appropriate Placement and Referral</b></p> <p>Tracking of member referrals to outpatient provider/treatment centers quarterly</p>
Lack of Family /Support system	Care Management record review	3	<p><b>Linkage to services/Support System</b></p> <p>Increase family or support system involvement in member care and treatment</p>

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>
engagement in therapy	Telephone outreach patterns, inbound and outbound calls		planning when receiving care management services <ul style="list-style-type: none"> <li>• Monitor care management member record audits results quarterly to assess involvement of caregiver in treatment planning</li> </ul>
Members' knowledge deficit of treatment options, benefits, and services, including tobacco cessation programs.	QNXT data base of claims received  IVR vendor reports of calls transmitted and participation rate  Text messaging vendor reports of transmittal and participation rate	4	<b>Materials/Available of Educational Materials</b>  Increase member knowledge of available services, distribution of member educational material by mail, web, interactive phone calls (IVR), text message. <ol style="list-style-type: none"> <li>Plan will create and distribute educational material detailing the benefits of treatment, disease specific education, tips, resources, treating providers, telemedicine/tele-therapy options, available transportation vendors, and tobacco cessation programs.               <ul style="list-style-type: none"> <li>• Member facing material to include Member Services and CM telephone numbers and made available in member's preferred language.</li> </ul> </li> <li>Member Interactive telephone calls post hospital discharge for alcohol, opioid or other substance use disorders (adult members only).</li> <li>Member text messaging regarding initiation and/or treatment engagement for alcohol, opioid or other substance disorders, and tobacco cessation programs (members 18+)</li> </ol>
Member knowledge deficit treatment options	Utilization patterns using QNXT claims  Population assessment including member distribution by region  BH Telemedicine/ tele-therapy utilization rates	5	<b>Member Knowledge Deficit/ Treatment Options</b>  Increase member knowledge of available treatment options. Educational Health fairs conducted. <ol style="list-style-type: none"> <li>Provision of disease specific education, tips, resources, treating providers, telemedicine/tele-therapy options, and availability of transportation vendors.</li> <li>Member utilization of BH telemedicine/tele-therapy vendors for provision of services, health plan to track utilization rates.</li> </ol>

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>
Members use of opioid and controlled medications for pain management	Pharmacy claim reports and member enrollment into the medication restriction program	6	<p><b>Member Prescribed Opioid Use</b> Active enrollment of member into the Aetna medication restriction program which includes:</p> <ul style="list-style-type: none"> <li>• Reduction of prescription refill volume and frequency</li> <li>• Restriction to singular pharmacy for filling scripts</li> <li>• Restriction to singular physician for filling scripts/ identification of duplication for drug seeking behavior</li> </ul>
Providers trained to provide evidence-based Medication Assisted Treatment (MAT) of opioid use disorders specifically, particularly with buprenorphine which assist in the identification of members needing assistance.	Credentialing reports Health Plan identification of providers who have completed the MAT training, as identified by X_____ in front of their DEA license	7	<p><b>Provider Knowledge Deficit</b> Completion of MAT training by First Line providers, (primary care, urgent care, OB/GYN, pain management, and ED settings)</p> <p>Use of SAMHSA-supported continuing medical education (CME). MAT training allows the primary care team to be able to adequately identify those in need of services and dispense the appropriate information to members.</p> <p>Ensure MAT Training Workshops available at no charge to providers, distribution includes:</p> <ul style="list-style-type: none"> <li>• Blast fax of availability of training</li> <li>• Email to providers, individual and by location</li> <li>• Posting of availability of training on the ABH-LA website, with respective links.</li> </ul>
Lack of First Line providers trained in SBIRT/TAPS to assist them in the identification of members with alcohol. Opioid, or other substance abuse disorder	<p>Credentialing reports of network providers</p> <p>Provider feedback during onsite trainings/participation rates</p>	8	<p><b>SBIRT/TAPS First Line Provider</b> Completion of SBIRT/TAPS training by First Line providers, (primary care, urgent care, OB/GYN, pain management, and ED settings)</p> <p>SBIRT/TAPS Training Workshops</p> <ul style="list-style-type: none"> <li>• SBIRT/TAPS certification</li> <li>• Identifying at-risk members</li> <li>• Substance abuse treatment centers options</li> </ul> <p>Information regarding workshops will be made available to providers, distribution includes:</p> <ul style="list-style-type: none"> <li>• Blast fax of availability of training</li> </ul>

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>
			<ul style="list-style-type: none"> <li>Email to providers, individual and by location</li> <li>Posting of availability of training on the ABH-LA website, with respective links.</li> </ul>
Lack of providers trained to initiate ED-medication management, treatment options, and linkage of patients to inpatient and outpatient services for engagement in treatment for drug abuse.	Credentialing reports of network facilities/ hospitals	9	<b>ED Provider Knowledge Deficit</b> Completion of hospital ED practitioner training of MAT certification for initiation of buprenorphine treatment. <ul style="list-style-type: none"> <li>Collaboration with network hospitals</li> <li>Obtain list of hospitals/ED departments contracted with ABH-LA.</li> <li>During training provide handouts of treatment service locations/options, linkage of members prior to discharge to an appropriate treatment provider for follow-up, coordination of care with the primary or treating physician.</li> </ul>
Difficulty in Identification of population/sub-population	Elli PHM data platform QNXT claims/ Inovalon data base system	10	<b>Identification of population/sub-population/ disparities</b> <ol style="list-style-type: none"> <li>Annual population assessment completed to include aggregate report of members with co-occurring conditions and healthcare disparities to identify vulnerable population.</li> <li>Identification prescribing physicians for identification of misuse/abuse</li> <li>Identification of MAT Assisted Therapy Drugs ordered by Type</li> <li>Identification of prescription restricted drugs by parish for identification of misuse/abuse</li> <li>Health Plan/ Medical Director dialogue with physicians for variations in care and non-adherence to evidence based practice</li> </ol>
Co-occurring conditions/ Nicotine Co-dependency	QNXT claims received Annual population assessment	11	<b>Co-occurring conditions/ Nicotine Co-dependency</b> Promotion of Quitline, the Smoking Cessation Trust, and the Tobacco Control Initiative programs. These programs offer free counseling, cessation mediation, online support and tools, telephone support,



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>
			individual and group counseling sessions, and specialized services for pregnant enrollees. a) Provider educational flyer by distribution type (blast fax, mailer, email)
Tribal Population	Elli PHM data platform QNXT claims/ Inovalon data base system	12	<b>Tribal Population</b> Health Plan collaboration meetings with Louisiana tribal councils for prevention of misuse and abuse, initiation of treatment, and ongoing member engagement.
Staff Knowledge Deficit	Trainings conducted	13	<b>Knowledge Deficit Care Management</b> Increase staff knowledge and ensure care management trainings conducted annually, for new hires, and ongoing as indicated. Training curriculum to include: a. Alcohol and substance abuse disorders and management b. Available resources, including those for tribal populations c. Stages of Change d. SBIRT/TAPS and ASAM 6 Dimension patient placement criteria to educate appropriate providers, and e. Available substance abuse providers at all covered ASAM levels of care f. Available tobacco cessation programs
Inadequate hospital discharge planning and care coordination has a significant role in the success of treatment and relapse.  CM Member Engagement	CM focus group with hospitals/UM staff/discharge planners	14	<b>Inadequate Discharge Planning/ Care Coordination</b> Development of communication flowchart to map existing and developed enhanced communication processes between the hospital, MCO Utilization Management (UM) staff and MCO Care Management (CM) staff. <ul style="list-style-type: none"><li>Completion of enhanced communication focus group sessions at eligible hospital locations in development of flowcharts to improve member transition of care.</li></ul>
Appropriate placement post discharge	QNXT claims Dynamo data base for collection of care	15	<b>Appropriate Placement</b> Monitor proportion of members discharged from:

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>
	management interventions		a. Hospital b. ED Department That received evidence-based comprehensive discharge planning and were transitioned to appropriate service provider/ level of care.

**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 2019	Q2 2019	Q3 2019	Q4 2019
1a – <b>Metric Discontinued on July 1, 2019</b>	Total Members Surveyed, alcohol abuse, opioid or other substance abuse dependence  <u>Num:</u> Total number surveys completed  <u>Denom:</u> Total # members who are confirmed who initiate treatment eligible to receive the survey.	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
1b – <b>Metric Discontinued on July 1, 2019</b>	Total Members <b>13 years and older</b> with confirmed alcohol, opioid abuse or dependence, other drug abuse or dependence enrolled in Care Management  <u>Num:</u> Total # members enrolled in Care Management <u>Denom:</u> Total # of confirmed alcohol, opioid abuse or dependence, other drug abuse or dependence members	<b>Ages 13-17</b> Numerator: 2 Denominator: 3174 Rate: 0.06%  <b>Ages 18+</b> Numerator: 93 Denominator: 33,067 Rate: 0.28%	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
1c – <b>Metric Discontinued on July 1, 2019</b>	Care Management utilization of motivational interviewing skills. Training conducted annually, for new hires, and ongoing as indicated.  <u>Num:</u> Total # trainings conducted <u>Denom:</u> Total # of trainings scheduled.	Numerator: 24 Denominator: 24 Rate: 100%	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
2	Care Managers assisted referral of members <b>13 years</b>	Numerator: 71	Numerator: 29	Numerator: 18	Numerator: Enter #

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 2019	Q2 2019	Q3 2019	Q4 2019
	<b>and older</b> to treatment services to sustain sobriety.  Num: Total # of referral for treatment by CM. Denom: Total # of confirmed members enrolled in CM.	Denominator: 95 Rate: 74.73%	Denominator: 42 Rate: 69.04%	Denominator: 33 Rate: 54.54%	Denominator: Enter # Rate: Enter results of num÷denom
3 – <b>Metric Discontinued on July 1, 2019</b>	Monitor CM file audit results quarterly to assess involvement of caregiver in treatment planning  Num: Total # caregiver/support system involved in members' treatment plan. Denom: Total # of members enrolled in CM.	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
4a – <b>Metric Discontinued on July 1, 2019</b>	Members receiving educational material detailing benefits of treatment, disease specific education, tips, resources, treating providers, telemedicine/teletherapy options, and availability of transportation vendors.  <u>Num:</u> Total # distributed <u>Denom:</u> Total # eligible members	Numerator: NS Denominator: NS Rate: NS Mailer by Type: NA	Numerator: NS Denominator: NS Rate: NS Mailer by Type: N/A	Numerator: NS Denominator: NS Rate: NS Mailer by Type: N/A	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom  Mailer by Type:
4b	Member Interactive telephone calls post hospital discharge for alcohol, opioid or other substance use disorder (adult members only).  <u>Num:</u> Total # members requested information post IVR call and/or assistance <u>Denom:</u> Total # IVR calls	Numerator: 27 Denominator: 27 Rate: 100%  Numerator: 0 Denominator: 27 Rate: 0%	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
4c	Member text messaging regarding initiation and/or treatment engagement for alcohol, opioid or other substance disorders (members 18+).	Numerator: 204,719 Denominator: 68,806 Rate: 100% Note: 3 x text messages to valid phone numbers	Numerator: 281,087 Denominator: 61,026 Rate: 100% Note: 3 x text messages to valid phone numbers	Numerator: 161,290 Denominator: 56,419 Rate: 100% Note: 3 x text messages to valid phone numbers	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 2019	Q2 2019	Q3 2019	Q4 2019
	Num: Total # text messages sent <u>Denom:</u> Total # members outreached				
5a – <b>Metric Discontinued on July 1, 2019</b>	Educational health fairs. Provision of disease specific education, tips, resources, treating providers, telemedicine/tele-therapy options, and availability of transportation vendors.  <u>Num:</u> Total # health fairs conducted <u>Denom:</u> Total # of health fairs planned/scheduled.	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
5b – <b>Metric Discontinued on July 1, 2019</b>	Member utilization of BH telemedicine vendors for provision of services, health plan to track utilization rates.  <u>Num:</u> Total # member utilization of telemedicine; <u>Denom:</u> Total # of eligible members.	Numerator: 0 Denominator: 4622 Rate: 0%	Numerator: NA Denominator: NA Rate: NA	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
6	Members prescribed opioid and/or controlled substance and enrolled in medication restriction program  <u>Num:</u> Total # member enrolled in medication restriction program <u>Denom:</u> Total # of members prescribed opioid or controlled medication	Numerator: 53 Denominator: 4622 Rate: 1.47%	Numerator: 53 Denominator: 4622 Rate: 1.47%	Numerator: 14 Denominator: 5923 Rate: 0.24%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
7 – <b>Redefined as Metric #16</b>	Completion of MAT training by First Line providers, (primary care, urgent care, OB/GYN, pain management, and ED settings) <u>Num:</u> Total # providers completed MAT training <u>Denom:</u> Total # of eligible locations	Numerator: 92 Denominator: 7018 Rate: 1.31%	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
8	Completion of SBIRT/TAPS training by First Line	Numerator: 8	Numerator: 0	Numerator: Enter #	Numerator: Enter #

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 2019	Q2 2019	Q3 2019	Q4 2019
	providers, (primary care, urgent care, OB/GYN, pain management, and ED settings)  Num: Total # workshops completed  Denom: Total # eligible locations	Denominator: 7018 Rate: 1.31%	Denominator: 7018 Rate: 0.00%	Denominator: Enter # Rate: Enter results of num÷denom	Denominator: Enter # Rate: Enter results of num÷denom
9 – Metric redefines as #19	Completion of hospital ED practitioner training of MAT certification for initiation of buprenorphine treatment.  Num: Total # workshops completed  Denom: Total # eligible locations	Numerator: 4 Denominator: 870 Rate: 0.45%	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
10a – Metric Discontinued on July 1, 2019	Annual population assessment completed.  Num: Population assessment completed annually. Denom: Population assessment compilation	Numerator: 1 Denominator: 1 Rate: 100%	Numerator: N/A Denominator: N/A Rate: N/A	Numerator: N/A Denominator: N/A Rate: N/A	Numerator: N/A Denominator: N/A Rate: N/A
10b – Metric Discontinued on July 1, 2019	Identification physician by type and prescribing pattern  Num: Total # Prescriptions by provider type Denom: Total # Prescriptions	<u>Num:</u> Family Practice 98175 Internal Med 30015 Psych 16306 Peds 8,553 GP 8,200 PA 5,943 OB/GYN 6539 NP 5943 ED Medicine 5673 Cardiovascular 4807 <u>Denom:</u> 190,154 <u>Rate:</u> Family Practice 51.63% Internal Medicine 15.78% Psychiatry 8.58% Pediatrics 4.50% General Practice 4.31% Physician Asst 3.13% Ob/GYN 3.44% NP 3.13% ED Medicine 2.98% Cardiovascular 2.53%	<u>Num:</u> Family Practice 412,187 Internal Med 47,444 Psych 53,942 Peds 24,800 GP 21,650 POP 11,440 Dentist 19,524 ED Medicine 16,177 Ortho Surg 11,747 Phys -unk <u>Denom:</u> 618,911 <u>Rate:</u> Family Practice 66.60% Internal Med 7.67% Psych 8.72% Peds 4.00% GP 3.50% POP 1.85% Dentist 3.15% ED Medicine 2.61% Ortho Surg 1.90% Phys -unk	<u>Num:</u> Family Practice 4282 Psychiatry 1658 Internal Med 1248 Dentist, DDS, DMS 812 Pediatrics 789 General Practice 652 ED Medicine 568 PA 508 OB/GYN 481 Prescribing Only Providers 363 <u>Denom:</u> <u>Rate:</u> Family Practice 37.69% Psychiatry 14.59% Internal Med 10.98% Dentist, DDS, DMS 7.14% Pediatrics 6.94% General Practice 5.74% ED Medicine 5.00% PA 4.47% OB/GYN 4.23% Prescribing Only Providers 3.20%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
10c – Metric Discontinued on July 1, 2019	Identification of MAT Assisted Therapy Drugs ordered by Type	<u>Num:</u> Naloxone 37 Naltrexone 35 Buprenorphine and Naloxone 17 Buprenorphine 4	<u>Num:</u> Naloxone 443 Buprenorphine 191 Naloxone & Buprenorphine 118 <u>Denom:</u> 752	<u>Num:</u> Naloxone 82 Buprenorphine 3 Naloxone & Buprenorphine 3 <u>Denom:</u> 88	Numerator: Enter # Denominator: Enter #

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 2019	Q2 2019	Q3 2019	Q4 2019
	Num: Total MAT Drugs by Type Denominator: Total # MAT Drugs ordered	Denom: 93 Rate: Naloxone 39.78% Naltrexone 37.63% Buprenorphine and Naloxone 18.28% Buprenorphine 4.30%	Rate: Naloxone 58.91% Buprenorphine and Naloxone 15.69% Buprenorphine 25.40%	Rate: Naloxone 93.18% Buprenorphine and Naloxone 3.41% Buprenorphine 3.41%	Rate: Enter results of num÷denom
10d	Identification of prescription restricted drugs by parish for identification  Num: Total # parishes with PMPM greater than Denom: Total # parishes	Numerator: 3 Denominator: 64 Rate: 4.69%  Caddo Parish Baton Rouge Jefferson Parish	Numerator: 5 Denominator: 64 Rate: 7.81%  Caddo Parish Baton Rouge Parish St. Tammany Parish Orleans Parish Jefferson Parish	Numerator: 3 Denominator: 64 Rate: 4.69%  East Baton Rouge Jefferson Parish Orleans Parish	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom  I
10e	Identification of top ten high-prescribers. Health Plan/ Medical Director dialogue with physicians for variations in care and non-adherence to evidence based practice  Num: Total # variations in care Denom: Total top ten prescribing physicians	Numerator: NS Denominator: 10 Rate: NS	Numerator: 0 Denominator: 10 Rate: 0.00%	Numerator: 0 Denominator: 10 Rate: 0.00%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom  I
11 – Metric redefined as #20	Co-occurring conditions/ Nicotine Co-dependency  Providers receiving educational material by type detailing available benefits, quit smoking programs available.  <u>Num:</u> Total # educational material distributed by type <u>Denom:</u> Total # eligible providers	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: 18 Denominator: 55 Rate: 32.73%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom  I
12	Health Plan collaboration meetings with Louisiana tribes for prevention of misuse and abuse, initiation of treatment, and ongoing member engagement.  Num: Total # tribal collaborative meetings held by unique tribe Denom: Total # Tribes	Numerator: 1 Denominator: 3 Rate: 33%	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom  I

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 2019	Q2 2019	Q3 2019	Q4 2019
13 – <b>Metric Discontinued on July 1, 2019</b>	Care Management trainings to be conducted annually, for new hires, and ongoing as indicated.  Num: Total # trainings completed by type Denom: Total # trainings scheduled.	Numerator: 0 Denominator: 6 Rate: 0% By type: NS	Numerator: NS Denominator: NS Rate: NS By type:	Numerator: NS Denominator: NS Rate: NS By type:	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom By type:
14 – <b>Metric Discontinued on July 1, 2019</b>	Development of communication flowchart. Completion of enhanced communication trainings at hospital locations.  Num: Total # trainings completed. Denom: Total # eligible locations.	Numerator: 1 Denominator: 1 Rate: 100%	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
15a – <b>Metric Discontinued on July 1, 2019</b>	Monitor proportion of members discharged ED Department and were linked/transitioned to appropriate service provider.  Num: Total # members transitioned / linked to services post discharged. Denom: Total # members admitted to ED department with confirmed diagnosis of alcohol, opioid, or other substance abuse disorder	<u>7 Days</u> Numerator: 5 Denominator: 131 Rate: 3.82%  <u>30 Days</u> Numerator: 7 Denominator: 131 Rate: 5.34%	<u>7 Days</u> Num: 5 Denom: 131 Rate: 3.82%  <u>30 Days</u> Num: 7 Denom: 131 Rate: 5.34%	<u>7 Days</u> Num: 74 Denom: 789 Rate: 9.38%  <u>30 Days</u> Num: 104 Denom: 789 Rate: 13.18%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
15b	Monitor proportion of members discharged from hospital and were linked/transitioned to appropriate service provider.  Num: Total # members transitioned / linked to services post discharge. Denom: Total # members admitted to h with confirmed diagnosis of alcohol, opioid, or other substance abuse disorder	Numerator: NS Denominator: NS Rate: NS	Numerator: NS Denominator: NS Rate: N	Numerator: NS Denominator: NS Rate: NS	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 2019	Q2 2019	Q3 2019	Q4 2019
16	<p>Provide education to providers to increase the number of Medication Assisted Treatment/Therapy prescribers.</p> <p>Num: : # of providers who participate in educational opportunities</p> <p>Denom: All qualifying providers w/o DEA X number in the specialty types of:</p> <ul style="list-style-type: none"> <li>• Internal Medicine</li> <li>• OB/GYN</li> <li>• General</li> <li>• Psy</li> <li>• ED</li> <li>• Pain Management</li> <li>• Family Practitioner</li> </ul> <p>Do not include pediatrics</p> <p><b>Redefined metric 3<sup>rd</sup> Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: 52</p> <p>Denominator: 3841</p> <p>Rate: 1.35%</p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>
16a	<p>Provide education to providers to increase the number of Medication Assisted Treatment/Therapy prescribers in Rural Areas utilizing data retrieved from cold map.</p> <p>Num: : # of providers who participate in educational opportunities</p> <p>Denom: All qualifying providers in the specialty type</p> <p><b>New Metric for 3<sup>rd</sup> Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p> <p><b>Working on Baseline Data</b></p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>
16b	<p>Provide education to providers to increase the number of Medication Assisted Treatment/Therapy prescribers in Urban Areas utilizing data retrieved from cold map.</p> <p>Num: # of providers who participate in educational opportunities</p> <p>Denom: All qualifying providers in the specialty type</p> <p><b>New Metric for 3<sup>rd</sup> Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p> <p><b>Working on Baseline Data</b></p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>
16c	<p>Provide education to providers to increase the number of Medication Assisted Treatment/Therapy prescribers.</p> <p>Num: : # of providers who participate educational opportunities</p> <p>Denom: All providers regardless of their DEA status</p> <p><b>New Metric for 3<sup>rd</sup> Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: 52</p> <p>Denominator: 3994</p> <p>Rate: 1.30%</p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>



Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 2019	Q2 2019	Q3 2019	Q4 2019
17	<p>Provide education to providers regarding guidelines for prescribing opioids and opioids antagonist (i.e. Narcan)</p> <p>Num: All providers that have received education on Opioids.</p> <p>Denom:: All providers that are prescribing Opioids (based on claims data)</p> <p><b>New Metric for 3<sup>rd</sup> Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p> <p><b>Working on Baseline Data</b></p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>
18	<p>Reduce unplanned hospital utilization (ED, Observation, Inpatient) for individuals with a 30-day previous diagnosis of opioid overdose.</p> <p>Immediate engagement with Recovery Coaches to specifically target members to ensure education on options for:</p> <ul style="list-style-type: none"> <li>Behavioral Providers</li> <li>Medication Assisted Therapy</li> <li>Use of Narcan</li> <li>Residential/Outpatient Treatment</li> </ul> <p>Num: Members that were admitted or readmitted at any level of care due to overdose of opioid.</p> <p>Denom::: Members previously admitted at any level of care within the last year for opioid overdose. claims data)</p> <p><b>New Metric for 3<sup>rd</sup> Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p> <p><b>Working on Baseline Data</b></p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>
18a	<p>Number of members in the Numerator that engaged W/Recovery Coaches as percentage.</p> <p>Num: Number of members engaged W/Recovery Coaches as percentage.</p> <p>Denom: Members previously admitted at any level of care within the last year for opioid overdose. <b>New Metric for 3<sup>rd</sup> Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p> <p><b>Working on Baseline Data</b></p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>
18b	<p>Number of members in the Numerator for 18a that receive these services.</p> <p>Num: Number of members in the Numerator that receive these services.</p> <p>Denom: Number of members engaged W/Recovery Coaches as percentage.</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p> <p><b>Working on Baseline Data</b></p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>

Number of Intervention	Description of Intervention Tracking Measures <sup>6</sup>	Q1 2019	Q2 2019	Q3 2019	Q4 2019
	<b>New Metric for 3rd Qtr. 2019</b>				
19	<p>Reduce 90-day readmission rates for members that have been in a residential or inpatient setting receiving services specifically for detox (medical) and/or residential services.</p> <p>Num: Members admitted for any cause to any inpatient or residential facility within 90 days after initial residential/inpatient SUD treatment.</p> <p>Denom: Members receiving residential/inpatient SUD treatment within the past year.</p> <p><b>New Metric for 3rd Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p> <p><b>Working on Baseline Data</b></p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>
20	<p>Co-occurring conditions/ Nicotine Co-dependency Providers receiving educational material by type detailing available benefits, quit smoking programs available</p> <p>Num: : Total # educational material distributed by communication type.</p> <p>Denom: Total # eligible providers</p> <p><b>New Metric for 3rd Qtr. 2019</b></p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p>	<p>Numerator: NS</p> <p>Denominator: NS</p> <p>Rate: NS</p> <p><b>Working on Baseline Data</b></p>	<p>Numerator: Enter #</p> <p>Denominator: Enter #</p> <p>Rate: Enter results of num÷denom</p>

**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 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

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.

Final Goal/Target Rate set at 2018 State of Louisiana Average for each selected measure. Rational: ABHLA rating scores all but 4 of the measures are meeting or exceeding the state average for performance indicators.

State average for each Performance indicator

N/A = Not Applicable, NS = No Score, denominator too small.

<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period</b> HEDIS MY 2018 01/01/2017 - 12/31/2017	<b>Interim Period</b> HEDIS MY 2019 01/01/2018 – 12/31/2018	<b>Final Period</b> HEDIS MY 2020 01/01/2019 – 09/30/2019	<b>Final Goal/Target Rate</b>
Indicator #1a.i. Initiation Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 8 Exclusions= 0 If "H", Sample size = N/A Numerator = 4 Denominator = 8  Rate = 50%	Eligible Population = 4 Exclusions= 0 If "H", Sample size = N/A Numerator = 3 Denominator = 4  Rate = 75.00%	Eligible Population = 7 Exclusions= 0 If "H", Sample size = N/A Numerator = 3 Denominator = 7  Rate = 42.68%	Target Rate: 53.00%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.
Indicator #1a.ii. Initiation Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 0 Exclusions= 0 If "H", Sample size = N/A Numerator = 0 Denominator = 0  Rate = NS	Eligible Population = 0 Exclusions= 0 If "H", Sample size = N/A Numerator = 0 Denominator = 0  Rate = 0.00%	Eligible Population = 3 Exclusions= 0 If "H", Sample size = N/A Numerator = 1 Denominator = 3  Rate = 33.33%	Target Rate: NR  <u>Rationale:</u> No baseline 2018.
Indicator #1a.iii. Initiation Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 37 Exclusions= 0 If "H", Sample size = N/A Numerator = 23 Denominator = 37  Rate = 62.16%	Eligible Population = 43 Exclusions= 0 If "H", Sample size = N/A Numerator = 23 Denominator = 43  Rate = 53.49%	Eligible Population = 38 Exclusions= 0 If "H", Sample size = N/A Numerator = 20 Denominator = 38  Rate = 52.63%	Target Rate: 65.16%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.
Indicator #1a.iv. Initiation Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 42 Exclusions= 0 If "H", Sample size = N/A Numerator = 24 Denominator = 42  Rate = 57.14%	Eligible Population = 45 Exclusions= 0 If "H", Sample size = N/A Numerator = 24 Denominator = 45  Rate = 53.33%	Eligible Population = 44 Exclusions= 0 If "H", Sample size = N/A Numerator = 21 Denominator = 44  Rate = 47.73%	Target Rate: 60.14%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS MY 2018 01/01/2017 - 12/31/2017	Interim Period HEDIS MY 2019 01/01/2018 – 12/31/2018	Final Period HEDIS MY 2020 01/01/2019 – 09/30/2019	Final Goal/Target Rate
Indicator #1b.i. Initiation Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 1663 Exclusions= 0 If “H”, Sample size = N/A Numerator = 731 Denominator = 1663  Rate = 43.96%	Eligible Population = 1,748 Exclusions= 0 If “H”, Sample size = N/A Numerator = 824 Denominator = 1,748  Rate = 47.14%	Eligible Population = 1,627 Exclusions= 0 If “H”, Sample size = N/A Numerator = 822 Denominator = 1,627%  Rate = 50.52%	Target Rate: 46.49%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA is meeting goal.
Indicator #1b.ii. Initiation Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 829 Exclusions= 0 If “H”, Sample size = N/A Numerator = 500 Denominator = 829  Rate = 60.31%	Eligible Population = 853 Exclusions= 0 If “H”, Sample size = N/A Numerator = 527 Denominator = 853  Rate = 61.78%	Eligible Population = 827 Exclusions= 0 If “H”, Sample size N/A Numerator = 514 Denominator = 827  Rate = 62.15%	Target Rate: 63.31%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.
Indicator #1b.iii. Initiation Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 2510 Exclusions= 0 If “H”, Sample size = N/A Numerator = 1234 Denominator = 2510  Rate = 49.16%	Eligible Population = 2,733 Exclusions= 0 If “H”, Sample size = N/A Numerator = 1,411 Denominator = 2,733  Rate = 51.63%	Eligible Population = 2,736 Exclusions= 0 If “H”, Sample size = N/A Numerator = 1,394 Denominator = 2,736  Rate = 50.95%	Target Rate: 52.16%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.
Indicator #1b.iv. Initiation Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 4269 Exclusions= 0 If “H”, Sample size = N/A Numerator = 2030 Denominator = 4269  Rate = 47.55%	Eligible Population = 4,501 Exclusions= 0 If “H”, Sample size = N/A Numerator = 2,231 Denominator = 4,501  Rate = 49.57%	Eligible Population = 4,376 Exclusions= 0 If “H”, Sample size = N/A Numerator = 2,207 Denominator = Enter # 4,376  Rate = 50.43%	Target Rate: 50.55%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.

<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period</b> HEDIS MY 2018 01/01/2017 - 12/31/2017	<b>Interim Period</b> HEDIS MY 2019 01/01/2018 – 12/31/2018	<b>Final Period</b> HEDIS MY 2020 01/01/2019 – 09/30/2019	<b>Final Goal/Target Rate</b>
Indicator #1c.i. Initiation Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 1671 Exclusions= 0 If “H”, Sample size = N/A Numerator = 735 Denominator = 1671  Rate = 43.99%	Eligible Population = 1,752 Exclusions= 0 If “H”, Sample size = N/A Numerator = 827 Denominator = 1,752  Rate = 47.20%	Eligible Population = 1,634 Exclusions= 0 If “H”, Sample size = N/A Numerator = 825 Denominator = 1,634  Rate = 50.49%	Target Rate: 46.99%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA is meeting goal.
Indicator #1c.ii. Initiation Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 829 Exclusions= 0 If “H”, Sample size = N/A Numerator = 500 Denominator = 829  Rate = 60.31%	Eligible Population = 853 Exclusions= 0 If “H”, Sample size = N/A Numerator = 527 Denominator = 853  Rate = 61.78%	Eligible Population = 830 Exclusions= 0 If “H”, Sample size = N/A Numerator = 515 Denominator = 830  Rate = 62.05%	Target Rate: 63.31%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.
Indicator #1c.iii. Initiation Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 2547 Exclusions= 0 If “H”, Sample size = N/A Numerator = 1257 Denominator = 2547  Rate = 49.35%	Eligible Population = 2,766 Exclusions= 0 If “H”, Sample size = N/A Numerator = 1,434 Denominator = 2,766  Rate = 51.66%	Eligible Population = 2774 Exclusions= 0 If “H”, Sample size = N/A Numerator = 1,414 Denominator = 2,774  Rate = 50.97%	Target Rate: 52.35%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.
Indicator #1c.iv. Initiation Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 4311 Exclusions= 0 If “H”, Sample size = N/A Numerator = 2054 Denominator = 4311  Rate = 47.65%	Eligible Population = 4,546 Exclusions= 0 If “H”, Sample size = N/A Numerator = 2,255 Denominator = 4,546  Rate = 49.60%	Eligible Population = 4,420 Exclusions= 0 If “H”, Sample size = N/A Numerator = 2,228 Denominator = 4,420  Rate = 50.41%	Target Rate: 50.65%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal.

<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period</b> HEDIS MY 2018 01/01/2017 - 12/31/2017	<b>Interim Period</b> HEDIS MY 2019 01/01/2018 – 12/31/2018	<b>Final Period</b> HEDIS MY 2020 01/01/2019 – 09/30/2019	<b>Final Goal/Target Rate</b>
Indicator #2a.i. Engagement Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 8 Exclusions= 0 If “H”, Sample size = N/A Numerator = 1 Denominator = 8  Rate = 12.50%	Eligible Population = 4 Exclusions= 0 If “H”, Sample size = N/A Numerator = 0 Denominator = 4  Rate = 0.00%	Eligible Population = 7 Exclusions= 0 If “H”, Sample size = N/A Numerator = 0 Denominator = 7  Rate = 0.00%	Target Rate: 15.50%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal
Indicator #2a.ii. Engagement Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 0 Exclusions= 0 If “H”, Sample size = N/A Numerator = 0 Denominator = 0  Rate = NS	Eligible Population = 0 Exclusions= 0 If “H”, Sample size = N/A Numerator = 0 Denominator = 0  Rate = 0.00%	Eligible Population = 3 Exclusions= 0 If “H”, Sample size = N/A Numerator = 1 Denominator = 3  Rate = 33.33%	Target Rate: NR  <u>Rationale:</u> No Baseline 2018
Indicator #2a.iii. Engagement Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 37 Exclusions= 0 If “H”, Sample size = N/A Numerator = 12 Denominator = 37  Rate = 32.43%	Eligible Population = 43 Exclusions= 0 If “H”, Sample size = N/A Numerator = 11 Denominator = 43  Rate = 25.58%	Eligible Population = 38 Exclusions= 0 If “H”, Sample size = N/A Numerator = 6 Denominator = 38  Rate = 15.79%	Target Rate: 35.43%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal
Indicator #2a.iv. Engagement Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 42 Exclusions= 0 If “H”, Sample size = N/A Numerator = 12 Denominator = 42  Rate = 28.57%	Eligible Population = 45 Exclusions= 0 If “H”, Sample size = N/A Numerator = 11 Denominator = 45  Rate = 24.44%	Eligible Population = 44 Exclusions= 0 If “H”, Sample size = N/A Numerator = 7 Denominator = 44  Rate = 15.91%	Target Rate: 31.57%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal
Indicator #2b.i. Engagement Treatment:	A	Eligible Population = 1663	Eligible Population = 1,748	Eligible Population = 1,627	Target Rate: 12.98%

<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period</b> HEDIS MY 2018 01/01/2017 - 12/31/2017	<b>Interim Period</b> HEDIS MY 2019 01/01/2018 – 12/31/2018	<b>Final Period</b> HEDIS MY 2020 01/01/2019 – 09/30/2019	<b>Final Goal/Target Rate</b>
age 18+ years, Alcohol abuse or dependence diagnosis cohort		Exclusions= 0 If “H”, Sample size = N/A Numerator = 166 Denominator = 1663  Rate = 9.98%	Exclusions= 0 If “H”, Sample size = N/A Numerator = 222 Denominator = 1,748  Rate = 12.70%	Exclusions= 0 If “H”, Sample size = N/A Numerator = 226 Denominator = 1,627  Rate = 13.89%	<u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA is meeting goal
Indicator #2b. ii. Engagement Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 829 Exclusions= 0 If “H”, Sample size = N/A Numerator = 205 Denominator = 829  Rate = 24.73%	Eligible Population = 853 Exclusions= 0 If “H”, Sample size = N/A Numerator = 214 Denominator = 853  Rate = 25.09%	Eligible Population = 827 Exclusions= 0 If “H”, Sample size = N/A Numerator = 229 Denominator = 827  Rate = 27.69%	Target Rate: 27.73%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal
Indicator #2b.iii. Engagement Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 2510 Exclusions= 0 If “H”, Sample size = N/A Numerator = 302 Denominator = 2510  Rate = 12.03%	Eligible Population = 2,733 Exclusions= 0 If “H”, Sample size = N/A Numerator = 376 Denominator = 2,733  Rate = 13.76%	Eligible Population = 2,736 Exclusions= 0 If “H”, Sample size = N/A Numerator = 370 Denominator = 2,736  Rate = 13.52%	Target Rate: 15.03%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal
Indicator #2b. iv. Engagement Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 4269 Exclusions= 0 If “H”, Sample size = N/A Numerator = 558 Denominator = 4269  Rate = 13.07%	Eligible Population = 4,501 Exclusions= 0 If “H”, Sample size = N/A Numerator = 665 Denominator = 4,501  Rate = 14.77%	Eligible Population = 4,420 Exclusions= 0 If “H”, Sample size = N/A Numerator = 674 Denominator = 4,420  Rate = 15.25%	Target Rate: 16.07%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal



<b>Performance Indicator</b>	<b>Administrative (A) or Hybrid (H) Measure?</b>	<b>Baseline Period</b> HEDIS MY 2018 01/01/2017 - 12/31/2017	<b>Interim Period</b> HEDIS MY 2019 01/01/2018 – 12/31/2018	<b>Final Period</b> HEDIS MY 2020 01/01/2019 – 09/30/2019	<b>Final Goal/Target Rate</b>
Indicator #2c.i. Engagement Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 1671 Exclusions= 0 If “H”, Sample size = N/A Numerator = 167 Denominator = 1671  Rate = 43.99%	Eligible Population = 1,752 Exclusions= 0 If “H”, Sample size = N/A Numerator = 222 Denominator = 1,752  Rate = 12.7%	Eligible Population = 1,634 Exclusions= 0 If “H”, Sample size = N/A Numerator = 226 Denominator = 1,634  Rate = 13.83%	Target Rate: 12.99%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA is meeting goal
Indicator #2c.ii. Engagement Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 829 Exclusions= 0 If “H”, Sample size = N/A Numerator = 205 Denominator = 829  Rate = 24.73%	Eligible Population = 853 Exclusions= 0 If “H”, Sample size = N/A Numerator = 214 Denominator = 853  Rate = 25.09%	Eligible Population = 830 Exclusions= 0 If “H”, Sample size = N/A Numerator = 230 Denominator = 830  Rate = 27.71%	Target Rate: 27.73%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal
Indicator #2c.iii. Engagement Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 2547 Exclusions= 0 If “H”, Sample size = N/A Numerator = 314 Denominator = 2547  Rate = 12.33%	Eligible Population = 2,776 Exclusions= 0 If “H”, Sample size = N/A Numerator = 387 Denominator = 2,776  Rate = 13.94%	Eligible Population = 2,774 Exclusions= 0 If “H”, Sample size = N/A Numerator = 376 Denominator = 2,774  Rate = 13.55%	Target Rate: 15.33%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal
Indicator #2c.iv. Engagement Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 4311 Exclusions= 0 If “H”, Sample size = N/A Numerator = 570 Denominator = 4311	Eligible Population = 4,546 Exclusions= 0 If “H”, Sample size = N/A Numerator = 676 Denominator = 4,546	Eligible Population = 4,420 Exclusions= 0 If “H”, Sample size = N/A Numerator = 674 Denominator = 4,420	Target Rate: 16.22%  <u>Rationale:</u> Based on 2018 Louisiana State Average. ABHLA not meeting goal

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS MY 2018 01/01/2017 - 12/31/2017	Interim Period HEDIS MY 2019 01/01/2018 – 12/31/2018	Final Period HEDIS MY 2020 01/01/2019 – 09/30/2019	Final Goal/Target Rate
		Rate = 13.22%	Rate = 14.87%	Rate = 15.25%	

## 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 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:** As we continue to monitor and measure this data for 3<sup>rd</sup> quarter metrics, the plan continues to show a mostly positive trend. Metrics such as AOD treatment initiation among youth, however, have shown a decrease from second quarter to third quarter. This may be due to the limitation of resources to focus interventions on this specific group of members. As the plan continues to look at ways to address this population, we will identify a dedicated CM staff member and work with the PRL's to assist with developing the appropriate message to capture the attention of the caregivers for this population. In addition, the plan will look to develop focused materials to ensure appropriateness for pediatric facilities.

**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:** Many of the activities and interventions initiated in the development of the IET PIP were eventually identified as daily work methodologies. In addition, the MCO identified areas of difficulty in capturing data to support metrics developed due to system limitations and time required for development and deployment.

**What factors were associated with success or failure?** The setup of routine monthly meetings with the Chief Medical Officer (CMO), Director of Behavioral Health, Plan Pharmacy Director, Director of Medical Management, Managers/Supervisors of Care Management and designated CM staff to review members from the pharmacy reports and UM Rounds for targeted outreach to offer care management services. Targeted Campaigns for members and the training/education provided to providers have been instrumental to the many successes seen by the MCO. The education and training of staff; partnering with emergency departments to provide in-person discussion to share the MCO activities and to develop a shared commonality in methodologies used to address the opioid epidemic within Louisiana. In Q1 the plan added 2 additional substance abuse residential workgroups. In Q2 MCO UM team were working to encourage IP providers to refer members to the appropriate level of care based on ASAM criteria and working with substance abuse residential providers on "Fast Track Program" for members who do need repeated substance abuse residential treatment but may require less time for subsequent admissions (modeled on one provider's current "Fast Track Program"). Started the process of pending requests for high intensity SA residential treatment to MD review if members have completed high intensity substance abuse residential treatment in the last year to ensure this is the appropriate level of care, and that appropriate treatment/discharge planning is being done. In Q3 the MCO utilized SIU to provide education to one provider on what is needed (per LDH manual) for 3.7 vs 3.5 and began formal residential rounds to improve treatment planning and discharge planning. Data shown that substance abuse residential admits are down 8.5%, bed days are down 5.8%, and readmits are down 1.9% from Q3 2018. In addition, the MCO is in the process of finalizing partnership with One TeleMed to increase BH FUH metrics.

Some of the opportunities for improvement or failures identified were the time taken to develop dashboards and data requirements for metrics. Lack of providers MAT certified, trained in SBIRT; Lack of telemedicine and teletherapy usage by members. Identification of a designated Tribal champion and dedicated resources for certain age populations within the HEDIS performance indicators.

### **Limitations** (For definitions and examples, refer to HEALTHY\_LOUISIANA\_PIP\_TEMPLATE\_w\_example)

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

- **Were there any factors that may pose a threat to the internal validity the findings?** The only threats identified thus far would be the effectiveness in the development of metrics to capture data and obtain early notification of members inpatient or presenting to the ED for SUD/OD diagnosis to allow the MCO to outreach in a timely manner.
- **Were there any threats to the external validity the findings?** Factors that pose a threat are early identification of members presenting to the emergency department with substance abuse diagnoses and the ED discharge process for individuals 18 and older with SUD and/or OUD diagnosis. In addition, the ability to effectively identify member who are inpatient for SUD outside of those that are inpatient due to overdose.
- **Describe any data collection challenges.** Identification of the time taken to develop dashboard and programs to capture data.

### **Member Participation**

Members with needs related to opioid use will also be assisted to manage their utilization of the healthcare system to include education, referrals, communication with providers and pharmacy restriction to select providers, pharmacies, and/or medication limits when indicated. Members with SUD have often experienced some type of past trauma. Care Management (CM) will ensure that the member is recognized as the expert in their life and interactions with CM or providers do not re-traumatize the member.

Utilizing the following to identify members who are filling prescriptions for opioid medications whose utilization may indicate uncontrolled pain or SUD:

--Inpatient Census

--AAWeb report showing members who are currently inpatient

--Members identified during UM Rounds and CM Case Rounds discussions

--Consolidated Opioid Report (includes information from pharmacy related to member's opioid usage and stratifies for outreach)

--Inpatient and outpatient claims that indicate an overdose diagnosis

**NOTE:** The below reports may also be used as required by state contract:

--PUMS (Patient Utilization Management Safety) Reports (if applicable)

--CVS Safety & Monitoring Program (Medicaid and Medicare/Medicaid Programs (MMPs)). Identifies members using multiple practitioners, multiple controlled/targeted substances and duplicate therapy and other metrics.

Describe methods utilized to solicit or encourage membership participation: Creating a New Referral in Dynamo and contact each member identified during the pharmacy reports staff meeting or from other sources to complete outreach process and offer CM. Utilize member approved fliers that will be delivered through regular mail and appropriate crafted messages sent via IVR.

### **Dissemination of Findings**

- **Describe the methods used to make the findings available to members, providers, or other interested parties:** Development of Provider Dashboards that will be posted on the provider web and share information on the member portal as to the findings.

## 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
#1) Increase member initiation and engagement in treatment, including identification of reasons of lack of participation in treatment aggregated by Total, alcohol, opioid, and other drug abuse and dependent members. a. Member survey response monitoring b. Tracking care management outreach attempts/effectiveness c. CM annual training motivational interviewing	Inappropriately defined as an intervention. However, the plan is using these activities as monitoring and tracking mechanisms to ensure member communication/outreach and staff education are completed.	N/A	Utilizing the data from vendor reports on members survey for IET to assist the plan in closing loops for ABHLA members and to increase engagement.
#2) Ensure appropriate member referral and placement for treatment services, CM treatment referrals and placement	Building partnerships with facilities	N/A	Increase partnership thorough information sharing session within Emergency Departments to assist in process of Provider engagement in educational opportunities, and more.
#3) Increase family or support system involvement in member care and treatment planning when receiving care management services, CM involvement support system in treatment planning	Plan determined that this is member education and communications and is inappropriately identified as an intervention	N/A	N/A
#4) Increase member knowledge of available services, distribution of member educational material by mail, web, interactive phone calls (IVR), text message. a. Member Flyers/Mailers b. Text Messages c. Interactive Phone calls d. Web availability	Plan determined that this is member education and communications and is inappropriately identified as an intervention	N/A	N/A

<p>#5) Increase member knowledge base:</p> <ul style="list-style-type: none"> <li>a. Increase member knowledge of available treatment options at educational health fairs.</li> <li>b. Increase member usage of telemedicine and tele-therapy options</li> </ul>	<p>Plan determined that this is member education and communications and is inappropriately identified as an intervention.</p>	<p>N/A</p>	<p>N/A</p>
<p>#6) Member enrollment in the Aetna Medication Restriction program</p>	<p>Incorrectly identified as an intervention. This is a tool used to monitor and assist in the identification of the IET population.</p>	<p>NA</p>	<p>Continue to utilize this as a mechanism to identify members who may meet the criteria for the IET population.</p>
<p>#7) Completion of MAT training by First Line providers, (primary care, urgent care, OB/GYN, pain management, and ED settings)</p>	<p>Metric was redefined as #16) in the documentation.</p>	<p>N/A</p>	<p>N/A</p>
<p>#8) Completion of SBIRT/TAPS training by First Line providers, (primary care, urgent care, OB/GYN, pain management, and ED settings)</p>	<p>AHBLA identify that it is challenging to identify first line providers who have obtained SBIRT/TAPS training.</p>	<p>N/A</p>	<p>Working with various vendors to offer education to provider in-network. This will assist the plan is quantifying the number of providers contracted with ABHLA who have received SBIRT/TAPS training.</p> <p>In addition, working with ABHLA internal provider liaison team to develop tracking mechanism to identifying providers who may have already received training, which can be captured through face to face communications.</p>
<p>#9) Completion of hospital ED practitioner training of MAT certification for initiation of buprenorphine treatment</p>	<p>Metric was redefined as #19) in the documentation.</p>	<p>N/A</p>	<p>IET ED Partnership – Working with the Chief Medical Officer, Behavioral Health Medical Director, and other members of the leadership staff to target First Line provider education.</p> <p>This program is designed to partner</p>

			with emergency departments in various regions based on membership ED utilization (claims) to discuss and share information surrounding the development of program instituted by ABHLA to foster a collaborative impact to our members presenting to the emergency department with a SUD
<p>#10) Identification of population/sub-population/ disparities Annual population assessment</p> <ul style="list-style-type: none"> <li>a. Identification prescribing physicians by specialty type for identification of misuse/abuse</li> <li>b. Identification of MAT Assisted Therapy Drugs ordered by drug type</li> <li>c. Identification of prescription restricted drugs by parish for identification of misuse/abuse</li> <li>d. Identification of top ten high-prescribers with Health plan/ Medical Director dialogue with physicians for variations in care and non-adherence to evidence based practice</li> </ul>	Intervention was unclear as written and is a part of the process which the plan identifies areas from a population health perspective.	Dynamo	Development of a dashboard to identify providers that meet specifications for High Prescribers.
<p>#11) Co-occurring conditions/ Nicotine Co-dependency Provider educational flyer (blast fax, mailer, email) promoting Quitline, the Smoking Cessation Trust, and the Tobacco Control initiative programs</p>	Metric was redefined as #20) in the documentation.	N/A	N/A

#12) Tribal Population Collaborative meetings with Louisiana tribal councils for prevention of misuse and abuse, initiation of treatment, and ongoing member engagement	Ability to partner with Tribal Community	N/A	Continue to work with Marketing to identify events that will allow ABHLA to partner with Tribal communities to increase knowledge of SUD.
#13) Increase CM staff knowledge. Annual and ongoing trainings for: <ul style="list-style-type: none"> <li>a. Alcohol and substance abuse disorders and management</li> <li>b. Available resources, including those for tribal populations.</li> <li>c. <u>Stages of Change</u></li> <li>d. <u>SBIRT/TAPS and ASAM 6 Dimension and patient placement criterion to educate appropriate providers, and</u></li> <li>e. Available substance abuse providers within our network</li> <li>f. Available tobacco cessation programs for members with nicotine co-dependency</li> </ul>	This is an ongoing work practice and should not be classified as an intervention.	N/A	N/A
#14) Development of communication flowchart to map existing and developed enhanced communication processes between the hospital, MCO Utilization Management (UM) staff and MCO Care Management (CM) staff.	Inappropriately defined as an intervention. These are monitoring and tracking mechanism implemented by the plan.	N/A	N/A
#15a) Monitor proportion of members discharged from ED Department who received evidence-based comprehensive discharge planning and were transitioned to appropriate	Inappropriately defined as an intervention this is part of the process.	N/A	N/A

service provider/ level of care			
#15b) Monitor proportion of members discharged from hospital who received evidence-based comprehensive discharge planning and were transitioned to appropriate service provider/ level of care	Inappropriately defined as an intervention this is part of the process.	N/A	N/A
#16) Provide education to providers to increase the number of Medication Assisted Treatment/Therapy prescribers.	We were able to identify that we have approximately 153 in-network providers registered in SAMSHA. ABHLA is working to increase the number of in-network provider with ability to prescribe buprenorphine		To increase the number of in-network providers within ABHLA across all regions, the organization has partnered with ASAM to provide the 8-hour online course at the MCO's cost for training on the Treatment of Opioid Use Disorder.
#16a) Provide education to providers to increase the number of Medication Assisted Treatment/Therapy prescribers in Rural Areas utilizing data retrieved from cold map.			To increase the number of in-network providers within for ABHLA network and across all regions, the organization has partnered with ASAM to provide the 8-hour online course at the MCO's cost for the Treatment of Opioid Use Disorder.
#16b) Provide education to providers to increase the number of Medication Assisted Treatment/Therapy prescribers in Urban Areas utilizing data retrieved from cold map.			To increase the number of in-network providers within for ABHLA network and across all regions, the organization has partnered with ASAM to provide the 8-hour online course at the MCO's cost for the Treatment of Opioid Use Disorder.
#17) Provide education to providers regarding guidelines for prescribing opioids and opioids antagonist (i.e. Narcan)			IET ED Partnership – Working with the Chief Medical Officer, Behavioral Health Medical Director, and other members of the leadership staff to target First Line provider education. This program is designed to partner with emergency departments in various regions based on membership ED utilization



			(claims) to discuss and share information surrounding the development of program instituted by ABHLA to foster a collaborative impact to our members presenting to the emergency department with a SUD.
<p>#18) Reduce unplanned hospital utilization (ED, Observation, Inpatient) for individuals with a 30-day previous diagnosis of opioid overdose.</p> <p>Immediate engagement with Recovery Coaches to specifically target members to ensure education on options for:</p> <ul style="list-style-type: none"> <li>•Behavioral Providers</li> <li>•Medication Assisted Therapy</li> <li>•Use of Narcan</li> <li>•Residential/Outpatient Treatment</li> </ul>	<p>Working with Emergency Departments to design a process of early notification of members being seen in the ED.</p> <p>Development of process and procedures for Recovery Coaches.</p>	N/A	Development of processes and procedures to assist the Recovery Coaches in ensure that members are outreached consistently and in a timely manner. Work with the LaEDIE system to ensure that ABHLA will be able to capture data from this system.
#18a) Number of members in the Numerator that engaged W/Recovery Coaches as percentage	Sub-measure of 18	N/A	Sub-measure of 18
#18b) Number of members in the Numerator for 18a that receive these services.	Mechanism to identify services that were provided to the members	N/A	Sub-measure of 18
#19) Reduce 90-day readmission rates for members that have been in a residential or inpatient setting receiving services specifically for detox (medical) and/or residential services.	Proper identification of members and engagement in CM for ongoing monitoring and engagement.	N/A	Development of ED 90-day readmission report to identify population and to ensure proper communication and monitoring of those members engaged to determine appropriateness of activities completed in CM and reduction in ED visits.
#20) Co-occurring conditions/ Nicotine Co-dependency	Tracking data has been identified as a challenging.	Review of systems to determine best	Working with PRL's to identify a mechanism to track and trend the information share with providers regarding Co-occurring

Providers receiving educational material by communication type detailing available benefits, quit smoking programs available		methodology to extract data.	conditions/Nicotine Codependency
--	--	------------------------------	----------------------------------

## Appendix A:

### Member Challenges/Opportunities for Improvement

For the member, there are significant causative factors for their reluctance to receive services necessary for sobriety. They are:

#### Person:

- Members lack of motivation to seek treatment
  - A members' negative experience with a prior treatment center, and/or with self-treatment.
  - Stigmas associated with alcohol or drug use may prevent an individual from seeking treatment.
  - Members' may have participated in treatment in the past and have a belief that the treatment was not beneficial or helpful to them.
  - Injection drug users or person's alcohol dependent may fear treatment due to withdrawal symptoms.
  - Cognizant changes, clear thinking may be a challenge for heavily drinking/using SUD members
- Co-occurring conditions, nicotine abuse
- Cultural, race, ethnic variances and social determinants to care

#### Method:

- Member knowledge deficit of available treatment options, to include web-based telemedicine or tele-therapy alternatives for treatment
- Member placed at incorrect level of care
- Lack of family and/or other support system engagement in therapy

#### Linkage/Support:

- Members' knowledge deficit of services and treatment options available to them
- Members' knowledge deficit of available case management services available to assist them in obtaining referrals to treatment and coordination of their care with specialized providers

#### Material:

- Member knowledge deficit of disease processes, treatment types, and available resources
- Difficulty accessing educational material and/or understanding of available material

#### Environment:

- Lack of transportation to and from appointments
- Social acceptability of alcohol and prescription drug use and peer pressure to drink and attend social drinking functions, and member use of family and/or availability of support system
- Tribal populations, cultural variances

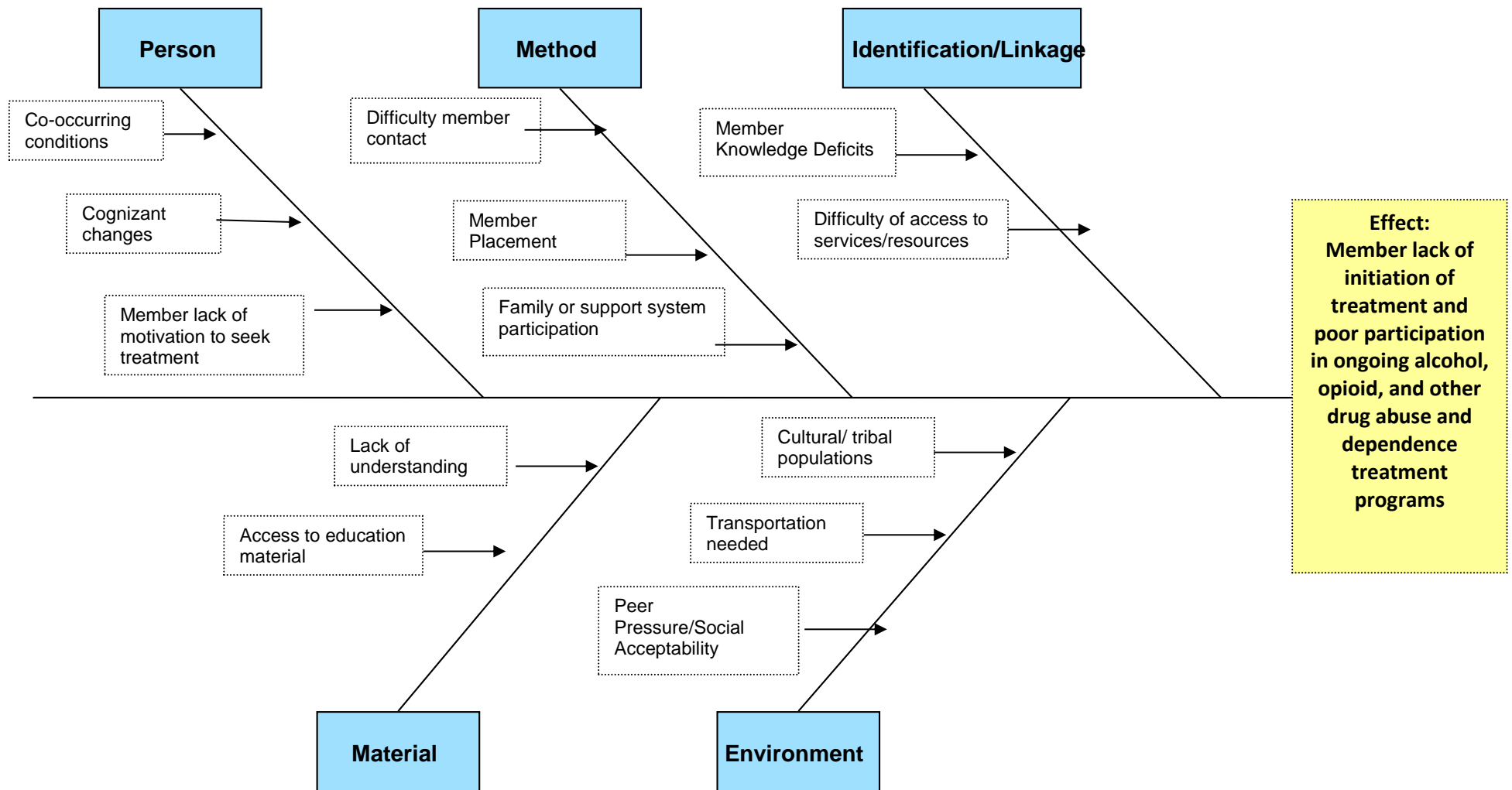
### Opportunities for Improvement:

By analyzing the causative factors, ABHLA can implement actions to improve our members' participation and continuing treatment. This can be completed by:

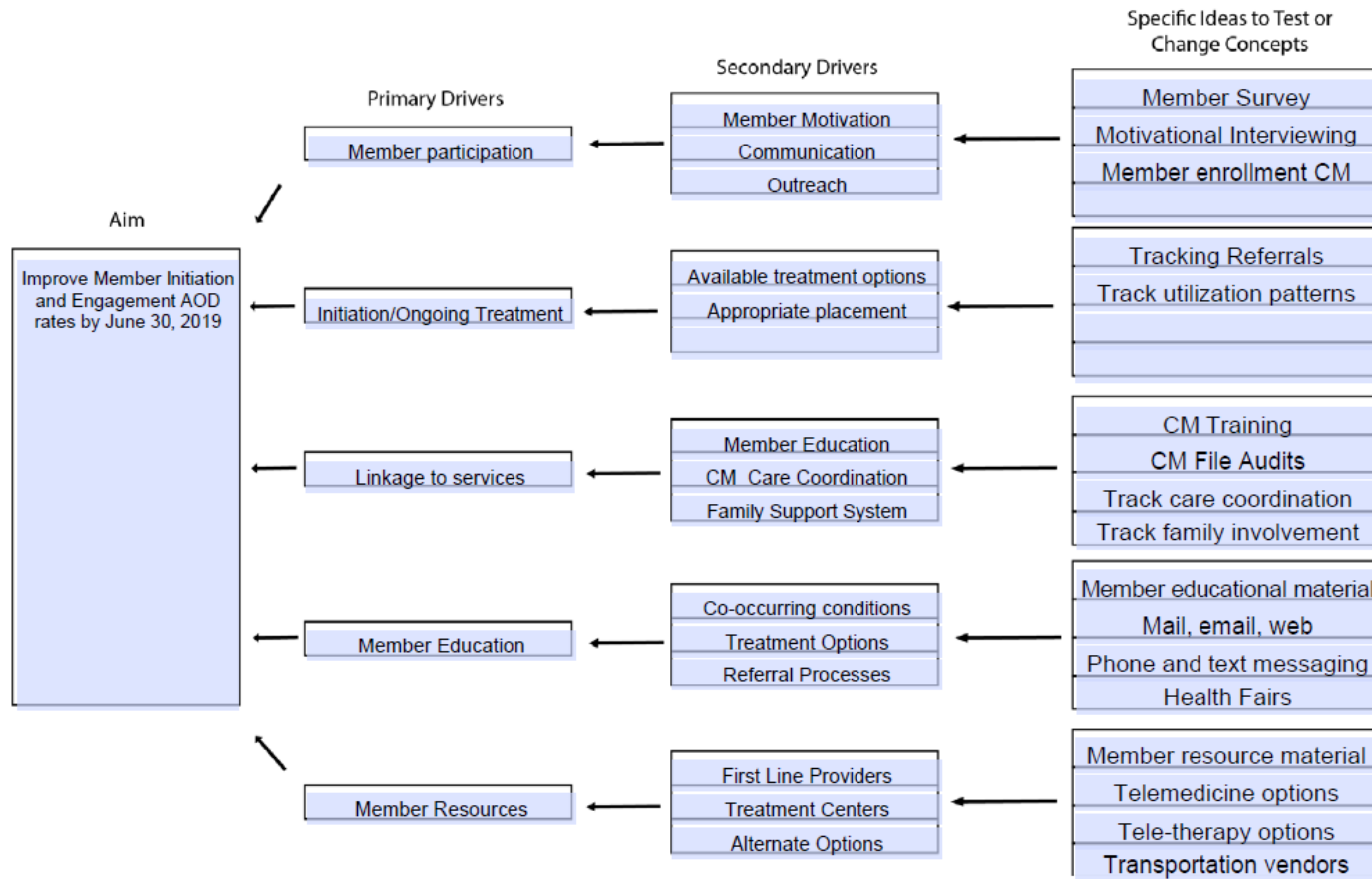
- Increase member participation in treatment by addressing the reasons of lack of participation in therapy and/or for not continuing treatment.

- Improved member utilization of health plan resources and services available to them, including member services, case management, and provision of resource materials in clear, easy to read language, including those for our tribal populations
- Improve member usage of telemedicine and tele-therapy options, especially for tribal populations in rural communities
- Ease of access to member educational material in an easy to understand language
- Member prescription opioid and controlled substance restriction program
- Member education regarding transportation services available
- Inclusion of the family and/or member support system by case management and the provider in the care planning process when appropriate and permitted by the member
- Education of nicotine cessation program availability, and benefits of each program

## Appendix B: Member Cause and Effect (“Fishbone”) Diagram



## Appendix C: Member Driver Diagram



#### Appendix D: Provider Challenges/Opportunities for Improvement

The provider faces other challenges in meeting the needs of their patient(s). The significant causative factors facing them include:

##### Person:

- First line provider (primary care, urgent care, OB/GYN, pain management, and ED settings) knowledge deficit of treatment options available to the member
- Lack of First line providers trained to provide evidence-based Medication Assisted Treatment (MAT) of opioid use disorders, specifically buprenorphine
- Lack of providers trained to initiate ED-initiated buprenorphine treatment and assurance of member appropriate inpatient and outpatient services for engagement in treatment for drug abuse
- Lack of provider awareness of Tribal variances in the prevention of abuse or misuse of drugs or alcohol
- Lack of provider promotion and engagement of members with nicotine co-dependency in tobacco cessation programs

##### Method:

- Lack of use of Universal SUD screening tools by all first line providers (primary care, urgent care, OB/GYN, pain management, and ED settings),
- Lack of First Line provider use and endorsement of SBIRT (Screening, Brief Intervention, Referral to Treatment).
- First line providers lack of understanding of reasons for patient resistance and ambivalence and use of motivational interviewing techniques
- Lack of soft transfer of members to a substance abuse treatment center, MAT or 12 step-programs after a response to an overdose and Naloxone use.
- First line provider and/or treating provider engagement with member's family and/or support system
- Lack of promotion of available benefits and services available for all members, tribal action plans for their populations (TAP), and our members with nicotine dependency

##### Machine:

- Completion of comprehensive evaluations to the appropriate type/level of care and connection to that determined type/level of care
- Difficult processes for ease of referral of members to treatment
- Prescribing practices of opioid and controlled substances

##### Material:

- Lack of provider education of Universal SUD screening tools, MAT, SBIRT, TAP
- Lack of educational programs or material for ED departments, regarding protocols for ED-initiated buprenorphine treatment and lists of resources available post treatment.

##### Environment:

- Lack of coordination of care between the primary care physician, hospital, and care management/discharge planner results and treatment providers.
- Inadequate discharge planning and care coordination by Emergency Room staff has a significant role in member not receiving treatment post discharge.
- Inadequate hospital discharge planning and care coordination has a significant role in the success of treatment and relapse.

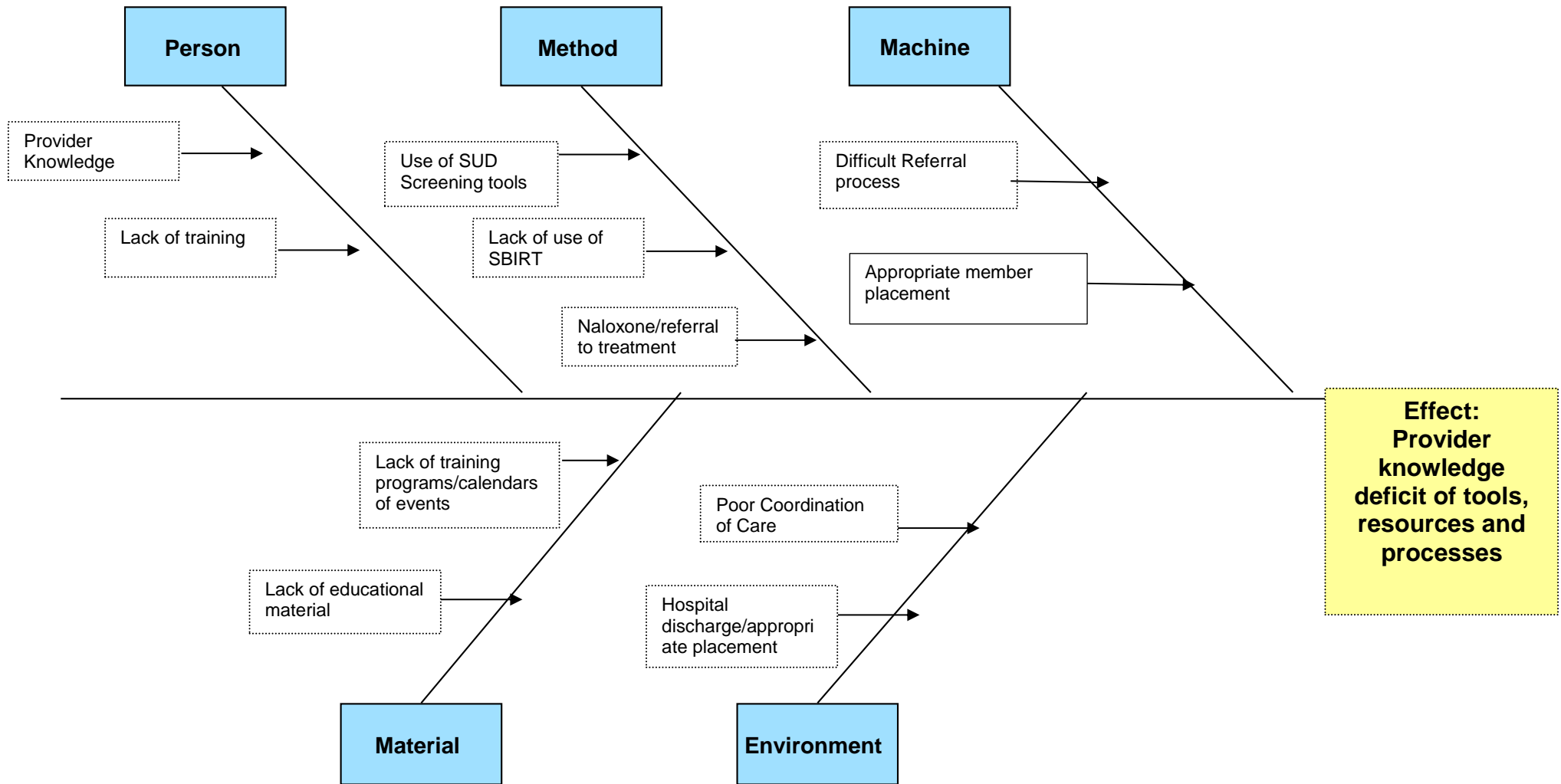
### Opportunities for Improvement:

By analyzing the causative factors, ABHLA can implement actions to improve availability of services and quality of services provided to our members. This can be done by:

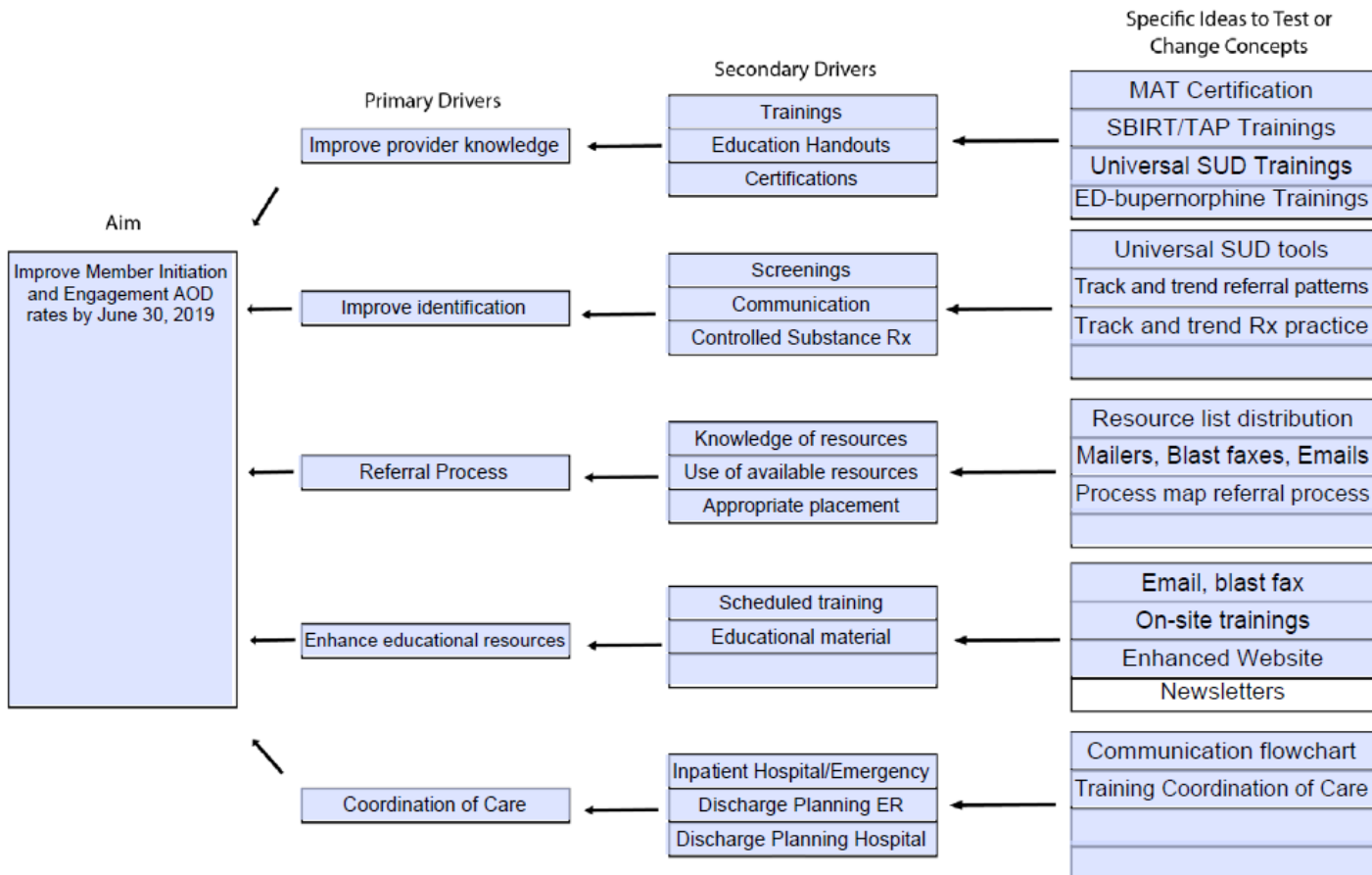
- First line provider SBIRT/TAPS training and/or certification (primary care, urgent care, OB/GYN, pain management, and ED settings) to ensure correct type/level of care placement.
- MAT Training of First Line and ED providers. MAT training allows the primary care team to be able to adequately identify those in need of services and dispense the appropriate information to members.
- ED Settings: ABH collaboration with hospital for MAT education/certification of ED providers regarding protocols for ED-initiated buprenorphine treatment.
- Provider educational handouts of available tobacco cessation programs for members with nicotine dependency
- First line provider education including treatment options available and member referral process for members who screen positive
- Inpatient Settings: Development of communication flowchart to map existing and developed enhanced communication processes between the hospital, MCO Utilization Management (UM) staff and MCO Care Management (CM) staff.
- Track and trend proportion of members discharged who received evidence-based comprehensive discharge planning
- Track and trend prescribing practices for opioid and controlled substances, with Health Plan medical director intervention for identified variances in practice



## Appendix E: Provider Cause and Effect (“Fishbone”) Diagram



## Appendix F: Provider Driver Diagram



## Appendix G: Health Plan Challenges/Opportunities for Improvement

The Health Plan faces other challenges in meeting the needs of provider and member. The significant causative factors facing them include:

### Person:

- Care Management staff knowledge deficit of evidence-based practice, treatment options, and available services
- Care Management utilization of motivational interviewing skills
- Care Management staff knowledge deficit of SBIRT/TAPS, and ASAM 6 Dimension and patient placement criterion
- Care Management knowledge deficit of available substance abuse providers within our network

### Method

- Inadequate communication between UM/CM/Discharge planners and outpatient providers
- Inadequate communication between CM with the primary care physician, member, the member's family or support system with member approval for communication

### Machine:

- Identification of population of risk and sub-populations
- Claims lag of three months for early identification of members with alcohol and/or substance abuse disorders
- Availability of services for treatment of alcohol and substance abuse disorders, and those for tribal members
- Availability of tobacco cessation programs for members with nicotine co-dependency

### Material:

- Lack of provider and member educational material
- Lack of training programs for PCPs, Hospitalists, ED department physicians, and OB/GYNs
- Distribution methodology

### Environment:

- Ineffective CM telephonic outreach, limited face-to-face interactions
- Limited member outreach i.e. IVR telephone post hospital discharge to the provider and/or to the member (adults only), text messages to the adult member

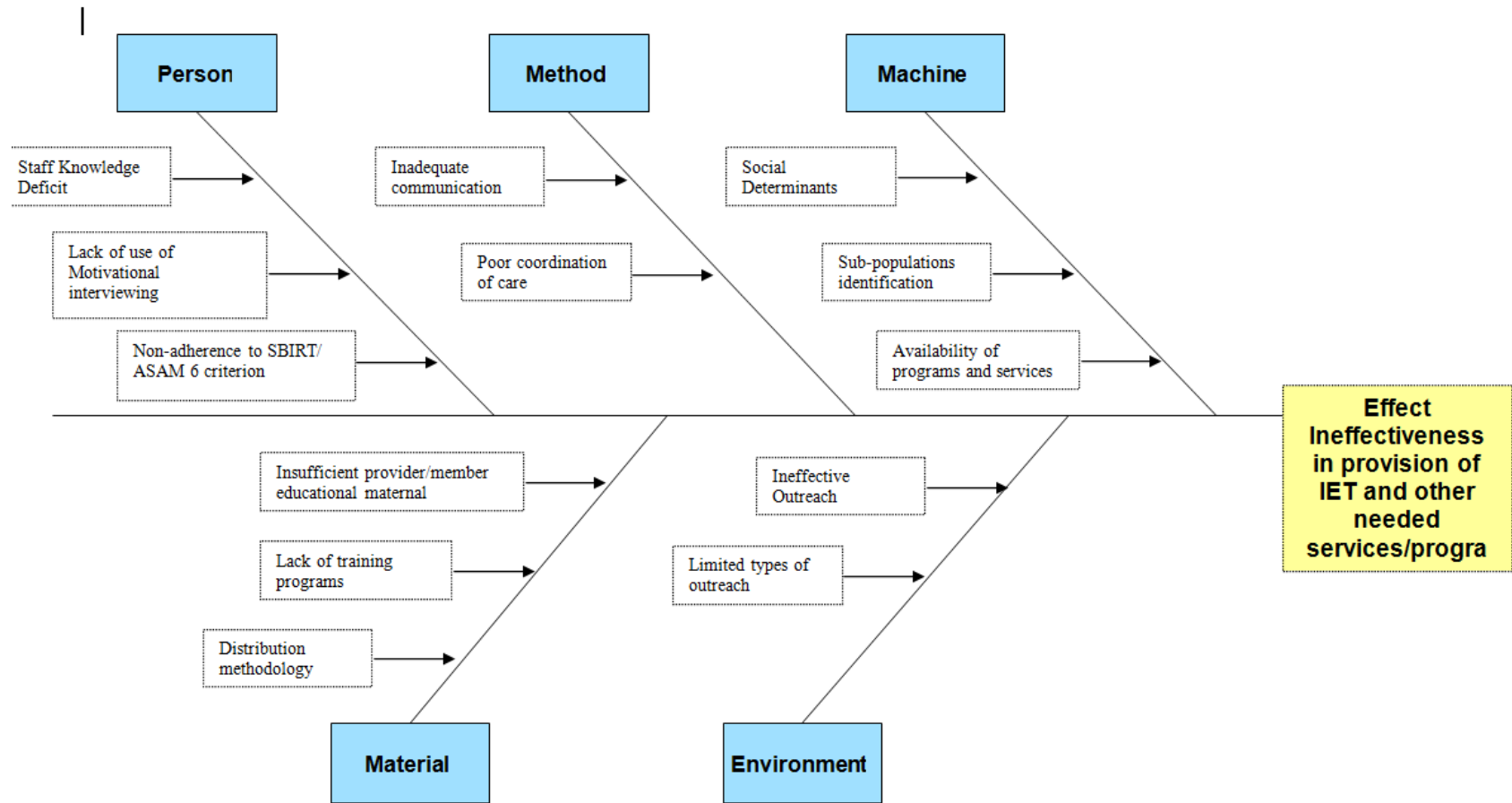
### Opportunities for Improvement:

By analyzing the causative factors, ABHLA can implement actions to improve availability of services and quality of services provided to our members. This can be done by:

- Annually assess the characteristics and needs, including social determinants of health, of its member population, and needs of our sub-population
- Improved Care Manager utilization of motivational interviewing when conducting their comprehensive assessment, including substance abuse and pain management
- Improving member participation in alcohol and substance abuse programs, including those with nicotine dependency
- Improved care planning for members with uncontrolled pain, including alternative treatment options/ monitoring for misuse and abuse
- Ensuring improved communication/ service provision through annual training and ongoing education of Care Managers representatives of alcohol and substance abuse disorders, treatment options, and available resources

- Communication flowchart to map utilization patterns between UM/CM/hospital discharge planners and outpatient providers to improve coordination of care.
- Improving care coordination between ABH Utilization Management and Care Management departments with hospitals and emergency rooms, and outpatient treatment

## Appendix H: Health Plan Cause and Effect Diagram



## Appendix I: Health Plan Driver Diagram

