

Healthy Louisiana Performance Improvement Project (PIP)

MCO Name: Healthy Blue Louisiana

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

2018-2019

Project Phase: Proposal

Original Submission Date: 1/25/2019

Revised Submission Date: 4/30/2019

Project Phase: Final

Revised Submission Date: 11/18/2019

Submission to: IPRO

State: Louisiana Department of Health

MCO Contact Information

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PIP proposal: Principal MCO Contact Signature

Date

Baseline Report: Principal MCO Contact Signature

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Interim Report: Principal MCO Contact Signature

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Final Report: Principal MCO Contact Signature

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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:

N/A

5. Attestation

Managed Care Plan Name: Healthy Blue Louisiana

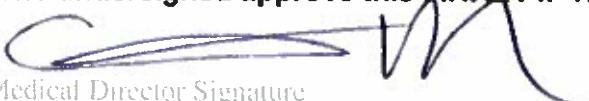
Title of Project: Improving Rates for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Required Attestation signatures for PIP Proposal and PIP Final Report:

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

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

The undersigned approve this FINAL PIP Report:



Medical Director Signature

11/25/2019

Cheryll Bowers-Stephens, Provider Performance Medical Director



Quality Director Signature

11/25/2019

Christin Cantavespri, Quality Director



CEO Signature

11/25/2019

Aaron Lambert, Plan President

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Abstract

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: Alcohol and drug misuse can lead to serious health, relationship, employment, and other social economic problems. Problematic alcohol or drug use can also lead to substance use disorders (SUD). Addiction services focused on helping individuals achieve recovery goals, addressing major lifestyle goals, and preventing reoccurrence/readmits to emergency facilities is essential to successful outcomes for improving rates of initiation and engagement of our SUD members. Therefore, a comprehensive strategy to combat prescription drug abuse and opioid use disorders, including initiating treatment services and engagement in programs to assist with withdrawal management, is needed to continue to improve health outcomes for Healthy Blue members. Rationale for improving IET rates include: 1) SUDs are increasing within member populations; 2) SUD patients have contributed to significant increases in ED Outpatient Discharges; 3) Delivery of Care (providers) should be consistent with ASAM Criteria and provider education is needed, in order to effectively identify, screen and refer members who are at risk for dependence.

A deep dive was conducted to evaluate high volume and high risk conditions within the health plan. This evaluation encompassed a population review of Healthy Blue member claims that included all members with a Substance Use Disorder diagnosis and sub stratified members by age, race, location, top diagnosis by age and race, and top disease cohorts (including developmental disabilities and prenatal SUD use). A barrier analysis was conducted with members and providers. A review of all plan call center data, QOC's and plan barriers was conducted.

The results of these analyses will be used to drive meaningful interventions for this performance improvement project.

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 as described below to achieve the following objectives:

1. Conduct provider training to expand the workforce for screening identification, treatment initiation and follow-up (e.g., SBIRT, MAT guidelines, waiver training);
2. Partner with hospitals and other providers to improve timely screening, identification initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, protocols); and
3. 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).
4. Other interventions as informed by the MCOs' barrier analyses they will conduct as part of the PIP process.

Methodology

Eligible Population: Medicaid Population

Description of Annual Performance Indicators: HEDIS Administrative IET Measures

Sampling Method: HEDIS Administrative IET Measures

Baseline and Re-measurement Periods: Baseline HEDIS 2017 Administrative IET Measures and Re-Measurement HEDIS 2018 Administrative IET measures

Data Collection Procedures: HEDIS IET Data -Validated

Interventions

Member Barriers Identified: Healthy Blue conducted a barrier analysis using interviewing techniques as deployed by our certified Case Management Recovery coaches. Per the analysis, we concluded that when members are in the pre-contemplation stage of the theoretical model of addiction behavior, they typically do not consider their behavior to be a problem. Certainly, members that are at risk of developing substance use disorders may be unaware of their risk of developing a substance use or dependence disorder. This may be because they have not yet experienced any negative consequences of their behavior, or it may be a result of denial about the negativity or severity of the consequences they have experienced. Furthermore, in some cases an addiction can inadvertently develop from subscription to treat pain or other underlying conditions. Members are often either unaware or not very interested in hearing about negative consequences or advice to quit their addiction. They usually experience their addictive behavior as a positive or pleasant experience at this point. However, negative consequences do eventually affect members engaging in addictive behaviors, either as a result of an addiction developing (which, by definition, impacts on other areas of life), or as a result of other harms as a consequence of a single occasion of engaging in addictive behavior. These negative consequences can push the individual into the "contemplation" stage. Entering this initial phase of the theoretical model of addiction behavior cycle, gives us the first and most timely opportunity with Case Management to Initiate Treatment for the SUD. Opportunities were identified for members with brief interventions and treatments due to member compliance, hospital initiated treatment and opportunities for CM intervention and follow up, early recognition of members with SUD so that interventions can be established through CM. Members having prior negative treatment experience, stigma, fear of withdrawal, and transportation were all identified as potential member barriers.

Interventions to address member barriers: Healthy Blue implemented an online resource library (Common Ground), in Q4 2018, for members with various behavioral health conditions. This self-help tool is intended to contain licensed behavioral health digital support tools, accessible through our plan member's website, and will share videos and other compelling, innovative material with members. Materials are designed to support members recovering from a BH condition, including addiction. Healthy Blue will promote a member text campaign to promote awareness of the new material. HB will partner with hospitals to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, protocols); and to Provide enhanced member care coordination through behavioral health integration, case management, improved communication between UM and CM for earlier notification of hospitalization, improved discharge planning practices and support of SUD screening interventions in the hospital with referral to treatment and follow-up. Healthy Blue will also look to expand the use of SBIRT behavioral health visits in the telemedicine platform to reach members for initiation in remote areas and in PCP offices. Health Blue will develop a strategy for expanded prenatal member access to inpatient care for SUD's.

Provider Barriers Identified: Healthy Blue conducted a focus group with multiple provider types to identify barriers to identifying, engaging and treating members with SUD. Relevant knowledge and skill deficits exist at the primary and specialty care levels with regard to screening for and recognizing physical dependence and addiction, as well as knowing the resources available for members experiencing the cycle of addiction. The opportunity also exists on how to proceed with the patient once SUDs are identified. Training gaps exist for providers to effectively use SBIRT/TAPS to screen for SUD, and know whom/how to refer to for a comprehensive ASAM 6 Dimension evaluation to determine the appropriate type/level of care. There is a need for new access points in primary care, emergency departments, and inpatient settings and we are seeing telemedicine fill that gap in some areas. For specialist providers, there is a gap in those trained in Stages of Change, motivational interviewing, SUD evaluation and effective application of ASAM 6 Dimension patient placement criteria to determine the appropriate level of care for SUD patients. There is a gap in specialty providers certified and those willing to become certified in MAT. In the pediatric environment, caregivers are requesting children be screened for SUD and providers identified that an evidence based screening tool would be helpful to identify members so that they can appropriately refer members for a comprehensive SUD evaluation, psychosocial treatment and timely engagement in case management.

Interventions to address provider barriers: Healthy Blue will develop provider training to educate providers on the specifications of the HEDIS IET treatment initiation and follow-up performance measures, training on the evidence based SBIRT/ ASAM 6 Dimension risk evaluation and use of telemedicine for SBIRT, motivational interviewing and social determinates of health, covered alternatives cycle of addiction and training on evidence based tools. Once completed for selected provider group, we will look to measure member outcomes for those with SUDs from the practice. The training will be geared to assisting providers with resources needed to aid in care gap closure and documentation best practice and SBIRT with a focus on Motivational Interviewing as a technique to change member's behavior. Healthy Blue will also seek to identify members exceeding 50 MME for rapid change and intervention opportunities as well opportunity to provide provider education. An internal Drug Utilization Review program will be explored to identify aberrant prescribing patterns and then educating prescribers based upon these findings. We will investigate additional vendor platforms to support this initiative in order to broaden the scope of provider training ultimately allowing for implementation of a formal training program. Healthy Blue will look to develop or employ evidence based screening tools for providers in adult and pediatric settings to assist in identifying members to initiate treatment. Health Blue will develop a strategy for expanded prenatal member access to inpatient care for SUD's.

Results

Report Data for Annual Performance Indicators:

As of Quarter 3, 2019 Healthy Blue's overall IET Annual HEDIS Rate(s) are as follows:

Initiation Rate- 58.27% (above NCQA 90th Percentile)

Engagement Rate- 19.25% (above NCQA 75th Percentile)

The above annual rates will not be finalized until June, 2020 for the 2019 Reporting Year.

Conclusions

Interpret improvement in terms of whether or not Target Rates were met for annual performance indicators:

As of Quarter 3, 2019, out of a total of 24 Performance Indicators:

- 12 Measures are tracking to meet by end of Q4, 2019.
- 10 Measures have met or have exceeded the target goal.
- 2 Measures are at risk of not meeting the target goal.

Indicate interventions that did and did not work in terms of quarterly intervention tracking measure trends:

trends: Interventions that were proven to work included expansion of access to care via telemedicine and care coordination post discharge of a hospitalization. Provider education regarding SBIRT and MAT did not have much effect on MAT prescribing and SBIRT usage.

Study Design Limitations: Short timeline to plan, develop, implement and measure interventions in relation to performance measure.

Lessons Learned and Next Steps: Expand provider education opportunity and interventions in 2020 as well as implement the MAT Linkage Program in three (3) Emergency Departments at large hospital systems to engage and educate providers on best practices related to treatment of SUD. Through tracking of key performance metrics, Healthy Blue was able to identify pertinent and susceptible populations which are in need of increased engagement and intervention. These populations include: Adolescent members between the ages of 13-17 with SUD, members with SUD and Serious Mental Illness (SMI) and pregnant members with SUD. Next steps include continuing to work in collaboration with Case management on engagement of these populations, provider education on managing these populations and outreach to members to ensure they have the proper access to care.

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):

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

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

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

Healthy Blue claims data review indicated that year over year, we saw an increase in the number of covered members diagnosed with SUD by 1001 members. This data was not normalized for the increase in membership from 2017 to 2018 plan year and the general plan population has increased year over year. A review of the member race identified that the numbers increase from 2017 to 2018 more rapidly in white members (1080) than in black members (673) and about the same for members where race was not indicated (675). We noted a larger increase in the population of males (1300) than in females (1083) year over year. Additionally, we reviewed the top parishes for members diagnosed with SUD's and determined those to be Orleans, East Baton Rouge, Jefferson, Calcasieu and Caddo Parishes. Data was collected and evaluated on SUD diagnosis by age and we noticed an increase in members 0-5 (22 members; 47.8%) due to neonatal abstinence syndrome predominately; an increase in members aged 6-12 years old (15 members; 48%); a decrease in members aged 13-17 (102 members; 25%); and an increase in member aged 18+ (12,342 members) which was also not normalized for expansion and covered lives coming into the plan.

Unique Mbrs	Unique Mbrs/Yr	QUARTER	MBRS
21037	11692	2017Q1	4249
		2017Q2	4585
		2017Q3	4739
		2017Q4	4712
	14075	2018Q1	5120
		2018Q2	5758
		2018Q3	6127
		2018Q4	5713

RACE	2017	2018
	MBRS	MBRS
White	5037	6117
Black	3736	4409
Null or Blank	2740	3415
American Indian	85	87
Asian	35	28
Other Race	33	8
Latin American	24	11
Native Hawaii or Other Pacific	2	0

	2017	2018
GENDER	MBRS	MBRS
Male	5898	7198
Female	5794	6877

AGE GROUP	2017	2018
	MBRS	MBRS
0 - 5	22	46
6 - 12	14	29
13 - 17	419	317
18+	1255	13597

PARISH	2017	2018
	MBRS	MBRS
ORLEANS	1313	1484
EAST BATON ROUGE	947	1146
JEFFERSON	1010	1176
CALCASIEU	621	714
CADDY	590	736
LAFAYETTE	492	612
SAINT TAMMANY	491	657
OUACHITA	486	662
TANGIPAHOA	444	553
RAPIDES	403	549

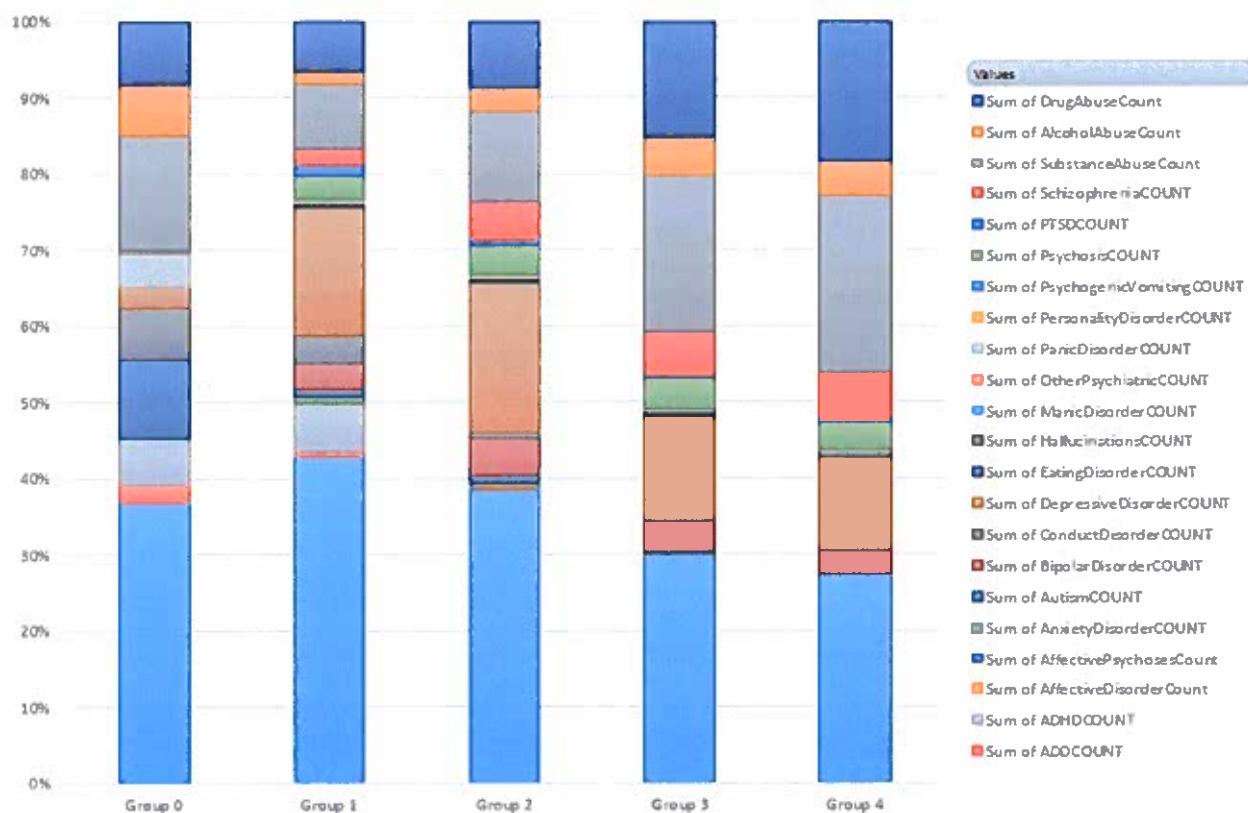
An additional subpopulation analysis was performed to review SMI diagnosed members with SUD's in case management, the member assignment by the Chronic Illness Intensity Index (CI3), as well as disease cohort. The CI3 List combines clinical and financial data to identify and track the sickest and most costly members at a health plan and is based on risk and predictive modeling (historical information to predict future outcomes). The CI3 List is a primary referral source for Case Management. This analysis allowed for us to review members with complex medical needs that were stratified by risk within Case Management for assignment to the Recovery Coaches and other Case Management and Utilization Management programs. The review indicated that the largest population of members with SMI and SUD and additionally with disease cohorts, are already screened and assigned to Group 4 for high risk CM. This review echoed our increased IET HEDIS rates that have been trending favorably and while we recognize SMI members to be a prevalent susceptible subpopulation, this analysis indicates that members are being worked in case management as high risk for 2018 and currently. A review of top diagnosis by age group for all SUD members was also conducted and reviewed.

The CI3 List is used to score and stratify members into five groups. The presence or absence of a manageable condition is also used to stratify members. The five CI3 Groups are as follows:

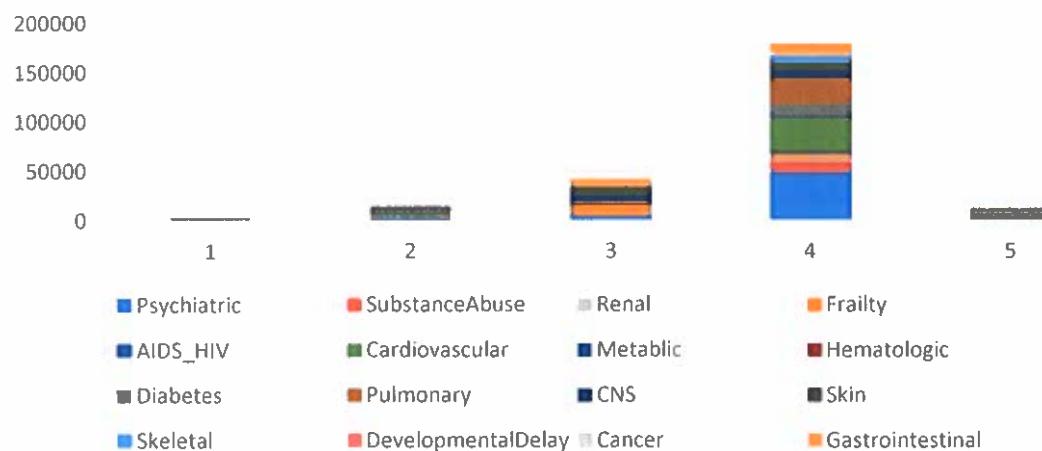
CI3 Group	CI3 Summary Score Range	LIPA Range	Group Profile
4	Greater or equal to 6.79	Greater or equal to 32	Most complex members. Referred to Complex CM (field-based services).
3	Greater or equal to 6.79	11 to 31.99	Highly complex members. Referred to Complex CM.
2	Greater or equal to 6.79	Less than 11	Moderately complex members. Referred to DMCCU.
1	Less than 6.79	Not calculated	Moderate to low complexity members. Referred to DMCCU.
0	Any	Not calculated	Members who do not have a manageable condition.

Using the CI3 list, we reviewed the SMI by SUD based on the predictive modeling for each category as well as the disease cohort. Based on this review, members who fell into CI3 Group 3 and 4 are being referred for complex CM.

Louisiana SMI and SUD by CI3 Report



Louisiana SMI and SUD Disease Cohort 2018



A review of top diagnosis by age group from claims data was also reviewed to compare members in age groups and specific to their diagnosed SUD. For the scope of this PIP, members aged 13-17 and 18+ affect the IET measures.

Top 10 Diagnosis by Age Group

Under 6		
DX CD	DX Desc	Mbrs
F1910	Other psychoactive substance abuse, uncomplicated	26
F1123	Opioid dependence with withdrawal	12
F1120	Opioid dependence, uncomplicated	7
F10129	Alcohol abuse with intoxication, unspecified	3
F13230	Sedative, hypnotic or anxiolytic dependence with withdrawal, unc	3
F1220	Cannabis dependence, uncomplicated	3
F1920	Other psychoactive substance dependence, uncomplicated	3
F13239	Sedative, hypnotic or anxiolytic dependence with withdrawal, uns	3
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	2
F15129	Other stimulant abuse with intoxication, unspecified	1

DX CD	DX Desc	Mbra
F1920	Other psychoactive substance dependence, uncomplicated	15
F1910	Other psychoactive substance abuse, uncomplicated	6
F210	Cannabis abuse, uncomplicated	5
F1029	Alcohol abuse with intoxication, unspecified	4
F1010	Alcohol abuse, uncomplicated	4
F1510	Other stimulant abuse, uncomplicated	3
F1020	Alcohol abuse with intoxication, uncomplicated	2
F1810	Inhalant abuse, uncomplicated	2
F1220	Cannabis dependence, uncomplicated	2
F19239	Other psychoactive substance dependence with withdrawal, unspec	1

DX CD		DX Desc	Mbds
F1210	Cannabis abuse, uncomplicated		323
F1220	Cannabis dependence, uncomplicated		209
F1910	Other psychoactive substance abuse, uncomplicated		122
F1010	Alcohol abuse, uncomplicated		53
F1029	Alcohol abuse with intoxication, unspecified		37
F1920	Other psychoactive substance dependence, uncomplicated		31
F1510	Other stimulant abuse, uncomplicated		30
F1120	Opioid dependence, uncomplicated		19
F1310	Sedative, hypnotic or anxiolytic abuse, uncomplicated		17
F10120	Alcohol abuse with intoxication, uncomplicated		15

DX CD	DX Desc	Mbrs
F1120	Opioid dependence, uncomplicated	4193
F1910	Other psychoactive substance abuse, uncomplicated	3826
F1210	Cannabis abuse, uncomplicated	3670
F1010	Alcohol abuse, uncomplicated	3653
F1020	Alcohol dependence, uncomplicated	3449
F1220	Cannabis dependence, uncomplicated	2870
F1520	Other stimulant dependence, uncomplicated	2315
F1510	Other stimulant abuse, uncomplicated	2002
F1410	Cocaine abuse, uncomplicated	1848
F1029	Alcohol abuse with intoxication, unspecified	1677

Barrier analyses were performed for Providers, SUD Members as well as a review of health plan QOC's, call center data from analytics and CM/Operations review. This Barrier Analysis summary will be attached to this PIP.

In performing our Provider Barrier Analysis, it was identified that services for members with Pre-natal SUD use is very limited in some areas of the state. Specifically, providers that need to send pregnant members for inpatient SUD care, have limited options for facilities that are equipped to accept them to their service. A subsequent review of pregnant members for Q1 2019 indicated that 528 members who were pregnant also had a diagnosis of SUD, with 9 of those members being currently enrolled in case management. It was also identified through review of claims data that the 0-5 member populations with SUD increased from 2017-2018. Healthy Blue will target these pregnant members for interventions which will also address the unborn children who are at risk for SUD at birth.

A review of pharmacy claims data and demographic subsets for members prescribed Naloxone and Acamprosate in Q4 2018, indicated the following for identified no significant trends but did indicate that the parishes with members being prescribed these drugs did vary and did not correlate directly with the top ten parishes noted above. This is likely due to the timeframe in which the data was pulled, but certainly indicated the same parishes as noted above in the top six. This population will be targeted with the proposed Healthy Blue SBIRT education campaign to increase both providers and member's knowledge of the signs, symptoms and risks of SUD's.

Members Who Received a Naloxone Drug Based off of Pharmacy Data		
Age Group	13 - 17	18+
Mtrs	0	224
Male	0	100
Female	0	124

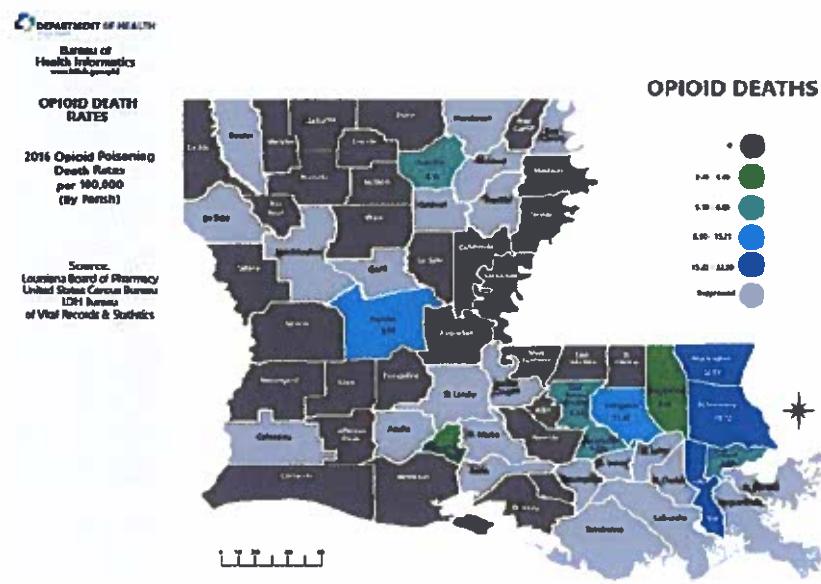
Members Receiving Naloxone (J2310) Based off of Claims Data		
Age_Group	Mtrs	Poisoning Related Diagnosis
13 - 17	3	1
18+	45	15

Age Group	13 - 17	18+
White	0	167
Unknown	0	32
Bck	0	20
American Indian	0	2
Asian	0	2
Other Race	0	1

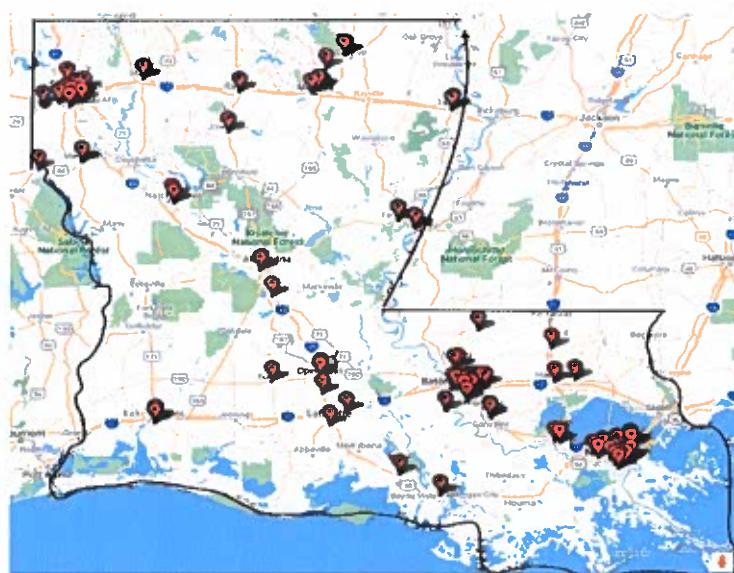
Age Group	13 - 17	18+
Jefferson	0	27
St Tammany	0	19
Calaesieu	0	14
Rapides	0	13
East Baton Rouge	0	11
Lafayette	0	10

Members Who Received a Acamprosate Drug Based off of Pharmacy Data											
Age Group	13 - 17		18+	Age Group	13 - 17		18+	Age Group	13 - 17		
	Males	Females		Male	Females	White		Black	Unknown	13 - 17	18+
13 - 17	0	38	18+	Male	0	23	18+	White	0	26	18+
				Female	0	15		Black	0	7	
								Unknown	0	5	
Orleans									0	27	
Jefferson									0	19	
Lafayette									0	14	
Bossier									0	13	
Calcasieu									0	11	
Caddo									0	10	
Tangipahoa									0	9	

A review of disease prevalence for Q4 2018 was reviewed in concurrence with members that had claims data submitted in Q4 2018. Though trends were not evident in the comorbidities for members with SUD, a review of the data, including the demographic subsets, revealed trends in the top parishes for the drugs Naloxone and Acamprosate given to this population. Specifically, Orleans/Jefferson Parish, the Florida Parishes and Calcasieu were found, in both SUD populations, to be top parishes, where alcohol and opioid poisoning/overdose were found. This also aligned with the Louisiana Department of Health, Bureau of Health Informatics Opioid Death Rates by Parish, 2016 data, showing a majority of the Opioid Deaths in Louisiana in the Florida Parishes and in the Orleans/Jefferson Parish Region as noted below. This also aligned with our member populations demographics as noted above.



Healthy Blue reviewed our platform for our Telemed kiosk placement for Behavioral Health, which aligns with the information found through our analysis. Given this data, we will work with our vendor to assess the potential for using that platform to increase member initiation and engagement in the future with the recommendation for pursuit of using this platform for better access for SBIRT, addiction treatment and eventually prescribing MAT.



- Describe high-volume or high-risk conditions addressed:** Healthy Blue identifies members who with high-risk conditions through review of claims data, pharmacy data, utilization management and case management. Once identified and risk stratified, Healthy Blue uses our CM Recovery Coaches to drive member support for initiation and engagement. The Recovery Coaches maintain case guidelines for members identified with SUDs. Opioid Use disorder identified during pregnancy is outreached within 72 hours of assignment. Co-occurring PH and BH conditions are actively managed with SUD as indicated in our analysis, as is the screening and management of communicable disease. Medication Assisted Treatment for SUD (Methadone, Buprenorphine maintenance for opioids and Naltrexone and Acamprosate for Alcohol SUD) as appropriate and concurrent with behavioral health screening and treatment. Relapse is considered a part of recovery and SUD treatment continues in these cases. A review of Naloxone utilization for members is reviewed.
- Describe current research support for topic (e.g., clinical guidelines/standards):** Healthy Blue is focused on improving models of care focused on supporting individuals in the community and home, outside of institutions and strengthen a continuum of SUD services based on the American Society of Addiction Medicine (ASAM) criteria or other comparable nationally recognized assessment and placement tools that reflect evidence-based clinical treatment guidelines. Healthy Blue is utilizing a regional model to review quality best practices within Anthem and drive those opportunities to the local health plans and is utilizing a Medicaid Risk Team to assist with SBIRT best practices and training to support the local market.
- Explain why there is opportunity for MCO improvement in this area (must include baseline and if available, statewide average/benchmarks):** Opportunities to improve performance and barriers as identified in the Barrier Analyses conducted and review of Healthy Blue Plan Data, are a priority. Identifying, Screening and Connecting members with initiation and follow up for SUD and effective case management, as well as coordination with Behavioral Health and the members Primary Care providers, is essential to the success of the overall health of our members. This opportunity aligns us comparatively with the NCQA Quality Compass Benchmark Scores for our Market, and higher in all areas than the state average, in which Healthy Blue currently leads with regard to these metrics as indicated in the table below. Improvement beyond the expected NCQA guidelines is continually the focus for Healthy Blue Louisiana. Healthy Blue will focus on improving our baseline HEDIS IET data using Quality Compass measures and where indicated, by at least 3 percentage points.

Measure	Aetna Better Health	AmeriHealth Caritas Louisiana	Healthy Blue	Louisiana Healthcare Connections, Inc.	UnitedHealthcare Community Plan of Louisiana	2018 Statewide Average
HEDIS MEASURES						
Alcohol abuse or dependence: Initiation of AUD	43.99%	41.33%	51.60%	43.57%	46.17%	45.33%
Alcohol abuse or dependence: Engagement of AUD	9.99%	10.16%	14.85%	10.15%	12.50%	11.57%
Opioid abuse or dependence: Initiation of AUD	60.31%	57.85%	65.22%	57.53%	61.94%	60.56%
Opioid abuse or dependence: Engagement of AUD	24.73%	23.22%	29.66%	24.18%	27.14%	25.82%
Other drug abuse or dependence: Initiation of AUD	49.35%	47.33%	55.51%	48.12%	51.21%	50.25%
Other drug abuse or dependence: Engagement of AUD	12.33%	13.63%	17.78%	14.89%	16.68%	15.30%
Total: Initiation of AUD	47.65%	46.30%	54.52%	46.30%	49.19%	49.51%
Total: Engagement of AUD	13.22%	13.60%	18.07%	14.00%	16.74%	15.30%

2. Aim Statement, Objectives and Goals

Aim Statement: 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 as described below to achieve HEDIS IET improvement from baseline rates that are at least 3 percentage points above current rates using the QualCompass guidelines and with the following objectives as identified by LDH:

1. Conduct provider training on screening, brief intervention referral to treatment and HEDIS IET measures And clinical best practices to improve treatment initiation and follow-up;
2. Partner with hospitals/EDs and other providers in our network to improve timely initiation and engagement in treatment (e.g., MCO liaisons, hospital initiatives, ED protocols; telemedicine); and
3. 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).
4. Other interventions as determined by Healthy Blue's barrier analysis.

Objective(s):

1. Develop provider training to educate providers on the specifications of the HEDIS IET treatment initiation and follow-up performance measures and training on the evidence based SBIRT. The training will be geared to assisting providers with resources needed to aid in care gap closure, motivational interviewing, SBIRT, social determinates of health for SUD members, covered alternatives for SUD members, cycle of addiction, training on the use of developed screening tool and use of the Telemedicine platforms for rural health SBIRT BH visits. This training could be done via multiple webinars.
2. Partner with hospitals/EDs/Primary Care to improve timely initiation and engagement in treatment;
 - a. Healthy Blue will work with our Telemedicine vendor to explore opportunities for this technology in the Emergency Room Setting and will seek partnerships with hospitals to improve IET measures and MAT training. We will monitor the population of SUD members that are utilizing the telemedicine platform every quarter and report SUD members that have utilized the visits for SBIRT.
3. Provide enhanced member care coordination through behavioral health integration, case management, improved communication between UM and CM for earlier notification of hospitalization, improved discharge planning practices and support of SUD screening interventions in the ED with referral to treatment and follow-up. Healthy Blue will utilize our Recovery Coach/Utilization Management Collaboration SUD Rounds and Outreach Protocol to enhance IET Member engagement for members over 18 years of age. Members under the age of 18 are directly assigned to our Healthy Blue Licensed Addiction Counselor. This measure will be in partnership with a Hospital ED and we can further develop this plan dependent upon a hospital partner and the level of that partnership.
4. Other interventions as determined by Healthy Blue's barrier analysis:
 - a. Healthy Blue implemented an online resource library for members in Q4 2018, with various behavioral health conditions. This self-help tool is intended to contain licensed behavioral health digital support tools, accessible through our plan member's website, and will share videos and other compelling, innovative material with members. Materials are designed to support members recovering from a BH condition, including addiction. Healthy Blue will promote a member text campaign to promote awareness of the new material.
 - b. Healthy Blue will measure the number of members identified for all SUD diagnoses per quarter over those who are utilizing the telehealth platform for visits (Focus of SBIRT).

- c. Healthy Blue will develop or employ a pediatric and adult screening tool to assist front line providers with screening members and determining if further evaluation is needed to initiate treatment to ensure comprehensive SUD evaluations are occurring and for all populations.
- d. Healthy Blue will develop a strategy to increase Prenatal SUD access to inpatient care.

3. Methodology

Performance Indicators¹

Indicator #1

Data Source(s): Administrative Claims Data

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

Indicator #2

Data Source(s): Administrative Claims Data

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

Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? Yes, Using HEDIS Administrative NCQA 2017-2018 Measures and Guidelines

If sampling was employed: N/A

Describe sampling methodology: N/A

Sample Size and Justification: N/A

Data Collection:

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

Validity and Reliability

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

Data Analysis:

Explain the data analysis procedures and, if statistical testing is conducted, specify the procedures used. Describe the methods used to analyze data, whether measurements were compared to prior results or similar studies, and if results were compared among regions, provider sites, or other subsets or benchmarks.

Timeline

Baseline Measurement Period:

Start date: 1/1/2017

End date: 12/31/2017

Submission of Proposal Report Due: 01/25/2019; 04/30/2019

Interim Measurement Period:

Start date: 1/1/2018

End date: 12/31/2018

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

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

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

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

Final Measurement Period:

Start date: 1/1/2019

End date: 9/30/2019

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

Submission of Final Report Due: 11/30/2019

4. Barriers and 5. Interventions

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

Populate the tables below with relevant information, based upon instructions in the footnotes.
Table of Barriers Identified and the Interventions Designed to Overcome Each Barrier.

Description of Barrier ²	Method and Source of Barrier Identification ³	Number of Intervention	Description of Intervention Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
Relevant knowledge and skill deficits exist at the primary and specialty care levels with regard to recognizing physical dependence and addiction. The opportunity also exists on how to proceed with the patient once SUDs are identified.	Provider	1	<p>For Rapid intervention, Healthy Blue conducted a network wide provider fax in Q1 2019 to notify providers of free SBIRT CME offered through SAMHSA.</p> <p>We will utilize the Health Promotions team to conduct provider training to improve SUD screening and SBIRT/TAPS in the primary care environments.</p>	<i>Planned Start:</i> Q3 2019 <i>Actual Start:</i> Q4 2019
Corporate Pharmacy Data specific to LA market and diagnoses omissions of certain diagnosis need to be built.	Pharmacy Utilization Data	1a	<p>Healthy Blue will periodically send these notifications in 2020 as an on-going initiative.</p> <p>Quarter 1 Up-Date: Abandoned Measure. In 2018, Louisiana was in all of the Corporate Pharmacy Controlled substance utilization monitoring rules/interventions.</p>	N/A

Description of Barrier ²	Method and Source of Barrier Identification ³	Number of Intervention	Description of Intervention Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
			<p>Healthy Blue took that guidance and requested to have our program rules updated to make these changes. The changes are currently being worked on but will not be completed before June. No data is available to report on the Pharmacy Admin data until the program rules are amended and reporting can continue in June 2019.</p> <p>Quarter 2 2019-date: Pharmacy program has been re-implemented with required exclusions made. Healthy Blue implemented the Controlled Substance Utilization Management (CSUM) program which decreases over-utilization of controlled substances, including opioids, by identifying members receiving multiple controlled medications, opioids from multiple providers filled at multiple pharmacies, or combinations of controlled substances that may indicate risk.</p> <p>Outcomes are measured by looking at the # of members discontinued of one or more of the identified medication ~ 3 months post-contact with the prescriber. Reporting will be available after 3 months of implementation (end of September).</p>	
Access to MAT Therapy	Pharmacy Utilization Data	1B	<p>Replacement Measure (1A): MAT with Opioids Pharmacy Program- This program identifies members who have a prescription for MAT, with SUD diagnosis with in a 90-day look back period and a prescription dispensed for an opioid prescription on the same dispense date or on a date after the MAT prescription was dispensed. Communication/Outreach is provided to the prescribing provider to alert them of prescribing patterns. Once communication is provided, the provider works with the member to ensure that the MAT therapy protocol is followed and that opioid prescriptions in conjunction is discontinued. Positive outcomes are measured by analyzing discontinuation of opioid prescriptions and continued use of MAT therapy.</p>	<i>Planned Start:</i> Q3 2019 <i>Actual Start:</i> Q3 2019

Description of Barrier ²	Method and Source of Barrier Identification ³	Number of Intervention	Description of Intervention Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
Provider Education	Provider Focus Groups/Provider Feedback	1C	<p>Replacement Measure (Barrier Analysis Based): Employ provider training to educate providers on the specifications of the HEDIS IET treatment initiation and follow-up performance measures and training on the evidence based SBIRT. The training will be geared to assisting providers with resources needed to aid in care gap closure, motivational interviewing, SBIRT, social determinates of health for SUD members, covered alternatives for SUD members, cycle of addiction, training on the use of developed screening tool and use of the Telemedicine platforms for rural health SBIRT BH visits. This training could be done via multiple webinars.</p> <p>Quarter 2 2019 Update- Current Training being developed and C-Mapped for IET HEDIS Training. SBIRT Initiative developed and implementation. SBIRT Initiative includes, partnering with physical health Network and Provider Relations teams to develop and distribute SBIRT education and support any corresponding/necessary SBIRT training to PCP providers. We will Implement the use of SBIRT claims monitoring from trained providers to monitor utilization. Ideally, we should see an up tick in the utilization of the SBIRT code post training.</p>	

Description of Barrier ²	Method and Source of Barrier Identification ³	Number of Intervention	Description of Intervention Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
			<p><i>Planned Start: Q3 2019 Actual Start: Q3 2019</i></p> <p>Monitoring of members who receive SBIRT treatment to analyze increases/decreases of members who are receiving SBIRT treatment as Healthy Blue continues to educate on this initiative.</p>	<p><i>Planned Start: Q3 2019 Actual Start: Q3 2019</i></p>
Access to SBIRT Service	Member Utilization data	1D	<p>Partner with hospitals/EDs/Primary Care to improve timely initiation and engagement in treatment; Healthy Blue will work with our Telemedicine vendor to explore opportunities for this technology in the Emergency Room Setting and is seeking partnerships with hospitals for this initiative.</p> <p>Abandoned Measure for reporting period of this PIP as completion of program launch was not implemented until Q4/2019. - Replacement Measure 2B Below</p> <p>Healthy Blue has formed a partnership with Dr. Van Meter to collaborate via a "MAT Linkage Program" with University Medical Center, Children's Hospital and Tulane Emergency Departments. Program Overview:</p> <ul style="list-style-type: none"> • ER initiates Real time contact with the Healthy Blue Recovery Coach • Healthy Blue Recovery Coach assists with identifying MAT Prescriber for the Member and enrolls member in to the Healthy Blue Recovery Coach Program. • Enrollment of the ER MAT Prescribers in the University of South Carolina ECHO Program(need to get details on how to enroll from Almarie and James Everheart) • Training of the ER Physicians and Staff on SBIRT (Corporate John Reeves has SBIRT training CMAPD) 	<p><i>Care Coordination: Planned Start: Q2 2019</i></p> <p><i>Partnership engagement completed: Q3 2019</i></p> <p><i>Program Launch in Q4 2019</i></p>

Description of Barrier ²	Method and Source of Barrier Identification ³	Number of Intervention	Description of Intervention Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
Member access to care	Member Utilization Data	2a	<ul style="list-style-type: none"> Provide social Marketing Materials to assist in initiating and engagement of treatment for Substance Abuse Disorders. <p>Healthy Blue will work with our Telemedicine vendor to explore opportunities for this technology in the Emergency Room Setting and will seek partnerships with hospitals to improve IET measures and MAT training. We will monitor the population of SUD members that are utilizing the telemedicine platform every quarter and report SUD members that have utilized the visits for BH.</p> <p>Abandoned Measure- Replacement Measure 2B Below</p>	<i>Planned Start: Q2 2019 Actual Start: Q2 2019</i>
Member access to care and care coordination	Member Utilization Data	2b	<p>Replacement Measure (2a). Inpatient Readmission Outreach Program- Identification of Members with Readmissions. Review of inpatient census is completed and communication is facilitated regarding discharge planning at time of recent admission. Communication/collaboration includes facilitating follow-up visits with a provider to connect SUD members to their provider to reduce hospital admissions and ensure that follow-up appointments are completed.</p>	<i>Planned Start Date: Q1 2019 Actual Start Date: Q2 2019</i>
Member Engagement (ED, Inpatient and Outpatient) Pre-Contemplation stage of change of members with SUD	Member Engagement	3	<p>Provide enhanced member care coordination of members with SUD/IET diagnosis through behavioral health integration, case management, improved communication between UM and CM for earlier notification of hospitalization, improved discharge planning practices and support of SUD screening interventions in the ED with referral to treatment and follow-up and active engagement in CM. These members engaged in CM include members who have agreed to CM, with active care plan which include goals and progress to goals.</p>	<i>Telemed: 1/1/19 Planned Start: Q2 2019 Actual Start: Date Revised Care Coordination: Planned Start: Q2 2019 Actual Start: Q2 2019</i>

Description of Barrier ²	Method and Source of Barrier Identification ³	Number of Intervention	Description of Intervention Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
Provider Focused and Member Initiation and Engagement	Barrier Analysis: Provider, Member and Plan Review	4 (a-e)	<p>a. Healthy Blue implemented an online resource library for members in Q4 2018, with various behavioral health conditions. This self-help tool is intended to contain licensed behavioral health digital support tools, accessible through our plan member's website, and will share videos and other compelling, innovative material with members. Materials are designed to support members recovering from a BH condition, including addiction. Healthy Blue will promote a member text campaign to promote awareness of the new material.</p> <p>b. Healthy Blue will measure the number of members identified for all SUD diagnoses per quarter over those who are utilizing the telehealth platform for visits (Focus of SBIRT).</p> <p>c. Healthy Blue will develop or employ a pediatric and adult screening tool to assist front line providers with screening members and determining if further evaluation is needed to initiate treatment to ensure comprehensive SUD evaluations are occurring and for all populations.</p> <p>d. Healthy Blue has developed a standard report using our population health platform to identify and notify case managers on a monthly basis of all new and current pregnant mothers with SUD's to engage in CM.</p>	<i>Planned Start:</i> Q4 2018 <i>Actual Start:</i> Q2 2019

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

Intervention Tracking (Process) Measure	Measurement 1 1/01/19-3/31/19	Measurement 2 4/01/19-6/30/19	Measurement 3 7/01/19-9/30/19
1 Notification of SAMHSA Training Provided to ALL Providers via fax. Num: Number of Providers Faxed Denom: All Healthy Blue Providers	Numerator: 6492 Denominator: 6492 Rate: 100% Q1 2019 Intervention only	Q1 2019 Intervention only	Q1 2019 Intervention only
1B Pharmacy MAT with opioids program- Identification of members prescribed MAT and opioid prescriptions. Outreach component to provider to assist with education and encouragement of positive outcomes (discontinued opioid RX) for members and engagement in continued care.	Healthy blue in planning phase for pharmacy program.	Healthy blue in planning phase for pharmacy program	Numerator: 3 Denominator: 7 Rate: 43%

Intervention Tracking (Process) Measure	Measurement 1 1/01/19-3/31/19	Measurement 2 4/01/19-6/30/19	Measurement 3 7/01/19-9/30/19
1C Provider training to educate providers on the specifications of the HEDIS IET treatment initiation and follow-up performance measures and Awareness on the evidence based SBIRT training available via SAMHSA	N/A	N/A	N/A Numerator: 71 Denominator: 81 87.65%
Numerator: # of providers outreach and provided HEDIS IET information Denominator: # of providers targeted for outreach for the quarter (81 targeted each quarter)	N/A	N/A Numerator: 120 Denominator:5456 Rate:2.2%	N/A Numerator: 120 Denominator:5456 Rate:2.2%
1D Monitoring of members who receive SBIRT interventions to analyze increases/decreases of members who are receiving SBIRT treatment as Healthy Blue continues to educate on this initiative. Numerator: # of members who received SBIRT screening and intervention Denominator: # of members identified with SUD	N/A Numerator: 747 Denominator: 1461 Rate: 51%	Numerator: 588 Denominator: 1489 Rate: 39.5%	Numerator: 823 Denominator: 1491 Rate: 55.2%
2b. Inpatient Readmission Outreach Program- Identification of Members with Readmissions. Review of inpatient census is completed and communication is facilitated regarding discharge planning at time of recent admission. Communication/collaboration includes facilitating follow-up visits with a provider to connect SUD members to their provider to reduce hospital admissions and ensure that follow-up appointments are completed.			

Intervention Tracking (Process) Measure	Measurement 1 1/01/19-3/31/19	Measurement 2 4/01/19-6/30/19	Measurement 3 7/01/19-9/30/19
<p>Numerator: # of follow-up visits completed by member with SUD diagnosis following hospital discharge</p> <p>Denominator: Members identified has having admits/re-admissions with SUD diagnosis</p>		<p>3 Provide enhanced member care coordination through behavioral health integration, case management, improved communication between UM and CM for earlier notification of hospitalization, improved discharge planning practices and support of SUD screening interventions in the ED with referral to treatment and follow-up. Healthy Blue utilizes our Recovery Coach/Utilization Management Collaboration SUD Rounds and Outreach Protocol to enhance IET Member engagement for members over 18 years of age. Members under the age of 18 are directly assigned to our Healthy Blue Licensed Addiction Counselor.</p> <p>Num: # of SUD Members actively enrolled & engaged in CM with SUD</p>	<p>Numerator: 0 Denominator: 0 Rate: 0</p> <p>Numerator: 25 Denominator: 5342 Rate: .47%</p> <p>Numerator: 163 Denominator: 5456 Rate: 2.99%</p>

Intervention Tracking (Process) Measure	Measurement 1 1/01/19-3/31/19	Measurement 2 4/01/19-6/30/19 Numerator: 0 Denominator: 0 Rate: 0	Measurement 3 7/01/19-9/30/19 Numerator: 0 Denominator: 0 Rate: 0
3B Subset measure of above measure 3 which identifies members engaged in CM who fall into the IET measure with SMI identified as a subset of members	Num.# of SUD Members also with SMI actively enrolled & engaged in CM Denom: IET Members actively enrolled & engaged in CM		

Intervention Tracking (Process) Measure	Measurement 1 1/01/19-3/31/19	Measurement 2 4/01/19-6/30/19	Measurement 3 7/01/19-9/30/19
<p>4a Members are actively enrolled in text campaign (members have not opted to disenrollment from receiving messages/education on the platform) These members have various behavioral health conditions. This self-help tool is intended to contain licensed behavioral health digital support tools, accessible through our plan member's website, and will share videos and other compelling, innovative material with members. Materials are designed to support members recovering from a BH condition, including addiction. Healthy Blue will promote a member text campaign to promote awareness of the new material.*</p> <p>Num: # of members actively enrolled in receiving education on resource library Denom: # of members outreached</p> <p>*Please note this measure is a rolling measure from quarter to quarter. This measure cannot be broken into numerator/denominator for each quarter.</p>	<p>Numerator: N/A Denominator: N/A Rate: N/A</p>	<p>Numerator: 24956 Denominator: 27045 Rate: 92.3%</p> <p>(Increase of 2,028 from Q2 for total members enrolled actively in the campaign)</p>	<p>Numerator: 26984 Denominator: 27045 Rate: 99.8%</p>
<p>4b Healthy measures the number of members identified with SUD diagnoses per quarter who have utilized the telehealth platform for visits.</p> <p>Num: # of SUD members who are utilizing the telemedicine platform for BH visits Denom: # of members identified with SUD</p>	<p>Numerator: 3097 Denominator: 5149 Rate: 60.1%</p>	<p>Numerator: 3123 Denominator: 5342 Rate: 58.46%</p>	<p>Numerator: 3148 Denominator: 5456 Rate: 57.7%</p>

Intervention Tracking (Process) Measure	Measurement 1 1/01/19-3/31/19	Measurement 2 4/01/19-6/30/19	Measurement 3 7/01/19-9/30/19
4c Healthy Blue will employ a pediatric and adult evidence based screening tool to assist front line providers with screening members and determining if further evaluation is needed to initiate treatment to ensure comprehensive SUD evaluations are occurring and for all populations.	<p>Numerator: N/A Denominator: N/A Rate: N/A</p>	<p>Development Phase</p> <p>Development Phase</p>	
<p>Num: # of providers trained on the screening tools Denom: # of providers identified for training</p> <p>4d Healthy Blue has developed a stand report using our population health platform to identify and notify case managers on a monthly basis of all new and current pregnant mothers with SUD's to engage in CM.</p> <p>Num: Members engaged in CM who are pregnant and have an SUD Diagnosis Denom: Pregnant Members identified with SUD</p>	<p>Numerator: N/A Denominator: N/A Rate: N/A</p>	<p>Numerator: 6 Denominator: 507 Rate: 1.18%</p> <p>Numerator: 8 Denominator: 501 Rate: 1.60%</p>	

Intervention Tracking (Process) Measure	Measurement 1 1/01/19-3/31/19	Measurement 2 4/01/19-6/30/19	Measurement 3 7/01/19-9/30/19
<p>5. Quality Provider monitoring/audit reviews of in-patient & outpatient LMHP providers to assess appropriate use of ASAM levels according to the LDH BH Services Manual</p> <p>Numerator: Total number of providers with passing score of 80% or above which indicates appropriate usage of ASAM levels</p> <p>Denominator: Total number of providers audited in reporting period</p> <p>Note: Providers who score lower than an 80% overall on their Quality Audit are placed on Corrective Action Plans and managed by the Quality Staff to address all areas of deficiencies.</p>	<p>Numerator: N/A Denominator: N/A Rate: N/A</p>	<p>Numerator: 8 Denominator: 8 Rate: 100%</p>	<p>Numerator: 4 Denominator: 12 33.33%</p>

6. Results

Results Table.

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period 2017	Interim Period 2018	Final Period Quarter 3, 2019	Final Goal/Target Rate
Indicator #1a.i. Initiation of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 37 Exclusions= 0 Numerator = 19 Denominator = 37 Rate = 51.35%	Eligible Population = 31 Exclusions= 0 Numerator = 15 Denominator = 31 Rate = 48.39%	Eligible Population = 41 Exclusions= 0 Numerator = 20 Denominator = 41 Rate = 48.78% (Tracking)	Target Rate: 53.13% Rationale: NCQA Quality Compass benchmarks for 90 th percentile.
Indicator #1a.ii. Initiation of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 5 Exclusions= 0 Numerator = 2 Denominator = 5 Rate = 40.00%	Eligible Population = 4 Exclusions= 0 Numerator = 3 Denominator = 4 Rate = 75.00%	Eligible Population = 6 Exclusions= 0 Numerator = 4 Denominator = 6 Rate = 66.67% (MET)	Target Rate:43.00% Rationale: NCQA Quality Compass benchmarks not available for this measure; 3% increase to baseline Stretch Goal: 67.0%
Indicator #1a.iii. Initiation of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 225 Exclusions= 0 Numerator = 143 Denominator = 225 Rate = 63.56%	Eligible Population = 229 Exclusions= 0 Numerator = 136 Denominator = 229 Rate = 59.39%	Eligible Population = 215 Exclusions= 0 Numerator = 138 Denominator = 215 Rate = 64.19% (Tracking)	Target Rate: 66.56% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; so 3% increase to baseline

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period 2017	Interim Period 2018	Final Period Quarter 3, 2019	Final Goal/Target Rate
Indicator #1a.iv. Initiation of AOD Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 249 Exclusions= 0 Numerator = 150 Denominator = 249 Rate = 60.24%	Eligible Population = 251 Exclusions= 0 Numerator = 144 Denominator = 251 Rate = 57.37% (Tracking)	Eligible Population = 244 Exclusions= 0 Numerator = 147 Denominator = 244 Rate = 60.25%	Target Rate: 63.24% Rationale: NCOQA Quality Compass benchmarks for 95th percentile exceeded; so 3% increase to baseline
Indicator #1b.i. Initiation of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 2252 Exclusions= 0 Numerator = 1162 Denominator = 2252 Rate = 51.60%	Eligible Population = 2672 Exclusions= 0 Numerator = 1538 Denominator = 2672 Rate = 57.56% (MET)	Eligible Population = 2532 Exclusions= 0 Numerator = 1453 Denominator = 2532 Rate = 57.39% (MET)	Target Rate: 53.1% Rationale: NCOQA Quality Compass benchmarks for 95th percentile rate. Stretch Target Goal: 58.0%
Indicator #1b.ii. Initiation of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1148 Exclusions= 0 Numerator = 750 Denominator = 1148 Rate = 65.33%	Eligible Population = 1338 Exclusions= 0 Numerator = 929 Denominator = 1338 Rate = 69.43% (MET)	Eligible Population = 1377 Exclusions= 0 Numerator = 944 Denominator = 1377 Rate = 68.55% (MET)	Target Rate: 68.1% Rationale: NCOQA Quality Compass benchmarks for 95th percentile. Stretch Goal: 69.00%
Indicator #1b.iii. Initiation of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 4129 Exclusions= 0 Numerator = 2274 Denominator = 4129 Rate = 55.07%	Eligible Population = 5034 Exclusions= 0 Numerator = 2936 Denominator = 5034 Rate = 58.32% (Tracking)	Eligible Population = 5039 Exclusions= 0 Numerator = 2894 Denominator = 5039 Rate = 57.43%	Target Rate: 57.58% Rationale: NCOQA Quality Compass benchmarks for 95th percentile.

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period 2017	Interim Period 2018	Final Period Quarter 3, 2019	Final Goal/Target Rate
Indicator #1b.iv. Initiation of AOD Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 6580 Exclusions= 0 Numerator = 3573 Denominator = 6580	Eligible Population = 7838 Exclusions= 0 Numerator = 4571 Denominator = 7838	Eligible Population = 3313 Exclusions= 0 Numerator = 1117 Denominator = 3313	Target Rate: 57.30% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; so 3% increase to baseline Stretch Goal: 58.00%
Indicator #1c.i. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Rate = 54.30%	Eligible Population = 2289 Exclusions= 0 Numerator = 1181 Denominator = 2289	Rate = 58.32% (Met)	Target Rate: 54.59% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; so 3% increase to baseline Stretch Goal: 58.00%
Indicator #1c.ii. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Rate = 51.59%	Rate = 57.45% (Met)	Rate = 57.25% (Met)	Target Rate: 67.99% Rationale: NCQA Quality Compass benchmarks for 95th percentile Stretch Goal: 69.00%
Indicator #1c.iii. Initiation of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Rate = 65.22%	Eligible Population = 1153 Exclusions= 0 Numerator = 752 Denominator = 1153	Rate = 69.45% (Met)	Target Rate: 57.58% Rationale: NCQA Quality Compass benchmarks for 95th percentile Stretch Goal: 58.00%

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period 2017	Interim Period 2018	Final Period Quarter 3, 2019	Final Goal/Target Rate
Indicator #1c.iv. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 6829 Exclusions= 0 Numerator = 3723 Denominator = 6829 Rate = 54.52%	Eligible Population = 8089 Exclusions= 0 Numerator = 4715 Denominator = 8089 Rate = 58.29%	Eligible Population = 7938 Exclusions= 0 Numerator = 4577 Denominator = 7938 Rate = 57.66% (Tracking)	Target Rate: 57.72% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; so 3% increase to baseline
Indicator #2a.i. Engagement of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 37 Exclusions= 0 Numerator = 7 Denominator = 37 Rate = 18.92%	Eligible Population = 31 Exclusions= 0 Numerator = 4 Denominator = 31 Rate = 12.90%	Eligible Population = 41 Exclusions= 0 Numerator = 2 Denominator = 41 Rate = 4.88% (At risk)	Target Rate: 21.22% Rationale NCQA Quality Compass benchmarks for 95th percentile
Indicator #2a.ii. Engagement of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 5 Exclusions= 0 Numerator = 0 Denominator = 5 Rate = 0.00%	Eligible Population = 4 Exclusions= 0 Numerator = 0 Denominator = 4 Rate = 0.00%	Eligible Population = 6 Exclusions= 0 Numerator = 0 Denominator = 6 Rate = 0.00% (At risk)	Target Rate: 32.79% Rationale: Target rate to be the same as for 18+.
Indicator #2a.iii. Engagement of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 225 Exclusions= 0 Numerator = 72 Denominator = 225 Rate = 32.00%	Eligible Population = 229 Exclusions= 0 Numerator = 70 Denominator = 229 Rate = 30.57%	Eligible Population = 215 Exclusions= 0 Numerator = 48 Denominator = 215 Rate = 22.33% (Tracking)	Target Rate: 35.00% Rationale NCQA Quality Compass benchmarks for 95th percentile exceeded; so 3% increase to baseline

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period 2017	Interim Period 2018	Final Period Quarter 3, 2019	Final Goal/Target Rate
Indicator #2a.iv. Engagement of AOD Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 249 Exclusions= 0 Numerator = 72 Denominator = 249 Rate = 28.92%	Eligible Population = 251 Exclusions= 0 Numerator = 71 Denominator = 251 Rate = 28.29%	Eligible Population = 244 Exclusions= 0 Numerator = 48 Denominator = 244 Rate = 19.67% (Tracking)	Target Rate: 31.92% Rationale: NCQA Quality Compass benchmarks for 95th percentile exceeded; so 3% increase to baseline Stretch Goal: 31.92%
Indicator #2b.i. Engagement of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 2252 Exclusions= 0 Numerator = 333 Denominator = 2252 Rate = 14.79%	Eligible Population = 2672 Exclusions= 0 Numerator = 441 Denominator = 2672 Rate = 16.50%	Eligible Population = 2532 Exclusions= 0 Numerator = 403 Denominator = 2532 Rate = 15.92% (Met)	Target Rate: 15.88% Rationale NCQA Quality Compass benchmarks for 90th percentile Stretch Goal: 16.00%
Indicator #2b.ii. Engagement of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1148 Exclusions= 0 Numerator = 342 Denominator = 1148 Rate = 29.79%	Eligible Population = 1338 Exclusions= 0 Numerator = 412 Denominator = 1338 Rate = 30.79%	Eligible Population = 1377 Exclusions= 0 Numerator = 439 Denominator = 1377 Rate = 31.88% (Met)	Target Rate: 31.52% Rationale: NCQA Quality Compass benchmarks for 75th percentile. Stretch Goal: 32.00%
Indicator #2b.iii. Engagement of AOD Treatment: age 18+ years, Other drug abuse or dependence	A	Eligible Population = 4129 Exclusions= 0 Numerator = 702 Denominator = 4129 Rate = 17.0%	Eligible Population = 5034 Exclusions= 0 Numerator = 983 Denominator = 5034 Rate = 19.53%	Eligible Population = 5039 Exclusions= 0 Numerator = 879 Denominator = 5039 Rate = 17.44% (Tracking)	Target Rate: 21.38% Rationale: NCQA Quality Compass benchmarks for 95th percentile

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period 2017	Interim Period 2018	Final Period Quarter 3, 2019	Final Goal/Target Rate
diagnosis cohort					
Indicator #2b.iv. Engagement of AOD Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 6580 Exclusions= 0 Numerator = 1162 Denominator = 6580 Rate = 17.66%	Eligible Population = 7838 Exclusions= 0 Numerator = 1553 Denominator = 7838 Rate = 19.56% (Tracking)	Eligible Population = 7694 Exclusions= 0 Numerator = 1428 Denominator = 7694 Rate = 18.56%	Target Rate: 21.55% Rationale: NCQA Quality Compass benchmarks for 90th percentile
Indicator #2c.i. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 2289 Exclusions= 0 Numerator = 340 Denominator = 2289 Rate = 14.85%	Eligible Population = 2703 Exclusions= 0 Numerator = 445 Denominator = 2703 Rate = 16.46% (Tracking)	Eligible Population = 2573 Exclusions= 0 Numerator = 405 Denominator = 2573 Rate = 15.74% (Tracking)	Target Rate: 16.14% Rationale: NCQA Quality Compass benchmarks for 90th percentile
Indicator #2c.ii. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1153 Exclusions= 0 Numerator = 342 Denominator = 1153 Rate = 29.66%	Eligible Population = 1342 Exclusions= 0 Numerator = 412 Denominator = 1342 Rate = 30.70%	Eligible Population = 1383 Exclusions= 0 Numerator = 439 Denominator = 1383 Rate = 31.74% (Met)	Target Rate: 31.47% Rationale: NCQA Quality Compass benchmarks for 75th percentile Stretch Goal: 32.00%
Indicator #2c.iii. Engagement of AOD	A	Eligible Population = 4354 Exclusions= 0 Numerator = 774	Eligible Population = 5263 Exclusions= 0 Numerator = 1053	Eligible Population = 5254 Exclusions= 0 Numerator = 327	Target Rate: 20.81% Rationale: NCQA Quality Compass benchmarks for 95th percentile

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period 2017	Interim Period 2018	Final Period Quarter 3, 2019	Final Goal/Target Rate
Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort		Denominator = 4354 Rate = 17.78%	Denominator = 5263 Rate = 20.01%	Denominator = 5254 Rate = 17.64% (Tracking)	
Indicator #2c.iv. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 6829 Exclusions= 0 Numerator = 1234 Denominator = 6892 Rate = 18.07%	Eligible Population = 8089 Exclusions= 0 Numerator = 1604 Denominator = 8089 Rate = 19.83%	Eligible Population = 7938 Exclusions= 0 Numerator = 1476 Denominator = 7938 Rate = 18.59% (Tracking)	Target Rate: 21.37% Rationale: NCQA Quality Compass benchmarks for 90th percentile

7. Discussion

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

Discussion of Results

Performance Indicator Results:

Indicator #1a.i.

Initiation of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort- This performance measure performed well overall. From Baseline to Final the measure decreased 2.57%. From Quarter 1 to Quarter 2 there was a 17.81% improvement with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of 53.13% at 48.78%; however, it is on track to meet for Quarter 4.

Indicator #1a.ii. Initiation of AOD Treatment:

age 13-17 years, Opioid abuse or dependence diagnosis cohort- This performance measure performed well overall. From Baseline to Final the measure increased 26.67%. From Quarter 1 to Quarter 2 there was an 80.00% improvement with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed above the goal of initial goal of 43.00% at 66.67%.

Indicator #1a.iii. Initiation of AOD Treatment:

age 13-17 years, Other drug abuse or dependence diagnosis cohort- This performance measure performed well overall. From Baseline to Final the measure increased .63%. From Quarter 1 to Quarter 2 there was a 3.57% decrease with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed below the goal of 66.56% at 64.19%; however, it is on track to meet for Quarter 4.

Indicator #1a.iv. Initiation of AOD Treatment:

age 13-17 years, Total diagnosis cohort- This performance measure performed well overall. From Baseline to Final the measure increased .01%. From Quarter 1 to Quarter 2 there was a .66% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed below the goal of 63.24% at 60.25%; however, it is on track to meet for Quarter 4.

Indicator #1b.i.

Initiation of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort- This performance measure performed well overall. From Baseline to Final the measure increased 5.79%. From Quarter 1 to Quarter 2 there was a 1.86% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed above the goal of 53.10% at 57.39%.

Indicator #1b.ii.

Initiation of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort- From Baseline to Final the measure increased 3.22%. From Quarter 1 to Quarter 2 there was a 3.45% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed above the goal of 68.10% at 68.55%.

Indicator #1b.iii.

Initiation of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort- From Baseline to Final the measure increased 2.36%. From Quarter 1 to Quarter 2 there was a 3.16% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of 57.58% at 57.43%; however, it is on track to meet for Quarter 4.

Indicator #1b.iv.

Initiation of AOD Treatment: age 18+ years, Total diagnosis cohort- From Baseline to Final the measure increased 3.28%. From Quarter 1 to Quarter 2 there was a 2.17% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed above the goal of 57.30% at 57.58%.

Indicator #1c.i.

Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort- From Baseline to Final the measure increased 5.66%. From Quarter 1 to Quarter 2 there was a 2.02% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed above the goal of 54.59% at 57.25%.

Indicator #1c.ii.

Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort- From Baseline to Final the measure increased 3.33%. From Quarter 1 to Quarter 2 there was a 3.52% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure slightly above the goal of 67.99% at 68.55%.

Indicator #1c.iii.

Initiation of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort- From Baseline to Final the measure increased 2.2%. From Quarter 1 to Quarter 2 there was a 2.98% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly above goal of 57.58% at 57.71%.

Indicator #1c.iv.

Initiation of AOD Treatment: Total age groups, Total diagnosis cohort- From Baseline to Final the measure increased 3.14%. From Quarter 1 to Quarter 2 there was a 6.19% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of 57.72% at 57.66%; however, it is on track to meet for Quarter 4.

Indicator #2a.i.

Engagement of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort- From Baseline to Final the measure decreased 14.04%. From Quarter 1 to Quarter 2 there was a 4.17% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed below the goal of 21.22% at 4.88%.

Indicator #2a.ii.

Engagement of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort- From Baseline to Final the measure remained the same at 0.00%. From Quarter 1 to Quarter 2 there was a 0.00% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed below the goal of 32.79% at 0.00%.

Indicator #2a.iii.

Engagement of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort- From Baseline to Final the measure decreased 9.67%. From Quarter 1 to Quarter 2 there was a 1.06% decrease with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed below the goal of 35.00% at 22.33%; however, it is on track to meet for Quarter 4.

Indicator #2a.iv.

Engagement of AOD Treatment: age 13-17 years, Total diagnosis cohort- From Baseline to Final the measure decreased 9.25%. From Quarter 1 to Quarter 2 there was a .44% decrease with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed below the goal of 31.92% at 19.67%; however, it is on track to meet for Quarter 4.

Indicator #2b.i.

Engagement of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort- From Baseline to Final the measure increased 1.13%. From Quarter 1 to Quarter 2 there was a 2.5% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure met the goal of 15.88% at 15.92%.

Indicator #2b.ii.

Engagement of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort- From Baseline to Final the measure increased 2.09%. From Quarter 1 to Quarter 2 there was a 4.64% increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure met goal of 31.52% at 31.88%.

Indicator #2b.iii.

Engagement of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort- From Baseline to Final the measure decreased **.44%**. From Quarter 1 to Quarter 2 there was a **3.23%** increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of **20.81%** at **17.64%**; however, it is on track to meet for Quarter 4.

Indicator #2b.iv.

Engagement of AOD Treatment: age 18+ years, Total diagnosis cohort- From Baseline to Final the measure increased **.90%**. From Quarter 1 to Quarter 2 there was a **3.37%** increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of **21.55%** at **18.56%**; however, it is on track to meet for Quarter 4.

Indicator #2c.i.

Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort- From Baseline to Final the measure increased **.89%**. From Quarter 1 to Quarter 2 there was a **4.71%** increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of **16.14%** at **15.74%**; however, it is on track to meet for Quarter 4.

Indicator #2c.ii.

Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort- From Baseline to Final the measure increased **1.04%**. From Quarter 1 to Quarter 2 there was a **4.98%** increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of **31.47%** at **31.74%**.

Indicator #2c.iii.

Engagement of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort- From Baseline to Final the measure increased **2.23%**. From Quarter 1 to Quarter 2 there was a **3.23%** increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of **20.81%** at **17.64%**; however, it is on track to meet for Quarter 4.

Indicator #2c.iv.

Engagement of AOD Treatment: Total age groups, Total diagnosis cohort- From Baseline to Final the measure increased **1.76%**. From Quarter 1 to Quarter 2 there was a **4.37%** increase with an increase in the denominator. For Quarter 3, 2019 Final Measurement Period the measure landed slightly below the goal of **21.37%** at **18.59%**; however, it is on track to meet for Quarter 4.

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: Based on intervention tracking the extent to which some measures were attainable can be attributed to the implementation of Telemedicine and the increase of access to care for members in this vulnerable population. Additionally, the re-admission care coordination program aided in ensuring that member's received the proper follow-up and treatment following a post-hospitalization. Provider education is a crucial component to ensuring that providers are educated on the importance of MAT and SBIRT intervention. While Healthy Blue employed educational opportunities for providers, there is much opportunity in 2020 to expand the educational platform for providers in the network in order to improve measures overall.

What factors were associated with success or failure? The ability to engage members in Case Management programs, coordination of follow-up care and education of providers were crucial to the success of this project. The ability to engage and reach this population presented a challenge which contributed to the failure of meeting certain goals which relied heavily on active participation of the member. Additionally, due to the short timeframe of this Performance Improvement Plan, it was proven difficult to plan, develop, implement and show intervention measure improvement within a timeframe of three (3) Quarters.

Limitations

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

- **Were there any factors that may pose a threat to the internal validity the findings?** Timely submission of provider claims and correct coding.
- **Were there any threats to the external validity the findings?** None
- **Describe any data collection challenges.** Collection of data that involved pharmacy data for members with SUD had to involve an extra process of ensuring that certain diagnosis' were excluded from the data pull to ensure no skewing of the data existed.

Member Participation

Describe methods utilized to solicit or encourage membership participation: Healthy Blue underwent an exercise to obtain feedback from members via individualized member interviews, these interviews were conducted via our Case Management Recovery Coach Staff. The member interviews consisted of determining: Perceived susceptibility, perceived severity, perceived action efficacy and perceived social acceptability. Additionally, Quality staff members who conduct state required Treatment Record Review audits sample members throughout the year and complete motivational interviewing regarding the care they have received from network Licensed Behavioral Health Practitioners. Healthy Blue will utilize this information in the future to conduct a Plan Do Study Act (PDSA) exercise to continue to build upon interventions to address barriers.

Dissemination of Findings

- **Describe the methods used to make the findings available to members, providers, or other interested parties:** Healthy Blue makes Quality Improvement information available to members via Quality Program Up-Date Post Card sent out to members annually. The information is also up-dated on our Web-site.

8. Next Steps

Description of Intervention	Lessons Learned	System-level changes made and/or planned	Next Steps
Overall Provider Training on SBIRT and MAT	<p>Provider Training in 2019 occurred; however, a more in depth/intensive training program for providers needs to be implemented in collaboration with offering care coordination resources for providers who are treating members with SUD.</p>	<p>Health Blue has begun piloting a "MAT Linkage Program" with three (3) emergency departments to offer training and care coordination resources. Additionally, Provider Road Shows in 2020 will include training on SBIRT.</p>	<p>Track and Measure outcomes related to MAT Linkage Program</p> <p>Post SAMHSA Training available on the provider portal for ease of provider access</p>
Pharmacy Program to identify members exceeding 50 MMR for rapid change and intervention opportunities.	<p>Healthy Blue could not participate in the corporate wide CSUM program as the state had certain requirements that had to be in place (i.e. the removal or exclusions of certain diagnosis: BURNS, SICKLE CELL, CANCER and PALLIATIVE CARE/HOSPICE).</p>	<p>Replacement measure was developed: MAT with Opioids Pharmacy Program- This program identifies members who have a prescription for MAT, with SUD diagnosis with in a 90-day look back period and a and a prescription dispensed for an opioid prescription on the same dispense date or on a date after the MAT prescription was dispensed.</p> <p>Communication/Outreach is provided to the prescribing provider to alert them of prescribing patterns. Once communication is provided, the provider works with the member to ensure that the MAT therapy protocol is followed and that opioid prescriptions in conjunction is discontinued. Positive</p>	

		<p>outcomes are measured by analyzing discontinuation of opioid prescriptions and continued use of MAT therapy.</p>		
Emergency Room Exclusive partnership for care coordination	<p>Healthy Blue attempted to actively pursue ED partnerships to implement a care coordination program for EDs which were practicing MAT prescribing. It was a proven challenge to engage facilities and develop a program which did not require additional resources from the ED staff to implement.</p> <p>Intervention development to target members ages 13-17 with SUD diagnosis</p>	<p>As of Quarter 4, 2019 Healthy Blue was able to successfully partner with and engage with Emergency Departments to deploy a "MAT Linkage Program"</p>	<p>Begin monitoring and tracking</p>	
Case Management Engagement of members with SUD, including pregnant members, adolescents and members with SMI	<p>Members who are actively engaged in treatment are easier for Case manager's to connect with and engage. It is more difficult for a member to be engaged in Case Management and benefit from services offered, if they are not actively in treatment. It has been found that connection during treatment reduces communication and transportation barriers.</p>	<p>Healthy Blue to conduct member focus group with members and parents of adolescents to survey the barriers they are facing in terms of access to care and/or poor treatment outcomes.</p>	<p>Develop member focus group and develop interventions to outreach and engage this subpopulation in order to increase overall outcomes.</p>	<p>Track and Measure outcomes related to MAT Linkage Program</p>

		Provider Road Shows in 2020 will include training on SBIRT.
Intervention development to expand access to care for pregnant members with SUD	Through our provider focus group, Healthy Blue learned that OBGYN's are finding it difficult to coordinate care for high risk pregnant member's with SUD's due to specialist and/or facilities not willing to treat patients during pregnancy.	<p>Healthy Blue to conduct additional focus group with OBGYN's to gain additional insight to barriers and intervention development brain storming to address access to care issue. Additionally, Healthy Blue to implement telemed campaign education to providers and members to ensure they are aware these services are available for members.</p> <p>Develop provider focus group to construct interventions for access to care for pregnant members with SUD's. Launch telemed campaign for education to providers and members on services available, especially in rural areas.</p>