Healthy Louisiana Performance Improvement Project (PIP)

MCO Name: UnitedHealthcare

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

2018- 2019

Project Phase: Proposal
Original Submission Date: 11/7/2018
Revised Submission Date: 1/26/2019
Second Revised Submission Date: 3/11/2019
Project Phase: Final (draft)
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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

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1. Principal MCO Contact Person

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PIP proposal: Principal MCO Contact Signature   11/7/2018
Baseline Report: Principal MCO Contact Signature   Date
Interim Report: Principal MCO Contact Signature   Date
Final Report: Principal MCO Contact Signature   Date

2. Additional Contact(s)

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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: UnitedHealthcare
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.

Julie Morial MD
_____

Medical Director Signature   11/7/2018
Julie Morial, MD

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Behavioral Health Medical Director   11/7/2018
Jose Calderon Abbo

Deborah B. Junot BSN RN
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Quality Director Signature   11/7/2018
Deborah Junot

IS Director Signature (when applicable)   Date
Printed Name

[signature]

CEO Signature   11/7/2018
Alison Young

The undersigned approve this FINAL PIP Report:

Hayley Clothier

Behavioral Health Quality Director signature   11/7/2019
Hayley Clother

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CEO Signature   11/12/2019
Karl Lirette

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: According to the American Psychiatric Association, there are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance use and abuse places a huge burden on the health care system (Schneider Institute 2001). The IET PIP topic addresses our member needs due to the prevalence of alcohol and other drug dependence among both our adolescent and adult population. 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). 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). Although the plan surpassed the state-wide rate average, there was still room for improvement based on the 2017 NCQA National Percentiles.

Project Aims: The aim of the project was to improve both the total rate of initiation and the total rate of engagement for alcohol and other drug abuse or dependence treatment (AOD) in members ages 13 years and older with a new AOD diagnosis by 3 percentage points. The project also included tracking several sub-measures, including rates for specific subsets of diagnoses such as Alcohol and Opioid dependence.

Methodology

Eligible Population: The eligible population includes 13 years and older as of December 31 of the measurement year. Two age stratifications are included (13-17 and 18+), as well as a total rate. There are also sub-measures for each age group, including alcohol abuse/dependence, opioid abuse/dependence, and other drug abuse/dependence.

Description of Annual Performance Indicators: 1) The percentage of members who initiated 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 2) The percentage of members who engaged in 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

Sampling Method: Not applicable

Baseline and Re-measurement Periods: Baseline Measurement Period: 1/1/2017 to 12/31/2017; Interim Measurement Period: 1/1/2018 to 12/31/2018; Final Measurement Period 1/1/2019 to 9/30/2019

Data Collection Procedures: Data for this measure is collected administratively only, electronically, using extraction software. The parameters for extraction come directly from the Healthcare Effectiveness Data and Information Set (HEDIS®) measure for Initiation and Engagement of Alcohol and Other Drug Abuse or

Dependence Treatment (IET). These data extracts are already in place in order to track and trend all HEDIS® measures throughout the year.   Initiation of AOD Treatment is defined as: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis. Engagement of AOD Treatment is defined as: The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit. The intake period for the measure is January 1 through November 15 of the measurement year. The index episode is defined as the earliest inpatient, intensive outpatient, partial hospitalization, outpatient, telehealth, detoxification or ED visit with a diagnosis of alcohol or other drug abuse or dependence.

Interventions
Member Barriers Identified: Lack of member knowledge or engagement in AOD treatment
Interventions to address member barriers: Enhance education around AOD issues through interaction with case management, expand availability of medication assisted treatment to members
Provider Barriers Identified: Provider lack of knowledge on the treatment of AOD (including triage, resources and referrals)
Interventions to address provider barriers: Education for providers on appropriate screening tools and resources/referrals, including emergency room staff. Targeted education to providers in high volume areas.

Results
Report Data for Annual Performance Indicators: There were three sub-measures that demonstrated improvement from baseline to final measurement year, including, 1) Engagement of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis, 2) Engagement of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis and 3) Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort. The final rate for total initiation was just above the NCQA® quality compass 66th percentile, at 45.94, and did not meet the goal of 95th percentile (53.29). The final rate for total engagement was just below the NCQA® quality compass 66th percentile, at 15.12, and did not meet the goal of 95th percentile (21.4).

Conclusions
Interpret improvement in terms of whether or not Target Rates were met for annual performance indicators: There were no measures that met the target rate for the project.
Indicate interventions that did and did not work in terms of quarterly intervention tracking measure trends: Although education around appropriate screening and intervention led to minimal improvements in targeted regions, interventions appeared to be ineffective in improving overall rates. While some interventions may have made traction, several are still in progress and have not had enough time to successfully impact rates.
Study Design Limitations: The target rates for the project were aligned with NCQA ® quality compass, which is based on a full calendar year of data. There were only nine months of data available for the final measurement period of the project. The use of HEDIS rates as indicators prevents accurate determination on the effectiveness of interventions due to reporting and claims lags.
Lessons Learned and Next Steps: There is limited provider knowledge around appropriate screening and referral of members with a substance use disorder. Members are often initially diagnosed in a medical setting, with little knowledge of the resources available for treatment. In order to increase provider engagement, next steps include additional provider communications and materials, as well as primary care and facility facing meetings to address any barriers to serving members with substance use disorders. The network of Medication Assisted Treatment (MAT) providers is being assessed ongoing, with additional recruitment efforts as appropriate. There are internal staff educational activities planned to promote awareness of both provider and member facing resources. Member materials are being developed to reduce the stigma of substance use treatment and promote member engagement in substance use treatment.

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):**

Alcohol and other Drug dependence is common across many age groups and is a cause of morbidity, mortality and decreased productivity. There is strong evidence that treatment for AOD dependence can improve health, productivity and social outcomes, and can save millions of dollars on health care and related costs (NCQA, 2018). According to the American Psychiatric Association, there are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance use and abuse places a huge burden on the health care system (Schneider Institute 2001).

**some members may be represented in more than one sub-measure

Table 1: Measure Demographics (age)

	Age Group					
	13 - 17			18+		
	Total mbrs	Non compliant #	Noncompliant %	Total mbrs	Non compliant #	Noncompliant %
Initiation of AOD Treatment total (unique)	**432**	**229**	**53%**	9,577	4,857	51%
Initiation of AOD treatment: Other	391	199	51%	6,156	2,995	49%
Initiation of AOD treatment: Opioid	15	8	53%	1,853	703	38%
Initiation of AOD treatment: Alcohol	56	34	61%	3,169	1,702	54%
Engagement of AOD Treatment total (unique)	**432**	**402**	**93%**	9,577	8,012	84%
Engagement of AOD treatment: Other	391	284	73%	6,156	5,179	84%
Engagement of AOD treatment: Opioid	15	11	73%	1,853	1,350	73%
Engagement of AOD treatment: Alcohol	56	49	88%	3,169	2,770	87%

Table 2: Measure demographics (gender)

	Gender					
	Female			Male		
	Total mbrs	Non compliant #	Noncompliant %	Total mbrs	Non compliant #	Noncompliant %
Initiation of AOD Treatment total (unique)	**5170**	**2706**	**52%**	**4,839**	**2,380**	**49%**
Initiation of AOD treatment: Other	3513	1775	51%	3,034	1,419	47%
Initiation of AOD treatment: Opioid	1081	433	40%	787	278	35%
Initiation of AOD treatment: Alcohol	1381	780	56%	1,844	956	52%
Engagement of AOD Treatment total (unique)	**5170**	**4344**	**84%**	**4,839**	**3,989**	**82%**
Engagement of AOD treatment: Other	3513	2980	85%	3,034	2,483	82%
Engagement of AOD treatment: Opioid	1081	804	74%	787	557	71%
Engagement of AOD treatment: Alcohol	1381	1216	88%	1,844	1,603	87%

Table 3: Measure Demographics (race)

	Race					
	White			Black or African American		
	Total mbrs	Non compliant #	Noncompliant %	Total mbrs	Non compliant #	Noncompliant %
Initiation of AOD Treatment total (unique)	5222	2449	47%	4147	2303	56%
Initiation of AOD treatment: Other	3304	1494	45%	2854	1494	52%
Initiation of AOD treatment: Opioid	1319	466	35%	450	207	46%
Initiation of AOD treatment: Alcohol	1558	773	50%	1419	834	59%
Engagement of AOD Treatment total (unique)	5222	4187	80%	4147	3596	87%
Engagement of AOD treatment: Other	3304	2680	81%	2854	2443	86%
Engagement of AOD treatment: Opioid	1319	922	70%	450	360	80%
Engagement of AOD treatment: Alcohol	1558	1320	85%	1419	1281	90%

Table 4: Measure Demographics (race, continued)

	Race					
	Unknown race			American Indian and Alaska Native (64), Asian (27) Native Hawaiian & Other Pacific Islander (1))		
	Total mbrs	Non compliant #	Noncompliant %	Total mbrs	Non compliant #	Noncompliant %
Initiation of AOD Treatment total (unique)	548	292	53%	92	42	46%
Initiation of AOD treatment: Other	323	173	54%	66	33	50%
Initiation of AOD treatment: Opioid	87	35	40%	12	3	25%
Initiation of AOD treatment: Alcohol	219	119	54%	29	10	34%
Engagement of AOD Treatment total (unique)	548	474	86%	92	76	83%
Engagement of AOD treatment: Other	323	284	88%	66	56	85%
Engagement of AOD treatment: Opioid	87	70	80%	12	9	75%
Engagement of AOD treatment: Alcohol	219	193	88%	29	25	86%

Table 5: Regional Breakdown of Compliance Rates

District & Sub-measure	Region		
	Total mbrs	Non compliant #	Noncompliant %
Initiation of AOD Treatment	**10009**	**5086**	**51%**
Capital Area Human Services District (CAHSD)	1476	751	51%
Acadiana Human Services District (AAHSD)	1186	587	49%
Metropolitan Human Services District (MHSD)	1273	701	55%
South Central Louisiana Human Services Authority (SCLHSA)	1123	623	55%
Florida Parishes Human Services Authority (FPHSA)	1124	529	47%
Northwest Louisiana Human Services District (NLHSD)	1052	498	47%
Jefferson Parish Human Services Authority (JPHSA)	867	427	49%
Northeast Delta Human Services Authority (NEDHSA)	814	359	44%
Imperial Calcasieu Human Services Authority (ImCal)	506	293	58%
Central Louisiana Human Services District (CLSHD)	535	292	55%
out of state address	53	26	49%
Engagement of AOD Treatment	**10009**	**8333**	**83%**
Capital Area Human Services District (CAHSD)	1476	1250	85%
Acadiana Human Services District (AAHSD)	1186	1008	85%
Metropolitan Human Services District (MHSD)	1273	1105	87%
South Central Louisiana Human Services Authority (SCLHSA)	1123	937	83%
Florida Parishes Human Services Authority (FPHSA)	1124	898	80%
Northwest Louisiana Human Services District (NLHSD)	1052	870	83%
Jefferson Parish Human Services Authority (JPHSA)	867	735	85%
Northeast Delta Human Services Authority (NEDHSA)	814	614	75%
Imperial Calcasieu Human Services Authority (ImCal)	506	433	86%
Central Louisiana Human Services District (CLSHD)	535	437	82%
out of state address	53	46	87%

Table 6: Special subpopulations by region, includes the number of members per region in each subpopulation and the percentage of the regional denominator.

District	# of members	# with SPMI DX for any claim in 2017	# with SPMI DX & 2 or more IP BH admits in 2017	# with SPMI DX & 4 or more ER visits in 2017	Pregnant	IDD DX
Total	10009	6733 (67%)	729 (7%)	526 (5%)	650 (6%)	91 (>1%)
Capital Area Human Services District (CAHSD)	1476	965 (65%)	126 (9%)	59(4%)	125 (8%)	13
Acadiana Human Services District (AAHSD)	1186	863 (73%)	103 (9%)	80 (7%)	82 (7%)	16
Metropolitan Human Services District (MHSD)	1273	815 (64%)	83 (7%)	53 (4%)	48 (4%)	20
South Central Louisiana Human Services Authority (SCLHSA)	1123	793(71%)	83 (7%)	77 (7%)	99 (9%)	8
Florida Parishes Human Services Authority (FPHSA)	1124	786 (70%)	77 (7%)	54 (5%)	58 (5%)	8

Northwest Louisiana Human Services District (NLHSD)	1052	682 (65%)	74 (7%)	85 (8%)	69 (7%)	7
Jefferson Parish Human Services Authority (JPHSA)	867	598 (69%)	58 (7%)	31 (4%)	33 (4%)	5
Northeast Delta Human Services Authority (NEDHSA)	814	482 (59%)	54 (7%)	35 (4%)	67 (8%)	8
Imperial Calcasieu Human Services Authority (ImCal)	506	359 (71%)	35 (7%)	24 (5%)	22 (4%)	2
Central Louisiana Human Services District (CLSHD)	535	354 (66%)	31 (6%)	26 (5%)	44 (8%)	4
out of state address	53	36	5 (9%)	2 (4%)	3 (6%)	0

Table 7: Special Subpopulations

	SPMI			Pregnant		
	Total mbrs	Non compliant #	Noncompliant %	Total mbrs	Non compliant #	Noncompliant %
Initiation of AOD Treatment total (unique)	**6733**	**3164**	**47%**	**650**	**343**	**53%**
Initiation of AOD treatment: Other	4637	2123	46%	534	286	54%
Initiation of AOD treatment: Opioid	1278	449	35%	119	44	37%
Initiation of AOD treatment: Alcohol	2001	953	48%	52	31	60%
Engagement of AOD Treatment total (unique)	6733	5580	**83%**	650	543	**84%**
Engagement of AOD treatment: Other	4637	3906	84%	534	460	86%
Engagement of AOD treatment: Opioid	1278	931	73%	119	84	71%
Engagement of AOD treatment: Alcohol	2001	1713	86%	52	44	85%

Table 8: Special Subpopulations continued

	IP Utilization			ER Utilization		
	Total mbrs	Non compliant #	Noncompliant %	Total mbrs	Non compliant #	Noncompliant %
Initiation of AOD Treatment total (unique)	596	89	**15%**	125	21	**17%**
Initiation of AOD treatment: Other	470	70	15%	113	17	15%
Initiation of AOD treatment: Opioid	80	8	10%	11	2	18%
Initiation of AOD treatment: Alcohol	195	25	13%	33	6	18%
Engagement of AOD Treatment total (unique)	596	478	**80%**	125	108	**86%**
Engagement of AOD treatment: Other	470	396	84%	113	98	87%
Engagement of AOD treatment: Opioid	80	59	74%	11	11	100%
Engagement of AOD treatment: Alcohol	195	153	78%	33	30	91%

UnitedHealthcare Community Plan of Louisiana completed several analyses surrounding the members who fall into the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) HEDIS ® measure.

The following trends were noted from the data:

• Noncompliance rates for members ages 13-17 were slightly higher than those of adult members for initiation and engagement (Table 1). The denominator for this age group (432) was also lower than the denominator of the adult population (9577).

• Female members had a slightly higher noncompliance rate (Initiation – 52%, engagement 84%) than male members (Initiation 49%, engagement 82%) (Table 2).

• African American members had higher rates of noncompliance (Initiation – 56%, engagement 87%) than white members (Initiation 47%, engagement 80%)(Table 3). Members with unknown race and other races made up a small portion of the total denominator, at around 6% (from Table 4).

• The sub-measure with the highest rate of noncompliance in most demographic sub-categories was engagement of treatment for members with an alcohol use disorder (Tables 1-4).

• The sub-measure with the lowest rate of noncompliance in most demographic sub-categories was initiation of treatment for members with an opioid use disorder (Tables 1-4).

• The regions with the highest number of members in the measure were Capital Area, Acadiana, and Metropolitan Human Services District (Table 5). These three regions made up 40% of the total denominator for the measure, as well as 40% of the total numerator. These three regions also had the highest number of members with co-occurring diagnoses (Table 6).

• The region with the highest rate of noncompliance was Imperial Calcasieu (58%), which also had one of the lowest denominators for the measure. All regions fell between 44% and 58% noncompliance rate for initiation and 75% to 87% noncompliance rate for engagement.

• Northwest Louisiana Human Services District had the highest number of emergency room high utilizers (4 or more visits) within the measure (Table 6).

• Acadiana and Capital Area Human Services districts had the highest number of inpatient high utilizers (2 or more) within the measure (Table 6).

• Table 7 & 8 provide additional breakouts of non-compliance by special subpopulations.   The data in these tables demonstrate the highest rate of noncompliance of the subpopulations is with the SPMI and Pregnancy populations. Additionally, of all subpopulations, the engagement measure has the highest percentage of non-compliance.

There were a significant number of members within the measure that had a co-occurring severe and persistent mental health diagnosis. The data also established regions with the highest concentration of members, Capital Area Human Services District, Acadiana Human Services District, and Metropolitan Human Services District. Data drill down indicated emergency department utilization highest in the Northwest Louisiana Human Services District.

The IET PIP topic addresses our member needs due to the prevalence of alcohol and other drug dependence among both our adolescent and adult population. 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 primary 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).

Citations:

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment. (n.d.). Retrieved October 10, 2018, from https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/

Ericson, N. (2001). Substance Abuse: The Nation's Number One Health Problem. PsycEXTRA Dataset. doi:10.1037/e381342004-001

Increases in Drug and Opioid Overdose Deaths - United States, 2000–2014. (2016, January 01). Retrieved October 10, 2018, from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm

Lee, M. T., Garnick, D. W., O'Brien, P. L., Panas, L., Ritter, G. A., Acevedo, A., . . . Godley, M. D. (2012, June). Adolescent treatment initiation and engagement in an evidence-based practice initiative. Retrieved October 10, 2018, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3345887/

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, noninstitutionalized population of the United States aged 12 years old or older, and also includes mental health issues and mental health service utilization for adolescents aged 12 to 17 and adults aged 18 or older. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The data used in this report are based on information obtained from approximately 67,500 individuals aged 12 or older per year in the United States. Additional information about NSDUH is available at http://www.samhsa.gov/data/population-data-nsduh.

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

  This PIP will focus on the initiation and engagement of treatment for alcohol, opioids and other substances with both the adolescent (13-17) population and the adult (18+) population.

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

  Several studies conducted by The National Center for Biotechnology Information (a part of the United States National Library of Medicine, which is a branch of the National Institute of Health) indicate that treatment and engagement are recognized as important benchmarks on the path to recovery from substance use disorders.   Early withdrawal from treatment tends to leads to relapse, indicating ongoing engagement in treatment is the most successful indicator of remission.

  An additional study from the National Institute of Health and the US Department of Veterans Affairs examined the patient-level associations between the Health Plan Employer Data and Information Set (HEDIS) substance use disorder (SUD) treatment engagement quality indicator and improvements in clinical outcomes. Administrative and survey data from 2,789 US Department of Veterans Affairs SUD patients were used to estimate the effects of meeting the HEDIS engagement criterion on improvements in Addiction Severity Index Alcohol, Drug, and Legal composite scores. Patients meeting the engagement indicator improved significantly more in all domains than patients who did not engage, and the relationship was stronger for alcohol and legal outcomes for patients seen in outpatient settings.

  Citations:

  Harris, A. H., Humphreys, K., Bowe, T., Tiet, Q., & Finney, J. W. (2008). Does Meeting the HEDIS Substance Abuse Treatment Engagement Criterion Predict Patient Outcomes? The Journal of Behavioral Health Services & Research, 37(1), 25-39. doi:10.1007/s11414-008-9142-2

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

The following table summarizes the plan performance for the baseline year, in comparison with the Statewide Average. Although the plan surpassed the average, there is still room for improvement based on the 2017 NCQA National Percentiles.

Measure	UHCCPLA	2018 SWA	Difference
Alcohol abuse/dependence: Initiation of AOD	46.17	45.33	+0.84
Alcohol abuse/dependence: Engagement of AOD	12.59	11.57	+1.02
Opioid abuse/dependence: Initiation of AOD	61.94	60.56	+1.38
Opioid abuse/dependence: Engagement of AOD	27.14	25.92	+1.22
Other drug abuse/dependence: Initiation of AOD	51.21	50.25	+0.96
Other drug abuse/dependence: Engagement of AOD	16.56	15.36	+1.2
Total: Initiation of AOD	49.19	48.51	+0.68
Total: Engagement of AOD	16.74	15.3	+1.44

- For total initiation, our rate was 49.19, which was above the state wide average of 48.67 as well as above the 2018 NCQA quality compass 75th percentile of 46.4.
- For total engagement, our rate was 16.74, which was above the state wide average of 15.30 and slightly below the 2018 NCQA quality compass 75th percentile of 17.74.
- For alcohol initiation, our rate was 46.47, which was above the state wide average of 45.33 (there is no national percentile for this measure).
- For alcohol engagement, our rate was 12.59, which was above the state wide average of 11.57 (there is no national percentile for this measure).
- For opioid initiation, our rate was 61.94, which was above the state wide average of 60.56 (there is no national percentile for this measure).
- For opioid engagement, our rate was 27.14, which was above the state wide average of 25.92 (there is no national percentile for this measure).
- For other drugs initiation, our rate was 51.21, which was above the state wide average of 50.25 (there is no national percentile for this measure).
- For other drugs engagement, our rate was 16.56, which was above the state wide average of 15.36 (there is no national percentile for this measure).

2. Aim Statement, Objectives and Goals

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

By *9/30/2019* the MCO aims to improve the total rate of Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (AOD) for *members aged 13 years and older with a new AOD diagnosis by 3 percentage points.*

By *9/30/2019* the MCO aims to improve the total rate of Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (AOD) for *members aged 13 years and older with a new AOD diagnosis by 3 percentage points.*

Note: In the results table, set target rates for each performance indicator, as well.

Objective(s) :
"Implement [describe major intervention(s)] to improve [performance indicator] from baseline to final measurement."\

Implement the following interventions to improve total initiation and engagement rates for members 13 years and older from the baseline to the final measurement.

1. Conduct provider training and outreach to expand the workforce for treatment initiation and follow-up (e.g., MAT guidelines, SUD resources, screening and assessment of SUD);
2. Focus on member engagement with SUD treatment (e.g., case management, community outreach and education, drug take back days);
3. Partner with hospitals/EDs to improve timely initiation and engagement in treatment (e.g., placement of case management support workers in ED settings, targeted education for high volume EDs);
4. Improve the internal process and monitoring of SUD providers, particularly those that provide MAT services (e.g., closer monitoring of providers with waiver privileges);
5. Provide enhanced member care coordination (e.g., placement of case management support workers in ED settings).

3. Methodology

Performance Indicators[1]
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 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

If sampling was employed: N/A
Describe sampling methodology: Click here to enter text. Identify if random sampling was used, stratified sampling, etc.
Sample Size and Justification: Click here to enter text.

Data Collection:
Describe who will collect the data (using staff titles and qualifications), and data collection tools used (abstraction tools, software, surveys, etc.). If a survey is used, indicate survey method (phone, mail, face-to-face), the number of surveys distributed and completed, and the follow-up attempts to increase response rate.

Data for this measure is collected administratively only, electronically, using extraction software. The parameters for extraction come directly from the Healthcare Effectiveness Data and Information Set (HEDIS®) measure for Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). These data extracts are already in place in order to track and trend all HEDIS® measures throughout the year.

The IET measure is targeted at identifying the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Initiation of AOD Treatment: The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis.
- Engagement of AOD Treatment: The percentage of members who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit.

The intake period for the measure is January 1 through November 15 of the measurement year. The index episode is defined as the earliest inpatient, intensive outpatient, partial hospitalization, outpatient, telehealth, detoxification or ED visit with a diagnosis of alcohol or other drug abuse or dependence.

The eligible population includes 13 years and older as of December 31 of the measurement year. Two age stratifications are included (13-17 and 18+), as well as a total rate. There are also sub-measures for each age group, including alcohol abuse/dependence, opioid abuse/dependence, and other drug abuse/dependence.

**See Attachment A for data collection algorithm
**See Attachment D for intervention tracking measure data collection procedure

Validity and Reliability
(For definitions, refer to Glossary of PIP Terms in HEALTHY_LOUISIANA_PIP_TEMPLATE_w_example)**:**

Describe efforts used to ensure data validity and reliability. For medical record abstraction, describe abstractor training, inter-rater reliability (IRR) testing, quality monitoring, and edits in the data entry tool. For surveys, address if the survey instrument has been validated. For administrative data, describe validation that has occurred, methods to address missing data and audits that have been conducted.

The data collection process is audited by specific NCQA certified auditors. The auditors perform a review of UHC's transaction systems and data analysis procedures, examine computer programs to confirm adherence to NCQA specifications, interview key process representatives, examine select transactions including claims, and benchmark the performance rates for each measure against normative data.

Data Analysis of ITM trends

Intervention	Intervention Tracking Measure	Lessons learned	System-level changes made and/or planned	Next Steps
1a. Provide education for network providers on SBIRT, which includes how to triage SUD, information about motivational interviewing, and how to file claims/reimbursal. Education would be aimed at PCPs and other medical providers.	Track the number of clams for SBIRT Num: The number of providers educated on SBIRT who submitted an SBIRT claim Denom: Number of providers educated on SBIRT	Web-based provider training was under-utilized by providers. Tracking SBIRT claims may not be an accurate way to determine provider education/utilization of SBIRT tools. The highest number of providers educated were when the intervention was initially introduced.	Discussed under-utilization with network educators to determine additional avenues to increase provider awareness of appropriate triage, screening and intervention.	Network to increase communications around available trainings, as well as provide this material in additional settings, such as provider expos, other face to face provider interactions and integrated provider meetings. Provide refresher trainings to practice management staff to ensure this education is consistently being presented throughout every quarter.
1b. Target emergency room providers in Northwest Louisiana Human Services District (NLHSD) for education, including SBIRT and referral options for SUD treatment.	Track the number of emergency room providers educated in Northwest Louisiana Human Services District (NLHSD) on SBIRT and referral options that have utilized SBIRT Num: The number of emergency room providers educated on SBIRT who submitted an SBIRT claim Denom: Number of emergency room providers educated on SBIRT	Coordinating meetings with emergency department staff was more challenging than initially anticipated. No meetings took place during the measurement period.	Due to delays in implementing this intervention, system level changes cannot be assessed at this time. We continue to be in communication with both facilities, with potential meetings dates in Q4 or Q1 2020.	Extend education to additional facilities to reach a larger group of emergency department providers.
1c. Targeted outreach to high volume providers in Capital Area Human Services District (CAHSD), Metropolitan Human Services District (MHSD), and Acadiana Human Services District (AAHSD) including referral resources for SUD treatment and	Track the rate of initiation and engagement for the three regions Initiation: Num: The number members who followed up after an SUD diagnosis within 14 days in these three regions Denom: The total number of members in the measure for these regions	This intervention appeared to be effective, as we saw an increasing trend in rates. The adolescent population was a susceptible subpopulation.	Educational materials were offered to additional providers outside of the initial test group. Discussion with multi-disciplinary team around how to increase engagement of adolescents in SUD treatment.	Continue to extend education to additional providers within these regions, as well as additional regions within the state. The plan has identified the need to improve engagement with the adolescent population and is exploring provider

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the importance of timely follow up	Engagement: Num: The number members who initiated treatment and had two or more additional services within 34 days of the initiation visit Denom: The total number of members in the measure for these regions			contracts that would offer C&A peer support services. The behavioral health telepsych program and peer to peer consultation is slated to be available to pediatricians to treat mild substance use disorder issues. This is targeted for Q1 2020.
2a. Enhance SUD education for members with SUD who are identified for case management in order to increase initiation and engagement.	Track the number of members with SUD who are identified for case management and how this effects the rate of initiation and engagement Sub-measure A: Numerator: the number of members in the measure who qualify for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and who were enrolled in case management Denominator: the number of members in the measure who qualify for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management Sub-measure B: Numerator: the number of members in the measure who qualified for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and have initiated Substance Use Disorder (SUD) treatment in the reporting period Denominator: the number of members in the measure who qualify for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and who were enrolled in case management	We determined that our case managers wanted more member specific materials for use with members who had a low motivation for treatment. Many members appeared to be in denial that they had a substance use disorder, leading to refusal of case management services. Members are difficult to find due to addresses and phone numbers often being incorrect.	A system change is being made at the MCO level to incorporate this training into the annual requirements for case managers.	Conduct annual case management staff training around engaging members with SUD diagnoses.

	Sub-measure C: Numerator: the number of members in the measure who qualified for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and have engaged in Substance Use Disorder (SUD) treatment in the reporting period Denominator: the number of members in the measure who qualify for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and who were enrolled in case management			
2b. Provide additional member facing materials specific to SUD treatment options for case management use	Intervention Tracking Measure not yet developed, materials are still in process	The development, approval and dissemination of member materials took more time than initially anticipated.	Due to delays in implementing this intervention, system level changes cannot be assessed at this time.	Complete development of member educational material, for use with case management staff dissemination to members with SUD.

Analysis of the effectiveness of this intervention will be conducted in 2020. |
| 2c. Re-educate Community Health Workers on their scope of practice and when to refer to a Behavioral Health Advocate | Identify the number of case management staff that were re-educated Numerator: The number of case management staff educated Denominator: The total number of case management staff | Through our case management survey, we identified the need to provide refresher training on when to escalate cases to more intensive case management staff.

100% of staff were re-educated on this process. | Refresher training will be provided regularly at case management staff meetings to ensure appropriate job aides and work flows are being followed. | Conduct case management survey routinely to identify any additional training needs and tools for case management staff. |
| 3a. Identify who is currently in network and providing MAT services | Identify the number of MAT prescribers in network Num: The unduplicated count of designated in network MAT prescribers for any claims for MAT prescriptions (Buprenorphine: Naloxone, Buprenorphine, Naltrexone, Acamposate, Disulfiram) in the last 12 | There were providers in-network that had the MAT waiver, but were not listed as MAT providers within the network directory.

We noted we may be missing some of the facility based providers | At the MCO level, we continue to enhance our tracking of MAT prescribers to ensure accuracy in our provider directory. | We are continuing to monitor the number of MAT providers. Another report will be run in January to determine the stability of the network.

Network leadership to review the details of how data was obtained for |

	months Denom:Total of unduplicated prescribers for any claims for MAT prescriptions (Buprenorphine: Naloxone, Buprenorphine, Naltrexone, Acamposate, Disulfiram) in the last 12 months	for some quarters.		continuity.
3b. Conduct an assessment of MAT providers to determine if additional providers are needed for the network. If so, conduct recruiting efforts to add MAT providers to network. Including education on MAT services, reimbursement and claim filing.	Identify any members who have at least one claim with a primary Opioid Use Diagnosis or Alcohol Use Disorder in the last 12 months to determine MAT provider to member ratio Numerator: The unduplicated count of designated in network MAT providers over the last 12 months by region Denominator: The unduplicated count of members with have had at least one claim with a primary diagnosis of OUD or AUD in the last 12 months by region (multiplied by 1000 to determine ratio per 1000 members)	These ratios were directly affected by the changes in the MAT network. There is no regulatory threshold for MAT providers at this time.	The system wide change for the MCO is to continue to improve our ability to identify MAT prescribers and have them correctly designated in our provider directory.	The next step is to implement a routine process for cross referencing prescribers on the national registry for DEAX waivers against our in-network provider list to identify additional prescribers who should be designated as MAT providers in our network.

**See Attachment B for the HEDIS® Certification of MedMeasures
**See Attachment D for additional information regarding individual Intervention Tracking Measures validity and reliability

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.

Methods to analyze data include a review of baseline results, as well as comparison with the results of the collaborating MCOs, as aggregated for the project. Rates were compared to the baseline data, and will be compared with the collaborating MCO results. HEDIS® rates were also compared to the national Quality Compass® benchmarks. The indicator results will be calculated according to the study indicator specifications and then compared to the goals and benchmarks for each indicator. Improvement will be interpreted in terms of the extent to which the target rates are met for each sub-measure, as indicated in the results table in section 6.

Timeline

Report the baseline, interim and final measurement data collections periods below.
Baseline Measurement Period:
Start date: 1/1/2017
End date: 12/31/2017

Submission of Proposal Report Due: 11/7/2018

Interim Measurement Period:
Start date: 1/1/2018
End date: 12/31/2018

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

Submission of 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.
See Attachment C: Fishbone Diagram
See Attachment E: Community Health Worker and Behavioral Health Advocate job aid

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 lack of knowledge on the treatment of SUD in general (i.e. triage, resources, referrals)	Direct provider meetings conducted over second and third quarter 2018 We will continue to identify provider specific barriers through our clinical and network interactions with providers in provider meetings and educational forums	1	1a. Provide education for network providers on SBIRT, which includes how to triage SUD, information about motivational interviewing, and how to file claims/reimbursal. Education would be aimed at PCPs and other medical providers.	*Planned Start: December 2018 Actual Start: April 2019 Date Revised: 7/26/19*
			1b. Target emergency room providers in Northwest Louisiana Human Services District (NLHSD) for education, including SBIRT and referral options for SUD treatment.	*Planned Start: March 2019 Actual Start: November 2019 Date Revised:10/31/19*
			1c. Targeted outreach to high volume providers in Capital Area Human Services District (CAHSD), Metropolitan Human Services District (MHSD), and Acadiana Human Services District (AAHSD) including referral resources for SUD treatment and the importance of timely follow up.	*Planned Start: March 2019 Actual Start: June 2019 Date Revised: 7/26/19*
Lack of member knowledge or engagement in SUD treatment	Multi-disciplinary meeting with representation across behavioral health and medical, including medical directors, quality leadership, network	2	2a. Enhance SUD education for members with SUD who are identified for case management in order to increase initiation and engagement.	*Planned Start: January 2019 Actual Start: January 2019 Date Revised: 7/26/19*

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]
	and clinical teams			
	Results from both Child and Adult Behavioral Health Survey for UHCCP (questions 14 for child and 15 for adults regarding different types of treatment)		2b. Provide additional member facing materials specific to SUD treatment options for case management use	*Planned Start: November 2019 Actual Start: Not yet Implemented (Targeted Q1 2020)*
	Survey case management staff regarding member barriers and direct member feedback		2c. Re-educate Community Health Workers on their scope of practice and when to refer to a Behavioral Health Advocate	*Planned Start: August 2019 Actual Start: August 2019*
MCO is not clear regarding the number of MAT providers in network	Multi-disciplinary meeting with representation across behavioral health and medical, including medical directors, quality leadership, network and clinical teams	3	3a. Identify who is currently in network and providing MAT services	*Planned Start: November 2018 Actual Start: December 2018 Date Revised: 4/26/19*
			3b. Conduct an assessment of MAT providers to determine if additional providers are needed for the network. If so, conduct recruiting efforts to add MAT providers to network. Including education on MAT services, reimbursement and claim filing.	*Planned Start: February 2019 Actual Start: February 2019 Date Revised: 4/26/19*

2,3,4,5: See PIP HEALTHY_LOUISIANA_PIP_TEMPLATE_w_examples for examples and additional guidance.

Monitoring Table YEAR 1: Quarterly Reporting of Rates for Intervention Tracking Measures, with corresponding intervention numbers (cumulative).
See Attachment D: Intervention Tracking Measures Document

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2019	Q2 2019	Q3 2019	Q4 2019
1a.	Track the number of clams for SBIRT Num: The number of providers educated on SBIRT who submitted an SBIRT claim Denom: Number of providers educated on SBIRT	Numerator: 0 Denominator: 0 Rate: 0	Numerator: 2 Denominator: 16 Rate: 12.5%	Numerator: 0 Denominator: 13 Rate: 0	Numerator: Enter # Denominator: Enter # RateEnter results of num÷denom
1b.	Track the number of emergency room providers educated in Northwest Louisiana Human Services District (NLHSD) on SBIRT and referral options that have utilized SBIRT Num: The number of emergency room providers educated on SBIRT who submitted an SBIRT claim Denom: Number of emergency room providers educated on SBIRT	Numerator: 0 Denominator: 0 Rate: 0	Numerator: 0 Denominator: 0 Rate: 0	Numerator: 0 Denominator: 0 Rate: 0	Numerator: Enter # Denominator: Enter # RateEnter results of num÷denom
1c.	Track the rate of initiation and engagement for the three regions Initiation: Num: The number members who followed up after an SUD diagnosis within 14 days in these three regions Denom: The total number of members in the measure for these regions Engagement: Num: The number members who initiated treatment and had two or more additional services within 34 days of the initiation visit Denom: The total number of members in the measure for these regions	Initiation - Numerator: 693 Denominator: 1566 Rate: 44.3% Engagement - Numerator: 188 Denominator: 1566 Rate: 12%	Initiation - Numerator: 1475 Denominator: 3171 Rate: 46.5% Engagement - Numerator: 479 Denominator: 3171 Rate: 15.1%	Initiation - Numerator: 2128 Denominator: 4474 Rate: 47.56% Engagement - Numerator: 680 Denominator: 4474 Rate: 15.20%	Numerator: Enter # Denominator: Enter # RateEnter results of num÷denom
2a.	Track the number of members with SUD who are identified for case management and how this effects the rate of initiation and engagement				Numerator: Enter # Denominator: Enter # RateEnter results of num÷denom

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2019	Q2 2019	Q3 2019	Q4 2019
	Sub-measure A: Numerator: the number of members in the measure who qualify for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and who were enrolled in case management Denominator: the number of members in the measure who qualify for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management	Numerator A: 7 Denominator: 548 Rate: 1.2%	Numerator A: 41 Denominator: 1176 Rate: 3.5%	Numerator A: 95 Denominator: 2227 Rate: 4.27%	
	Sub-measure B: Numerator: the number of members in the measure who qualified for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and have initiated Substance Use Disorder (SUD) treatment in the reporting period Denominator: the number of members in the measure who qualify for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and who were enrolled in case management	Numerator B: 5 Denominator: 7 Rate: 71.4%	Numerator B: 32 Denominator: 41 Rate: 78%	Numerator B: 66 Denominator: 95 Rate:69.5%	
	Sub-measure C: Numerator: the number of members in the measure who qualified for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and have engaged in Substance Use Disorder (SUD) treatment in the reporting period Denominator: the number of members in the measure who qualify for Substance Use Disorder (SUD)/Serious Mental Illness (SMI) case management and who were enrolled in case management	Numerator C: 3 Denominator: 7 Rate: 42.9%	Numerator C: 19 Denominator: 41 Rate: 46.3%	Numerator C: 32 Denominator: 95 Rate: 33.9%	
2b.	To be determined	N/A	N/A	N/A	Numerator: Enter #

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2019	Q2 2019	Q3 2019	Q4 2019
					Denominator: Enter # Rate: Enter results of num÷denom
2c.	Identify the number of case management staff that were re-educated Numerator: The number of case management staff educated Denominator: The total number of case management staff	N/A	N/A	Numerator: 33 Denominator: 33 Rate: 100.00%	Numerator: Enter # Denominator: Enter # Rate: Enter results of num÷denom
3a.	Identify the number of MAT prescribers in network Num: The unduplicated count of designated in network MAT prescribers for any claims for MAT prescriptions (Buprenorphine: Naloxone, Buprenorphine, Naltrexone, Acamposate, Disulfiram) in the last 12 months Denom:Total of unduplicated prescribers for any claims for MAT prescriptions (Buprenorphine: Naloxone, Buprenorphine, Naltrexone, Acamposate, Disulfiram) in the last 12 months	Numerator: 14 Denominator: 307 Rate: 4.56%	Numerator: 228 Denominator: 307 Rate: 74.3%	Numerator: 137 Denominator: 307 Rate: 44.62%	
3b.	Identify any members who have at least one claim with a primary Opioid Use Diagnosis or Alcohol Use Disorder in the last 12 months to determine MAT provider to member ratio Numerator: The unduplicated count of designated in network MAT providers over the last 12 months by region Denominator: The unduplicated count of members with have had at least one claim with a primary diagnosis of OUD or AUD in the last 12 months by region (multiplied by 1000 to determine ratio per 1000 members)	CAHSD – 0:1000 MHSD – 20.3:1000 FPHSA – 3.7:1000 SCLHSA – 4.8:1000 AAHSD – 5.1:1000 JPHSA = 5.3:1000 NWHSD – 7.1:1000 NEDHSD – 0:1000	CAHSD – 13.8:1000 MHSD – 33.2:1000 FPHSA – 19.4:1000 SCLHSA – 4.7:1000 AAHSD – 27.2:1000 JPHSA = 40.8:1000 NWHSD – 50.8:1000 NEDHSD – 51.2:1000	CAHSD – 11.1:1000 MHSD – 13.7:1000 FPHSA – 6.9:1000 SCLHSA – 4.61:1000 AAHSD – 11.72:1000 JPHSA = 38.6:1000 NWHSD – 35.4:1000 NEDHSD – 12.93:1000	

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2019	Q2 2019	Q3 2019	Q4 2019
		CLHSD – 0:1000 ICHSA – 23:1000	CLHSD – 33.4:1000 ICHSA – 80.6:1000	CLHSD – 15.62:1000 ICHSA – 33:1000	

6: See PIP HEALTHY_LOUISIANA_PIP_TEMPLATE_w_examples for examples and additional guidance.

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

Number of Intervention	Description of Intervention Tracking Measures[6]	Q1 2019	Q2 2019	Q3 2019	Q4 2019
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 # RateEnter 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 # RateEnter 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 # RateEnter 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 # RateEnter 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 (Cumulative).

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS 2018	Interim Period HEDIS 2019	Final Period 1/1/2019 to 9/30/2019	Final Goal/Target Rate **Target Date: 9/30/2019**
Indicator #1a.i. Initiation of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 56 Exclusions= N/A If "H", Sample size = 0 Numerator = 22 Denominator = 56 Rate = 39.29	Eligible Population = 55 Exclusions= N/A If "H", Sample size = 0 Numerator = 22 Denominator = 55 Rate = 40.00	Eligible Population = 41 Exclusions= N/A If "H", Sample size = 0 Numerator = 12 Denominator = 41 Rate = 29.27	Target Rate: Quality Compass percentile 66.67th percentile rate = 44.07% Rationale: Next quality compass benchmark
Indicator #1a.ii. Initiation of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 15 Exclusions= N/A If "H", Sample size = 0 Numerator = 7 Denominator = 15 Rate = 46.67	Eligible Population = 17 Exclusions= N/A If "H", Sample size = 0 Numerator = 10 Denominator = 17 Rate = 58.82	Eligible Population = 10 Exclusions= N/A If "H", Sample size = 0 Numerator = 3 Denominator = 10 Rate = 30	Target Rate: 49.67% Rationale: Quality compass national benchmark is not available for this measure, therefore, target was set for an increase of 3 percentage points
Indicator #1a.iii. Initiation of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 391 Exclusions= N/A If "H", Sample size = 0 Numerator = 192 Denominator = 391 Rate = 49.10	Eligible Population = 424 Exclusions= N/A If "H", Sample size = 0 Numerator = 221 Denominator = 424 Rate = 52.12	Eligible Population = 357 Exclusions= N/A If "H", Sample size = 0 Numerator = 157 Denominator = 357 Rate = 44.35	Target Rate: Quality Compass percentile 75th percentile rate = 51.51% Rationale: Next quality compass benchmark

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS 2018	Interim Period HEDIS 2019	Final Period 1/1/2019 to 9/30/2019	Final Goal/Target Rate **Target Date: 9/30/2019**
Indicator #1a.iv. Initiation of AOD Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 432 Exclusions= N/A If "H", Sample size = 0 Numerator = 203 Denominator = 432 Rate = 46.99	Eligible Population = 460 Exclusions= 0 If "H", Sample size = N/A Numerator = 227 Denominator = 460 Rate = 49.35	Eligible Population = 388 Exclusions= N/A If "H", Sample size = 0 Numerator = 162 Denominator = 388 Rate = 41.75	Target Rate: Quality Compass percentile 75th percentile rate = 48.76% Rationale: Next quality compass benchmark
Indicator #1b.i. Initiation of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 3169 Exclusions= N/A If "H", Sample size = 0 Numerator = 1467 Denominator = 3169 Rate = 46.29	Eligible Population = 3842 Exclusions= N/A If "H", Sample size = 0 Numerator = 1665 Denominator = 3842 Rate = 43.34	Eligible Population = 3450 Exclusions= N/A If "H", Sample size = 0 Numerator = 1578 Denominator = 3450 Rate = 45.74	Target Rate: Quality Compass percentile 90th percentile rate = 49.26 Rationale: Next quality compass benchmark
Indicator #1b.ii. Initiation of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1853 Exclusions= N/A If "H", Sample size = 0 Numerator = 1150 Denominator = 1853 Rate = 62.06	Eligible Population = 2396 Exclusions= N/A If "H", Sample size = 0 Numerator = 1395 Denominator = 2396 Rate = 58.22	Eligible Population = 2263 Exclusions= N/A If "H", Sample size = 0 Numerator = 1382 Denominator = 2263 Rate = 61.07	Target Rate: Quality Compass percentile 90th percentile rate = 65.4 Rationale: Next quality compass benchmark
Indicator #1b.iii. Initiation of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 6156 Exclusions= N/A If "H", Sample size = 0 Numerator = 3161 Denominator = 6156 Rate = 51.35	Eligible Population = 8045 Exclusions= N/A If "H", Sample size = 0 Numerator = 3749 Denominator = 8045 Rate = 46.60	Eligible Population = 7448 Exclusions= N/A If "H", Sample size = 0 Numerator = 3473 Denominator = 7448 Rate = 46.63	Target Rate: Quality Compass percentile 90th percentile rate = 53.26 Rationale: Next quality compass benchmark

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS 2018	Interim Period HEDIS 2019	Final Period 1/1/2019 to 9/30/2019	Final Goal/Target Rate Target Date: 9/30/2019
Indicator #1b.iv. Initiation of AOD Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 9577 Exclusions= N/A If "H", Sample size = 0 Numerator = 4720 Denominator = 9577 Rate = 49.28	Eligible Population = 12382 Exclusions= N/A If "H", Sample size = 0 Numerator = 5638 Denominator = 12382 Rate = 45.53	Eligible Population = 11216 Exclusions= N/A If "H", Sample size = 0 Numerator = 5169 Denominator = 11216 Rate = 46.09	Target Rate: Quality Compass percentile 95th percentile rate = 53.9% Rationale: Next quality compass benchmark
Indicator #1c.i. Initiation of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 3225 Exclusions= N/A If "H", Sample size = 0 Numerator = 1489 Denominator = 3225 Rate = 46.17	Eligible Population = 3897 Exclusions= N/A If "H", Sample size = 0 Numerator = 1687 Denominator = 3897 Rate = 43.29	Eligible Population = 3491 Exclusions= N/A If "H", Sample size = 0 Numerator = 1590 Denominator = 3491 Rate = 45.55	Target Rate: Quality Compass percentile 90th percentile rate = 48.63% Rationale: Next quality compass benchmark
Indicator #1c.ii. Initiation of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1868 Exclusions= N/A If "H", Sample size = 0 Numerator = 1157 Denominator = 1868 Rate = 61.94	Eligible Population = 2413 Exclusions= N/A If "H", Sample size = 0 Numerator = 1405 Denominator = 2413 Rate = 58.23	Eligible Population = 2273 Exclusions= N/A If "H", Sample size = 0 Numerator = 1385 Denominator = 2273 Rate = 60.93	Target Rate: Quality Compass percentile 90th percentile rate = 65.22% Rationale: Next quality compass benchmark
Indicator #1c.iii. Initiation of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 6547 Exclusions= N/A If "H", Sample size = 0 Numerator = 3353 Denominator = 6547 Rate = 51.21	Eligible Population = 8469 Exclusions= N/A If "H", Sample size = 0 Numerator = 3970 Denominator = 8469 Rate = 46.88	Eligible Population = 7802 Exclusions= N/A If "H", Sample size = 0 Numerator = 3630 Denominator = 7802 Rate = 46.53	Target Rate: 54.21% Rationale: Quality compass national benchmark is not available for this measure, therefore, target was set for an increase of 3 percentage points

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS 2018	Interim Period HEDIS 2019	Final Period 1/1/2019 to 9/30/2019	Final Goal/Target Rate Target Date: 9/30/2019
Indicator #1c.iv. Initiation of AOD Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 10009 Exclusions= N/A If "H", Sample size = 0 Numerator = 4923 Denominator = 10009 Rate = 49.19	Eligible Population = 12842 Exclusions= N/A If "H", Sample size = 0 Numerator = 5865 Denominator = 12842 Rate = 45.67	Eligible Population = 11604 Exclusions= N/A If "H", Sample size = 0 Numerator = 5331 Denominator = 11604 Rate = 45.94	Target Rate: Quality Compass percentile 95th percentile rate = 53.29% Rationale: Next quality compass benchmark
Indicator #2a.i. Engagement of AOD Treatment: age 13-17 years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 56 Exclusions= N/A If "H", Sample size = 0 Numerator = 7 Denominator = 56 Rate = 12.50	Eligible Population = 55 Exclusions= N/A If "H", Sample size = 0 Numerator = 8 Denominator = 55 Rate = 14.55	Eligible Population = 41 Exclusions= N/A If "H", Sample size = 0 Numerator = 4 Denominator = 41 Rate = 9.76	Target Rate: Quality Compass percentile 75th percentile rate = 16.23% Rationale: Next quality compass benchmark
Indicator #2a.ii. Engagement of AOD Treatment: age 13-17 years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 15 Exclusions= N/A If "H", Sample size = 0 Numerator = 4 Denominator = 15 Rate = 26.67	Eligible Population = 17 Exclusions= N/A If "H", Sample size = 0 Numerator = 5 Denominator = 17 Rate = 29.41	Eligible Population = 10 Exclusions= N/A If "H", Sample size = 0 Numerator = 1 Denominator = 10 Rate = 10	Target Rate: 29.67% Rationale: Quality compass national benchmark is not available for this measure, therefore, target was set for an increase of 3 percentage points
Indicator #2a.iii. Engagement of AOD Treatment: age 13-17 years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 391 Exclusions= N/A If "H", Sample size = 0 Numerator = 107 Denominator = 391 Rate = 27.37	Eligible Population = 424 Exclusions= N/A If "H", Sample size = 0 Numerator = 100 Denominator = 424 Rate = 23.58	Eligible Population = 354 Exclusions= N/A If "H", Sample size = 0 Numerator = 68 Denominator = 354 Rate = 19.21	Target Rate: Quality Compass percentile 95th percentile rate = 31.51% Rationale; Next quality compass benchmark

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS 2018	Interim Period HEDIS 2019	Final Period 1/1/2019 to 9/30/2019	Final Goal/Target Rate Target Date: 9/30/2019
Indicator #2a.iv. Engagement of AOD Treatment: age 13-17 years, Total diagnosis cohort	A	Eligible Population = 432 Exclusions= N/A If "H", Sample size = 0 Numerator = 111 Denominator = 432 Rate = 25.69	Eligible Population = 460 Exclusions= N/A If "H", Sample size = 0 Numerator = 104 Denominator = 460 Rate = 22.61	Eligible Population = 388 Exclusions= N/A If "H", Sample size = 0 Numerator = 68 Denominator = 388 Rate = 17.53	Target Rate: Quality Compass percentile 95th percentile rate = 28.67% Rationale; Next quality compass benchmark
Indicator #2b.i. Engagement of AOD Treatment: age 18+ years, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 3169 Exclusions= N/A If "H", Sample size = 0 Numerator = 399 Denominator = 3169 Rate = 12.59	Eligible Population = 3842 Exclusions= N/A If "H", Sample size = 0 Numerator = 489 Denominator = 3842 Rate = 12.73	Eligible Population = 3450 Exclusions= N/A If "H", Sample size = 0 Numerator = 441 Denominator = 3450 Rate = 12.78	Target Rate: 15.59% Rationale; Quality compass national benchmark is not available for this measure, therefore, target was set for an increase of 3 percentage points
Indicator #2b.ii. Engagement of AOD Treatment: age 18+ years, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1853 Exclusions= N/A If "H", Sample size = 0 Numerator = 503 Denominator = 1853 Rate = 27.15	Eligible Population = 2396 Exclusions= N/A If "H", Sample size = 0 Numerator = 585 Denominator = 2396 Rate = 24.42	Eligible Population = 2263 Exclusions= N/A If "H", Sample size = 0 Numerator = 615 Denominator = 2263 Rate = 27.18	Target Rate: Quality Compass percentile 75th percentile rate = 31.52 Rationale; Next quality compass benchmark
Indicator #2b.iii. Engagement of AOD Treatment: age 18+ years, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 6156 Exclusions= N/A If "H", Sample size = 0 Numerator = 977 Denominator = 6156 Rate = 15.87	Eligible Population = 8045 Exclusions= N/A If "H", Sample size = 0 Numerator = 1205 Denominator = 8045 Rate = 14.98	Eligible Population = 7448 Exclusions= N/A If "H", Sample size = 0 Numerator = 1075 Denominator = 7448 Rate = 14.43	Target Rate: Quality Compass percentile 90th percentile rate = 17.91% Rationale; Next quality compass benchmark

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS 2018	Interim Period HEDIS 2019	Final Period 1/1/2019 to 9/30/2019	Final Goal/Target Rate Target Date: 9/30/2019
Indicator #2b.iv. Engagement of AOD Treatment: age 18+ years, Total diagnosis cohort	A	Eligible Population = 9577 Exclusions= N/A If "H", Sample size = 0 Numerator = 1565 Denominator = 9577 Rate = 16.34	Eligible Population = 12382 Exclusions= N/A If "H", Sample size = 0 Numerator = 1882 Denominator = 12382 Rate = 15.20	Eligible Population = 11216 Exclusions= N/A If "H", Sample size = 0 Numerator = 1687 Denominator = 11216 Rate = 15.04	Target Rate: 19.34% Rationale; Quality compass national benchmark is not available for this measure, therefore, target was set for an increase of 3 percentage points
Indicator #2c.i. Engagement of AOD Treatment: Total age groups, Alcohol abuse or dependence diagnosis cohort	A	Eligible Population = 3225 Exclusions= N/A If "H", Sample size = 0 Numerator = 406 Denominator = 3225 Rate = 12.59	Eligible Population = 3897 Exclusions= N/A If "H", Sample size = 0 Numerator = 497 Denominator = 3897 Rate = 12.75	Eligible Population = 3491 Exclusions= N/A If "H", Sample size = 0 Numerator = 445 Denominator = 3491 Rate = 12.75	Target Rate: Quality Compass percentile 90th percentile rate = 16.14% Rationale; Next quality compass benchmark
Indicator #2c.ii. Engagement of AOD Treatment: Total age groups, Opioid abuse or dependence diagnosis cohort	A	Eligible Population = 1868 Exclusions= N/A If "H", Sample size = 0 Numerator = 507 Denominator = 1868 Rate = 27.14	Eligible Population = 2413 Exclusions= N/A If "H", Sample size = 0 Numerator = 590 Denominator = 2413 Rate = 24.45	Eligible Population = 2273 Exclusions= N/A If "H", Sample size = 0 Numerator = 616 Denominator = 2273 Rate = 27.1	Target Rate: Quality Compass percentile 75th percentile rate = 31.47% Rationale; Next quality compass benchmark
Indicator #2c.iii. Engagement of AOD Treatment: Total age groups, Other drug abuse or dependence diagnosis cohort	A	Eligible Population = 6547 Exclusions= N/A If "H", Sample size = 0 Numerator = 1084 Denominator = 6547 Rate = 16.56	Eligible Population = 8469 Exclusions= N/A If "H", Sample size = 0 Numerator = 1305 Denominator = 8469 Rate = 15.41	Eligible Population = 7802 Exclusions= N/A If "H", Sample size = 0 Numerator = 1143 Denominator = 7802 Rate = 14.65	Target Rate: 19.56% Rationale; Quality compass national benchmark is not available for this measure, therefore, target was set for an increase of 3 percentage points

Performance Indicator	Administrative (A) or Hybrid (H) Measure?	Baseline Period HEDIS 2018	Interim Period HEDIS 2019	Final Period 1/1/2019 to 9/30/2019	Final Goal/Target Rate **Target Date: 9/30/2019**
Indicator #2c.iv. Engagement of AOD Treatment: Total age groups, Total diagnosis cohort	A	Eligible Population = 10009 Exclusions= N/A If "H", Sample size = 0 Numerator = 1676 Denominator = 10009 Rate = 16.74	Eligible Population = 12842 Exclusions= N/A If "H", Sample size = 0 Numerator = 1986 Denominator = 12842 Rate = 15.46	Eligible Population = 11604 Exclusions= N/A If "H", Sample size = 0 Numerator = 1755 Denominator = 11604 Rate = 15.12	Target Rate: Quality Compass percentile 95th percentile rate = 21.4% Rationale: Next quality compass benchmark

7. Discussion

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

Discussion of Results

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

Adolescent population
Although initiation rates initially increased from baseline to interim measurement periods, overall the initiation rate for adolescents decreased 5.24% from baseline to final measurement year. The largest decrease in initiation with this population occurred within the opioid sub-measure (decreased by 16.67%), but both the alcohol (decreased by 10.02%) and other drug abuse (decreased by 4.75%) sub-measures decreased as well. Although the opioid and alcohol sub-measures demonstrated a slight increase in rates from baseline to interim measurement year, overall the engagement rates of adolescents decreased by 8.16%. The largest decrease in engagement rates was also within the opioid sub-measure.

Adult Population
The initiation rate for the adult population decreased by 3.19% from baseline to final measurement year. Initially, the overall rate decreased from baseline to interim measurement year, increasing slightly from interim to final measurement year. The sub-measure with the largest decrease was other drug abuse or dependence, which decreased by 4.72%. The alcohol sub-measure only decreased by 0.55% from baseline to final measurement year, while the opioid sub-measure decreased by 1.01%. The engagement rate for the adult population fell by 1.3%. The engagement rate for adults with an alcohol use disorder increased slightly from the baseline to the final measurement year (0.19%). The engagement rate for adults with an opioid use disorder also increased slightly (0.03%). Engagement rates for other drug abuse or dependence fell by 1.44%.

Substance specific sub-measures
For initiation, the other drug abuse or dependence sub-measure had the largest decrease in rates from baseline to final measurement year with a decrease of 4.68%. Both the alcohol (decreased by 0.62%) and opioid (decreased by 1.01%) specific sub-measures had a slight decrease in rates from baseline to final measurement year. For engagement, the alcohol sub-measure hovered around 12% for all three measurement periods. The opioid sub-measure fell by 11.73% from baseline to interim measurement year, rebounding by 11.69% from the interim to final measurement periods. Other drug abuse and dependence decreased slightly year over year.

Summary

There were no sub-measures that met the target rate for the project. Sustained improvement could not be determined due to not having adequate data to determine trends at this time, as interventions were in place for a short period.

The overall goal of the project was to improve both member initiation and engagement for substance use disorder treatment. Key indicators chosen for the study were Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) HEDIS rates. The baseline rate for total initiation was just above the NCQA® quality compass 75th percentile, at 49.19%. The goal for this measure was the NCQA® quality compass 95th percentile (53.29%). The final rate for total initiation was just above the NCQA® quality compass 66th percentile, at 45.94%. While the NCQA® year is not complete, we appear to be on track to meet the NCQA® quality compass 75th percentile. The baseline rate for total engagement was just below the NCQA® quality compass 75th percentile, at 16.74%. The goal for this measure was the NCQA® quality compass 95th percentile (21.4%).The final rate for total engagement was just below the NCQA® quality compass 66th percentile, at 15.12%. While the HEDIS year is not complete, we appear to be on track to meet the NCQA® quality compass 66th percentile.

Results of Intervention Tracking Measures (See also additional information about ITMs in Methodology section)

ITMs were identified that were thought to be feasible ways to target key areas that may improve outcomes with member engagement in SUD treatment. One specific area we identified through our barrier analysis was to conduct provider education on SBIRT. The intervention included a web-based method of provider training on UHC OnAir. In evaluating the ITM data, we noted slight movement in SBIRT claims in Q2, and we noted that may be due to the timing of the intervention and not being able to tell if it was going to be successful. After reviewing Q3 ITM data, we were able to evaluate that using this mechanism for education was not going to be successful in reaching providers. While SBIRT is one tool that can be used by providers to identify and refer individuals to SUD treatment, we realize there is work happening by providers to ensure members are appropriately identified and referred, but it is not reflected in claims. We noted that some providers are screening for SUD but do this under as standard E & M billing code and do not submit a separate SBIRT claim code, therefore, our data likely does not truly reflect the work happening through our providers specific to SUD screening.

We also noted through our barrier analysis that an ITM to focus on education and outreach to emergency rooms may help to promote SBIRT and appropriate SUD referrals for our members. Based on data analysis, we identified two EDs to target due to the volume of members being treated for SUDs at those facilities. Unfortunately, we experienced great difficulty is setting up these meetings with the facilities and were unable to implement this ITM. However, we continue to work on establishing a future meeting so that we can conduct this education at a future date and hope to establish some ongoing collaboration on how we can better support them in working with our members.

A third ITM focused on provider education included targeting high volume outpatient providers in three regions. After conducting provider education, we monitored the initiation and engagement rates for our members in those three regions. Data analysis of this ITM demonstrated an improvement in initiation of SUD treatment from 44.3% in Q1 to 47.56% in Q3, while the engagement of SUD treatment showed a slow progression from 12% in Q1 to 15.2% in Q3. While initial results indicate ITM improvement, we are still awaiting the ITM data for Q4 so full conclusions about the impact cannot be drawn.

A further drill down on these data was conducted to determine if differences exist between children/adolescents vs adults, see table below.

Submeasure & District	Compliance			
	Compliant	Not Compliant	Total	Total Average of Compliance %
Initiation of AOD treatment: Total-13-17 years old	**62**	**83**	**145**	**42.76%**
Acadiana Human Services District (AAHSD)	22	19	41	53.66%
Capital Area Human Services District (CAHSD)	18	35	53	33.96%
Metropolitan Human Services District (MHSD)	22	29	51	43.14%
Initiation of AOD treatment: Total-18+ years old	**2066**	**2263**	**4329**	**47.72%**
Acadiana Human Services District (AAHSD)	612	648	1260	48.57%
Capital Area Human Services District (CAHSD)	849	878	1727	49.16%
Metropolitan Human Services District (MHSD)	605	737	1342	45.08%
Engagement of AOD treatment: Total-18+ years old	**658**	**3671**	**4329**	**15.20%**
Acadiana Human Services District (AAHSD)	181	1079	1260	14.37%
Capital Area Human Services District (CAHSD)	280	1447	1727	16.21%
Metropolitan Human Services District (MHSD)	197	1145	1342	14.68%
Engagement of AOD treatment: Total-13-17 years old	**22**	**123**	**145**	**15.17%**
Acadiana Human Services District (AAHSD)	7	34	41	17.07%
Capital Area Human Services District (CAHSD)	9	44	53	16.98%
Metropolitan Human Services District (MHSD)	6	45	51	11.76%
Grand Total	**2808**	**6140**	**8948**	**31.38%**

As a whole, the data showed that the initiation of children/adolescents is 4.96 percentage points lower than adults initiating treatment into SUD services, while the engagement rate between the age groups showed a difference of .03 percentage points.

In regard to specific district drill down, the data showed that children/adolescents in Acadiana district had a higher initiation rate (53.66%) than adults (48.57%), while children/adolescents in Capital Area had a lower rate (33.96%) than adults (49.16%). This analysis has led us to prioritize new initiatives in the 2020 calendar year related to child/adolescent SUD treatment services in Capital Area to increase both initiation and engagement for that population.

Another area of focus for the study was related to our case management program. We developed an ITM to track members with special health care needs who were identified for case management and whether those members enrolled in our CM program better initiation and engagement rates with SUD treatment. The rate of members with SHCN identified for CM had a low increase from Q1 (1.2%) to Q3 (4.27%) In conducting further drill-down on this, we determined that many of our members are difficult to find as the addresses and phone numbers available are often incorrect. For the members who did enroll in case management, the rate for initiation into SUD treatment that rate held at around 70%, Q1 (71.4%) to Q3 (69.5%). The engagement rate for those same members showed a decrease of 42.9% in Q1 to 33.9% in Q3. While no specific conclusions can be

drawn based on awaiting Q4 data, it does initially appear that members enrolled in case management have a better rate of initiation and engagement in treatment services when compared to the overall population of members in our Health Plan IET measures.

Through our case management survey, we identified an opportunity to re-educate our case management staff to improve their work with our members with SUD. Our ITM was focused on tracking that all case management staff completed the training, which was complete at 100% during the third quarter.

Additionally, we determined an important ITM was to track our recruiting efforts to increase of MAT provider network. We showed an increase in our MAT network from Q1 (4.56%) to Q3 (44.62%). We did show a spike in Q2 of 74.3%, which we believe was due to the initiation and development of our new tracking mechanism, as well as general fluctuation in our network. The data included in the provider ratios are specific to only MAT providers who have a DEA-X waiver to prescribe buprenorphine, so our overall MAT who can prescribe other MAT medications (Naltrexone, Acamposate, Disulfiram) is much broader. Based on this assessment, we believe our network of overall MAT prescribers is adequate. However, we have noted a couple of districts that appear to have lower MAT provider ratios, so future plans are to conduct further evaluation of our network in those districts to look for opportunities to add Buprenorphine based MAT prescribers.

Finally, we developed an ITM that included a ratio of the members with a primary OUD or AUD diagnosis and cross-walked that to the number of in-network MAT providers to determine if we have adequate MAT providers in their districts to meet the treatment needs of our members. The ratios have changed based directly on the work we have been doing to identify our MAT in-network providers, which is why there is a noted spike in Q2 that aligns with the previous ITM stated above. The lowest ratios are in SCLHSA at 4.61 and FPHSA at 6.9. Further analysis is being conducted to determine if additional providers need to be added to these districts.

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: Targeted education around appropriate screening, resources and referral led to minimal improvements in both initiation and engagement in the targeted regions. Although the rate of members engaged in case management experienced an increase, this did not appear to have an effect on the overall initiation and engagement rates for the measure. The number of Medication Assisted Treatment (MAT) providers increased from baseline to final measurement year, which could have been a factor in some of the improvements in the opioid and alcohol sub-measure rates. While some interventions may have made traction, several are still in progress and have not had enough time to successfully affect rates.

What factors were associated with success or failure? Interventions were in place for a limited amount of time, which could have contributed to their lack of efficacy over the course of the project. Additionally, some interventions could not be fully implemented due to both internal and external delays and are still in process.

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?** Typical claims lag can be up to 90 calendar days. Claims continue to be submitted for the 2019 calendar year, which impact the final HEDIS rates, the key indicators for this study. A full evaluation of the impact of interventions cannot be determined until final HEDIS rates are completed.
- **Were there any threats to the external validity the findings?** Lower rates in the final quarterly measurement could be attributed to claims only being available through 9/22/2019. This does not take into account claims that may be submitted later or are still processing. Quality Compass rates are based on a full calendar year of data, which is not available at this time. Another potential external factor to the validity of the study is that providers may not list all the substance use diagnosis on the claim, leading to an encounter not counting for the measure.
- **Describe any data collection challenges.** The use of HEDIS rates for indicators prevents an accurate determination on the overall effectiveness of interventions, due to reporting lags in the data and claims lags.
- **Overall Credibility of Results:** The validation findings generally indicate that the credibility of the PIP results is not at risk. Results must be interpreted with some caution due to several factors including; the short timeframe for the study, the data lags around HEDIS and claims, and the key indicators used to determine efficacy being reliant on an entire year's worth of data. The ability to draw true conclusions around the data cannot be determined to be final.

Member Participation

Click here to describe the extent of member participation in the project, including topic selection, measurements, focus groups, interventions, etc.

The performance improvement project topic was selected by the Louisiana Department of Health. Direct member input was not solicited during the project, however, case management staff that work directly with members were surveyed to explore barriers around the measurement, as well as provide input related to interventions that may be helpful for members.

Describe methods utilized to solicit or encourage membership participation: The IET PIP and accompanying HEDIS measures have been reviewed at a high level in the quarterly Member Advisory Committee. During this time, additional information was provided to the committee about SUD treatment resources and where to find additional information if needed.

Dissemination of Findings

- **Describe the methods used to make the findings available to members, providers, or other interested parties:** During the course of the project, finding updates were shared with internal staff during committee and staff meetings. Multi-disciplinary, integrated meetings were also held throughout the project to share findings, as well as obtain MCO wide feedback. The final report is submitted to the Louisiana Department of Health. The final report summary will be reviewed at both Provider Advisory Committee and Member Advisory Committee.

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
Provide education for network providers on SBIRT, which includes how to triage SUD, information about motivational interviewing, and how to file claims/reimbursal. Education would be aimed at PCPs and other medical providers.	Some medical providers lacked knowledge on the available resources and screening tools for members with SUD diagnoses	Additional trainings were made available to providers through UHC on Air and provider visits	Develop additional provider communications to increase engagement
	Provider under-utilization of available trainings	Training team currently discussing additional communication avenues to increase provider awareness/engagement in available training resources	Increase provider exposure to available resources through provider meetings
Target emergency room providers in Northwest Louisiana Human Services District (NLHSD) for education, including SBIRT and referral options for SUD treatment	A high volume of members are being initially diagnosed through emergency room visits	Targeted educational materials specifically aimed at educating emergency department staff	Conduct meetings with facility leadership to cascade information to relevant staff
	Significant challenges engaging facilities	Adjustments to the structure of facility based trainings	Discuss provider barriers to treating members with SUD
Targeted outreach to high volume providers in Capital Area Human Services District (CAHSD), Metropolitan Human Services District (MHSD), and Acadiana Human Services District (AAHSD) including referral resources for SUD treatment and the importance of timely follow up.	A high volume of members are being initially diagnosed through high volume outpatient providers	Targeted educational materials specifically aimed at educating high volume outpatient provider staff	Present SBIRT/SUD educational materials at least quarterly in internal staff meetings
	Clinical Practice Consultants are limited to the number of practices they are able to educate.	Increase frequency of review of educational resources at internal staff meetings	Expand dissemination of SBIRT educational materials to other regions.
	There is an opportunity around the engagement of adolescents in	Discussion around how to expand availability of SUD services to the adolescent	The behavioral health telepsych program and peer to peer consultation is slated to be available

	substance use treatment.	population.	to pediatricians to treat mild substance use disorder issues. This is targeted for Q1 2020.
Enhance SUD education for members with SUD who are identified for case management in order to increase initiation and engagement	Members' lack of engagement in SUD treatment	Increase staff educational around motivational interviewing and other evidenced based techniques	Conducting a barrier analysis to identify barriers to UM/CM discharge planning coordination with providers, in order to inform improvements to the discharge planning process for use of ASAM 6 Dimension criteria in identifying appropriate transitions in care

Provide additional tools to case management to increase effective engagement with members who have an SUD diagnosis.

Obtain member feedback on barriers to engagement in SUD treatment. |
| Provide additional member facing materials specific to SUD treatment options for case management use | Communications process, both internal and external, can lead to delays in material approval | SUD flyer has been re-submitted with state requested edits | Develop additional member education materials on opioid literacy and MAT treatment |
| Re-educate Community Health Workers on their scope of practice and when to refer to a Behavioral Health Advocate | Case management staff were unclear on when to escalate cases to advocates | Policy and procedure reviewed with case management leadership, refresher for staff was implemented | Continue to refresh staff on job aid related to advocate referral, at least quarterly |
| Identify who is currently in network and providing MAT services | Limited number of in-network providers

No network standard related to geo-access of MAT providers | Additional recruitment to increase provider network | Determine final recruitment goal, continue recruitment if needed |
| Conduct an assessment of MAT providers to determine if additional providers are needed for the network. If so, conduct recruiting efforts to add MAT providers to network. Including education on MAT | Limited provider knowledge of MAT best practices, such as psychosocial components and ASAM | Developed provider education on SBIRT and general MAT information.

Developed educational | Implement additional provider education around transitions of care, specifically as it relates to the ASAM 6 Dimensional risk assessment |

| services,   reimbursement and claim filing | | material around the importance of evidenced based practices, including the importance of multi-disciplinary/ASAM approach. | Connect MAT prescribers to psychosocial providers.

Disseminate MAT best practices educational material to designated MAT providers

Disseminate newly developed MAT guide to all registered in-network DEAX waivered providers, as well as provide this information at provider expos, face to face provider visits and provider website. |
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