



**Health Plan
Performance
Improvement
Project (PIP)**

Health Plan: Healthy Blue

PIP Title: Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate

PIP Implementation Period: January 1, 2022-December 31, 2022

Submission Dates:

	Proposal/Baseline	Interim/Final
Version 1	February 1, 2022	December 10, 2022
Version 2		December 31, 2022

MCO Contact Information

1. Principal MCO Contact Person

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

Kolletta Davis, MBA
Clinical Quality Program Manager
225-236-7034
kolletta.davis@elevancehealth.com

2. Additional Contact(s)

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

Jennifer Nethers, MS Pharmacology and Toxicology, MBA
Director of Clinical Quality
513-582-1756
jennifer.nethers@elevancehealth.com

3. External Collaborators (if applicable):

Attestation

Plan Name: Healthy Blue

Title of Project: Improve Chronic Hepatitis C Virus (HCV) Pharmaceutical Treatment Initiation Rate

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

Medical Director signature: *Raymond Poliquit, MD*

First and last name: Raymond Poliquit, MD

Date: December 30, 2022

CEO signature: *Christy Valentine, MD*

First and last name: Christy Valentine, MD

Date: December 30, 2022

Quality Director signature: *Jennifer Nethers, MS, MBA*

First and last name: Jennifer Nethers

Date: December 30, 2022

Updates to the PIP

For Interim and Final Reports Only: Report all changes in methodology and/or data collection from initial proposal submission in the table below.

[EXAMPLES INCLUDE: ADDED NEW INTERVENTIONS, ADDED A NEW SURVEY, CHANGE IN INDICATOR DEFINITION OR DATA COLLECTION, DEVIATED FROM HEDIS® SPECIFICATIONS, REDUCED SAMPLE SIZE(S)]

Table 1: Updates to PIP

Change	Date of change	Area of change	Brief Description of change
Change 1	2/2022	<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input checked="" type="checkbox"/> Intervention <input type="checkbox"/> Intervention Tracking Measure (ITM)	Enhanced CM outreach for HCV Treatment Initiation for all eligible members. To begin: 4/2022
Change 2	2/2022	<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input checked="" type="checkbox"/> Intervention <input type="checkbox"/> Intervention Tracking Measure (ITM)	Intervention to outreach providers to educate about HCV CPG and to distribute listing of HCV Treatment Providers and HCV Care Gap Reports To begin: 3/2022
Change 3	2/2022	<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input checked="" type="checkbox"/> Intervention <input type="checkbox"/> Intervention Tracking Measure (ITM)	Member text campaign; IVR Calls To deploy: 7/2022
Change 4		<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention <input type="checkbox"/> Intervention Tracking Measure (ITM)	

Abstract

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

Project Topic: Healthy Blue continued the Hepatitis C (HCV) Performance Improvement Project (PIP) that was initiated February 2020. The goal continues to be to increase HCV screenings for at-risk populations and increase treatment with Direct Antivirals (DAA) for those members identified as a probable or confirmed HCV diagnosis.

Objectives: Healthy Blue's objective was to increase the HCV screening rates for members identified as at-risk:

- a) Beneficiaries born between the years 1945 and 1965.
- b) Current or past injection drug use.
- c) Persons ever on long term hemodialysis.
- d) Persons who were ever incarcerated.
- e) Persons with HIV infection

Methodology and Interventions: An additional group of members were identified as having a probable or confirmed HCV diagnosis from the OPH listing provided monthly to the plan. Data analysis of claims and encounter of the members was completed to identify and stratify those for targeted outreach and provider education.

Once the membership was stratified into specific screening and targeted groups; a methodology was developed to identify interventions appropriate for members and providers who may encounter those identified members. Interventions included:

- a) Enhanced Case Management outreach for HCV treatment initiation and HCV screening of identified members to schedule appointment for screening or referral for pharmaceutical treatment
- b) Member education on HCV risk factors and treatment options via text and phone call campaign, written educational material and education through provider resources
- c) Provider education on Epclusa preferred DAA for treatment
- d) Provider education on HCV screenings for the at-risk member population and treatment options for those with positive diagnoses of HCV
- e) Plan provided list of identified members to providers and assisted with member outreach for engagement in treatment and screenings

Results: Over the course of the year Healthy Blue has experienced consistent progress each quarter when reviewing the performance indicators (PI). When reviewing Performance Indicator 1a, the plan was able to move from a 21.36% rate in Q1 2021 to a 31.45% Q3 2022. Overall growth was noted quarter over quarter for each performance indicators.

Conclusions:

Next Steps:

Project Topic

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

Describe Project Topic and Rationale for Topic Selection

- **Describe how PIP Topic addresses your member needs and why it is important to your members:**

Hepatitis C (HCV) is a significant health problem in the U.S where millions of Americans are believed to be chronically infected. Louisiana has one of the highest rates of HCV in the country. Eradicating HCV in Louisiana and with our member population is critical to improve health inequities within our state. Addressing HCV by early detection and treatment is a priority and a key strategy for Healthy Blue as we work to improve health outcomes for our member population. As a health plan, we have an opportunity to leverage data and technology, enhance provider relationships and share best practices with providers to improve treatment for our members. Healthy Blue supports the development of evidence-based standards and quality metrics that define and encourage successful treatment for our members.

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

There is a disproportionately HCV infected population in Louisiana with those who are low-income and/or incarcerated. Many members who have been diagnosed and their providers have been awaiting approved new medications before starting treatment. The high cost of treatment is another barrier in successfully eradicating HCV in Louisiana.

Healthy Blue will identify members with high-risk conditions such as current or past injection drug use, members on long term hemodialysis, members who are currently or were ever incarcerated and those with an HIV diagnosis. Once identified, the plan will cross reference those who already have an HCV diagnosis and/or treatment regime for HCV or HIV. An outreach and educational campaign for providers and members will ensure that proper education regarding treatment will occur.

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

Healthy Blue will utilize the clinical practice guidelines/standards as outlined in the U.S Preventive Service Task Force Guidelines (USPSTF), Infectious Diseases Society of America (IDSA/AASLD) and World Health Organization (WHO) source sites. Additionally, the HIV Medicine Association of IDSA and CDC will also be referenced sources for managing populations with coinfections and the at-risk population.

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

At the end of 2021, baseline data for Healthy Blue shows 29.28% of members with confirmed or probable diagnosis of Chronic Viral Hepatitis C had treatment initiated. Healthy Blue still has an opportunity to impact more than 70% of the diagnosed HCV population for treatment and ensure our members can access care. In addition, almost half of members with confirmed or probable diagnosis of HCV are past or current drug users. This highlights an important subpopulation of focus for Healthy Blue in this coming year.

Aims, Objectives and Goals

Aim

Improve the Healthy Louisiana initiation of HCV pharmaceutical treatment rate by ten percentage points by implementing a robust set of interventions to address the following key intervention objectives:

1. **Member Intervention Objective:**
 - a. For all eligible members on the OPH listing, outreach and educate members, and facilitate referrals to/schedule appointments with HCV providers (priority; per OPH database) or PCPs (per member preference) for treatment, with tailored interventions targeted to each of the following high-risk subpopulations (which are not mutually exclusive, as enrollees may have multiple high risk characteristics):
 - b. Persons who use drugs
 - c. Persons with HIV
2. **Provider Intervention Objective:** Educate providers on evidence-based recommendations (AASLD/IDSA, 2018) and availability of providers trained in HCV treatment, and coordinate referrals for treatment. Distribute member care gap reports to providers.

Table 2: Goals

Indicators	Baseline Rate ¹ Measurement Period: 1/1/21-12/31/21	Target Rate ² : CY 2022	Rationale for Target Rate ³
Performance Indicator #1a (HCV Treatment Initiation-Overall): <i>The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i>	N: 2014 D: 6879 R: 29.28%	R: 39.28%	Increase by 10 percentage points from baseline rate
Performance Indicator #1b (HCV Treatment Initiation-Persons who use drugs): <i>The percentage of the subset of adults with current or past drug use and a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i>	N: 861 D: 3079 R: 27.96%	R: 37.96%	Increase by 10 percentage points from baseline rate
Performance Indicator #1c (HCV Treatment Initiation-Persons with HIV): <i>The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i>	N: 94 D: 267 R: 35.21%	R: 45.21%	Increase by 10 percentage points from baseline rate

¹ Baseline rate: the MCO-specific rate that reflects the year prior to when PIP interventions are initiated.

² Upon subsequent evaluation of performance indicator rates, consideration should be given to improving the target rate, if it has been met or exceeded at that time.

³ Indicate the source of the final goal (e.g., NCQA Quality Compass) and/or the method used to establish the target rate (e.g., 95% confidence interval).

Methodology

To be completed upon Proposal submission.

Performance Indicators

Table 3: Performance Indicators

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
<u>Performance Indicator #1a (HCV Treatment Initiation-Overall)</u>	<i>The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i>	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatasvir (the authorized generic (AG) of Epclusa [®]) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}	Number of members in the eligible population for Performance Indicator #1a
<u>Performance Indicator #1b (HCV Treatment Persons who use drugs)</u>	<i>The percentage of the subset of adults with current or past drug use and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i>	Administrative/ Claims/ Encounter data	Healthy Louisiana adults with current or past drug use (ICD-9 or ICD-10 codes in Appendix A) AND with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing	None	Number of adults with a pharmaceutical claim for sofosbuvir/velpatasvir (the authorized generic (AG) of Epclusa [®]) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}	Number of members in the eligible population for Performance Indicator #1b

Indicator	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
<p><u>Performance Indicator #1c (HCV Treatment Initiation- Persons with HIV)</u></p>	<p><i>The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per OPH listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i></p>	<p>Administrative/ Claims/ Encounter data</p>	<p>Healthy Louisiana adults ever diagnosed with HIV (ICD-9 or ICD-10 codes in Appendix B) AND with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing</p>	<p>None</p>	<p>Number of adults with a pharmaceutical claim for sofosbuvir/velpatasvir (the authorized generic (AG) of Epclusa[®]) or other LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA}</p>	<p>Number of members in the eligible population for Performance Indicator #1c</p>

Data Collection and Analysis Procedures

Is the entire eligible population being targeted by PIP interventions? Yes If not, why?

Sampling Procedures

- **Describe sampling methodology:**

Data Collection

- **Describe data collection:** Data will be collected by multiple departments within the Health Plan. Data collection will be completed by Business Data Analysts, Manager of Case Management, Quality Improvement Manager and HEDIS Manager. The tools that are used to collect the data include the use of SQL Server Management Studio and Teradata to analyze claims/utilization data. Additionally, the Case Management data is obtained using referrals from a vendor who manages high risk population, and health risk assessments. The use of the Office of Public Health Hepatitis C file provided by LDH is also utilized for data collection.

Validity and Reliability

- **Describe validity and reliability:** Data collection is done in conjunction with the specifications set forth by the measures. The Business Analyst performs an audit of data pulled and addresses any gaps in missing data by conducting a deep dive of data collection method. The OPH file is cross walked against the eligible population criteria to determine the high-risk members. Claims data (CPT, HCPCS, ICD-9 and 10Cm and/or NCD's) are used to determine numerator compliance.

Data Analysis

Describe data analysis procedures: Once data is obtained, it is analyzed and compared to the goals set forth for each performance measure. Additionally, the data is trended and compared to prior results for identification of opportunities of improvement. Also, the data is stratified by region and member demographics to identify opportunities for targeted interventions to address specific performance measures.

Describe how plan will interpret improvement relative to goal:

Data is continuously monitored, at minimum, on a quarterly basis to determine if metrics are on target or at risk to meeting goals. Data is benchmarked using similar studies and compared to previous results each quarter. Additionally, data deep dives may be required to determine a subset of population trends as related to regional prevalence, member disparities and/or access to care barriers.

Describe how plan will monitor ITMs for ongoing QI:

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

(Tentative) PIP Timeline

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

Baseline Measurement Period:

Start date: 1/1/2021

End date: 12/31/2021

Submission of Proposal/Baseline Report Due: 2/3/2022

Interim/Final Measurement Period:

Start date: 1/1/2022

End date: 12/31/2022

PIP Interventions (New or Enhanced) Initiated: 2/1/2022

Submission of 1st Quarterly Status Report for Intervention Period from 1/1/22-3/31/22 Due: 4/30/2022

Submission of 2nd Quarterly Status Report for Intervention Period from 4/1/22-6/30/22 Due: 7/31/2022

Submission of 3rd Quarterly Status Report for Intervention Period from 7/1/22-9/30/22 Due: 10/31/2022

Submission of Draft Final Report Due: 12/10/2022

Submission of Final Report Due: 12/31/2022

Barrier Analysis, Interventions, and Monitoring

Table 4: Alignment of Barriers, Interventions and Tracking Measures *Q4 data does not include entire quarter due to report timing

Barrier 1: New Healthy Louisiana HCV treatment benefit may be unknown to enrollee. Method of barrier identification: IPRO HCV PIP guidance document. Each MCO should identify additional barriers for the overall population, as well as barriers unique to persons who use drugs and persons with HIV. Direct member feedback is recommended.		2022			
		Q1	Q2	Q3	Q4
Intervention #1a to address barrier: Enhanced Case Management Outreach for HCV Treatment Initiation Planned Start Date: 2/2022 Actual Start Date: 4/2022	Intervention #1a tracking measure : N: # members with appointment scheduled with HCV specialist (in OPH database) or PCP for HCV treatment assessment/initiation D: # members with confirmed or probable HCV per OPH listing	Not Started	N: 67 D: 7128 R: 0.94%	N: 57 D: 7154 R: 0.80%	N: 72 D: 7491 R: 0.96%
Intervention #1b to address barrier: Identify current members with SUD/SMI diagnosis for targeted outreach efforts Planned Start Date: 2/2022 Actual Start Date: 3/2022	Intervention #1b tracking measure: N: # of members identified with SUD/SMI DX with appointment scheduled with PCP/specialist for HCV treatment D: # of members with current SUD/SMI DX per claims/encounter data	Not Started	N: 58 D: 3257 R: 1.78%	N: 32 D: 3333 R: 0.96%	N: 35 D: 3499 R: 1.00%
Intervention #1c to address barrier: Identify current members with HIV diagnosis for targeted outreach effort Planned Start Date: 2/2022 Actual Start Date: 4/2022	Intervention #1c tracking measure: N: # of members identified with HIV DX with appointment scheduled with PCP/specialist for HCV treatment D: # of members with current HIV DX per claims/encounter data	N: 6 D: 1523 R: 0.39%	N: 7 D: 283 R: 2.47%	N: 9 D: 284 R: 3.16%	N: 8 D: 291 R: 2.75%
Barrier 2a: Providers may not be aware that Epclusa does not require prior authorization. Method of barrier identification:		2022			
		Q1	Q2	Q3	Q4
Intervention #2a to address barrier: Provider education regarding SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) prescription. Planned Start Date: 2/2022 Actual Start Date: 2/2022	Intervention #2a tracking measure: N: # members with SOFOSBUVIR-VELPATASVIR 400-100 (AG Epclusa: Preferred) dispensed D: # members with any DAA dispensed	N: 1355 D: 1382 R: 98.05%	N: 1488 D: 1504 R: 98.94%	N: 1550 D: 1591 R: 97.42%	N: 1656 D: 1665 R: 99.46%
		2022			

Barrier 2b: Providers may not be aware of HCV clinical guidelines, HCV specialists, and their patients' eligibility for treatment.					
Method of barrier identification: Each MCO is advised to obtain direct provider feedback about what is working/ not working.		Q1	Q2	Q3	Q4
Intervention #2b to address barrier: Intervention to outreach providers to educate about HCV CPG and to distribute listing of HCV Treatment Providers and HCV Care Gap Reports	Intervention #2b tracking measure: N: # members whose provider was notified via a care gap report D: #members on the OPH listing who have not been treated for HCV	N: 262 D: 4854 R: 5.4%	N: 397 D: 3311 R: 11.99%	N: N/A D: N/A R: N/A	N: 350 D: 2310 R: 15.15%
Planned Start Date: 2/2022 Actual Start Date: 3/2022					
Barrier 3:		2022			
Method of barrier identification: Unable to contact members from previous year's outreach efforts		Q1	Q2	Q3	Q4
Intervention #3 to address barrier: Member text outreach; IVR Calls	Intervention #3 tracking measure: N: # members enrolled in HEP C IVR calls D: # members outreach with HEP C IVR calls	N: Not Started D: R:	N: Not Started D: R:	N: 2364 D: 2364 R: 100%	N: 2744 D: 45248 R: 6.06%
Planned Start Date: 2/2022 Actual Start Date: 7/1/2022					

Results

To be completed upon Baseline, Interim and Final Report submissions. The results section should present project findings related to performance indicators. **Do not** interpret the results in this section.

Table 5: Results *report does not include entire Q4 data due to report timing

Indicator	Baseline Period Measure period: 1/1/21-12/31/21	Final Period Measure period: 1/1/22-10/31/22	Target Rate ¹
<p>Performance Indicator #1a (HCV Treatment Initiation-Overall): <i>The percentage of all adults (ages 18 and older) with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i></p>	<p>N: 2014 D: 6879 R: 29.28%</p>	<p>N: 2337 D: 7491 R: 31.20%</p>	<p>Rate: 39.28%</p>
<p>Performance Indicator #1b (HCV Treatment Initiation-Persons who use drugs): <i>The percentage of the subset of adults with current or past drug use and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i></p>	<p>N: 861 D: 3079 R: 27.96%</p>	<p>N: 1073 D: 3499 R: 30.67%</p>	<p>Rate: 37.96%</p>

Indicator	Baseline Period Measure period: 1/1/21-12/31/21	Final Period Measure period: 1/1/22-10/31/22	Target Rate ¹
<p>Performance Indicator #1c (HCV Treatment Initiation- Persons with HIV): <i>The percentage of the subset of adults ever diagnosed with HIV and with a confirmed or probable diagnosis of Chronic Viral Hepatitis C per the Office of Public Health (OPH) listing {denominator} for whom pharmaceutical treatment for HCV was initiated {numerator}.</i></p>	<p>N: 94 D: 267 R: 35.21%</p>	<p>N: 101 D: 291 R: 34.71%</p>	<p>Rate: 45.21%</p>

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

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

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

Figure 1: Performance Indicator 1a

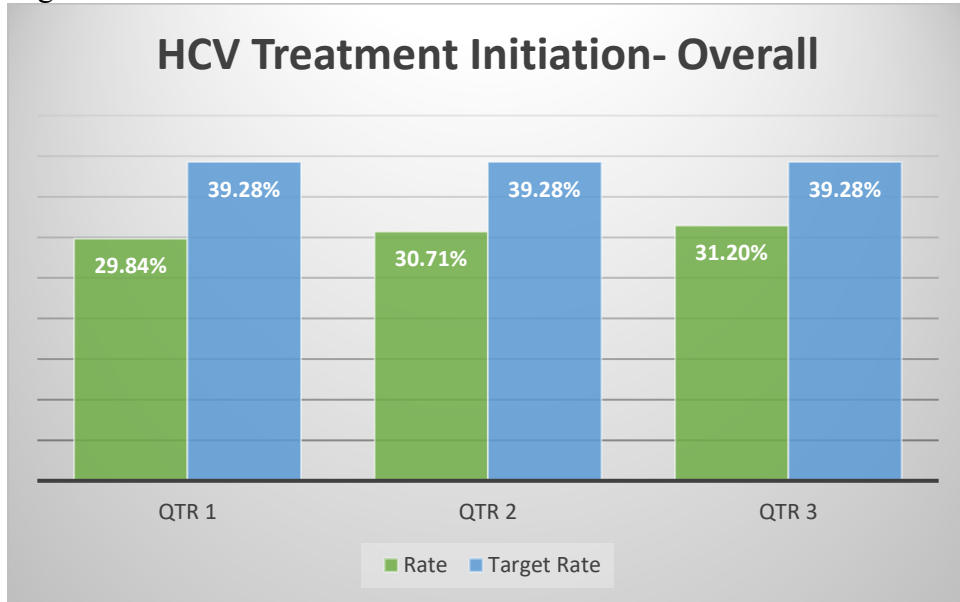


Figure 2: Performance Indicator 1b

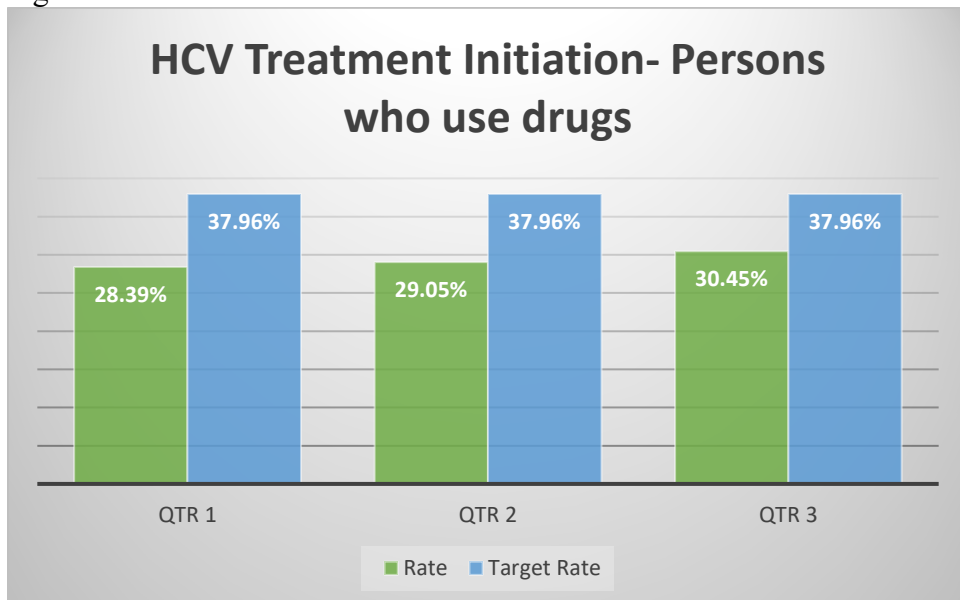


Figure 3: Performance 1c

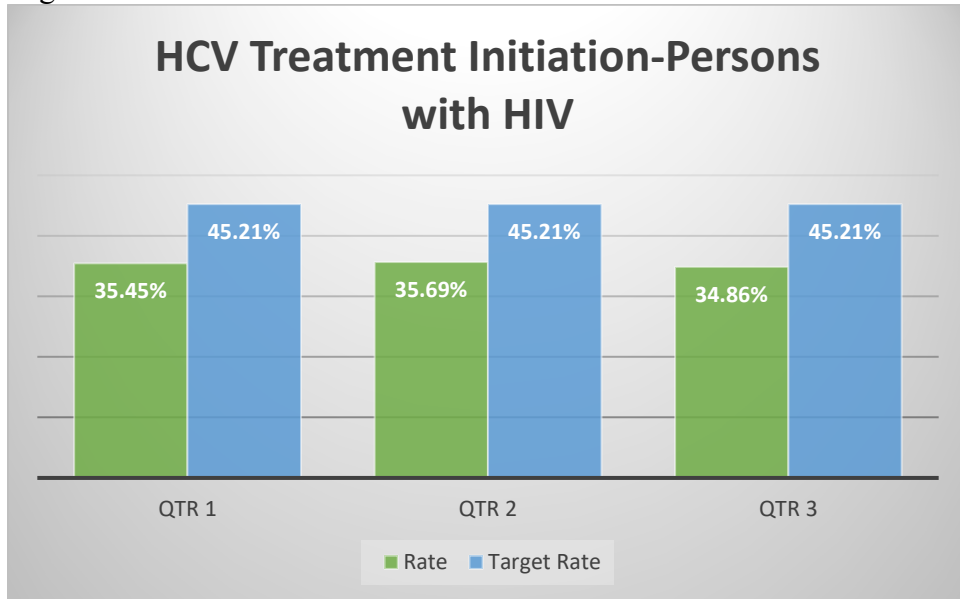
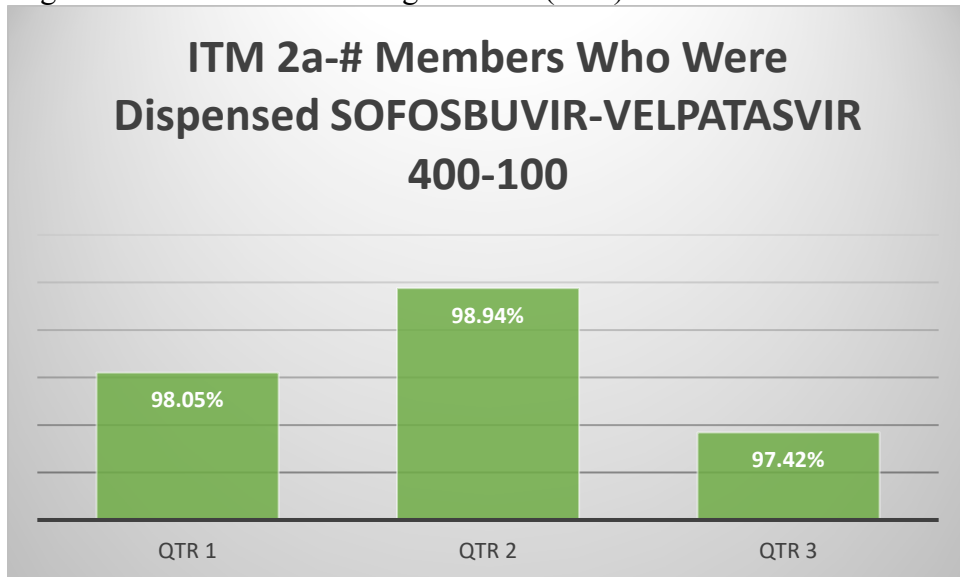


Figure 4: Intervention Tracking Measure (ITM) 2a



Discussion

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

Discussion of Results

- **Interpret the performance indicator rates for each measurement period**

The results for the Performance Indicators (PI) are as follows: (Data does not capture Q4 due to report timing)

- Indicator #1a. HCV Treatment Initiation - Overall, adults 18 and older with a confirmed or probable diagnosis of HCV per OPH list: Target rate of 39.28% was not met. However, the plan increased from 2021 baseline period of 29.28% to 31.20% during final measurement.
- Indicator #1b. HCV Treatment Initiation – Persons who use drugs, subset of adults with confirmed or probable diagnosis of HCV: Target rate of 37.96% was not met. However, the plan experienced an increase in rate from 2021 baseline of 27.96% to 30.67% during the final measurement period.
- Indicator #1c. HCV Treatment Initiation – Persons with HIV, subset of adults with confirmed or probable diagnosis of HCV (OPH list): Target rate of 45.21% was not met. The plan did experience a decrease from 2021 baseline of 35.21% to 34.71% during the final measurement period.

The plan was able to demonstrate an increase between baseline and final measurement periods. The most profound increase was among both, Indicator #1a HCV Treatment Initiation – Overall, adults 18 and older with confirmed or probable diagnosis of HCV per OPH list and Indicator #1b. HCV Treatment Initiation – Persons who use drugs, subset of adults with confirmed or probable diagnosis of HCV.

- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations.

Healthy Blue demonstrated improved rates from baseline to final measure for both, Indicator #1a and Indicator #b. Although, the plan experienced a decrease from baseline to final measurement period for PI #1c. HCV Treatment Initiation – Persons with HIV, subset of adults with confirmed or probable diagnosis of HCV, the plan was able to experience increase in rate quarter over quarter.

- **What factors were associated with success or failure?** For example, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.

In reviewing the ITMs some were provider driven focusing on outreaching the provider to educate or provide GIC report. Due to competing priorities as a result of limited staffing at providers' offices, education opportunities and the ability to connect with a provider to disseminate information were low. This definitely contributed to varied rates each quarter.

PIP Highlights

Member Intervention – ITM 3

Healthy Blue considered the most effective intervention as ITM 3, "*Member Outreach via IVR calls.*" Although this intervention was not scheduled to deploy until 7/2022 which was mid-year, the PIP proved to be very effective. As 2,364 members were contacted by IVR and each of those members elected to enroll in the campaign. This intervention was identified to only outreach members quarterly to avoid member abrasion. However, due to report timing this quarter's data is not yet available.

Provider Intervention – ITM 2b

Intervention 2b, “Outreach to providers to educate about HCV CPG and to distribute listing of HCV treatment providers and HCV GIC reports” was found to be the most effective provider intervention. Although, this intervention did not experience the increases we hoped for, we found the ITM to be beneficial. The plan was also able to note opportunities of educating and outreaching providers using different methods.

Limitations

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design, i.e., challenges identified when conducting the PIP (e.g., accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided).

- **Were there any factors that may pose a threat to the internal validity the findings?**

Definition and examples: internal validity means that the data are measuring what they were intended to measure. For instance, if the PIP data source was meant to capture all children 5-11 years of age with an asthma diagnosis, but instead the PIP data source omitted some children due to inaccurate ICD-10 coding, there is an internal validity problem.

Due to report timing data collected for quarterly measures was not refreshed, so the validity of our final report does not show complete Q4 results.

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

Definition and examples: external validity describes the extent that findings can be applied or generalized to the larger/entire member population, e.g., a sample that was not randomly selected from the eligible population or that includes too many/too few members from a certain subpopulation (e.g., under-representation from a certain region).

None noted at this time.

- **Describe any data collection challenges.**

Definition and examples: data collection challenges include low survey response rates, low medical record retrieval rates, difficulty in retrieving claims data, or difficulty tracking case management interventions.

The plan continued to encounter data collection challenges in gathering data for actual member appointments as required by the PIP. The plan had various teams working with various sections of member lists which resulted in varied data collection methods. The data analysis methods were most often manual to determine accurate rates for the interventions.

Next Steps

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

Table 6: Next Steps

Description of Intervention	Lessons Learned	System-Level Changes Made and/or Planned	Next Steps
#1) Enhanced Case Management Outreach for HCV Treatment Initiation	Members are not engaged with PCP or attending. Some members have incorrect number listed	Plan will update members demographics at every opportunity	Continue to engage members so they may seek treatment
#1b) Identify current members with SUD/SMI diagnosis for targeted outreach efforts	Current members with SUD/SMI may not have correct phone numbers	Plan will update members demographics at every opportunity	Continue to engage members so, they may seek treatment
#1c) Identify current members with HIV diagnosis for targeted outreach effort	Current members with HIV may not have correct phone numbers	Plan will update members demographics at every opportunity	Continue to engage members so, they may seek treatment
#2a) Provider education regarding SOFOSBUVIR-VELPATASVIR 400 (AG Eplusa: Preferred) prescription	Providers have difficulty With phone outreach at times due to staffing	Attempt to outreach and educate providers in other methods	Plan will schedule time with providers offering lunch and learns or web based educational opportunities
#2b) Intervention to outreach providers to educate about HCV CPG and to distribute listing of HCV Treatment Providers and HCV Care Gap Reports	Providers have difficulty With phone outreach at times due to staffing	Attempt to outreach and educate providers in other methods	offering
#3) Member text outreach; IVR Calls	This method is very effective	Work deploy IVR/SMS Campaign timely. Prepare for unexpected barriers	Continue building rapport with vendor for future campaigns

References

American Association for the Study of Liver Diseases (AASLD)/ Infectious Diseases Society of America (IDSA). HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C. May 24, 2018.

Louisiana Department of Health (LDH). Letter from Jen Steel, Medicaid Director, to All Louisiana Medicaid Providers with Subject: Louisiana Fee For Service (FFS) Medicaid and Managed Care Organizations (MCOs) Hepatitis C Virus (HCV) Direct-Acting Antiviral (DAA) Agents Clinical Prior and Pre-Authorization Criteria Revision, April 24, 2018.

Louisiana Department of Health (LDH). Hepatitis C. <http://ldh.la.gov/index.cfm/page/1012> [4 November 2019a].

Louisiana Department of Health (LDH). Direct-Acting Antiviral Agents (DAA) Used To Treat Hepatitis C Virus (HCV) Medication Therapy Worksheet For Louisiana Medicaid Recipients. Revised May 2019b.

Louisiana Medicaid. Authorization Criteria for Hepatitis C DAA Agents for Medicaid July 2019.

Louisiana Office of Public Health (LA OPH). Epidemiologic Profile of Hepatitis C Virus Infection in Louisiana – 2015. Louisiana Office of Public Health – Infectious Disease Epidemiology Section- Hepatitis C Infection Epidemiologic Profile. <http://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/Hepatitis/HepC/HepCEpiProfile.pdf> [4 November 2019].

Appendix A: Current or past injection drug use (any one or more of diagnosis codes or diagnosis code combinations in this table, not restricted to place of service and not restricted to principal or primary diagnosis; note: a limitation of this measure is that ICD-9 and 10 codes do not specify injection vs. other route)

ICD-9 code or code combination	ICD-10 code or code combination	Description
	F11-	Opioid related disorders (Hyphen indicates that all codes within F11 should be included. This applies to all other ICD-10 and ICD-9 codes with hyphens that are listed in this table, as well.)
304.0-		Opioid dependence
304.7-		Opioid combined with other drug dependence
	F14-	Cocaine related disorders
304.2-		Cocaine dependence
	F15-	Other stimulant related disorders
304.4-		Amphetamine and other psychostimulant dependence
V69.8 AND 304.91		(other problems related to life style) AND (unspecified drug dependence continuous)
	Z72.89 AND F19.20	(other problems related to life style) AND (other psychoactive substance abuse, uncomplicated)

Appendix B. Persons ever diagnosed with HIV infection. (any one or more of diagnosis codes in this table, not restricted to place of service and not restricted to principal or primary diagnosis)

ICD-9 code	ICD-10 code	Description
	B20	Human immunodeficiency virus (HIV) disease
042		Human immunodeficiency virus (HIV) disease
	Z21	Asymptomatic human immunodeficiency virus (HIV) infection status
V08		Asymptomatic human immunodeficiency virus (HIV) infection status

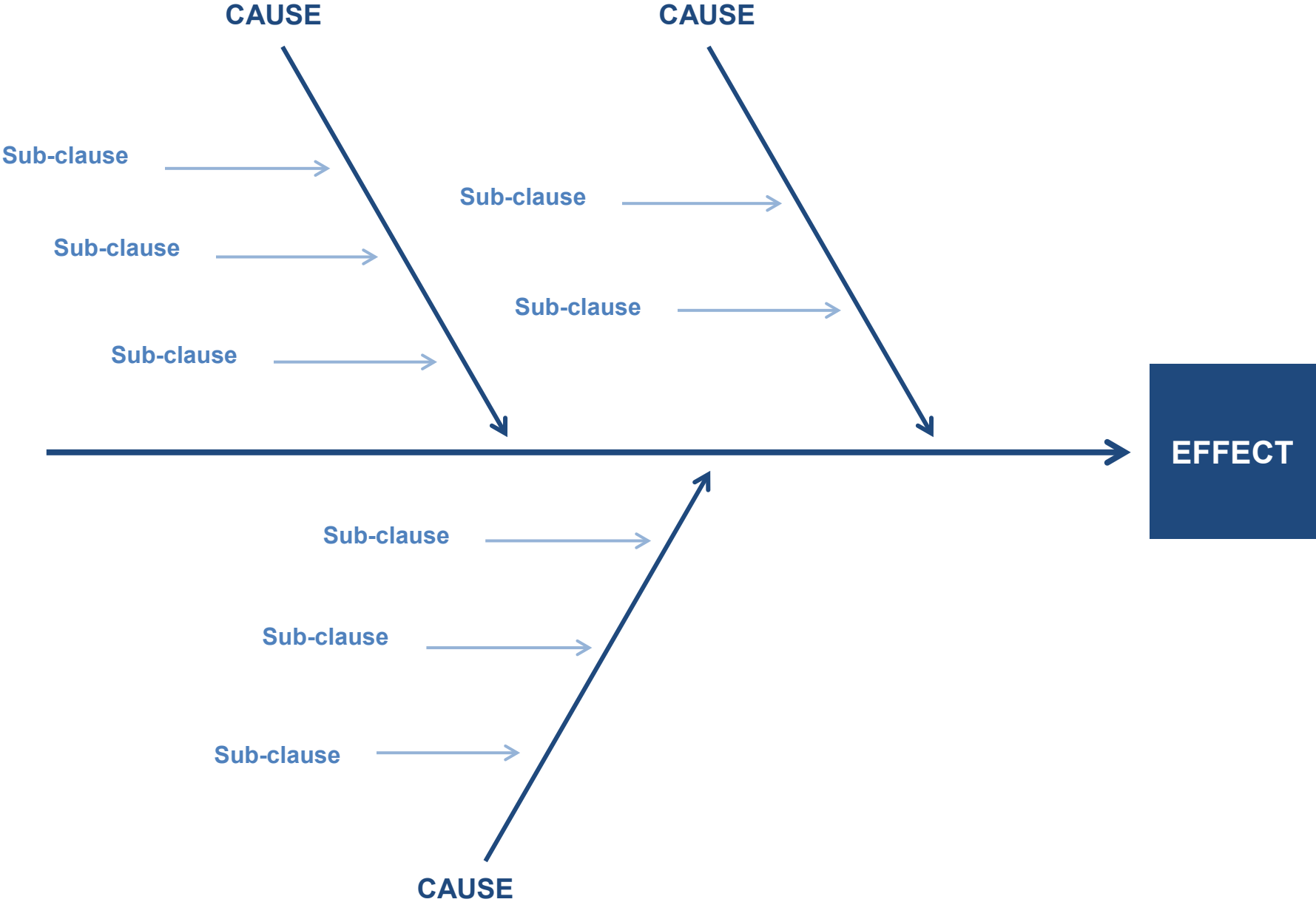
Glossary of PIP Terms

Table 7: PIP Terms

PIP Term	Also Known as...	Purpose	Definition
Aim	<ul style="list-style-type: none"> • Purpose 	To state what the MCO is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions “How much improvement, to what, for whom, and by when?”
Barrier	<ul style="list-style-type: none"> • Obstacle • Hurdle • Road block 	To inform meaningful and specific intervention development addressing members, providers, and MCO staff.	Barriers are obstacles that need to be overcome in order for the MCO to be successful in reaching the PIP Aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members/providers/MCOs. A barrier analysis should include analyses of both quantitative (e.g., MCO claims data) and qualitative (such as surveys, access and availability data or focus groups and interviews) data as well as a review of published literature where appropriate to root out the issues preventing implementation of interventions.
Baseline rate	<ul style="list-style-type: none"> • Starting point 	To evaluate the MCO’s performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
Benchmark rate	<ul style="list-style-type: none"> • Standard • Gauge 	To establish a comparison standard against which the MCO can evaluate its own performance.	The benchmark rate refers to a standard that the MCO aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
Goal	<ul style="list-style-type: none"> • Target • Aspiration 	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
Intervention tracking measure	<ul style="list-style-type: none"> • Process Measure 	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.

PIP Term	Also Known as...	Purpose	Definition
Limitation	<ul style="list-style-type: none"> • Challenges • Constraints • Problems 	To reveal challenges faced by the MCO, and the MCO's ability to conduct a valid PIP.	Limitations are challenges encountered by the MCO when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
Performance indicator	<ul style="list-style-type: none"> • Indicator • Performance Measure (terminology used in HEDIS) • Outcome measure 	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of improvement in health care status, delivery processes, or access.
Objective	<ul style="list-style-type: none"> • Intention 	To state how the MCO intends to accomplish their aim.	Objectives describe the intervention approaches the MCO plans to implement in order to reach its goal(s).

Appendix A: Fishbone (Cause and Effect) Diagram



Appendix B: Priority Matrix

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address		
Less Feasible to Address		

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

	Positives	Negatives
INTERNAL <i>under your control</i>	build on STRENGTHS <i>Examples:</i> <input type="checkbox"/>	minimize WEAKNESSES <i>Examples:</i> <input type="checkbox"/>
EXTERNAL <i>not under your control, but can impact your work</i>	pursue OPPORTUNITIES <i>Examples:</i> <input type="checkbox"/>	protect from THREATS <i>Examples:</i> <input type="checkbox"/>

Appendix D: Driver Diagram

<p>Aim:. Increase the HCV pharmaceutical treatment initiation rate among Healthy Louisiana adults ever diagnosed with HCV by 10 percentage points from CY 2021 to CY 2022.</p>	<p>HCV Providers identified in the OPH database (e.g., gastroenterologists, infectious disease specialists) and/or PCPs prescribe LDH-approved Hepatitis C Virus Direct Acting Antiviral Agent {DAA} for beneficiaries diagnosed with HCV</p>	<p>Educate PCPs about evidence-based guidelines (EBGs) for HCV diagnosis and treatment: -Office of Public Health streamlined test and treat guideline -American Association for the Study of Liver Diseases (AASLD)/ Infectious Diseases Society of America (IDSA).</p>	<p>-Provider Portal notification regarding access to HCV EBGs -Medical Director and Provider Relations face-to-face Outreach for Education -Incorporate the Office of Public Health streamlined test and treat guideline into Clinical Practice Guideline repository -Educate providers that prior authorization is not required for Eplusa generic for any Medicaid member -Develop and disseminate billing guidelines for HCV DAA agents and Medicaid reimbursement -Disseminate existing LDH resources to providers, including (1) the DAA Agent Medication Therapy Worksheet, (2) the HCV Treatment Agreement for Louisiana Medicaid Recipients, and (3) the Louisiana Medicaid Hepatitis C Direct-Acting Antiviral (DAA) Agents criteria, and (4) Office of Public Health (OPH) streamlined test and treatment guideline. - Encourage providers to participate in OPH-provided HCV treatment training</p>
		<p>Foster collaboration between PCPs, behavioral health and HCV specialists</p>	<p>-Develop and implement new processes to facilitate communication and coordinate care between PCPs, behavioral health and HCV providers listed in the OPH database (e.g., gastroenterologists, infectious disease specialists)</p>
		<p>Identify all members diagnosed with HCV</p>	<p>-Utilize the Office of Public Health listing of members with probable or confirmed HCV PIP to identify members with HCV diagnosis -Collaborate with OPH to develop PCP-specific listings of their patients who are potential candidates for HCV treatment -Develop Care Coordinator lists of members with HCV diagnosis for referral to PCPs for treatment</p>
		<p>Inform PCPs of their patients with HCV</p>	<p>-Distribute to each PCP their listing of members with HCV for medical assessment of appropriate treatment and/or referral to/ coordination with HCV specialist for treatment</p>
		<p>Educate and refer members with HCV for treatment assessment</p>	<p>-Care Coordinators Outreach, educate, refer and schedule member's appointment with HCV provider on OPH listing or PCP for treatment assessment.</p>

Appendix E: Plan-Do-Study-Act Worksheet (use power point template)

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