



CO L O R A D O

**Department of Health Care
Policy & Financing**

Colorado Accountable Care Collaborative

Fiscal Year 2017–2018 PIP Validation Report
**Improving the Rate of Completed Behavioral
Health Services Within 30 Days After Jail
Release**
for
**Integrated Community Health Partners
(Region 4)**

April 2018
For Validation Year 4

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Colorado Department of Health Care Policy & Financing.*



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1. Background

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires that states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine the MCOs' and PIHPs' compliance with federal regulations and quality improvement standards. According to the BBA, the quality of health care delivered to Medicaid members in MCOs and PIHPs must be tracked, analyzed, and reported annually. The Colorado Department of Health Care Policy & Financing (the Department) has contractual requirements with each MCO and behavioral health organization (BHO) to conduct and submit performance improvement projects (PIPs) annually.

The Colorado Department of Health Care Policy & Financing (the Department) introduced the Accountable Care Collaborative (ACC) Program in spring 2011 as a central part of its plan for Medicaid reform. The ACC Program was designed to improve the client and family experience, improve access to care, and transform incentives and the health care delivery process to a system that rewards accountability for health outcomes. Central goals for the program are (1) improvement in health outcomes through a coordinated, client-centered system of care, and (2) cost control by reducing avoidable, duplicative, variable, and inappropriate use of health care resources. A key component of the ACC Program was the selection of a Regional Care Collaborative Organization (RCCO) for each of seven regions within the State. The RCCOs provide medical management for medically and behaviorally complex clients; care coordination among providers; and provider support such as assistance with care coordination, referrals, clinical performance, and practice improvement and redesign.

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR 438.330(d), including:

- Measurement of performance using objective quality indicators.
- Implementation of system interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities to increase or sustain improvement.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.¹⁻¹

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: Jul 18, 2017.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the RCCO designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG’s review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.
2. The outcomes of the PIPs. Once designed, a PIP’s effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP’s outcomes determined whether the RCCO improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether the RCCO was successful in sustaining the improvement. The goal of HSAG’s PIP validation is to ensure that the Department and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the RCCO’s improvement strategies.

PIP Rationale

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical or nonclinical areas.

For fiscal year (FY) 2017–2018, **Integrated Community Health Partners (ICHP)** continued its *Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release* PIP. The topic selected addressed CMS’ requirements related to quality outcomes—specifically, timeliness of, and access to, care and services.

PIP Summary

For this FY 2017–2018 validation cycle, the PIP received an overall validation score of 60 percent and a *Not Met* validation status. The focus of this PIP is to improve transitions of care from the local jail setting to the community. **ICHP** will work collaboratively with the behavioral health organization, Colorado Health Partners, to assist members in accessing the healthcare system within 30 days of their jail release date. The PIP had one study question that **ICHP** stated: “Does data sharing and targeted Care Coordination interventions increase the percentage of members in the simple chronic, complex chronic, or critical population segment categories who were released from jail and had an outpatient follow-up visit within 30 days of the release date?” The following table describes the study indicator for this PIP.

Table 1–1—Study Indicator

PIP Topic	Study Indicator
<i>Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release</i>	The percentage of members in simple chronic, complex chronic, or critical population segment categories who had an outpatient service within 30 days of the jail release date.

Validation Overview

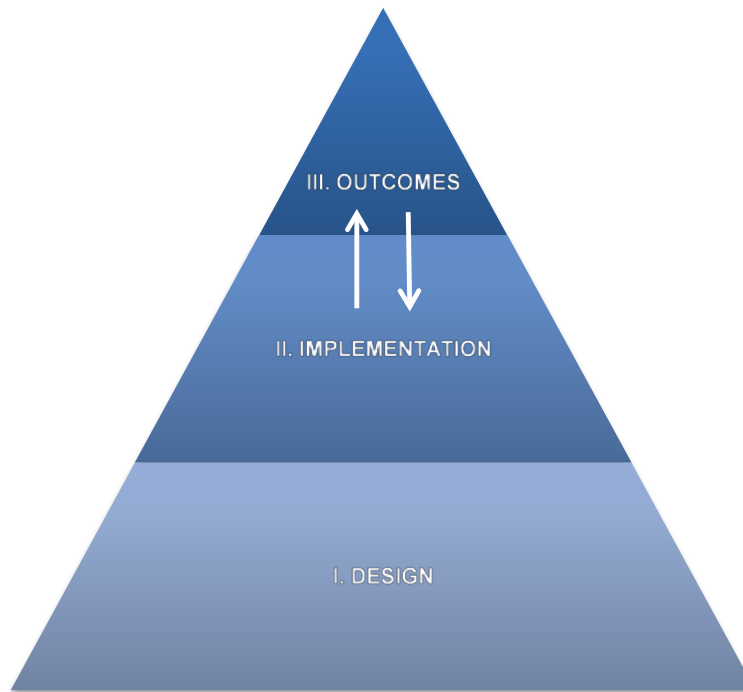
HSAG obtained the information needed to conduct the PIP validation from **ICHP**’s PIP Summary Form. This form provided detailed information about the RCCO’s PIP related to the activities completed and HSAG evaluated for the FY 2017–2018 validation cycle.

Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation rating for the PIP of *Not Met*. A RCCO would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG gave each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculated the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

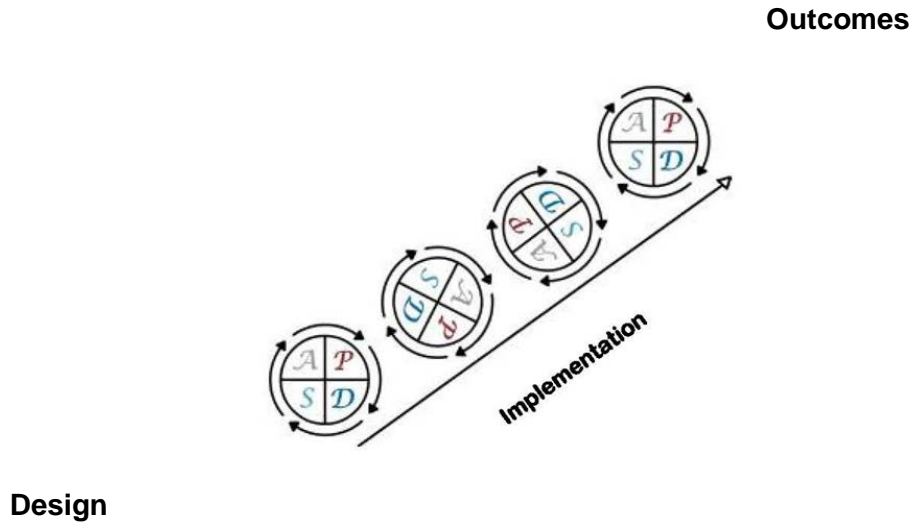
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the study topic, question, indicators, population, sampling, and data collection. To implement successful improvement strategies, a strong study design is necessary.

Figure 1-1—PIP Stages



Once **ICHP** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the RCCOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The RCCOs should incorporate a continuous or rapid cycle improvement model such as the Plan-Do-Study-Act (PDSA) to determine the effectiveness of the implemented interventions. The implementation of effective improvement strategies is necessary to improve PIP outcomes.

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

- **Plan**—conduct barrier analyses; prioritize barriers; develop targeted intervention(s) to address barriers; and develop an intervention evaluation plan for each intervention
- **Do**—implement intervention; track and monitor the intervention; and record the data
- **Study**—analyze the data; compare results; and evaluate the intervention’s effectiveness
- **Act**—based on the evaluation results, standardize, modify, or discontinue the intervention

The final stage is Outcomes, which involves the evaluation of real and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when outcomes exhibit statistical improvement over time and multiple measurements. This stage is the culmination of the previous two stages. The RCCO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the RCCO’s evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the RCCO should revisit its causal/barrier analysis process; verify the proper barriers are being addressed; and discontinue, revise, or implement new interventions as needed. This cyclical process should be used throughout the duration of the PIP and revisited as often as needed.

2. Findings

This year, the PIP validation process evaluated the technical methods of the PIP (i.e., the study design), as well as the implementation of quality improvement activities. Based on its review, HSAG determined the overall methodological validity of the PIP.

Table 2–1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2–1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status. A resubmission is a RCCO’s update of a previously submitted PIP with modified/additional documentation.

RCCOs have the opportunity to resubmit the PIP after HSAG’s initial validation to address any deficiencies identified. The PIP received a *Met* score for 60 percent of the applicable evaluation elements and received a *Not Met* overall validation status when originally submitted. The RCCO had the opportunity to incorporate HSAG’s initial validation recommendations and resubmit the PIP; however, the RCCO chose not to resubmit the PIP.

**Table 2–1—FY 2017–2018 Performance Improvement Project Validation
for Integrated Community Health Partners—Region 4**

Name of Project	Type of Annual Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
<i>Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release</i>	Submission	60%	50%	<i>Not Met</i>

- ¹ **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the RCCO was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall *Met* validation status.
- ² **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).
- ³ **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
- ⁴ **Overall Validation Status**—Populated from the PIP Validation Tool and based on the percentage scores.

Validation Findings

Table 2–2 displays the validation results for the **ICHP** PIP validated during FY 2017–2018. This table illustrates the RCCO’s overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific

element. The validation results presented in Table 2–2 show the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the fourth validation year for the PIP with HSAG validating Activities I through IX.

**Table 2–2—Performance Improvement Project Validation Results
for Integrated Community Health Partners—Region 4**

Stage	Activity		Percentage of Applicable Elements*		
			Met	Partially Met	Not Met
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	50% (1/2)	50% (1/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			89% (8/9)	11% (1/9)	0% (0/9)
Implementation	VII.	Sufficient Data Analysis and Interpretation	0% (0/3)	100% (3/3)	0% (0/3)
	VIII.	Appropriate Improvement Strategies	60% (3/5)	40% (2/5)	0% (0/5)
Implementation Total*			38% (3/8)	63% (5/8)	0% (0/8)
Outcomes	IX.	Real Improvement Achieved	33% (1/3)	0% (0/3)	67% (2/3)
	X.	Sustained Improvement Achieved	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Outcomes Total			33% (1/3)	0% (0/3)	67% (2/3)
Percentage Score of Applicable Evaluation Elements Met			60% (12/20)	30% (6/20)	10% (2/20)

* Percentage totals may not equal 100 percent due to rounding.

Overall, 60 percent of all applicable evaluation elements validated received a score of *Met*.

Design

ICHP designed a methodologically sound project. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process. ICHP had opportunities for improvement related to its documentation of the goals for the study indicator.

Implementation

ICHP reported Remeasurement 2 study indicator results. With the progression of reporting remeasurement data, the RCCO had several opportunities for improvement within this stage of the PIP process. These identified opportunities for improvement include how data were reported, conducting statistical testing, and identifying and addressing factors affecting the validity and comparability of the reported data. ICHP used appropriate quality improvement tools to conduct its causal/barrier analysis; however, opportunities for improvement exist with the RCCO’s documentation of the interventions.

Outcomes

For Remeasurement 2, based on HSAG’s statistical testing, the study indicator rate demonstrated a statistically significant decline in performance when compared to the baseline.

Analysis of Results

Table 2–3 displays Remeasurement 2 data for ICHP’s *Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release* PIP. ICHP’s goal is to increase the percentage of members in simple chronic, complex chronic, or critical population segment categories who received an outpatient service visit within 30 days of their jail release date.

Table 2–3—Performance Improvement Project Outcomes for Integrated Community Health Partners—Region 4

PIP Study Indicator	Baseline Period (7/1/2014–6/30/2015)	Remeasurement 1 (7/1/2015–6/30/2016)	Remeasurement 2 (7/1/2016–6/30/2017)	Sustained Improvement
The percentage of members in simple chronic, complex chronic, or critical population segment categories who had an outpatient service visit within 30 days of the jail release date.	19.2%	19.1%	9.2%	<i>Not Assessed</i>

For the baseline measurement period, a rate of 19.2 percent was reported for members in the simple chronic, complex chronic, or critical population segment categories who received an outpatient service

visit within 30 days of their jail release date. The RCCO set a goal for Remeasurement 1 of a 10 percent increase over baseline (21.1 percent).

For Remeasurement 1, the rate was essentially the same as the baseline rate, at 19.1 percent. This was a non-statistically significant decline as evidenced by a p value of 0.9651 calculated by HSAG. **ICHP** did not achieve statistically significant improvement or its goal of 21.1 percent. The RCCO set a Remeasurement 2 goal of increasing the Remeasurement 1 rate by 15 percent (22 percent).

For Remeasurement 2, the rate declined to 9.2 percent. Based on HSAG's statistical testing and a p value of less than 0.0001, this decline over the baseline was statistically significant. Over the course of the PIP, **ICHP** was unable to demonstrate improvement or achieve its desired goals. The RCCO documented that it felt this decline in performance was related to the denominator size nearly doubling because it now is receiving more complete data than in previous measurement periods.

Barriers/Interventions

The identification of barriers through barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. The RCCO's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the RCCO's overall success in improving PIP rates.

For the *Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release* PIP, **ICHP** identified two barriers:

- Limited data set.
- Poor data exchange.

To address these barriers, the following actions were taken:

- Third-party data vendor began providing weekly inmate release data to **ICHP**. Once the data are received, a process was developed for the distribution of lists of **ICHP** members to the appropriate care coordinator.
- Adjusted the parameters of the PIP to accommodate available data that included members who are shared between the RCCO and the BHO.

ICHP documented that it will resume the PIP now that the State data are available and will follow the same process of matching jail release data with the State system data to identify members for inclusion, and present this information to the care coordinators who provide the services through Region 4 Community Mental Health Centers. Moving forward, this PIP will only include members shared by **ICHP** and the BHO.

3. Conclusions and Recommendations

Conclusions

ICHP designed a methodologically sound project, but opportunities for improvement were identified in each stage of the PIP. **ICHP** reported accurate data; however, it did not conduct the required statistical testing. Over the duration of the PIP, the study indicator performance declined. **ICHP** documented that it felt this decline was related to the increased denominator size and having more complete data than the previous measurement years. The decline in validation scores was related to the RCCO not addressing HSAG's previous year's feedback and not meeting all of the requirements for each completed step of the PIP.

Recommendations

HSAG recommends the following:

- **ICHP** should address all *Partially Met* and *Not Met* validation scores, as well as any *Points of Clarification* associated with a *Met* validation score.
- **ICHP** should reference the PIP Completion Instructions to ensure all documentation requirements for each completed activity of the PIP Summary Form are addressed.
- **ICHP** should revisit the causal/barrier analysis and quality improvement processes at least annually to reevaluate barriers and determine new, active interventions to implement.
- **ICHP** should evaluate the effectiveness of each individual intervention and report the results in the next annual submission.
- **ICHP** should make data-driven decisions when revising, continuing, or discontinuing interventions.
- **ICHP** should revisit the causal/barrier analysis and quality improvement processes at least annually to reevaluate barriers and determine new, active interventions to implement.
- **ICHP** should seek technical assistance from HSAG as it moves forward with this PIP or future PIPs to ensure it is meeting all the requirements and addressing any data collection or methodological concerns.