



**CO L O R A D O**

**Department of Health Care  
Policy & Financing**

Colorado Accountable Care Collaborative

## **Fiscal Year 2016–2017 PIP Validation Report**

### **Depression Screening and Transition to a Behavioral Health Provider**

*for*

### **Colorado Community Health Alliance (Region 6)**

*April 2017*

*For Validation Year 3*

*This report was produced by Health Services Advisory Group, Inc. for the  
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 438.240(b)(1), 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.<sup>1-1</sup>

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<sup>1-1</sup> 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: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

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) 2016–2017, **Colorado Community Health Alliance (CCHA)** continued its *Depression Screening and Transition to a Behavioral Health Provider* PIP. The topic selected addressed CMS’ requirements related to quality outcomes—specifically, the timeliness of, and access to, care and services.

## PIP Summary

For the FY 2016–2017 validation cycle, the PIP received an overall validation score of 100 percent and a *Met* validation status. The focus of the PIP is to improve the percentage of members who complete a follow-up visit with a behavioral health provider within 30 days of screening positive for depression with a medical provider. The PIP had one study question that **CCHA** stated: “Do targeted interventions increase the percentage of members who screened positive for depression with a medical healthcare provider and completed a follow-up visit with a behavioral health specialist within 30 days?” The following table describes the study indicator for this PIP.

**Table 1–1—Study Indicator**

PIP Topic	Study Indicator
<i>Depression Screening and Transition to a Behavioral Health Provider</i>	The percentage of members who screened positive for depression with a medical healthcare provider and received treatment by a behavioral health provider within 30 days.

## Validation Overview

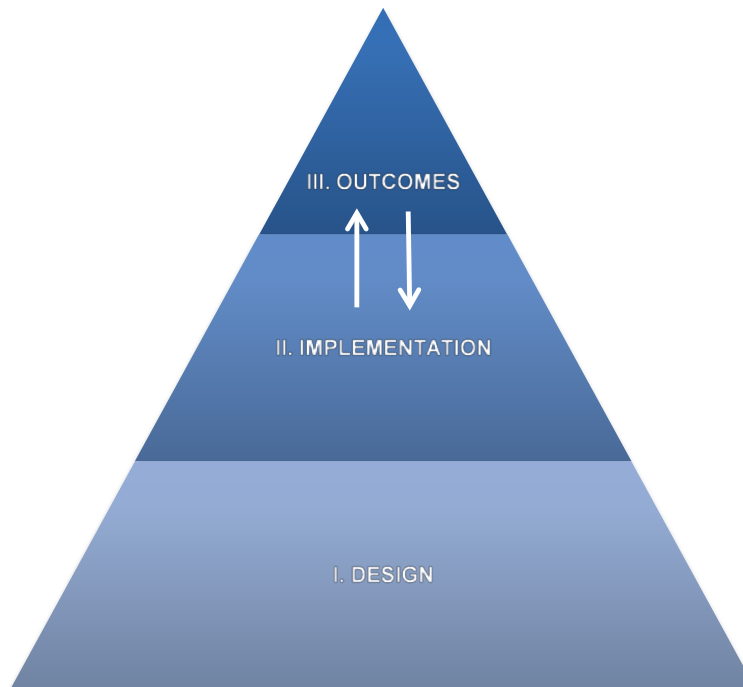
HSAG obtained the information needed to conduct the PIP validation from CCHA’s PIP Summary Form. This form provided detailed information about the RCCO’s PIP related to the activities completed and HSAG evaluated for the FY 2016–2017 validation cycle.

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*.

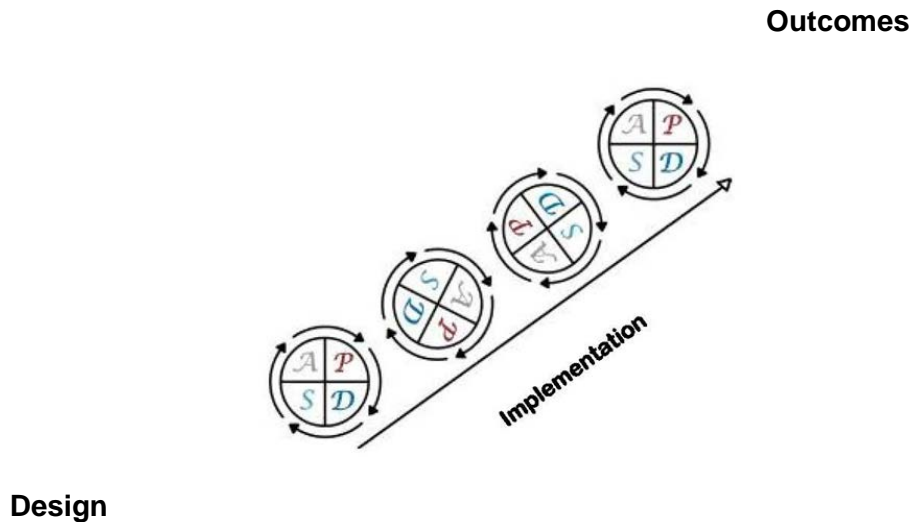
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the 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 **CCHA** 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). Based on its technical 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 *Partially Met* overall validation status when originally submitted. The RCCO had the opportunity to receive technical assistance, incorporate HSAG’s recommendations, and resubmit the PIP. After resubmission, the PIP improved to a *Met* score for 100 percent of the evaluation elements and a *Met* overall validation status.

**Table 2–1—FY 2016–2017 Performance Improvement Project Validation for Colorado Community Health Alliance—Region 6**

Name of Project	Type of Annual Review <sup>1</sup>	Percentage Score of Evaluation Elements <i>Met</i> <sup>2</sup>	Percentage Score of Critical Elements <i>Met</i> <sup>3</sup>	Overall Validation Status <sup>4</sup>
<i>Depression Screening and Transition to a Behavioral Health Provider</i>	Submission	76%	82%	<i>Partially Met</i>
	Resubmission	100%	100%	<i>Met</i>

<sup>1</sup> **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.

<sup>2</sup> **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*).

<sup>3</sup> **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*.

<sup>4</sup> **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 CCHA PIP validated during FY 2016–2017. 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 third validation year for the PIP with HSAG validating Activities I through IX.

**Table 2–2—Performance Improvement Project Validation Results  
for Colorado Community Health Alliance—Region 6**

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)	100% (2/2)	0% (0/2)	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)
<b>Design Total</b>			<b>100% (9/9)</b>	<b>0% (0/9)</b>	<b>0% (0/9)</b>
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Appropriate Improvement Strategies	100% (6/6)	0% (0/6)	0% (0/6)
<b>Implementation Total</b>			<b>100% (9/9)</b>	<b>0% (0/9)</b>	<b>0% (0/9)</b>
Outcomes	IX.	Real Improvement Achieved	100% (3/3)	0% (0/3)	0% (0/3)
	X.	Sustained Improvement Achieved	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
<b>Outcomes Total</b>			<b>100% (3/3)</b>	<b>0% (0/3)</b>	<b>0% (0/3)</b>
<b>Percentage Score of Applicable Evaluation Elements Met</b>			<b>100% (21/21)</b>	<b>0% (0/21)</b>	<b>0% (0/21)</b>

Overall, 100 percent of all applicable evaluation elements validated received a score of *Met*.

### Design

CCHA designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

### Implementation

CCHA reported updated baseline and first remeasurement data this year. The data reported were accurately displayed and discussed in the narrative summary of findings. The RCCO used appropriate quality improvement tools to conduct its causal/barrier analysis, including drill-down data analyses, process mapping, and failure modes and effects analysis (FMEA), to identify and prioritize barriers. The RCCO also implemented interventions that have the potential to impact the study indicator outcomes.

### Outcomes

At Remeasurement 1, the study indicator demonstrated statistically significant improvement over the baseline.

### Analysis of Results

Table 2–3 displays Remeasurement 1 data for CCHA’s *Depression Screening and Transition to a Behavioral Health Provider* PIP. CCHA’s goal is to increase the percentage of eligible members who receive a behavioral health follow-up visit within 30 days of a positive depression screening completed by a medical provider to 30 percent at Remeasurement 1.

**Table 2–3—Performance Improvement Project Outcomes for Colorado Community Health Alliance—Region 6**

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 who screened positive for depression with a medical health provider and received treatment from a behavioral health provider within 30 days.	24.1%	65.1%*		<i>Not Assessed</i>

\* The remeasurement rate was a statistically significant improvement over the baseline rate.

The baseline rate of members who screened positive for depression with a medical provider and received a follow-up visit with a behavioral health provider within 30 days was 24.1 percent. The RCCO set a goal of 30 percent for the Remeasurement 1 period.

For Remeasurement 1, the rate improved to 65.1 percent for members who had a positive depression screening by a medical health provider and were seen by behavioral health provider within 30 days. The increase was statistically significant as evidenced by a  $p$  value less than 0.0001 and exceeded the goal by 35.1 percentage points.

### ***Barriers/Interventions***

The identification of barriers through causal 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 overall success in improving PIP outcomes.

For the ***Depression Screening and Transition to a Behavioral Health Provider*** PIP, **CCHA** identified the following barriers:

- Inaccurate self-reporting.
- Parent reporting rather than identified patient self-reporting.
- Lack of communication between treatment providers.
- Lack of care coordination of processes.
- Lack of access to behavioral health providers.
- Lack of adequate referral processes.
- Lack of provider knowledge and education related to coding and billing.

To address these barriers, **CCHA** implemented the following interventions:

- Educated members about the validity of completing the screening tool.
- Educated providers on accurate coding and billing for depression screening.
- Worked within the RCCO to improve the claims process.
- Revised the tracking process for referrals and follow-up with behavioral health.
- Revised **CCHA**'s internal process so that documentation is stored in one patient (member) chart/electronic medical record.
- Weekly clinical staff meetings with behavioral health and physical health providers.

## 3. Conclusions and Recommendations

### Conclusions

**CCHA** designed a methodologically sound project. The sound study design allowed the RCCO to progress to data collection and intervention development. **CCHA** reported accurate study indicator and statistical testing results in the data table and provided an accurate summary of findings. Appropriate quality improvement processes were used to identify and prioritize barriers with interventions implemented that had a positive effect on the outcomes.

### Recommendations

As the PIP progresses, HSAG recommends the following:

- **CCHA** revisits the causal/barrier analysis and quality improvement processes at least annually to reevaluate barriers and develop new active interventions, as needed.
- **CCHA** evaluates the effectiveness of each individual intervention and reports the results in the next annual submission.
- **CCHA** makes data-driven decisions when revising, continuing, or discontinuing interventions.
- **CCHA** seeks technical assistance from HSAG as needed.