

Colorado Children's Health Insurance Program
Child Health Plan *Plus* (CHP+)

FISCAL YEAR 2015–2016 COLORADO PIP VALIDATION REPORT

Adolescent Positive Depressive Disorder
Screening and Transition to a Behavioral Health
Provider

for
Colorado Choice Health Plan

April 2016
for
Validation Year 2

*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.

In preparation for implementation of Public Law 111-3, The Children's Health Insurance Program Reauthorization Act of 2009, the State of Colorado required each contractor with the Colorado Child Health Plan *Plus* (CHP+) health insurance program to conduct and submit PIP reports annually. CHP+ is Colorado's implementation of the Children's Health Insurance Program (CHIP), a health maintenance organization (HMO) jointly financed by federal and state governments and administered by the states. Originally created in 1997, CHIP targets uninsured children in families with incomes too high to qualify for Medicaid programs, but often too low to afford private coverage.

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.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the HMO 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 HMO 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 HMO 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 HMO'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) 2015–2016, **Colorado Choice Health Plan (Colorado Choice)** continued its *Adolescent Positive Depressive Disorder Screening and Transition to a Behavioral Health Provider* PIP. The topic selected addressed CMS' requirements related to quality outcomes—specifically, timeliness of, and access to, care and services.

PIP Summary

For the FY 2015–2016 validation cycle, the PIP received an overall validation score of 100 percent and a *Met* validation status. The focus of this PIP is to improve the transition of care for adolescents 12 to 17 years of age with a positive depression screening that was performed by a primary care provider who have a behavioral health provider follow-up visit within 30 days of the positive depression screening. The PIP had one study question that **Colorado Choice** stated: “Do targeted interventions from the health insurance plan increase the percentage of adolescents 12–17 years of age who screened positive for depressive disorders with a primary care provider and completed a follow-up with a behavioral health provider within 30 days?” The following table describes the study indicator for this PIP.

Table 1–1—Study Indicator

PIP Topic	Study Indicator
<i>Adolescent Positive Depression Disorder Screening and Transition to a Behavioral Health Provider</i>	The percentage of adolescents 12–17 years of age with a follow-up visit with a behavioral health provider within 30 days of a positive depressive disorder screening with a primary care provider.

Validation Overview

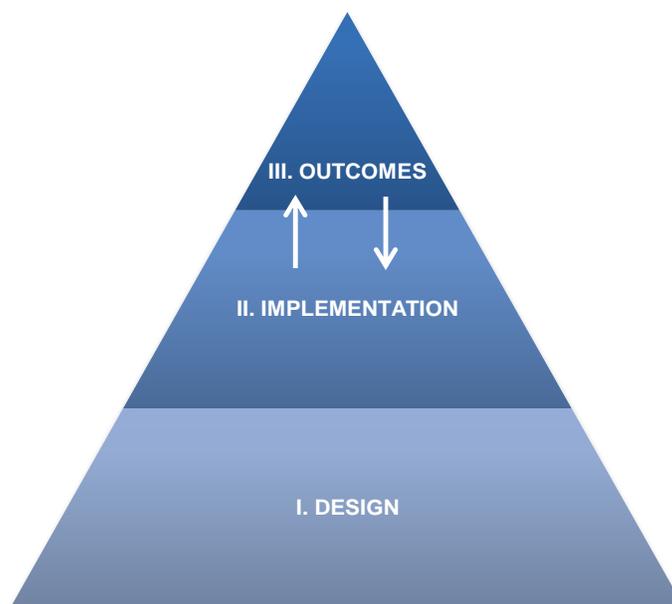
HSAG obtained the information needed to conduct the PIP validation from **Colorado Choice's** PIP Summary Form. This form provided detailed information about the HMO's PIP related to the activities completed and HSAG evaluated for the FY 2015–2016 validation cycle.

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 HMO 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*.

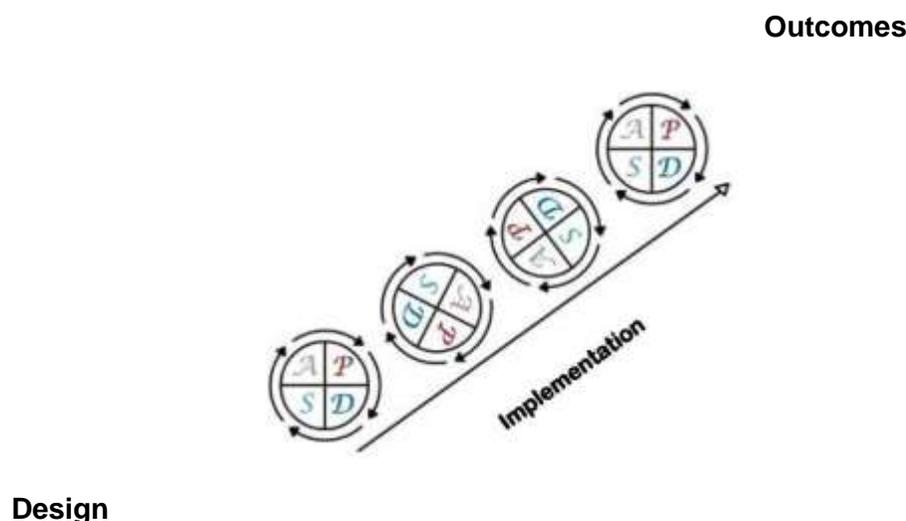
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the 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 **Colorado Choice** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the HMOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The HMOs 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 HMO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the HMO’s evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the HMO 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.

for Colorado Choice Health Plan

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 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 an HMO's update of a previously submitted PIP with modified/additional documentation.

HMOs 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 HMO had the opportunity to receive technical assistance, incorporate HSAG's recommendations, and resubmit the PIP. After resubmission, the HMO improved its overall validation status to *Met*.

Table 2-1—FY 2015–2016 Performance Improvement Project Validation Activity for Colorado Choice Health Plan

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>Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider</i>	Submission	86%	86%	<i>Partially Met</i>
	Resubmission	100%	100%	<i>Met</i>
<p>¹ Type of Review—Designates the PIP review as an annual submission, or resubmission. A resubmission means the MCO was required to resubmit the PIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall <i>Met</i> validation status.</p> <p>² Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and non-critical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>³ Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>⁴ Overall Validation Status—Populated from the PIP Validation Tool and based on the percentage scores.</p>				

Validation Findings

Table 2-2 displays the validation results for the **Colorado Choice** PIP validated during FY 2015–2016. This table illustrates the HMO'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 second validation year for the PIP, with the HMO completing Activities I through VIII.

**Table 2-2—Performance Improvement Project Validation Results
for Colorado Choice Health Plan**

Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Review the Selected Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Review the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Review the Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Review the Selected Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Review Sampling Methods (if sampling was used)	<i>Not Applicable</i>		
	VI.	Review the Data Collection Procedures	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			100% (9/9)	0% (0/9)	0% (0/9)
Implementation	VII.	Review the Data Analysis and Interpretation of Results	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Assess the Improvement Strategies	100% (4/4)	0% (0/4)	0% (0/4)
Implementation Total			100% (7/7)	0% (0/7)	0% (0/7)
Outcomes	IX.	Assess for Real Improvement Achieved	<i>Not Assessed</i>		
	X.	Assess for Sustained Improvement	<i>Not Assessed</i>		
Outcomes Total			<i>Not Assessed</i>		
Percentage Score of Applicable Evaluation Elements Met			100% (16/16)	0% (0/16)	0% (0/16)

Overall, 100 percent of all applicable evaluation elements validated received a score of *Met*. For this year's submission, the Design and Implementation stages (Activities I through VIII) were validated.

Design

Colorado Choice 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

Colorado Choice reported and interpreted its baseline data accurately. The HMO completed its initial causal/barrier analysis using the appropriate quality improvement tools to identify and prioritize the identified barriers. The interventions implemented to date were implemented in a timely manner to allow for impact to the study indicator outcomes.

Outcomes

The PIP had not progressed to the Outcomes stage during this validation cycle.

Analysis of Results

Table 2-3 displays baseline data for **Colorado Choice's Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider** PIP. **Colorado Choice's** goal is to increase the percentage of members 12 to 17 years of age who have a follow-up visit with a behavioral health provider within 30 days of a positive screening with a primary care provider.

**Table 2-3—Performance Improvement Project Outcomes
for Colorado Choice Health Plan**

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 adolescents 12–17 years of age with a follow-up visit with a behavioral health provider within 30 days of a positive depressive disorder screening with a primary care provider.	0%			

The baseline rate for members 12 to 17 years of age who have a follow-up visit with a behavioral health provider within 30 days of a positive screening with a primary care provider was zero. The denominator size was only one member. The HMO's goal is to increase the rate to 5 percent at the first remeasurement. Based on the growth of the eligible population for this project, **Colorado Choice** may need to revisit its goal to make sure that the desired outcome yields statistically significant improvement.

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 HMO's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the HMO's overall success in improving PIP rates.

For the ***Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider*** PIP, **Colorado Choice** identified several barriers. For one, its claims data were not capturing whether or not the primary care providers were completing the depression screening tools on routine adolescent visits. It was also not clear whether the provider has processes in place for referring members, or for providing access to behavioral health. In addition, not all primary care providers have processes in place for completing the adolescent depression screening. The HMO prioritized these barriers, with the top priority being to address primary care providers who not have processes in place for completing the depression screening, followed by ensuring that claims data capture whether or not providers are completing the depression screening on routine well-visits. To address these barriers, **Colorado Choice** implemented the following interventions:

- ◆ Educated the providers about using standardized depression screening tools, reimbursement rates, and correct billing codes.
- ◆ Conducted a provider survey to capture how the HMO can better support the providers in conducting depression screenings.
- ◆ Conducted telephonic outreach to the providers to gain a better understanding of how the provider conducts follow-up with a behavioral health provider when a positive depression screening occurs.
- ◆ Conducted telephonic outreach to the CHP+ and behavioral health providers under contract to gain a better understanding of how they are receiving referrals from primary care providers who have identified a member with a positive depression screening. Are these members seen within 30 days, and what process is in place to follow up with the referring physician?
- ◆ Ensured that the provider network is updated on an ongoing basis so that providers' needs are met.

Conclusions

Colorado Choice developed a methodologically sound project and has set the foundation from which to move forward.

Recommendations

As the PIP progresses, HSAG recommends the following:

- ◆ Use and describe quality improvement tools such as a causal/barrier analysis, key driver diagram, process mapping, or failure modes and effects analysis at least annually to determine barriers, drivers, and/or weaknesses within processes which may inhibit the health plan from achieving the desired outcomes.
- ◆ Describe methods used to prioritize newly identified barriers.
- ◆ Develop active, innovative interventions that can directly impact the study indicator outcomes.
- ◆ Use quality improvement science techniques such as the Plan-Do-Study-Act (PDSA) model as part of its improvement strategies. Interventions can be tested on a small scale, evaluated, and then expanded to full implementation, if deemed successful.
- ◆ Develop a process or plan to evaluate the effectiveness of each implemented intervention.
- ◆ Use the PIP Completion Instructions to ensure that all requirements for each completed activity have been addressed.
- ◆ Seek technical assistance from HSAG as needed.

APPENDIX A. PIP-SPECIFIC VALIDATION TOOL
for **Colorado Choice Health Plan**

The following contains the PIP-specific validation tool for **Colorado Choice**.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
for Colorado Choice Health Plan

DEMOGRAPHIC INFORMATION

Plan Name: Colorado Choice Health Plan

Project Leader Name: Dawn Arellano Title: Nurse Manager, Medical Department

Telephone Number: (719) 589-3696 E-mail Address: darellano@cochoice.com

Name of Project/Study: Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider

Type of Project (for HSAG's internal tracking):

- Clinical Nonclinical
 Collaborative HEDIS

Date of Project: 7/1/2014 to 6/30/2015

Type of Delivery System: CHP+

Submission Date: 1/18/2016

Section to be completed by HSAG

11/6/2015 Year 2 Validation 10/30/2015 Annual Submission
1/25/2016 Year 2 Validation 1/18/2016 Resubmission

X Baseline

Year 2 validated through Activity: VIII



*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
for Colorado Choice Health Plan*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
I.	Select the Study Topic: The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State. The study topic:		
C*	1. Is selected following collection and analysis of data. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Selection of the PIP topic followed the collection and analysis of plan-specific data.
	2. Has the potential to affect member health, functional status, or satisfaction. The score for this element will be Met or Not Met.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The PIP has the potential to affect member health, functional status, or satisfaction.

Results for Activity I

Total Evaluation Elements**	# of Total Evaluation Elements				Critical Elements***	# of Critical Elements			
	Met	Partially Met	Not Met	Not Applicable		Met	Partially Met	Not Met	Not Applicable
2	2	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
for Colorado Choice Health Plan*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
II.	Define the Study Question(s): Stating the study question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The study question:		
C*	1. States the problem to be studied in simple terms and is in the recommended X/Y format. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The study question was clear and stated in simple terms using the recommended X/Y format.

Results for Activity II

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
for Colorado Choice Health Plan*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
III.	Define the Study Population: The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs. The study population:		
C*	1. Is accurately and completely defined and captures all members to whom the study question(s) applies. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan accurately and completely defined the study population, providing correct codes, when applicable, for the denominator.

Results for Activity III									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
 for Colorado Choice Health Plan**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
IV. Select the Study Indicator(s): A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound. The study indicator(s):			
C*	1. Are well-defined, objective, and measure changes in health or functional status, member satisfaction, or valid process alternatives.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The study indicator was objective, clear, and unambiguously defined. The health plan provided correct codes, when applicable, for the numerator. The documentation provided a description of the study indicator, as well as the definition for the numerator and denominator. Re-review January 2016: In the resubmission, the health plan corrected its Remeasurement 1 goal and how it reported the baseline rate. The <i>Point of Clarification</i> was removed.
	2. Include the basis on which the indicator(s) was adopted, if internally developed.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan provided the rationale and the basis for the development of the study indicator.

Results for Activity IV									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
2	2	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
 for Colorado Choice Health Plan**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
V. Use Sound Sampling Techniques: (If sampling is not used, each evaluation element is scored NA.) If sampling is used to select members in the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling methods:			
	1. Include the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1, etc.).	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP. Re-review January 2016: In the resubmission, the health plan removed documentation that was not required in Activity V. The <i>Point of Clarification</i> was removed.
	2. Include the title of the applicable study indicator(s).	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	3. Identify the population size.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	4. Identify the sample size.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	5. Specify the margin of error and confidence level.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	6. Describe in detail the methods used to select the sample.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	7. Allow for the generalization of results to the study population.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.

Results for Activity V

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
7	0	0	0	7	2	0	0	0	2

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
for Colorado Choice Health Plan*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VI. Reliably Collect Data: Data collection must ensure that the data collected on the study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:			
1.	Clearly defined sources of data and data elements to be collected. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The documentation included the identification of data elements and data sources for collection.
C*	2. Clearly defined and systematic process for collecting data that includes how baseline and remeasurement data will be collected. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan specified a systematic method for collecting baseline and remeasurement data.
C*	3. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan did not use manual data collection.
	4. An estimated degree of administrative data completeness. Met = 80 - 100 percent Partially Met = 50 - 79 percent Not Met = <50 percent or not provided	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The estimated degree of administrative data completeness was between 80 percent and 100 percent, and the documentation explained how the health plan determined administrative data completeness.

Results for Activity VI

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
4	3	0	0	1	2	1	0	0	1

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
for Colorado Choice Health Plan*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VII. Analyze Data and Interpret Study Results: Clearly present the results for each study indicator(s). Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined. The data analysis and interpretation of the study indicator outcomes:			
C*	1. Include accurate, clear, consistent, and easily understood information in the data table.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan presented results in a clear, accurate, and easily understood format.
	2. Include a narrative interpretation that addresses all required components of data analysis and statistical testing.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan provided an accurate narrative interpretation of the baseline results.
	3. Identify factors that threaten the validity of the data reported and ability to compare the initial measurement with the remeasurement.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan identified that providers are using the standardized screening tools but are not billing for this service. The health plan completed a process map to identify its next steps in addressing this issue.

Results for Activity VII									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
3	3	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
 for Colorado Choice Health Plan**

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:		
C* 1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan documented that it has a Quality Improvement Projects Committee and that this committee completed a process map and failure modes effects analysis (FMEA); however, it did not provide a list of the team members that make up this committee or provide the process map or FMEA with its PIP submission. Re-review January 2016: In the resubmission, the health plan provided a list of the staff members who make up its Quality Improvement Projects Committee. The score for this evaluation element has been changed to <i>Met</i> .
2. Barriers that are identified and prioritized based on results of data analysis and/or other quality improvement processes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan documented barriers. These were not actually barriers, but rather questions. Once the health plan obtains the necessary information from surveying the providers, it will be able to determine the actual barriers that exist. If the providers are not completing these tools, why not? If the behavioral health providers are not receiving referrals from the primary care providers, why not? The answers to these questions will be the barriers that will need to have interventions put into place. These identified barriers will also need to be prioritized. Re-review January 2016: In the resubmission, the health plan revised how its barriers were documented and used a failure modes and effects analysis to prioritize the barriers. The score for this evaluation element has been changed to <i>Met</i> .

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
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 for Colorado Choice Health Plan**

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:		
C* 3. Interventions that are logically linked to identified barriers and will directly impact study indicator outcomes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	It appeared based on the documentation presented in Activity VIII that the health plan has not progressed to the point of identifying actual barriers and implementing interventions to address these barriers. Re-review January 2016: With the revised documentation in Activity VIII related to barriers and interventions, this evaluation element can be scored. The interventions implemented were logically linked to the identified barriers and have the potential to impact study indicator outcomes. The score for this evaluation element has been changed to <i>Met</i> .
4. Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	It appeared based on the documentation presented in Activity VIII, that the health plan has not progressed to the point of identifying actual barriers and implementing interventions to address the barrier. Re-review January 2016: With the revised documentation in Activity VIII related to barriers and interventions, this evaluation element can be scored. The interventions were implemented in a timely manner to impact study indicator outcomes. The score for this evaluation element has been changed to <i>Met</i> .
C* 5. Evaluation of individual interventions for effectiveness.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan has not progressed to the point of evaluating interventions.

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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for Colorado Choice Health Plan*

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:		
6. Interventions continued, revised, or discontinued based on evaluation results.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan has not progressed to the point of evaluating interventions.

Results for Activity VIII									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
6	4	0	0	2	3	2	0	0	1

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



*Appendix A: Colorado FY 15-16 PIP Validation Tool:
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EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
IX.	Assess for Real Improvement: Real improvement or meaningful change in performance is evaluated based on study indicator(s) results.		
	1. The remeasurement methodology is the same as the baseline methodology.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	2. The documented improvement meets the State- or health plan-specific goal.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	3. There is statistically significant improvement over baseline.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.

Results for Activity IX

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
3	0	0	0	0	2	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
X. C*	Assess for Sustained Improvement: Sustained improvement is demonstrated through repeated measurements over comparable time periods.		
	1. Repeated measurements over comparable time periods demonstrate sustained improvement over baseline.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. Sustained improvement cannot be assessed until the study indicator has achieved statistically significant improvement over baseline across all study indicators and sustained the improvement for a subsequent measurement period.

Results for Activity X

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
for Colorado Choice Health Plan*

Table A-1—FY 15-16 PIP Validation Report Scores: Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider for Colorado Choice Health Plan											
Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total NA	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements NA	
I. Select the Study Topic	2	2	0	0	0	1	1	0	0	0	
II. Define the Study Question(s)	1	1	0	0	0	1	1	0	0	0	
III. Define the Study Population	1	1	0	0	0	1	1	0	0	0	
IV. Select the Study Indicator(s)	2	2	0	0	0	1	1	0	0	0	
V. Use Sound Sampling Techniques	7	0	0	0	7	2	0	0	0	2	
VI. Reliably Collect Data	4	3	0	0	1	2	1	0	0	1	
VII. Analyze Data and Interpret Study Results	3	3	0	0	0	1	1	0	0	0	
VIII. Improvement Strategies (interventions for improvement as a result of analysis)	6	4	0	0	2	3	2	0	0	1	
IX. Assess for Real Improvement	3		Not Assessed			2	Not Assessed				
X. Assess for Sustained Improvement	1		Not Assessed			1	Not Assessed				
Totals for All Activities	30	16	0	0	10	15	8	0	0	4	

Table A-2—FY 15-16 PIP Validation Report Overall Scores: Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider for Colorado Choice Health Plan	
Percentage Score of Evaluation Elements Met*	100%
Percentage Score of Critical Elements Met**	100%
Validation Status***	Met

- * The percentage score is calculated by dividing the total Met by the sum of the total Met, Partially Met, and Not 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.
- *** Met equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not credible.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
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for Colorado Choice Health Plan**

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results based on CMS Validating protocols. HSAG also assessed whether the State should have confidence in the reported PIP findings.

***Met** = Confidence/high confidence in reported PIP results

****Partially Met** = Low confidence in reported PIP results

*****Not Met** = Reported PIP results not credible

Summary of Aggregate Validation Findings

* **Met**

** **Partially Met**

*** **Not Met**

Summary statement on the validation findings:

Activities I through VIII were assessed for this PIP Validation Report. Based on the validation of this PIP, HSAG's assessment determined high confidence in the results.

APPENDIX B. PIP-SPECIFIC SUMMARY FORM
for **Colorado Choice Health Plan**

The following contains the PIP-specific summary form for **Colorado Choice**.



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Adolescent Depression Screening and Transition of Care to a Behavioral Health Provider
for Colorado Choice Health Plan*

DEMOGRAPHIC INFORMATION

Plan Name: Colorado Choice Health Plans

Project Leader Name: Dawn Arellano Title: Nurse Manager, Medical Department

Telephone Number: 719-589-3696 E-mail Address: darellano@cochoice.com

Name of Project: Adolescent positive Depressive Disorder screening and transition to a Behavioral Health Provider

Type of Project (for HSAG's internal tracking):

- Clinical Nonclinical
 Collaborative HEDIS

Type of Delivery System: (MCO/CHP+/RCCO)

Submission Date: January 18, 2016

Section to be completed by HSAG

_____ Year 1 Validation	_____ Initial Submission
<u>X</u> Year 2 Validation	<u>10/30/15</u> Initial Submission
_____ Year 3 Validation	_____ Initial Submission
<u>X</u> Baseline Assessment	_____ Remeasurement 1
_____ Remeasurement 2	_____ Remeasurement 3
Year 1 validated through Activity <u>VI</u>	
Year 2 validated through Activity <u>VIII</u>	
Year 3 validated through Activity _____	

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Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

Study Topic: Adolescent positive Depressive Disorder screening and transition to a Behavioral Health Provider within 30 days of the positive screening.

Provide health plan-specific data: Colorado Choice Health Plans has chosen “Adolescent positive Depressive Disorder screening and transition to a Behavioral Health Provider” as our *Transitions of Care* Performance Improvement Project for the 2014-2015 SFY. During the 2011-2012 SFY, Colorado Choice Health Plans began a performance improvement project to increase Depression screenings in Adolescents. Our final submission and data in July 2014 demonstrated an improvement of 7.34% of Adolescents being screened for depression. We would like to take that study further and focus on the transition of care from that positive screening with their Primary Care Provider to a Behavioral Health Provider.

Colorado Choice Health plans average CHP+ monthly enrollment is 1468 members for the 2013-2014 SFY. Plan data was gathered regarding the diagnosis of a Depressive Disorder in Adolescents (ages 12-17 years). Colorado Choice Health Plans had 395 total members during the period of 7/1/13-6/30/14 in this age bracket. Using HEDIS ICD-9 codes guidance on depressive disorders, 29 members in this age bracket were identified.

Claims based research demonstrated that 9 out of the 29 previously identified members could be included in the follow up data to see if they had utilized Behavioral Health services within 30 days of the positive screen. Data analysis showed that 6 of the members who were screened, had already established care with a Behavioral Health Provider prior to that date of service. Other members were excluded due to their plan effective dates and coverage periods. Of the 9 members that we could include data for this project, there were 3 members who had a follow up visit with a Behavioral Health Provider within 30 days of the positive Depressive Disorder screening.

Describe how the study topic has the potential to improve member health, functional status, or satisfaction: The study has the opportunity to continue to raise awareness among Primary Care Providers to utilize evidence based screening tools such as the PHQ-9 to aid in diagnosis of Depressive disorders during routine care visits (also known as Evaluation and Management visits) with the CHP+ members. The Primary providers play a key role in the screening of depression and the transition to appropriate Behavioral Health resources.

We plan to once again, educate and provide our contracted providers with the PHQ-9 tool and promote the use of the CPT billing codes associated with these annual screenings. We will also remind Primary Care Providers that Colorado Choice is available to assist with locating in-network Behavioral Health Providers for members that have a positive screen within that service delivery area.

Without intervention, child and adolescent disorders frequently continue into adulthood. Research shows, that when children with co-existing depression and conduct disorders become adults, they tend to use more health care services and have higher health care costs than other adults. Of all the children they see, primary care physicians identify about 195 with behavioral and emotional problems. While these providers frequently

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Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

refer children for mental health treatment, significant barriers exist to referral, including lack of available specialists, insurance restrictions, appointment delays, and stigma. In one study, 59% of youth who were referred to specialty mental health care, never made it to the specialist. (1)

Depressed adolescents are at higher risk of alcohol and substance abuse. Generally, depression precedes the onset of alcohol and substance abuse by 4-5 years, so identification of depression may provide an opportunity for prevention. Depressed adolescents also experience significant impairment in school functioning and interpersonal relationships. (2) Studies indicate that 20-40% of adolescents with a major depressive episode go on to develop bipolar disorder within 5 years. (3) Moreover, depression in adolescents is likely to continue into adulthood. Approximately 70% will have another episode of depression in 5 years. Teenagers with depression are 4 times as likely as others to have depression as adults. (2)

The transition of care process can also be applied to adolescent transition from Primary Care Provider to Behavior Health Provider once an adolescent is positively identified using a depression screening tool. CCHP will be sending contracted PCPs the PHQ-9 tool, but other screening tools are not discouraged.

This study will also help Colorado Choice Health Plans identify service delivery areas that may need collaboration with other organizations and non-contractual Behavioral Health Providers.

- (1) **National Alliance on Mental Illness (NAMI): President's New Freedom Commission on Mental Health.** "Goal 4: Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice".
- (2) **Hatcher, Kay C, King CA. Depression and suicide. Pediat Rev 2003;24:363-371**
- (3) **Birmaher, B Ryan ND, Williamson DE, et al. Childhood and adolescent depression: a review of the past 10 years. Part I. J Am Acad Child Adolesc Psychiatry. 1996; 35:1427-1439**

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for Colorado Choice Health Plan**

Activity II: Define the Study Question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

The Study Question(s) should:

- ◆ Be structured in the recommended X/Y format: “Does doing X result in Y?”
- ◆ State the problem in clear and simple terms.
- ◆ Be answerable based on the data collection methodology and study indicator(s) provided.

Study Question(s): Do targeted interventions from the health insurance plan, increase the percentage of Adolescents 12-17 years of age who screened positive for Depressive Disorders with a primary care provider and completed a follow up visit with a behavioral health provider within 30 days?

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Activity III: Define the Study Population. The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs.

The study population definition should:

- ◆ Include the requirements for the length of enrollment, defining continuous enrollment, new enrollment, and allowable gaps in enrollment.
- ◆ Include the complete age range of the study population and the anchor dates used to identify age criteria, if applicable.
- ◆ Clearly define the inclusion, exclusion, and diagnosis criteria.
- ◆ Include a list of diagnosis/procedure/pharmacy/billing codes used to identify members, if applicable.
- ◆ Capture all members to whom the study question(s) applies.
- ◆ Include how race/ethnicity will be identified, if applicable.

Study Population: Adolescent CHP+ members (ages 12-17 years) who code positive for depressive disorder screening by a Primary Care Provider.

Enrollment requirements (if applicable): Enrolled in the CHP+ program through Colorado Choice Health Plans for at least 30 days following the positive depressive disorder screening.

Member age criteria (if applicable): Ages 12-17. *Must have already turned 12 and not yet turned 18 on the date of the depressive disorder screening.*

Inclusion, exclusion, and diagnosis criteria: Exclusions: Members who do not fall within the age criteria; Members who do not meet the enrollment criteria; Members already receiving treatment by a behavioral health provider. Inclusion: For members with more than one positive screening during the measurement period, only the 1st screening should be included.

Diagnosis/procedure/pharmacy/billing codes (if applicable): Depression Screening: CPT: 99420 (health risk assessment code); V40.9 (for positive screening); V79.8 (for negative screening); V790 (for Depression screening)

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Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Study Indicator 1: *Percentage of adolescents 12-17 years of age who screened positive for depressive disorders with a primary care provider and completed a follow up visit with a behavioral health provider within 30 days.*

Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.

During the 2011-2012 SFY, Colorado Choice Health Plans began a performance improvement project to increase Depression screenings in Adolescents. Our final submission and data in July 2014 demonstrated an improvement of 7.34% of Adolescents being screened for depression. We would like to take that study further and focus on the transition of care from that positive screening with their Primary Care Provider to a Behavioral Health Provider.

Numerator: (no numeric value)

Total number of Adolescent (ages 12-17 years) CHP+ members with a follow-up visit with a behavioral health provider within 30 days of a positive depressive disorder screening by a primary care provider.

Denominator: (no numeric value)

Total number of eligible Adolescent (ages 12-17 years) CHP+ members with a positive depressive disorder screening by a primary care provider.

Baseline Measurement Period (include date range) 7/1/14 to 6/30/15

July 1, 2014 to June 30, 2015

Remeasurement 1 Period (include date range) 7/1/15 to 6/30/16

July 1, 2015 to June 30, 2016

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Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Remeasurement 1 Period Goal	Achieve a rate of 5% of CHP+ members with a positive depressive disorder screening who had a follow up visit with a behavioral health provider within 30 days.
Remeasurement 2 Period (include date range) 7/1/16 to 6/30/17	July 1, 2016 to June 30, 2017
Remeasurement 2 Period Goal	Achieve a rate of 10% of CHP+ members with a positive depressive disorder screening who had a follow up visit with a behavioral health provider within 30 days.
State-Designated Goal or Benchmark	Increase the proportion of children with mental health problems who receive treatment. Target: 87% Baseline: 68.9% of children with mental health problems received treatment in 2008. Target setting method: 10 percent improvement.
Source of Benchmark	Healthy People 2020: National Health Interview Survey (NHIS), CDC, NCHS
Study Indicator 2: Enter title of study indicator	Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.
Numerator: (no numeric value)	
Denominator: (no numeric value)	
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	



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for Colorado Choice Health Plan*

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period Goal	
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 2 Period Goal	
State-Designated Goal or Benchmark	
Source of Benchmark	
Study Indicator 3: Enter title of study indicator	Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.
Numerator: (no numeric value)	
Denominator: (no numeric value)	
Baseline Measurement Period	



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Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

(include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period Goal	
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 2 Period Goal	
State-Designated Goal or Benchmark	
Source of Benchmark	

Use this area to provide additional information. Discuss the guidelines and basis for each study indicator.

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Activity V: Use Sound Sampling Techniques. If sampling is to be used to select members of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling techniques should be in accordance with generally accepted principles of research design and statistical analysis. Representative sampling techniques should be used to ensure generalizable information.

The description of the sampling methods should:

- ◆ Include components identified in the table below.
- ◆ Be updated annually for each measurement period and for each study indicator.
- ◆ Include a detailed narrative description of the methods used to select the sample; ensure sampling techniques support generalizable results.

Measurement Period	Study Indicator	Population Size	Sample Size	Margin of Error and Confidence Level

Describe in detail the methods used to select the sample: Due to the small CHP+ Adolescent population size, 100% of the population will be used for this study.



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Activity VI: Reliably Collect Data. Data collection must ensure that data collected on study indicators are valid and reliable.

Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ A copy of the manual data collection tool, if applicable.
- ◆ An estimate of administrative data completeness and the process used to determine completeness.

Data Sources (Select all that apply)

Hybrid—Both medical/treatment records (manual data collection) and administrative data collection processes are used

Medical/Treatment Record Abstraction
Record Type
 Outpatient
 Inpatient
 Other

Other Requirements
 Data collection tool attached
 Other Data

Administrative Data
Data Source
 Programmed pull from claims/encounters
 Complaint/appeal
 Pharmacy data
 Telephone service data/call center data
 Appointment/access data
 Delegated entity/vendor data _____
 Other _____

Other Requirements
[X] Codes used to identify data elements (e.g., ICD-9/ICD-10, CPT codes)
See ICD-9; CPT and Revenue codes listed in Activity III and in the Data Collection Process Description below.
 Data completeness assessment attached
 Coding verification process attached

Estimated percentage of administrative data completeness: 100 percent.

Describe the process used to determine data completeness: The majority of our Provider Contracts specify 90 days for timely filing of claims. Based on that timely filing period, we assume that the majority of incurred claims have been filed and processed within 90 days of the date of service. Thus, running our queries at least 90 days after the end of the reporting period should ensure that most incurred claims have indeed been filed and are being reported.

Survey Data
Fielding Method
 Personal interview
 Mail
 Phone with CATI script
 Phone with IVR
 Internet
 Other

Other Requirements
 Number of waves _____
 Response rate _____
 Incentives used _____



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Activity VI: Determine the Data Collection Cycle.	Determine the Data Analysis Cycle.
<input type="checkbox"/> Once a year <input type="checkbox"/> Twice a year <input type="checkbox"/> Once a season <input checked="" type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Once a week <input type="checkbox"/> Once a day <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe):	<input type="checkbox"/> Once a year <input type="checkbox"/> Once a season <input checked="" type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe):

Describe the data collection process:

Develop a data query that identifies adolescents (ages 12-17 years) who have a positive screen for Depressive Disorder. (Specific to CHP+ Member's claims history with the identified CPT/ICD-9 codes, stated in Activity III.) Review data to determine which members must be excluded based on the criteria set. Research the remaining, eligible member's claims data to see if a follow up visit was completed with a Behavioral Health Provider within 30 days of the positive screening and to ensure that their data can be included for this study. Continue to exclude/include based off the criteria to help determine the data needed for the Numerator. Develop and run quarterly reports to obtain this data for each Measurement period. Analyze findings and proceed according to stage.

Additional codes listed below that may be used to pull claims data to ensure that no members are being over looked and to also track those members who have seen a Behavioral Health Provider for Depressive Disorders. Further claims analysis can then be done to see if these identified CHP+ Adolescents have also seen a Primary Care Provider within the study year:

HEDIS ICD-9 Guidance codes for Depressive Disorders: 296.20-296.25 – Major depressive disorder, single episode; 296.26 – Major depressive disorder, single episode in full remission; 296.30-296.35 – Major depressive disorder, recurrent episode; 296.36 – Major depressive disorder, recurrent episode in full remission; 296.4-296.9- Bipolar disorder, other non-specified episodic mood disorder; 296.99 - Other specified episodic mood disorders; 298.0 – Other non-organic psychoses; 300.4 – Dysthymic Disorder; 309.0 – Adjustment reaction; 309.1 – Prolonged depressive reaction; 309.28- Adjustment disorder with mixed anxiety and depressed mood; 311 – Depressive disorder, not elsewhere classified. **Additional CPT Codes:** 99281-99285; 90804-90815; 98960-98962; 99201-99205; 99211-99215; 99217-99220; 99241-99245; 99341-99345; 99347-99350; 99384-99387; 99394-99397; 99401-99404; 90816-90819; 90821-90824; 90826-90829; 90826-90829; 99221-99223; 99231-99233; 99251-99255; H0034-H0037; H2010-H2020; G0409-G0411; 99078; 99411; 99412; 99510; 90801; 90802; 90845; 90847; 90849; 90853; 90857; 90862; 90870; 90875; 90876; 99238; 99239; G0155; G0176; G0177; H0002; H0004; H0031; H0039; H0040; H2000; H2001; M0064; S0201; S9480; S9484; S9485 **Revenue Codes:** 45; 77; 515-517; 519-523; 526-529; 902-905; 911-917; 510; 513; 523; 900; 901; 907; 917; 919; 982; 983



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Activity VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the data reported in the validated performance measure rate(s).

Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.

Study Indicator 1 Title: Enter title of study indicator

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
July 1, 2014 to June 30, 2015	Baseline	# Adolescents seen by Behavioral Health within 30 days of positive screening by a primary care provider. 0	# Of <i>eligible</i> Adolescent with a positive depressive disorder screening by a primary care provider. 1	0%	Increase the # of Adolescent CHP+ members with a positive depressive disorder screening who had a follow up visit with a behavioral health provider within 30 days.	
July 1, 2015 to June 30, 2016	Remeasurement 1				Achieve a rate of 5%.	Using Fisher's exact test comparing baseline data to Re-measurement 1 data, the 2-Tail P value is.....
July 1, 2016 to June 30, 2017	Remeasurement 2				Achieve a rate of 10%.	
July 1, 2017 to June 30, 2018	Remeasurement 3					



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Activity VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the data reported in the validated performance measure rate(s).

Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.

Study Indicator 2 Title: Enter title of study indicator

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
MM/DD/YYYY– MM/DD/YYYY	Baseline					
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					

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Activity VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- ◆ Data and results presented clearly, accurately, and consistently in both table and narrative format.
- ◆ A clear and comprehensive narrative description of the data analysis process, including a comparison of the findings to the goal and the type of statistical test completed, if applicable, with resulting p values calculated to four decimal places (e.g., 0.0235).
- ◆ Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- ◆ A statement that identifies any factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods. If no factors are identified, the lack of threats to validity and comparability should be clearly stated.

Describe the data analysis process and provide an interpretation of the results for each measurement period.

Baseline Measurement:

Claims data for the Baseline period (7/1/14 to 6/30/15) utilizing the codes listed in Activity III were analyzed. Further claims research was then completed based on the member's claims data history to determine whether or not additional visits with a Behavioral Health Provider were completed within 30 days of seeing the Primary Care Provider. There were 12 CHP+ Adolescent members who were identified as having a Depression screening. Of those 12 members there was 1 Member who was identified as having a positive screening. There was no follow up visit with a Behavioral Health Provider, however the next follow up visit with the Primary Care Provider listed a new Diagnosis of 311 (Depressive Disorder, NEC). Based off the Study Population guidelines listed in Activity III and the Study Indicator descriptions in Activity IV this meant our Baseline Numerator was a 0.

Baseline to Remeasurement 1:

When reviewing baseline data pulled from the claims history, it was determined that if the Primary Care Providers are utilizing evidenced based depression screening tools, CCHP is not being billed for such services. Colorado Choice Health Plans (CCHP) utilized process mapping to identify steps in this process that may need further improvement or intervention.

CCHP determined that it was necessary to better understand what processes, if any, in were in place among Primary Care Providers to screen for depressive disorders and refer to Behavioral Health Providers. Thus, a telephonic survey was conducted with the Primary Care Providers to identify: 1) Are evidence based depression screenings being utilized for adolescents at their Evaluation and Management visits? 2) if so, what is the process to refer to a Behavior Health Provider when a positive depression screen is identified? If not, are there specific reasons that these evidence based depression screening tools are not being utilized? 3) Does the Primary Care provider have a relationship with a Behavioral Health

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Activity VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- ◆ Data and results presented clearly, accurately, and consistently in both table and narrative format.
- ◆ A clear and comprehensive narrative description of the data analysis process, including a comparison of the findings to the goal and the type of statistical test completed, if applicable, with resulting p values calculated to four decimal places (e.g., 0.0235).
- ◆ Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- ◆ A statement that identifies any factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods. If no factors are identified, the lack of threats to validity and comparability should be clearly stated.

provider? 4) Is there a tracking mechanism in place to determine if the adolescent was seen by a Behavioral Health provider within 30 days of the positive screen? 5) if so, what is the process? and 6) Do they have any barriers referring adolescents to a Behavioral Health Provider?

Surveys were also conducted with the Behavioral Health Providers to understand the referral process and to identify barriers on their end. The Behavioral Health providers were asked: 1) if they receive referrals from Primary Care Providers for members that screen positive for depression 2) If so, can they get them in within 30 days of the referral and how is this ensured? 3) What is the intake process? 4) What is the timing between the intake and first appointment? 7) What is the wait time for someone with emergent needs? 8) Does the Behavioral Health practice have clinicians integrated within a Primary Care setting or vice versa?

CCHP is still in the process of analyzing the information obtained from these surveys in order to determine how to best integrate this information into the Casual/Barrier analysis and to help develop specific interventions that are targeted for each provider based off the provider outreach.

Baseline to Remeasurement 2:

Baseline to Remeasurement 3:

Baseline to Final Remeasurement:

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Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Please describe the process used to identify barriers and develop corresponding interventions. Include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers, such as data mining, fishbone diagram, process-level data, etc. Describe the process used to prioritize the barriers and designate high-priority barriers. Lastly, describe the process used to evaluate the effectiveness of each intervention. The documentation should be dated to identify when steps in the ongoing quality improvement process were visited/revisited.

Baseline

A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools:

CCHP has an internal Quality Improvement Committee that meets on a monthly basis to discuss clinical quality improvement projects and activities. This committee is made up of CCHP employees from different departments such as Quality Management (Jen M; Chayne B.; Chris K); Medical Management (Dr. Soto; Dawn A; Shoshanna M; Matt F); and Government Programs (Manuela H.; George S) During the Re-measurement 1 period employees from Network Management (Jen C.; Judy M) have been invited to the meetings, when applicable. All quality assurance activities, procedures, analysis and oversight are delegated to the Quality Assurance Committee (QAC) for final approval. Jen M. is responsible for providing a summary of these meetings to the QAC and ensuring that the QAC has approved all quality improvement activities discussed during these meetings/projects.

As mentioned previously in Activity VII, it was difficult to determine what is actually being done on the provider's side when it comes to depression screenings based on claims data history. CCHP's Quality Improvement Committee believes that there should be more screenings that are being completed or perhaps evidence based screening tools *are* being completed but are not being billed appropriately for the services. CCHP also realizes that not all Primary Care Providers are the same, so in order to get a better understanding of what is being done on their end, it was necessary to contact the Primary Care Providers. Questions the committee had for the PCP's were 1) Are depression screenings being completed by the PCP's 2) Are they being billed/documentated correctly? 3) Do the PCP's have a relationship with Behavioral Health Providers in their area to refer members to? 4) What other barriers are identified by the Providers? CCHP also identified this as a need to strengthen provider partnerships

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Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
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and help understand what CCHP could be doing on our end to help improve our member's health outcomes.

Barriers identified:

Claims data history does not give us enough information to know whether or not depression screenings for adolescents are being completed routinely by the PCP's. The claims data history can tell us whether or not a member was seen by a Behavioral Health Provider within 30 days of a positive depression screening, however there is no way to tell if that PCP has a process in place for referring members to behavioral health and whether or not the PCP/Behavioral Health Provider has a follow up method in place.

Barriers prioritized:

During this casual/barrier analysis, the main barrier identified was that CCHP cannot answer the question of whether or not members are being seen by a Behavioral Health Provider within 30 days of a positive depression screening for Adolescents. This question cannot be answered because CCHP does not know how routinely the adolescents are being screened for depression by their PCP's.

Quality improvement processes, tools, and/or data analysis results used to identify and prioritized barriers:

CCHP utilized process mapping to identify areas in the screening/referral/billing process that could be leading to undesired outcomes. CCHP's Quality Improvement Committee determined that outreach needed to be done with the CHP+ providers contracted with CCHP in order to better understand what process is in place for adolescent depression screenings by the PCP.

Processes and measures used to evaluate the effectiveness of each intervention:

CCHP has been able to obtain information from the Providers and is currently working on developing further interventions that will be implemented during the Re-measurement 1 period. This may include educating providers about screening tools; developing partnerships between providers; assisting providers with referral pathways; developing a tracking system; increasing behavioral health provider networks, etc. Once interventions are implemented, CCHP plans to utilize PDSA cycles to help determine the effectiveness of each intervention before it will be implemented on a

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Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
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larger scale.

Baseline to Remeasurement 1:

A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools:

Once the provider surveys were completed, the Quality Improvement Committee met to discuss these findings and to determine further barrier analysis so areas where the process is failing could be identified. Barriers that were identified ranged from issues of the Provider not having a screening process in place and therefore no identified referrals to behavioral health and/or follow up with behavioral health, or there is a screening process in place, but the provider may not be coding in a way that we can identify this. Based on this analysis and using the QI tools referenced below, CCHP was able to prioritize some of these barriers that were identified and has begun to develop interventions that will be implemented for specific providers that have been identified as needing interventions in place for the next measurement period.

Barriers prioritized:

Not all providers have a process in place or are screening routinely for depression – Top priority is that the visit is for another reason (i.e. well child; sports physical; acute care, etc.)

Scheduling a follow up Behavioral Health appointment after a positive screening within 30 days – there is no process in place or good referral/relationship with local Behavioral Health provider.

Attending the follow up Behavioral Health appointment – There is no process in place for the PCP to follow up with the BH provider or vice versa.

Quality improvement processes, tools, and/or data analysis results used to identify and prioritized barriers:

The Failure Modes and Effects (FMEA) QI tool was utilized to help determine specific steps in the overall process where interventions can be implemented to have the most desired impact on this PIP outcome. CCHP is in the process of implementing interventions for targeted providers

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This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
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that have been identified based off information obtained during the provider outreach. Providers have been identified based off a severity level of 1 to 3. 1- PCP providers have a process in place to complete depression screenings, refer and follow up with the BH providers; 2- sometimes the screenings are completed and members are referred, but they may not have a follow up system in place; 3- there is no screening process/tool in place and therefore no identified referral pathway.

Processes and measures used to evaluate the effectiveness of each intervention:

CCHP is still in the process of determining appropriate targeted interventions to meet the prioritized barriers indicated above, based off the Provider's severity level. CCHP plans to re-educate all Providers regarding Adolescent Depression screening and the correct billing codes that can be used for Reimbursement. Depending on the severity level of the Provider, additional support may be offered to help the Provider implement a process for completing the depression screening, implementing referral pathways to Behavioral Health, and hopefully in the process building better lines of communication. Once again, CCHP plans on utilizing PDSA cycles to help determine the effectiveness of each intervention before it will be implemented on a larger scale.

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This activity will include the following:

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- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Barriers/Interventions Table:

Use the table below to list barriers, corresponding intervention descriptions, intervention type, target population, and implementation date. For each intervention, select if the intervention was (1) new, continued, or revised, and (2) member, provider, or system. Update the table as interventions are added, discontinued, or revised.

Date Implemented (MM/YY)	Select if Continued, New, or Revised	Select if Member, Provider, or System Intervention	Priority Ranking	Barrier	Intervention That Addresses the Barrier Listed in the Previous Column
May 2015	Revised	Provider Intervention	2	Claims data is unable to capture whether or not PCP's are completing evidence based depression screening tools for adolescents on a routine basis.	Telephonic outreach to the CHP+ providers that are contracted with CCHP to gain a better understanding of if they are completing depression screenings with Adolescents and if a positive screening is identified, how do they follow up?
June 2015	New	Provider Intervention	4	Claims data cannot tell us whether or not the PCP/BH Provider has a process in place for referring members to behavioral health and whether or not there is a follow up method in place.	Telephonic outreach to the CHP+ Behavioral Health Providers that are contracted with CCHP to gain a better understanding of how they are obtaining referrals from PCP's who have identified members with a positive depression screening and if so, are adolescents seen within 30 days and is there a process in place to follow up with the PCP?
September	Continued	System Intervention	3	Accessing Behavioral Health	CCHP's provider network is updated on an

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2015				network	ongoing basis to ensure that the provider network will meet all member's needs.
January 2016	New	Provider Intervention	1	Not all PCP's have a process in place for completing Adolescent Depression screenings.	Provide further educational material about using standardized depression screening tools, reimbursement rates and correct billing codes to all Providers contracted with CCHP, included with a survey to be returned indicating how CCHP can better support the Providers in this area. More targeted contact will be made with those Providers identified as a Severity level 3.

Report the evaluation results for each intervention and describe the steps taken based on the evaluation results. Was each intervention successful? How were successful interventions continued or implemented on a larger scale? How were less-successful interventions revised or discontinued?

Evaluation results for each Intervention:

May 2015 – CCHP completed a telephonic survey by contacting PCP's to gain a better understanding of what the process was for them to complete Adolescent Depression screenings and how they follow up with behavioral health providers. 47 PCP's were identified as being contracted with CCHP for the CHP+ line of business. Even though many Providers reported that they do have a process in place for screening adolescents for depression, this still cannot be identified via claims analysis. There also appears to be a large number of Providers (about 24) who have been identified as having no process in place.

June 2015 – CCHP also completed a telephonic survey with the Behavioral Health providers to gain a better understanding of what the process is

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for them to obtain referrals from PCP's. This information will continue to be used as we implement further interventions, however this is no longer an active intervention for the Re-measurement 1 period.

September 2015 – CCHP's Provider network will continue to be updated on an ongoing basis to ensure that the provider network will meet all member's needs.

Next steps for each intervention based on evaluation results:

May 2015 - After obtaining information from the Providers, a severity level of 1-3 was created to help identify those Providers that may need further intervention. Further educational material and outreach will be provided to the PCP as indicated in the January 2016 Intervention.

June 2015 - This intervention has been discontinued at this time.

September 2015 – As new providers become available, we will continue to develop contracts with them in an effort to increase our Provider network.