



COLORADO

**Department of Health Care
Policy & Financing**

Regional Accountable Entities (RAEs)
for the Colorado Accountable Care Collaborative

Fiscal Year 2021–2022 PIP Validation Report
for
Colorado Access Region 5

April 2022

*This report was produced by Health Services Advisory Group, Inc. for the
Colorado Department of Health Care Policy & Financing.*



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1. Executive Summary

The Code of Federal Regulations at 42 CFR Part 438—managed care regulations for the Medicaid program and Children’s Health Insurance Program (CHIP) programs, with revisions released May 6, 2016, effective July 1, 2017, and further revised on November 13, 2020, with an effective date of December 14, 2020—require states that contract with managed care health plans (health plans) to conduct an external quality review (EQR) of each contracting health plan. Health plans include managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), primary care case management entities (PCCM entities), and prepaid ambulatory health plans (PAHPs). The regulations at 42 CFR §438.350 require that the EQR include analysis and evaluation by an external quality review organization (EQRO) of aggregated information related to healthcare quality, timeliness, and access. Health Services Advisory Group, Inc. (HSAG), serves as the EQRO for the State of Colorado, Department of Health Care Policy and Financing (the Department)—the agency responsible for the overall administration and monitoring of Colorado’s Medicaid program. Beginning in fiscal year (FY) 2018–2019, the Department entered into contracts with Regional Accountable Entities (RAEs) in seven regions throughout Colorado. Each Colorado RAE meets the federal definition of a PCCM entity.

Pursuant to 42 CFR §438.350, which requires states’ Medicaid managed care programs to participate in EQR, the Department required its RAEs to conduct and submit performance improvement projects (PIPs) annually for validation by the State’s EQRO. **Colorado Access Region 5**, referred to in this report as **COA R5**, holds a contract with the State of Colorado for provision of healthcare services for Health First Colorado, Colorado’s Medicaid program.

For fiscal year (FY) 2021–2022, the Department required health plans to conduct PIPs in accordance with 42 CFR §438.330(b)(1). In accordance with §438.330 (d), MCOs, PIHPs, PAHPs, and PCCM entities are required to have a quality program that (1) includes ongoing PIPs designed to have a favorable effect on health outcomes and beneficiary satisfaction and (2) focuses on clinical and/or nonclinical areas that involve the following:

- Measuring performance using objective quality indicators
- Implementing system interventions to achieve quality improvement (QI)
- Evaluating effectiveness of the interventions
- Planning and initiating activities for increasing and sustaining improvement

As one of the mandatory EQR activities required by 42 CFR §438.358(b)(1)(i), HSAG, as the State’s EQRO, validated the PIPs through an independent review process. In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services

(CMS) publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019.¹⁻¹

In July 2014, HSAG developed a new PIP framework based on a modified version of the Model for Improvement developed by Associates in Process Improvement and modified by the Institute for Healthcare Improvement.¹⁻² The redesigned PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous QI. The redesigned framework redirects MCOs to focus on small tests of change to determine which interventions have the greatest impact and can bring about real improvement. CMS agreed that given the pace of QI science development and the prolific use of Plan-Do-Study-Act (PDSA) cycles in modern improvement projects within healthcare settings, a new approach was needed and provided HSAG with approval to use this approach in all requesting states.

PIP Components and Process

The key concepts of the rapid-cycle PIP framework include forming a PIP team, setting aims, establishing a measure, determining interventions, testing interventions, and spreading successful changes. The core component of the approach involves testing changes on a small scale—using a series of PDSA cycles and applying rapid-cycle learning principles over the course of the improvement project to adjust intervention strategies—so that improvement can occur more efficiently and lead to long-term sustainability. The duration of rapid-cycle PIPs is approximately 18 months, from the initial Module 1 submission date to the end of intervention testing.

There are four modules with an accompanying reference guide for the MCOs to use to document their PIPs. Prior to issuing each module, HSAG held module-specific trainings with the

PIP Terms

SMART (Specific, Measurable, Attainable, Relevant, Time-bound) Aim directly measures the PIP's outcome by answering the following: *How much improvement, to what, for whom, and by when?*

Key Driver Diagram is a tool used to conceptualize a shared vision of the theory of change in the system. It enables the MCO's team to focus on the influences in cause-and-effect relationships in complex systems.

FMEA (Failure Modes and Effects Analysis) is a systematic, proactive method for evaluating processes that helps to identify where and how a process is failing or might fail in the future. FMEA is useful to pinpoint specific steps most likely to affect the overall process, so that interventions may have the desired impact on PIP outcomes.

PDSA (Plan-Do-Study-Act) cycle follows a systematic series of steps for gaining knowledge about how to improve a process or an outcome.

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects (PIPs): A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Feb 23, 2022.

¹⁻² Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed on: Feb 23, 2022.

MCOs to educate them about the documentation requirements and use of specific QI tools for each of the modules. The four modules are defined below:

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework includes building a PIP team, describing the PIP topic and narrowed focus, and providing the rationale and supporting data for the selected narrowed focus. In Module 1, the narrowed focus baseline data collection specifications and methodology are defined, and the MCO sets aims (Global and SMART), completes a key driver diagram, and sets up the SMART Aim run chart for objectively tracking progress toward improvement for the duration of the project.
- **Module 2—Intervention Determination:** In Module 2, there is increased focus on the QI activities reasonably expected to impact the SMART Aim. The MCO updates the key driver diagram from Module 1 after completing process mapping, failure modes and effects analysis (FMEA), and failure mode priority ranking, for a more in-depth understanding of the improvement strategies that are most likely to support achievement of the SMART Aim goal.
- **Module 3—Intervention Testing:** In Module 3, the MCO defines the intervention plan for the intervention to be tested, and the intervention effectiveness measure and data collection process are defined. The MCO will test interventions using thoughtful incremental PDSA cycles and complete PDSA worksheets.
- **Module 4—PIP Conclusions:** In Module 4, the MCO summarizes key findings, compares successful and unsuccessful interventions, and reports outcomes achieved. The MCO will synthesize data collection results, information gathered, and lessons learned to document the impact of the PIP and to consider how demonstrated improvement can be shared and used as a foundation for further improvement after the project ends.

Approach to Validation

The goal of HSAG's PIP validation and scoring methodology is to ensure that the Department and key stakeholders can have confidence that the health plan executed a methodologically sound improvement project, and any reported improvement can be reasonably linked to the QI strategies and activities conducted by the health plan during the PIP. HSAG obtained the data needed to conduct the PIP validation from **COA R5**'s module submission forms. In FY 2021–2022, these forms provided detailed information about **COA R5**'s PIP and the activities completed in Module 2 and Module 3. (See Appendix A. Module Submission Forms.) Following HSAG's rapid-cycle PIP process, the health plan submits each module according to the approved timeline. Following the initial validation of each module, HSAG provides feedback in the validation tools. If validation criteria are not achieved, the health plan has the opportunity to seek technical assistance from HSAG. The health plan resubmits the modules until all validation criteria are met. This process ensures that the PIP methodology is sound prior to the health plan progressing to intervention testing.

Validation Scoring

During validation, HSAG determines if criteria for each module are *Met*. Any validation criteria not applicable (*N/A*) were not scored. At the completion of Module 4, HSAG uses the validation findings from modules 1 through 4 to determine a level of confidence representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG will assign a level of confidence.

- **High confidence** = The PIP was methodologically sound; the SMART Aim goals, statistically significant, clinically significant, or programmatically significant improvements were achieved for both measures; at least one tested intervention for each measure could reasonably result in the demonstrated improvement; and the MCO accurately summarized the key findings and conclusions.
- **Moderate confidence** = The PIP was methodologically sound, at least one tested intervention could reasonably result in the demonstrated improvement, and at least one of the following occurred:
 - ☐ The SMART Aim goal, statistically significant, clinically significant, or programmatically significant improvement was achieved *for only one measure*, and the MCO accurately summarized the key findings and conclusions.
 - ☐ Non-statistically significant improvement in the SMART Aim measure was achieved *for at least one measure*, and the MCO accurately summarized the key findings and conclusions.
 - ☐ The SMART Aim goal, statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement was achieved *for at least one measure*; however, the MCO *did not* accurately summarize the key findings and conclusions.
- **Low confidence** = One of the following occurred:
 - ☐ The PIP was methodologically sound. However, no improvement was achieved for either measure during the PIP. The SMART Aim goals *were not* met, statistically significant improvement *was not* demonstrated, non-statistically significant improvement *was not* demonstrated, significant clinical improvement *was not* demonstrated, and significant programmatic improvement *was not* demonstrated.
 - ☐ The PIP was methodologically sound. The SMART Aim goal, statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement was achieved *for at least one measure*; however, *none* of the tested interventions could reasonably result in the demonstrated improvement.
 - ☐ The rolling 12-month data collection methodology was followed for only one of two SMART Aim measures for the duration of the PIP.
- **No confidence** = The SMART Aim measure methodology and/or approved rapid-cycle PIP methodology/process *was not* followed through the SMART Aim end date.

PIP Topic Selection

In FY 2021–2022, **COA R5** submitted the following PIP topic for validation: *Depression Screening and Follow-Up After a Positive Depression Screen*.

COA R5 defined a Global Aim and SMART Aim for the PIP. The SMART Aim statement includes the narrowed population, the baseline rate, a set goal for the project, and the end date. HSAG provided the following parameters to the health plan for establishing the SMART Aim for the PIP:

- **Specific:** The goal of the project: What is to be accomplished? Who will be involved or affected? Where will it take place?
- **Measurable:** The indicator to measure the goal: What measure will be used? What current data (i.e., count, percent, or rate) are available for that measure? How much increase or decrease in the indicator will demonstrate improvement?
- **Attainable:** Rationale for setting the goal: Is the desired achievement based on a particular best practice/average score/benchmark? Is the goal attainable (not too low or too high)?
- **Relevant:** The goal addresses the problem to be improved.
- **Time-bound:** The timeline for achieving the goal.

Table 1-1 includes the SMART Aim statements established by **COA R5**.

Table 1-1—SMART Aim Statements

PIP Measures	SMART Aim Statements
<i>Depression Screening</i>	By June 30, 2022, use key driver diagram interventions to increase the percentage of depression screens in well visits among members ages 12 years and older who receive care at Every Child Pediatrics and Inner City Health Center from 56.39% to 61.99%.
<i>Follow-Up After a Positive Depression Screen</i>	By June 30, 2022, use key driver diagram interventions to increase the percentage of Follow-up After a Positive Depression Screen visits completed among members ages 12 years and older within 30 days of a positive depression screen occurring by June 30, 2022, at Every Child Pediatrics and Inner City Health Center from 44.18% to 70.59%.

The focus of the PIP is to increase the percentage of members 12 years of age and older who receive a depression screening during a well visit at Every Child Pediatrics or Inner City Health Center and to increase the percentage of those members who receive behavioral health (BH) services within 30 days of screening positive for depression. The goals to increase depression screening to 61.99 percent and to increase follow-up within 30 days after a positive depression screen 70.59 percent represent statistically significant improvement over the baseline performance.

Table 1-2 summarizes the progress **COA R5** has made in completing the four PIP modules.

Table 1-2— PIP Topic and Module Status

PIP Topic	Module	Status
<i>Depression Screening and Follow-Up After a Positive Depression Screen</i>	1. PIP Initiation	Completed and achieved all validation criteria.
	2. Intervention Determination	Completed and achieved all validation criteria.
	3. Intervention Testing	In progress. Module 3 submission forms submitted to date have achieved all validation criteria. The MCO will test interventions until June 30, 2022, and submit a new Module 3 submission form when a new intervention is initiated.
	4. PIP Conclusions	Targeted for October 2022.

At the time this FY 2021–2022 PIP validation report was produced, **COA R5** had passed Module 1 and Module 2, achieving all validation criteria for the PIP. **COA R5** had also passed all validation criteria for the Module 3 submission form submitted for each intervention being tested and was continuing to test interventions. The health plan will conclude all intervention testing on June 30, 2022. Module 4 validation findings will be reported in the FY 2022–2023 PIP validation report.

2. Findings

Validation Findings

In FY 2021–2022, **COA R5** continued the *Depression Screening and Follow-Up After a Positive Depression Screen* PIP. The health plan passed Module 2 and Module 3 of the rapid-cycle PIP process during FY 2021–2022. HSAG reviewed Module 2 and Module 3 submission forms and provided feedback and technical assistance to the health plan until all validation criteria were achieved. Below are summaries of the Module 2 and Module 3 validation findings for the *Depression Screening and Follow-Up After a Positive Depression Screen* PIP. Detailed validation criteria, scores, and feedback from HSAG are provided in Appendix B. Module Validation Tools.

Module 2: Intervention Determination

The objective of Module 2 is to ask and answer the fundamental question, “What changes can we make that will result in improvement?” In this phase, **COA R5** developed process maps, conducted FMEAs, and updated key driver diagrams to identify potential interventions for the PIP. The detailed process maps, FMEA results, and updated key driver diagrams that **COA R5** documented in the Module 2 submission form are included in Appendix A. Module Submission Forms. Table 2-1 presents the FY 2021–2022 Module 2 validation findings for **COA R5**’s *Depression Screening and Follow-Up After a Positive Depression Screen* PIP.

Table 2-1—Module 2 Validation Findings for the *Depression Screening and Follow-Up After a Positive Depression Screen* PIP

PIP Measures	Priority Failure Modes	Key Drivers	Potential Interventions
<i>Depression Screening</i>	<ul style="list-style-type: none"> Members with mental health needs are not identified Provider does not bill for depression screen Depression screening results are not documented in medical chart MA’s manual charting process is impacted by daily clinic operations and does not account for administrative errors Physician does not receive information needed to enter depression screen order 	<ul style="list-style-type: none"> Standards of care: consistency at clinic and provider level on coding Financial stability and billing accuracy Members are screened for depression at well and sick visits and have at least one well visit annually Members are educated about treatment options and engaged Clinic offers scheduling flexibility and hours and provides appropriate social 	<ul style="list-style-type: none"> Standardization of depression screening scoring Standardize sick visit screening protocols Standardize processes and targeted clinic and provider education Electronic health record (EHR) optimization and support for ordering and coding Promote telehealth well visit options through member outreach campaign

PIP Measures	Priority Failure Modes	Key Drivers	Potential Interventions
	<ul style="list-style-type: none"> Physician input of depression screen order is not timely 	determinants of health resources	<ul style="list-style-type: none"> Identify outreach barriers and assist in improving member contact information for sequential/automatic well visit scheduling and reminder protocols Develop educational materials to address member barriers to depression screening access
Follow-Up After a Positive Depression Screen	<ul style="list-style-type: none"> Provider does not bill for telephonic outreach for follow-up BH services; therefore, follow-up outreach is not included in the follow-up performance metric Lack of provider awareness of appropriate billing codes for follow-up BH services Follow-up BH visit is occurring more than 30 days after positive depression screen Member cannot be reached to schedule a follow-up BH visit after screening positive for depression 	<ul style="list-style-type: none"> Standards of care: efficient referral processes between primary care provider partners and BH providers Standards of care: provider education and training Flexible and available BH follow-up appointments Financial stability and billing accuracy Member access, knowledge, and engagement 	<ul style="list-style-type: none"> Targeted provider education Improved efficiency of clinical tracking processes, workflows, and outreach protocols through automation Coding best practices toolkit for providers Expansion of COA's Virtual Care Collaboration and Integration (VCCI) Program to all integrated clinics to increase access to telehealth follow-up services Member education on BH benefits and importance of follow-up care Member resource reference for understanding available BH, referral, community, and rural resources

In Module 2, **COA R5** identified potential interventions that can reasonably be expected to support achievement of the SMART Aim goals by addressing priority failure modes and leveraging key drivers. The potential interventions **COA R5** identified to improve depression screening focused on improving clinic workflows and processes, increasing telehealth service options, and member outreach and education. The potential interventions **COA R5** identified to improve follow-up services focused on provider education, improving clinical workflows and processes, expansion of telehealth services, and member education.

Module 3: Intervention Testing

Module 3 initiates the intervention testing phase of the PIP process. During this phase, **COA R5** developed the intervention *Plan* component of the PDSA cycle. In FY 2021–2022, **COA R5** submitted testing plans for four interventions. In addition to validating the intervention plans submitted for Module 3, HSAG also conducted an intervention testing check-in with the health plan to provide support and technical assistance, if needed, as **COA R5** carried out PDSA cycles to evaluate intervention effectiveness. Table 2-2 summarizes the FY 2021–2022 Module 3 validation findings for **COA R5**'s four interventions.

Table 2-2—Module 3 Validation Findings for the *Depression Screening and Follow-Up After a Positive Depression Screen* PIP

Intervention Description	Failure Mode(s) Addressed	Key Driver(s) Addressed	Intervention Effectiveness Measure(s)
Inner City Health Center workflow and coding changes to more accurately capture all depression screening services being performed for members and to better monitor depression screening performance	<ul style="list-style-type: none"> Provider does not bill for depression screen EHR errors 	<ul style="list-style-type: none"> Financial stability and billing accuracy Standards of care: consistency at clinic and provider level on coding, provider education, and training 	<ul style="list-style-type: none"> Percentage of depression screening claims (Current Procedural Terminology [CPT] code G8510 or G8431) from Inner City Health Center with a corresponding diagnosis code of Z13.31 (depression screening encounter) in the health record
Every Child Pediatrics workflow and coding practices optimization: educate providers on coding best practices and use of EHR to support protocol and coding standardization, using automation where possible	<ul style="list-style-type: none"> Providers not aware of appropriate specification codes for the follow-up visit 	<ul style="list-style-type: none"> Financial stability and billing accuracy Standards of care: provider education, follow-up coding, and training 	<ul style="list-style-type: none"> Percentage of well visits with a positive depression screening result, indicated by code G8431, with a follow-up service within 30 days, indicated by code H0002
A two-pronged approach to expanding behavioral health (BH) services access by: (1) providing funding to Every Child Pediatrics for BH staff hiring and retention through an incentive grant and (2) facilitating use of the Virtual Care Collaboration and Integration (VCCI) program for follow-up BH services via telehealth	<ul style="list-style-type: none"> Follow-up visit is not occurring within 30 days of positive screen Member is not reached for follow-up BH services BH needs are not communicated to BH provider 	<ul style="list-style-type: none"> Standards of care: efficient referral processes Internal and external BH provider availability Financial stability and billing accuracy Member access, knowledge, and engagement 	<ul style="list-style-type: none"> Percentage of available hiring and retention bonuses received by future and/or current BH staff (multiple measures) Percentage of consults and therapy/assessments conducted via telehealth through the VCCI program (multiple measures)

Intervention Description	Failure Mode(s) Addressed	Key Driver(s) Addressed	Intervention Effectiveness Measure(s)
Revise patient educational materials, medical assistant scripting, and screening tool format at Inner City Health Center to promote depression screening and follow-up BH services and reduce member hesitancy to receiving services	<ul style="list-style-type: none"> Member mental health needs are not identified Member does not finish depression screening tool (PHQ-9) Member with identified BH needs is not reached for follow-up Provider is unaware of unmet BH needs 	<ul style="list-style-type: none"> Standards of care: consistency at clinic and provider level on coding, provider education, and training Members are educated about treatment options and engaged Member access, knowledge, and engagement 	<ul style="list-style-type: none"> Percentage of members who were offered a depression screening and decline the screening Percentage of members who were offered BH follow-up services and decline the follow-up services Percentage of members who were offered a depression screening or BH follow-up and who received a treatment hesitancy educational flyer

In Module 3, **COA R5** selected four interventions to test for the PIP. The detailed intervention testing plans **COA R5** documented in the Module 3 submission forms are included in Appendix A. Module Submission Forms. The interventions addressed process failures in clinic workflows, coding practices, BH provider availability, and member willingness to receive BH services. For each intervention, **COA R5** defined one or more intervention effectiveness measures to evaluate the impact of the intervention and provide data to guide intervention revisions. The health plan was continuing to test the interventions at the time this FY 2021–2022 PIP validation report was produced. **COA R5** will report final intervention testing results and conclusions as part of the Module 4 submission in FY 2022–2023, and the final Module 4 validation findings will be included in the FY 2022–2023 PIP report.

3. Conclusions and Recommendations

Conclusions

The validation findings suggest that **COA R5** successfully completed Module 2 of the rapid-cycle PIP process, using QI science-based tools to identify process gaps and failures, and to select PIP interventions. **COA R5** also passed Module 3 for four interventions, developing a methodologically sound plan for evaluating effectiveness of each intervention through PDSA cycles. **COA R5** will continue to test interventions for the PIP through the end of FY 2021–2022. The health plan will submit final intervention testing results, PIP outcomes, and project conclusions for validation in FY 2022–2023.

Recommendations

- **COA R5** should collect complete and accurate intervention effectiveness data for each tested intervention. The health plan should record intervention testing results and interpretation of results in the PDSA worksheet for each intervention, which will be submitted as part of Module 4—PIP Conclusions in FY 2022–2023.
- **COA R5** should ensure that the approved SMART Aim data collection methodology defined in Module 1 is used consistently to calculate SMART Aim measure results throughout the project. Using consistent data collection methodology will allow valid comparisons of SMART Aim measure results over time.
- For any demonstrated improvement in outcomes or programmatic or clinical processes, **COA R5** should develop and document a plan for sustaining the improvement beyond the end of the project.
- At the end of the project, **COA R5** should synthesize conclusions and lessons learned to support and inform future improvement efforts. In addition to documenting any improvement achieved through the project, the health plan should document which interventions had the greatest impact, including the evaluation data used to determine intervention effectiveness.

Appendix A. Module Submission Forms

Appendix A contains the Module Submission Forms provided by the health plan.



State of Colorado
Performance Improvement Project (PIP)
Module 2 — Intervention Determination Submission Form
Depression Screening and Follow-up After a Positive Depression Screen
for Colorado Access RAE 5



Managed Care Organization (MCO) Information	
MCO Name	Colorado Access
PIP Title	<i>Depression Screening and Follow-up After a Positive Depression Screen</i>
Contact Name	Alex Scialdone
Contact Title	Quality Improvement Program Manager
Email Address	Alex.scialdone@coaccess.com
Telephone Number	720-744-5697
Submission Date	4/30/2021
Resubmission Date (if applicable)	



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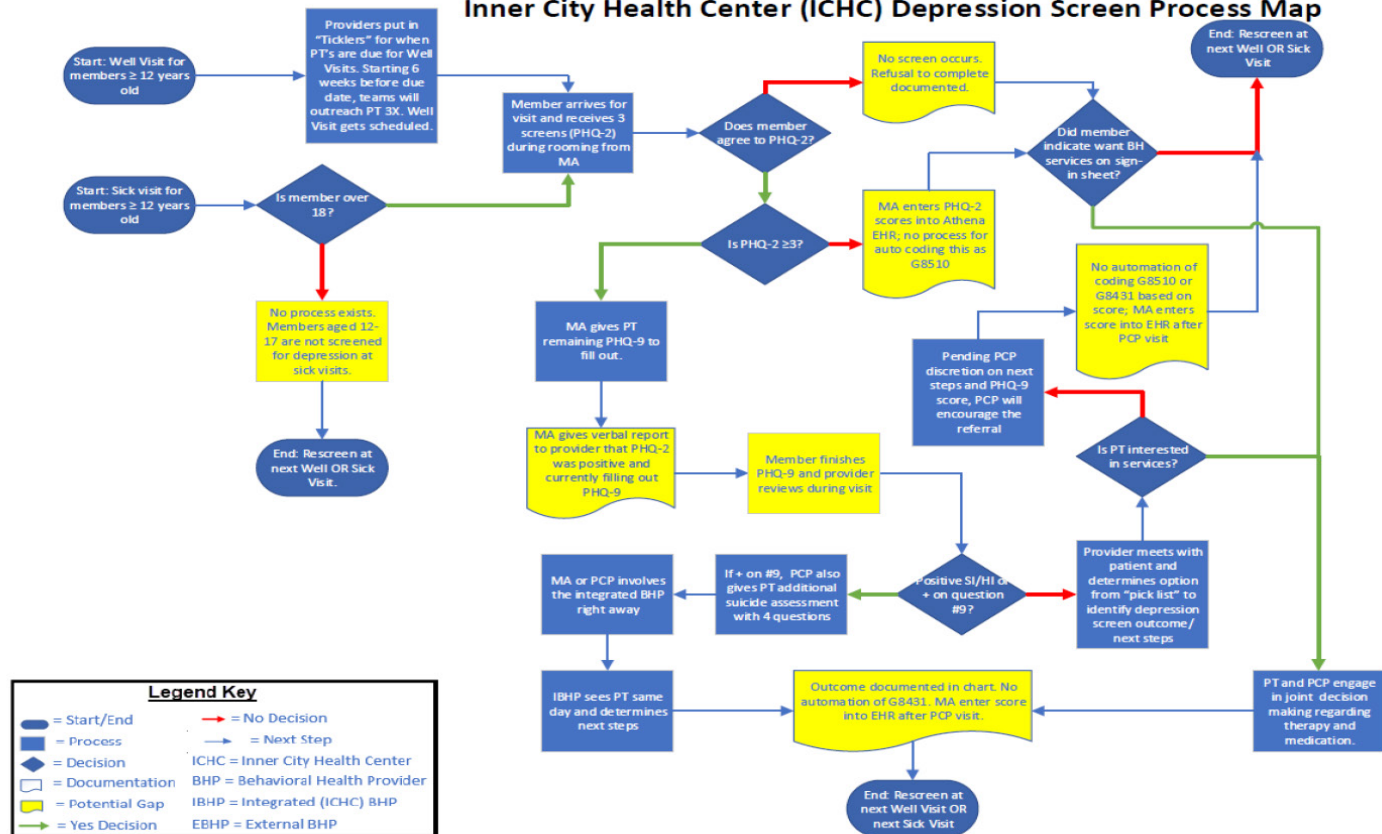
Process Map – Depression Screening

Instructions:

- ◆ Map the current process for members to receive *Depression Screening* at the narrowed focus level.
- ◆ Document each step of the process and highlight in yellow the steps within the process that have been identified as gaps or opportunities for improvement.
- ◆ Refer to Section 4 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (Module 2—Intervention Determination) for information on how to complete a process map.

(Insert Process Map Here—Use an attachment or additional pages if more space is needed.)

State of Colorado
Performance Improvement Project (PIP)
Module 2 — Intervention Determination Submission Form
Depression Screening and Follow-up After a Positive Depression Screen
for Colorado Access RAE 5
Inner City Health Center (ICHC) Depression Screen Process Map

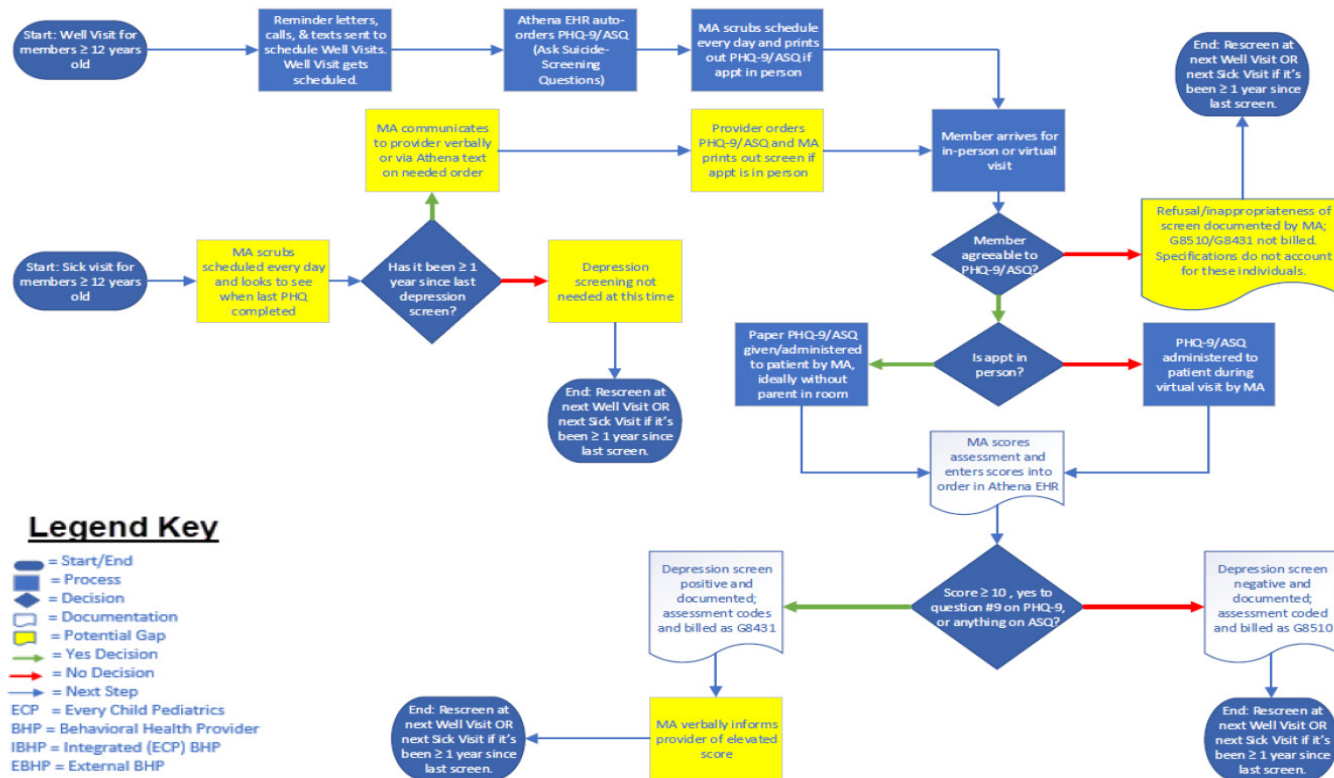


Module 2—Intervention Determination Submission Form—State of Colorado—Version 6–2

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Every Child Pediatrics Depression Screen Process Map



Module 2—Intervention Determination Submission Form—State of Colorado—Version 6—2

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Failure Modes and Effects Analysis (FMEA) – Depression Screening

Instructions: In Table 1a, document the Failure Mode(s), Failure Cause(s), and Failure Effects(s) for the steps from the *Depression Screening* process map that were identified as a gap or opportunity for improvement.

- ◆ The steps in this table should be listed based on their potential for impacting the SMART Aim (i.e., the step having the greatest potential for impacting the SMART Aim should be listed first and the step having the lowest priority would be listed last.
- ◆ List at least two steps from the process map in the FMEA table.
- ◆ Use the same process map language for each step documented in the FMEA table.
- ◆ If multiple failure modes/causes/effects are entered for a step, use bullets to identify each one. Add additional rows to the table, if needed.
- ◆ Refer to Section 4 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6-2* (Module 2—Intervention Determination) for information on how to complete the FMEA.

Table 1a—Failure Modes and Effects Analysis Table – Depression Screening				
Organization	Steps from the Process Map	Failure Mode(s) (What could go wrong?)	Failure Cause(s) (Why would the failure happen?)	Failure Effect(s) (What are the consequences?)
Inner City Health Center (IHC)	No process exists. Members aged 12-17 are not screened for depression at sick visits.	Individuals with mental health needs will not be identified	There is no process established for screening	Members who have depression do not have the opportunity to be screened and receive services because they aren't identified
IHC	Outcome documented in chart. No automation of G8431. MA enters scores in EHR after PCP visit.	<ul style="list-style-type: none"> • EHR errors/failures • MA forgets to enter score into chart 	Relies on human processes and human memory (i.e. no automation)	Members who are screened will not be accounted for in data

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		<ul style="list-style-type: none"> Outcome not documented in chart Depression screen not billed 		
ICHC	No screen occurs. Refusal to complete documented.	Members who may be depressed are not evaluated by a standardized instrument	Members have decision making authority that practitioners must respect to avoid abrasion	Members who have depression can't be stratified according to recommended treatment guidelines
ICHC	No automation of coding G8510 or G8431 based on score; MA enters score into EHR after PCP visit	<ul style="list-style-type: none"> EHR errors/failures MA forgets to enter score into chart Outcome not documented in chart Depression screen not billed 	Relies on human processes and human memory (i.e. no automation)	Members who are screened will not be accounted for in data
ICHC	MA enters PHQ-2 scores into Athena EHR; no process for auto coding this as G8510	<ul style="list-style-type: none"> EHR errors/failures MA forgets to enter score into chart Outcome not documented in chart Depression screen not billed 	Relies on human processes and human memory (i.e. no automation)	Members who are screened will not be accounted for in data



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ICHC	MA gives verbal report to provider that PHQ-2 was positive and currently filling out PHQ-9	MA forgets to tell provider of elevated PHQ-9	Relies on human processes and human memory (i.e. no automation)	<ul style="list-style-type: none"> Provider not aware of need to review completed PHQ-9 during visit Members who have depression may not be properly identified
ICHC	Member finishes PHQ-9 and provider reviews during visit	<ul style="list-style-type: none"> Member doesn't finish PHQ-9 Provider doesn't review PHQ-9 	<ul style="list-style-type: none"> Relies on human processes and human memory (i.e. no automation) Members have decision making authority that practitioners must respect to avoid abrasion 	Determination of presence or absence of depression unable to be completed
Every Child Pediatrics (ECP)	MA scrubs schedule every day and looks to see when last PHQ completed	MA's manual process could be impacted by daily clinic operations (resources, memory) and doesn't account for other administrative errors in chart	Relies on human processes and human memory (i.e. no automation)	Members who have depression do not have the opportunity to be screened and aren't identified
ECP	Depression screening not needed at this time	Individuals with new mental health issues will not be identified	Members mental health can change at any point since last visit	Newly mental health issues aren't identified or addressed in a timely manner



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ECP	MA communicates to provider verbally or via Athena text on needed order	<ul style="list-style-type: none"> MA doesn't correctly identify need Physician doesn't receive information needed for order entry EHR errors/failure 	Relies on human processes and human memory (i.e. no automation)	Members who have depression do not have the opportunity to be screened and aren't identified
ECP	Provider orders PHQ-9/ASQ and MA prints out screens if appt is in person	<ul style="list-style-type: none"> Provider doesn't input order on time MA doesn't print PHQ-9 in time Printer malfunction 	Relies on two different people within process and increases likelihood of error	Member isn't able to complete PHQ-9
ECP	MA verbally informs provider of elevated score	<ul style="list-style-type: none"> MA forgets to tell provider of elevated score during handoff Handoff does not occur 	<ul style="list-style-type: none"> Patient has other issues going on that are more pressing during handoff Busy practice and workforce constraints 	PCP unaware of positive depression screen and does not address or involve BHP for follow-up during visit
ECP	Refusal/inappropriateness of screen documented by MA; G8510/G8431 not billed. Specifications do	Members who may be depressed are not being evaluated by a standardized instrument	Members have decision making authority that practitioners must respect to avoid abrasion	Members who have depression aren't able to be stratified according to

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	not account for these individuals.			recommended guidelines	treatment
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Failure Mode Priority Ranking – Depression Screening

Instructions: In Table 2a, list from highest- to lowest-priority at least two failure modes identified in the *Depression Screening* FMEA.

- ◆ The MCO should assign a numeric ranking to the failure modes from the highest-priority level (number one) to the lowest-priority level (last failure mode selected) based on FMEA results.
- ◆ The failure modes with the highest priority should take precedence when determining interventions to test.
- ◆ The MCO should rank the failure modes based on their potential to impact the SMART Aim rather than ranking failure modes based on which may be easiest to change.
- ◆ The highest-priority failure modes are those with the most leverage for impacting the SMART Aim.
- ◆ Use the same language for the listed failure mode that was used in the FMEA table.

Table 2a—Failure Mode Priority Ranking – Depression Screening		
Organization	Priority Ranking	Failure Modes
ICHC	1	Individuals with mental health needs will not be identified
ICHC	2	Depression screen not billed
ICHC	3	Outcome not documented in chart
ICHC	4	MA forgets to enter score into chart
ICHC	5	MA forgets to tell provider of elevated PHQ-9
ICHC	6	Provider doesn't review PHQ-9
ICHC	7	Member doesn't finish PHQ-9
ICHC	8	Members who may be depressed are not evaluated by a standardized instrument
ECP	1	MA's manual process could be impacted by daily clinic operations (resources, memory) and doesn't account for other administrative errors in chart
ECP	2	MA doesn't correctly identify need



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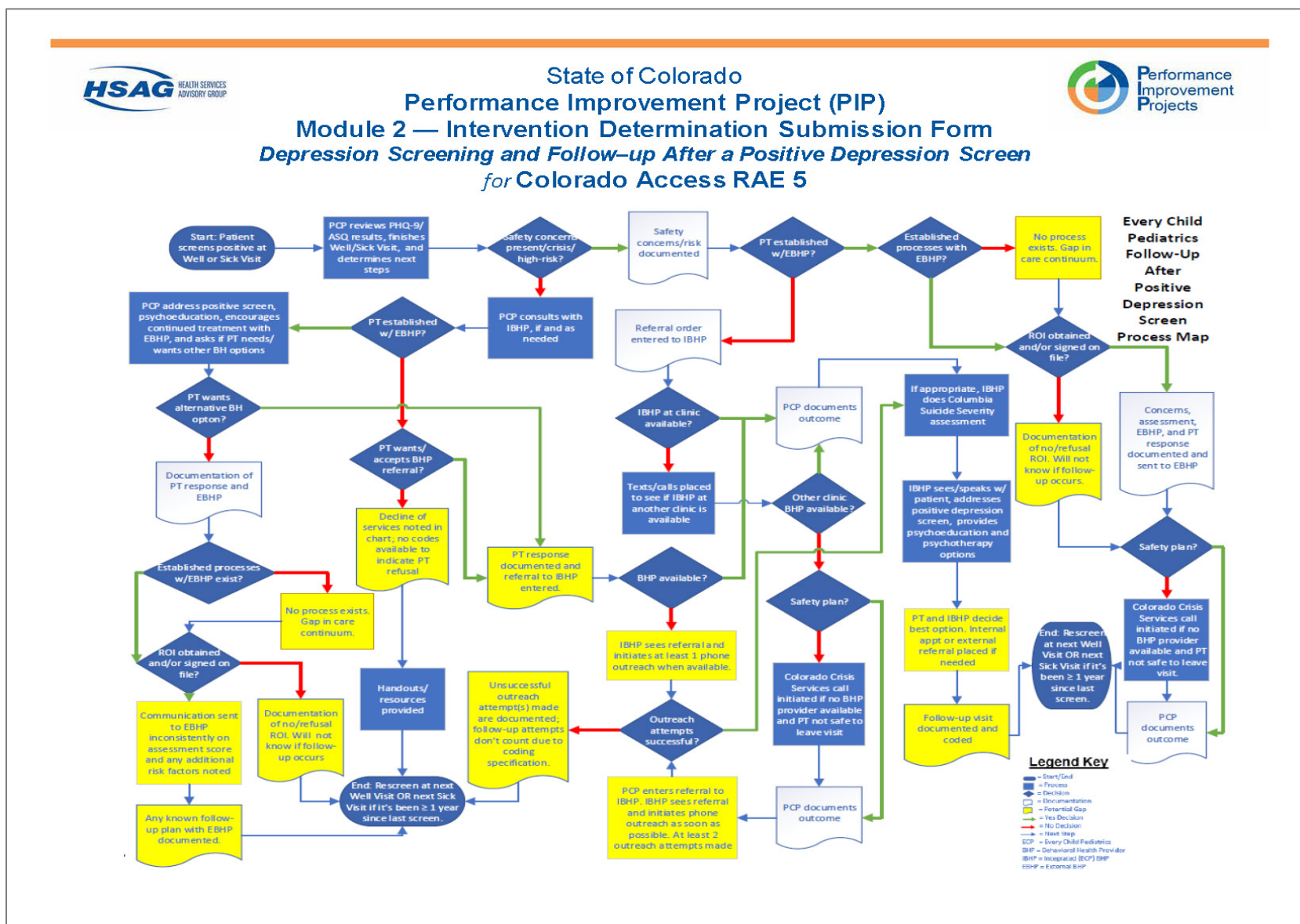
ECP	3	Physician doesn't receive information needed for order entry
ECP	4	Provider doesn't input order on time
ECP	5	MA doesn't print PHQ-9 in time
ECP	6	EHR errors/failures
ECP	7	Individuals with new mental health issues will not be identified
ECP	8	MA forgets to tell provider of elevated score during handoff
ECP	9	Handoff does not occur
ECP	10	Printer malfunction
ECP	11	Members who may be depressed are not being evaluated by a standardized instrument

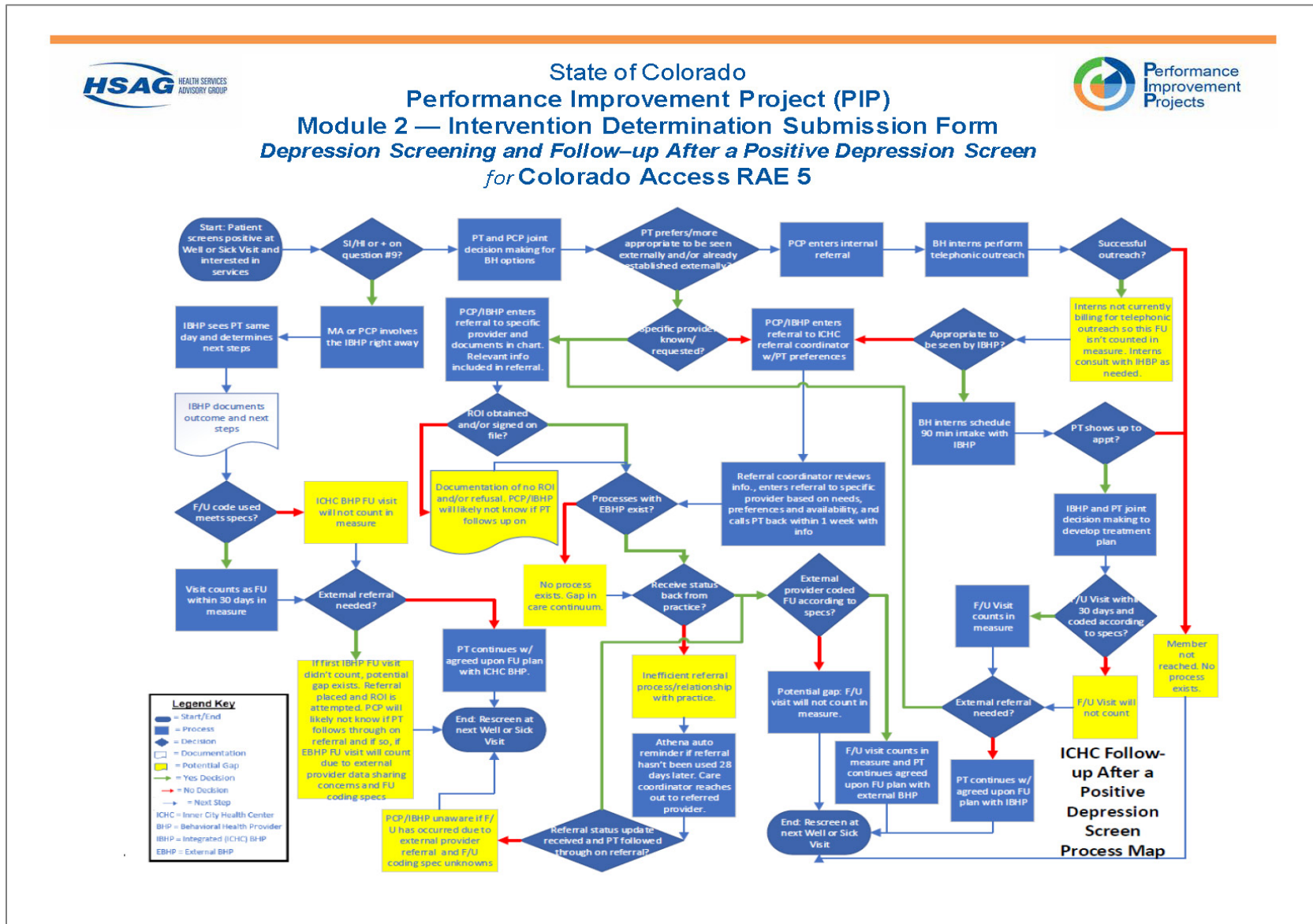
Process Map – Follow-up After a Positive Depression Screen

Instructions:

- ◆ Map the current process for members to receive *Follow-up After a Positive Depression Screen* at the narrowed focus level.
- ◆ Document each step of the process and highlight in yellow the steps within the process that have been identified as gaps or opportunities for improvement.
- ◆ Refer to Section 4 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (Module 2—Intervention Determination) for information on how to complete a process map.

(Insert Process Map Here—Use an attachment or additional pages if more space is needed.)







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Failure Modes and Effects Analysis (FMEA) – *Follow-up After a Positive Depression Screen*

Instructions: In Table 1b, document the Failure Mode(s), Failure Cause(s), and Failure Effects(s) for the steps from the *Follow-up After a Positive Depression Screen* process map that were identified as a gap or opportunity for improvement.

- ◆ The steps in this table should be listed based on their potential for impacting the SMART Aim (i.e., the step having the greatest potential for impacting the SMART Aim should be listed first and the step having the lowest priority would be listed last.
- ◆ List at least two steps from the process map in the FMEA table.
- ◆ Use the same process map language for each step documented in the FMEA table.
- ◆ If multiple failure modes/causes/effects are entered for a step, use bullets to identify each one. Add additional rows to the table, if needed.
- ◆ Refer to Section 4 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (Module 2—Intervention Determination) for information on how to complete the FMEA.

Table 1b—Failure Modes and Effects Analysis Table – <i>Follow-up After a Positive Depression Screen</i>				
Organization	Steps from the Process Map	Failure Mode(s) (What could go wrong?)	Failure Cause(s) (Why would the failure happen?)	Failure Effect(s) (What are the consequences?)
ICHC	Interns not currently billing for telephonic outreach so this FU isn't counted in measure. Interns	Outreach being conducted may meet specifications and isn't counting	Practice lacks knowledge on billing regulations	Members who are outreached and assessed further will not count in measure

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	consult with IHBP as needed.			
ICHC	IBHP F/U Visit will not count	<ul style="list-style-type: none"> Follow-up visit is occurring but not within 30 days Providers not aware of appropriate billing codes they could use that meet specifications 	<ul style="list-style-type: none"> BHP access issues Lack of education and coding consistency Other codes are more optimal to use than what are in the specifications 	<ul style="list-style-type: none"> Members are receiving untimely follow-up Providers are not getting credit for all follow-up visits that occur
ICHC	No process exists. Gap in care continuum.	Inability for providers to communicate and ensure a continuum of care for mutual patient	No relationship with external provider exists	Inability to coordinate care
ICHC	Inefficient referral process/relationship with practice.	<ul style="list-style-type: none"> EHR errors/failures Medical errors and clinical (i.e. prescriptions) contraindications due to lack of coordination 	<ul style="list-style-type: none"> EHR incompatibility Relies on human processes and human memory (i.e. no automation) 	<ul style="list-style-type: none"> Collaboration and coordination of care leading to optimal patient outcomes not possible External providers not made aware of current depression assessment and/or contributing physical health issues



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ICHC	PCP/IBHP unaware if F/U has occurred due to external provider referral and F/U coding spec unknowns	<ul style="list-style-type: none"> EBHP does not code according to specifications Symptom exacerbation without treatment Medical errors and clinical (i.e. prescriptions) contraindications due to lack of coordination 	<ul style="list-style-type: none"> Relies on human processes and human memory (i.e. no automation) Inefficient referral workflows EHR incompatibility Lack of education and coding consistency Other codes are more optimal to use than what are in the specifications 	<ul style="list-style-type: none"> Members needing services are not receiving them PCP unaware of any symptom exacerbation or management Patient confusion, frustration, and/or abrasion
ICHC	Member not reached. No process exists.	Individual with identified BH needs is not reached or seen by a provider	<ul style="list-style-type: none"> Coding limitations do not allow to bill for unsuccessful outreach Incorrect contact information on file Member busy when outreach occurred <p>Member changed mind and no longer wants services</p>	<ul style="list-style-type: none"> Members needing services are not receiving them Providers are not getting credit for outreach attempts
ICHC	If first IBHP FU visit didn't count, potential gap exists. Referral placed and ROI is attempted.	<ul style="list-style-type: none"> Member with identified BH needs not set up with appropriate EBHP for ongoing treatment 	<ul style="list-style-type: none"> Relies on human processes and human memory (i.e. no automation) 	<ul style="list-style-type: none"> Members needing services are not receiving them Inability to coordinate care

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	PCP will likely not know if PT follows through on referral and if so, if EBHP FU visit will count due to external provider data sharing concerns and FU coding specs	<ul style="list-style-type: none"> • IBHP forgets to input referral • EBHP doesn't receive referral after input • EHR errors/failures • PT refuses ROI for either ICHC or EBHP • PT not asked to sign ROI at ICHC or EBHP • EBHP does not code according to specifications • Symptom exacerbation without treatment • ICHC unaware of unmet care needs • Medical errors and clinical (i.e. prescriptions) contraindications due to lack of coordination 	<ul style="list-style-type: none"> • Inefficient referral workflows • EHR incompatibility • EHR errors/failures • Lack of education and coding consistency • Other codes are more optimal to use than what are in the specifications • Members have decision making authority that practitioners must respect to avoid abrasion 	<ul style="list-style-type: none"> • ICHC unaware of unmet care needs
ICHC	PCP/IBHP enters referral to ICHC referral coordinator w/PT preferences	<ul style="list-style-type: none"> • PCP forgets to input referral • IBHP forgets to input referral • Referral coordinator doesn't receive referral • EHR errors/failures 	<ul style="list-style-type: none"> • Relies on human processes and human memory (i.e. no automation) 	Members needing services are not receiving them

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ECP	Follow-up visit documented and coded	<ul style="list-style-type: none"> Follow-up visit is occurring but not within 30 days Providers not aware of appropriate billing codes they could use that meet specifications 	<ul style="list-style-type: none"> BHP access issues Lack of education and coding consistency Other codes are more optimal to use than what are in the specifications 	<ul style="list-style-type: none"> Members are receiving untimely follow-up Providers are not getting credit for all follow-up visits that occur
ECP	Unsuccessful outreach attempt(s) made are documented; follow-up attempts don't count due to coding specifications	Individual with identified BH needs is not reached or seen by a provider	<ul style="list-style-type: none"> Coding limitations do not allow to bill for unsuccessful outreach Incorrect contact information on file Member busy when outreach occurred Member changed mind and no longer wants services 	<ul style="list-style-type: none"> Members needing services are not receiving them Providers are not getting credit for outreach attempts
ECP	No process exists. Gap in care continuum.	Inability for providers to communicate and ensure a continuum of care for mutual patient	No relationship with external provider exists	Inability to coordinate care
ECP	PT and BHP decide best option. Internal appt or external referral placed if needed.	<ul style="list-style-type: none"> IBHP forgets to input referral to EBHP EBHP never receives referral after input EHR errors/failures 	<ul style="list-style-type: none"> Relies on human processes and human memory (i.e. no automation) Inefficient referral workflows 	<ul style="list-style-type: none"> Members needing services are not receiving them Patient confusion, frustration, and/or abrasion

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		<ul style="list-style-type: none"> PCP unaware of unmet needs 	<ul style="list-style-type: none"> EHR incompatibility 	
ECP	Documentation of no/refusal ROI; will not know if follow up occurs.	<ul style="list-style-type: none"> Members aren't asked to sign a ROI ROI on file is not valid Members refuse to sign ROI when prompted Members aren't educated on benefits of care coordination Provider not aware of appropriate billing codes they could use that meet specifications 	<ul style="list-style-type: none"> Members have decision making authority that practitioners must respect to avoid abrasion MA's/Providers forget to ask patient Members not provided information about importance of coordination MA's/Providers do not input signed ROI into chart ROI has expired or has been revoked 	<ul style="list-style-type: none"> Collaboration and coordination of care leading to optimal patient outcomes not possible External providers not made aware of current depression assessment and/or contributing physical health issues
ECP	PCP enters referral to BHP. IBHP sees referral and initiates phone outreach as soon as possible. At least 2 outreach attempts made.	<ul style="list-style-type: none"> PCP forgets to enter referral to BHP IBHP does not see referral in a timely manner and symptom exacerbation occurs with recent crisis patient EHR errors/failures 	<ul style="list-style-type: none"> Relies on human processes and human memory (i.e. no automation) Incorrect contact information on file Member busy when outreach occurred 	Members needing services are not receiving them

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			<ul style="list-style-type: none"> Member changed mind and no longer wants services 	
ECP	Communication sent to EBHP inconsistently on assessment score and any additional risk factors noted	<ul style="list-style-type: none"> EBHP not informed of current depression assessment and/or relevant information impacting patients mental health EHR errors/failures Medical errors and clinical (i.e. prescriptions) contraindications due to lack of coordination 	<ul style="list-style-type: none"> Daily clinic operations and constraints (i.e. personnel, time, and cost) impede consistency of information sharing EHR incompatibility 	<ul style="list-style-type: none"> Poor patient outcomes due to coordination of care is not occurring consistently despite patient agreement Patient confusion, frustration, and/or abrasion
ECP	IBHP sees referral and initiates at least 1 phone outreach when available	<ul style="list-style-type: none"> EHR errors/failures IBHP does not see referral in a timely manner and symptom exacerbation occurs 	<ul style="list-style-type: none"> Relies on human processes and human memory (i.e. no automation) Inefficient referral workflows Incorrect contact information on file Member busy when outreach occurred Member changed mind and no longer wants services 	Members wanting needed services are not receiving them

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ECP	PT response documented and referral to IBHP entered	<ul style="list-style-type: none"> PCP forgets to enter referral to IBHP EHR errors/failures IBHP never receives referral after input IBHP unaware of unmet needs 	Relies on human processes and human memory (i.e. no automation)	Members wanting needed services are not receiving them
ECP	Any known follow-up plan with EBHP documented.	<ul style="list-style-type: none"> PCP not aware of care plan Medical errors and clinical (i.e. prescriptions) contraindications due to lack of coordination PT sees EBHP for FU and visit does not meet FU code specifications 	<ul style="list-style-type: none"> EBHP does not have ROI/ isn't willing to disclose information Feedback loop and processes aren't established EHR incompatibility 	Inability to coordinate care
ECP	Decline of services noted in chart; no codes available to indicate PT refusal	<ul style="list-style-type: none"> PT is not interested in treatment at visit 	Members have decision making authority that practitioners must respect to avoid abrasion	Members needing services according to standardized instruments are not receiving them



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Failure Mode Priority Ranking – Follow-up After a Positive Depression Screen

Instructions: In Table 2b, list from highest- to lowest-priority at least two failure modes identified in the *Follow-up After a Positive Depression Screen* FMEA.

- ◆ The MCO should assign a numeric ranking to the failure modes from the highest-priority level (number one) to the lowest-priority level (last failure mode selected) based on FMEA results.
- ◆ The failure modes with the highest priority should take precedence when determining interventions to test.
- ◆ The MCO should rank the failure modes based on their potential to impact the SMART Aim rather than ranking failure modes based on which may be easiest to change.
- ◆ The highest-priority failure modes are those with the most leverage for impacting the SMART Aim.
- ◆ Use the same language for the listed failure mode that was used in the FMEA table.

Table 2b—Failure Mode Priority Ranking – Follow-up After a Positive Depression Screen		
Organization	Priority Ranking	Failure Modes
ICHC	1	Outreach being conducted may meet specifications and isn't counting
ICHC	2	Providers not aware of appropriate billing codes they could use that meet specifications
ICHC	3	Follow-up visit is occurring but not within 30 days
ICHC	4	Individual with identified BH needs is not reached or seen by a provider
ICHC	5	Inability for providers to communicate and ensure a continuum of care for mutual patient
ICHC	6	PCP forgets to input referral
ICHC	7	IBHP forgets to input referral
ICHC	8	Referral coordinator doesn't receive referral
ICHC	9	EBHP doesn't receive referral after input
ICHC	10	ICHC unaware of unmet care needs

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Failure Mode Priority Ranking – Follow-up After a Positive Depression Screen

Instructions: In Table 2b, list from highest- to lowest-priority at least two failure modes identified in the *Follow-up After a Positive Depression Screen* FMEA.

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- ◆ The failure modes with the highest priority should take precedence when determining interventions to test.
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- ◆ The highest-priority failure modes are those with the most leverage for impacting the SMART Aim.
- ◆ Use the same language for the listed failure mode that was used in the FMEA table.

Table 2b—Failure Mode Priority Ranking – Follow-up After a Positive Depression Screen		
ICHC	11	Member with identified BH needs not set up with appropriate EBHP for ongoing treatment
ICHC	12	EBHP does not code according to specifications
ICHC	13	PT not asked to sign ROI at ICHC or EBHP
ICHC	14	PT refuses ROI for either ICHC or EBHP
ICHC	15	EHR errors/failures
ICHC	16	Symptom exacerbation without treatment
ICHC	17	Medical errors and clinical (i.e. prescriptions) contraindications due to lack of coordination
ECP	1	Providers not aware of appropriate billing codes they could use that meet specifications
ECP	2	Follow-up visit is occurring but not within 30 days
ECP	3	Individual with identified BH needs is not reached or seen by a provider
ECP	4	PT sees EBHP for FU and visit does not meet FU code specifications



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Failure Mode Priority Ranking – Follow-up After a Positive Depression Screen

Instructions: In Table 2b, list from highest- to lowest-priority at least two failure modes identified in the *Follow-up After a Positive Depression Screen* FMEA.

- ◆ The MCO should assign a numeric ranking to the failure modes from the highest-priority level (number one) to the lowest-priority level (last failure mode selected) based on FMEA results.
- ◆ The failure modes with the highest priority should take precedence when determining interventions to test.
- ◆ The MCO should rank the failure modes based on their potential to impact the SMART Aim rather than ranking failure modes based on which may be easiest to change.
- ◆ The highest-priority failure modes are those with the most leverage for impacting the SMART Aim.
- ◆ Use the same language for the listed failure mode that was used in the FMEA table.

Table 2b—Failure Mode Priority Ranking – Follow-up After a Positive Depression Screen		
ECP	5	Inability for providers to communicate and ensure a continuum of care for mutual patient
ECP	6	PCP forgets to enter referral to IBHP
ECP	7	IBHP unaware of unmet needs
ECP	8	IBHP does not see referral in a timely manner and symptom exacerbation occurs
ECP	9	IBHP never receives referral after input
ECP	10	IBHP forgets to input referral to EBHP
ECP	11	EBHP never receives referral after input
ECP	12	PCP unaware of unmet needs
ECP	13	EHR errors/failures
ECP	14	EBHP not informed of current depression assessment and/or relevant information impacting patients mental health
ECP	15	Members aren't educated on benefits of care coordination

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Failure Mode Priority Ranking – Follow-up After a Positive Depression Screen

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- ◆ The MCO should assign a numeric ranking to the failure modes from the highest-priority level (number one) to the lowest-priority level (last failure mode selected) based on FMEA results.
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- ◆ The MCO should rank the failure modes based on their potential to impact the SMART Aim rather than ranking failure modes based on which may be easiest to change.
- ◆ The highest-priority failure modes are those with the most leverage for impacting the SMART Aim.
- ◆ Use the same language for the listed failure mode that was used in the FMEA table.

Table 2b—Failure Mode Priority Ranking – Follow-up After a Positive Depression Screen		
ECP	16	Members aren't asked to sign a ROI
ECP	17	ROI on file isn't valid
ECP	18	Members refuse to sign ROI when prompted
ECP	19	PCP not aware of care plan
ECP	20	Medical errors and clinical (i.e. prescriptions) contraindications due to lack of coordination
ECP	21	IBHP does not see referral in a timely manner and symptom exacerbation occurs with recent crisis patient
ECP	22	PT is not interested in treatment at visit



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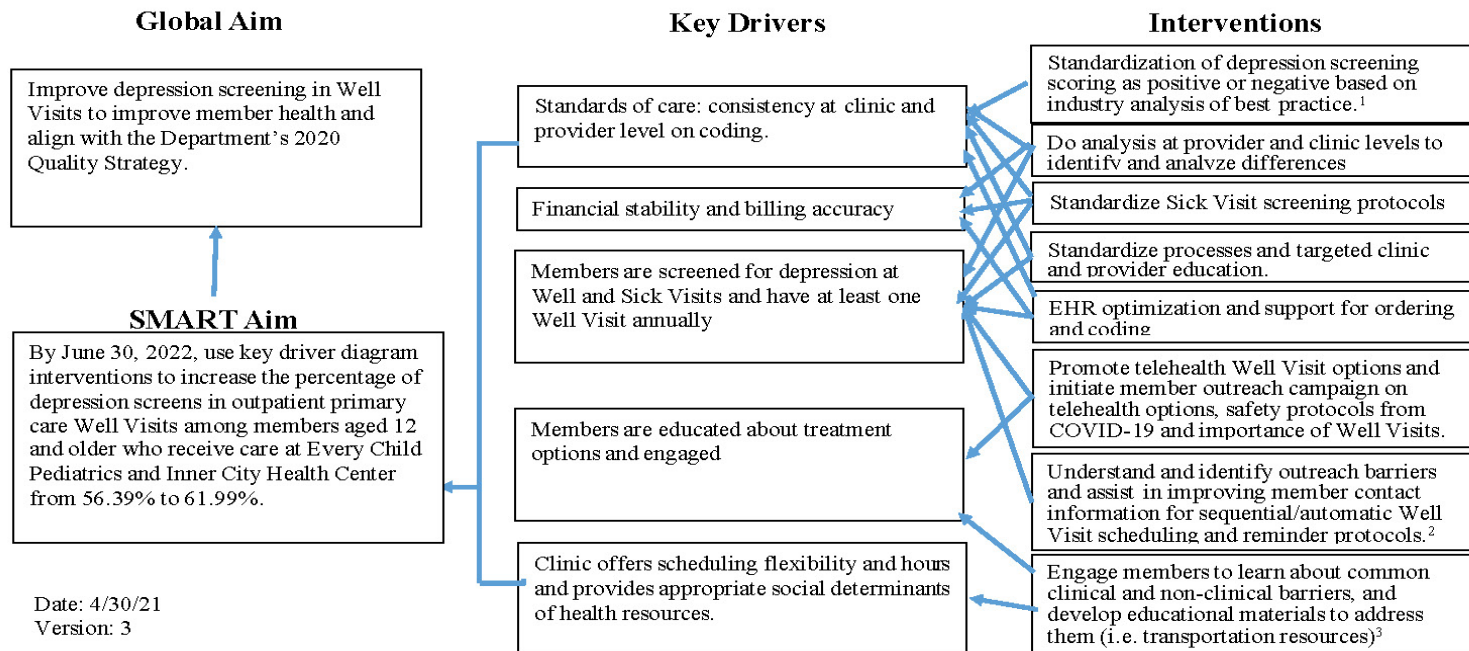
Key Driver Diagrams

Instructions: Update the *Depression Screening and Follow-up After a Positive Depression Screen* key driver diagrams from Module 1.

- ♦ At this stage of the PIP process, the MCO should use the findings from the process map, FMEA, and failure mode ranking to update drivers and interventions in each key driver diagram, as necessary. The MCO should ensure that the interventions are culturally and linguistically appropriate for the targeted population.
- ♦ Single interventions can address more than one key driver. Add additional arrows as needed.
- ♦ After passing Module 3 for each planned intervention and completing the testing of each intervention, the MCO should update the appropriate key driver diagram to reflect the status of each tested intervention (adapted, adopted, abandoned, or continue testing). The MCO should use the following color coding to distinguish the intervention status:
 - **Green highlight** for successful adopted interventions.
 - **Yellow highlight** for interventions that were adapted or not tested.
 - **Red highlight** for interventions that were abandoned.
 - **Blue highlight** for interventions that require continued testing.
- ♦ The finalized *Depression Screening and Follow-up After a Positive Depression Screen* key driver diagrams will be submitted at the end of the PIP with Module 4.

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Key Driver Diagram— Depression Screening



¹Mulvaney-Day, N., Marshall, T., Piscopo, K. D., Kosen, N., Lynch, S., Kamell, L. H., Moran, G. E., Daniels, A. S., & Ghose, S. S. (2018). Screening for behavioral health conditions in primary care settings: A systematic review of the literature. *Journal of General Internal Medicine*, 33(3), 335-346. doi: 10.1007/s11606-017-4181-0

²Regents of the University of Michigan. (2017). Adolescent Well-Child Exams. *Adolescent Health Initiative*. <https://www.umhs-adolescenthealth.org/wp-content/uploads/2018/07/adolescent-well-child-exam-starter-guide.pdf>

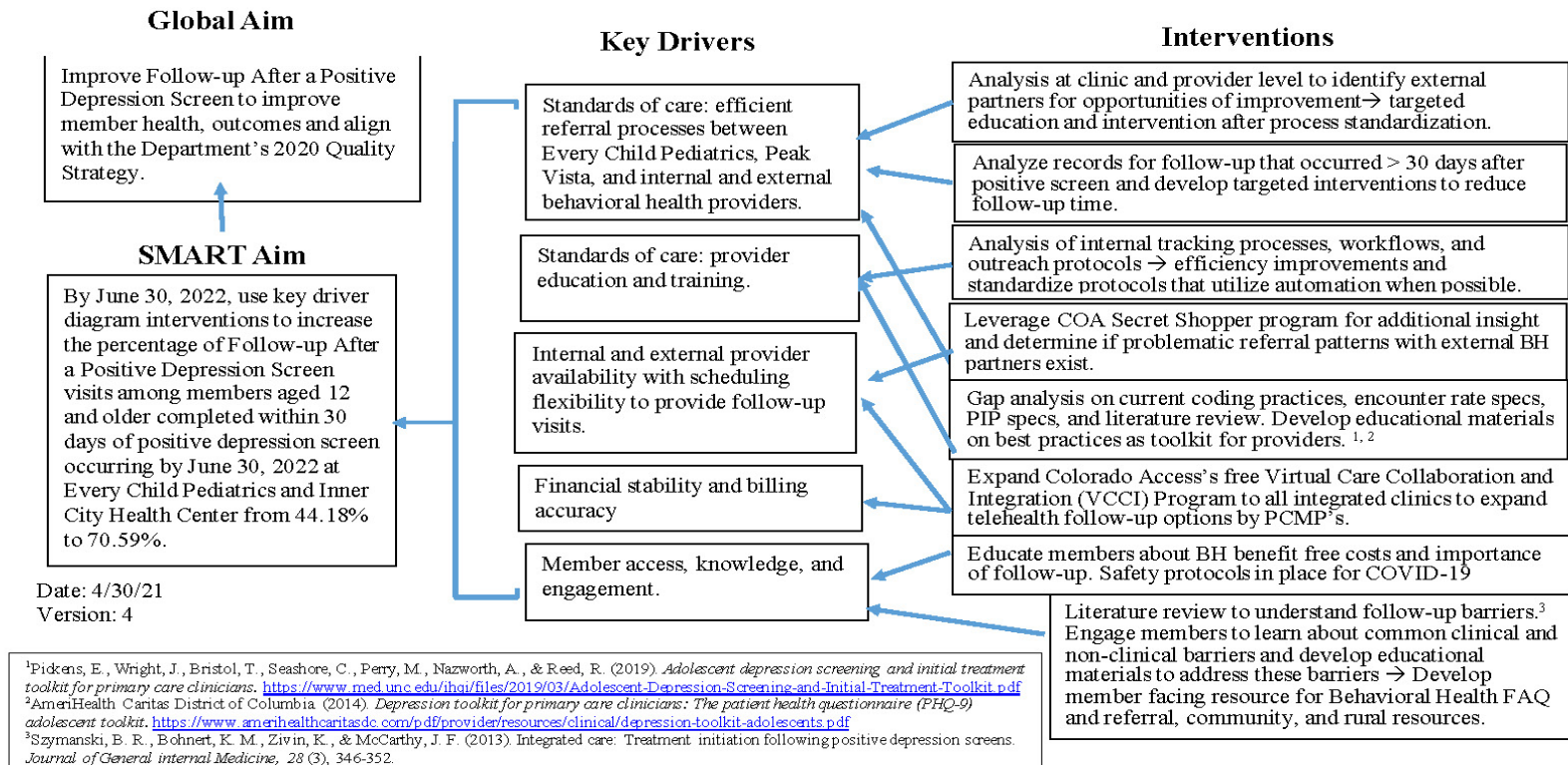
³CipherHealth. (2020). Taking a deep dive into closing HBHIS gaps: Adolescent well-care visits (W15, W34, AWC). <https://cipherhealth.com/blog/taking-a-deep-dive-into-closing-hbh-is-gaps-adolescent-well-care-visits-w15-w34-awc/>



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Key Driver Diagram – Follow-up After a Positive Depression Screen





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Managed Care Organization (MCO) Information	
MCO Name	Colorado Access RAE 5
PIP Title	<i>Depression Screening and Follow-up After a Positive Depression Screen</i>
Intervention Name:	Every Child Pediatrics RAE 5 H0002 Follow-Up Clarification
Contact Name	Alex Scialdone
Contact Title	Quality Improvement Program Manager
Email Address	Alex.Scialdone@coaccess.com
Telephone Number	720-744-5697
Submission Date	7/12/21
Resubmission Date (if applicable)	



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Intervention Testing Plan

Instructions:

- ◆ In Table 1, provide the specific details about the intervention including the intervention being tested; outcome (*Depression Screening* or *Follow-up After a Positive Depression Screen*), failure mode, and key driver addressed; step-by-step process to conduct the intervention test; and the predicted results.
- ◆ If the intervention was documented in the Module 2 submission form, use the same language to describe the key driver, failure mode, and intervention.
- ◆ If the intervention was not included the Module 2 submission form, the intervention should be added to the final key driver diagram in Module 4.

Table 1—Intervention Plan	
Intervention Being Tested	Every Child Pediatrics: a. Gap analysis on current coding practices, encounter rate specs, PIP specs, and literature review. Develop educational materials on best practices as toolkit for providers. b. Analysis of internal tracking processes, workflows, and outreach protocols → EHR efficiency & optimization improvement support for protocol and coding standardization that utilize automation when possible.
Outcome Addressed	<input type="checkbox"/> <i>Depression Screening</i> <input checked="" type="checkbox"/> <i>Follow-up After a Positive Depression Screen</i>
Failure Mode Addressed	Providers not aware of appropriate billing codes they could use that meet specifications
Key Driver Addressed	Every Child Pediatrics: a. Financial stability and billing accuracy b. Standards of care: provider education, follow-up coding, and training.
Intervention Process Steps (<i>List the step-by-step process required to carry out this intervention.</i>)	1. Follow-up code analysis and discussion with Every Child Pediatrics operations and billing team



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Table 1—Intervention Plan	
	<ol style="list-style-type: none"> 2. Consult with COA compliance team to review H0002 billing requirements 3. Review H0002 billing requirements with Every Child Pediatrics 4. Provider education and begin billing H0002 for follow-ups that previously were not being billed 5. Monitor code frequency to see impact on follow-up after a positive depression screen outcome
What are the predicted results of this test?	It is predicted that follow-up rates will increase from this coding change, as providers previously were not billing or submitting claims for follow-ups that didn't meet time constraints required in other follow-up codes. It is predicted that the frequency of H0002 will increase over time.



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Intervention Effectiveness Measure

Instructions:

- ◆ In Table 2, provide the intervention measure title, numerator description, and denominator description. This measure should specifically measure the intervention's effectiveness.
- ◆ In Table 3, complete the information for how data will be collected for the intervention test. If applicable, include a blank copy of the data collection tool (e.g., spreadsheets, tracking log).
- ◆ Refer to Section 5 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (“Module 3— Intervention Testing”).

Table 2—Intervention Effectiveness Measure	
Intervention Measure Title	(e.g., The number or percentage of eye exams scheduled on Saturday for Provider A) Every Child Pediatrics RAE 5 H0002 Follow-Up Clarification
Numerator Description	Follow up in 30 days as indicated by H0002
Denominator Description	Positive depression screen during Well Visits as indicated by G8431

Table 3—Intervention Effectiveness Measure Data Collection Process	
Describe the Data Elements	COA developed a BI dashboard to look at follow-up code specific frequency over time with different filters. See screenshot how data will be evaluated.
Describe the Data Sources	COA claims database.
Describe how Data will be Collected	This data will be collected from COA claims and organized in a PowerBI dashboard.



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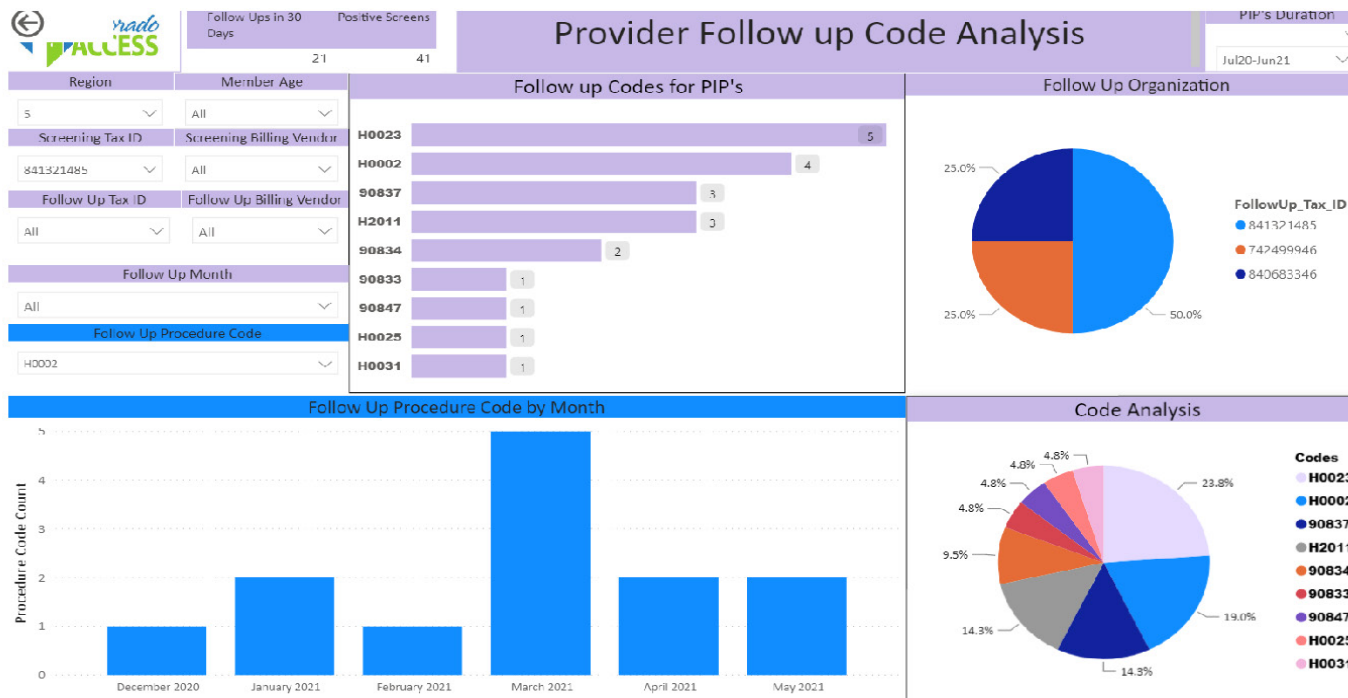


Table 3—Intervention Effectiveness Measure Data Collection Process

Describe how often Data will be Collected and how data completeness will be addressed (e.g. – real-time data exchange with narrowed focus entity)	This data will be collected on a monthly basis and use the same parameters the follow-up metric uses but rates will be calculated on a monthly basis versus rolling 12-months.
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Managed Care Organization (MCO) Information	
MCO Name	Colorado Access RAE 5
PIP Title	<i>Depression Screening and Follow-up After a Positive Depression Screen</i>
Intervention Name:	Inner City Depression Screening Coding Changes
Contact Name	Alex Scialdone
Contact Title	Quality Improvement Program Manager
Email Address	Alex.Scialdone@coaccess.com
Telephone Number	720-744-5697
Submission Date	2/15/22
Resubmission Date (if applicable)	



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Intervention Testing Plan

Instructions:

- ◆ In Table 1, provide the specific details about the intervention including the intervention being tested; outcome (*Depression Screening* or *Follow-up After a Positive Depression Screen*), failure mode, and key driver addressed; step-by-step process to conduct the intervention test; and the predicted results.
- ◆ If the intervention was documented in the Module 2 submission form, use the same language to describe the key driver, failure mode, and intervention.
- ◆ If the intervention was not included the Module 2 submission form, the intervention should be added to the final key driver diagram in Module 4.

Table 1—Intervention Plan	
Intervention Being Tested	Inner City Depression Screening Coding Changes
Outcome Addressed	<input checked="" type="checkbox"/> <i>Depression Screening</i> <input type="checkbox"/> <i>Follow-up After a Positive Depression Screen</i>
Failure Mode Addressed	1. EHR errors/failures 2. Depression screen not billed
Key Driver Addressed	1. Standards of care: consistency at clinic and provider level on coding, provider education, and training. 2. Financial stability and billing accuracy
Intervention Process Steps (<i>List the step-by-step process required to carry out this intervention.</i>)	1. Meet with Inner City to understand current coding procedures for depression screening. 2. Have meeting with Colorado Community Managed Care Network (CCMCN) and Inner City to compare depression screening rates (claims versus eQIM) on file between CCMCN and COA for Inner City to begin root cause analysis. Claims research to compare use of diagnosis code Z13.31 (Encounter for Screening for Depression) with use of procedure codes G8510/G8431. Discovered billing staff were manually removing G codes on claims.



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Table 1—Intervention Plan

	<p>3. Inner City staff meeting and education to billing team on need to bill G codes and not remove from claims.</p> <p>4. Ongoing comparison of Z13.31 and G8431/G8510. Ongoing meetings with Inner City to do EHR and claims research for COA members seen by Inner City Health Center with a Well Visit for further investigation and root cause analysis.</p> <p>5. Discovery that EHR was auto-deleting G8510/G8431 codes before claims were sent to clearing house due to \$0 association.</p> <p>6. Brainstorm solutions to prevent this from occurring</p> <p>7. Decision made to add costs based on Medicaid fee schedule to charge master for each code</p> <p>8. Review and compare Z13.31 and G8431/G8510 on a monthly basis to ensure billing issue with depression screens is resolved and claims data reflect work on the ground</p>
<p>What are the predicted results of this test?</p>	<p>The predicted results of this test are that the data integrity and accuracy of the claims for depression screening will be improved and better reflect practice operations. Colorado Access does not expect the volume of Z13.31 and G8431/G8510 to be an exact match, as Z13.31 will only be visible in claims data if it is listed as one of the first 4 diagnoses. However, Colorado Access expects the comparison of these volumes to be a good indication if the G8431/G8510 coding intervention was successful or not. Colorado Access also expects rates for depression screening to be increased because of this intervention.</p> <p>Throughout the process of working with Inner City there has been continuous exploration of barriers to achieve consistent screening and follow up after depression screens that were ripe for process improvement. Many barriers were touched upon in regular discussions and work with Inner City results in various quality initiatives, like investigation around Z13.31 and G8431/G8510 that started as simply triaging barriers that were identified by Inner City. Eventually, these investigations turned into an intervention for the PIP, rather than rapid</p>



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Table 1—Intervention Plan

	improvement events. Therefore, steps 1-7 of this intervention were implemented by July 31, 2021 and Step 8 has been ongoing.
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Intervention Effectiveness Measure

Instructions:

- ◆ In Table 2, provide the intervention measure title, numerator description, and denominator description. This measure should specifically measure the intervention's effectiveness.
- ◆ In Table 3, complete the information for how data will be collected for the intervention test. If applicable, include a blank copy of the data collection tool (e.g., spreadsheets, tracking log).
- ◆ Refer to Section 5 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (“Module 3— Intervention Testing”).

Table 2—Intervention Effectiveness Measure	
Intervention Measure Title	(e.g., The number or percentage of eye exams scheduled on Saturday for Provider A) Inner City Depression Screening Coding Changes
Numerator Description	Number of claims with a corresponding claim meeting Depression Screening or Well Visit specifications that has a diagnosis code of Z13.31 (Encounter for Screening for Depression) listed as the diagnosis code 1, 2, 3, or 4 on the claim.
Denominator Description	Number of claims with a corresponding CPT code of G8510 or G8431 on claim out of the claims that meet Depression Screening specifications.

Table 3—Intervention Effectiveness Measure Data Collection Process	
Describe the Data Elements	This measure will be retrieved from Colorado Access claims databases and analyzed using a dashboard based on the narrowed focus area. Colorado Access data analysts will have to aggregate data across diagnoses 1-4 with a diagnosis code of Z13.31 for members that were billed by Tax Identification Number (TIN) associated with Inner City Health Center. Data analyst will then ensure claims with this diagnosis code present in both the numerator and denominator are only counted once by applying distinct data principles based on member Medicaid ID and date of service.



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Table 3—Intervention Effectiveness Measure Data Collection Process	
Describe the Data Sources	Colorado Access PIP dashboard utilizing claims databases.
Describe how Data will be Collected	Data will be collected monthly using existing Colorado Access PIP extraction code but the rolling 12-month data will be broken down further to be analyzed on a monthly basis, with appropriate filters for narrowed focus (members aged 12 and old and claims billed by Inner City Health Center TIN of 742426085).
Describe how often Data will be Collected and how data completeness will be addressed (e.g. – real-time data exchange with narrowed focus entity)	Data will be collected monthly and reviewed in monthly PIP meetings with practice. Data completeness will be addressed by having each rolling 12-month worth of data that is broken down by month be refreshed for 5 consecutive months to account for claims run out. Additionally, appropriate filters for the narrowed focus will be applied (members aged 12 and old and claims billed by Inner City Health Center TIN of 742426085).



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Managed Care Organization (MCO) Information	
MCO Name	Colorado Access RAE 5
PIP Title	<i>Depression Screening and Follow-up After a Positive Depression Screen</i>
Intervention Name:	Every Child Pediatrics Behavioral Health Access Improvements
Contact Name	Sarah Thomas
Contact Title	Quality Improvement Program Manager
Email Address	Sarah.thomas@coaccess.com
Telephone Number	720-951-6211
Submission Date	03/23/2022
Resubmission Date (if applicable)	04/13/22



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Intervention Testing Plan

Instructions:

- ◆ In Table 1, provide the specific details about the intervention including the intervention being tested; outcome (*Depression Screening* or *Follow-up After a Positive Depression Screen*), failure mode, and key driver addressed; step-by-step process to conduct the intervention test; and the predicted results.
- ◆ If the intervention was documented in the Module 2 submission form, use the same language to describe the key driver, failure mode, and intervention.
- ◆ If the intervention was not included the Module 2 submission form, the intervention should be added to the final key driver diagram in Module 4.

Table 1—Intervention Plan	
Intervention Being Tested	Every Child Pediatrics: 1. Utilize the Colorado Access (COA) Behavioral Health (BH) Incentive Funding grant to promote the hiring of new BH staff. 2. Expand Colorado Access's free Virtual Care Collaboration and Integration (VCCI) Program to all integrated clinics to expand telehealth follow-up options by Primary Care Medical Providers (PCMP's).
Outcome Addressed	<input type="checkbox"/> <i>Depression Screening</i> <input checked="" type="checkbox"/> <i>Follow-up After a Positive Depression Screen</i>
Failure Mode Addressed	1. Follow-up visit is occurring but not within 30 days 2. Individual with identified BH needs is not reached or seen by a provider 3. External Behavioral Health Provider (EBHP) not informed of current depression assessment and/or relevant information impacting patients mental health 4. Internal Behavioral Health Provider (IBHP) does not see referral in a timely manner and symptom exacerbation occurs
Key Driver Addressed	1. Standards of care: efficient referral processes between Every Child Pediatrics and internal and external behavioral health providers.



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Table 1—Intervention Plan

	<ol style="list-style-type: none"> 2. Internal and external provider availability with scheduling flexibility to provide follow-up visits. 3. Financial stability and billing accuracy 4. Member access, knowledge, and engagement.
<p>Intervention Process Steps (<i>List the step-by-step process required to carry out this intervention.</i>)</p>	<ol style="list-style-type: none"> 1. Meet with Every Child Pediatrics (ECP) to rediscuss current barriers for patients engaging in Behavioral Health (BH) follow-up care after a positive depression screening 2. Agreed upon interventions: <ul style="list-style-type: none"> • COA worked with internal Practice Support team and ECP to discuss BH funding options. Determined the Behavioral Health Incentive Funding grant through COA would assist ECP to attract BH talent for hire and retain current BH staff by passing incentive funding on to these staff, in order to expand follow-up care for their patients. • COA worked with the internal AccessCare Services team to promote utilization of the telehealth Virtual Care Collaboration and Integration (VCCI) Program to ECP. 3. Intervention process steps to carry out the hiring of new BH staff and retain current BH staff at ECP: <ul style="list-style-type: none"> • ECP applied for grant in January 2022, received approval and funding from COA in February 2022. ECP will begin to utilize funding. • ECP to post positions for BH talent, and include descriptions of sign-on bonus and retention bonus to incentivize new hires • ECP to give retention bonus to current FT and PT/Per diem ECP staff • ECP to utilize differential bonus to retain specialized staff 4. Intervention process steps to carry out VCCI Expansion at ECP: <ul style="list-style-type: none"> • COA drafted a VCCI 1-pager that includes “Patient/Parent Key Talking Points” and “Provider Key Points” to provide accessible, targeted information and



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Table 1—Intervention Plan

	<p>education. ECP to use this document to encourage patients to try VCCI and explain how VCCI works to ECP internal providers.</p> <ul style="list-style-type: none"> COA will conduct a root cause analysis to resolve ECP confusion around available VCCI services. This includes: <ul style="list-style-type: none"> VCCI ADHD services for therapy, evaluations/assessments, and psychiatry Confusion surrounding contracting requirements for BH and PH services and associated LOB's (CHP+, RAE 3, RAE 5, and commercial insurance). COA to communicate coverage regulations to ECP, and answer any questions related to services VCCI offers for patients. COA to investigate patient experience and send ECP information on how the VCCI program would work from the patient perspective (email the patient receives, attachments, steps for the patient to complete before the virtual visit, etc.) COA will work with AccessCare Services team to create an enhanced workflow for ECP to submit VCCI patient referrals. The team began to draft an ECP VCCI Workflow document outlining the process for how ECP would submit patient referrals for VCCI. COA had representatives from the AccessCare Services team present the VCCI program to ECP during a PIPs team meeting in March to address follow-up questions and provide education. This meeting explained the concept of different VCCI referrals and visit types depending on what the ECP provider and patient needs (E-consults, Collaborative Consults, Therapy and Assessments). ECP to take this presentation back to staff to answer any questions surrounding VCCI before starting the intervention. <p>5. ECP and COA will prepare correlated measurements to assess if intervention is successful.</p>
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Table 1—Intervention Plan	
	6. Clinic decision / agreement on proposed interventions and start date. ECP will present VCCI workflow at March staff meeting and begin pilot to increase VCCI patient referrals for BH services. Implement intervention and complete monthly measurements to ensure and monitor execution. Make any necessary adjustments and changes (Plan-Do-Study-Act (PDSA) Cycles) to proposed solutions as needed.
What are the predicted results of this test?	It is predicted that ECP follow-up rates will increase from this intervention. The BH Incentive Funding will help ECP to hire more BHP and therefore increase the quantity of staff available to conduct follow-ups after positive depression screening. The VCCI program will assist ECP in utilizing an external source to refer patients for follow-up services if internal BHP are unavailable to conduct follow-up services.



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Intervention Effectiveness Measure

Instructions:

- ◆ In Table 2, provide the intervention measure title, numerator description, and denominator description. This measure should specifically measure the intervention's effectiveness.
- ◆ In Table 3, complete the information for how data will be collected for the intervention test. If applicable, include a blank copy of the data collection tool (e.g., spreadsheets, tracking log).
- ◆ Refer to Section 5 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (“Module 3— Intervention Testing”).

Table 2—Intervention Effectiveness Measure	
Intervention Measure Title	(e.g., The number or percentage of eye exams scheduled on Saturday for Provider A)
	Every Child Pediatrics Behavioral Health Access Improvements
Numerator Description	Eight measures will be used to determine effectiveness of this measure; numerators and denominators will be categorized by A through H to indicate the eight separate measures that will be calculated. Measures E-H will represent all members across Every Child Pediatrics locations.
	BH Incentive Funding Measures: <ol style="list-style-type: none"> Number of retention bonus (\$7,500 per staff, max 3) given to current FT staff Number of sign-on bonus (\$5,000 per staff, max 2) given to future FT staff Number of retention bonus (\$2,500 per staff, max 2) given to current PT/Per diem staff Number of differential bonus (\$2,500, max 4) to retain specialized staff (ex: Bilingual language BHP) VCCI Measures: <ol style="list-style-type: none"> Total number of VCCI e-consults ECP completes each month Total number of VCCI collaborative consults ECP completes each month

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Table 2—Intervention Effectiveness Measure	
	g. Total number of VCCI therapy/assessments ECP completes each month h. Total number of VCCI consults (all types) ECP completes each month
Denominator Description	BH Incentive Funding Measures: <ol style="list-style-type: none"> 3 retention bonus (\$7,500 per staff) available to give to current FT staff 2 sign-on bonus (\$5,000 per staff) available to give to future FT staff 2 retention bonus (\$2,500 per staff) available to give to PT/Per diem staff 4 differential bonus (\$2,500) available to give to specialized staff VCCI Measures: <ol style="list-style-type: none"> Total number of VCCI consults (all types) ECP completes each month Total number of VCCI consults (all types) ECP completes each month Total number of VCCI consults (all types) ECP completes each month The “average” number of monthly VCCI consults (all types) ECP completed for the months prior to intervention start (Jan 2021 – Feb 2022).

Table 3—Intervention Effectiveness Measure Data Collection Process	
Describe the Data Elements	Measures A-D: The data will be provided to Colorado Access from Every Child Pediatrics at our monthly PIP meetings in the format of emails and verbal updates. Data will also be gathered via COA’s internal Practice Support team, who may have further insights or updates regarding the usage of BH Incentive funding by ECP. Please see Appendix E for screenshot examples of the full BH Incentive funding grant (not all of these deliverables are utilized in this PIP intervention). To test intervention effectiveness, Colorado Access will calculate 4 measures based on the data provided.



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Table 3—Intervention Effectiveness Measure Data Collection Process

	<p>a. “Percent of retention bonuses given to current FT staff by ECP” will be assessed via the count of retention bonuses given, divided by the total count of retention bonuses available for ECP to give to current FT staff.</p> <p>b. “Percent of sign-on bonuses given to future FT staff by ECP” will be assessed via the count of sign-on bonuses given, divided by the total count of sign-on bonuses available for ECP to give to future FT staff.</p> <p>c. “Percent of retention bonuses given to PT/per diem staff by ECP” will be assessed via the count of retention bonuses given, divided by the total count of retention bonuses available for ECP to give to PT/per diem staff.</p> <p>d. “Percent of differential bonuses given to staff by ECP” will be assessed via the count of differential bonuses given, divided by the total count of differential bonuses available for ECP to give to specialized staff.</p> <p>Measures E-H:</p> <p>The data will be provided to Colorado Access from AccessCare Services monthly in the form of an Excel spreadsheet that breaks down the data into multiple categories. Please see Appendix D for screenshot examples of this monthly report. To test intervention effectiveness, Colorado Access will calculate 4 measures based on the data provided.</p> <p>e. “Percent of e-consults” will be assessed via the Subject column labeled as E-Consult (count), divided by the Grand Total (count) of VCCI services completed that month.</p> <p>f. “Percent of collaborative consults” will be assessed via the Subject column labeled as Collaborative Consultation (count), divided by the Grand Total (count) of VCCI services completed that month.</p>
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Table 3—Intervention Effectiveness Measure Data Collection Process

	<p>g. “Percent of therapy/assessments” will be assessed via the Subject column labeled as Therapy and/or Assessments (count), divided by the Grand Total (count) of VCCI services completed that month.</p> <p>h. “Percent of VCCI Consults completed in the month of interest” will be assessed via the Grand Total of consults completed by ECP in the month of interest, divided by the average (count) of monthly VCCI consults (all types) ECP completed for the months prior to intervention start (Jan 2021 – Feb 2022).</p> <p>Although the Every Child Pediatrics VCCI 1-pager, VCCI Program Patient Perspective email, and ECP VCCI Workflow are not measurable outcomes, please see Appendices A-C for a screenshot example of these interventions.</p>
Describe the Data Sources	<p>Measures A-D: Every Child Pediatrics verbal communication and email updates; COA internal Practice Support team communication</p> <p>Measures E-H: AccessCare Services internal VCCI report sent monthly to COA via email in excel spreadsheet format</p>
Describe how Data will be Collected	<p>Measures A-D: Data will be collected by Every Child Pediatrics, who will gather and report the information of their hiring status and incentive funding usage to COA.</p> <p>Measures E-H: Data will be collected via the AccessCare Services team, who uses an internal database to track the usage of VCCI telehealth encounters by each clinic.</p>
Describe how often Data will be Collected and how data completeness will be addressed (e.g. – real-time data exchange with narrowed focus entity)	<p>Measures A-D: Data and verbal updates will be collected monthly and provided to Colorado Access from Every Child Pediatrics.</p> <p>Measures E-H: Data will be collected monthly and provided to Colorado Access from the AccessCare Services VCCI team.</p>



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Table 3—Intervention Effectiveness Measure Data Collection Process

	<p>Data completeness will be addressed via communication with the ECP team to gain a detailed understanding of the hiring status and how grant funding is being utilized. COA and ECP participate in a monthly PIP meeting to review all interventions and make sure the intervention and data reporting happens according to plan. COA will also work with the AccessCare Services team to review VCCI data each month and make sure it looks accurate.</p>
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Appendix A- Every Child Pediatrics VCCI Program 1-pager

AccessCare Virtual Care Collaboration and Integration (VCCI)

Program Overview and Benefits

for Every Child Pediatrics (ECP)



Patient/Parent Key Talking Points for ECP Coordinators/Providers:

- **Appointment Timeliness:** VCCI providers can often “see” you much quicker than different community behavioral health provider options. You should receive initial communication from them within 2 business days after we make the referral.
- **Telehealth Convenience:** You can choose to see a VCCI provider in the convenience and privacy of your own home, or virtually in an ECP office.
- **Ease of Use:** VCCI uses Zoom as their video-conferencing platform, which is free, easy, and HIPAA-compliant. We’ve seen how the process works and it is very easy. VCCI will send you an email with the links and everything you need to know to get started – they will even schedule a quick technology test to make sure everything works correctly before your appointment.
- **Care Coordination/Services Offered:** The relationship VCCI and ECP have allow for ECP providers to stay up to date easily about important care and treatment progress. This type of collaboration benefits both you and us. VCCI also has multiple kinds of services and providers to help meet your needs—this is similar to our team-based care approach at Every Child Pediatrics.
- **Clinical Rigor:** In addition to all counselors being licensed, all staff are also accredited by Triple P (Positive Parenting Program) America
 - Triple P America is an evidence-based parent coaching and training program that focuses on working with parents surrounding behavioral modification and skill building with children ages 0-12 in the primary care setting.

Provider Key Points:

- **Timeliness:** VCCI Providers will coordinate care within 2 business days of referral.
- **Services:** VCCI model follows a “Brief Intervention” short-term treatment program and services include:
 - Collaborative Consultations
 - Short-term therapy
 - Care coordination, including referrals and warm hand-offs to next/higher level of care whenever possible
 - Psychiatric evaluations and medication management support, including bridging and prescribing when necessary
 - E-Consults
 - Diagnostic assessments
- **Visibility/Transparency and Approach:** ECP providers can easily see notes and progress for their patients that have received VCCI services. Emphasis is on collaborative and team-based care. This is the next best thing to a warm handoff.
- **Easy Process:** Making a referral for VCCI is easy and the ECP BH Case Manager will help coordinate with patients.
 - For quick psychiatric treatment recommendations, you can electronically submit an asynchronous eConsult, which will be answered within 2 business days. eConsults are payor blind, no separate log-in is needed to initiate the request, and the eConsult template captures minimal PHI so that the patient cannot be identified. eConsults are a great way to get rapid response to a specific psychiatric question!
- **Insurance and Cost:** VCCI accepts multiple insurances: Colorado Access Medicaid (Regions 3 and 5) and CHP*, Aetna, Cigna, and United. Utilizing VCCI is free of charge for ECP to use for Colorado Access members
- **Conditions Treated:** Examples of behavioral health conditions that VCCI can support include, but are not limited to:
 - ADHD (Therapy, Evals, and Med Recs)
 - Mood Disorders
 - Perinatal Care (Mental health support for perinatal population)
 - Situational Stressors
 - Co-occurring Disorders
 - Parent Coaching
 - Couples and Family Therapy

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Appendix B- VCCI Program Patient Perspective email sent to ECP

Hello,

Thank you for using our Virtual Behavioral Health Services! Your provider has approved the delivery of our services to you directly in your home, and to make sure that this can be done, we will need to make sure that you have the items necessary to deliver our services.

These include:

1. Stable Internet Connection
2. Computer, Tablet or Phone
3. Cell Phone or Landline
4. External **OR** Internal Camera in Computer or Tablet
5. External **OR** Internal Microphone for Computer or Tablet
6. External **OR** Internal Speakers for Computer or Tablet
7. A private space to hold the appointment (Place where your conversations will not be overheard)
8. Do you have a limited data plan? Any setbacks?

*please note that Chromebooks will not work as they have many limitations.

*please note **that if the patient is under 18 years old**, the Parent or Legal Guardian must be present during the session for psychiatric medication evaluation and follow-up.

If you do have these items, or if you have most and still want to try and see if it will work, If you do have these items, or if you have most and still want to try and see if it will work, please respond to this email with a time and day (Monday - Friday 8:00 am – 4:45 pm) that works best for you to schedule a 10-15 minute virtual meeting to do a Technology Test of your system. If that test is successful, we will schedule your virtual appointment with you after the Test. If you feel that you do not have the necessary items to hold the Technology Test, please either respond to this e-mail or call us at 855-406-2700 to let us know and we will work with your primary care office to explore any other options.

We will send you DocuSign forms via email before the Tech Test that must be filled out before your first appointment. If we do not receive the DocuSign forms in time, we will cancel the appointment.






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- Also attached are documents on How to setup a Telehealth Room, Zoom Help, and How to Download Zoom
- Please see <https://support.zoom.us/hc/en-us/articles/201362193> on how to Join a Meeting, depending on what type of tablet, computer or cellphone you are using

Thank you!

Additional email attachments for patients:

 Tips Setting Up a Telehealth Room.docx 59 KB	 How to Download Zoom for Patients.docx 50 KB	 Zoom Help .docx 59 KB
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Appendix C- Every Child Pediatrics VCCI Workflow (Pg. 1 of 5)

Every Child Pediatrics VCCI Workflow

Insurances accepted: CO Access, CHP+, Aetna, United, Cigna

VCCI Services "Communities" Login Page:

<https://accesscare.force.com/Providers/s/login/>

❖ Username: vcclbhp@everychildpediatrics.org

❖ Password: [lecpvcci1](#)

How to submit a referral through VCCI:

1. You must first make a new patient account. Select: **"Click Here For New Patients"**
*If you have already submitted a VCCI referral request in the past for this patient, skip this step and move to step #5.

Welcome to the AccessCare Provider Portal

[Click Here For New Patients](#)

If you want to refer a new patient, a Collaborative Consultation must be submitted for this new patient. Please create new Patient by clicking link above, then submit a 'CC' under Collaborative Consults tab.

Here's how to schedule an appointment for one of your patients:

1. Ensure the Patient is in the database (use search above or Patients tab) and has an Insurance ID and email address
2. If the patient does not exist in the system, create a record from the Patients tab via the "New" button
3. Select the AccessCare Provider for the Appointment using the buttons below
4. Select the Appointment Date/Time
5. Enter/paste in the Patients Name, Email and Insurance ID to the form & Submit
6. The Patient will receive email confirmation of the appointment

2. You will see the screen below: Select **"New"**

New Patients:

All new Access Care Patients will first need to have either a Collaborative Consultation or a Consult

Step 1: Find your Patient below or use the search bar

Step 2: If not found click the "New" button below to create a new Patient record

Step 3: Ensure The Patient record has an Insurance ID and email address

Step 4: Create either a Collaborative Consultation or a Consult select the relative tab above and click "New"

Step 5: If needed schedule an Appointment with one of our Clinicians from the Appointments tab

Provider: Our Patients

Name	Email	Access Provider	Insurance ID



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Appendix D- AccessCare Services ECP VCCI Data Example

Report for Sarah

As of 2022-03-03 08:40:53 Mountain Standard Time/MST • Generated by Robyn Diseati

Filtered By

Show: All appointments

Show: Open & Completed Appointments

Show: Events

Date Field: Start equals Custom (2/1/2022 to 2/28/2022)

Account Name contains every child

Subject contains initial,exp,no,cc,15,collaborative, follow,90,60

First Name ↑	Last Name ↑	Subject	Date	Insurance Name	Which Region?	Insurance ID	Assigned	Type
		Collaborative Consultation 15 Minutes	2/2/2022	ABC Medicaid	RAE 5		Melanie Creach, LCSW	Seen
		Collaborative Consultation 15 Minutes	2/4/2022	ABC Medicaid	RAE 5		Jordan Gardner, MD, Psychiatrist	Seen
		Collaborative Consultation 15 Minutes	2/2/2022	ABC Medicaid	RAE 5		Melanie Creach, LCSW	Seen
		Therapy Follow-up 60 Minutes	2/23/2022	ABC Medicaid	RAE 5		Melanie Creach, LCSW	Seen
		Collaborative Consultation 15 Minutes	2/15/2022	ABC Medicaid	RAE 3		Amy Donahue, MD, Psychiatrist	Seen
		Collaborative Consultation 15 Minutes	2/11/2022	ABC Medicaid	RAE 5		Jordan Gardner, MD, Psychiatrist	Seen



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Appendix E – BH Incentive Funding Request Outline

Every Child Pediatrics Workforce Support Funding Request

Funding request to support workforce recruitment, retention, and program development.

Goals:

1. Stabilize and enhance Behavioral Health programming through staff bonus
 - a. \$7500.00 (X3) retention bonus for current FT staff
 - b. \$5000.00 (X2) sign-on bonus for FT staff (we need to hire)
 - c. \$2500.00 (X2) retention bonus for PT/Per diem staff
2. Retain specialized staff through differential bonus
 - a. \$2500.00 (X4) differential for (FT) bilingual staff and/or specialized credentials (i.e. Infant MH)
3. Expansion of HealthySteps program through creation of new position HealthySteps Supervisor/Trainer
 - a. \$7000.00 to promote our current HealthySteps Lead to Early Childhood Supervisor/Trainer
4. Resilience support using a program like HeartMath
 - a. \$7000.00

Payment Method

COA will provide a one-time lump sum payment to be allocated in the following areas following signing of MCU

Funding Allocation	Amount	Total	Total request amount
FT Retention Bonus	7,500.00 (X3)	22,500	
PT Retention Bonus	2,500.00 (X2)	5,000	
Sign on Bonus	5,000.00 (X2)	10,000	
Specialized training differential bonus	2,500.00 (X4)	10,000	
New position	7,000 (X1)	7,000	
Program Investment	7,000 (X1)	7,000	
			61,5000

Evaluation/Measurement:

1. Goal: Stabilize and enhance our Behavioral Health program through funding for hiring and retention:
 - a. Retention bonus for current FT staff and PT/Per diem staff
 - i. **Measurement:**
 1. Report on distribution of funds including amount and date distributed.
 - b. Sign-on bonus for new FT staff
 - i. **Measurement:**
 1. Report including job description and terms of sign on bonus, date of job posting, date of hire and date of distribution of funds.
2. Goal: Retain bilingual therapist and specialized staff serving Infant mental health through differential bonus
 - a. Differential bonus for (FT) bilingual staff and/or specialized credentials (i.e. Infant MH)
 - i. **Measurement:**
 1. ECP will provide job title and job description indicating specialized credentials and/or training, amount of bonus, end date of distribution of funds.
3. Goal: Expansion of HealthySteps program through creation of new position HealthySteps Supervisor/Trainer
 - a. Promote current HealthySteps Lead to Early Childhood Supervisor/Trainer
 - i. **Measurement:**
 1. ECP will provide updated job description, hiring date and distribution of funding in report to COA.
 2. ECP will report back positive outcomes from staff promotion such as trainings completed, supervision provided, or increase in members served
4. Goal: Resilience support using a program like HeartMath
 - a. \$7000.00
 - i. **Measurement:** ECP will provide narrative report on positive outcomes from utilizing HeartMath Program.

Performance Measures:

Provider will complete the progress report template by (date) addressing all areas outlined in the evaluation measurement strategy.



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Managed Care Organization (MCO) Information	
MCO Name	Colorado Access RAE 5
PIP Title	<i>Depression Screening and Follow-up After a Positive Depression Screen</i>
Intervention Name:	Inner City Patient Psychoeducation and Treatment Hesitancy Reduction
Contact Name	Sarah Thomas
Contact Title	Quality Improvement Program Manager
Email Address	Sarah.thomas@coaccess.com
Telephone Number	720-951-6211
Submission Date	03/15/22
Resubmission Date (if applicable)	04/13/22



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Intervention Testing Plan

Instructions:

- ◆ In Table 1, provide the specific details about the intervention including the intervention being tested; outcome (*Depression Screening* or *Follow-up After a Positive Depression Screen*), failure mode, and key driver addressed; step-by-step process to conduct the intervention test; and the predicted results.
- ◆ If the intervention was documented in the Module 2 submission form, use the same language to describe the key driver, failure mode, and intervention.
- ◆ If the intervention was not included the Module 2 submission form, the intervention should be added to the final key driver diagram in Module 4.

Table 1—Intervention Plan	
Intervention Being Tested	<p><i>Depression Screening</i></p> <ol style="list-style-type: none"> Standardize processes and targeted clinic and provider education. Engage members to learn about common clinical and non-clinical barriers, and develop educational materials to address them <p><i>Follow-up After a Positive Depression Screen</i></p> <ol style="list-style-type: none"> Analysis of internal tracking processes, workflows, and outreach protocols → efficiency improvements and standardize protocols that utilize automation when possible Literature review to understand follow-up barriers.³ Engage members to learn about common clinical and non-clinical barriers and develop educational materials to address these barriers → Develop member facing resource for Behavioral Health FAQ and referral, community, and rural resources.
Outcome Addressed	<input checked="" type="checkbox"/> <i>Depression Screening</i> <input checked="" type="checkbox"/> <i>Follow-up After a Positive Depression Screen</i>
Failure Mode Addressed	<p><i>Depression Screening</i></p> <ol style="list-style-type: none"> Individuals with mental health needs will not be identified. Member doesn't finish PHQ-9

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Table 1—Intervention Plan	
	<p>3. Members who may be depressed are not evaluated by a standardized instrument.</p> <p><i>Follow-up After a Positive Depression Screen</i></p> <p>4. Individual with identified Behavioral Health (BH) needs is not reached or seen by a provider.</p> <p>5. ICHC (Inner City Health Center) unaware of unmet care needs.</p> <p>6. Symptom exacerbation without treatment.</p>
Key Driver Addressed	<p><i>Depression Screening</i></p> <p>1. Standards of care: consistency at clinic and provider level on coding, provider education, and training.</p> <p>2. Members are educated about treatment options and are engaged</p> <p><i>Follow-up After a Positive Depression Screening</i></p> <p>3. Standards of care: provider education and training.</p> <p>4. Member access, knowledge, and engagement</p>
Intervention Process Steps (<i>List the step-by-step process required to carry out this intervention.</i>)	<p>1. Meet with Inner City to rediscuss current barriers for patients in engaging and completing depression screening or follow-up, and discuss intervention solutions.</p> <p>2. Agreed upon intervention process steps to complete intervention:</p> <ul style="list-style-type: none"> Promote the “Mental Health America” (MHA) Psychoeducation Resource posters by hanging them in treatment rooms. Posters will encourage mental health and wellness throughout the clinic. Posters utilize a Spanish infographic to target LatinX communities. Create a clinic specific “treatment hesitancy” flyer in Spanish and English to give to patients who express resistance to depression screening or follow-up after screening. This flyer will educate patients on the importance of screening and treatment.

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Table 1—Intervention Plan

	<ul style="list-style-type: none"> • Create a “Medical Assistant Scripting” document to standardize scripting for the medical assistants: how to introduce the depression screening assessment to patients; and how to respond to patients who express screening/treatment hesitancy. • Reformat the depression screening assessment so that it is more patient friendly. The current assessment has a wide variety of questions (PHQ-2, GAD, SDOH, Dental Health) on one piece of paper, which can be overwhelming for patients; hard to read with small font; and includes extraneous details on the screen that is only necessary for only staff to see. Re-formatting the assessment can include: putting less invasive questions on top to ease the patient into completing the screen; changing the font type/increasing the size; removing any additional text that is not for the patient; and including more informative text on the bottom of the screen to make the assessment more patient friendly (example: a QR code for patients to scan that links them to the patient portal, where they can view their visits, lab results, etc.) <p>6. Inner City and COA will prepare correlated measurements to assess if intervention is successful.</p> <p>7. Clinic decision / agreement on proposed intervention and start date. Implement intervention and complete monthly measurements to ensure execution. Make any necessary adjustments and changes (Plan-Do-Study-Act (PDSA) Cycles) to proposed solutions as needed.</p>
<p>What are the predicted results of this test?</p>	<p>The predicted results of this test are that the number of patient refusals for depression screening and follow-up will decrease, and depression screening and follow-up rates will increase for ICHC. If the intervention is implemented at the intended start date (beginning of March), and solutions are executed as planned, COA would expect to see an effect from these interventions (a reduction in patient refusals for screening and BH services) by April, and intervention effects would continue through the end of the Performance Improvement Project (PIP).</p> <p>The “Psychoeducation Resource posters” hung in the treatment rooms should help visually emphasize the importance of mental health, as well as normalize the assessment given to</p>



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Table 1—Intervention Plan

	<p>patients upon every visit. The “treatment hesitancy flyers” given to patients who express disinterest in completing depression screening or follow-up will encourage patients to complete the screening at that visit, or plant a seed of awareness and understanding of BH and follow up needs to allow them to be more open at their next clinic appointment in completing the screening/follow-up for mental health.</p> <p>The medical assistant scripting will help medical assistants feel more comfortable and confident with handing out the assessment and explaining the screening. The change in verbiage will allow patients to feel more comfortable and emphasize that screening is a routine practice, thus eliminating patients hesitation brought on by potentially feeling targeted. Treatment hesitancy is also addressed by reaffirming that mental health is part of overall wellness, and a standard part of the clinic visit that ICHC has all patients complete to subsequently increase normalization of the screening practice. Changes to the depression screening assessment will make the screening look less intimidating to patients, thus improving the ease of completion, and reduce hesitancy and confusion. The MA scripting change, in combination with the reformatted assessment, will aim to reduce patient declines for screening, and improve depression screening rates.</p>
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Intervention Effectiveness Measure

Instructions:

- ◆ In Table 2, provide the intervention measure title, numerator description, and denominator description. This measure should specifically measure the intervention's effectiveness.
- ◆ In Table 3, complete the information for how data will be collected for the intervention test. If applicable, include a blank copy of the data collection tool (e.g., spreadsheets, tracking log).
- ◆ Refer to Section 5 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (“Module 3— Intervention Testing”).

Table 2—Intervention Effectiveness Measure	
Intervention Measure Title	(e.g., The number or percentage of eye exams scheduled on Saturday for Provider A)
	<p>Inner City Patient Psychoeducation and Treatment Hesitancy Reduction</p> <p>3 measures will be used to determine effectiveness of this measure; the numerators and denominators are categorized by A through C to indicate 3 separate measures that will be calculated.</p> <p>Measures A and B represent all members across all Inner City locations. Inner City will generate an internal “Patient Declined” report each month that will be used as the data source. Measure C will count the number of “treatment hesitancy” flyers given to patients who display treatment hesitancy during depression screening, or follow-up after screening.</p>
Numerator Description	<p>a. Total number of patients who decline depression screening</p> <p>b. Total number of patients who decline Behavioral Health Follow-Up.</p> <p>c. Total number of treatment hesitancy flyers given to patients each month by the medical assistant team, who are hesitant to complete depression screening or follow-up after screening.</p>



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Table 2—Intervention Effectiveness Measure

Denominator Description	<ul style="list-style-type: none"> a. Total number of Unique Patients offered a depression screening b. Total number of Unique Patients offered a behavioral health follow-up (regardless of age) c. Total number of Unique Patients offered a depression screening or a behavioral health follow-up appointment
-------------------------	---

Table 3—Intervention Effectiveness Measure Data Collection Process

Describe the Data Elements	<p><u>For measures A through B:</u></p> <p>The data will be provided to Colorado Access from Inner City monthly in the form of an Excel spreadsheet that breaks down the data into multiple categories. Please see Appendix A for screenshot examples of this monthly report. To test intervention effectiveness, Colorado Access will calculate 2 measures based on the data provided.</p> <ul style="list-style-type: none"> a. “Percent of patients who decline depression screening” will be assessed via the “Declined” row (count), divided by the “Grand Total” (count) of unique patients offered a depression screening. b. “Percent of patients who decline Behavioral Health Follow-Up” will be assessed via the “Patient Declined after order was placed” and “Patient Refused Referral” rows (counts), divided by the “Total BH Referral” of unique patients offered a BH follow-up. <p><u>For measure C:</u></p> <p>The data will be provided to Colorado Access in the format of a “count” of treatment hesitancy flyers given to patients in the month of interest. This count will be sent via email by Inner City to Colorado Access on a monthly basis. Please see Appendix B for a screenshot example of the treatment hesitancy flyer.</p>
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Table 3—Intervention Effectiveness Measure Data Collection Process

	Although the Psychoeducation poster, Medical Assistant scripting, and depression screening assessment are not measurable outcomes, please see Appendix C for a screenshot example of these interventions.
Describe the Data Sources	a. Measures A-B: Inner City report from Electronic Health Record (EHR) b. Measure C: Internal count from Inner City medical assistant team
Describe how Data will be Collected	a. Measures A-B: Data will be collected via provider document in EHR and report generation b. Measure C: Data will be collected by Inner City printing 100 treatment hesitancy flyers for the month – at the end of the month, Inner City’s medical assistant will count how many flyers they have left, and subtract this number from 100. This will give us the “count” of flyers that were handed out to patients during the month of interest.
Describe how often Data will be Collected and how data completeness will be addressed (e.g. – real-time data exchange with narrowed focus entity)	Measures A-C: Data will be collected monthly and provided to Colorado Access from Inner City. Data completeness will be addressed via communication with the Inner City team to address any unclear aspects of the data, or discrepancies we may see. If barriers are continuously occurring, COA and Inner City will work to reduce those barriers. COA and Inner City participate in a monthly PIP meeting to review all interventions and make sure the intervention and data reporting happens according to plan.



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Appendix A- Inner City Patient Declined Monthly Report example

Measure A:

PHQ-2 / PHQ-9 Screenings Peformed								
	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	Grand Total
DECLINED	7	3	5	5	2	1	2	25
SCORED	457	474	473	594	590	497	518	3603
UNSCORED	42	35	16	39	30	25	24	211
Grand Total	506	474	494	633	592	522	544	3814
PHQ-2 / PHQ-9 Screenings Peformed								
	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	
DECLINED	1.38%	0.63%	1.01%	0.79%	0.34%	0.19%	0.37%	



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Measure B:

Patient Declines for BH Referrals								
Counts								
Main Office	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	Grand Total
Total BH Referrals	82	95	79	135	140	97	113	741
Patient declined after order was placed	2	1	3	5	5	6	5	27
Patient Refused Referral	12	10	11	27	28	14	32	134
Wheat Ridge	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	Grand Total
Total BH Referrals	28	41	38	42	32	42	42	265
Patient declined after order was placed	1		2	2	1	2	2	10
Patient Refused Referral	2	2			1			5
Percents								
Main Office	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	Grand Total
Total BH Referrals	82	95	79	135	140	97	113	741
Patient declined after order was placed	2%	1%	4%	4%	4%	6%	4%	4%
Patient Refused Referral	15%	11%	14%	20%	20%	14%	28%	18%
Wheat Ridge	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	Grand Total
Total BH Referrals	28	41	38	42	32	42	42	265
Patient declined after order was placed	4%	0%	5%	5%	3%	5%	5%	4%
Patient Refused Referral	7%	5%	0%	0%	3%	0%	0%	2%
Inner City Behavioral Health F/U Declined (con	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov	21-Dec	22-Jan	
Patient declined after order was placed	3%	1%	4%	4%	3%	6%	5%	
Patient Refused Referral	13%	9%	9%	15%	17%	10%	21%	

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Appendix B: Inner City Treatment Hesitancy Flyer

Measure C:

NO HAY SALUD SIN SALUD MENTAL

La mayoría de nosotros nos olvidamos de nuestra salud mental o emocional cuando pensamos en la salud y el bienestar. Todas las partes del cuerpo, incluso nuestro corazón y pulmones, pueden enfermarse como nuestro corazón y pulmones.

1 de cada 5 experimenta una enfermedad mental

Las enfermedades mentales son comunes y tratables. Existen muchas opciones de cuidado para ayudarte a recuperarte y sentirte mejor, como terapia, educación, medicamentos y otros tipos de apoyo para mejorar su bienestar general, como el sueño, la nutrición, el ejercicio y la meditación.

¡NUNCA UN CRISIS QUE NO HAYAS ABRA! ¡TOMA UN CHECKUP FROM THE NECK UP!

Los síntomas físicos como el cáncer, las enfermedades cardíacas o la diabetes pueden aumentar la posibilidad de tener o desarrollar una afección de salud mental, como la depresión. También es más probable que desarrolle una afección de salud física si tiene una afección de salud mental.

1 de cada 2 que necesita tratamiento de salud mental recibe ayuda

¡Lo podemos apoyar! Podemos proporcionar información y herramientas para ayudar.

Llame al 303-296-1767 hoy para aprender más.

NO HEALTH WITHOUT MENTAL HEALTH

Most of us forget about our mental or emotional health when we think about health and wellness. All parts of the body, including our heart, can get sick like our heart and lungs.

1 in 5 experience mental illness

Mental illnesses are common and treatable. Many healing options exist to help you recover and feel better such as therapy, education, medication, and other types of support like sleep, nutrition, exercise, and meditation.

Completing a screen is an easy way to check in on your mental health. If you can't find the help you need, we can help you recover. We have many different healing options to help you recover.

1 in 2 who need mental health treatment get help

Learn on us for support! We can provide information and tools to help.

Call 303-296-1767 today to learn more.



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Appendix C: “Mental Health America” (MHA) Psychoeducation Resource poster, Medical Assistant Scripting, and Depression Screening Assessment

Psychoeducation Resource Poster:

[illegible]



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Medical Assistant Scripting Recommendations:



[MA Scripting Recommendations for Inner City Health Center](#)

Scripting (written) for top of assessment:

- “Inner City Health Center is committed to patient-centered healthcare. Life is constantly changing and we know it can be stressful. We wanted to ask you a few questions on your overall wellbeing. Please answer the below questions.”

Scripting (verbal) for intro/explanation of assessments by MA:

- “We have a quick questionnaire that we wanted to give you today and we do this for every patient at every visit to check in on how you’re doing. We care about your overall wellness, which these questions help assess. Let me know if you have any questions on it...”

Scripting (verbal) for resistance:

- “Different areas of your life can impact your overall health. These questions help us understand if there is anything else we can help you with in addition to this visit.”

Scripting (verbal) for repetition: Two components:

1. Validation type of messaging:
 - “you are right, you did just complete this last week” OR
 - “No, I totally get that and know it is kind of annoying to have to fill this out again”
2. Emphasis on changing life circumstances:
 - “but we know that life changes every day and this is why we ask these quick questions at every visit. They give us an update on how you’re doing and we appreciate you taking the time to fill them out”



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Inner City Depression Screening Assessment:

*Note: Screenshot shows Inner City's current state, and suggested changes provided by COA

Current State

Dental Health:				
Have you been to a dentist in the last 12 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you interested in seeing one of our dental providers?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Behavioral Health:				
Please circle a response to each question.				
<i>Over the last 2 weeks how often have you been bothered by:</i>				
little interest or pleasure in doing things?	Not at all	Several days	More than half the days	Nearly every day
feeling down, depressed or hopeless?	Not at all	Several days	More than half the days	Nearly every day
feeling nervous, anxious or on edge?	Not at all	Several days	More than half the days	Nearly every day
not being able to stop or control worrying?	Not at all	Several days	More than half the days	Nearly every day
Have you ever felt you ought to cut down on your drinking or drug use?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have people annoyed you by criticizing your drinking or drug use?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you felt bad or guilty about your drinking or drug use?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you interested in seeing a behavioral health specialist?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Social Determinants:				
Have you had problems with food access in the last 6 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	



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Proposed Suggestions:

Inner City Health Center is committed to patient-centered healthcare. Life is constantly changing and we know it can be stressful. We wanted to ask you a few questions on your overall wellbeing. Please answer the below questions.



1. Have you been to a dentist in the last 12 months? ☐ YES ☐ NO
2. Are you interested in seeing one of our dental providers? ☐ YES ☐ NO
3. Have you ever had problems with food access in the last 6 months? ☐ YES ☐ NO
4. Are you interested in seeing a behavioral health specialist? ☐ YES ☐ NO
5. Have you ever felt you ought to cut down on your drinking or drug use? ☐ YES ☐ NO
6. Have people annoyed you by criticizing your drinking or drug use? ☐ YES ☐ NO
7. Have you felt bad or guilty about your drinking or drug use? ☐ YES ☐ NO
8. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)? ☐ YES ☐ NO

Over the last 2 weeks, how often have you been bothered by:

9. Little interest or pleasure in doing things? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
10. Feeling down, depressed or hopeless? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
11. Feeling nervous, anxious, or on edge? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
12. Not being able to stop or control worrying? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Inner City Health Center wants to hear your ideas on how we are doing and what else we can do to improve your experience! These questions are optional but we would love to hear from you.

1. Is there anything you wish we offered/were doing that would improve your care that we aren't?



2. What are we doing well that you would like to see more of?



3. Do you have anything else you'd like to tell or suggest to us? Use the open space below:



Inner City Health Center is committed to patient-centered healthcare. Life is constantly changing and we know it can be stressful. We wanted to ask you a few questions on your overall wellbeing. Please answer the below questions.



1. Have you been to a dentist in the last 12 months? ☐ YES ☐ NO
2. Are you interested in seeing one of our dental providers? ☐ YES ☐ NO
3. Have you ever had problems with food access in the last 6 months? ☐ YES ☐ NO
4. Are you interested in seeing a behavioral health specialist? ☐ YES ☐ NO
5. Have you ever felt you ought to cut down on your drinking or drug use? ☐ YES ☐ NO
6. Have people annoyed you by criticizing your drinking or drug use? ☐ YES ☐ NO
7. Have you felt bad or guilty about your drinking or drug use? ☐ YES ☐ NO
8. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)? ☐ YES ☐ NO

Over the last 2 weeks, how often have you been bothered by:

9. Little interest or pleasure in doing things? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
10. Feeling down, depressed or hopeless? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
11. Feeling nervous, anxious, or on edge? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day
12. Not being able to stop or control worrying? ☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Are you up to date on all of your preventative health screenings and vaccines?
Have you received your COVID-19 vaccine yet? Talk to one of us today to learn about the benefits for your overall wellness!



Want to view your records, communicate with your provider, or schedule your appointments online? Scan the QR code to easily sign up for access to all this and more on the [Inner City Online Patient Portal](#)!

Appendix B. Module Validation Tools

Appendix B contains the Module Validation Tools provided by HSAG.



State of Colorado
 Performance Improvement Project (PIP)
 Module 2 — Intervention Determination Validation Tool
Depression Screening and Follow-Up After a Positive Depression Screen
 for Colorado Access (RAE 5)



Criteria	Score	HSAG Feedback and Recommendations
1. The health plan included process maps for <i>Depression Screening and Follow-Up After a Positive Depression Screen</i> that clearly illustrate the step-by-step flow of the current processes for the narrowed focus.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. The prioritized steps in the process maps identified as gaps or opportunities for improvement were highlighted in yellow.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. The steps documented in each FMEA table aligned with the steps in the corresponding process map that were highlighted in yellow as gaps or opportunities for improvement.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
4. The failure modes, failure causes, and failure effects were logically linked to the steps in each FMEA table.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
5. The health plan prioritized the listed failure modes and ranked them from highest to lowest in each Failure Mode Priority Ranking table.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
6. The key drivers and interventions in each key driver diagram were updated according to the results of the corresponding process map and FMEA. In each key driver diagram, the health plan included interventions that were culturally and linguistically appropriate and have the potential for impacting the SMART Aim goal.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	



State of Colorado
Performance Improvement Project (PIP)
Module 2 — Intervention Determination Validation Tool
Depression Screening and Follow-Up After a Positive Depression Screen
for Colorado Access (RAE 5)



Criteria	Score	HSAG Feedback and Recommendations
Additional Recommendations: None.		

Intervention Determination (Module 2)

☒ Pass

Date: May 28, 2021



State of Colorado
 Performance Improvement Project (PIP)
 Module 3 — Intervention Testing Validation Tool
 Depression Screening and Follow-Up After a Positive Depression Screen
 for Colorado Access (RAE 5)



Intervention: Every Child Pediatrics RAE 5 H0002 Follow-Up Clarification

Criteria	Score	HSAG Feedback and Recommendations
1. The Intervention Plan specified the outcome to be addressed and included at least one corresponding key driver and one failure mode from Module 2.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. The health plan included all components for the Intervention Plan.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. The <i>Intervention Effectiveness Measure(s)</i> was appropriate for the intervention.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
4. The data collection process was appropriate for the intervention effectiveness measure(s) and addressed data completeness.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
Additional Recommendations:		

Intervention Testing (Module 3)

☒ Pass

Date: August 13, 2021



State of Colorado
 Performance Improvement Project (PIP)
 Module 3 — Intervention Testing Validation Tool
 Depression Screening and Follow-Up After a Positive Depression Screen
 for Colorado Access (RAE 5)



Intervention: Inner City Depression Screening Coding Changes

Criteria	Score	HSAG Feedback and Recommendations
1. The Intervention Plan specified the outcome to be addressed and included at least one corresponding key driver and one failure mode from Module 2.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. The health plan included all components for the Intervention Plan.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. The <i>Intervention Effectiveness Measure(s)</i> was appropriate for the intervention.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
4. The data collection process was appropriate for the intervention effectiveness measure(s) and addressed data completeness.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
Additional Recommendations: None.		

Intervention Testing (Module 3)

☒ Pass

Date: February 22, 2022



State of Colorado
 Performance Improvement Project (PIP)
 Module 3 — Intervention Testing Validation Tool
 Depression Screening and Follow-Up After a Positive Depression Screen
 for Colorado Access (RAE 5)



Intervention: Every Child Pediatrics Behavioral Health Access Improvements

Criteria	Score	HSAG Feedback and Recommendations
1. The Intervention Plan specified the outcome to be addressed and included at least one corresponding key driver and one failure mode from Module 2.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. The health plan included all components for the Intervention Plan.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. The <i>Intervention Effectiveness Measure(s)</i> was appropriate for the intervention.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
4. The data collection process was appropriate for the intervention effectiveness measure(s) and addressed data completeness.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
Additional Recommendations: None.		

Intervention Testing (Module 3)

☒ Pass

Date: April 19, 2022



State of Colorado
Performance Improvement Project (PIP)
Module 3 — Intervention Testing Validation Tool
*Depression Screening and Follow-Up After a Positive Depression Screen
for Colorado Access (RAE 5)*



Intervention: Inner City Patient Psychoeducation and Treatment Hesitancy Reduction

Criteria	Score	HSAG Feedback and Recommendations
1. The Intervention Plan specified the outcome to be addressed and included at least one corresponding key driver and one failure mode from Module 2.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. The health plan included all components for the Intervention Plan.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. The <i>Intervention Effectiveness Measure(s)</i> was appropriate for the intervention.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
4. The data collection process was appropriate for the intervention effectiveness measure(s) and addressed data completeness.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met	
Additional Recommendations: None.		

Intervention Testing (Module 3)

☒ Pass

Date: April 19, 2022