



# CHP+

Child Health Plan *Plus*

Colorado Children's Health Insurance Program

## Fiscal Year 2022–2023 PIP Validation Report *for* Colorado Access

*April 2023*

*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), 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 managed care program and Child Health Plan *Plus* (CHP+), Colorado’s program to implement CHIP managed care. The Department contracts with five CHP+ MCOs across the State.

Pursuant to 42 CFR §457.1520, which requires states’ CHIP managed care programs to participate in EQR, the Department required its CHP+ MCOs to conduct and submit performance improvement projects (PIPs) annually for validation by the State’s EQRO. **Colorado Access**, referred to in this report as **COA**, an MCO, holds a contract with the State of Colorado for provision of medical and behavioral health (BH) services for the Department’s CHP+ managed care program.

For fiscal year (FY) 2022–2023, 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 improvement in quality



Evaluating effectiveness of the interventions



Planning and initiating of activities for increasing or 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.<sup>1-1</sup>

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.<sup>1-2</sup> The redesigned PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous quality improvement (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 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.

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<sup>1-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Mar 16, 2023.

<sup>1-2</sup> 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: Mar 16, 2023.

- **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’s module submission forms. In FY 2022–2023, these forms provided detailed information about COA’s PIP and the activities completed in Module 4. (See Appendix A. Module Submission Form.) Following HSAG’s rapid-cycle PIP process, each health plan submitted Module 4 according to the approved timeline. HSAG provided scores and feedback and assigned a level of confidence to the PIP in the Module 4 validation tool. If a PIP received less than *High Confidence* on initial review, the health plan had an opportunity to receive technical assistance from HSAG and to complete a single Module 4 resubmission to address the initial validation findings.

## 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.



## 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 2022–2023, **COA** submitted the following PIP topic for validation: *Depression Screening and Follow-Up After a Positive Depression Screen*.

**COA** 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.

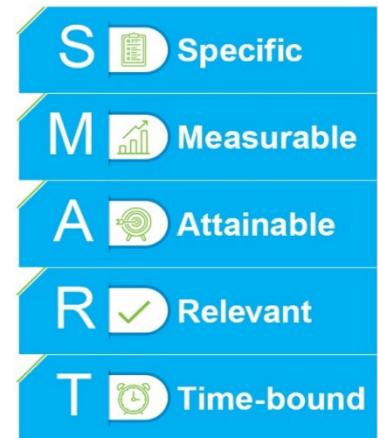


Table 1-1 includes the SMART Aim statements established by **COA**.

**Table 1-1—PIP Measures and 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 to 18 years who receive care at Every Child Pediatrics and Peak Vista Community Health Centers from 36.36% to 41.14%.*
<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 to 18 years within 30 days of positive depression screen occurring by June 30, 2022, at Every Child Pediatrics and Peak Vista Community Health Centers from 73.58% to 90.57%.*

\* HSAG approved revisions to the SMART Aim statements in June 2021.

## 2. Findings



### Module 4: PIP Conclusions

In FY 2022–2023, **COA** continued the *Depression Screening and Follow-Up After a Positive Depression Screen* PIP. The health plan completed Module 4, the final module of the rapid-cycle PIP process, during FY 2022–2023. HSAG reviewed and conducted the final validation on the initial Module 4 submission form.

The health plan’s final Module 4 submission met all validation criteria. The PIP was methodologically sound, the PIP results demonstrated significant improvement, at least one of the interventions could reasonably result in the demonstrated improvement, and the health plan accurately summarized key findings and conclusions. Based on the validation findings, HSAG assigned the *Depression Screening and Follow-Up After a Positive Depression Screen* PIP a level of *High Confidence*. Below are summaries of key Module 4 validation findings. Complete validation criteria, scores, and feedback from HSAG are provided in Appendix B. Module Validation Tool.



### SMART Aim Measure Results

HSAG analyzed **COA**’s PIP data to draw conclusions about the health plan’s QI efforts. Based on its review, HSAG determined the methodological validity of the PIP and evaluated **COA**’s success in achieving the SMART Aim goal and in demonstrating statistically, clinically, or programmatically significant improvement.

The final SMART Aim measure results for **COA**’s PIP are presented in Table 2-1. HSAG used the reported SMART Aim measure data to determine whether the SMART Aim goal was achieved and whether statistically significant improvement over baseline results was demonstrated.

**Table 2-1—SMART Aim Measure Results**

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Statistically Significant Improvement Achieved (Y/N)
<i>Depression Screening</i>				
The percentage of depression screens in well visits among members ages 12 to 18 years who receive care at Every Child Pediatrics and Peak Vista Community Health Centers.	36.36%	41.14%	89.07%	Yes



SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Statistically Significant Improvement Achieved (Y/N)
<b><i>Follow-Up After a Positive Depression Screen</i></b>				
The percentage of <i>Follow-Up After a Positive Depression Screen</i> visits completed among members ages 12 to 18 years within 30 days of positive depression screen occurring by June 30, 2022, at Every Child Pediatrics and Peak Vista Community Health Centers.	73.58%	90.57%	82.86%	No

To guide the project, COA established goals of increasing the percentage of members 12 through 18 years of age who receive a depression screening during a well visit at Every Child Pediatrics and Peak Vista Community Health Centers from 36.36 percent to 41.14 percent and increasing the percentage of those members who receive BH services within 30 days of screening positive for depression from 73.58 percent to 90.57 percent, through the SMART Aim end date of June 30, 2022. COA’s reported SMART Aim measure results demonstrated that the *Depression Screening* goal was exceeded, with the highest rate achieved, 89.07 percent, representing a statistically significant increase of 52.71 percentage points above the baseline rate. For the *Follow-Up After a Positive Depression Screen* measure, the highest rate achieved was 82.86 percent, representing an improvement of 9.28 percentage points over the baseline rate, which was not statistically significant. The health plan’s final SMART Aim run chart and SMART Aim measure data are provided in Appendix A. Module Submission Form.

## Intervention Testing Results

In addition to evaluating the SMART Aim measure results, HSAG also evaluated the PIP intervention testing results for demonstrating significant clinical and programmatic improvement. In Module 4, COA completed and submitted PDSA worksheets to report final intervention testing results for the PIP. HSAG evaluated PDSA worksheet documentation for each intervention to determine whether the intervention evaluation results demonstrated significant clinical or programmatic improvement. Table 2-2 summarizes COA’s interventions described in the Module 4 PDSA worksheets, any improvement demonstrated by the intervention evaluation results, and the final status of the intervention at the end of the project.

**Table 2-2—Final Intervention Testing Results**

Intervention Description	Type of Improvement Demonstrated by Intervention Evaluation Results	Final Intervention Status
Every Child Pediatrics depression screening coding change.	Significant <i>programmatic improvement</i> for <i>Depression Screening</i>	Adopted

Intervention Description	Type of Improvement Demonstrated by Intervention Evaluation Results	Final Intervention Status
Peak Vista Community Health Centers electronic health record (EHR) optimization and coding changes: standardize depression screen scoring (positive and negative), adapt EHR to support ordering and coding of depression screening and follow-up services, provide provider education and best practices toolkit for depression screening, and provide follow-up services and workflows.	<i>Programmatic</i> improvement for <i>Depression Screening and Follow-Up After a Positive Depression Screen</i>	Adapted
Every Child Pediatrics workflow and coding practices optimization: educate providers on best practices for coding and use of EHR to support coding standardization, using automation where possible.	<i>Evaluation results were inconclusive</i>	Adopted
A two-pronged approach to expanding 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.	Significant <i>programmatic</i> and <i>clinical</i> improvement for <i>Follow-Up After a Positive Depression Screen</i>	Adopted

**COA** tested four interventions for the project: Two interventions focused on *Depression Screening*, and two interventions focused on *Follow-Up After a Positive Depression Screen*. For the Every Child Pediatrics depression screening coding change intervention, the health plan reported testing results that demonstrated significant programmatic improvement in the partner practice’s coding practices for depression screening. The partner practice, Every Child Pediatrics, has adopted the intervention in response to the promising testing results. For the Peak Vista Community Health Centers EHR optimization and coding changes intervention, the health plan reported intervention testing results that demonstrated programmatic improvement in the coding of depression screening results. The partner provider, Peak Vista Community Health Centers, will be adapting the intervention in the future to incorporate a new billing and coding system for the practice. For the Every Child Pediatrics coding workflow intervention, the health plan reported that the intervention testing results were inconclusive; however, the partner practice chose to adopt the intervention. The health plan expects that the coding workflow will demonstrate programmatic improvement in the future in conjunction with a new credentialing pilot for unlicensed BH providers, which would allow these providers to bill for BH services. For the two-pronged BH services access intervention, the health plan reported testing results that demonstrated significant programmatic and clinical improvement in follow-up BH care. The partner provider, Every Child Pediatrics, adopted the intervention and will continue recruiting for an additional BH provider as well as continue to utilize the virtual BH care program, VCCI, to provide follow-up services when appropriate.



## Lessons Learned

An important part of the QI process is to consider how the information gathered and lessons learned during the PIP can be applied in future improvement efforts. COA reported successes, challenges, and lessons learned as part of the Module 4 submission.

COA documented the following lessons learned from the *Depression Screening and Follow-Up After a Positive Depression Screen* PIP:

- Claims data did not always accurately reflect practice operations and services delivered. Discrepancies between claims data and practice operations were more apparent for the *Follow-Up After a Positive Depression Screen* measure, which had greater variability in results.
- The importance of working with each practice on a case-by-case basis to identify and understand the root causes of current performance and indicator results. Success was achieved by addressing challenges and barriers individually at the practice level, rather than using a one-size-fits-all approach across practices.

## 3. Conclusions and Recommendations



### Conclusions

**COA** developed a methodologically sound improvement project that met both State and federal requirements. The health plan tested four interventions using the required QI processes and tools. At the conclusion of the PIP, the health plan accurately reported results that demonstrated achievement of the SMART Aim goal, statistically significant improvement over baseline performance for the *Depression Screening* measure, and non-statistically significant improvement over baseline performance for the *Follow-Up After a Positive Depression Screen* measure. The health plan's intervention testing results also demonstrated programmatically significant improvement in *Depression Screening* and *Follow-Up After a Positive Depression Screen*, and clinically significant improvement in *Follow-Up After a Positive Depression Screen*, linked to the tested interventions. Based on the validation findings, HSAG assigned a level of *High Confidence* to the *Depression Screening and Follow-Up After a Positive Depression Screen* PIP.



### Recommendations

HSAG has the following recommendations:

- **COA** should apply lessons learned and knowledge gained from its efforts and HSAG's feedback throughout the PIP to future PIPs and other QI activities.
- **COA** should continue improvement efforts in the PIP topic areas, and for the successful interventions, consider spreading beyond the narrowed focus. The conclusion of a project should be used as a springboard for sustaining the improvement achieved and attaining new improvements.

## Appendix A. Module Submission Form

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



State of Colorado  
**Performance Improvement Project (PIP)**  
**Module 4 — PIP Conclusions Submission Form**  
*Depression Screening and Follow-up After a Positive Depression Screen*  
 for **Colorado Access CHP+**



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	Sarah Thomas
Title	Quality Improvement Program Manager
Email Address	Sarah.Thomas@coaccess.com
Telephone Number	970-556-4781
Submission Date	10/19/22
Resubmission Date (if applicable)	

**Provide the following final documents with the Module 4 Submission**

- ◆ Completed PDSA Worksheets



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*Depression Screening and Follow-up After a Positive Depression Screen*  
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**Final SMART Aim Run Chart – Depression Screening**

**Instructions:** In the space below, insert or attach the final SMART Aim run chart. Include the following:

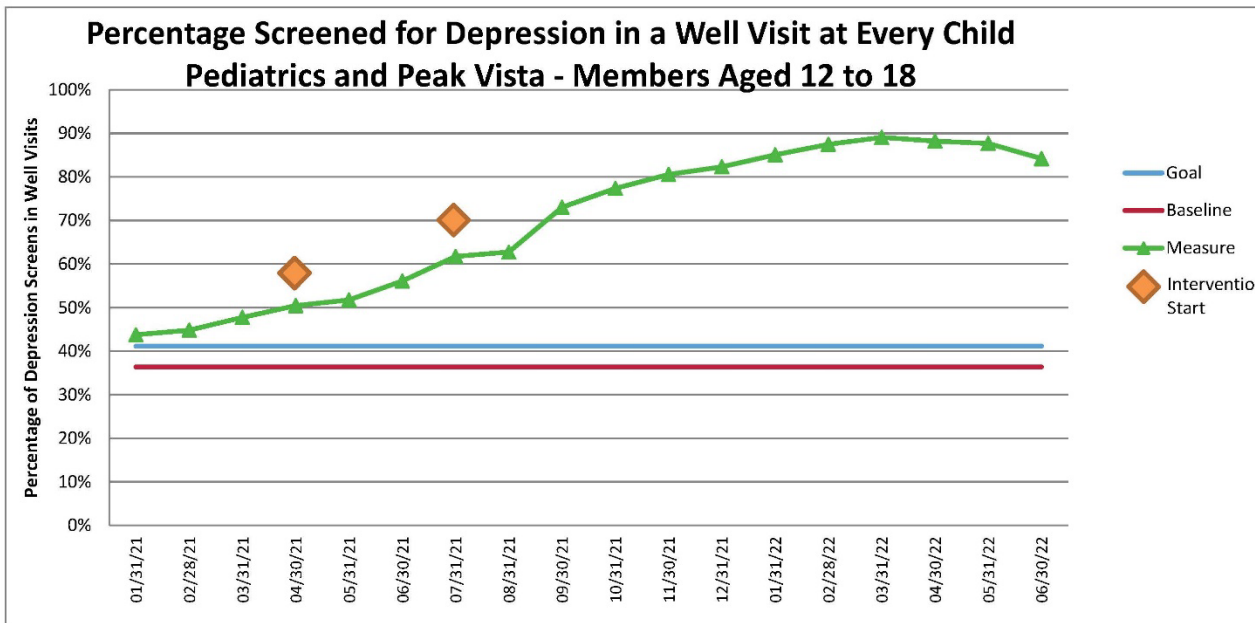
- ◆ SMART Aim goal.
- ◆ Narrowed focus baseline percentage.
- ◆ Rolling 12-month measure data points for the duration of the PIP.
- ◆ Intervention markers to display how the timing of the interventions coincided with changes in the SMART Aim measure.

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**[Insert or attach completed and final *Depression Screening* run chart from Module 1 here.]**



State of Colorado  
**Performance Improvement Project (PIP)**  
**Module 4 — PIP Conclusions Submission Form**  
*Depression Screening and Follow-up After a Positive Depression Screen*  
 for Colorado Access CHP+



To confirm that the MCO used the 12-month methodology as required, check the box below.





State of Colorado  
**Performance Improvement Project (PIP)**  
**Module 4 — PIP Conclusions Submission Form**  
*Depression Screening and Follow-up After a Positive Depression Screen*  
*for Colorado Access CHP+*



**ROLLING 12-MONTH ATTESTATION**

The MCO confirms that the reported SMART Aim run chart data are based on rolling 12-month measurements.

**Final Monthly SMART Aim Measure Data – Depression Screening**

**Instructions:**

- ◆ In Table 1a, provide the monthly numerator, denominator, and percentage for each SMART Aim rolling 12-month measurement period.
- ◆ The reporting month is the last month of each rolling 12-month measurement period.
- ◆ Add additional rows to the table as needed.

**Table 1a—SMART Aim Measure Monthly Data - Depression Screening**

SMART Aim rolling 12-Month Measurement Period (MM/DD/YYYY-MM/DD/YYYY)	Reporting Month	Numerator	Denominator	Percentage
02/01/2020-01/31/2021	January 2021	354	809	43.76%
03/01/2020-02/28/2021	February 2021	359	801	44.82%
04/01/2020-03/31/2021	March 2021	404	846	47.75%
05/01/2020-04/30/2021	April 2021	450	892	50.45%
06/01/2020-05/31/2021	May 2021	458	885	51.75%
07/01/2020-06/30/2021	June 2021	470	838	56.09%
08/01/2020-07/31/2021	July 2021	497	805	61.74%
09/01/2020-08/31/2021	August 2021	404	644	62.73%



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10/01/2020-09/30/2021	September 2021	574	786	73.03%
11/01/2020-10/31/2021	October 2021	590	763	77.33%
12/01/2020-11/30/2021	November 2021	617	766	80.55%
01/01/2021-12/31/2021	December 2021	619	752	82.31%
02/01/2021-01/31/2022	January 2022	615	723	85.06%
03/01/2021-02/28/2022	February 2022	613	701	87.45%
04/01/2021-03/31/2022	March 2022	595	668	89.07%
05/01/2021-04/30/2022	April 2022	561	636	88.21%
06/01/2021-05/31/2022	May 2022	555	633	87.68%
07/01/2021-06/30/2022	June 2022	538	639	84.19%

**Final SMART Aim Run Chart – Follow-up After a Positive Depression Screen**

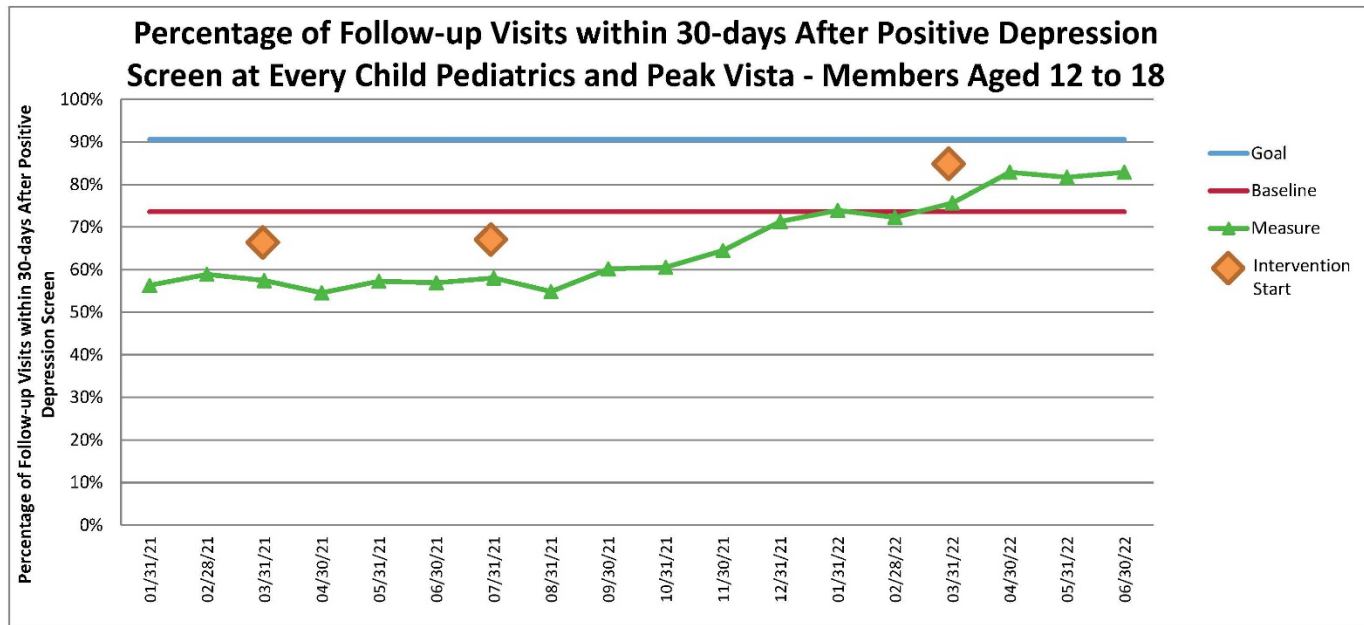
**Instructions:** In the space below, insert or attach the final SMART Aim run chart. Include the following:

- ◆ SMART Aim goal.
- ◆ Narrowed focus baseline percentage.
- ◆ Rolling 12-month measure data points for the duration of the PIP.
- ◆ Intervention markers to display how the timing of the interventions coincided with changes in the SMART Aim measure.

**[Insert or attach completed and final *Follow-up After a Positive Depression Screen* run chart from Module 1 here.]**



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**Module 4 — PIP Conclusions Submission Form**  
*Depression Screening and Follow-up After a Positive Depression Screen*  
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**Performance Improvement Project (PIP)**  
**Module 4 — PIP Conclusions Submission Form**  
*Depression Screening and Follow-up After a Positive Depression Screen*  
**for Colorado Access CHP+**



To confirm that the MCO used the 12-month methodology as required, check the box below.

ROLLING 12-MONTH ATTESTATION
<input checked="" type="checkbox"/> <b>The MCO confirms that the reported SMART Aim run chart data are based on rolling 12-month measurements.</b>

**Final Monthly SMART Aim Measure Data – Follow-up After a Positive Depression Screen**

**Instructions:**

- ◆ In Table 1b, provide the monthly numerator, denominator, and percentage for each SMART Aim rolling 12-month measurement period.
- ◆ The reporting month is the last month of each rolling 12-month measurement period.
- ◆ Add additional rows to the table as needed.

Table 1b—SMART Aim Measure Monthly Data - <i>Follow-up After a Positive Depression Screen</i>				
SMART Aim rolling 12-Month Measurement Period (MM/DD/YYYY-MM/DD/YYYY)	Reporting Month	Numerator	Denominator	Percentage
02/01/2020-03/02/2021	January 2021	49	87	56.32%
03/01/2020-03/30/2021	February 2021	53	90	58.89%
04/01/2020-04/30/2021	March 2021	58	101	57.43%
05/01/2020-05/30/2021	April 2021	60	110	54.55%
06/01/2020-06/30/2021	May 2021	63	110	57.27%
07/01/2020-07/30/2021	June 2021	62	109	56.88%
08/01/2020-08/30/2021	July 2021	65	112	58.04%
09/01/2020-09/30/2021	August 2021	51	93	54.84%



State of Colorado  
**Performance Improvement Project (PIP)**  
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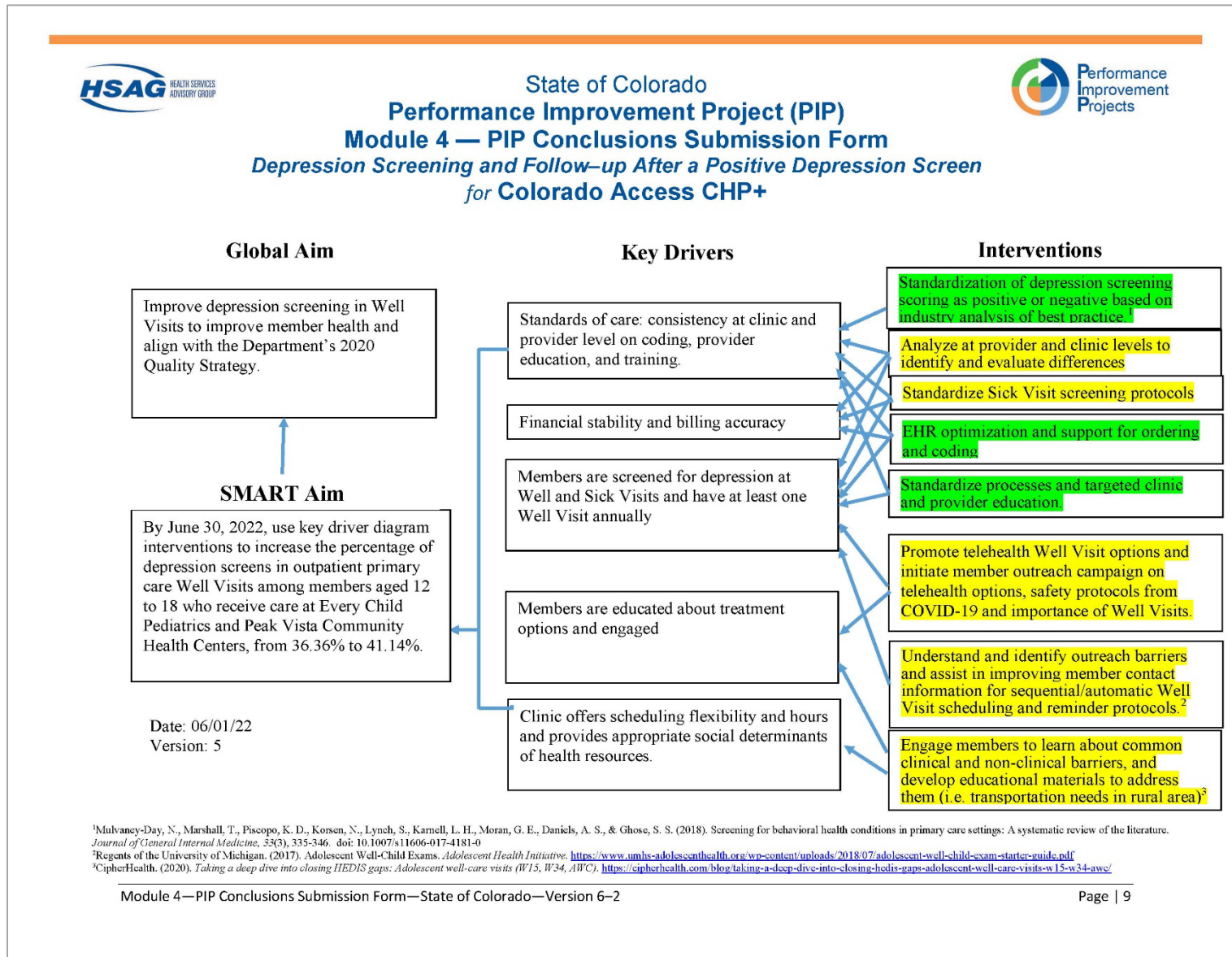
10/01/2020-10/30/2021	September 2021	71	118	60.17%
11/01/2020-11/30/2021	October 2021	69	114	60.53%
12/01/2020-12/30/2021	November 2021	69	107	64.49%
01/01/2021-01/30/2022	December 2021	72	101	71.29%
02/01/2021-03/02/2022	January 2022	68	92	73.91%
03/01/2021-03/30/2022	February 2022	63	86	72.26%
04/01/2021-04/30/2022	March 2022	59	78	75.64%
05/01/2021-05/30/2022	April 2022	58	70	82.86%
06/01/2021-06/30/2022	May 2022	58	71	81.69%
07/01/2021-07/30/2022	June 2022	58	70	82.85%

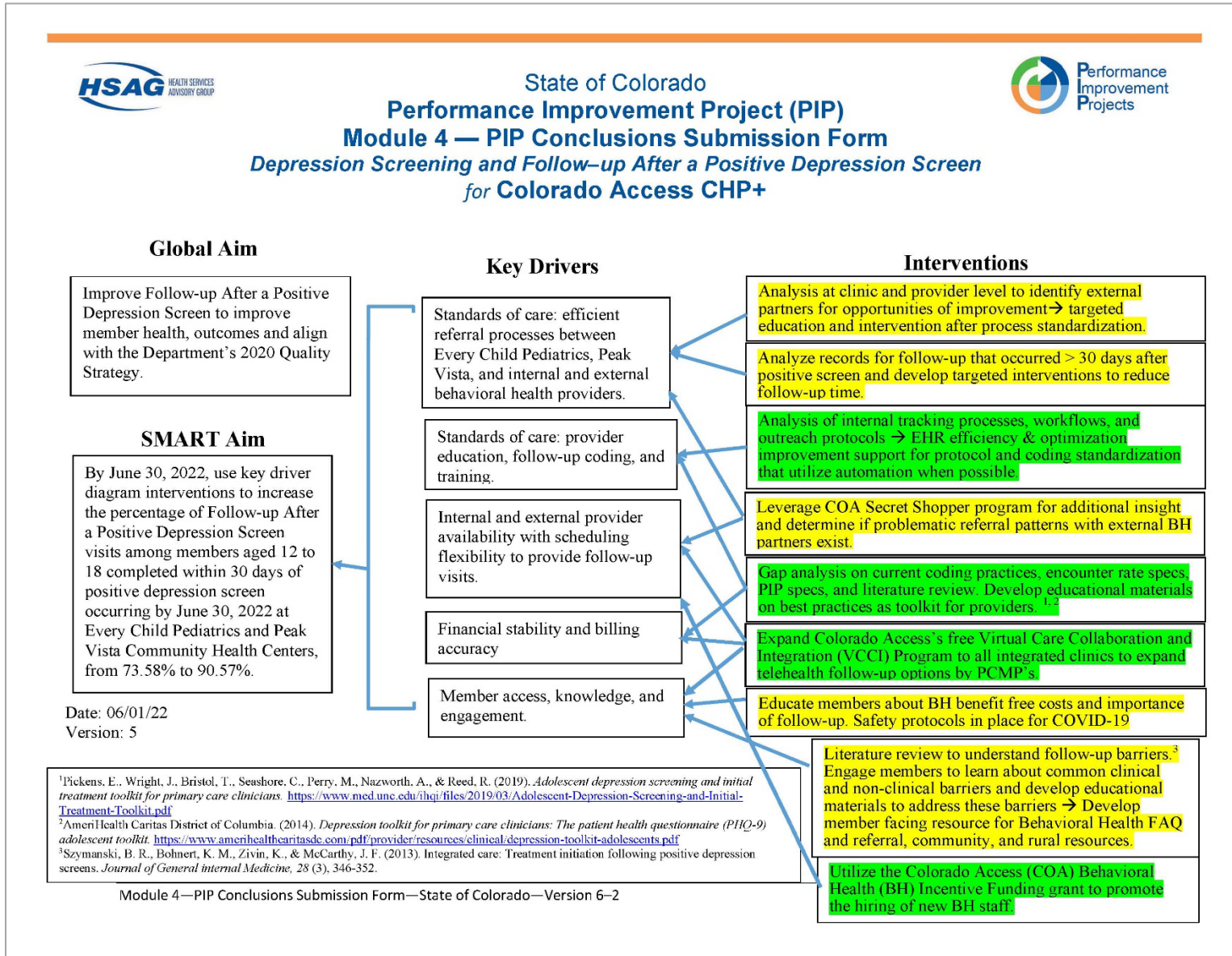
### Final Key Driver Diagrams

**Instructions:** In the space below, provide the updated final key driver diagrams. The MCO must use the following color-coding system in the final key driver diagrams. The MCO should ensure that one key driver diagram is provided for each outcome: *Depression Screening and Follow-up After a Positive Depression Screen.*

- ◆ **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.

**[Attach the final Key Driver Diagram for *Depression Screening*]**







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### Project Conclusions

**Instructions:** In Table 2a, for *Depression Screening*, and in Table 2b, for *Follow-up After a Positive Depression Screen*, provide a description of the following:

- ◆ **Project Conclusions:** The narrative should include whether the SMART Aim goal, statistically significant, clinically significant, or programmatically significant improvement was achieved and what led to the success of the project. If the SMART Aim goal was not achieved and statistically significant improvement in the SMART Aim measure was not achieved, the narrative should describe if there was any non-statistically significant improvement demonstrated by the SMART Aim measure. If the SMART Aim goal or significant improvement was *not* achieved, the narrative should explain why improvement was not achieved and include planned changes to address the lack of improvement in future improvement projects.
- ◆ **Intervention Testing Conclusions:** Describe the intervention(s) that had the greatest impact on the SMART Aim, why the MCO came to these conclusions, and how the timing of the intervention(s) related to changes in the SMART Aim measure rate. This narrative should align with the results of the PDSA cycle(s) detailed in the PDSA worksheet(s).
- ◆ **Spread of Successful Intervention(s):** For successful intervention(s), the MCO will describe its plan for spreading the intervention(s) beyond the selected narrowed focus of the PIP.
- ◆ **Challenges Encountered:** Describe any challenges or barriers that occurred during the project and the MCO's actions to overcome or address the challenge(s) and/or barrier(s).
- ◆ **Lessons Learned/Information Gained:** Describe the knowledge and experience gained from the project. This information can prove to be highly valuable and be applied to future projects.
- ◆ **Sustainability of Improvement:** Below each table, provide a narrative description of plans for sustaining any improvement achieved beyond the SMART Aim end date.





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**Table 2a—Project Conclusions – Depression Screening**

<b>Project Conclusions</b>	<p>At the conclusion of the PIP, the depression screening rate for the CHP+ HMO PIP narrowed focus population was 84.19%. This rate showed improvement over the baseline PIP rate of 36.36% and surpassed the SMART Aim CHP+ HMO goal of 41.14%, displaying statistically significant improvement.</p> <p>The success of this project was most influenced by programmatic interventions targeting depression screening coding changes. One clinic was using incorrect coding terminology for their depression screenings, and another clinic discovered G codes getting automatically removed by their internal claims software before claims were processed by Colorado Access. The interventions targeting coding practices, provider education and EHR optimization contributed to significant improvement in depression screening rates.</p>
<b>Intervention Testing Conclusions</b>	<p>The interventions that had the greatest impact on the CHP+ HMO Depression Screening SMART Aim measure included:</p> <ul style="list-style-type: none"> <li>• EHR optimization and support for ordering and coding</li> <li>• Standardize processes and targeted clinic and provider education</li> </ul> <p>These interventions targeted improving practice consistency around billing and coding, and providing education to the providers at each practice. Colorado Access identified that one practice was incorrectly coding their depression screenings for CHP+ members only, and in April 2021 started an intervention to change the depression screening coding workflow from the CPT codes 96127/96160 to G codes G8510/G8431 for CHP+ to align with RAE workflows. The monthly depression screening rate in March 2021 was</p>



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	<p>32.00%, and in April 2021 was 79.31%, which displayed that depression screening rates immediately improved once this coding change was made. This intervention achieved significant programmatic improvement in processes and outcomes. (Reference: CHP+ Every Child Pediatrics Depression Screen Coding Change PDSA Form)</p> <p>A separate practice discovered that their claims software was automatically removing G codes from their claims. This practice used an EHR system where G codes were supposed to automatically get billed or drop based on the PHQ-9 scores. Upon the discovery that G codes were getting removed after being auto dropped, they made the decision to turn off this automatic billing software and reverted to the billing team manually reviewing these codes. This adjustment allowed the practice to resume the correct coding and billing practices for depression screenings. (Reference: RAE 3 Peak Vista EHR Optimization and Coding Changes PDSA Form)</p> <p>The intervention that had a lesser impact on the CHP+ HMO Depression Screening SMART Aim measure included:</p> <ul style="list-style-type: none"> <li>• Standardization of depression screening scoring positive or negative based on industry analysis of best practice</li> </ul> <p>A separate practice struggled with identifying clinic standards for positive and negative depression screening scoring. It was determined at the end of the PIP that the practice preferred to rely on provider interpretations for the scoring of depression screenings rather than the standardized scoring methodology for the screening tool, and coded members who screened 5-9 on the PHQ-9 as a positive G8431 G code, even though industry standard recommends scores of 5-9 as a negative G8510 G code. This practice concluded that clinical practices and billing practices were not in alignment with industry standards and preferred to utilize a more conservative approach to offering depression</p>
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	<p>screenings and behavioral health follow-up, which ultimately affected the metrics within the PIP. (Reference: CHP+ Peak Vista EHR Optimization and Coding Changes PDSA Form)</p>
<p><b>Spread of Successful Interventions</b></p>	<p>The plan to spread this intervention beyond the selected narrow focus of the PIP is to ensure that practices are aware of the correct coding procedures for depression screenings. Colorado Access recognized that some of the practices thought they were coding correctly, but claims data did not reflect their operations. Colorado Access investigated this by auditing claims and sending clinics a list of patients who showed they had not completed a depression screening. The clinic would look up the patient in their EHR and see why the record appeared to not have a completed depression screening. Upon further review it was discovered (depending on the practice) that either the wrong codes were getting submitted for claims, or that G codes were getting unintentionally removed before the claim was processed by Colorado Access.</p> <p>Colorado Access believed that the case review format was a valuable tool in identifying the root cause for why there was an incongruence between data and practice operations. This intervention was beneficial because better claims data improved the financial stability of the practice, and increased consistency around standards of care.</p>
<p><b>Challenges Encountered During Project</b></p>	<p>Challenges experienced during this project included:</p> <ul style="list-style-type: none"> <li>• The SMART Aim depression screening measure was claims based, and therefore could take months to be accurate due to delayed claims run out. This made it more difficult to pinpoint the root cause of an issue and suggest improvement strategies in real-time.             <ul style="list-style-type: none"> <li>○ Colorado Access utilized the practice’s internal data/EHR system within interventions to help address this barrier and create a faster data source. Data discrepancies, however, were still observed between claims data and practice level internal data and was often hard to connect why.</li> </ul> </li> </ul>



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	<ul style="list-style-type: none"> <li>• One PIP practice was using inconsistent/inaccurate billing codes for members who scored 5-9 on the PHQ-9. They considered these members to be “watchful waiting” and coded them as a positive (G8431), when PHQ-9 industry standards recommend the PHQ-9 be coded negative (G8510). This negatively impacted both the depression screening rate, and the follow-up after a positive depression screening rate (resulting in an exaggerated G8431 denominator because this cohort of the population was not seeking a follow up appointment).             <ul style="list-style-type: none"> <li>○ While this issue was identified at the early stages of Module 3, it was not realized until March 2022 that the billing/coding teams and provider teams were not in alignment with clinic standards surrounding what is considered a positive/negative depression screening and the appropriate billing code to use. Colorado Access was able to address this challenge by including the practice’s billing/coding teams in the PIP meetings towards the end of the project so that providers and coders could agree upon a clinic standard for depression screenings. While the practices’ ultimate decision did not align with the PIP intervention, it did provide insight for the practice, and allowed them to become less siloed in their workplace.</li> </ul> </li> <li>• One practice informed us that they had switched from a higher percentage of available well visits (reduced to 40% of open slots), to a higher percentage of acute visits (increased to 60% of open slots) due to increased patient demand for timely services. This change occurred in February of 2022, and data displayed the start of the decline in the count of well visits and depression screenings at this time. By June of 2022, the count of well visits for CHP+ members had declined by 50% when compared to the average well visit count when the PIP started. The reduction in well visits placed a heavier weight on the other practice, whose performance had more impact on the PIP depression screening metric.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Lastly, all practices experienced challenges related to burnout throughout the PIP. Feedback included:             <ul style="list-style-type: none"> <li>○ Multiple clinic locations closed due to the COVID-19 pandemic and financial constraints.</li> <li>○ Practices were understaffed and had a lack of new applicants.</li> <li>○ Both Colorado Access and PIP practices experienced staff turnover, resulting in a challenge to re-establishing project goals and continue PIP motivation.</li> <li>○ Some practices had an inability to incentivize new applicants and could not offer as high of a salary as other larger entities like UCHealth.</li> <li>○ Practices experienced difficulty making EHR button changes, as many practices partner with third party vendors for their EHR and are limited to making requests and changes in a timely manner.</li> <li>○ Providers felt burnout in regard to the length of the 18-month long PIP cycle, especially because there was no incentive to mitigate that burnout (i.e. financial). Practices were doing the bulk of the PIP work, which took many additional hours of time they were not getting reimbursed for. Clinic buy-in became more challenging throughout the PIP.                 <ul style="list-style-type: none"> <li>▪ Colorado Access addressed these challenges by finding funding sources to help support the hiring of new behavioral staff, retain current staff, and combat other financial barriers for the practices.</li> </ul> </li> </ul> </li> </ul>
<b>Lessons Learned/Information Gained Throughout the Project</b>	<p>Colorado Access learned many valuable lessons from this project. Colorado Access found that practice operations did not always reflect claims data, and it was important to investigate on a case-by-case basis to identify the root cause of why the data was reflected a certain way. Colorado Access also learned that what may seemingly be an</p>



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	<p>easy and straight-forward intervention may have confounding variables that can easily alter both the implementation and the success/measurement of the intervention.</p> <p>It was important to recognize that each practice was struggling with many different types of challenges, and the best way to support them was to devise solutions targeting each barrier individually. Each practice was very appreciative of the challenges navigated together, and the PIP project allowed improved access to behavioral health care for members.</p>
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**Sustainability of Improvement – *Depression Screening***

**Instructions:** In the space below, describe the MCO’s plan for sustaining improvement achieved for *Depression Screening* beyond the SMART Aim end date.

**[Insert narrative here]**

Throughout the PIP process, Colorado Access employed many quality improvement techniques and strategies to set the project up for success. PIP practices were involved in learning and practicing these strategies in partnership with Colorado Access. Strategies included: determining baseline data, building process maps, performing root cause analyses, conducting a failure modes and effects analysis, identifying gaps and opportunities for improvement, and building interventions to target these metrics. These practices became well versed in quality improvement methodology and are equipped to sustain improvement beyond the SMART Aim end date.

Colorado Access has built a wonderful relationship with each PIP practice during this project, and remains in contact with practices for questions, assistance, and help beyond the SMART aim end date. Many PIP practices are involved in the Pay for Performance metrics and therefore tracking the Behavioral Health Incentive Measure 4, which is Follow-Up after a Positive Depression Screen. Colorado Access will therefore be able to continue working with these clinics to ensure that the depression screenings and follow-up measures remain consistent, and continue to brainstorm opportunities for improvement.



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Table 2b—Project Conclusions – <i>Follow-up after a Positive Depression Screen</i>	
<b>Project Conclusions</b>	<p>At the conclusion of the PIP, the follow-up within 30 days after a positive screen rate for the CHP+ HMO PIP narrowed focus population was 82.86%. This rate showed significant improvement over the baseline PIP rate of 73.58%, however this did not meet the SMART Aim CHP+ HMO goal of 90.57% and therefore did not show statistically significant improvement.</p> <p>While the SMART Aim CHP+ HMO goal was not achieved, there was still a 9.3% improvement made within the SMART Aim follow-up rate. The success of this project was influenced by both clinical and programmatic interventions that individually made significant improvement in targeting this metric. These included: promoting the utilization of the telehealth Virtual Care Collaboration and Integration (VCCI) Program; providing behavioral health incentive funding to hire and retain current behavioral health staff; provider education on follow-up codes; and EHR optimization and automation. Reasons as to why the SMART Aim measure was not achieved are described in the “Challenges” section below and includes how Colorado Access will plan to address the lack of improvement in the future.</p>
<b>Intervention Testing Conclusions</b>	<p>The interventions that had the greatest impact on the CHP+ HMO follow-up after a positive depression screen SMART Aim measure included:</p> <ul style="list-style-type: none"> <li>Utilize the Colorado Access (COA) Behavioral Health (BH) Incentive Funding grant to promote the hiring of new BH staff.</li> </ul>



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Table 2b—Project Conclusions – <i>Follow-up after a Positive Depression Screen</i>	
	<ul style="list-style-type: none"> <li>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).</li> </ul> <p>The behavioral health incentive funding grant supported the hiring of more behavioral health providers to increase the quantity of staff available to conduct follow-ups after a positive depression screening. The VCCI program was utilized as an external resource for behavioral health providers to refer patients for follow-up services when internal behavioral health providers were either unavailable to conduct follow-up services, or not comfortable with the type of service needing to be rendered (example: psychiatry services). These interventions directly impacted follow-up rates, as it allowed the practice to have a greater capacity to conduct follow-ups after a positive depression screening. These interventions were implemented towards the end of the PIP and thus it was difficult to determine the impact of the interventions based on the SMART Aim rates alone, however intervention data proved that they achieved significant clinical and programmatic improvement in processes and outcomes.</p> <p>(Reference: CHP+ Every Child Pediatrics BH Access Improvements PDSA Form)</p> <p>The interventions that had a lesser impact on the CHP+ HMO follow-up after a positive depression screen SMART Aim measure included:</p> <ul style="list-style-type: none"> <li>Analysis of internal tracking processes, workflows, and outreach protocols; EHR efficiency &amp; optimization improvement support for protocol and coding standardization that utilize automation when possible.</li> </ul>





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Table 2b—Project Conclusions – <i>Follow-up after a Positive Depression Screen</i>	
	<ul style="list-style-type: none"> <li>Gap analysis on current coding practices, encounter rate specs, PIP specs, and literature review. Develop educational materials on best practices as toolkit for providers.</li> </ul> <p>While the education surrounding additional follow-up codes (such as the promotion of the H0002 code) was helpful for practices, it was not always applicable due to many practices not having enough behavioral health staffing to see their patients, and therefore utilize these codes. (Reference: CHP+ Every Child Pediatrics Follow-up H0002 Clarification PDSA Form)</p> <p>EHR optimization was also helpful in theory, but the practice experienced a barrier in getting EHR updates completed due to delays with the third-party vendor that controlled the ability to make EHR updates or additions. Thus, proposed changes that were significantly impacting follow-up billing and coding were never completed. (Reference: CHP+ Peak Vista EHR Optimization and Coding Changes PDSA Form)</p>
<b>Spread of Successful Interventions</b>	<p>The plan to spread these interventions beyond the selected narrow focus of the PIP is to continue promoting the Virtual Care Collaboration and Integration (VCCI) Program to all practices contracted with Colorado Access, and to continuously assess struggles with staffing and barriers to providing services.</p> <p>Colorado Access has been an integral advocate for AccessCare Services to recruit practices to utilize the VCCI Program. This program is a free tele-behavioral health services program available to providers and members, and a great resource to use when practices are lacking access to external behavioral health sources for care. It was</p>

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Table 2b—Project Conclusions – <i>Follow-up after a Positive Depression Screen</i>	
	<p>important for Colorado Access and AccessCare Services to develop targeted provider education and information about the program; create a customized practice workflow; and schedule time to train the practice on how to use VCCI, in order be successful in the adoption of this program. In the future, Colorado Access will continue to utilize these methods when promoting this program.</p> <p>It was also imperative for Colorado Access to continuously assess the practices’ barriers and struggles to providing the appropriate services for members during the PIP. When Colorado Access recognized that many practices were understaffed and having difficulty in hiring behavioral health providers, Colorado Access searched for ways to overcome this barrier and provide the practice with adequate funding for hiring and retention bonuses. Colorado Access has continued to utilize this grant for other practices to ensure adequate staffing and funding is available for routine practice operations.</p>
<b>Challenges Encountered During Project</b>	<p>Challenges experienced during this project included:</p> <ul style="list-style-type: none"> <li>• A root cause analysis of claims data revealed that the follow-up within 30 days measure is not always accurately represented through claims data, and does not consistently reflect clinic operations. Barriers to achieving the SMART Aim goal have included, but are not limited to: One practice was unable to bill with unlicensed providers due to credentialing issues, and a significant portion of unlicensed providers complete their behavioral health follow-up visits; a patient may already be in therapy and is not counted in claims data as currently receiving treatment; members utilize school-based therapy programs for follow-up, which is not accurately represented in claims data; members may be seen after the 30 day mark due to rescheduling or no shows; and members may decline a follow-up appointment, even if the practice successfully encouraged a referral for treatment.</li> </ul>



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Table 2b—Project Conclusions – <i>Follow-up after a Positive Depression Screen</i>	
	<ul style="list-style-type: none"> <li>○ Colorado Access navigated these challenges by enrolling the practice with unlicensed providers into an internal Colorado Access credentialing pilot program. This would allow this practice to begin billing for behavioral health services completed by unlicensed providers. This would not only benefit future PIP metrics but also help the clinic receive financial compensation for the services they are rendering.</li> <li>● A CHP+ specific challenge included having extremely small sample sizes of CHP+ members for both practices, which impacted interpreting the data, determining intervention recommendations, and making conclusions.               <ul style="list-style-type: none"> <li>○ Colorado Access successfully navigated this by utilizing the case-study technique to investigate the few CHP+ members who did not receive follow-up care, and why. It was clear that many of these members were being adequately taken care of and were frequently just not counted in the rates due to the reasons listed above.</li> </ul> </li> </ul>
<b>Lessons Learned/Information Gained Throughout the Project</b>	<p>Colorado Access learned many valuable lessons from this project. Colorado Access found that practice operations did not always reflect claims data, and it was important to investigate on a case-by-case basis to identify the root cause of why the data was reflected a certain way. The discrepancies between claims data and clinic operations were much more apparent in the follow-up after positive depression screening in 30 days measure, which had greater variability and thus was a much harder measure to impact.</p> <p>Colorado Access also learned that what may seemingly be an easy and straight-forward intervention may have confounding variables that can easily alter both the implementation and the success/measurement of the intervention.</p>



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Table 2b—Project Conclusions – <i>Follow-up after a Positive Depression Screen</i>	
	It was important to recognize that each practice was struggling with many different types of challenges, and the best way to support them was to devise solutions targeting each barrier individually. Each practice was very appreciative of the challenges navigated together, and the PIP project allowed improved access to behavioral health care for members.

**Sustainability of Improvement – *Follow-up after a Positive Depression Screen***

**Instructions:** In the space below, describe the MCO’s plan for sustaining improvement achieved for *Follow-up After a Positive Depression Screen* beyond the SMART Aim end date.

**[Insert narrative here]**

Throughout the PIP process, Colorado Access employed many quality improvement techniques and strategies to set the project up for success. PIP practices were involved in learning and practicing these strategies in partnership with Colorado Access. Strategies included: determining baseline data, building process maps, performing root cause analyses, conducting a failure modes and effects analysis, identifying gaps and opportunities for improvement, and building interventions to target these metrics. These practices became well versed in quality improvement methodology and are equipped to sustain improvement beyond the SMART Aim end date.

Colorado Access has built a wonderful relationship with each PIP practice during this project, and remains in contact with practices for questions, assistance, and help beyond the SMART aim end date. In relation to the credentialing pilot mentioned above, Colorado Access has continued to work with that practice in processing their paperwork so that they can be credentialed to bill using unlicensed providers (the goal was to have this completed by September 2022). Many PIP practices are involved in the Pay for Performance metrics and therefore tracking the Behavioral Health Incentive Measure 4, which is Follow-Up after a Positive Depression Screen. While the Behavioral Health Incentive Measure 4 metric specifications slightly differ from the Performance Improvement Project



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specifications, it will allow us to continue working with these practices to ensure that the depression screenings and follow-up measures remain consistent and brainstorm opportunities for improvement.



## Appendix B. Module Validation Tool

Appendix B contains the Module Validation Tool provided by HSAG.



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Criteria	Score	HSAG Feedback and Recommendations
1. The rolling 12-month data collection methodology was followed for the SMART Aim measures for the duration of the PIP.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
2. The MCO provided evidence to demonstrate at least one of the following: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> The SMART Aim goal was achieved.</li> <li><input checked="" type="checkbox"/> Statistically significant improvement over the narrowed focus baseline percentage was achieved (95 percent confidence level, <math>p &lt; 0.05</math>.)</li> <li><input checked="" type="checkbox"/> Non-statistically significant improvement in the SMART Aim measure.</li> <li><input checked="" type="checkbox"/> Significant <i>clinical</i> improvement in processes and outcomes.</li> <li><input checked="" type="checkbox"/> Significant <i>programmatic</i> improvement in processes and outcomes.</li> </ul>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	For the <i>Depression Screening</i> : <ul style="list-style-type: none"> <li>• The SMART Aim goal was achieved.</li> <li>• Statistically significant improvement over baseline was achieved.</li> <li>• Significant <i>programmatic</i> improvement was demonstrated by the <i>Every Child Pediatrics CHP+ Depression Screening Coding Change</i> intervention.</li> </ul> For the <i>Follow-up After a Positive Depression Screen</i> : <ul style="list-style-type: none"> <li>• Non-statistically significant improvement over baseline was achieved.</li> <li>• Significant <i>programmatic</i> and significant <i>clinical</i> improvement were demonstrated for the <i>Every Child Pediatrics Behavioral Health (BH) Access Improvements</i> intervention.</li> </ul>



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Criteria	Score	HSAG Feedback and Recommendations
3. If improvement, as outlined for Criterion 2, was demonstrated, at least one of the tested interventions could reasonably result in the demonstrated improvement.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
4. The MCO completed the Plan-Do-Study-Act (PDSA) worksheets with accurately reported data and interpretation of testing results.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
5. The narrative summaries of the project conclusions were complete and accurate.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	
6. If improvement, as outlined for Criterion 2, was demonstrated, the MCO documented plans for sustaining improvement beyond the SMART Aim end date.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	





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**Based on the validation findings, HSAG determined the following confidence level for this PIP:**

- 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.



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**Summary of Validation Findings:**

HSAG assigned a level of *High Confidence* to the PIP based on the Module 4 submission form and the PDSA worksheet documentation. The documentation demonstrated the following:

- Significant improvement achieved for both the *Depression Screening* and *Follow-up After a Positive Depression Screen* measures:
  - Both the SMART Aim goal and statistically significant improvement were achieved for *Depression Screening*.
  - While only non-statistically significant improvement was achieved for *Follow-up After a Positive Depression Screening*, the health plan clearly documented intervention testing results that supported significant *programmatic* and significant *clinical* improvement related to follow-up care.
- Interventions were carried out and evaluated according to the approved Module 3 plan and the health plan provided detailed intervention testing results, clear rationale for intervention or evaluation revisions, and detailed and insightful summaries of lessons learned from intervention testing.
- Clear, comprehensive, and accurate summaries of key findings and conclusions from the PDSA cycles and from the project, overall.