

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

FISCAL YEAR 2015–2016 COLORADO PIP VALIDATION REPORT

Improving Follow-up Communications Between
Referring Providers and Pediatric Obesity
Specialty Clinics

for
Denver Health Medical Plan, Inc.

April 2016
for
Validation Year 2

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



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

©2007 Health Services Advisory Group

TABLE OF CONTENTS

1. BACKGROUND	1-1
PIP Rationale	1-2
PIP Summary	1-2
Validation Overview	1-3
2. FINDINGS	2-1
Validation Findings	2-1
Design	2-3
Implementation	2-3
Outcomes	2-3
Analysis of Results	2-3
Barriers/Interventions	2-4
3. CONCLUSIONS AND RECOMMENDATIONS	3-1
Conclusions	3-1
Recommendations	3-1
Appendix A. PIP-SPECIFIC VALIDATION TOOL	A-1
Appendix B. PIP-SPECIFIC SUMMARY FORM	B-1

CAHPS[®] refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS[®] refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA HEDIS Compliance Audit[™] is a trademark of NCQA.

1. BACKGROUND

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

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

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR 438.240(b)(1), including:

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

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the HMO designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG's review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.

2. The outcomes of the PIPs. Once designed, a PIP’s effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP’s outcomes determined whether the HMO improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether the HMO was successful in sustaining the improvement. The goal of HSAG’s PIP validation is to ensure that the Department and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the HMO’s improvement strategies.

PIP Rationale

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

For fiscal year (FY) 2015–2016, **Denver Health Medical Plan, Inc. (DHMP)**, continued its *Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics* for its PIP. The topic selected addressed CMS’ requirements related to quality outcomes—specifically, the quality and timeliness of care and services.

PIP Summary

For this FY 2015–2016 validation cycle, the PIP received an overall validation score of 93 percent and a *Met* validation status. The focus of this PIP is to improve transitions of care for a population of overweight and obese pediatric members and their families. The PIP had one study question that **DHMP** stated: “Does the implementation of the Pediatric Obesity Services Referral Documentation Protocol increase the percentage of referrals with completed visits that also have timely and complete visit documentation sent back to the PCP and referring provider (if the PCP is not the referring provider?)” The following table describes the study indicators for this PIP.

Table 1–1—Study Indicators

PIP Topic	Study Indicators
<i>Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics</i>	<ol style="list-style-type: none"> 1. The percentage of patients with referrals to the Healthy Lifestyle Clinic for overweight or obesity, with a completed visit and whose referring provider and PCP (if PCP is not the referring provider) receives a specialty report within 7 days of the patient visit. 2. The percentage of patients with referrals to the Children’s Hospital Lifestyle Medicine Clinic for overweight or obesity, with a completed visit and whose referring provider and PCP (if PCP is not the referring provider) receives a specialty report within 30 days of the patient visit.

Validation Overview

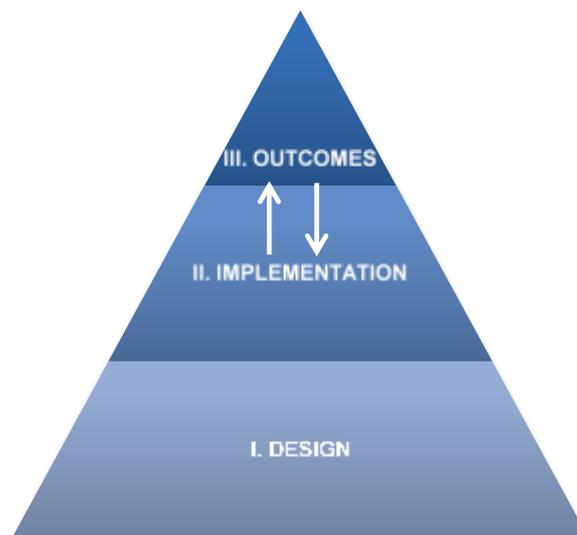
HSAG obtained the information needed to conduct the PIP validation from **DHMP**'s PIP Summary Form. This form provided detailed information about the HMO's PIP related to the activities completed and HSAG evaluated for the FY 2015–2016 validation cycle.

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

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

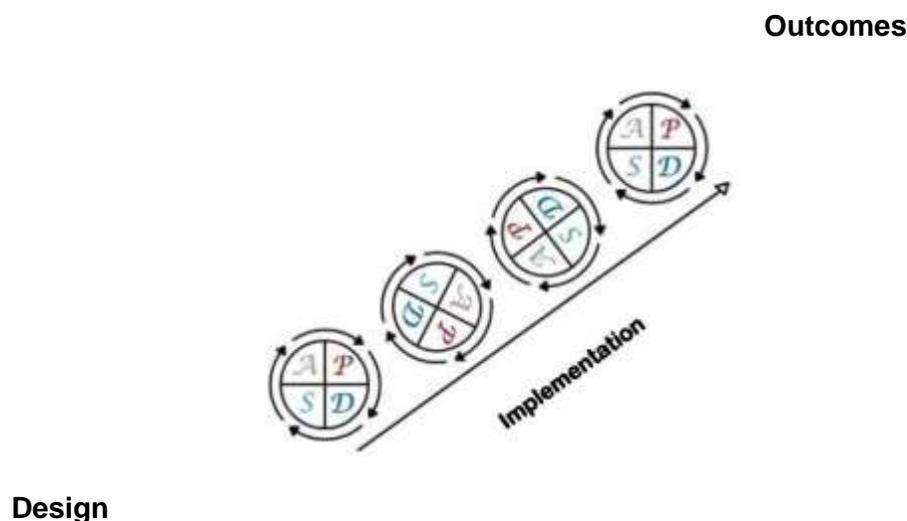
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the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

Figure 1–1—PIP Stages



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

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



Design

The PDSA cycle includes the following actions:

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

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

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

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

HMOs have the opportunity to resubmit the PIP after HSAG’s initial validation to address any deficiencies identified. The PIP received a *Met* overall validation status when originally submitted; therefore, the HMO did not resubmit.

Table 2–1—FY 2015–2016 Performance Improvement Project Validation Activity for Denver Health Medical Plan, Inc.

Name of Project	Type of Annual Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
<i>Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics</i>	Annual Submission	93%	100%	<i>Met</i>
<p>¹ Type of Review—Designates the PIP review as an annual submission, or resubmission. A resubmission means the HMO was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall <i>Met</i> validation status.</p> <p>² Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and non-critical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>³ Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>⁴ Overall Validation Status—Populated from the PIP Validation Tool and based on the percentage scores.</p>				

Validation Findings

Table 2–2 displays the validation results for the **DHMP** PIP validated during FY 2015–2016. This table illustrates the HMO’s overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table 2–2 show

the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the second validation year for the PIP, with the HMO completing Activities I through VIII.

**Table 2-2—Performance Improvement Project Validation Results
for Denver Health Medical Plan, Inc.**

Stage	Activity		Percentage of Applicable Elements		
			<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
Design	I.	Review the Selected Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Review the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Review the Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Review the Selected Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Review Sampling Methods (if sampling was used)	<i>Not Applicable</i>		
	VI.	Review the Data Collection Procedures	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			100% (9/9)	0% (0/9)	0% (0/9)
Implementation	VII.	Review the Data Analysis and Interpretation of Results	67% (2/3)	0% (0/3)	33% (1/3)
	VIII.	Assess the Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation Total			80% (4/5)	0% (0/5)	20% (1/5)
Outcomes	IX.	Assess for Real Improvement Achieved	<i>Not Assessed</i>		
	X.	Assess for Sustained Improvement	<i>Not Assessed</i>		
Outcomes Total			<i>Not Assessed</i>		
Percentage Score of Applicable Evaluation Elements <i>Met</i>			93% (13/14)	0% (0/14)	7% (1/14)

Overall, 93 percent of all applicable evaluation elements validated received a score of *Met*. For this year's submission, only the Design and Implementation stages (Activities I through VIII) were validated.

Design

DHMP designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process. However, the eligible population for this PIP was very small, and the baseline rate for Study Indicator 1 was 100 percent. This rate does not lend itself to a quality improvement project. For Study Indicator 2, the denominator was zero; therefore, no baseline results exist. During a technical assistance call with **DHMP** and the Department, it was decided that the HMO will conduct further analysis and determine a new PIP topic.

Implementation

Although **DHMP** will not be continuing this PIP topic, the HMO reported and interpreted its available baseline data accurately. The HMO conducted a causal/barrier analysis using appropriate quality improvement tools and prioritized its identified barriers.

Outcomes

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

Analysis of Results

Table 2–3 displays baseline data for **DHMP**'s *Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics* PIP. **DHMP**'s goal is to increase the percentage of members who were referred to either the Healthy Lifestyle Clinic or Children's Hospital Lifestyle Medicine Clinic and the referring PCP receives a specialty report within seven days of the clinic visit.

**Table 2–3—Performance Improvement Project Outcomes
for Denver Health Medical Plan, Inc.**

Study Indicator	Baseline Period (7/1/2014–3/30/2015)	Remeasurement 1 (7/1/2015–3/30/2016)	Remeasurement 2 (7/1/2016–3/30/2017)	Sustained Improvement
1. The percentage of patients with referrals to the Healthy Lifestyle Clinic for overweight or obesity, with a completed visit and whose referring provider and PCP (if PCP is not the referring provider) receives a specialty report within 7 days of the patient visit.	100%			

Study Indicator	Baseline Period (7/1/2014–3/30/2015)	Remeasurement 1 (7/1/2015–3/30/2016)	Remeasurement 2 (7/1/2016–3/30/2017)	Sustained Improvement
2. The percentage of patients with referrals to the Children’s Hospital Lifestyle Medicine Clinic for overweight or obesity, with a completed visit and whose referring provider and PCP (if PCP is not the referring provider) receives a specialty report within 30 days of the patient visit.	NA			

DHMP’s baseline rate for Study Indicator 1 was 100 percent, which demonstrates no opportunity for improvement. For Study Indicator 2, there was no eligible population for the denominator. The HMO will be determining a new PIP topic for the next year.

Barriers/Interventions

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

Although the HMO will be determining a new topic for next year, for this PIP, **DHMP** completed a process map and failure modes and effects analysis, and identified the following barriers:

- ◆ Members do not show up for appointments.
- ◆ Lack of follow-up activities.
- ◆ ARL protocols are not being followed when entering the reason for the referral.
- ◆ Lack of synchronization between EPIC and Denver Health referral information systems.

At the time of submission, **DHMP** had not implemented any interventions.

3. CONCLUSIONS AND RECOMMENDATIONS

for Denver Health Medical Plan, Inc.

Conclusions

DHMP developed a methodologically sound project; however, due to the very small denominator and a baseline rate of 100 percent for one of the study indicators, this PIP will not be continuing.

Recommendations

As **DHMP** initiates a new PIP topic, it should seek technical assistance from HSAG to ensure a sound study design.

APPENDIX A. PIP-SPECIFIC VALIDATION TOOL
for **Denver Health Medical Plan, Inc.**

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



Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

DEMOGRAPHIC INFORMATION

Plan Name:	Denver Health Medical Plan, Inc.										
Project Leader Name:	Marilyn Gaipa	Title:	Director of Quality and Accreditation								
Telephone Number:	(303) 602-2051	E-mail Address:	marilyn.gaipa@dhha.org								
Name of Project/Study:	Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics										
Type of Project (for HSAG's internal tracking):	<input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Nonclinical <input type="checkbox"/> Collaborative <input type="checkbox"/> HEDIS										
Date of Project:	7/1/2014 to 6/30/2015										
Type of Delivery System:	CHP+										
Submission Date:	10/29/2015										
<p align="center">Section to be completed by HSAG</p> <table border="0"> <tr> <td>11/13/2014</td> <td>Year 1 Validation</td> <td>11/10/2014</td> <td>Resubmission</td> </tr> <tr> <td>11/6/2015</td> <td>Year 2 Validation</td> <td>10/29/2015</td> <td>Annual Submission</td> </tr> </table>				11/13/2014	Year 1 Validation	11/10/2014	Resubmission	11/6/2015	Year 2 Validation	10/29/2015	Annual Submission
11/13/2014	Year 1 Validation	11/10/2014	Resubmission								
11/6/2015	Year 2 Validation	10/29/2015	Annual Submission								
<input checked="" type="checkbox"/> Pre-Baseline <input checked="" type="checkbox"/> Baseline											
Year 1 validated through Activity: VI Year 2 validated through Activity: VIII											

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

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

Results for Activity I

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

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

** Total Evaluation Elements includes critical elements.

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

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

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

Results for Activity II

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

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

** Total Evaluation Elements includes critical elements.

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



Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

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

Results for Activity III

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

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

** Total Evaluation Elements includes critical elements.

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

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

EVALUATION ELEMENTS	SCORING	COMMENTS
IV. Select the Study Indicator(s): A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound. The study indicator(s):		
C* 1. Are well-defined, objective, and measure changes in health or functional status, member satisfaction, or valid process alternatives.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The study indicators were objective, clear, and unambiguously defined. The health plan provided correct codes, when applicable, for the numerators. The documentation provided a description of the study indicators as well as the definitions for the numerators or denominators.
2. Include the basis on which the indicator(s) was adopted, if internally developed.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan provided the basis and rationale for the development of the study indicators.

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

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

** Total Evaluation Elements includes critical elements.

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

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

EVALUATION ELEMENTS		SCORING	COMMENTS
V.	Use Sound Sampling Techniques: (If sampling is not used, each evaluation element is scored NA.) If sampling is used to select members in the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling methods:		
	1. Include the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1, etc.).	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	2. Include the title of the applicable study indicator(s).	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	3. Identify the population size.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	4. Identify the sample size.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	5. Specify the margin of error and confidence level.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	6. Describe in detail the methods used to select the sample.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	7. Allow for the generalization of results to the study population.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.

Results for Activity V

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

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

** Total Evaluation Elements includes critical elements.

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

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

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

Results for Activity VI

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

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

** Total Evaluation Elements includes critical elements.

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

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

EVALUATION ELEMENTS		SCORING	COMMENTS
VII. Analyze Data and Interpret Study Results: Clearly present the results for each study indicator(s). Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined. The data analysis and interpretation of the study indicator outcomes:			
C*	1. Include accurate, clear, consistent, and easily understood information in the data table.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan presented results in a clear, accurate, and easily understood format. However, it should be noted that the populations for this PIP are very small; and the baseline rate for Study Indicator 1 was 100 percent, which does not demonstrate an opportunity for improvement. For Study Indicator 2, the denominator was zero and, therefore, no results existed to report. HSAG is concerned about the appropriateness of this PIP topic and recommends a conference call with the health plan and the Department.
	2. Include a narrative interpretation that addresses all required components of data analysis and statistical testing.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan provided an accurate narrative interpretation of the baseline findings.
	3. Identify factors that threaten the validity of the data reported and ability to compare the initial measurement with the remeasurement.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan did not address whether or not any factors threatened the validity of the baseline data reported. If no factors exist, this should be reflected in the Activity VII documentation.

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

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

** Total Evaluation Elements includes critical elements.

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

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
 for Denver Health Medical Plan, Inc.

EVALUATION ELEMENTS		SCORING	COMMENTS
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:			
C*	1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan completed a causal/barrier analysis and used improvement strategies related to the causes/barriers identified through data analysis and a quality improvement process.
	2. Barriers that are identified and prioritized based on results of data analysis and/or other quality improvement processes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan identified and prioritized barriers based on results of its quality improvement processes and tools.
C*	3. Interventions that are logically linked to identified barriers and will directly impact study indicator outcomes.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan had not progressed to the point of implementing interventions.
	4. Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan had not progressed to the point of implementing interventions.
C*	5. Evaluation of individual interventions for effectiveness.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan had not progressed to the point of implementing interventions.
	6. Interventions continued, revised, or discontinued based on evaluation results.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan had not progressed to the point of implementing interventions.

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

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

** Total Evaluation Elements includes critical elements.

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

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

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

Results for Activity IX									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
3	0	0	0	0	2	0	0	0	0

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

** Total Evaluation Elements includes critical elements.

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



Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

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

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

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

** Total Evaluation Elements includes critical elements.

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

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

Table A-1—FY 15-16 PIP Validation Report Scores:

Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

Review Activity		Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total NA	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements NA
I.	Select the Study Topic	2	2	0	0	0	1	1	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0	1	1	0	0	0
III.	Define the Study Population	1	1	0	0	0	1	1	0	0	0
IV.	Select the Study Indicator(s)	2	2	0	0	0	1	1	0	0	0
V.	Use Sound Sampling Techniques	7	0	0	0	7	2	0	0	0	2
VI.	Reliably Collect Data	4	3	0	0	1	2	2	0	0	0
VII.	Analyze Data and Interpret Study Results	3	2	0	1	0	1	1	0	0	0
VIII.	Improvement Strategies (interventions for improvement as a result of analysis)	6	2	0	0	4	3	1	0	0	2
IX.	Assess for Real Improvement	3		Not Assessed			2	Not Assessed			
X.	Assess for Sustained Improvement	1		Not Assessed			1	Not Assessed			
Totals for All Activities		30	13	0	1	12	15	8	0	0	4

Table A-2—FY 15-16 PIP Validation Report Overall Scores:

Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

Percentage Score of Evaluation Elements Met*	93%
Percentage Score of Critical Elements Met**	100%
Validation Status***	Met

* The percentage score is calculated by dividing the total Met by the sum of the total Met, Partially Met, and Not Met.

** The percentage score of critical elements Met is calculated by dividing the total critical elements Met by the sum of the critical elements Met, Partially Met, and Not Met.

*** Met equals confidence/high confidence that the PIP was valid.

Partially Met equals low confidence that the PIP was valid.

Not Met equals reported PIP results that were not credible.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

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

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

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

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

Summary of Aggregate Validation Findings

* **Met**

** **Partially Met**

*** **Not Met**

Summary statement on the validation findings:

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

APPENDIX B. PIP-SPECIFIC SUMMARY FORM
for **Denver Health Medical Plan, Inc.**

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



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
for Denver Health Medical Plan, Inc.**

DEMOGRAPHIC INFORMATION

Plan Name: Denver Health Medical Plan

Project Leader Name: Marilyn Gaipa Title: Director of Quality & Accreditation

Telephone Number: 303-602-2051 E-mail Address: Marilyn.Gaipa@dhha.org

Name of Project: Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics

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

- Clinical Nonclinical
 Collaborative HEDIS

Type of Delivery System: (CHP+)

Submission Date: 10/30/2015

Section to be completed by HSAG

_____ Year 1 Validation	_____ Initial Submission
<u>X</u> Year 2 Validation	<u>10/29/15</u> Initial Submission
_____ Year 3 Validation	_____ Initial Submission
<u>X</u> Baseline Assessment	_____ Remeasurement 1
_____ Remeasurement 2	_____ Remeasurement 3
Year 1 validated through Activity <u>VI</u>	
Year 2 validated through Activity _____	
Year 3 validated through Activity _____	



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Follow-up Communications Between Referring Providers and Pediatric Obesity Specialty Clinics For Denver Health Medical Plan, Inc.

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

Study Topic:

Denver Health Medical Plan, Inc. (DHMP) will collaborate with the Healthy Lifestyles Clinic at Denver Health and the Lifestyle Medicine Clinic at Children's Hospital Colorado in order to improve transitions of care for a population of overweight and obese pediatric members and their families. The Healthy Lifestyles Clinic is a specialty pediatric overweight and obesity clinic being piloted at Denver Health to improve on-site care for overweight or obese pediatric patients without referring outside the system. Within the clinic, patients receive treatment for co-morbidities of being overweight or obese, counseling for nutrition and physical activity, care and education in a motivational interviewing format and screening for depression. An individualized treatment plan is developed based on referring provider and specialty provider assessment. HLC was modeled after the Lifestyle Medicine Clinic at Children's Hospital of Colorado, which provides similar specialty services and accepts referrals from Denver Health. Our goal is to facilitate timely communication and referrals both internally at the Healthy Lifestyles Clinic at Denver Health and externally at Children's Hospital of Colorado's Lifestyle Medicine Clinic to improve patient transitions across PCP, specialty, and behavioral health care. The population served will include Medicaid Choice, CHP+ and RCCO pediatric members.

Provide health plan-specific data: Denver Health is Colorado's safety net health care system. Most (98%) of DHMP patients are below the federal poverty level. Of all Denver Health pediatric patients (ages 2 – 18), 14,000 (33%) are overweight or obese. Height and weight are recorded at each pediatric visit, using these metrics to automatically calculate BMI. If the BMI is greater than the 85% for age/sex, the patient is defined as overweight, with greater than 95% BMI for age/sex defined as obese by the Centers for Disease Control (CDC). The CDC and the American Academy of Pediatrics (AAP) recommend the use of BMI to screen for overweight and obesity in children beginning at 2 years of age.

Of the Hispanic pediatric patients seen at Denver Health, 35% (nearly 11,000) are overweight or obese (compared to 27% of the Black patients and 16% of the White patients respectively). Limited clinical or community resources exist for pediatric patients with obesity and/or obesity related comorbidities.

Describe how the study topic has the potential to improve member health, functional status, or satisfaction:

The role of the DHMP PIP is to assist in care coordination for members utilizing specialty care services for obesity, either at Denver Health Healthy Lifestyles Clinic or at Children's Hospital Lifestyle Medicine Clinic. Denver Health's Healthy Lifestyles Clinic sees pediatric referrals, while Denver Health also refers patients to Children's Hospital Lifestyle Medicine Clinic for weight and comorbidity management. Children's Hospital Lifestyle Medicine Clinic offers services in endocrinology and liver disease that Denver Health currently does not have, while also providing assistance with handling the volume of pediatric patients needing specialized care services. Care coordination assures that all medical personnel working with the patient and/or the family receive timely and accurate information, helps the member receive consistent information, support and planning to improve their health and work on self-management goals. Denver Health Medical Plan conducts an annual provider survey in order to identify opportunities to improve continuity and coordination of care across the healthcare



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
**Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics**
For **Denver Health Medical Plan, Inc.**

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

network. Based on Denver Health provider feedback, the 2014 Provider Survey highlighted the need for improvements in the external and internal referral process.

**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

The Study Question(s) should:

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

Study Question: Does the implementation of the Pediatric Obesity Services Referral Documentation Protocol (see description below) increase the percentage of referrals with completed visits that have timely and complete visit documentation sent back to the PCP and referring provider (if the PCP is not the referring provider)?

Pediatric Obesity Services Referral Documentation Protocol:

- *Complete* visit documentation is defined as including both an email communication back to the PCP and referring provider (if the referring provider is not the PCP) as well as a scanned specialty report documenting the visit into the Electronic Document Management (EDM) system.
- *Complete* visit documentation is defined as:
- Children’s Hospital Lifestyle Medicine Clinic: a fax or email communication back to the PCP or referring provider (if the referring provider is not the PCP). Any faxed specialty report should be scanned into the Electronic Document Management (EDM) system by Denver Health medical records staff
- Denver Health Healthy Lifestyles Clinic: an email or fax communication back to the PCP or referring provider, and a specialty report documenting the visit in medical record
- *Timely* visit documentation is defined as 7 business days for the Healthy Lifestyles Clinic and 30 business days for the Lifestyles Medicine Clinic.

*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.*

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

The study population definition should:

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

Study Population:

Referrals submitted by Denver Health providers for patients that meet criteria for overweight or obesity (per CDC definitions below) with a completed visit for pediatric overweight/obesity services.

Enrollment requirements (if applicable): Referrals for active members of Denver Health Medical Plan, either Medicaid or CHP+, who have been seen in primary care in the last 18 months with a height, weight and a calculated BMI recorded.

Member age criteria (if applicable):

Greater than 2 years of age and less than 18 years old.

Inclusion, exclusion, and diagnosis criteria: Referrals for active members of Denver Health Medical Plan, either Medicaid or CHP+, who have been seen in primary care in the last 18 months with a height, weight and a calculated BMI recorded. Patients with greater than 85% BMI for age/sex are considered overweight, and greater than 95% BMI for age/sex are considered obese (based on Center for Disease Control (CDC) growth charts and definitions). These children should be continuously enrolled from the date of the referral through 30 days following the date of the clinic visit. Referred patients must attend a clinic visit to be included in the denominator.

Diagnosis/procedure/pharmacy/billing codes (if applicable):



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

The description of the study Indicator(s) should:

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

Study Indicator 1: Referrals to Denver Health Healthy Lifestyles Clinic with completed visits and specialty report documentation.

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

Indicator Description: Percentage of referrals to the Denver Health Healthy Lifestyles clinic with a completed visit and where the referring provider and PCP (if the PCP is not the referring provider) receives a specialty report within 7 business days of the clinic visit. Referrals with completed visit documentation should include a fax or email communication back to the PCP or referring provider (if the referring provider is not the PCP), and a specialty visit report documented in the electronic medical record.

Indicator Rationale: This measure was adopted from the 2014 Clinical Quality Measures (CQMs) Adult Recommended Core Measures published by CMS. "Closing the internal feedback loop" is a process measure that falls under the Care Coordination domain and entails the completion of information transfer back to the patient's referring provider and PCP (if the PCP is not the referring provider) from the Healthy Lifestyles Clinic. This is an essential component of successful transitions of care that ensures continuity of care between the patient's PCP and specialty services, in this case the Healthy Lifestyles clinic. The timeframe component of this measure was added to meet the criteria of a specific, measurable, attainable, relevant, and time-bound (SMART) objective that includes timeliness of the process completion.

Numerator: (no numeric value)

Number of patients with referrals to the Healthy Lifestyles Clinic for overweight or obesity, with a completed visit and whose referring provider and PCP (if the PCP is not the referring provider) receives a specialty report within 7 days of the patient visit.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

The description of the study Indicator(s) should:

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

Denominator: (no numeric value)	The number of patients referred to the Healthy Lifestyles specialty care clinic for overweight or obesity with a completed visit.
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	Pilot Period: July 1, 2014 – June 30, 2015
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	July 1, 2015 – June 30, 2016
Remeasurement 1 Period Goal	100% of patients with referrals to the Denver Health Healthy Lifestyles Clinic for overweight or obesity with a completed visit will have a PCP and/or referring provider who receives a specialty report within 7 days of the patient visit.
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	July 1, 2016 – June 30, 2017
Remeasurement 2 Period Goal	Will be determined based on remeasurement 1 period data results.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

The description of the study Indicator(s) should:

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

State-Designated Goal or Benchmark	
Source of Benchmark	
<i>Study Indicator 2: Referrals to Children’s Hospital Lifestyle Medicine Clinic with completed visits and specialty report documentation.</i>	<p>Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.</p> <p>Indicator Description: Percentage of referrals to the Children’s Hospital Lifestyle Medicine Clinic with a completed visit and whose referring provider and PCP (if the PCP is not the referring provider) receives a specialty report within 30 business days of the clinic visit. Referrals with completed visit documentation should include a fax or email communication back to the PCP or referring provider (if the referring provider is not the PCP). Any specialty reports received by Denver Health should be scanned into the Electronic Document Management (EDM) system by Denver Health medical records staff to assure complete and accurate medical record information. Documentation is not considered complete and thorough without a specialty visit report scanned into Denver Health’s EDM.</p> <p>Indicator Rationale: This measure was adopted from the 2014 Clinical Quality Measures (CQMs) Adult Recommended Core Measures published by CMS. “Closing the feedback loop” is a process measure that falls under the Care Coordination domain and entails the completion of information transfer back to the patient’s PCP from the Healthy Lifestyles Clinic. This is an essential component of successful transitions of care that ensures continuity of</p>



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

The description of the study Indicator(s) should:

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

	care between the patient’s PCP and specialty services, in this case the Lifestyle Medicine Clinic at Children’s Hospital. The timeframe component of this measure was added to meet the criteria of a specific, measurable, attainable, relevant, and time-bound (SMART) objective that includes timeliness of the process completion.
Numerator: (no numeric value)	Number of patients with referrals to the Children’s Hospital Lifestyle Medicine Clinic, whose referring provider and PCP (if the PCP is not the referring provider) receives a specialty report within 30 days of the clinic visit.
Denominator: (no numeric value)	The number of patients referred to the Children’s Hospital Lifestyle Medicine Clinic for overweight or obesity.
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	Pilot Period: July 1, 2014 – June 30, 2015
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	July 1, 2015 – June 30, 2016
Remeasurement 1 Period Goal	100% of patients with referrals to the Children’s Hospital Lifestyle Medicine Clinic for overweight or obesity with a completed visit will have a PCP and/or referring provider who receives a specialty report within 30 days of the patient visit.
Remeasurement 2 Period (include	July 1, 2015 – June 30, 2016



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

The description of the study Indicator(s) should:

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

date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 2 Period Goal	Will be determined based on remeasurement 1 period data results.
State-Designated Goal or Benchmark	
Source of Benchmark	
Study Indicator 3:	No third study indicator was selected during the baseline period.
Numerator: (no numeric value)	
Denominator: (no numeric value)	
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period (include	



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

The description of the study Indicator(s) should:

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

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

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



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

The description of the sampling methods should:

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

Measurement Period	Study Indicator	Population Size	Sample Size	Margin of Error and Confidence Level
MM/DD/YYYY–MM/DD/YYYY				

Describe in detail the methods used to select the sample:

We are not using sampling, so this section is not applicable.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

Data collection methodology should include the following:

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

Data Sources (Select all that apply)

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

Medical/Treatment Record Abstraction

Record Type

Outpatient

Inpatient

Other

Other Requirements

Data collection tool attachment 1

Other Data – Patient visit results from BI portal report within Denver Health

Administrative Data

Data Source

Programmed pull from claims/encounters

Complaint/appeal

Pharmacy data

Telephone service data/call center data

Appointment/access data

Delegated entity/vendor data _____

Other _____

Other Requirements

Codes used to identify data elements (e.g., ICD-9/ICD-10, CPT codes)

Data completeness assessment attached

Coding verification process attached

Estimated percentage of administrative data completeness: _____ percent.

Describe the process used to determine data completeness:

Survey Data

Fielding Method

Personal interview

Mail

Phone with CATI script

Phone with IVR

Internet

Other __ Provider

Survey _____

Other Requirements

Number of waves _____

Response rate _____

Incentives used _____



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.*

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



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.*

Describe the data collection process:

The Pediatric Obesity Services Referral Process V.2 (Attachment 3) outlines the process for the *Pediatric Obesity Services Referral Documentation Protocol* for Denver Health's Healthy Lifestyles Clinic and Children's Hospital Lifestyle Medicine Clinic. Originally, it was determined that each clinic would fill out the data documentation tool as patients attended appointments, but this effort was not fully established and a more efficient method was implemented. The Healthy Lifestyle's Clinic staff and the IT team at Denver Health implemented a web-based data report that details patients seen at the clinic. The report details appointment date(s), patient MRN, BMI results, and which Denver Health clinic they visited. It can be pulled as needed by Denver Health staff. This list of patients will be compared to current DHMP member reports to ensure that the patients included in the study indicators are members of the medical plan and which line of business they fall under. DHMP QI team will pull this data quarterly and conduct data analysis to ensure that the process is running smoothly. The DHMP QI team and Healthy Lifestyles Clinic staff plan to meet quarterly as well to discuss program progress and address any issues that arise in a timely manner. The Children's Hospital Lifestyle Medicine Clinic data is provided by Children's Hospital data staff upon request by the QI team at DHMP. All data will be entered into the data collection tool by Denver Health QI Team for analysis and tracking purposes. Medical record review will be completed on all patients referred and seen in the Denver Health Healthy Lifestyles Clinic and the Children's Hospital Lifestyle Medicine Clinic to assess whether the criteria of each study indicator were met. The Data Collection and Chart Audit Tool (attachment 1) represents the results of all data collection activities conducted during the PIP measurement periods.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

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

Study Indicator 1 Title: Referrals to Denver Health Healthy Lifestyles Clinic with completed visits and specialty report documentation.

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
July 1, 2014 – June 30, 2015	Baseline	9	9	100%	100%	Will conduct in remeasurement period
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					

Study Indicator 2 Title: Referrals to Children’s Hospital Lifestyle Medicine Clinic with completed visits and specialty report documentation.

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
July 1, 2014 – June 30, 2015	Baseline	0	0	N/A	100%	Will conduct in remeasurement period
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

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

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

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

The populations of patients referred to both the Children's Hospital Lifestyle Medicine Clinic and the Denver Health Healthy Lifestyles Clinic were small; therefore there was no need to utilize sampling techniques. Testing for statistically significant changes will occur in remeasurement periods and reported in subsequent PIPs. Percentages of the totals were calculated using the numerators and denominators (see study indicator descriptions). For the CHP+ report, there were no Denver Health Medical Plan members who were referred to the Children's Hospital Lifestyle Medicine Clinic, and only 9 who were referred to the Denver Health Healthy Lifestyles Clinic. CHP+ is a smaller line of business at Denver Health Medical Plan, typically averaging around 3500 to 4000 members. We are reporting on the CHP+ members referred and providing the study indicator results; however, because the denominator is so small, the MCO PIP report that includes the larger Medicaid population may be a more accurate representation of the activities and findings of this PIP.

Baseline Measurement:

For **Study Indicator 1**, we have calculated the percentage of referrals to the Denver Health Healthy Lifestyles clinic with a completed visit and where the referring provider and PCP (if the PCP is not the referring provider) receives a specialty report within 7 business days of the clinic visit. Referrals with completed visit documentation will include a fax or email communication back to the PCP or referring provider (if the referring provider is not the PCP), and a specialty visit report documented in the electronic medical record. Medical record reviews were completed on the 9 patients referred and seen in the Denver Health Healthy Lifestyles Clinic. While working with the Denver Health Healthy Lifestyles Clinic during the baseline measurement period, we learned that an automated email (see Attachment 5) is generated and sent weekly to Denver Health providers that includes a report of any specialty appointments their patients may have had for the past week. This email is sent every 7 days; therefore, all of the patients referred to Denver Health Healthy Lifestyles clinic with a completed visit met the criteria for complete and timely visit documentation. This process was started in March of 2014 in an effort to help Denver Health clinics meet the PCMH standards for test and referral tracking, and to help initiate follow-up for patients who have missed important tests. In addition, for 4 out of the 9 (44%) CHP+ patients



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.*

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

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

referred and seen at Denver Health Healthy Lifestyles Clinic, providers sent additional follow-up emails to the PCP or referring provider. These emails are sent if a patient has more complex needs and/or need for additional tests or follow up.

For **Study Indicator 2**, there were no CHP+ patients referred to and seen at Children’s Hospital Lifestyle Medicine Clinic.

Baseline to Remeasurement 1:

Baseline to Remeasurement 2:

Baseline to Remeasurement 3:

Baseline to Final Remeasurement:

*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.*

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

This activity will include the following:

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

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

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

- The persons and teams involved in the creation and activities of this PIP are: the Denver Health Medical Plan QI team (Pediatric Intervention Manager and Quality Improvement Director), the Denver Health Healthy Lifestyles Clinic team (3 providers and staff), and the Children's Lifestyle Medicine Clinic team. Additional teams that impact the outcomes of this PIP are the Denver Health Medical Plan Utilization Management staff, who are involved in the referral approval process, and Denver Health medical records department.
- A preliminary process map was created in the planning phase of this PIP (Attachment 2). As the PIP progressed and we gained more insight into the referral process throughout the baseline measurement period, the process map was edited for accuracy and changes (Attachment 3). The process map was created to understand the complexities of the referral process and identify any inefficiencies or barriers points.
- Throughout the baseline period of the PIP, communications occurred at least once a month, and often occurred weekly. In addition to frequent emails, meetings and phone interviews were completed to assess the referral and transitions of care process: in-person meetings were conducted with Denver Health Healthy Lifestyles Clinic staff on 6/1/2015 and 9/22/15; telephone interviews with Children's Lifestyle Medicine Clinic staff were held on 5/18/15 and 7/20/15. These qualitative interviews and meetings provided much of the information on referral processes and barriers reported in this PIP.

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

- By collaborating with Denver Health Healthy Lifestyles Clinic and Children's Hospital Lifestyle Medicine Clinic, we were able to identify areas



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.*

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

This activity will include the following:

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

in the process that were creating barriers to efficiency in the referral process. Using the process map and feedback from providers involved with both clinics, (Attachment 3), we created a Failure Modes and Effects Analysis (Attachment 4) to identify and prioritize areas for future improvement and potential interventions. The FMEA lists current barriers identified; causes and interventions for these barriers are currently being assessed are in progress.

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

Currently there are no fully implemented interventions to evaluate. As interventions are implemented, the Denver Health Medical Plan QI team will assess, evaluate and report details in the PIP's next remeasurement period.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.**

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

This activity will include the following:

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

Barriers/Interventions Table:

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

Date Implemented (MM/YY)	Select if Continued, New, or Revised	Select if Member, Provider, or System Intervention	Priority Ranking	Barrier	Intervention That Addresses the Barrier Listed in the Previous Column
	Click to select status	Click to select status			
	Click to select status	Click to select status			
	Click to select status	Click to select status			
	Click to select status	Click to select status			

Report the evaluation results for each intervention and describe the steps taken based on the evaluation results. Was each intervention successful?



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Follow-up Communications Between Referring Providers and Pediatric
Obesity Specialty Clinics
For Denver Health Medical Plan, Inc.*

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

This activity will include the following:

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

How were successful interventions continued or implemented on a larger scale? How were less-successful interventions revised or discontinued?

Evaluation results for each Intervention:

Next steps for each intervention based on evaluation results: