



COLORADO

**Department of Health Care
Policy & Financing**

Fiscal Year 2019–2020 PIP Validation Report
for
**Rocky Mountain Health Plans Medicaid
Prime**

April 2020

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



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1. Executive Summary

The Code of Federal Regulations at 42 CFR Part 438—managed care regulations for Medicaid programs, with revisions released May 6, 2016, and effective July 1, 2017, for Medicaid managed care require states that contract with managed care health plans (health plans) to conduct an external quality review (EQR) of each contracting health plan. Health plans include managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), primary care case management entities (PCCM entities), and prepaid ambulatory health plans (PAHPs). The regulations at 42 CFR §438.350 require that the EQR include, conducted by an external quality review organization (EQRO), analysis and evaluation of aggregated information on healthcare quality, timeliness, and access. Health Services Advisory Group, Inc. (HSAG) serves as the EQRO for the State of Colorado, Department of Health Care Policy and Financing (the Department)—the agency responsible for the overall administration and monitoring of Colorado’s Medicaid managed care program.

Pursuant to 42 CFR §438.350, which requires states’ Medicaid managed care programs to participate in EQR, the Department required its Medicaid health plans to conduct and submit performance improvement projects (PIPs) annually for validation by the state’s EQRO.

For fiscal year (FY) 2019–2020, the Department required MCOs to conduct performance improvement projects (PIPs) in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i-iv), and each PIP must include:

- Measurement of performance using objective quality indicators.
- Implementation of systematic interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

As one of the mandatory EQR activities required by 42 CFR §438.358(b)(1)(i), HSAG, as the State’s EQRO, validated the PIPs through an independent review process. In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.¹⁻¹

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: January 27, 2020.

Over time, HSAG and some of its contracted states identified that while the MCOs had designed methodologically valid projects and received *Met* validation scores by complying with documentation

requirements, few MCOs had achieved real and sustained improvement. In July 2014, HSAG developed a new PIP framework based on a modified version of the Model for Improvement developed by Associates in Process Improvement and modified by the Institute for Healthcare Improvement.¹⁻² The redesigned PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous quality improvement. The redesigned framework redirects MCOs to focus on small tests of change to determine which interventions have the greatest impact and can bring about real improvement. PIPs must meet CMS requirements; therefore, HSAG completed a crosswalk of this new framework against the Department of Health and Human 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 presented the crosswalk and new PIP framework components to CMS to demonstrate how the new PIP framework aligned with the CMS validation protocols. CMS agreed that given the pace of quality improvement science development and the prolific use of Plan-Do-Study-Act (PDSA) cycles in modern improvement projects within healthcare settings, a new approach was needed.

PIP Components and Process

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

PIP Terms

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

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

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

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

¹⁻² Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed on: February 6, 2020.

For this PIP framework, HSAG developed five modules with an accompanying reference guide. Prior to issuing each module, HSAG held technical assistance sessions with the MCOs to educate about application of the modules. The five modules are defined as:

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework includes the topic rationale and supporting data, building a PIP team, setting aims (Global and SMART), and completing a key driver diagram.
- **Module 2—SMART Aim Data Collection:** In Module 2, the SMART Aim measure is operationalized and the data collection methodology is described. SMART Aim data are displayed using a run chart.
- **Module 3—Intervention Determination:** In Module 3, there is increased focus into the quality improvement activities reasonably thought to impact the SMART Aim. Interventions in addition to those in the original key driver diagram are identified using tools such as process mapping, failure modes and effects analysis (FMEA), and failure mode priority ranking, for testing via PDSA cycles in Module 4.
- **Module 4—Plan-Do-Study-Act:** The interventions selected in Module 3 are tested and evaluated through a thoughtful and incremental series of PDSA cycles.
- **Module 5—PIP Conclusions:** In Module 5, the MCO summarizes key findings and outcomes, presents comparisons of successful and unsuccessful interventions, lessons learned, and the plan to spread and sustain successful changes for improvement achieved.

Approach to Validation

HSAG obtained the data needed to conduct the PIP validation from **Rocky Mountain Health Plans Medicaid Prime (RMHP Prime)**'s module submission forms. In FY 2019–2020, these forms provided detailed information about **RMHP Prime**'s PIP and the activities completed in Module 3. (See Appendix A. Module Submission Form.)

Following HSAG's rapid-cycle PIP process, the health plan submits each module according to the approved timeline. Following the initial validation of each module, HSAG provides feedback in the validation tools. If validation criteria are not achieved, the health plan has the opportunity to seek technical assistance from HSAG. The health plan resubmits the modules until all validation criteria are met. This process ensures that the PIP methodology is sound prior to the health plan progressing to intervention testing.

The goal of HSAG's PIP validation is to ensure that the Department and key stakeholders can have confidence that any reported improvement is related to and can be directly linked to the quality improvement strategies and activities conducted by the health plan during the PIP. HSAG's scoring methodology evaluates whether the health plan executed a methodologically sound improvement project and confirms that any improvement achieved could be clearly linked to the quality improvement strategies implemented by the health plan.

Validation Scoring

During validation, HSAG determines if criteria for each module are *Achieved*. Any validation criteria not applicable (N/A) were not scored. As the PIP progresses, and at the completion of Module 5, HSAG will use the validation findings from modules 1 through 5 for each PIP to determine a level of confidence representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG will assign a level of confidence and report the overall validity and reliability of the findings as one of the following:

- **High confidence** = The PIP was methodologically sound, the SMART Aim was achieved, the demonstrated improvement was clearly linked to the quality improvement processes conducted and intervention(s) tested, and the MCO accurately summarized the key findings.
- **Confidence** = The PIP was methodologically sound, the SMART Aim was achieved, and the MCO accurately summarized the key findings. However, some, but not all, quality improvement processes conducted and/or intervention(s) tested were clearly linked to the demonstrated improvement.
- **Low confidence** = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes conducted and/or intervention(s) tested were poorly executed and could not be linked to the improvement.
- **Reported PIP results were not credible** = The PIP methodology was not executed as approved.

PIP Topic Selection

In FY 2019–2020, **RMHP Prime** submitted the following PIP topic for validation: *Substance Use Disorder Treatment in Primary Care Settings for Prime Members Age 18 and Older*.

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

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

Table 1-1 includes the PIP title and SMART Aim statement selected by **RMHP Prime**.

Table 1-1—PIP Title and SMART Aim Statement

PIP Title	SMART Aim Statement
<i>Substance Use Disorder Treatment in Primary Care Settings for Prime Members Age 18 and Older</i>	By June 30, 2020, increase from 1.45% to 11.94% the percentage of Prime Members aged 18 and greater at Foresight Family Practice who receive effective pharmacotherapy for opioid use disorder (OUD) or alcohol use disorder (AUD) within 60 days of an initial diagnosis.

The focus of the PIP is to increase the percentage of eligible members diagnosed with substance use disorder (SUD) at the narrowed focus provider practice who initiate medication-assisted treatment (MAT) within 60 days of diagnosis.

Table 1-2 summarizes the progress **RMHP Prime** has made in completing the five PIP modules.

Table 1-2—PIP Title and Module Status

PIP Title	Module	Status
<i>Substance Use Disorder Treatment in Primary Care Settings for Prime Members Age 18 and Older</i>	1. PIP Initiation	Completed and achieved all validation criteria.
	2. SMART Aim Data Collection	Completed and achieved all validation criteria.
	3. Intervention Determination	Completed and achieved all validation criteria.
	4. Plan-Do-Study-Act (PDSA)	Initiated in August 2019, with PDSA cycles continuing through SMART Aim end date of June 30, 2020.
	5. PIP Conclusions	Targeted submission for October 2020.

At the time of the FY 2019–2020 PIP validation report, **RMHP Prime** had passed Module 1, Module 2, and Module 3, achieving all validation criteria for the PIP. **RMHP Prime** has progressed to intervention testing in Module 4—Plan-Do-Study-Act. The final Module 4 and Module 5 submissions are targeted for October 2020; the Module 4 and Module 5 validation findings and the level of confidence HSAG assigns to the PIP will be reported in the FY 2020–2021 PIP validation report.

2. Findings

Validation Findings

In FY 2019–2020, **RMHP Prime** completed and submitted Module 3 for validation. Detailed module documentation submitted by the health plan is provided in Appendix A. Module Submission Form.

The objective of Module 3 is for the MCO to determine potential interventions for the project. In this module, the MCO asks and answers the question, “What changes can we make that will result in improvement?”

The following section outlines the validation findings for the module. Detailed validation criteria, scores, and feedback from HSAG are provided in Appendix B. Module Validation Tool.

Module 3: Intervention Determination

RMHP Prime completed a process map and an FMEA to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired outcomes, and can be addressed by potential interventions. Table 2-1 summarizes the potential interventions **RMHP Prime** identified to address high-priority subprocesses and failure modes determined in Module 3.

Table 2-1—Module 3 Intervention Determination Summary for the *Substance Use Disorder Treatment in Primary Care Settings for Prime Members Age 18 and Older* PIP

Failure Modes	Potential Interventions
Member changes their mind after initially agreeing to MAT for SUD	<ul style="list-style-type: none"> • Use of a Comprehensive Recovery and Family Therapy (CRAFT) approach to engage family support at initial and subsequent SUD treatment visits to help increase commitment level for engaging treatment • Engage Peer Support services to meet with member initiating SUD treatment • Partner with Mind Springs, a behavioral health facility, to develop a referral and care plan for members initiating SUD treatment
Member does not show up to SUD assessment visit	<ul style="list-style-type: none"> • Use of a CRAFT approach to engage family support at initial and subsequent SUD treatment visits to help increase commitment level for engaging treatment • Engage Peer Support services to meet with member initiating SUD treatment • Partner with Mind Springs, a behavioral health facility, to develop a referral and care plan for members initiating SUD treatment

Failure Modes	Potential Interventions
Member does not agree to MAT treatment for SUD	<ul style="list-style-type: none"> • Use of a CRAFT approach to engage family support at initial and subsequent SUD treatment visits to help increase commitment level for engaging treatment • Engage Peer Support services to meet with member initiating SUD treatment • Partner with Mind Springs, a behavioral health facility, to develop a referral and care plan for members initiating SUD treatment

At the time of this FY 2019–2020 PIP validation report, **RMHP Prime** had completed its PIP through Module 3 and had initiated the intervention planning phase in Module 4. **RMHP Prime** submitted its first intervention plan in August 2019. Table 2-2 summarizes the first intervention **RMHP Prime** selected for testing through PDSA cycles.

Table 2-2—Planned Intervention for the *Substance Use Disorder Treatment in Primary Care Settings for Prime Members Age 18 and Older* PIP

Intervention Description	Key Driver	Failure Modes
Use of a CRAFT approach to engage family support at initial and subsequent SUD treatment visits to help increase commitment level for engaging in SUD treatment	Primary care offices refer to and coordinate care with addiction specialists at community mental health centers (CMHCs) and methadone clinics	<ul style="list-style-type: none"> • Member changes their mind after initially agreeing to MAT for SUD • Member does not show up to SUD assessment visit • Member does not agree to MAT treatment for SUD

RMHP Prime selected one member-focused intervention for testing, in partnership with the narrowed focus provider. The member-focused intervention involved the provider using the CRAFT approach at initial treatment appointments, which more actively engaged family support for the member receiving treatment. The health plan expects the intervention to address failure modes related to the member agreeing to treatment, attending appointments, and treatment compliance. HSAG reviewed the intervention plan and provided written feedback and technical assistance to **RMHP Prime**. **RMHP Prime** is currently in the “Do” stage, testing the intervention and evaluating impact. HSAG will report the intervention testing results and final Module 4 and Module 5 validation outcomes in the next annual PIP validation report.

3. Conclusions and Recommendations

Conclusions

The validation findings suggest that **RMHP Prime** successfully completed Module 3 and identified opportunities for improving the process related to engaging members diagnosed with SUDs in MAT. **RMHP Prime** further analyzed opportunities for improvement in Module 3 and considered potential interventions to address the identified process flaws or gaps and increase the percentage of members who receive a well visit. The health plan also successfully initiated Module 4 by selecting an intervention to test and documenting a plan for evaluating the impact of the intervention through PDSA cycles. **RMHP Prime** will continue testing interventions for the PIP through June 30, 2020. The health plan will submit complete intervention testing results and PIP conclusions for validation in FY 2020–2021. HSAG will report the final validation findings for the PIP in the FY 2020–2021 PIP validation report.

Recommendations

- When planning a test of change, **RMHP Prime** should clearly identify and communicate the necessary steps that will be taken to carry out an intervention including details that define who, what, where, and how the intervention will be carried out.
- To ensure a methodologically sound intervention testing methodology, **RMHP Prime** should determine the best method for identifying the intended effect of an intervention prior to testing. Intervention testing measures and data collection methodologies should allow the health plan to rapidly determine the direct impact of the intervention. The testing methodology should allow the health plan to quickly gather data and make data-driven revisions to facilitate achievement of the SMART Aim goal.
- **RMHP Prime** should consistently use the approved Module 2 SMART Aim measure data collection and calculation methods for the duration of the PIP so that the final SMART Aim measure run chart provides data for a valid comparison of results to the goal.
- When reporting the final PIP conclusions, **RMHP Prime** should accurately and clearly report intervention testing results and SMART Aim measure results, communicating any evidence of improvement and demonstrating the link between intervention testing and demonstrated improvement.
- If improvement is achieved through the PIP, **RMHP Prime** should develop a plan for continuing and spreading effective interventions and sustaining improvement in the long term.

Appendix A. Module Submission Form

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



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Managed Care Organization (MCO) Information	
MCO Name:	Rocky Mountain Health Plans
PIP Title:	Substance Use Disorder Treatment in Primary Care Settings for Prime Members Age 18 and Older
Contact Name:	Jeremiah Fluke
Contact Title:	Community Integration Quality Analyst
E-mail Address:	Jeremiah.Fluke@rmhp.org
Telephone Number:	541-709-6609
Submission Date:	May 6, 2019
Resubmission Dates:	June 7, 2019 and July 1, 2019



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Process Mapping

Indicate when the process map(s) was completed and list all team members involved. Describe the role and responsibilities for each individual team member. The team should include a data analyst. The analyst can assist with determining data needed for prioritization of subprocesses and failure modes and proposed interventions.

Table 1—Process Mapping Team	
Development Period	
04/10/2019 to 05/06/2019	
Team Members Involved	Role/Responsibilities
Jeremiah Fluke, RMHP	PIP Lead
Shane Daniels, RMHP	Data Analyst
JK Costello, SG	Consultant to Practice and RMHP
Dr. Greg Reicks, FFP	Practice Liaison



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Failure Modes and Effects Analysis (FMEA)

Indicate when the FMEA was completed and list all team members involved. Describe the role and responsibilities for each individual team member. The team should include a data analyst. The analyst can assist with determining data needed for prioritization of subprocesses and failure modes and proposed interventions.

Table 2—Failure Modes and Effects Analysis Team	
Development Period	
04/10/2019 to 05/06/2019	
Team Members Involved	Role/Responsibilities
Jeremiah Fluke, RMHP	PIP Lead
Shane Daniels, RMHP	Data Analyst
JK Costello, SG	Consultant to Practice and RMHP
Dr. Greg Reicks, FFP	Practice Liaison



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Process Mapping

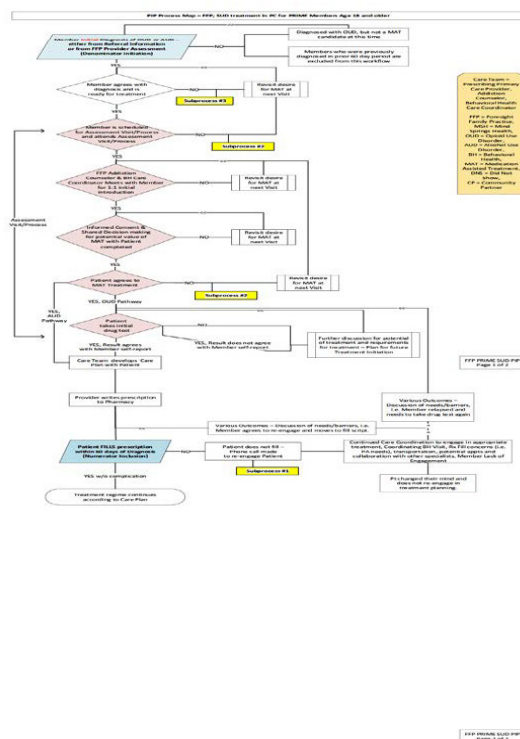
Develop a process map that aligns with the SMART Aim measure from the perspective of the person most impacted by the overall process (typically the member). The MCO may need to complete and submit more than one process map (i.e., member-level, provider-level, MCO-level, new members, existing members, etc.).

Clearly identify subprocesses (opportunities for improvement) within the process map. These subprocesses will be used in the FMEA table. Assign a numerical value to each identified subprocess based on having the greatest potential of impacting the SMART Aim. In addition to providing the process map(s), provide a narrative description of the PIP team's process and rationale for the selection of subprocesses with the greatest impact on the SMART Aim.

Process Map: (Also attached as a separate document)



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Process Mapping

Develop a process map that aligns with the SMART Aim measure from the perspective of the person most impacted by the overall process (typically the member). The MCO may need to complete and submit more than one process map (i.e., member-level, provider-level, MCO-level, new members, existing members, etc.).

Clearly identify subprocesses (opportunities for improvement) within the process map. These subprocesses will be used in the FMEA table. Assign a numerical value to each identified subprocess based on having the greatest potential of impacting the SMART Aim. In addition to providing the process map(s), provide a narrative description of the PIP team's process and rationale for the selection of subprocesses with the greatest impact on the SMART Aim.

Description of process and rationale for selection of subprocesses:

Subprocess #3 is defined for the AUD/ODU workflow used by FFP is that following the initial diagnosis, the Member's Assessment visit is not scheduled. The practice identified that this is an area where many members were lost in the workflow because they did not move forward with scheduling the assessment visit.

Subprocess #2 in this workflow is defined as the member receiving the diagnosis, but does not complete the assessment visit/process up until the step prior to taking the drug test. The practice identified that ultimately in this scenario the member is not ready to engage in treatment and needs continued discussion and engagement for continuing with the MAT Treatment.

Subprocess #1 in this workflow is defined as the member attending the entire Assessment visit/process but does not fill the prescription. The practice identified that potential barriers such as transportation, appointment and collaboration with other specialists, the Member's lack of engagement, or the Member potentially relapsed and needs to retake drug test.



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Failure Modes and Effects Analysis

From the completed process map(s), enter up to three subprocesses that have the potential to make the greatest impact on the SMART Aim. The assigned priority number in the process map should align with the subprocess number in the FMEA table. This will help clearly link each opportunity for improvement to an identified subprocess.

Complete the table with the corresponding failure modes, failure causes, and failure effects.

Note: The MCO should ensure that the same language is used consistently to describe the failure modes throughout Modules 3, 4, and 5.

Table 3—Failure Modes and Effects Analysis Table			
Subprocesses	Failure Modes (What could go wrong?)	Failure Causes (Why would the failure happen?)	Failure Effects (What are the consequences?)
1. Member attends Assessment visit but does not fill prescription	The Member changes their mind on MAT Treatment	Member favors home induction	Member doesn't receive MAT treatment at this time
	The Member changes their mind on MAT Treatment	Member not ready for treatment	Member doesn't receive MAT treatment at this time
2. Member is diagnosed but does not complete Assessment visit/process through the step prior to taking drug test.	Member does not show up to visit.	Cold feet	Member doesn't receive MAT treatment at this time
	Member does not show up to visit.	Transportation	Member doesn't receive MAT treatment at this time
	Member does not show up to visit.	Member Forgot	Member doesn't receive MAT treatment at this time
	Member does not agree to MAT Treatment	Member not ready for treatment	Member doesn't receive MAT treatment at this time



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Failure Modes and Effects Analysis

From the completed process map(s), enter up to three subprocesses that have the potential to make the greatest impact on the SMART Aim. The assigned priority number in the process map should align with the subprocess number in the FMEA table. This will help clearly link each opportunity for improvement to an identified subprocess.

Complete the table with the corresponding failure modes, failure causes, and failure effects.

Note: The MCO should ensure that the same language is used consistently to describe the failure modes throughout Modules 3, 4, and 5.

Table 3—Failure Modes and Effects Analysis Table			
3. Assessment visit is not scheduled.	Diagnosed, but not a MAT candidate	OUD diagnosed, but not appropriate for MAT at this time	Inappropriate for numerator
	The Member does not agree to the assessment visit.	Member does not want treatment.	Member doesn't receive MAT treatment at this time



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Failure Mode Priority Ranking

Based on the results of the priority ranking process, list the numerically ranked failure modes from highest to lowest priority. In the space below the table, please describe the process used to assign the priority ranking.

Table 4—Failure Mode Priority Ranking	
Priority Ranking	Failure Modes
1	Member changes their mind on MAT Treatment
2	Member does not show up to Assessment Visit.
3	Member does not agree to MAT Treatment.
4	Member does not agree to assessment visit.
5	OD diagnosed, but not appropriate for MAT at this time.

Description of priority ranking process (i.e., Risk Priority Number (RPN) method). If the RPN method was used, please provide the numeric values from the calculations:

Failure Mode Priority Ranking was completed through the Team's subjective ranking. FFP identified subprocesses that correspond with the following failure modes by ranking them 1 to 5, and 1 being the most impactful to the SMART AIM but where interventions were most likely to be successful. Therefore, of the 5 identified Failure Modes, *Member changes their mind on MAT Treatment* was given the highest ranking of #1 as the patient has been through the full process and given the prescription, but does not fill the prescription. Secondly, ranking #2, Member receives the diagnosis, but *does not show up for the scheduled assessment visit*. Ranking at #3, the *Member does not agree to MAT Treatment*, after attending the assessment visit. For the 4th ranking, the *Member does not agree to the assessment visit*, therefore the process does not move forward. Finally, for ranking #5 the *diagnosis is inappropriate*.

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Intervention Determination

In the Intervention Determine table, enter at a minimum, the top three ranked failure modes and the identified intervention to address the failure mode.

Table 5—Intervention Determination Table	
Failure Modes	Interventions
Member changes their mind on MAT Treatment	Engage family support, through CRAFT (Comprehensive Recovery and Family Therapy) at initial and subsequent visit to help increase commitment level for engaging treatment. Connection to Mind Springs, Kim Bjornstad. FFP BH referral development to Kim at Mind Springs with Member info and care plan. And/or Engage Peer Support services to meet with member. Connection to Mind Springs, Kim Bjornstad. FFP BH referral development to Kim at Mind Springs with Member info and care plan. Both routes will be used help alleviate barriers to engaging the MAT Treatment process.
Member does not show up to Assessment Visit.	Engage family support, through CRAFT (Comprehensive Recovery and Family Therapy) at initial and subsequent visit to help increase commitment level for engaging treatment. Connection to Mind Springs, Kim Bjornstad. FFP BH referral development to Kim at Mind Springs with Member info and care plan. And/or Engage Peer Support services to meet with member. Connection to Mind Springs, Kim Bjornstad. FFP BH referral development to Kim at Mind Springs with Member info and care plan. Both routes will be used help alleviate barriers to engaging the MAT Treatment process.
Member does not agree to MAT Treatment.	Engage family support, through CRAFT (Comprehensive Recovery and Family Therapy) at initial and subsequent visit to help increase commitment level for engaging treatment. Connection to Mind Springs, Kim Bjornstad. FFP BH referral development to Kim at Mind Springs with Member info and care plan. And/or



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Table 5—Intervention Determination Table	
	Engage Peer Support services to meet with member. Connection to Mind Springs, Kim Bjornstad. FFP BH referral development to Kim at Mind Springs with Member info and care plan. Both routes will be used help alleviate barriers to engaging the MAT Treatment process.

Appendix B. Module Validation Tool

Appendix B contains the Module Validation Tool provided by HSAG.



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
1. The documentation included the team members responsible for completing the process map(s) and failure mode and effects analysis (FMEA).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. The documentation included a process map(s) illustrating the step-by-step flow of the current process. The subprocesses identified in the process map(s) as opportunities for improvement were prioritized and assigned a numerical ranking.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>The health plan did not label subprocesses on the process map. The health plan should identify the subprocesses, or parts of the process where gaps, flaws, or failures occur in the process. These subprocesses represent the opportunities for improvement and should be labelled on the process map, numbered in order of priority, from highest to lowest impact.</p> <p>Additionally, HSAG identified the following issues with the process map that the health plan should consider:</p> <ul style="list-style-type: none"> • The process map did not reflect that members who were previously diagnosed in the past 60 days would be excluded from the denominator. • For patients that “already agreed to or initiated at MSH or CP,” should there be a step for the provider receiving the consent prior to starting treatment? • For the decision point, “Patient takes initial drug test,” the plan should include the yes and no options. The



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		<p>plan should also explain, what are the “expected” and “unexpected” results?</p> <ul style="list-style-type: none"> It appeared that the following steps would be yes/no decision points in the process: <ul style="list-style-type: none"> FFP Addition Counselor & BH Care Coordinator meets with Patient for 1:1 initial introduction Informed Consent & Shared Decision making for potential value of MAT with patient Secondary F/U visit for MAT treatment and ongoing BH Visits are scheduled It appeared that the steps describing “Continued Care Coordination” would include multiple steps that could be more clearly defined in the process map to identify potential areas for improvement. The step described as “Various Outcomes - Discussion of needs/barriers” was unclear. The health plan should revise the description to clarify what activities occur in this part of the process, adding additional steps, if necessary. <p>Re-review June 2019: The health plan addressed HSAG’s previous feedback and revised the process map; however,</p>



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		<p>HSAG identified several remaining opportunities for improvement:</p> <ul style="list-style-type: none"> The yellow labels added to the process map should be identifying <i>subprocesses</i>, rather than <i>failure modes</i>; therefore, it appeared that the labels should not include “FM#...” and should be “Subprocess #...” or an abbreviation for subprocess. The two steps in the process map labelled “FM#3” did not appear to be part of the same subprocess. Misdiagnosis of members seems to be a separate subprocess than members with a proper diagnosis who are not scheduled for an assessment visit. The health plan should consider these two issues separately when identifying, prioritizing, and analyzing subprocesses for the FMEA. Additionally, it appears that members that are misdiagnosed should be removed from the denominator. The portion of the process map labelled with “FM#3” was unclear and did not appear to align with Subprocess #3 documented on page 6 of the submission form. HSAG recommends that the health plan schedule a TA call to talk through and clarify the process map for the PIP.



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		Re-review July 2019: The health plan addressed HSAG's feedback in the revised process map. The criterion was achieved.
3. The health plan included a description of the process and rationale used for the selection of subprocesses in the FMEA table.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>On pages 6-7, the health plan provided a narrative description of the process map, rather than a narrative description of the process used to select subprocesses in the process map for improvement.</p> <p>The health plan should revise the documentation on pages 6-7 to describe how and why the PIP team identified areas of the process map (subprocesses) as opportunities for improvement.</p> <p>Re-review June 2019: The health plan addressed HSAG's feedback. The criterion was achieved.</p>
4. Each subprocess in the FMEA table aligned with a numerically ranked opportunity for improvement in the process map(s), and was logically linked to the documented failure modes, causes, and effects.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>HSAG identified the following opportunities for improvement:</p> <ul style="list-style-type: none"> The plan did not number the subprocess steps in the process map; the subprocess steps listed in Table 3 were not clearly identifiable within the process map. The health plan should revise the Module 3 documentation to clearly link the subprocesses in the process map with the subprocesses identified in the FMEA table.

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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		<ul style="list-style-type: none"> The subprocess description, “Diagnosis to assessment visit” was unclear. <p>Re-review June 2019: The health plan addressed HSAG’s feedback; however, the description and failure modes documented for Subprocess # 3 are unclear. If the diagnosis is inappropriate, is the member not removed from the denominator of the SMART Aim?</p> <p>Re-review July 2019: The health plan addressed HSAG’s feedback by removing “OUD misdiagnosed” from the Failure Causes listed in the FMEA Table. The criterion was achieved.</p>
5. The health plan described the failure mode priority ranking process. If the RPN method was used, the health plan provided the numeric calculations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>In the Failure Mode column of Table 4, the health plan listed subprocesses from the FMEA table, rather than failure modes. The health plan should use consistent language to describe the failure modes throughout Module 3.</p> <p>Re-review June 2019: The health plan addressed HSAG’s feedback. The criterion was achieved.</p>
6. The interventions listed in the Intervention Determination table were appropriate based on the ranked failure modes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>HSAG was unable to determine the appropriateness of the interventions listed in Table 5 because the Module 3 documentation did not clearly link subprocesses and failure modes. (See feedback for Criteria 2 through 5, above).</p>



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		<p>Re-review June 2019: The health plan did not describe specific changes that could be tested in the Interventions column of Table 5. Table 5 should include specific changes that can be tested through PDSA cycles in Module 4. The documentation should briefly describe <i>how</i> will the health plan “engage family support...” and “engage Peer Support services...” (what specific change will be made) to address each failure mode listed in the table.</p> <p>Re-review July 2019: The health plan revised the intervention descriptions to provide details of specific changes that can be tested. The criterion was achieved.</p>

Intervention Determination (Module 3)
☒ Pass

Date: July 11, 2019