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FY 2023-24

DMC-ODS

EXTERNAL QUALITY REVIEW

PERFORMANCE IMPROVEMENT PROJECTS

QUARTERLY REPORT

Prepared for:

**California Department of
Health Care Services (DHCS)**

For Reviews Conducted During:

January – March 2024

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INTRODUCTION

The United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care programs by an External Quality Review Organization (EQRO). External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on quality, timeliness, and access to health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of managed care services. Counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) are considered PIHPs and therefore subject to applicable Medi-Cal Managed Care laws and regulations governing PIHPs. CMS rules (42 CFR §438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations) specify the requirements for evaluation of Medicaid Managed Care programs. These rules require an on-site review, virtual review, or desk review of each DMC-ODS.

The Validating Performance Improvement Projects Protocol¹ specifies that States must require their Medicaid and Children's Health Insurance Program managed care plans (MCPs) to conduct Performance Improvement Projects (PIPs) that focus on both clinical and non-clinical areas each year. A PIP is defined as: "...a project conducted by the MCP that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. A PIP may be designed to change behavior at a member, provider, and/or MCP/system level." The EQRO is required to validate these PIPs, and DHCS elected to examine projects that were underway at some time during the twelve months preceding the EQR.

This report presents a summary of the PIP findings of the reviews conducted by the California External Quality Review Organization (CalEQRO), Behavioral Health Concepts, Inc. (BHC). The summary contained in this report pertains to the reviews that were conducted during the third quarter of DHCS fiscal year (FY) 2023-24 (January – March 2024). This report provides summary information to DHCS, DMC-ODSs, and other stakeholders regarding the completeness of the PIP submissions received by CalEQRO during the quarter. Each PIP submission for this quarter is summarized at the end of the report. Any further information about a specific PIP may be obtained by reviewing that specific DMC-ODS's Annual Report.

This summary report includes data that was analyzed and aggregated by CalEQRO from the EQR activity described below:

¹ Department of Health and Human Services. Centers for Medicare and Medicaid Services (2023). Validation of Performance Improvement Projects: A Mandatory EQR Related Activity, Protocol 1, Version 1.0, February 2023. Washington, DC: Author.

VALIDATING PERFORMANCE IMPROVEMENT PROJECTS

Each DMC-ODS is required to conduct two PIPs during the 12 months preceding the review. These PIPs must be submitted to CalEQRO for review and scoring is done in accordance with a Validation Tool developed by BHC (see Appendix B). This Validation Tool was created by CalEQRO to include all required elements of review from the relevant CMS Protocol.²

The purpose of a PIP is to assess and improve the processes and outcomes of health care provided by a DMC-ODS for persons with substance use disorders (SUD).

The following DMC-ODSs submitted PIPs that were reviewed and scored during reviews conducted by CalEQRO during the months of January – March 2024. These reviews were conducted as virtual or on-site reviews. The results of these DMC-ODS reviews are described in this report.

Table 1. DMC-ODSs Reviewed

| | |
|--------------|-----------------|
| Alameda | San Bernardino |
| Contra Costa | San Diego |
| El Dorado | San Luis Obispo |
| Monterey | San Mateo |
| San Benito | Santa Clara |

² Ibid.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

The following table illustrates the number of PIPs that were submitted for validation through the CalEQRO review by each DMC-ODS reviewed in January – March 2024.

Table 2. PIP Submission Standard

| DMC-ODS | Clinical PIPs Submitted | Status of Clinical PIPs | Non-Clinical PIPs Submitted | Status of Non-Clinical PIPs |
|-----------------|-------------------------|-------------------------|-----------------------------|-----------------------------|
| Alameda | 1 | Implementation Phase | 1 | Implementation Phase |
| Contra Costa | 1 | Second Remeasurement | 1 | Planning Phase |
| El Dorado | 1 | First Remeasurement | 1 | First Remeasurement |
| Monterey | 1 | Planning Phase | 1 | Implementation Phase |
| San Benito | 1 | First Remeasurement | 1 | First Remeasurement |
| San Bernardino | 1 | Baseline Year | 1 | Baseline Year |
| San Diego | 1 | Implementation Phase | 1 | Implementation Phase |
| San Luis Obispo | 1 | First Remeasurement | 1 | First Remeasurement |
| San Mateo | 1 | Implementation Phase | 1 | Planning Phase |
| Santa Clara | 1 | Baseline Year | 1 | Baseline Year |

Table 3. PIP Status Defined

| PIP Status Terminology | Definition |
|--|---|
| PIP Submitted for Approval | The DMC-ODS submitted the PIP concept for review by CalEQRO |
| Planning Phase | DMC-ODS is preparing to implement the PIP. |
| Implementation Phase | The DMC-ODS has established baseline data on at least some of the indicators, and at least some interventions have started. Any combination of these is acceptable. |
| Baseline Year | Interventions have begun and the DMC-ODS is establishing a baseline measurement. |
| First Remeasurement | Baseline has been established and the intervention is being remeasured for the first year/period. |
| Second* Remeasurement | The success of intervention(s) is being measured for the second year/measurement period. |
| Other - Completed | In the past 12 months or since the prior EQR the work on the PIP has been completed. |
| Other – Developed in a Prior Review Year | Rated last year and not rated this year. DMC-ODS has done planning, but intervention had not yet started. |

*Additional years of remeasurement are indicated as applicable to accurately describe PIP status.

Of the ten DMC-ODS reviews that were conducted during January to March 2024, all ten submitted some information to be considered for validation and met the submission standard that requires the submission of two PIPs.

Table 4. PIP Topics for all PIP Submissions

| PIP Topics | PIP Titles | Clinical | Non-Clinical |
|-------------------------|---|-----------------|---------------------|
| Access to Care | Pharmacotherapy for Opioid Use Disorder (POD) | San Bernardino | |
| | POD | San Diego | |
| | POD | San Luis Obispo | |
| | POD | San Mateo | |
| | Medication for Opioid Use Disorders (MOUD) | Santa Clara | |
| | POD | | El Dorado |
| | POD | | San Benito |
| Outcomes of Care | Decrease the Readmission Rate to Residential Withdrawal Management (WM) | Contra Costa | |
| Quality of Care | Care Coordination for Residential Substance Use Disorder (SUD) Services | Alameda | |
| | SUD Clinical PIP Using American Society of Addiction Medicine (ASAM) Criteria to Place Individuals into Residential Treatment | Monterey | |
| | Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) | El Dorado | |
| | FUA | San Benito | |
| | FUA | | Alameda |
| | FUA | | Contra Costa |
| | FUA | | Monterey |
| | FUA | | San Bernardino |
| | FUA | | San Diego |
| | FUA | | San Luis Obispo |
| | FUA | | San Mateo |
| | FUA | | Santa Clara |

FINDINGS

Many PIPs address comparable topics as DMC-ODSs are facing similar issues. The findings pertain to DMC-ODSs' operation of an effective Managed Care Organization, such as processes for ensuring access to and timeliness of services, processes for improving the quality of SUD care, and improvements in functioning and outcomes because of care. For more information regarding the PIPs detailed below, please see Appendix A of this report.

Access to Care

Five clinical PIPs and two non-clinical PIPs focused on improving access to care for members.

- San Bernardino, San Diego, San Luis Obispo, San Mateo and Santa Clara designed clinical PIPs to improve access to pharmacotherapy for OUD. El Dorado and San Benito designed non-clinical PIPs to do the same. The PIPs address a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure. This HEDIS measure, POD, assesses the percentage of OUD pharmacotherapy treatment events among members that continue for at least 180 days (6 months). These PIPs were developed in response to DHCS' California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Plan (BHQIP). BHQIP is an incentive payment program, each County DMC-ODS can earn incentive payments in the CalAIM BHQIP by completing deliverables tied to program milestones. These OUD PIPs are aligned with the BHQIP Milestone 3d.
 - San Bernardino's clinical PIP and El Dorado's non-clinical PIP focused on the use of the Social Determinants of Health assessment and exchange of information with the managed care plan in their county. These PIPs are not fully operational.
 - San Diego's clinical PIP team designed educational interventions aimed at increasing knowledge about the benefits of MAT among those with OUD. They developed a MAT pamphlet, a MAT toolkit, and an educational video. Data collection was sporadic and did not allow for confidence in the results.
 - San Luis Obispo focused its clinical PIP on a centralized referral tracking mechanism that allows for coordination from the ED and engagement strategies through post initiation outreach efforts with brief, regular phone contacts to support members in follow up treatment. The design of this PIP should prove successful; however, results were not fully available.
 - San Mateo's clinical PIP is designed to create a standardized process to screen/assess and refer members for MAT services across all the Plan's

contract agencies. This PIP is in the implementation phase and results were not available.

- Santa Clara focused its clinical PIP on providing peer staff outreach, engagement, and support to link members to the County-operated Narcotic Treatment Program (NTP) clinic which is on the same campus as the ED. This PIP is also in the preliminary stages of development.
- San Benito's non-clinical PIP was designed to engage referrals from a local hospital and have direct access to the SUD supervisor who will assign an SUD counselor to follow up immediately. Currently, the intervention is not fully operational.

Outcomes of Care

One clinical PIP sought to impact the outcomes of care.

- Contra Costa's clinical PIP is focused on improving engagement, early discharge planning, and follow-up services for treatment after the episode of WM. Case management and warm handoff requirements were added to facilitate a smooth transition to treatment services after WM. While data showed modest improvements, the new services and systems communication did appear to be changing the experiences of care for many members as well as the skills of the WM staff in delivering more effective care.

Quality of Care PIPs

Four clinical PIPs and eight non-clinical PIPs sought to impact the quality of care.

- Alameda's clinical PIP is focused on coordination to support members within residential treatment by providing added care coordination services. This PIP is in the implementation phase and has experienced a prolonged inability to collect data.
- Monterey's clinical PIP focuses on implementing interventions to address performance related to members needing access to residential treatment. By embedding the ASAM assessment into the EHR, all members requiring a referral to residential treatment will be directly referred to this service without prior authorization, making member entry into treatment both easier and faster. This PIP is in the planning phase and has not been implemented.
- El Dorado and San Benito designed clinical PIPs; Alameda, Contra Costa, Monterey, San Bernardino, San Diego, San Luis Obispo, San Mateo, and Santa Clara designed non-clinical PIPs to address the NCQA HEDIS measure, FUA. This measure assesses emergency department (ED) visits for members with a principal diagnosis of AOC abuse or dependence, who had a follow up visit for AOD. These PIPs were developed in response to DHCS' CalAIM BHQIP Milestone 3d.

- El Dorado's clinical PIP sets up a partnership with a local hospital to credential, train, and support Substance Use Navigators (SUNs) that assess patients entering the ED. This PIP has been successful as the Plan has increased the number and percent of individuals receiving follow-up services within 7 and 30 days by 25 percent within the first six months of implementation.
- San Benito's clinical PIP includes a new protocol for direct confidential referrals to the San Benito Behavioral Health Plan (both MH and DMC-ODS) of identified patients with alcohol and other drug diagnoses. Patients are then assigned a care coordinator. This PIP is in the baseline year and outcomes are yet to be measured.
- Alameda has collaborated with 14 hospitals in the county to receive direct, real-time admission, discharge, and treatment (ADT) data on members who have visited an ED and have a principal SUD diagnosis. Dashboards have been created and push alerts are being sent to SUD providers with the goal of improving timely follow up for mutually served members. Due to unforeseen circumstances preventing data collection, this PIP is not fully implemented.
- Contra Costa's non-clinical PIP included staffing at the ED with SUD expertise and new workflows to support admissions to treatment with the 24-hour Access team. This PIP has seen some success due to the integrated supervision of the PIP and data exchange between the Epic hospital system and the SmartCare DMC-ODS program and Access Team.
- Monterey's implementation steps for their non-clinical PIP included continued collaboration with the four regional hospitals participating in this PIP through the workflow protocols established and updated when applicable. They continued tracking referrals through the development of a post-hospital tracking form. This PIP is in the implementation phase and has no post-intervention results.
- San Bernardino and San Luis Obispo's non-clinical PIP efforts have led to staff receiving a daily ED Admit, Discharge, Transfer (ADT) data feed from the MCPs or hospitals. In response to an ED alert system, the Plans initiate and coordinate ongoing follow-up services for eligible ED bridge members. The Plans are still refining the quality and timeliness of the data they are receiving.
- San Diego and Santa Clara's non-clinical PIPs seek to utilize peer staff to provide system navigation and support for a variety of needs. The DMC-ODS has yet to get the PIP fully operational as data sharing agreements and other collaboration mechanisms have been delayed.

- San Mateo’s non-clinical PIP is in the planning phases and the Plan is evaluating the possible interventions, including care coordination post-discharge; post-discharge outreach; and centralized referral tracking system.

CALEQRO RATING OF SUBMITTED PIPS

The table below lists the Validation Items that are reviewed and validated for each PIP. CalEQRO assesses the overall validity and reliability of the PIP methods and findings to determine whether it has confidence in the results. CalEQRO will assign an overall validation rating of high, moderate, low, or no confidence to the PIP. The validation rating is based on CalEQRO’s assessment of whether the County adhered to the acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

Table 5. PIP Rating Steps

| Step | PIP Section |
|------|---|
| 1 | Review the Selected PIP Topic |
| 2 | Review the PIP AIM Statement |
| 3 | Review the Identified PIP Population |
| 4 | Review the Sampling Method (if applicable) |
| 5 | Review the Selected PIP Variables and Performance Measures |
| 6 | Review the Data Collection Procedures |
| 7 | Review Data Analysis and Interpretation of PIP Results |
| 8 | Assess the Improvement Strategies |
| 9 | Assess the Likelihood that Significant and Sustained Improvement Occurred |

Table 6. PIP Ratings Defined

| | |
|---------------------|--|
| High Confidence | Credible, reliable, and valid methods for the PIP were documented. |
| Moderate Confidence | Credible, reliable, or valid methods were implied or able to be established for part of the PIP. |
| Low Confidence | Errors in logic were noted or contradictory information was presented or interpreted erroneously. |
| No Confidence | The study did not provide enough documentation to determine whether credible, reliable, and valid methods were employed. |

The DMC-ODSs reviewed from January to March 2024 received the following overall ratings:

Table 7. PIP Rating by DMC-ODS

| DMC-ODS | Clinical | Non-Clinical |
|-----------------|---------------------|---------------------|
| Alameda | Low Confidence | Low Confidence |
| Contra Costa | Moderate Confidence | High Confidence |
| El Dorado | Moderate Confidence | Low Confidence |
| Monterey | Low Confidence | Low Confidence |
| San Benito | Moderate Confidence | Low Confidence |
| San Bernardino | Low Confidence | Low Confidence |
| San Diego | Low Confidence | Low Confidence |
| San Luis Obispo | Moderate Confidence | Moderate Confidence |
| San Mateo | Moderate Confidence | Moderate Confidence |
| Santa Clara | Moderate Confidence | Moderate Confidence |

- Alameda’s clinical and non-clinical PIPs received Low Confidence ratings.
 - The clinical PIP was validated at low confidence because Alameda has experienced a prolonged inability to collect data due to delays caused by SmartCare implementation and confusion between DHCS, the County, and the providers regarding how to claim case management services in residential treatment.
 - The non-clinical PIP experienced a prolonged inability to collect data due to delays created by SmartCare implementation, transition to Current Procedural Terminology codes for CalAIM, and glitches in receiving, ingesting, and cleaning the ADT data from hospital.
- El Dorado’s non-clinical PIP received a Low Confidence rating as two of the four measures have not been measured but are scheduled for implementation in January 2024 using the new dashboard data analysis and reporting.
- Monterey’s clinical and non-clinical PIPs received Low Confidence ratings.
 - The clinical PIP is in the planning phase, and the DMC-ODS is still working on building the necessary collaboration this project requires with the ED in Natividad Medical Center (NMC).

- The non-clinical PIP is in the implementation phase and does not have any post-intervention results; Monterey has yet to form the relationships needed to implement its plan fully.
- San Benito's non-clinical PIP received a Low Confidence rating due to several factors.
 - The partner hospital has declared bankruptcy and is being sold to another hospital entity.
 - Staffing at the hospital ED to engage the potential members is limited to one social worker who is also the ED Bridge coordinator.
 - Engagement and education are needed to gain physician cooperation with the referral identification and process, which is still in process.
 - The NTP is in Monterey County; daily transportation, including weekends, is not always available, as reported by members.
- San Bernardino's clinical and non-clinical PIPs received Low Confidence ratings due to a lack of data for each PIP.
 - The clinical PIP only has data from three of the six participating providers, at specified points in time. It is unclear what effect the intervention had on the rate-specific goals of the PIP.
 - The non-clinical PIP lacks service utilization data, due to delayed claims. Thereby not providing a complete picture of the FUA performance outcomes.
- San Diego's clinical and non-clinical PIPs received Low Confidence ratings.
 - The clinical PIP suffered from data issues as the data was collected sporadically from one of the pilot sites, potentially affecting the validity of the results. Additionally, the PIP evaluation team identified data quality concerns that potentially threatened the validity of the findings.
 - The Non-clinical PIP had methodological issues, including issues with obtaining a data sharing agreement and referral process in place between PeerLINKS and the pilot EDs impacted the low rate of referrals to date. Additionally, HIPAA makes it difficult for any information sharing between the various stakeholders to communicate and work to improve the connection to services for members once discharged from the ED.
- El Dorado's clinical PIP received a Moderate Confidence rating because the Plan's specific and time-bound goal of 25 percent improvement has been met. The collaborative partnerships are essential and quite strong for this project.

- Contra Costa's clinical PIP received a Moderate Confidence rating because the analysis of the problem was thorough, and the design of interventions involved reviewing research and engaging the WM providers to motivate them to make service changes associated with successful transitions.
- San Benito's clinical PIP received a Moderate Confidence rating because the basic design and interventions are sound and have proven successful in other DMC-ODS plans.
- San Luis Obispo's clinical and non-clinical PIPs received moderate confidence ratings due to their strength of design and the relationships they have built with other providers.
- San Mateo's clinical and non-clinical PIPs received moderate confidence ratings due to the strength of the methodology. However, both PIPs are in the initial stages of development, with the clinical PIP in an implementation phase with many interventions and tracking mechanisms still needing to be implemented, and the non-clinical PIP is in the planning phase.
- Santa Clara's clinical and non-clinical PIPs received Moderate Confidence ratings because the design was sound and based on experience in other DMC-ODS programs. Santa Clara is enhancing their data systems to monitor the process improvement events leading to successful engagement and retention in opioid replacement therapies for six months or more.
- Contra Costa's non-clinical PIP received a High Confidence rating due to the integrated supervision of the PIP and data exchange between the Epic hospital system and the SmartCare DMC-ODS program and Access Team. Also, the DMC-ODS completed a thorough review of the root causes for the current admission rates to treatment after an ED visit.

CONCLUSIONS/RECOMMENDATIONS

During the FY 2023-24 annual reviews, CalEQRO found strengths in DMC-ODS programs and practices that have a significant impact on the overall delivery system and its supporting structure. In those same areas, CalEQRO also noted opportunities for quality improvement.

PIP TOPICS

Seven of the 20 DMC PIPs validated focused on access to care issues (35 percent), 10 focused on timeliness issues (50 percent), 1 focused on outcomes of care (5 percent), and 2 focused on quality of care (10 percent).

PIP DESIGN/IMPLEMENTATION

Areas for Improvement

In summary, 100 percent of the 20 PIP submissions due to CalEQRO for the January to March 2024 reviews meet the required submission standards. Of those submissions, 1 PIP received High Confidence rating (5 percent), 9 PIPs (45 percent) received a Moderate Confidence rating, and 10 (50 percent) received a Low Confidence rating. None of the PIPs received a No Confidence rating.

Recommendations to DMC-ODSs

- Provide detailed implementation plans for interventions. A detailed plan will allow for better tracking of results.
- Monitor data collection to ensure fidelity in the results. All data should be collected in the same consistent manner.
- Design PIPs to measure the impact of interventions on beneficiaries, not just the number of referrals or beneficiaries served.
- Many of the PIPs are dependent on engagement with outside entities, foster these relationships so that the PIPs can be successful.
- PIPs are continuous quality improvement projects and require ongoing activity. MHPs must be actively engaged in the project to ensure success. MHPs must involve key personnel, routinely review data and interventions, and adjust course when needed.

Technical Assistance to DMC-ODSs

CalEQRO worked individually with each DMC-ODS through video conferencing to provide TA in the development and progression of their PIPs. Telephone and Zoom sessions occurred with DMC-ODSs before, during, or after the virtual or onsite reviews for 100 percent of the January to March counties. These sessions are specific for each DMC-ODS and include assistance with defining a problem with local data, aid in writing a PIP Aim Statement; and help with identifying appropriate interventions, outcomes, and indicators. CalEQRO also met with counties to discuss the interpretation of results, outside influences, SUD research on related topics, successful PIP interventions in other counties for similar problems in care, and other research related to their topics and problems.

CalEQRO provided a PIP training during the annual California Quality Improvement Coordinators conference on March 13, 2024. During this training, CalEQRO reviewed successful PIPs and reported on the findings of FY 2022-23 external quality review.

CalEQRO has recorded three PIP instructional videos and has collected successful PIPs in a PIP Library that is available on our website at <http://www.calegro.com>.

APPENDICES

Appendix A: Summary of PIPs submitted by DMC-ODSs – Clinical and Non-Clinical, by Domain Category

Appendix B: CalEQRO PIP Validation Tool

CLINICAL PIP TOPICS SUBMITTED

Of the 10 Clinical PIPs required for submission, 10 DMC-ODS submitted information that could be validated. All the PIPs validated are summarized here in this Appendix based on extractions from the PIP submissions.

Access to Care PIPs

San Bernardino

PIP Title: POD

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|--|---|---|--|
| For Medi Cal members initiating medication for opioid use disorder (MOUD) from the Plan or the Plan's provider network, screening for social determinants of health (SDOH) and implementing care coordination to address barriers to engagement will increase the percentage of continuous MOUD events by 5% by March 1, 2024. | Medi Cal members initiating MOUD from the Plan or the Plan's provider network. Providers selected the SDOH intervention/screening as a starting point based on feasibility and after testing/reviewing other identified interventions that could address findings from the root cause analysis. NTPs will assess factors contributing to various complex issues which may or may not include co-occurring mental health/SUD and medical needs, polysubstance use, isolation due to geographic challenges, lack of social support or transportation, and member's unique stages of change. | <p>As of January 2024, they have tracked the number of members who were screened, had a need met, and maintained treatment for 30, 60, 90, and 180 days or more. San Bernardino continues to utilize PDSA as they consider ways in which to successfully systemize this process.</p> <p>Data has been forthcoming from only three of the six participating providers, at specified points in time. Given some of the fragmentation of the data set, it is unclear what effect the intervention had on rates specific to goals set out in the PIP. The DMC-ODS and stakeholders' partnerships and collaborative efforts are focused and committed to the success of the PIP's aim statement.</p> | Continue to collaborate, develop, and improve the referral tracking/data exchange system among hospitals, managed care providers, physicians, and the DMC-ODS. |

San Diego**PIP Title:** POD

| <u>Aim Statement</u> <u>(as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by</u> <u>CalEQRO</u> |
|---|--|--|---|
| This POD PIP aimed to increase the proportion of OUD pharmacotherapy treatment events among members aged 16 years and older served at the Outpatient and Opioid Treatment Program (OTPs) that continue for at least 180 days (six months) by five percent by March 2024. BHS worked towards this goal by aiming to increase knowledge of the benefits of Medication Assisted Treatment among members. | <p>The member population is individuals aged 16 years or older with OUD and a new pharmacotherapy event for OUD. The PIP Advisory group agreed to narrow the scope of the POD PIP to focus on this population served at the OTPs in the DMC-ODS with the intent of scaling the project out to the entire DMC-ODS if appropriate.</p> <p>Based on the information gleaned from the stakeholder workgroups and the member survey, the evaluation team designed educational interventions aimed at increasing knowledge about the benefits of MAT among those with OUD. They developed a MAT pamphlet, a MAT toolkit, and an educational video.</p> | <p>While 180 days since the first member received an intervention have not yet elapsed and any changes which may have occurred because of the PIP interventions cannot yet be assessed, it can be reported that as of February 12, 2024, 150 unique members received at least intervention #1 and/or intervention #2.</p> <p>Data was collected sporadically from one of the pilot sites, potentially affecting the validity of the results, and data quality concerns identified during routine checks by the PIP evaluation team may also threaten the validity of the findings.</p> | Extending the PIP, when coupled with a recently added third pilot site, would provide additional baseline data spanning an additional year. |

San Luis Obispo**PIP Title:** POD

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|---|--|
| For Medi Cal beneficiaries initiating MOUD from the Plan or the Plan's provider network, implemented interventions will increase the percentage of continuous MOUD events by 5% by June 30, 2024. | <p>The PIP intervention is focused on receiving referral information directly from the hospital group, rather than obtaining ED data from the managed care plan (MCP). This process allows San Luis Obispo to work directly with the hospital providers to remove barriers and receive information regarding beneficiaries receiving POD services at the ED, regardless of primary diagnosis.</p> <p>The DMC-ODS will utilize a centralized referral tracking mechanism that allows for coordination from the ED and engagement strategies through post initiation outreach efforts with brief, regular phone contacts to support members in follow up treatment.</p> | In addition to implementing interventions to connect the identified beneficiaries with MOUD services and logging such services with a tracking spreadsheet, San Luis Obispo notes that they will continue to work with Dignity Health partners to identify a process for receiving closer to real time referral information to improve on the objectives with this PIP. | Consider use of CalEQRO's PIP Development Tool to organize a comprehensive discussion of the PIP, the baseline data, document course adjustments and the show results over time. |

San Mateo**PIP Title:** POD

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|---|--|
| For DMC-ODS clients referred to MAT services, the percent of medications for opioid use disorder (MOUD) initiations will increase 5 percent from the FY 2021 22 baseline by March 1, 2024 | <p>Based on root cause analysis and stakeholder engagement activities, the DMC-ODS determined that improving the provision of MOUD must address two areas: 1) Ensuring that MAT services are being initiated to all members who could benefit, rather than focusing only on those who are ready to initiate as a result of an emergency department/psychiatric emergency services/detox visit; and 2) Increasing training for staff to promote engagement in MAT for all members enrolled in the Plan who have initiated treatment.</p> <p>The initial intervention is to create a standardized process to screen/assess and refer members for MAT services across all the Plan's contract agencies. All contract agencies will engage in this intervention.</p> <p>The second phase of the intervention includes obtaining feedback from stakeholders, including surveying members, to assess what additional intervention(s) can be implemented to promote ongoing maintenance of MAT services.</p> | This PIP is founded upon a root cause analysis and has undergone sound changes based on increased data availability. However, the PIP is in the implementation phase and the DMC-ODS has not yet begun to measure the effectiveness of the interventions. | Encouraged the DMC-ODS to pursue its deployment of a modified MOUD referral form, which would allow San Mateo to capture the data that has escaped detection thus far. |

Santa Clara**PIP Title:** MOUD

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|---|--|
| The goal of this PIP is to increase overall POD performance by 10% over baseline by June 2024 by providing opportunities for engagement, support, and continuity of care for individuals to initiate and maintain opioid therapy for 180+ days or more without gaps so beneficiaries are less likely to exhibit withdrawal or craving symptoms or use illicit opioids and also have them remain in treatment. | This PIP focuses on referrals from the Valley Medical Center ED to the Valley Clinic NTP for opioid replacement therapies. The intervention is the addition of peer staff outreach, engagement, and support to link members to the County-operated NTP clinic which is on the same campus as the ED. The peer navigator began in September 2023. A new procedure was established for direct referrals of members with an OUD to peers for support regarding benefits and the screening by the Access Call Center. | <p>Increase the number of PMs to track each phase of the process from new member identification to successful referrals.</p> <p>Include process PMs for successful contacts by peer navigator, and outcome PMs for successful initiations of opioid therapies for new referrals with and without peer navigator, and the number and percentage of new patients engaged in treatment for six months or more since beginning of PIP intervention.</p> | Document barriers for the peer navigator and for members' ability to be retained in MOUD treatment for the six-month interval called for by the PIP. |

Timeliness of Care PIPs**El Dorado****PIP Title:** FUA

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|--|--|
| For El Dorado County Medi Cal beneficiaries with ED visit for substance related issues, increase the number and percent of individuals receiving follow up services within 7/30 days by 25 percent within the first six months of implementation. | <p>The Plan entered a memorandum of understanding (MOU) with Marshall Hospital starting July 2023 to credential, train, and support SUNs that are assigned to assess patients entering the ED. This partnership allowed negotiations to expand the existing Substance Use Navigator (SUN) responsibilities to accommodate member needs as they relate to this clinical PIP.</p> <p>Real time tracking, monitoring, and coordination of referrals from the SUN within the ED and to the Licensed Practitioner of the Healing Arts (LPHA) address gaps in member care coordination and reduce the number of patients who “fall through the cracks” between systems.</p> | The interventions are focused and streamline the members’ access to support and clinical services. The collaborative partnerships between El Dorado and Marshall Hospital are essential and quite strong for this project. | <p>Expand interventions to include demographic data for Hispanic/Latino populations, include baseline data and improvement goals.</p> <p>Continue to identify and address barriers to follow-up or referrals to SUD treatment, (e.g., transportation, telehealth options).</p> |

San Benito**PIP Title:** FUA

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|---|--|
| For Medi Cal members with ED visits with SUDs, implement interventions that will increase the percent of follow up visits by 5 percent with the SBC Substance Use Disorders Services (SUDS) Plan within 7 and 30 days by June 2025. | The PIP includes a new protocol for direct confidential referrals to the San Benito Behavioral Health Plan (both MH and DMC-ODS) of identified patients with alcohol and other drug diagnoses. Once received, the supervisor assigns follow-up responsibilities to an SUD care coordinator/counselor from the care coordination team. These care coordinators document efforts related to calls and outreach to encourage the member to participate in an assessment and treatment. | The county's SmartCare system does not interface with the hospital EHR system, and this the process needs to use another confidential channel to communicate referrals. PIP team members are having monthly meetings with key stakeholders on the process to try to enhance communication and success of the PIP. Data is being recorded in the EHR for contact efforts and admissions to treatment. The supervisor is directly tracking referrals with the QI committee. | <p>TA was provided related to baseline data from the Health Plan and CalMHSA. One session of TA was provided before the review by CalEQRO.</p> <p>Track process measures at each stage of engagement with the hospital and the member to evaluate where the protocol and planned intervention is working versus off track.</p> <p>Review the data monthly and work intensively with the ED Bridge social worker at HHH and others to successfully identify potential referrals and their unique needs.</p> <p>Use motivational interviewing to assist in member engagement in treatment.</p> |

Outcomes of Care PIPs**Contra Costa****PIP Title:** Decrease the Readmission Rate to Residential Withdrawal Management

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|--|--|---|---|
| Through the provision of additional materials, additional WM guidelines, and enhanced transition planning and case management in WM, will the readmission rate of members to WM decrease by two percentage points (from 10 percent to 88 percent)? Will the members' enrollment rate to SUD treatment within seven days of discharge from residential WM increase to 60 percent? | The focus of the PIP was improving engagement, early discharge planning, and follow up services for treatment after the episode of WM. A variety of workflow improvements were utilized to enhance these processes. These included new protocols for prompt discussion of options for treatment with the Access team after assessment of the members' needs and stages of change/motivation. | <p>New case management and warm handoff requirements were also added to facilitate a smooth transition to treatment services after WM. PMs included tracking readmission rates, admission rates to treatment after discharge, and how rapid the admission was.</p> <p>While data showed modest improvements, the new services and systems communication did appear to be changing the experiences of care for many members as well as the skills of the WM staff in delivering more effective care.</p> | <p>Continue to enhance early engagement with members with motivational interviewing and discussions on discharge planning options in partnership with the Access team, which can track available openings at different LOCs.</p> <p>Utilize the new EHR to enhance communication and coordination by adding the scheduling option, which would allow members to leave with a firm admission date and have a warm handoff whenever possible.</p> |

Quality of Care

Alameda

PIP Title: Care Coordination for Residential SUD Services

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|--|--|
| The aim of this PIP is to address the low rates of client progress within Alameda County residential treatment programs and to increase successful transfers for discharging clients to the next level of care. | <p>The focus of this care coordination (case management) PIP is to support members within residential treatment by providing added care coordination services. Members who receive care coordination services see increased positive discharges and better transitions and outcomes overall.</p> <p>This PIP is focused on increasing the number of members who engage and benefit from these coordination services, assisting them with smooth transitions to other ongoing care. By increasing care coordination services, Alameda is working to support improved recovery with improvement in member engagement leading to positive progress in treatment.</p> | <p>The PIP start date was 8/2022 and while baseline data was collected, there has been no sufficient data collection since June 2023.</p> <p>The PIP is reliant on provider staff to increase case management services at a time when most providers are experiencing staffing shortages, as was validated by the member focus groups.</p> <p>Some providers report they have been conducting more case management than the data reflects because they have not claimed the service.</p> | <p>Consider extending the PIP for another year to provide enough time to collect appropriate data given the data collection delays should be resolved by the third week of January 2024. The DMC-ODS was already planning to do this.</p> <p>Expand the aim statement to include clear descriptions regarding strategies, timelines, and performance measures.</p> <p>Conduct further analysis on the viability of this PIP, given the concern regarding whether the data will reflect an increase in claiming the service vs. an increase in services rendered.</p> <p>Engage in a TA discussion regarding progress once three months of data has been collected to review whether the data collection process is operating as planned.</p> |

Monterey**PIP Title:** SUD Clinical PIP Using ASAM Criteria to Place Individuals into Residential Treatment

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|--|--|---|---|
| Will conducting a CalAIM assessment with embedded ASAM criteria increase the number of individuals who get successfully referred to and linked to SUD residential treatment by the adult post hospitalization team (APHT)? | Monterey began implementing interventions to address performance related to members needing access to residential treatment. By embedding the ASAM assessment into the EHR, all members requiring a referral to residential treatment can now be directly referred to this service without prior authorization, making member entry into treatment both easier and faster. | This PIP is in the planning phase, and the DMC-ODS is working on building the collaboration this project requires with the ED in NMC. | <p>Start the data analysis and provide regular training with care coordination staff and the data collection team.</p> <p>Work with the MCP and ED to collaborate on the interventions.</p> <p>Conduct monthly monitoring and data collection.</p> <p>Document barriers experienced by members in the ED in linking with navigators and clinic environments to try to minimize these barriers for others.</p> |

NON-CLINICAL PIP TOPICS SUBMITTED

Of the ten non-clinical PIPs required for submission, all were submitted for review.

Access to Care PIPs

El Dorado

PIP Title: POD

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|--|---|
| For Medi Cal beneficiaries receiving medications for opioid use disorder (MOUD) at Aegis Roseville and Placerville Medication Units, this PIP aims to screen 100 percent of patients entering treatment for Social Determinants of Health (SDOH) factors and other barriers to treatment to prioritize and focus care coordination needs in order reduce the number of patients that disengage from pharmacotherapy services at Aegis for more than 7 days by 10% within the two year period. | A screening based on SDOH, which is administered to all new members at Aegis NTP, identifies additional member needs for care coordination in support of sustaining MOUD treatment. The assigned county care coordinators work jointly with members and the NTP to then utilize an established referral channel. Previously the members who enrolled into a NTP went directly to their clinic site, without contacting the Plan or having direct access for care coordination services. Threshold and other member information are now available to assist care coordinators with more complex member needs, promote member engagement, and wrap around services. | Two of the four measures have not been measured but are scheduled for implementation in January 2024 using the new dashboard data analysis and reporting. The performance measures are specific with one of the two most recently screened members meeting referral criteria for MOUD services and deemed as successful. | Continue to explore improvements related to timely access for transportation services and include the new MCP, Mountain Valley, in the discussions. |

San Benito**PIP Title:** POD

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|--|---|
| The goal of this PIP is to review and eliminate gaps in care coordination between San Benito County Behavioral Health (SBCBH) and Hazel Hawkins Community Hospital (HHH), that enhance beneficiaries being connected to SBCBH for needed pharmacotherapy for their OUD and maintenance. | The PIP is designed to engage referrals from HHH and have direct access to the SUD supervisor who will assign an SUD counselor to follow-up immediately. This SUD counselor/care coordinator to attempt to engage the member in an assessment and treatment at the NTP in Salinas in Monterey County. | <p>Given that treatment is often required daily, especially in preliminary stages, having an NTP at a distance is challenging and difficult for members.</p> <p>The PIP is still establishing testing of the protocol for referrals from the ED Bridge HHH social worker to SBCBH. There are some referrals being forwarded to the SBCBH contact supervisor, but only three over a six-month period. Providers in the HHH are not initiating any buprenorphine or similar drugs. They are evaluating and then referring to the NTP via the ED Bridge hospital social worker to refer to the NTP in Monterey.</p> | <p>One session outside the review was held for TA. CalMHSA was helping to identify some baseline information for those with San Benito Medi-Cal.</p> <p>Hold monthly meetings to review data and monitor referrals and breakdowns in the referral and engagement processes.</p> <p>Advertising of this service should occur, since referral numbers are low, given the overdose rate.</p> <p>Conduct regular monthly meetings with SUD counselors on the members' challenges with engagement and ongoing treatment. These are needed to enhance knowledge of root causes and effectiveness of the interventions. Since the treatment requires daily participation in early phases of care, it is likely that regular transportation will be needed to support a successful outcome.</p> |

Quality of Care PIPs**Alameda****PIP Title:** FUA

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|--|---|---|
| Increase timely information sharing from primary care emergency departments (ED) to improve Outpatient and Opioid Treatment Program (OTP) substance use disorder (SUD) providers 1) awareness of their Medi Cal beneficiary clients' ED discharges; 2) capacity to provide follow up services, and 3) rate of timely client follow up. Implemented interventions aim to increase the percentage of follow up activities within 30 days of ED visits for SUD conditions by 5% by March 31, 2024. | Focusing on follow-up with members with an SUD diagnosis after ED visits. Alameda has collaborated with 14 hospitals in the county to receive direct, real-time admission, discharge, and treatment (ADT) data on members who have visited an ED and have a principal SUD diagnosis. Dashboards have been created and push alerts are being sent to SUD providers with the goal of improving timely follow-up for mutually served members. | This PIP is in the implementation phase due to unforeseen circumstances preventing data collection. Alameda is in the process of compiling information from provider feedback sessions. Based on the feedback, Alameda will adjust the ED alert reports and broadcasts. | Extending the PIP for another year to provide enough time to collect appropriate data. Engage in a TA discussion regarding progress once three months of data is collected to review whether the data collection process is operating as planned. Conduct consistent communication with providers to ensure timely follow up is occurring. Seek TA from CalEQRO at any time. |

Contra Costa**PIP Title: FUA**

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|--|---|
| For Medi Cal beneficiaries with ED visits for SUD at Contra Costa Regional Medical Center, the implemented intervention should increase the percentage of follow up SUD services with the Plan within 7 and 30 days by 5 percentage points by March 31, 2025. | The goal of the PIP is to improve engagement and treatment access for members presenting at the Contra Costa Regional Medical Center within 7 and 30 days of discharge. The interventions include staffing at the ED with SUD expertise and new workflows to support admissions to treatment with the 24 hour Access team. These interventions are to be achieved through facilitating the linkage to treatment when the member is present in the ED. | The DMC-ODS was encouraged to work closely with CalMHSA, hospital staff, and the QI team to design the PIP with data available between the EDs and the DMC-ODS treatment system. | Use enhanced data capacity to coordinate care engagement and admissions in real time, linking Epic software and SmartCare as soon as possible. Provide monthly reports of results by drug type, area of the county the member lives in, which programs they are referred and connected to; and breakdown also by ethnic group and especially note monolingual clients and homelessness as characteristics. |

Monterey**PIP Title:** FUA

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|---|---|
| For Medi-Cal beneficiaries with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan by five percent within seven and 30 days by March 2024. | Monterey's implementation steps included continued collaboration with the four regional hospitals participating in this PIP through the workflow protocols established and updated when applicable. They continued tracking of all referrals through the development of a post hospital tracking form. They also continued monthly stakeholder meetings for ongoing communication, with a plan to coordinate with the MCP to establish a more robust system of data exchange. | This PIP is in the implementation phase and does not have any post-intervention results; Monterey has yet to form the relationships needed to implement its plan fully. | <p>Continue to work with hospitals and EDs to address their internal screening, referral, and care coordination policies and processes, which will feed into the PIP project.</p> <p>Continue to train all screeners in the hospitals and in DMC-ODS provider sites to use the same forms for referral generation and in adopting consistent procedures for conducting screenings.</p> <p>Develop all necessary elements of the tracking mechanisms and train all relevant hospital and DMC-ODS staff.</p> <p>Develop a database or utilize the EHR in a way that can be used flexibly to receive uploads from each screening, assessment, and referral site, and that supports data analysis for intervention and outcome measures.</p> <p>Continue with intervention plans.</p> <p>Maintain monthly monitoring and data collection.</p> <p>Continue working with the MCP to implement and refine interventions ongoing.</p> |

San Bernardino**PIP Title: FUA**

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|--|---|
| For Medi Cal members with ED visits for SUD, improved data exchange and care coordination mechanisms (starting with a pilot community hospital) will increase the percentage of follow up services by 5% with the Plan within 7 and 30 days by March 1, 2024. | San Bernardino has developed an internal FUA procedure and set up a clinical workflow for SUD provider alerts with daily Molina ED ADT data for all FUA clients (December 2023); developed a referral process and tracking system with hospital EDs. This was met via the data exchange with MCPs. The DMC-ODS receives an IEHP and Molina list of ED visit clients and coordinates follow-up (December 2023); identified a tracking mechanism for follow-up activities. They have tracked the contact attempts made, number of successful contacts, number of appointments scheduled, and number of follow-up services provided within 7 and 30 days (January 2024). | Continue efforts to resolve claims data due to issues related to CalAIM/payment reform and implementation. | <p>Continue efforts to complete the MOU between the DBH and all hospitals within the county.</p> <p>To fulfill capacity and expansion needs for FUA goals and objectives, continue to pursue funding options for the ED navigator positions.</p> <p>In coordination with the EDs and the MCPs, develop informational materials for the EDs to provide to members and others interested.</p> |

San Diego**PIP Title:** FUA

| <u>Aim Statement</u> <u>(as presented by</u> <u>DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|--|--|---|--|
| By March 1, 2024, this project aims to increase the percent of adult, Medi-Cal-eligible members from pilot EDs referred to peer navigation services connected to the County of San Diego DMC-ODS services within seven and 30 days after an ED visit by 5 percent. | In collaboration with the National Alliance on Mental Illness (NAMI) of San Diego and Imperial Counties, the DMC-ODS will integrate PeerLINKS program staff into pilot EDs. PeerLINKS program staff are comprised of certified peers that offer system navigation and support for a variety of needs (e.g., transportation, Medi-Cal eligibility, etc.) to Plan members in the ED for future BH treatment, both during their visit and post-discharge. | The length of time to get a data sharing agreement and referral process in place between PeerLINKS and the pilot EDs impacted the low rate of referrals to date. Also, development of the resource cards included a lengthy review and approval process by both NAMI and BHS prior to printing and disseminating to members | During the review, CalEQRO provided TA to the DMC-ODS in the form of feedback on this non-clinical PIP, including discussion of data aggregation issues, population selection criteria, and challenges related to intervention roll-out. |

San Luis Obispo**PIP Title:** FUA

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|--|--|--|--|
| For Medi-Cal beneficiaries with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan within 7 and 30 days by 5% by June 30, 2024. | San Luis Obispo has a collaborative relationship with Dignity Health, which manages three of the four EDs in the region, to receive weekly reports of Medi-Cal members who presented with qualifying SUD concerns in the ED. The aim is to improve follow-up rates for those Medi-Cal members meeting criteria by 5 percent by end of June 2024. | <p>Interventions and process improvements to improve follow-up include the utilization of a centralized referral tracking mechanism that allows for coordination from the ED, including functionality to generate alerts for high-risk or urgent needs and other key information. This will be complemented by post-discharge outreach with brief, regular phone contacts from assigned staff to support follow-up treatment. It was determined to utilize this group of EDs under Dignity Health as it is a hospital group that has recorded a high level (51% of ED) visits for SUD, based on a baseline capture of data between 2/1/2022 and 12/31/2022.</p> <p>The DMC-ODS has also collaborated with Dignity to implement a referral procedure, so their centralized Access Line receives a weekly report of all San Luis Obispo County Medi-Cal members who received SUD services at a Dignity ED. The DMC-ODS's managed care program staff review these referral lists and implement interventions to connect these members with outpatient services.</p> | Consider use of CalEQRO's PIP Development Tool to organize a comprehensive discussion of the PIP, the baseline data, document course adjustments and show results over time. |

San Mateo**PIP Title:** FUA

| <u>Aim Statement</u> <u>(as presented by</u> <u>DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|--|--|--|---|
| For DMC-ODS beneficiaries with emergency department visits that are related to a behavioral health reason, an automated alert to notify staff that an existing client went to the emergency department will increase the percentage of follow up services with the Plan within 7 and 30 days by 5 percent from the FY 2022 23 baseline by March 1, 2024. | Based on root cause analysis and stakeholder engagement activities, San Mateo identified the following as potential preliminary interventions: 1) Care coordination post discharge (e.g., call or text appointment reminders, referrals, review of progress with client and treatment team); 2) post discharge outreach with brief, regular phone contacts to support follow up SUD or mental health (MH) treatment; 3) utilize a centralized referral tracking mechanism that allows for real time referral coordination from the emergency department, including functionality to generate alerts for high risk / urgent needs and other key information (e.g., language / communication needs, Social Determinants of Health); and 4) assign a referral coordinator to monitor and follow up on referrals (e.g., scheduling, rescheduling; appointment reminders; documenting key information and updating treatment team). | San Mateo is currently investigating to determine the most appropriate intervention. Stakeholder feedback received earlier this year indicated that linkage to follow up care was a potential problem for San Mateo, and the additional data received from DHCS and CalMHSA that was received in August 2022 provided additional context for the disparities observed in the system. | Advised San Mateo to pursue the resolution of data security concerns and move toward the swift implementation of their most recent intervention, that of setting up the automatic alert system using existing Collective Medical software to alert staff if their client had a recent ED visit. |

Santa Clara**PIP Title:** FUA

| <u>Aim Statement (as presented by DMC-ODS)</u> | <u>Focus of PIP</u> | <u>Areas for Improvement</u> | <u>TA Provided by CalEQRO</u> |
|---|---|--|---|
| Increase follow up visits from Valley Medical Center ED for members using alcohol and other drugs to DMC-ODS treatment from 8.7 percent to 10 percent by June 2024. | The FUA PIP is related to referrals from the ED as well as other services such as access to treatment, with the help of new peer navigators. The ED now has direct referral capability based on a new procedure and the peer navigator has 3 business days to engage and encourage members to begin treatment. The first attempt is to be completed within one business day of referral. If unable to contact the member, three additional attempts will be made. | With the recent hiring of the peer navigator, information on the peer intervention and the new referral procedure at the time of the review was limited. PMs include tracking peer navigator engagement attempts by numbers of referrals and follow-up treatment admissions by members into treatment. Additional data enhancements were being added to track the process goals and to track referrals and engagement compared to the overall referral and engagement rates. The narrative discusses tracking referrals and treatment engagement separately from other ethnic groups, but this was not indicated as a separate PM in the data with a baseline and corresponding separate goal. | <p>During the review, CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this non-clinical PIP:</p> <p>Add process PMs to track each phase of the process and identify early problems that are occurring with design or implementation for any needed corrections.</p> <p>Monitor data each month or at least quarterly to track success or problems with the design or execution of the PIP. Suggestions include numbers of referrals to peer navigators, successful contacts within three days, number of members who are admitted to follow up services within 60 days.</p> <p>Conduct another focus group with members to identify opportunities for improvements.</p> <p>Track referrals and any readmissions to the ED.</p> |



APPENDIX B

PIP VALIDATION TOOL

CalEQRO FY 2023-24 Reviews

The Performance Improvement Project (PIP) Validation Tool provides a structure for evaluation and validation of the required elements for PIPs; it is based on the Centers for Medicare & Medicaid Services' (CMS) [EQR Protocol 1: Validation of Performance Improvement Projects \(PIPs\)](#).

INSTRUCTIONS

This tool contains 11 activities required to validate a PIP; each validation activity has a corresponding PIP Development Tool step and worksheet.

Please complete one PIP Validation Tool for each PIP submitted by the MHP/DMC-ODS and upload it to the Working Documents folder in the corresponding FY 2023-24 County folder. Assess the appropriateness of each element by answering the following questions about the MHP/DMC-ODS and PIP. Insert comments to explain “No” and “Not Applicable (NA)” responses.

For each completed Validation Tool, please include the following information:

| | |
|---|--|
| MHP/DMC-ODS name | |
| PIP name | |
| PIP start and end date | |
| <input type="checkbox"/> Clinical <input type="checkbox"/> Non-clinical | |

| PIP DEVELOPMENT TOOL | | VALIDATION TOOL |
|---|--|--|
| STEPS 1–9: COUNTY RESPONSIBILITY | WORKSHEETS 1–9: COUNTY RESPONSIBILITY | SECTIONS 1 – 11: EQRO RESPONSIBILITY |
| <u>Step 1</u> : Identify the PIP Topic | <u>Worksheet 1</u> : PIP Topic | <u>Section 1</u> : Review the Selected PIP Topic |

| PIP DEVELOPMENT TOOL | | VALIDATION TOOL |
|--|---|--|
| <u>Step 2</u> : Develop the Aim Statement | <u>Worksheet 2</u> : Aim Statement | Section 2 : Review the PIP Aim Statement |
| <u>Step 3</u> : Identify the PIP Study Population | <u>Worksheet 3</u> : PIP Study Population | Section 3 : Review the Identified PIP Population |
| <u>Step 4</u> : Describe the Sampling Plan | <u>Worksheet 4</u> : Sampling Plan | Section 4 : Review the Sampling Method |
| <u>Step 5</u> : Select the PIP Variables and Performance Measures | <u>Worksheet 5</u> : PIP Variables and Performance Measures | Section 5 : Review the Selected PIP Variables and Performance Measures |
| <u>Step 6</u> : Describe the Improvement Strategy (Intervention) and Implementation Plan (CMS Identifies this as Step 8) | <u>Worksheet 6</u> : Improvement Strategy (Intervention) and Implementation Plan (CMS Identifies this as Worksheet 8) | Section 6 : Assess the Improvement Strategies (CMS Identifies this as Activity 1, Step 8) |
| <u>Step 7</u> : Describe the Data Collection Procedures (CMS Identifies this as Step 6) | <u>Worksheet 7</u> : Data Collection Procedures (CMS Identifies this as Worksheet 6) | Section 7 : Review the Data Collection Procedures (CMS Identifies this as Activity 1, Step 6) |
| <u>Step 8</u> : Describe the Data Analysis and Interpretation of PIP Results (CMS Identifies this as Step 7) | <u>Worksheet 8</u> : Data Analysis and Interpretation of PIP Results (CMS Identifies this as Worksheet 7) | Section 8 : Review Data Analysis and Interpretation of PIP Results (CMS Identifies this as Activity 1, Step 7) |
| <u>Step 9</u> : Address the Likelihood of Significant and Sustained Improvement Through the PIP | <u>Worksheet 9</u> : Likelihood of Significant and Sustained Improvement through the PIP | Section 9 : Assess the Likelihood that Significant and Sustained Improvement Occurred |
| | | Section 10 : Perform Overall Validation of PIP Results |
| | | Section 11 : Framework for Summarizing Information about PIPs |

VALIDATION TOOL, SECTIONS 1 – 11

[Section 1](#) Review the Selected PIP Topic

| | Question | Yes | No | N/A | Comments |
|-----|---|-----|----|-----|----------|
| 1.1 | Was the PIP topic selected through a comprehensive analysis of member needs, care, and services? | | | | |
| 1.2 | Did selection of the PIP topic consider performance on the CMS Child and Adult Core Set measures? | | | | |

| | Question | Yes | No | N/A | Comments |
|-----|--|-----|----|-----|----------|
| 1.3 | Did the selection of the PIP topic consider input from members or providers who are users of, or concerned with, specific service areas? | | | | |
| 1.4 | Did the PIP topic address care of special populations or high priority services | | | | |
| 1.5 | Did the PIP topic align with priority areas identified by HHS and/or CMS? | | | | |
| 1.6 | Overall assessment: In the comments section, note any recommendations for improving the PIP topic. | | | | |
| | TOTAL of 6 items | | | | |

Section 2 Review the PIP Aim Statement

| | Question | Yes | No | N/A | Comments |
|-----|--|-----|----|-----|----------|
| 2.1 | Did the aim statement clearly specify the improvement strategy, population, and time period for the PIP? | | | | |
| 2.2 | Was the PIP aim statement concise? | | | | |
| 2.3 | Was the PIP aim statement answerable? | | | | |
| 2.4 | Was the PIP aim statement measurable? | | | | |
| 2.5 | Overall assessment: In the comments section, note any recommendations for improving the PIP aim statement. | | | | |
| | TOTAL of 5 items | | | | |

Section 3: Review the Identified PIP Population

| | Question | Yes | No | N/A | Comments |
|-----|--|-----|----|-----|----------|
| 3.1 | Was the project population clearly defined in terms of the identified PIP question (e.g., age, length of the PIP population's participation, diagnoses, procedures, other characteristics) | | | | |
| 3.2 | Was the entire MHP/DMC-ODS population included in the PIP? | | | | |
| 3.3 | If the entire population was included in the PIP, did the data collection approach capture all members to whom the PIP question applied? | | | | |
| 3.4 | Was a sample used? (If yes, use Worksheet 1.4 to review sampling methods) | | | | |
| 3.5 | Overall assessment: In the comments section, note any recommendations for identifying the project population | | | | |
| | TOTAL of 5 items | | | | |

Section 4: Review the Sampling Method

| | Question | Yes | No | N/A | Comments |
|-----|--|-----|----|-----|----------|
| 4.1 | Did the sampling frame contain a complete, recent, and accurate list of the target PIP population? | | | | |

| | Question | Yes | No | N/A | Comments |
|-----|--|-----|----|-----|----------|
| 4.2 | Did the sampling method consider and specify the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error? | | | | |
| 4.3 | Did the sample contain a sufficient number of members taking into account non-response? | | | | |
| 4.4 | Did the method assess the representativeness of the sample according to subgroups, such as those defined by age, geographic location, or health status? | | | | |
| 4.5 | Were valid sampling techniques used to protect against bias? Specify the type of sampling used in the “comments” field | | | | |
| 4.6 | Overall assessment: In the comments section, note any recommendations for improving the sampling method | | | | |
| | TOTAL of 6 items | | | | |

Section 5: Review the Selected PIP Variables and Performance Measures

| | Question | Yes | No | N/A | Comments |
|-----------------------------|--|-----|----|-----|----------|
| PIP Variables | | | | | |
| 5.1 | Were the variables adequate to answer the PIP question? <ul style="list-style-type: none"> • Objective, clearly defined, time-specific • Available to measure performance and track improvement over time | | | | |
| Performance measures | | | | | |
| 5.2 | Did the performance measure assess an important aspect of care that will make a difference to members' health or functional status? (list assessed health or functional status) | | | | |
| 5.3 | Were the performance measures appropriate based on the availability of data and resources to collect the data (administrative data, medical records, or other sources)? | | | | |
| 5.4 | Were the measures based on current clinical knowledge or health services research? (Examples may include: hospital admissions, emergency department visits, adverse incidents, appropriate medication use) | | | | |
| 5.5 | Did the performance measures: <ul style="list-style-type: none"> • Monitor the performance of MHP/DMC-ODSs at a point in time? • Track MHP/DMC-ODS performance over time? • Compare performance among MHP/DMC-ODSs over time? • Inform the selection and evaluation of quality improvement activities? | | | | |
| 5.6 | Did the MHP/DMC-ODS consider existing state or national quality measures? | | | | |
| 5.7 | If there were gaps in existing measures, did the MHP/DMC-ODS consider the following when developing | | | | |

| | Question | Yes | No | N/A | Comments |
|------|--|-----|----|-----|----------|
| | new measures based on current clinical practice guidelines or health services research? <ul style="list-style-type: none"> Accepted relevant clinical guidelines Important aspect of care or operations that was meaningful to members Available data sources that allow the MHP/DMC-ODS to reliably and accurately calculate the measure Clearly defined performance measure criteria | | | | |
| 5.8 | Did the measures capture changes in enrollee satisfaction or experience of care? (Note that improvement in satisfaction should not be the only measured outcome of a clinical project. Some improvement in health or functional status should also be addressed. For non-clinical PIPs, measurement of health or functional status is preferred) | | | | |
| 5.9 | Did the measures include a strategy to ensure inter-rater reliability (if applicable)? | | | | |
| 5.10 | If process measures were used, is there strong clinical evidence (based on published guidelines) indicating that the process being measured is meaningfully associated with outcomes? | | | | |
| 5.11 | Overall assessment: In the comments section, note any recommendations for improving the selected PIP variables and performance measures. | | | | |
| | TOTAL of 11 items | | | | |

Section 6: Assess the Improvement Strategies (CMS Identifies this as Activity 1, Step 8)

| | Question | Yes | No | N/A | Comments |
|-----|--|-----|----|-----|----------|
| 6.1 | Was the selected improvement strategy evidence-based, suggesting that the test of change (performance measure) would likely to lead to the desired improvement in processes or outcomes (as measured by the PIP variables)? | | | | |
| 6.2 | Was the strategy designed to address root causes or barriers identified through data analysis and quality improvement processes? (It is expected that interventions should be measurable on an ongoing basis, e.g., quarterly, monthly, to monitor intervention progress) | | | | |
| 6.3 | Was the rapid-cycle PDSA approach used to test the selected improvement strategy? (If tests of change were not successful, i.e., did not achieve significant improvement, a process to identify possible causes and implement solutions should be identified) | | | | |
| 6.4 | Was the strategy culturally and linguistically appropriate? | | | | |
| 6.5 | Was the implementation of the strategy designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., patient risk | | | | |

| | Question | Yes | No | N/A | Comments |
|-----|---|-----|----|-----|----------|
| | factors, Medicaid program changes, provider education, clinic policies or practices)? | | | | |
| 6.6 | Did the PIP assess the extent to which the improvement strategy was successful and identify potential follow-up activities? | | | | |
| 6.7 | Overall assessment: In the comments section, note any recommendations for improving the implementation strategies. | | | | |
| | TOTAL of 7 items | | | | |

Section 7: Review the Data Collection Procedures (*CMS Identifies this as Activity 1, Step 6*)

| | Question | Yes | No | N/A | Comments |
|---|---|-----|----|-----|----------|
| Assessment of Overall Data Collection Procedures | | | | | |
| 7.1 | Did the PIP design specify a systematic method for collecting valid and reliable data that represents the population in the PIP? | | | | |
| 7.2 | Did the PIP design specify the frequency of data collection? If yes, what was the frequency (for example, semi-annually)? | | | | |
| 7.3 | Did the PIP design clearly specify the data sources (e.g., encounter and claims systems, medical records, tracking logs, surveys, provider and/or enrollee interviews) | | | | |
| 7.4 | Did the PIP design clearly define the data elements to be collected (including numerical definitions and units of measure)? | | | | |
| 7.5 | Did the data collection plan link to the data analysis plan to ensure that appropriate data would be available for the PIP? | | | | |
| 7.6 | Did the data collection instruments allow for consistent and accurate data collection over the time periods studied? | | | | |
| 7.7 | If qualitative data collection methods were used (such as interviews or focus groups), were the methods well-defined and designed to collect meaningful and useful information from respondents? | | | | |
| 7.8 | Overall assessment: In the comments section, note any recommendations for improving the data collection procedures. Note: Include assessment of data collection procedures for administrative data sources and medical record review noted below. | | | | |
| Assessment of Overall Data Collection Procedures for Administrative Data Sources | | | | | |
| 7.9 | If inpatient data was used, did the data system capture all inpatient admissions/discharges? | | | | |
| 7.10 | If ancillary data was used, did ancillary service providers submit encounter or utilization data for all services provided? | | | | |

| | Question | Yes | No | N/A | Comments |
|---|--|-----|----|-----|----------|
| 7.11 | If EHR data was used, were patient, clinical, service, or quality metrics validated for accuracy and completeness as well as comparability across systems? | | | | |
| Assessment of Data Collection Procedures for Medical Record Review | | | | | |
| 7.12 | Was a list of data collection personnel and their relevant qualifications provided? | | | | |
| 7.13 | For medical record review, was inter-rater and intra-rater reliability described? | | | | |
| 7.14 | For medical record review, were guidelines for obtaining and recording the data developed? | | | | |
| | TOTAL of 14 items | | | | |

Section 8: Review Data Analysis and Interpretation of PIP Results (CMS Identifies this as Activity 1, Step 7)

| | Question | Yes | No | N/A | Comments |
|-----|---|-----|----|-----|----------|
| 8.1 | Was the analysis conducted in accordance with the data analysis plan? | | | | |
| 8.2 | Did the analysis include baseline and repeat measurements of project outcomes? | | | | |
| 8.3 | Did the analysis assess the statistical significance of any differences between the initial and repeat measurements? | | | | |
| 8.4 | Did the analysis account for factors that may influence the comparability of initial and repeat measurements? | | | | |
| 8.5 | Did the analysis account for factors that may threaten the internal or external validity of the findings? | | | | |
| 8.6 | Did the PIP compare the results across multiple entities, such as different patient subgroups, provider sites, or MHP/DMC-ODSs? | | | | |
| 8.7 | Were PIP results and findings presented in a concise and easily understood manner? | | | | |
| 8.8 | Did the analysis and interpretation of the PIP data include lessons learned about less-than-optimal performance? | | | | |
| 8.9 | Overall assessment: In the comments section, note any recommendations for improving the analysis and interpretation of PIP results. | | | | |
| | TOTAL of 9 items | | | | |

Section 9: Assess the Likelihood that Significant and Sustained Improvement Occurred

| | Question | Yes | No | N/A | Comments |
|-----|---|-----|----|-----|----------|
| 9.1 | Was the same methodology used for baseline and repeat measurements? | | | | |
| 9.2 | Was there any quantitative evidence of improvement in processes or outcomes of care? | | | | |
| 9.3 | Was the reported improvement in performance likely to be a result of the selected intervention? | | | | |

| | Question | Yes | No | N/A | Comments |
|-----|--|-----|----|-----|----------|
| 9.4 | Is there statistical evidence (e.g., significance tests) that any observed improvement is the result of the intervention? | | | | |
| 9.5 | Was sustained improvement demonstrated through repeated measurements over time? | | | | |
| 9.6 | Overall assessment: In the comments section, note any recommendations for improving the significance and sustainability of improvement as a result of the PIP. | | | | |
| | TOTAL of 6 items | | | | |

Section 10: Perform Overall Validation and Reporting of PIP Results

| PIP Validation Rating (check one box) | Comments |
|---|----------|
| <input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence | |

Section 11: Framework for Summarizing Information about PIPs

| General PIP Information | |
|---|--|
| MHP/DMC-ODS Name: | |
| PIP Title: | |
| PIP Aim Statement: | |
| a. b. | |
| Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic) | |
| Target age group (check one): <input type="checkbox"/> Children only (ages 0–17)* <input type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here: | |
| Target population description, such as specific diagnosis (please specify): | |
| Improvement Strategies or Interventions (Changes in the PIP) | |
| Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Click or tap here to enter text. | |
| Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) Click or tap here to enter text. | |

MHP/DMC-ODS-focused interventions/System changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

Click or tap here to enter text.

| Performance measures (be specific and indicate measure steward and NQF number if applicable): | Baseline year | Baseline sample size and rate | Most recent remeasurement year (if applicable) | Most recent remeasurement sample size and rate (if applicable) | Demonstrated performance improvement (Yes/No) | Statistically significant change in performance (Yes/No) Specify P-value |
|---|---------------|-------------------------------|---|--|---|---|
| | | | <input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): |
| | | | <input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): |
| | | | <input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): |

PIP Validation Information

Was the PIP validated? ☐ Yes ☐ No

“Validated” means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)

Validation phase (check all that apply):

☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year

☐ First remeasurement ☐ Second remeasurement ☐ Other (specify):

Validation rating: ☐ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence

“Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

EQRO recommendations for improvement of PIP: