



# CHP+

Child Health Plan *Plus*

Colorado Children's Health Insurance Program

## **Fiscal Year 2017–2018 PIP Validation Report Access and Transition to Behavioral Health Services**

*for*

### **Kaiser Permanente Colorado**

*April 2018*

*For Validation Year 4*

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Colorado Department of Health Care Policy & Financing.*



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## Acknowledgements and Copyrights

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## 1. Background

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

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

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR §438.330(d), including:

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

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.<sup>1-1</sup>

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<sup>1-1</sup> 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: Jul 18, 2017.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the HMO designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG’s review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.
2. The outcomes of the PIPs. Once designed, a PIP’s effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP’s outcomes determined whether the HMO improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether the HMO was successful in sustaining the improvement. The goal of HSAG’s PIP validation is to ensure that the Department and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the HMO’s improvement strategies.

## PIP Rationale

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

For fiscal year (FY) 2017–2018, **Kaiser Permanente Colorado (Kaiser)** continued its *Access and Transition to Behavioral Health Services* PIP. The topic selected addressed CMS’ requirements related to quality outcomes—specifically, the quality and timeliness of care and services.

## PIP Summary

For this FY 2017–2018 validation cycle, the PIP received an overall validation score of 90 percent and a *Partially Met* validation status. The focus of this PIP is to improve behavioral health follow-up for **Kaiser** CHP+ members 13–17 years of age who screened positive for depression by a primary care provider. The PIP had two study questions that **Kaiser** stated: (1) “Do targeted interventions increase the percentage of KP CHP members 13–17 years of age screened for depression by a primary care practitioner (PCP) during the measurement year?” and (2) “Do targeted interventions increase the percentage of KP CHP members 13–17 years of age who have a follow-up visit with a behavioral health provider within 14 days of a positive depression screening?” The following table describes the study indicators for this PIP.

**Table 1–1—Study Indicators**

PIP Topic	Study Indicators
<p><i>Access and Transition to Behavioral Health Services</i></p>	<ol style="list-style-type: none"> <li>1. The total number of Kaiser CHP+ members 13–17 years of age who were screened for depression by a primary care practitioner office during the measurement year.</li> <li>2. The total number of Kaiser CHP+ members 13–17 years of age who screened positive for depression by a primary care practitioner office and were seen by a behavioral health practitioner within 14 days of the positive screening.</li> </ol>

## Validation Overview

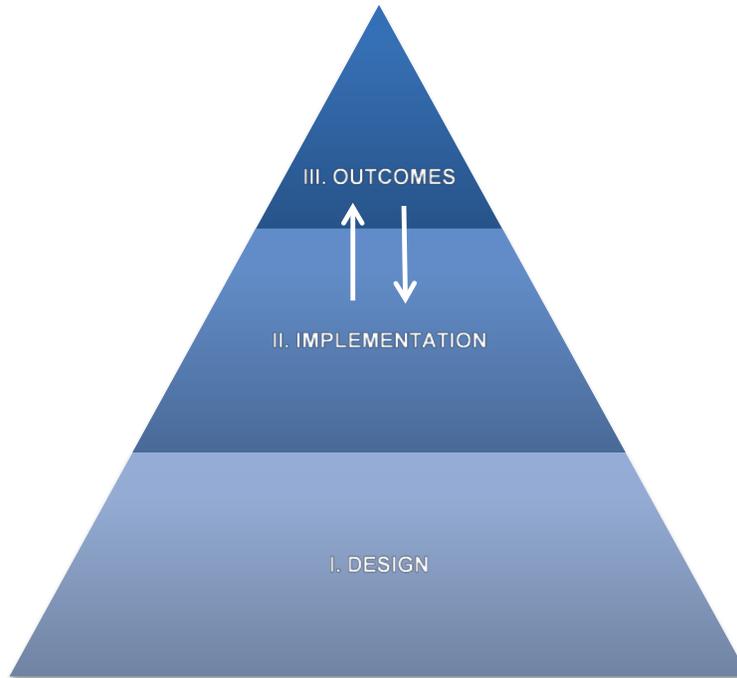
HSAG obtained the information needed to conduct the PIP validation from **Kaiser**’s PIP Summary Form. This form provided detailed information about the HMO’s PIP related to the activities completed and HSAG evaluated for the FY 2017–2018 validation cycle.

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

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

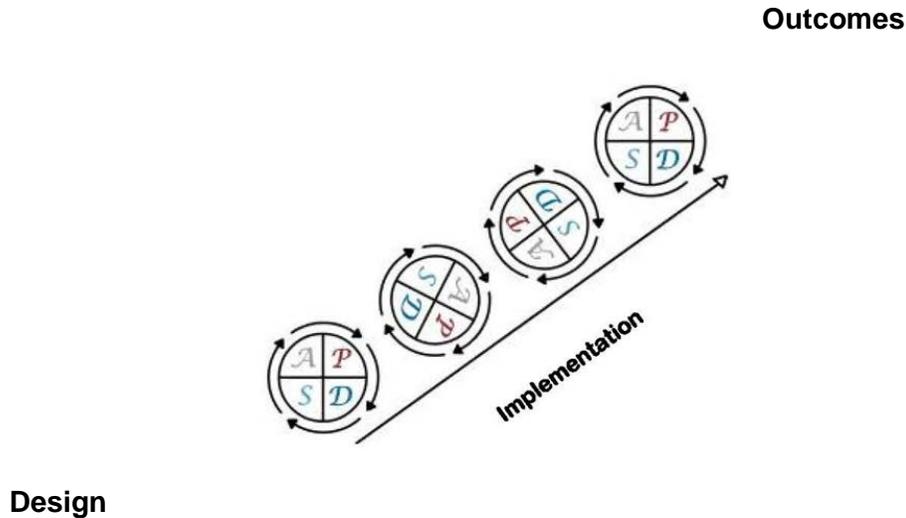
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the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

Figure 1-1—PIP Stages



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

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

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

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

## 2. Findings

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

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

HMOs have the opportunity to resubmit the PIP after HSAG’s initial validation to address any deficiencies identified. The PIP received a *Met* score for 81 percent of the applicable evaluation elements and received a *Partially Met* overall validation status when originally submitted. The HMO had the opportunity to receive technical assistance, incorporate HSAG’s recommendations from the validation tool, and resubmit the PIP. After resubmission, the HMO improved the overall and critical evaluation elements percentages; however, the validation status remained *Partially Met* due to study indicator outcomes.

**Table 2–1—FY 2017–2018 Performance Improvement Project Validation for Kaiser Permanente Colorado**

Name of Project	Type of Annual Review <sup>1</sup>	Percentage Score of Evaluation Elements <i>Met</i> <sup>2</sup>	Percentage Score of Critical Elements <i>Met</i> <sup>3</sup>	Overall Validation Status <sup>4</sup>
<i>Access and Transition to Behavioral Health Services</i>	Submission	81%	73%	<i>Partially Met</i>
	Resubmission	90%	82%	<i>Partially Met</i>

<sup>1</sup> **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the HMO was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall *Met* validation status.

<sup>2</sup> **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

<sup>3</sup> **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

<sup>4</sup> **Overall Validation Status**—Populated from the PIP Validation Tool and based on the percentage scores.

### Validation Findings

Table 2–2 displays the validation results for the **Kaiser** PIP validated during FY 2017–2018. This table illustrates the HMO’s overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific

element. The validation results presented in Table 2–2 show the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the fourth validation year for the PIP with HSAG validating Activities I through IX.

**Table 2–2—Performance Improvement Project Validation Results  
for Kaiser Permanente Colorado**

Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
<b>Design Total</b>			<b>100% (9/9)</b>	<b>0% (0/9)</b>	<b>0% (0/9)</b>
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Appropriate Improvement Strategies	100% (6/6)	0% (0/6)	0% (0/6)
<b>Implementation Total</b>			<b>100% (9/9)</b>	<b>0% (0/9)</b>	<b>0% (0/9)</b>
Outcomes	IX.	Real Improvement Achieved	33% (1/3)	67% (2/3)	0% (0/3)
	X.	Sustained Improvement Achieved	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
<b>Outcomes Total</b>			<b>33% (1/3)</b>	<b>67% (2/3)</b>	<b>0% (0/3)</b>
<b>Percentage Score of Applicable Evaluation Elements Met</b>			<b>90% (19/21)</b>	<b>10% (2/21)</b>	<b>0% (0/21)</b>

Overall, 90 percent of all applicable evaluation elements validated received a score of *Met*.

### Design

**Kaiser** designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process. The health plan performed well in this stage of the PIP as evidenced by the 100 percent of evaluation elements *Met*.

### Implementation

**Kaiser** reported and interpreted its second remeasurement data for both study indicators accurately. The HMO completed a causal/barrier analysis using appropriate quality improvement tools and prioritized its barriers which led to the implementation of active interventions. The HMO also performed well in this stage of the PIP as evidenced by the 100 percent of evaluation elements *Met*.

### Outcomes

For this year’s validation, **Kaiser** progressed to reporting Remeasurement 2 data. The HMO was successful at achieving its goal and statistically significant improvement for one of two study indicators.

### Analysis of Results

Table 2–3 displays Remeasurement 2 data for **Kaiser**’s *Access and Transition to Behavioral Health Services* PIP. **Kaiser**’s goal is to increase the percentage of CHP+ members 13–17 years of age who were screened for depression by a primary care practitioner’s (PCP’s) office to 35 percent at Remeasurement 2, and to 60 percent for the percentage of CHP+ members 13–17 years of age who screened positive for depression by a PCP’s office and were seen by a behavioral health practitioner within 14 days of the positive screening.

**Table 2–3—Performance Improvement Project Outcomes for Kaiser Permanente Colorado**

PIP Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)	Sustained Improvement
1. The percentage of Kaiser CHP+ members 13–17 years of age who were screened for depression by a primary care practitioner office during the measurement year.	16.9%	35.8%*	38.4%*	<i>Not Assessed</i>

PIP Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)	Sustained Improvement
2. The total number of Kaiser CHP+ members 13–17 years of age who screened positive for depression by a primary care practitioner office and were seen by a behavioral health practitioner within 14 days of the positive screening.	22.2%	33.3%	15.6%	<i>Not Assessed</i>

\* Indicates statistically significant improvement over the baseline.

The first remeasurement rate for members 13–17 years of age who were screened for depression by a primary care practitioner (Study Indicator 1) was 35.8 percent. This rate is 18.9 percentage points above the baseline and surpassed the goal of 25 percent. This improvement for Study Indicator 1 was statistically significant as evidenced by a *p* value less than 0.0001.

For Kaiser’s members 13–17 years of age who screened positive for depression by a primary care practitioner and were seen by a behavioral health practitioner within 14 days of the positive screening (Study Indicator 2), the Remeasurement 1 rate was 33.3 percent. This rate is 11.1 percentage points above the baseline; however, the goal of 40 percent was not achieved. The improvement demonstrated at Remeasurement 1 was not statistically significant as evidenced by a *p* value of 0.5511.

The second remeasurement rate for members 13–17 years of age who were screened for depression by a primary care practitioner (Study Indicator 1) increased to 38.4 percent. This rate was 21.5 percentage points above the baseline and exceeded the goal of 35 percent. This improvement for Study Indicator 1 was statistically significant as evidenced by the *p* value less than 0.0001.

For Kaiser’s members 13–17 years of age who screened positive for depression by a primary care practitioner and were seen by a behavioral health practitioner within 14 days of the positive screening (Study Indicator 2), the Remeasurement 2 rate fell to 15.6 percent. This rate was 6.6 percentage points below the baseline and was well below the goal of 60 percent. Study Indicator 2 has not demonstrated statistically significant improvement over the baseline.

### Barriers/Interventions

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



For the *Access and Transition to Behavioral Health Services* PIP, **Kaiser** identified the following barriers to address:

- Lack of time and simple pathways to promptly connect members who screen positive with a behavioral health provider.
- Lack of awareness and engagement with the process is difficult to maintain with large provider groups.
- Increased number of requests for assistance from behavioral health.

To address these barriers, **Kaiser** continued the following interventions:

- Hired and deployed a behavioral medicine specialist (BMS). Created business case to double size of BMS team.
- Developed standardized template for coding and charting.
- Continued communication regarding expectations for depression screening tool use.
- Added referral option to the primary care clinic based on BMS.
- Ensured cross-coverage arrangements made for BMS were communicated to primary care providers.
- Held a refresher training for providers on the use of the PHQ9 tool if PHQ2 screening was positive.

## 3. Conclusions and Recommendations

### Conclusions

**Kaiser** designed a methodologically sound project and performed well in the design and implementation stages, meeting all documentation requirements. **Kaiser** accurately reported and summarized the study indicator results and used appropriate quality improvement methods and processes to identify and prioritize barriers. The interventions implemented were logically linked to the barriers and had a positive impact on one of two study indicators.

### Recommendations

HSAG recommends the following:

- **Kaiser** should continue to evaluate the effectiveness of each individual intervention and make changes, as necessary.
- **Kaiser** should develop a plan to sustain the improvement achieved through the PIP process.