



State of Georgia  
Department of Community Health  
Georgia Families Program

**CY 2016 Performance Improvement  
Projects Report**  
*for*  
**Amerigroup Community Care for  
Georgia Families 360°**

*Reported June 2017*



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## Acknowledgements and Copyrights

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## 1. Background

The Georgia Department of Community Health (DCH) is responsible for administering the Medicaid program and the Children's Health Insurance Program (CHIP) in the State of Georgia. The State refers to its CHIP program as PeachCare for Kids<sup>®</sup>. Both programs include fee-for-service (FFS) and managed care components and deliver services through a statewide provider network. The FFS program has been in place since the inception of Medicaid in Georgia. The DCH contracts with three privately owned managed care organizations, referred to by the State as care management organizations (CMOs), to deliver services to certain categories of members enrolled in the State's Medicaid and PeachCare for Kids<sup>®</sup> programs. Children in state custody, children receiving adoption assistance, and certain children in the juvenile justice system are enrolled in the Georgia Families 360<sup>°</sup> (GF 360<sup>°</sup>) managed care program. The Georgia Families (GF) program, implemented in 2006, serves all other Medicaid and PeachCare for Kids<sup>®</sup> managed care members not enrolled in the GF 360<sup>°</sup> program. In March 2014, DCH transitioned approximately 27,000 foster care, adoption assistance, and juvenile justice children in residential placement from FFS Medicaid to Amerigroup Community Care (Amerigroup 360<sup>°</sup>), the DCH-selected vendor for the GF 360<sup>°</sup> program. The goals of this program are to improve care coordination, continuity of care, and health outcomes for members.

The DCH requires its contracted CMOs, to conduct performance improvement projects (PIPs). As set forth in 42 CFR §438.240, the PIPs must be designed to achieve, through ongoing measurements and interventions, significant improvement, sustained over time, in clinical and nonclinical care areas. The PIPs are expected to have a favorable effect on health outcomes and member satisfaction. The DCH requires the CMOs to report the status and results of each PIP annually.

The validation of PIPs is one of three federally mandated activities for state Medicaid managed care programs. The evaluation of a CMO's compliance with State and federal regulations and the validation of a CMO's performance measure rates are the other two mandated activities.

These three mandatory activities work together to assess a CMO's performance with providing appropriate access to high-quality care for their members. While a CMO's compliance with managed care regulations provides the organizational foundation for the delivery of quality healthcare, the calculation and reporting of performance measure rates provide a barometer of the quality and effectiveness of the care. The DCH requires each CMO to initiate PIPs to improve the quality of healthcare in targeted areas of low performance, or in areas identified as State priorities or healthcare issues of greatest concern. During calendar year (CY) 2016, DCH required the CMO to conduct three PIPs for the GF 360<sup>°</sup> population and submit the final PIP modules for annual validation in 2017. PIPs are key tools in helping DCH achieve goals and objectives outlined in its quality strategy; they provide the framework for monitoring, measuring, and improving the delivery of healthcare.

The purpose of a PIP is to assess and improve processes, and thereby outcomes of care. For such projects to achieve real and meaningful improvements in care, and for interested parties to have confidence in the reported improvements, PIPs must be designed, conducted, and reported in a

methodologically sound manner. The primary objective of PIP validation is to determine each CMO's compliance with requirements set forth in 42 CFR §438.240(b)(1), including:

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

To meet the federal requirement for the validation of PIPs, DCH contracted with Health Services Advisory Group, Inc. (HSAG), the State's external quality review organization (EQRO), to conduct the validation of Amerigroup 360°'s PIPs.

In response to feedback and input from DCH, HSAG developed the rapid-cycle PIP framework in 2014 based on a modified version of the Model for Improvement developed by Associates in Process Improvement<sup>1-1</sup> and applied to healthcare quality activities by the Institute for Healthcare Improvement.<sup>1-2</sup> The rapid-cycle PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous improvement focused on small tests of change. The methodology focuses on evaluating and refining small process changes to determine the most effective strategies for achieving real improvement. For CY 2016, the CMOs in Georgia continued to use HSAG's rapid-cycle PIP process. The DCH instructed the CMOs to conduct their rapid-cycle improvement projects over a 12-month period.

To support the efforts of DCH and the CMOs, HSAG developed new guidance documents for the rapid-cycle improvement projects including:

- A detailed Companion Guide describing the rapid-cycle PIP framework and the requirements for each module submission.
- Forms for the CMOs to document their progress through the different stages of the new PIP process for each of the five modules.
- Corresponding validation feedback forms for communicating validation findings on each module back to the CMOs and DCH.
- A presentation and interactive critical-thinking activity related to developing innovative and fundamental changes for performance improvement during the Georgia Families 2016 CMO Conference.
- Extensive technical assistance via conference calls with the CMOs and DCH throughout the 12-month project period.

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<sup>1-1</sup> Associates in Process Improvement. Model for Improvement. Available at: <http://www.apiweb.org/> Accessed on: May 10, 2017.

<sup>1-2</sup> Institute for Healthcare Improvement. How to Improve. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed on: Sept 24, 2015.

To ensure methodological soundness while meeting all state and federal requirements, HSAG follows guidelines established in 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>1-3</sup> In 2014, HSAG provided CMS with a crosswalk of the rapid-cycle PIP framework to the CMS PIP protocols in order to illustrate how the rapid-cycle PIP framework met the CMS requirements.<sup>1-4</sup> Following HSAG's presentation of the crosswalk and new PIP framework components to CMS, CMS agreed that with the pace of quality improvement science development and the prolific use of Plan-Do-Study-Act (PDSA) cycles in modern PIPs within healthcare settings, a new approach was reasonable. CMS approved HSAG's rapid-cycle PIP framework for validation of the Georgia Families and Georgia Families 360° CMOs' PIPs.

HSAG's validation of rapid-cycle PIPs includes the following key components of the quality improvement process:

1. Evaluation of the technical structure to determine whether a PIP's initiation (e.g., topic rationale, PIP team, aim, key driver diagram, and SMART Aim data collection methodology) was based on sound methods and could demonstrate reliably positive outcomes. Successful execution of this component ensures accurately reported PIP results that are capable of measuring sustained improvement.
2. Evaluation of the quality improvement activities conducted. Once designed, a PIP's effectiveness in improving outcomes depends on thoughtful and relevant intervention determination, intervention testing and evaluation using iterative Plan-Do-Study-Act (PDSA) cycles, and sustainability and spreading of successful change. This component evaluates how well the CMO executed its quality improvement activities and whether the desired aim was achieved.

The goal of HSAG's PIP validation is to ensure that DCH and key stakeholders can have confidence that any reported improvement in outcomes is related and can be directly linked to the quality improvement strategies and activities conducted by the CMO during the life of the PIP.

## PIP Components and Process

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

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<sup>1-3</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: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

<sup>1-4</sup> Ibid.

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework follows the Associates in Process Improvement’s (API’s) Model, which was popularized by the Institute for Healthcare Improvement, by:
  - Precisely stating a project-specific SMART Aim (specific, measureable, attainable, relevant and time-bound) including the topic rationale and supporting data so that alignment with larger initiatives and feasibility are clear.
  - Building a PIP team consisting of internal and external stakeholders.
  - Completing a key driver diagram which summarizes the changes that are agreed upon by the team as having sufficient evidence to lead to improvement.
- **Module 2—SMART Aim Data Collection:** In Module 2, the SMART Aim measure is operationalized, and the data collection methodology is described. SMART Aim data are displayed in run charts.
- **Module 3—Intervention Determination:** In Module 3, there is a deeper dive into the quality improvement activities reasonably thought to impact the SMART Aim. Interventions, in addition to those in the original key driver diagram, are identified for PDSA cycles (Module 4) using tools such as process mapping, failure modes and effects analysis (FMEA), Pareto charts, and failure mode priority ranking.
- **Module 4—Plan-Do-Study-Act:** The interventions selected in Module 3 are tested and evaluated through a thoughtful and incremental series of PDSA cycles.
- **Module 5—PIP Conclusions:** Module 5 summarizes key findings and presents comparisons of successful and unsuccessful interventions, outcomes achieved, plans for evaluating sustained improvement and expansion of successful interventions, and lessons learned.

## Summary of Amerigroup 360°’s Performance

For CY 2016, Amerigroup 360° submitted three PIPs for the GF 360° population. The PIPs were validated using HSAG’s rapid-cycle PIP validation process. The PIP topics included:

- *7-Day Inpatient Discharge Follow-up*
- *Adolescent Well-Child Visits*
- *Appropriate Use of ADHD [Attention Deficit Hyperactivity Disorder] Medications*

Amerigroup 360° followed the PIP methodology as identified in the rapid-cycle PIP Companion Guide provided by HSAG. For each PIP conducted in CY 2016 for the GF 360° population, Amerigroup 360° defined a SMART Aim statement that identified the narrowed population and process to be evaluated, set a goal for improvement, and defined the indicator used to measure progress toward the goal. The SMART Aim statement sets the framework for the PIP and identifies the goal against which the PIP will be evaluated for the annual validation. HSAG provided the following parameters to Amerigroup 360° for establishing the SMART Aim for each PIP:

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

Table 1-1 outlines the PIP topics and final CMO-reported SMART Aim statements for the three PIPs. The CMO was to specify the outcome being measured, the baseline value for the outcome measure, a quantifiable goal for the outcome measure, and the target date for attaining the goal. Amerigroup 360° developed a SMART Aim statement that quantified the improvement sought for each PIP.

**Table 1-1—PIP Titles and SMART Aim Statements**

PIP Title	SMART Aim Statement
<i>7-Day Inpatient Discharge Follow-up</i>	To increase the rate of mental health 7-day follow-up appointments among members discharged from Crescent Pines Hospital and Peachford Hospital from 51.0% to 56.0% by December 31, 2016.
<i>Adolescent Well-Child Visits</i>	By December 31, 2016, increase the rate of AWC visits among members ages 12–21 years old living in Gwinnett County from 37.8% to 42.8%.
<i>Appropriate Use of ADHD Medications</i>	Improve the initial 30-day ADHD follow-up rate for GF 360° members ages 6–12 years old in Fulton County by 5 percentage points (from 50.2% to 55.2%) by December 31, 2016.

## Validation Overview

HSAG obtained the data needed to conduct the PIP validation from Amerigroup 360°’s module submission forms. These forms provided detailed information about each of Amerigroup 360°’s PIPs and the activities completed in Modules 1 through 5.

Amerigroup 360° submitted Modules 1 through 3 for each PIP in CY 2016 for validation. The CMO initially submitted Modules 1 and 2, received feedback and technical assistance from HSAG, and resubmitted these modules until all validation criteria were met. Amerigroup 360° followed the same process for Module 3. Once Module 3 was approved, the CMO initiated intervention testing in Module 4, which continued through the end of 2016.

HSAG offered Amerigroup 360° the opportunity to submit a Module 4 plan for each PIP for pre-validation review and feedback to ensure a sound testing methodology for the Module 4 PDSA cycles.



The Module 4 plan consists of a description of the intervention being tested, a narrative justification describing why the CMO selected the intervention for testing, the CMO's plan for carrying out the intervention, and the intervention evaluation plan, including data collection methodology. The CMO chose to submit Module 4 documentation for pre-validation for one PIP: *Adolescent Well-Child Visits*. HSAG provided detailed, written feedback on the Module 4 plan for this PIP and additional technical assistance by teleconference, as needed. Amerigroup 360° submitted the final Modules 4 and 5 to HSAG on January 31, 2017, for annual validation.

The scoring methodology evaluates whether the CMO executed methodologically sound improvement projects, whether each PIP's SMART Aim goal was achieved, and whether improvement was clearly linked to the quality improvement processes applied in each project. HSAG assigned a score of *Achieved* or *Failed* for each of the criteria in Modules 1 through 5. Any validation criteria that were not applicable were not scored. HSAG used the findings for the Modules 1 through 5 criteria for each PIP to determine a confidence level representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG assigned a level of confidence and reported the overall validity and reliability of the findings as one of the following:

- *High confidence* = the PIP was methodologically sound, achieved the SMART Aim goal, and the demonstrated improvement was clearly linked to the quality improvement processes implemented.
- *Confidence* = the PIP was methodologically sound, achieved the SMART Aim goal, and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.
- *Low confidence* = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.
- *Reported PIP results were not credible* = The PIP methodology was not executed as approved.

### Validation Findings

HSAG organized and analyzed Amerigroup 360°’s PIP data to draw conclusions about the CMO’s quality improvement efforts. Based on its review, HSAG determined the overall methodological validity of the PIPs, as well as the overall success in achieving the SMART Aim goals. The validation findings for Amerigroup 360°’s PIPs are presented in Table 2-1 through Table 2-6. The tables display HSAG’s key validation findings for each of the PIPs including the interventions tested, the key drivers and failure modes addressed by the interventions, and the impact of the interventions on the desired SMART Aim goals.

For each PIP, HSAG evaluated the appropriateness and validity of the intervention-testing measure(s), SMART Aim measure, and data collection methods, and assessed the reported SMART Aim measurements, in comparison with the reported baseline rate and goal. The data displayed in the SMART Aim run charts were used to determine whether the SMART Aim goal was achieved.

#### 7-Day Inpatient Discharge Follow-up

Amerigroup 360°’s goal for the *7-Day Inpatient Discharge Follow-up* PIP was to identify and test interventions to improve the compliance rates for follow-up visits with a mental health practitioner among GF 360° members discharged from Crescent Pines Hospital or Peachford Hospital with a principal diagnosis of mental illness. Because the SMART Aim goal was not achieved, the PIP was assigned a level of *Low Confidence*. The details of the PIP’s performance leading to the assigned confidence level are described below.

Table 2-1 below provides a summary of the SMART Aim measure results reported by the CMO and the level of confidence HSAG assigned to the PIP. The table presents the baseline rate and goal rate for the SMART Aim measure, as well as the highest rate achieved for the SMART Aim measure.

**Table 2-1—SMART Aim Measure Results for 7-Day Inpatient Discharge Follow-up**

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
The percentage of discharges from Crescent Pines Hospital and Peachford Hospital with a principal diagnosis of mental illness that were followed by a mental health follow-up visit within seven days of discharge.	51.0%*	56.0%*	49.4%	<i>Low Confidence</i>

\* It should be noted that the CMO inconsistently documented the baseline rate and SMART Aim goal rate for the PIP. The baseline and goal rates included in Table 2-1 were taken from the SMART Aim statement in the CMO’s final key driver diagram in the Module 5 submission form.

The CMO established a goal of improving the seven-day mental health follow-up visit rate for members discharged from Crescent Pines Hospital or Peachford Hospital by 5 percentage points, from 51.0 percent to 56.0 percent. It should be noted that the CMO reported different baseline and goal rates in the final SMART Aim run chart submitted for Module 5. In the final SMART Aim run chart, the CMO plotted a baseline rate of 48.2 percent and a goal rate of 53.2 percent. The highest rate achieved for the SMART Aim measure was 49.4 percent, which was lower than both goal rates reported in Module 5; therefore, HSAG concluded that the SMART Aim goal was not met during the life of the PIP. The details of the improvement processes used and the intervention tested for the *7-Day Inpatient Discharge Follow-up* PIP are presented in Table 2-2 and in the narrative description below.

**Table 2-2—Intervention Testing  
for 7-Day Inpatient Discharge Follow-up**

Intervention	Key Driver Addressed	Failure Modes Addressed	Conclusions
Use of a motivational interviewing technique to encourage scheduling and attendance of the 7-day follow-up mental health visit	Education of member, caregiver, and DFCS [Division of Family and Children Services]	Follow-up appointments are not kept	Based on the lack of success at achieving the SMART Aim goal, the CMO concluded the intervention was not effective and chose to abandon it.

Amerigroup 360° tested one intervention for the PIP: using the OARS (Open-ended questions, Affirmations, Reflective listening, and Summaries) motivational interviewing (MI) technique to encourage scheduling and attendance of the seven-day follow-up visit for members discharged from inpatient treatment with a primary diagnosis of mental illness. The OARS MI technique is a person-centered, skills-based communication strategy that can be used by providers and the healthcare team to assist members in recognizing their internal motivations for adopting healthy behaviors, such as attending the seven-day mental health follow-up visit. The CMO deployed the OARS MI intervention through its care coordinator and health educator staff members who were involved with mental health discharge planning and follow-up. The care coordinator and health educator staff members incorporated the OARS MI into communication with the member and/or caregiver either prior to discharge or within 24 hours of discharge.

To test the intervention, the CMO tracked the SMART Aim measure (seven-day follow-up visit compliance rate among all eligible members). The SMART Aim goal for the seven-day follow-up visit compliance rate was not met during the life of the PIP; therefore, the CMO concluded that the intervention was not effective and chose to abandon it. The CMO documented the following lessons learned from the PIP:

- The intervention testing results would have been more meaningful and useful if the CMO had tracked who (member, caregiver, guardian, or parent) received the intervention.
- The intervention testing results did not support the results found in literature suggesting that “a single OARS session” was sufficient to impact the key drivers for the PIP.

- The hospital discharge day management session may provide a more effective opportunity for improving the seven-day follow-up visit completion rate.

Based on a comprehensive review and evaluation of Amerigroup 360°'s PIP documentation, HSAG determined *Low Confidence* in the PIP results. The PIP did not demonstrate real improvement because the SMART Aim goal was not achieved during the life of the PIP. The CMO's summary of overall PIP findings submitted in Module 5 included errors, with the baseline and goal rates reported inconsistently in the CMO's summary of PIP results. HSAG compared the documented SMART Aim measure results against the two different goal rates documented by the CMO, and neither goal was achieved during the life of the PIP.

The CMO used the SMART Aim measure to evaluate the effectiveness of the intervention during testing in Module 4. While the CMO's SMART Aim measure was methodologically sound for evaluating the overall impact of the PIP on achieving the SMART Aim goal, the measure was not specific to the intervention tested and was, therefore, not an appropriate measure of effectiveness for testing the intervention in Module 4. The SMART Aim measure includes the entire eligible member population for the PIP, defined by the SMART Aim statement. Because the OARS MI intervention was received by a subgroup of members in the PIP's eligible population and not the entire eligible population, the SMART Aim measure could not be used to effectively assess the impact of the intervention.

In response to the *7-Day Inpatient Discharge Follow-up* PIP results, HSAG recommends that Amerigroup 360° convene PIP team members and other key stakeholders to revisit the key driver diagram, process map, and FMEA, to determine what barriers to completing the seven-day follow-up visit were not addressed by the OARS MI intervention. The CMO should focus on developing new or adapted interventions that can impact the key leverage points in the process leading up to the seven-day follow-up visit and improve the follow-up visit completion rate for all members. Once new interventions have been identified, the CMO should use thoughtfully designed PDSA cycles to test the interventions on a small scale and determine effectiveness.

When designing PDSA cycles for future improvement efforts, HSAG recommends that Amerigroup 360° ensure an appropriate measure is selected for evaluating the effectiveness of interventions in Module 4. The SMART Aim measure cannot be used to evaluate the effectiveness of the intervention unless all of the eligible members included in the SMART Aim measure denominator received the intervention. The CMO should select a measure for evaluating the intervention that measures the impact of the intervention on the group of members who received the intervention. Additionally, the CMO should consider tracking process measures that can help determine whether the intervention was executed as planned during the testing cycle. For example, the CMO should track and report the percentage of eligible members who received the intervention and should measure the seven-day follow-up visit compliance rate among only those members who received the OARS MI intervention to determine the impact of the intervention. The CMO should conduct a thorough review of the Module 4 intervention-testing plan and the intervention-testing measure methodology, seeking technical assistance as needed, to ensure an appropriate measure of effectiveness prior to the initiation of intervention testing.

### Adolescent Well-Child Visits

Amerigroup 360°’s goal for the *Adolescent Well-Child Visits* PIP was to identify and test interventions to improve the rate GF 360° members 12–21 years of age living in Gwinnett County who completed an annual adolescent well-child visit. The CMO did not report results of the approved SMART Aim measure in the PIP conclusions described in Module 5; therefore, HSAG determined the reported PIP results were not credible. The details of the PIP’s performance leading to the assigned confidence level are described below.

Table 2-3 provides a summary of the SMART Aim measure results reported by the CMO and the level of confidence HSAG assigned to the PIP. The table presents the baseline rate and goal for the SMART Aim measure, as well as the highest rate achieved for the SMART Aim measure.

**Table 2-3—SMART Aim Measure Results  
for Adolescent Well-Child Visits**

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
The percentage of members 12–21 years old living in Gwinnett County who completed an adolescent well-child visit	37.8%	42.8%	NR*	<i>Reported PIP results were not credible</i>

\* In the PIP conclusions described in Module 5, the CMO reported rates for a different measure that did not align with the SMART Aim statement or measure; therefore, HSAG could not determine the Highest Rate Achieved for the SMART Aim measure.

Amerigroup 360° established a goal of improving the well-child visit rate among adolescent members living in Gwinnett County by 5 percentage points, from 37.8 percent to 42.8 percent. The final results reported by the CMO in Module 5 at the conclusion of the PIP did not align with the goal or the approved SMART Aim measure. At the conclusion of the PIP, the CMO reported the percentage of adolescent members who completed a well-child visit on the mobile access unit (MAU). This measure was the same measure that was presented in Module 4 for intervention testing and was limited to only those members who completed an adolescent well-child visit at the MAU, rather than including all eligible members living in Gwinnett County. The CMO did not report findings based on the approved SMART Aim measure; therefore, HSAG could not determine the highest rate achieved or evaluate whether the goal was met. The details of the improvement processes used and the intervention tested are presented in Table 2-4 and in the subsequent narrative description.

**Table 2-4—Intervention Testing  
for Adolescent Well-Child Visits**

Intervention	Key Drivers Addressed	Failure Mode Addressed	Conclusions
Offering adolescent well-child visits at a MAU in a central location in Gwinnett County	<p><u>Providers:</u></p> <ul style="list-style-type: none"> <li>• Initial refusal of members</li> <li>• Limited hours, walk-ins</li> <li>• Long waiting times</li> <li>• Poor relationship with the member</li> </ul> <p><u>Gwinnett County DFCS:</u></p> <ul style="list-style-type: none"> <li>• Unaware of the member’s need for an adolescent well-child visit</li> <li>• Unreachable</li> <li>• Fails to arrange transportation</li> <li>• Unaware of GF 360°’s purpose</li> <li>• Member’s location unknown</li> </ul>	<ul style="list-style-type: none"> <li>• Member does not attend appointment</li> </ul>	Based on the intervention testing results, the CMO concluded that the intervention was not effective at improving the adolescent well-child visit rate but was successful at increasing well-child visits among younger children.

Amerigroup 360° tested one intervention for the PIP: offering adolescent well-child visits at a MAU in a central location in Gwinnett County. The CMO located the MAU at the Gwinnett County Division of Family and Children Services (DFCS) office two Wednesdays per month. Each day the MAU was scheduled, 22 appointment slots were available for members. The CMO generated lists of GF 360° members who were in need of a well-care visit and conducted telephone outreach to these members to schedule a well-care appointment at the MAU.

The CMO measured the effectiveness of the intervention by tracking the monthly rate of eligible members who completed an adolescent well-child visit at the MAU on a run chart from June through December. The CMO compared the monthly adolescent well-visit rate at the MAU during intervention testing against the SMART Aim goal of 42.8 percent. This comparison was invalid; the SMART Aim goal applies to the SMART Aim measure (adolescent well-child visit rate for Gwinnett County), which was different than the adolescent well-child visit rate for the MAU only. The intervention-testing measure rate exceeded the goal for two monthly measurements at the beginning of the intervention testing cycle and then fell below the baseline rate for the remaining five months. Based on the testing



results, the CMO concluded that the intervention was not effective at improving the adolescent well-child visit rate.

The CMO also analyzed the effectiveness of the intervention among two member subgroups (members under 12 years of age and newly enrolled members) that were not part of the eligible population defined by the approved SMART Aim statement. The CMO's decision to adopt the intervention for members under 12 years of age and newly enrolled members did not align with the SMART Aim statement or narrow focus of the PIP. In Module 5, the CMO reported the intervention testing results documented in Module 4 but did not report findings based on the approved SMART Aim measure from Module 2. The reported PIP results were based on the rate of adolescent well-child visits that were obtained at the MAU. This measure differed from the Module 2 approved measure, which was the overall adolescent well-child visit rate among GF 360° members living in Gwinnett County, regardless of where the visit occurred.

The CMO documented the following lessons learned:

- The MAU intervention was not effective for improving the adolescent well-child rate; however, the intervention appeared to be effective for improving the well-child visit rate among other populations such as members under age 12 and newly enrolled members.
- While the MAU may have provided a more convenient location to obtain an adolescent well-child visit, the appointment times offered for the MAU may have been less convenient than those offered by alternative provider locations because appointment times were only offered during the school/work day.
- The intervention testing cycle would have provided more actionable information for improving adolescent well-child visit rates if the CMO had collected process data regarding the outreach and scheduling components of the intervention.

After a thorough review and evaluation of the *Adolescent Well-Child Visits* PIP documentation, HSAG determined the reported PIP results were not credible. HSAG was unable to determine whether the PIP's SMART Aim goal was achieved because the SMART Aim measure methodology used in Module 5, at the conclusion of the PIP, was changed from the approved methodology in Module 2. The CMO did not report results for the SMART Aim measure (adolescent well-child visit rates for all eligible members) at the conclusion of the PIP and, instead, reported only intervention-testing results for members who completed a well-child visit at the MAU.

For future PIPs, HSAG recommends that Amerigroup 360° ensure the SMART Aim measure methodology is tracked and documented consistently throughout the life of the PIP. The CMO should report the SMART Aim measure results as part of the PIP conclusions, in Module 5, that align with the SMART Aim measure defined in Module 2. While intervention-specific measures of effectiveness, such as the adolescent well-child rate specific to the MAU, can and should be included in the PIP conclusions, the full impact of the PIP cannot be understood if the SMART Aim measure results are not clearly and accurately presented and discussed.

### Appropriate Use of ADHD Medications

Amerigroup 360°’s goal for the *Appropriate Use of ADHD Medications* PIP was to identify and test interventions to improve the 30-day follow-up appointment compliance rate among 6–12-year-old GF 360° members in Fulton County who received an initial ADHD medication. Although the SMART Aim goal was achieved, the improvement was not clearly linked to the documented quality improvement processes; therefore, the PIP was assigned a level of *Low Confidence*. A description of the PIP’s performance leading to the assigned confidence level is provided below.

Table 2-5 provides a summary of the SMART Aim measure results reported by the CMO and the level of confidence HSAG assigned to the PIP. The table presents the baseline rate and goal rate for the SMART Aim measure, as well as the highest rate achieved for the SMART Aim measure and the PIP’s confidence level.

**Table 2-5—SMART Aim Measure Results for Appropriate Use of ADHD Medications**

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
The percentage of members 6–12 years of age in Fulton County who completed a follow-up visit within 30 days of filling a new ADHD medication prescription	50.2%	55.2%	57.6%	<i>Low Confidence</i>

The CMO established a goal of improving the ADHD medication follow-up visit rate among members in Fulton County by 5 percentage points, from 50.2 percent to 55.2 percent. One of the PIP’s monthly SMART Aim measurements exceeded the goal rate of 55.2 percent. The details of the improvement processes used and the intervention tested are presented in Table 2-6 and in the subsequent narrative description.

**Table 2-6—Intervention Testing for Appropriate Use of ADHD Medications**

Intervention	Key Drivers Addressed	Failure Modes Addressed	Conclusions
Outreach calls to remind the member/caregiver to schedule the 30-day ADHD medication initiation follow-up appointment	<ul style="list-style-type: none"> <li>ADHD Initiation Phase Follow-up process</li> </ul>	<ul style="list-style-type: none"> <li>Member no-shows</li> </ul>	Based on the intervention testing results, the CMO concluded that the intervention was successful for the foster care subgroup of members. The CMO only reported conclusions for this subgroup and did not report conclusions for the eligible population as defined by the SMART Aim statement.



Amerigroup 360° tested one intervention for the PIP: member outreach calls to remind the member/caregiver to schedule the 30-day ADHD medication initiation follow-up appointment. The intervention entailed identifying members who had recently filled an initial ADHD medication prescription and conducting telephone outreach to those members/caregivers to remind them to schedule a 30-day follow-up appointment with the participating provider. The CMO changed several key components of the intervention midway through the testing cycle. When the CMO began testing the intervention, the list of eligible members was generated monthly, and one pharmacy technician conducted outreach calls. In October, the CMO switched to generating the list of eligible members weekly and enlisted a team of care coordinators to conduct the outreach calls. The CMO collected only one subsequent month of data after the changes took place. The CMO should have completed two separate PDSA cycles, with separate Module 4 submission forms, to document the testing of the intervention before and after the substantial changes described above. Because the changes occurred during a single PDSA cycle, it was unclear whether the testing results should be attributed to the initial intervention or the modified intervention.

To test the intervention, Amerigroup 360° tracked the monthly 30-day follow-up visit completion rate among all members who received the intervention, grouping those members into two subgroups: adoption assistance (AA) members and foster care (FC) members. The CMO tracked the ADHD follow-up visit rate among all members who received the intervention and for two subgroups (AA and FC) of members who received the intervention. The CMO concluded that the intervention was effective based on the FC subgroup's results; however, the CMO did not provide an interpretation of effectiveness for the AA subgroup or for the entire population (FC and AA combined) who received the intervention. Based on the CMO's perceived effectiveness of the intervention on the FC subgroup, the CMO chose to adopt the intervention for one subgroup (FC) but did not report whether the intervention would be adopted, adapted, or abandoned for the AA subgroup of members.

The CMO documented the following lessons learned at the conclusion of the PIP:

- Reasons that GF 360° members in Fulton County do not complete a 30-day follow-up appointment after initiating ADHD medication include:
  - The member forgetting the appointment.
  - Having incorrect member contact information.
  - Caregiver's lack of awareness on the importance of the follow-up visit.
  - The member leaving foster care prior to the follow-up appointment.
  - Providers writing the initial prescription beyond one month.
- Using a weekly 1st Fill Report to identify members for outreach was more effective than using a monthly report.
- Having a team of people reach out to members was more efficient than a single person conducting outreach.
- Continuous education for providers regarding best practices for prescribing ADHD medication is needed to improve the 30-day follow-up appointment compliance rate.

- Continuous education for caregivers regarding ADHD diagnosis and medication is needed to support completion of the 30-day follow-up appointment.

After a comprehensive review and evaluation of the CMO's PIP documentation, HSAG assigned the *Appropriate Use of ADHD Medications* PIP the level of *Low Confidence*. Although the SMART Aim goal was achieved, the improvement was not clearly linked to the documented quality improvement processes. Several major methodological issues in the PIP prevented the CMO from clearly linking the intervention to the demonstrated improvement in the SMART Aim measure. First, the CMO did not execute a methodologically sound PDSA cycle to test the outreach call intervention. Second, the CMO did not report conclusions about intervention effectiveness for the entire group of members who received the intervention during testing, and instead focused on effectiveness for only one subgroup of members. Finally, the CMO did not report conclusions about the success of the PIP for the entire SMART Aim population and instead focused on reporting success for only one subgroup of the SMART Aim population. The CMO's conclusions for the PIP were flawed because the SMART Aim statement focused on all eligible members in Fulton County; therefore, the CMO should have evaluated the success of the PIP based on the entire eligible population, not based on a particular subpopulation.

For future rapid-cycle PIPs, the CMO should carefully plan and execute each PDSA cycle for testing an intervention. To obtain meaningful intervention testing results from the PDSA cycle, the intervention must be carefully planned, and executed as planned, without major deviations from the key intervention components, such as frequency of member identification for outreach or number of staff members conducting outreach. The CMO should complete one PDSA cycle before making major changes to the intervention methodology. Subsequent PDSA cycles should be conducted to test variations of the intervention over time. Each PDSA cycle should allow for sufficient data points to evaluate the impact of the intervention on the outcome of interest.

At the conclusion of future PIPs, Amerigroup 360° should use the SMART Aim statement established at the initiation of the PIP to guide the interpretation of the final SMART Aim measure results. The evaluation and interpretation of the final SMART Aim measure results should be driven by the SMART Aim statement and should be focused on the population defined by the SMART Aim measure. The CMO may choose to evaluate improvement within different subgroups of the overall population, but the primary interpretation of SMART Aim measure results and overall PIP success should focus on the entire population defined by the SMART Aim statement.

## 3. Conclusions and Recommendations

### Conclusions

A summary table of Amerigroup 360°'s performance across all three PIPs for the GF 360° population, including reported SMART Aim measure rates and the level of confidence HSAG assigned for each PIP, is provided in Appendix A. HSAG determined *Low Confidence* in the results for two of the three PIPs and determined that the reported results of one PIP were not credible. HSAG did not assign the level of *High Confidence* or *Confidence* to any of Amerigroup 360°'s PIPs.

HSAG assigned the level of *Low Confidence* for Amerigroup 360°'s *7-Day Inpatient Discharge Follow-up* and *Appropriate Use of ADHD Medications* PIPs. HSAG assigned the level of *Low Confidence* for the *7-Day Inpatient Discharge Follow-up* PIP because the SMART Aim goal was not achieved. Although the SMART Aim goal was achieved for the *Appropriate Use of ADHD Medications* PIP, the improvement was not clearly linked to the intervention tested.

HSAG determined that Amerigroup 360°'s reported results for the *Adolescent Well-Child Visits* PIP were not credible. The CMO did not report the results of the approved SMART Aim measure as part of the PIP conclusions in Module 5 and instead reported results only for the intervention-specific measure that was used to evaluate the effectiveness of the intervention tested in Module 4. Because the CMO did not report results of the approved SMART Aim measure, the success of the PIP in achieving the SMART Aim goal could not be evaluated.

Amerigroup 360°'s performance across the three PIPs demonstrated that there was a lack of continuity in the CMO's improvement efforts from last year's validation (CY 2015 PIPs) to this year's validation (CY 2016 PIPs). Last year, HSAG assigned two of Amerigroup 360°'s CY 2015 PIPs the level of *High Confidence*, but none of the CY 2016 PIPs received the level of *High Confidence* or *Confidence*. Based on the comparison of the CY 2015 PIP validation findings to the CY 2016 PIP validation findings, it appeared that the CMO was unable to build on past successes and incorporate effective rapid-cycle improvement strategies into the CY 2016 PIPs. Amerigroup 360° should review HSAG's feedback in this report and in the module feedback forms, seeking technical assistance as needed, to identify strategies for improving the effectiveness of all of its PIPs going forward.

### Recommendations

HSAG recommends the following for Amerigroup 360°:

- Using the SMART Aim measure methodology established in the initial phase of the rapid-cycle PIP, the CMO should consistently track and document SMART Aim measurements throughout the life of the PIP. The SMART Aim measure results reported at the conclusion of the PIP should align with the SMART Aim statement and SMART Aim measure methodology established at the start of the

PIP. Results reported in the PIP conclusions should clearly demonstrate whether the SMART Aim goal was achieved during the life of the PIP.

- Conduct a series of thoughtful and incremental PDSA cycles to accelerate the rate of improvement. Each PDSA cycle should be initiated with a methodologically sound evaluation plan using a clearly defined testing measure to ensure meaningful and actionable testing results.
- Determine the best method to identify the intended effect of an intervention prior to testing. The intended effect of the intervention should be known upfront to help determine which data need to be collected.
- As Amerigroup 360° tests new interventions, the CMO should ensure that it is making a prediction in each *Plan* step of the PDSA cycle and discussing the basis for the prediction. This will help team members and stakeholders involved in the project remain focused on the theory for improvement.
- Conduct a thorough review of the Module 4 intervention-testing plan and the intervention-testing measure methodology, seeking technical assistance as needed, to ensure methodologically sound measure definition and data collection plans prior to the initiation of intervention testing.
- Select appropriate measures for evaluating the effectiveness of the intervention chosen for testing in Module 4 of the rapid-cycle process. Intervention-testing measures should follow the members or providers who received the intervention. The SMART Aim measure should not be used as an intervention testing measure unless all members or providers included in the SMART Aim measure received the intervention.
- Incorporate detailed, process-level measures into the intervention evaluation plan to further the CMO's understanding of how the intervention was executed and its impact on selected outcomes.
- Ensure detailed, accurate, and consistent documentation of intervention testing results and SMART Aim measure results across all applicable modules of the PIP.
- Implement centralized oversight of the data analysis and results reporting for all PIPs so that all rates are reported accurately and consistently. SMART Aim measure baseline and goal rates, and rate results should be reported to the same number of decimal places for all PIPs. HSAG recommends reporting all PIP rates to one decimal place.

## Appendix A. PIP Performance Summary Table

**Table A-1—CY 2016 PIP Performance Summary**

PIP Title	SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Confidence Level
<i>7-Day Inpatient Discharge Follow-up</i>	The percentage of discharges from Crescent Pines Hospital and Peachford Hospital with a principal diagnosis of mental illness that were followed by a mental health follow-up visit within seven days of discharge.	51.0%*	56.0%*	49.4%	<i>Low Confidence</i>
<i>Adolescent Well-Child Visits</i>	The percentage of members 12–21 years old living in Gwinnett County who completed an adolescent well-child visit	37.8%	42.8%	NR**	<i>Reported PIP Results Not Credible</i>
<i>Appropriate Use of ADHD Medications</i>	The percentage of members 6–12 years of age in Fulton County who completed a follow-up visit within 30 days of filling a new ADHD medication prescription	50.2%	55.2%	57.6%	<i>Low Confidence</i>

\* It should be noted that the CMO inconsistently documented the baseline rate and SMART Aim goal rate for the PIP. The rates included in Table A-1 were taken from the SMART Aim statement in the CMO’s final key driver diagram in the Module 5 submission form.

\*\*The CMO reported rates for a different measure that did not align with the SMART Aim statement or measure; therefore, HSAG could not determine the Highest Rate Achieved for the SMART Aim measure.



## Appendix B. PIP-Specific Module Feedback Forms

Appendix B contains Amerigroup 360°'s CY 2016 PIP Validation Feedback Forms—Modules 4 and 5.



**Appendix B. State of Georgia**  
**CY 2016 7-Day Inpatient Discharge Follow-up—Module 4 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention**  
**7-Day Inpatient Discharge Follow-up PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO provided the details for testing the following intervention: Using the OARS (Open-ended questions, Affirmations, Reflective listening, and Summaries) motivational interviewing (MI) technique to encourage scheduling/attendance of the seven-day follow-up visit for members discharged from inpatient treatment with a primary diagnosis of mental illness.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the intervention tested to the “education of DFCS [Division of Family and Children Services] and caregiver” key driver from the key driver diagram.
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)		X	The CMO documented the data sources and data collection process for the PIP; however, the measurement methodology was not appropriate for measuring the effectiveness of the intervention. The CMO used the SMART Aim measure (seven-day follow-up appointment compliance rate) to measure the effectiveness of the intervention, and the same run chart was submitted in both Module 4 and Module 5. The CMO should track and report the percentage of eligible members who received the intervention and should have measured the seven-day follow-up compliance rate among only those members who received the OARS MI intervention to determine the impact of the intervention. The CMO should





**Appendix B. State of Georgia**  
**CY 2016 7-Day Inpatient Discharge Follow-up—Module 4 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
			<p>have documented process data to show the percentage of members who received the OARS MI intervention.</p> <p>Additionally, on page 9 of Module 4, the member age range documented under the “Identification of data elements and data sources” section was documented as ages 6 to 18; however, in Module 2, the CMO documented that the PIP included members ages 6 to 26. Because the CMO used the SMART Aim measure to evaluate the intervention in Module 4, the member age range should have aligned with the member age range documented in Module 2 for the approved SMART Aim measure methodology.</p>
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)		X	The CMO could not provide an accurate summary of findings because an inappropriate measure was used to evaluate the effectiveness of the intervention. The SMART Aim measure was not appropriate to evaluate the effectiveness of the intervention.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.		X	The CMO did not update the SMART Aim statement included in the final key driver diagram submitted in Module 4 to reflect the updated population (both Crescent Pines and Peachford hospitals) or the updated baseline and goal rates (51.0 percent and 56.0 percent, respectively).





**Appendix B. State of Georgia**  
**CY 2016 7-Day Inpatient Discharge Follow-up—Module 4 Feedback Form**  
*for Amerigroup Community Care for Georgia Families 360°*

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.		X	The CMO did not select an appropriate measure to test the effectiveness of the intervention; therefore, the results did not provide meaningful information on intervention effectiveness, and the decision to abandon the intervention was not supported by a sound rationale.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).		X	The CMO included the SMART Aim measure run chart in the Module 4 submission. The SMART Aim measure was not an appropriate measure of effectiveness for the OARS MI intervention; therefore, the SMART Aim measure run chart did not illustrate the effect of the intervention.



**Appendix B. State of Georgia**  
**CY 2016 7-Day Inpatient Discharge Follow-up—Module 5 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

**Module 5—Performance Improvement Project (PIP) Conclusions**  
**7-Day Inpatient Discharge Follow-up PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The narrative summary of overall key findings and interpretation of results was accurate.		X	The CMO did not consistently document the SMART Aim measure baseline and goal rates in Module 5. In the SMART Aim run chart on page 2, the CMO documented a baseline rate of 48.21 percent and a goal rate of 53.21 percent. In the SMART Aim statement included in the final key driver diagram on page 9, the CMO documented a baseline rate of 51.0 percent and a goal rate of 56.0 percent.
2. The PIP demonstrated evidence of achieving the SMART Aim goal.		X	Neither of the SMART Aim goals documented in Module 5 for the seven-day follow-up appointment compliance rate, for members discharged from Crescent Pines Hospital or Peachford Hospital with a primary diagnosis of mental illness, were achieved during the life of the PIP. The highest monthly SMART Aim measurement was 49.44 percent, which was less than the goal of 53.21 percent and less than the goal of 56.0 percent.
3. The CMO documented a plan summarizing how it will evaluate sustained improvement beyond the SMART Aim end date.			Not assessed. The CMO tested one intervention for the PIP and abandoned the intervention based on the lack of demonstrated improvement.
4. The CMO documented its plan for evaluating the expansion of successful interventions beyond the initial scope of the project.			Not assessed. The CMO tested one intervention for the PIP and abandoned the intervention based on the lack of demonstrated improvement.



**Appendix B. State of Georgia**  
**CY 2016 7-Day Inpatient Discharge Follow-up—Module 5 Feedback Form**  
*for Amerigroup Community Care for Georgia Families 360°*

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
5. The CMO documented lessons learned.	X		<p>The CMO documented the following lessons learned:</p> <ul style="list-style-type: none"> <li>• The intervention testing results would have been more meaningful and useful if the CMO had tracked who (member, caregiver, guardian, or parent) received the intervention.</li> <li>• The intervention testing results did not support the results found in literature suggesting that “a single OARS session” was sufficient to impact the key drivers for the PIP.</li> <li>• The hospital discharge day management session may provide a more effective opportunity for improving the seven-day follow-up visit completion rate.</li> </ul>



**Appendix B. State of Georgia**  
**CY 2016 7-Day Inpatient Discharge Follow-up—Module 5 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

**HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG’s assessment determined the following:**

**High confidence**

High confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and the demonstrated improvement was clearly linked to the quality improvement processes implemented.

**Confidence**

Confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.

**Low confidence**

Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

**Reported PIP results were not credible** = The PIP methodology was not executed as approved.

**Summary of Validation Findings:**

The CMO tested one intervention for the PIP: using the OARS (Open-ended questions, Affirmations, Reflective listening, and Summaries) motivational interviewing (MI) technique to encourage scheduling/attendance of the seven-day follow-up visit for members discharged from inpatient treatment with a primary diagnosis of mental illness. The CMO used the SMART Aim measure (seven-day follow-up visit compliance rate among eligible members) to evaluate the effectiveness of the intervention. The SMART Aim measure was not appropriate to measure the effectiveness of the intervention because it was not limited to those members who received the intervention. The CMO should have tracked and documented the number of eligible members who received the OARS MI intervention and should have evaluated effectiveness based on the seven-day follow-up visit rate among only those members. The SMART Aim goal for the seven-day follow-up visit compliance rate was not met during the life of the PIP; therefore, the CMO concluded that the intervention was not effective and chose to abandon the intervention. The SMART Aim goal was not achieved during the life of the PIP; therefore, the PIP was assigned a level of *Low Confidence*.



**Appendix B. State of Georgia**  
**CY 2016 Adolescent Well-Child Visits—Module 4 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention**  
**Adolescent Well-Child Visits PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).	X		The CMO tested the following intervention: use of a mobile access unit (MAU) to provide a convenient location for eligible members to obtain an adolescent well-child check. The CMO located the MAU at the Gwinnett County Division of Family and Children Services (DFCS) office (a central location in the county) two Wednesdays per month.
2. The intervention that was developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		<p>The CMO linked the MAU intervention to the following key drivers:</p> <ul style="list-style-type: none"> <li>• Providers               <ul style="list-style-type: none"> <li>– Initial refusal of members</li> <li>– Limited hours, walk-ins</li> <li>– Long waiting times</li> <li>– Poor relationship with the member</li> </ul> </li> <li>• Gwinnett County DFCS               <ul style="list-style-type: none"> <li>– Unaware of the member’s need for an adolescent well-child visit</li> <li>– Unreachable</li> <li>– Fails to arrange transportation</li> <li>– Unaware of GF 360°’s purpose</li> <li>– Member’s location unknown</li> </ul> </li> </ul>



**Appendix B. State of Georgia**  
**CY 2016 Adolescent Well-Child Visits—Module 4 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)		X	<p>The CMO noted the following confounding factors that impacted the intervention testing methodology:</p> <ol style="list-style-type: none"> <li>1. Clarification of which outreached members would be included in the study (i.e., new, existing, or both, living in Gwinnett County).</li> <li>2. Clarification of counting walk-ins in the remeasurement.</li> </ol> <p>These factors demonstrate that the CMO did not clearly define the denominator for the measure to evaluate intervention effectiveness. Additionally, the CMO did not document process-level data related to how many eligible members were attempted to be reached for scheduling an appointment, how many members were successfully reached, or how many members completed an appointment at a location other than the MAU.</p>
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		<p>The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.</p>
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)		X	<p>The CMO did not provide an accurate and clear summary of findings based on the intervention testing results. On page 23 of Module 4, the CMO stated:</p> <p>As demonstrated in the run chart, the data remained below the baseline thus indicating the intervention is not effective in increasing the baseline rate by 5% for existing members living in Gwinnett County.</p>



**Appendix B. State of Georgia**  
**CY 2016 Adolescent Well-Child Visits—Module 4 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
			<p>This statement was not an accurate summary of the Module 4 run chart on page 20, which showed that two monthly measurements in June and July exceeded both the baseline and goal rates plotted on the run chart.</p> <p>Based on the intervention testing results, the CMO concluded that the intervention was not effective in improving the adolescent well-child visit rate. Much of the CMO’s summary of findings, however, focused on the impact of the intervention among two other member subgroups (members under 12 years of age and newly enrolled members) that did not align with the SMART Aim statement or the narrow focus of the PIP. The narrow focus of the PIP was to improve the rate of adolescent well-child visits among members 12–21 years of age in Gwinnett County. The CMO should align the summary of findings with the narrow focus of the PIP and should not report findings for other populations outside the narrow focus.</p>
<p>6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.</p>		<p>X</p>	<p>The CMO did not remove the MAU intervention from the key driver diagram documented in Module 4. Based on the CMO’s conclusion that the MAU was not effective in improving the adolescent well-child visit rate, the intervention should have been removed from the key driver diagram.</p>



**Appendix B. State of Georgia**  
**CY 2016 Adolescent Well-Child Visits—Module 4 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.		X	The CMO concluded that the intervention was successful for members under 12 years of age and reported that the intervention would be adopted for this age group and expanded to two other counties. The SMART Aim eligible population does not include 1–11-year-olds and instead is focused on 12–21-year-olds. The additional analysis focusing on members under 12 years of age was not relevant to the SMART Aim and should not be the basis for adopting the MAU intervention because the success identified was not connected to the target population of 12–21 year olds. The focus of the PIP was to improve the adolescent well-child visit rate; therefore, the decision to adopt, adapt, or abandon the intervention should have been aligned with the success of the intervention on impacting the SMART Aim.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO provided the final PDSA run chart with the intervention plotted.





**Appendix B. State of Georgia**  
**CY 2016 Adolescent Well-Child Visits—Module 5 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

**Module 5—Performance Improvement Project (PIP) Conclusions**  
**Adolescent Well-Child Visits PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The narrative summary of overall key findings and interpretation of results was accurate.		X	Based on the Module 5 documentation, the CMO did not use the approved SMART Aim measure methodology to report the key findings for the PIP. In Module 2, the approved SMART Aim measure was defined as the percentage of “Georgia Families 360° members 12–21 years old, living in Gwinnett County who are eligible to have an AWC [adolescent well-child check] visit during the measurement period” who completed an AWC visit at any location. The approved SMART Aim measure was not specific to members who completed a well-child visit at the mobile access unit (MAU). In Module 5, however, the CMO’s final SMART Aim run chart was titled “Members ages 12–21 Completing AWC on the MAU.” This was the same measure that was presented in Module 4 for intervention testing and was limited to only those members who completed an adolescent well-child visit at the MAU. The CMO did not report findings based on the approved SMART Aim measure.
2. The PIP demonstrated evidence of achieving the SMART Aim goal.		X	The CMO did not report the results of the approved SMART Aim measure for evaluating success in achieving the SMART Aim; therefore, the PIP did not demonstrate evidence of achieving the SMART Aim goal.



**Appendix B. State of Georgia**  
**CY 2016 Adolescent Well-Child Visits—Module 5 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
3. The CMO documented a plan summarizing how it will evaluate sustained improvement beyond the SMART Aim end date.			Not applicable. The CMO documented that the PIP did not successfully improve the adolescent well-child visit rate among GF 360° members living in Gwinnett County; therefore, evaluating sustained improvement does not apply.
4. The CMO documented its plan for evaluating the expansion of successful interventions beyond the initial scope of the project.			Not applicable. The CMO documented that the PIP did not successfully improve the adolescent well-child visit rate among GF 360° members living in Gwinnett County; therefore, evaluating expansion of successful interventions does not apply.
5. The CMO documented lessons learned.	X		<p>The CMO documented the following lessons learned:</p> <ul style="list-style-type: none"> <li>• The MAU intervention was not effective for improving the adolescent well-child rate; however, the intervention appeared to be effective for improving the well-child visit rate among other populations such as members under age 12 and newly enrolled members.</li> <li>• While the MAU may have provided a more convenient location to obtain an adolescent well-child visit, the appointment times offered for the MAU may have been less convenient than those offered by alternative provider locations because appointment times were only offered during the school/work day.</li> <li>• The intervention testing cycle would have provided more actionable information for improving adolescent well-child visit rates if the CMO had collected process data regarding the outreach and scheduling components of the intervention.</li> </ul>



Appendix B. State of Georgia  
CY 2016 Adolescent Well-Child Visits—Module 5 Feedback Form  
for Amerigroup Community Care for Georgia Families 360°

**HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG’s assessment determined the following:**

**High confidence**

High confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and the demonstrated improvement was clearly linked to the quality improvement processes implemented.

**Confidence**

Confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.

**Low confidence**

Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

**Reported PIP results were not credible** = The PIP methodology was not executed as approved.

**Summary of Validation Findings:**

The CMO tested one intervention for the PIP: offering adolescent well-child visits at a MAU in a central location in Gwinnett County. The CMO measured the effectiveness of the intervention by tracking the rate of eligible members who completed an adolescent well-child visit at the MAU and tracked monthly measurements of effectiveness on a run chart from June through December. The intervention-testing measure rate exceeded the goal for two monthly measurements at the beginning of the intervention testing cycle and then fell below the baseline rate for the remaining five months. The CMO did not report any process-level data for the intervention and documented several confounding factors, suggesting that the denominator for the measure of effectiveness was not clearly defined. Based on the testing results, the CMO concluded that the intervention was not effective at improving the adolescent well-child visit rate. The CMO also analyzed the effectiveness of the intervention among two member subgroups (members under 12 years of age and newly enrolled members) that were not part of the SMART Aim. The CMO’s decision to adopt the intervention for members under 12 years of age and newly enrolled members did not align with the SMART Aim statement or narrow focus of the PIP. In Module 5, the CMO reported the intervention testing results documented in Module 4 but did not report findings based on the approved SMART Aim measure from Module 2. The reported PIP results were based on the rate of adolescent well-child visits that were obtained at the MAU. This measure differed from the Module 2 approved measure, which was the overall adolescent well-child visit rate among GF 360° members living in Gwinnett County, regardless of



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**CY 2016 Adolescent Well-Child Visits—Module 5 Feedback Form**  
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**Summary of Validation Findings:**

where the visit occurred. Because the SMART Aim measure methodology used in Module 5 was changed from the methodology approved in Module 2, the reported PIP results were not credible.



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**CY 2016 Appropriate Use of ADHD Medications—Module 4 Feedback Form**  
**for Amerigroup Community Care for Georgia Families 360°**

**Module 4—Plan-Do-Study-Act (PDSA) for Each Intervention**  
**Appropriate Use of ADHD Medications PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The team provided details on each intervention tested (who, what, where, when, why, and how).		X	The CMO tested the following intervention: member outreach calls to remind the member/caregiver to schedule the 30-day ADHD [attention deficit hyperactivity disorder] medication initiation follow-up appointment. The CMO provided details on the intervention tested; however, the CMO changed several key components of the intervention mid-way through the testing cycle. In October, the CMO switched from one pharmacy technician conducting the outreach calls to a team of care coordinators conducting the outreach calls. Additionally, in October, the CMO changed the frequency of pharmacy reporting to identify members in need of an outreach call from monthly to weekly. The CMO should have completed two separate Module 4 submission forms to document the testing of the intervention before and after the substantial changes described above.
2. The interventions that were developed and tested addressed at least one or more of the key drivers, identified failures, or other identified opportunities for improvement.	X		The CMO linked the member outreach call intervention to the following key driver and identified failure. <ul style="list-style-type: none"> <li>• Key driver: ADHD Initiation Phase Follow-up process</li> <li>• Failure: Member no-shows</li> </ul>



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Criteria	Achieved	Failed	HSAG Feedback and Recommendations
3. The documentation included the data source(s) for each intervention and detailed the data collection process. (Where are the data being collected, who is collecting the data, how are the data being collected, how are the data being calculated, and what are the predicated results?)		X	The CMO documented the data sources and data collection processes for testing the intervention; however, the CMO documented substantial changes in the data collection process mid-way through the testing cycle. Changing the frequency of the 1st Fill Report to identify members in need of outreach from monthly to weekly and changing the number of staff conducting outreach from one to 15–20 staff members introduced confounding factors into the data collection methodology. Because the changes in the methodology occurred in October, coinciding with the highest monthly data point (57.6 percent), the rate increase may have been due to changes in the data collection methodology rather than a result of the intervention’s effect on the 30-day follow-up rate.
4. The documentation included the tracking of events/activities and any challenges and/or confounding factors identified.	X		The CMO included the intervention tracking tool and documented intervention-related activities, challenges, and identified solutions.
5. The team provided an accurate summary of findings. (Were the metrics and methods used correctly, was the intervention effective, and did the intervention impact the SMART Aim?)	X		The CMO’s narrative summary of findings was an accurate reflection of the results displayed in the Module 4 run charts. The CMO acknowledged the confounding factors related to changing the frequency of generating the 1st Fill Report and changing from one to 15–20 staff members conducting outreach for the follow-up appointment.
6. The key driver diagram, FMEA, and interventions were revised appropriately based on analysis of findings.	X		The CMO’s final key driver diagram and failure modes and effects analysis (FMEA) table submitted as part of Module 4 aligned with the CMO’s analysis of findings.



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Criteria	Achieved	Failed	HSAG Feedback and Recommendations
7. Successful interventions were expanded and supported by rationale. Unsuccessful interventions were adapted or abandoned and decisions made were supported by rationale.		X	The SMART Aim statement and initial intervention testing plan focused on GF 360° members in Fulton County; however, the CMO’s final analysis of intervention results was based on two subgroups within the eligible population. The CMO reported that the intervention would be adopted for the foster care (FC) subpopulation. The CMO did not discuss whether the intervention would be adopted, adapted, or abandoned for the entire population defined by the SMART Aim statement.
8. The team submitted the final PDSA run/control charts illustrating the effect of the intervention(s).	X		The CMO provided the final PDSA run chart with the intervention plotted.



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**Module 5—Performance Improvement Project (PIP) Conclusions**  
**Appropriate Use of ADHD Medications PIP**

Criteria	Achieved	Failed	HSAG Feedback and Recommendations
1. The narrative summary of overall key findings and interpretation of results was accurate.		X	<p>The CMO’s interpretation of the intervention testing results did not align with the SMART Aim statement for the PIP. The CMO introduced subgroup analyses into the analysis of findings and reported effectiveness of the intervention for the two separate subgroups—FC (Foster Care) and AA (Adoption Assistance). The CMO concluded that the intervention was effective based on the intervention testing results among the FC subgroup of eligible members in Fulton County because the 30-day follow-up visit rate for the subgroup exceeded the SMART Aim measure goal rate of 55.2 percent for six consecutive months.</p> <p>While subgroup analyses are not inappropriate, the CMO should not evaluate the success of achieving the SMART Aim based on testing results for a subgroup. The interpretation of PIP results was flawed because the SMART Aim statement focused on all eligible members in Fulton County; therefore, the CMO should be evaluating the success of the PIP based on the entire eligible population, not based on a particular subpopulation.</p>
2. The PIP demonstrated evidence of achieving the SMART Aim goal.	X		<p>The SMART Aim measure (GF 360° members in Fulton County who completed a follow-up visit within 30 days of filling an initial ADHD [attention deficit hyperactivity disorder] medication prescription) exceeded the SMART Aim goal of 55.2 percent for one month, October 2016.</p>





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Criteria	Achieved	Failed	HSAG Feedback and Recommendations
3. The CMO documented a plan summarizing how it will evaluate sustained improvement beyond the SMART Aim end date.		X	<p>The CMO documented the following:</p> <p>The PIP Team is confident in its ability to sustain the improvement for the 30-day follow-up completion rates achieved through the PIP. The PDSA [Plan-Do-Study-Act] cycle allowed the team to identify that the intervention is most effective with the FC population. The CMO is committed to maintaining or increasing the rate beyond the life of the PIP.</p> <p>This statement applies to the FC subpopulation, not the SMART Aim population. The CMO should include a discussion of evaluating sustained improvement that aligns with the population identified in the SMART Aim statement.</p>
4. The CMO documented its plan for evaluating the expansion of successful interventions beyond the initial scope of the project.		X	<p>The CMO’s discussion of expanding the intervention beyond Fulton County was specific to the FC subpopulation. The CMO did not describe how expansion would be evaluated for the entire SMART Aim population.</p>
5. The CMO documented lessons learned.	X		<p>The CMO documented the following lessons learned at the conclusion of the PIP:</p> <ul style="list-style-type: none"> <li>• Reasons that GF 360° members in Fulton County do not complete a 30-day follow-up appointment after initiating ADHD medication include: <ul style="list-style-type: none"> <li>– The member forgetting the appointment.</li> <li>– Having incorrect member contact information.</li> <li>– Caregiver’s lack of awareness on the importance of the follow-up visit.</li> <li>– The member leaving foster care prior to the follow-up appointment.</li> </ul> </li> </ul>



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Criteria	Achieved	Failed	HSAG Feedback and Recommendations
			<ul style="list-style-type: none"> <li>– Providers writing the initial prescription beyond one month.</li> <li>• Using a weekly 1st Fill Report to identify members for outreach was more effective than using a monthly report.</li> <li>• Having a team of people reach out to members was more efficient than a single person conducting outreach.</li> <li>• Continuous education for providers regarding best practices for prescribing ADHD medication is needed to improve the 30-day follow-up appointment compliance rate.</li> <li>• Continuous education for caregivers regarding ADHD diagnosis and medication is needed to support completion of the 30-day follow-up appointment.</li> </ul>



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**HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG’s assessment determined the following:**

**High confidence**

High confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and the demonstrated improvement was clearly linked to the quality improvement processes implemented.

**Confidence**

Confidence = the PIP was methodologically sound; achieved the SMART Aim goal; and some of the quality improvement processes were clearly linked to the demonstrated improvement; however, there was not a clear link between all quality improvement processes and the demonstrated improvement.

**Low confidence**

Low confidence = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes and interventions were poorly executed and could not be linked to the improvement.

**Reported PIP results were not credible** = The PIP methodology was not executed as approved.

**Summary of Validation Findings:**

The CMO tested one intervention for the PIP: member outreach calls to remind the member/caregiver to schedule the 30-day ADHD medication initiation follow-up appointment. The CMO changed the intervention and data collection methodologies mid-way through the testing cycle by increasing the frequency of the 1st Fill Report from monthly to weekly and increasing the number of staff members conducting outreach calls from one person to a team of 15–20 people. The intervention should have been tested separately after these changes took place, and the CMO should have submitted two separate Module 4 submission forms. The CMO analyzed the effectiveness of the intervention on the entire eligible population and for two subgroups (AA and FC). The CMO concluded that the intervention was effective based on the FC subgroup’s results. Based on the CMO’s perceived effectiveness of the intervention on the FC subgroup, the CMO chose to adopt the intervention. The CMO’s evaluation of intervention effectiveness and overall summary of PIP findings should have aligned with the eligible population defined by the SMART Aim statement, rather than focused on a single subgroup within the population. Although the SMART Aim goal was achieved, the improvement was not clearly linked to the documented quality improvement processes; therefore, the PIP was assigned a level of *Low Confidence*.