

# **Bayou Health Plan Performance Improvement Project (PIP)**

**Amerigroup Louisiana, Inc.**

**HIV Screening**

**Project Proposal**

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**Submission to:**

LA Department of Health and Hospitals  
IPRO

# Health Plan and Project Identifiers

Please complete all fields as accurately and as completely as possible.

**1. Name of Health Plan:** Amerigroup Louisiana, Inc.

**2. Select the Report Submission:** [If any change from initial submission, please complete section 7 below.]

<input checked="" type="checkbox"/> PIP Part I: Project Proposal	Date submitted: <u>      /      /      </u>
<input type="checkbox"/> PIP Part II: Interim Report	Date submitted: <u>      /      /      </u>
<input type="checkbox"/> PIP Part III: Final Report	Date submitted: <u>      /      /      </u>

**3. Contract Year:** 2015

**4. Principal Contact Person:** Angela Olden

[person responsible for completing this report]

**4a. Title:** Director II Quality Management

**4b. Phone:** (225) 819 - 4893 ext. 88871

**4c. Email Address:** angela.olden@amerigroup.com

**5. Title of Project:** HIV Screening

**6. External Collaborators (if any):** N/A

**7. For Interim and Final Reports Only: If Applicable, Report All**

**Changes from Initial Proposal Submission:** [Examples include: added a new survey, added new interventions, changed interventions, deviated from HEDIS® specifications, reduced sample sizes]

### 8. Attestation

The undersigned approve this PIP Project Proposal and assure their involvement in the PIP throughout the course of the project.

Amerigroup Louisiana, Inc.  
Health Plan Name

HIV Screening  
Title of Project

Dr. Marcus Wallace  
Medical Director (print, sign and date)

Angela Olden  
Quality Director (print, sign and date)

N/A  
IS Director (when applicable) (print, sign and date)

Sonya Nelson  
CEO (print, sign and date)

# Project Topic

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Provide a general description of the project topic that is clearly stated and relevant to the enrolled population.

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## 1. Describe Project Topic

[Project topics should be based on the needs of the plan's member population (i.e., should reflect member needs, care and services and reflect high-volume or high-risk conditions/events) and should be supported by current research, clinical guidelines or standards. The Health Plan should provide a clear and detailed description of the selection and prioritization process used in topic selection.]

This Performance Improvement Project (PIP) addresses screening for a cause of a major public health crisis in Louisiana – HIV infection. HIV screening has been designated as a Section 2 PIP focus for contract year 2017, as described in the Louisiana Bayou Health Managed Care Organizations RFP Performance Improvement Projects Appendix DD.

## 2. Rationale for Topic Selection

[Explain why this activity is important to members or practitioners, *and* why there is an opportunity for improvement. Describe how the project or results will help practitioners, members, or plan processes. The rationale for the topic selected should be reasonable given Health Plan demographics, be based on objective supporting data (e.g., HEDIS®, Health Plan baseline data, member/provider surveys), and pertain to a sufficient number of members to yield interpretable findings. Support rationale with documentation from the literature, using citations].

The Healthy People 2020 initiative, which "...provides science-based, 10-year national objectives for improving the health of all Americans," reports that approximately 1.1 million Americans are living with HIV, and that 1 out of 5 people with HIV do not know they have it. Various studies have demonstrated that the transmission of HIV can be significantly reduced with the adoption of effective prevention interventions, incorporating HIV screening. The U.S. Preventive Services Task Force (USPSTF) has recommended the following, as of April 2013:

- Clinicians should screen for HIV infection in adolescents and adults ages 15-65 years; younger adolescents and older adults who are at increased risk should also be screened;
- Clinicians should screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown.

The Louisiana Office of Public Health STD/HIV Program (SHP) partners with, and supports, healthcare settings in their implementation of HIV screening as part of their routine medical service delivery. Per SHP's Quality Assurance protocol, "the primary goal..." of HIV screening "...is to find patients who are infected with HIV but are unaware of their status;" upon discovery of HIV infection, the protocol recommends the referral of HIV-infected persons to clinical and prevention services. Amerigroup Louisiana (AGP) shares the SHP goal of ensuring that the transmission and progression of HIV infection is reduced by increasing compliance with clinical care guidelines and quality metrics.

The Louisiana HIV/AIDS Surveillance Quarterly Report for the fourth quarter of 2013 (Vol. 11, No. 4) reveals the following:

- In 2012, 1062 new HIV cases were diagnosed in Louisiana.
  - 70% (n=740) were among men;
  - 76% (n=802) were among African Americans;
  - 26% (n=273) were among persons aged 13-24 years;
  - 27% (n=288) were among persons aged 25-34 years;
  - 27% (n=289) were among persons aged 45+ years.

The research and statistics to support this study project was reviewed by a focus group that included the Medical Director and representatives from the Medical Management and Quality Management departments. Collectively, the group felt it can be successful in increasing HIV screening rates for our members.

### 3. Aim Statement

[State the question(s) that the project is designed to answer. Address what the project is trying to accomplish, including WHO (patient population), WHAT (the intent of the project), WHERE (pilot site and spread sites), and WHEN (timeline). Align the aim with the strategic goal of the organization. The project objectives should be clear and set the framework for data collection, analysis, and interpretation. Anticipated barriers and how they will be addressed may be considered. Examples of objectives include improving HEDIS rates, member satisfaction, access to care, and adherence to clinical guidelines. Specify a target or goal for improvement that is practical, achievable, unambiguous, and quantifiable. Benchmark data can be used for comparative purposes (e.g., HEDIS® rates, Healthy People 2010, published articles).]

The purpose of this PIP is to increase HIV screening rates among adolescents and adults, aged 15-44 years, through education and ensuring continuity and coordination of care. Therefore, the aim is to increase HIV screening rates during the measurement period. The target goal is to increase HIV screening rates by 25%.

## Methodology

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The methodology section describes how the data for the project are obtained.

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### 1. Performance Indicators

[Indicators should be measurable, objective, clearly defined, and flow directly from the study aim. If using HEDIS®, specify reporting year used. If not using HEDIS®, or using a modified HEDIS® measure, clearly state how your indicators will be measured, including a description of the indicator numerator and denominator. Health Plan developed indicators should be evidence-based and refer to recognized clinical guidelines or expert consensus. Define the criteria used for selecting the eligible population, and describe any exclusion criteria. State whether the methodology for the remeasurement differs in any way from that used for the baseline assessment, include type of change, rationale for change, and any bias that could affect the results. When employing a quality improvement model, it is preferable to report an intermediate measure to evaluate performance and the further need for change. Process measures are the

workings of the system (the parts/steps in the system) whereas outcome measures are the result (how the system is performing). Examples are the percentage of patients with an LDL test in the past year, (process) and percentage of patients with LDL <100 (outcome).]

**Study indicator:** For this PIP, HIV screening rates, for members aged 15-44 years, will be used as the indicator. Data for this PIP is obtained from the Wellpoint-Amerigroup data warehouse, which is updated with paid claims on a monthly basis.

- a) **Eligible population:** Members who are 15-44 years of age as of December 31<sup>st</sup> of the measurement year.
- b) **Numerator:** Number of HIV screenings completed during the measurement year. An HIV screening will be indicated by any of the following ICD-9-CM Diagnosis Codes
  - 86689
  - 86701-86703
  - 87389-87391
  - 87534-87539.
- c) **Denominator:** The total eligible population.
- d) **Baseline measurement period:** January 2015 – December 2015.
- e) **Project goal:** Increase the baseline results by 25%.
- f) **Intermediate measure to evaluate performance:** AGP creates the intermediate HIV screening rate monthly to monitor the performance.
- g) **Additional change:** N/A for submission.
- h) **Process measures (steps in the system):** N/A for submission.
- i) **Outcome measures:** N/A for submission.

## 2. Procedures

[Describe the method of data collection, including who collects the data and the instruments used, as well as efforts to ensure validity and reliability. Clearly identify the sources of data, and specify if using administrative data, medical record data, hybrid methodology, and/or surveys. Describe any data collection tools that are employed. Report whether sampling is used. If so, describe the sampling method, and if stratification was used. Report the sample size and verify that it includes all relevant subsets of the population. Describe measures taken to ensure that members with special health care needs are not excluded. If a survey is used, detail the mode of survey (e.g., mail, phone), the number of cases to receive a survey, and follow-up attempts to increase response rates, if any (e.g., re-mailing of surveys). If using statistical testing, specify the procedures used for analysis.]

- a) **Method of data collection:** Microsoft SQL and Excel are the tools utilized to query data and identify members to be included in the eligible population.

- b) **Instruments used for data collection:** The Wellpoint-Amerigroup data warehouse is the single source for this data.
- c) **Data validity and reliability:** Data from the Wellpoint-Amerigroup data warehouse is validated before it is published. Reliability is ensured since a standard query is utilized to obtain the data within the system.
- d) **Sample Size:** N/A for submission.
- e) **Stratification:** N/A for submission.
- f) **Survey:** N/A for submission.
- g) **Statistical testing:** N/A for submission.

### 3. Project Timeline

[The timeline should include all important dates regarding the conduct of the study, including baseline measurement period, interventions, remeasurement period, analysis, final report. Complete the table below. For each event, provide a date or date range (start and end dates), as applicable.]

Event	Timeframe
Baseline Measurement Period	January 2015 – December 2015
Interim Measurement Period	Biannually
Submission of Interim Report (if applicable)	To Be Determined
Re-measurement Period	January 2016
Intervention Implementation	2015
Analysis of Project Data	2016 and on-going
Submission of Final Report	To Be Determined

## Interventions/Changes for Improvement

Interventions should be targeted to the study aim and should be reasonable and practical to implement considering plan population and resources.

### 1. Interventions Planned and Implemented

[Describe each intervention and the decision-making process leading to the selection of the intervention. Detail how the intervention is reasonably able to impact the enrolled population/improve health outcomes, and likely to induce a permanent change rather than a short-term or one-time effect. Interventions should be based on evidence of effectiveness. If the intervention is based on literature, include appropriate citations. Specify identified barriers to care that interventions are designed to impact. Describe whose performance the intervention is intended to affect (e.g., members, Health Plan clinical staff, providers, community). Provide the start and end dates of each discrete intervention. The interventions should be timed for optimal impact, ideally after baseline, allowing enough time to impact remeasurement. Given the time

parameters of the project, an interval of at least 6 to 9 months is generally necessary to detect measurable impact of your interventions.]

Complete the sections in the table below, and add more rows as needed. For each intervention, provide date ranges (start and end dates) in the first column of the table. Interventions that began post-remeasurement should not be listed as interventions since they could not impact the rates. They should be highlighted in the Next Steps section.

Intervention Timeframe	Description of intervention

## 2. Barrier Analyses

[Barrier analysis should be conducted as part of the project design. Describe the barriers that your interventions are designed to overcome, e.g., lack of member or provider knowledge, lack of transportation, lack of standardized tools, lack of adequate discharge planning. Barrier analyses should include analyses of data, both quantitative and qualitative (such as focus groups or interviews) and published literature where appropriate. Barriers are distinguished from challenges you confronted in conducting the study. Those challenges should be described in the Limitations section.]

# Results

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The results section should quantify project findings related to each study question and project indicators. **Do not** interpret the results in this section.

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[Explain how the data were analyzed to address the objectives. Important results to include:

- Entire population size and number of cases in the project sample
- Number of cases excluded due to failure to meet criteria
- Rates for project indicators—numerator and denominator for baseline and remeasurement
- Performance targets
- Statistical tests and results (if applicable)
- Run/Control Charts
- How missing data and outliers were handled

Tables/graphs/bar charts are an effective means of displaying data in a concise way to the reader. Appendix A contains examples of tables as well as instructions on creating useful tables.

Tables should be accompanied by text that points out the most important results, simplifies the results, and highlights significant trends or relationships. Tables should be able to stand alone.

If a survey was conducted, list the final sample size, the number of responses received, and the response rate. Reasons for low response rates or failure to obtain eligible records should be described.]

# Discussion

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The discussion section is for explanation and interpretation of the results.

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## 1. Discussion of Results

[Explain and interpret the results by reviewing the degree to which objectives and goals were achieved, the meaningfulness of improvements or changes, and what factors were associated with success or failure. Describe whether results were expected or unexpected, and provide other possible explanations for the results. Comment on “face validity,” i.e., does the improvement in performance appear to be the result of the quality improvement interventions. A brief conclusion should be provided based on the reported results. The basis for all conclusions should be explained.]

## 2. Limitations

[Address the limitations of your project design. Identify methodological factors that may jeopardize the internal or external validity of the findings. Describe any challenges or barriers identified in implementing the interventions and how they were addressed (e.g., difficulty locating Medicaid members, lack of resources, reasons for low survey response rates, insufficient number of providers in rural areas. Indicate if an intervention was planned but was not implemented or if the intervention was changed in any way, and why.)

# Next Steps

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In this final section, discuss ideas for taking your project experience and findings to the next step.

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## 1. Lessons Learned

[Describe what was learned from the project, what remains to be learned, what can be changed as a result of the project, and whether findings can be extrapolated to other members or systems.]

## 2. System-level Changes Made and/or Planned

[Describe how findings will be used, actions that will be taken to sustain improvement, and plans to spread successful interventions to other applicable processes in your organization.]

# Appendix A: Examples of Tables

Tables can include 95% confidence intervals corresponding to each of the proportions, goals and benchmarks (such as the statewide average), or other descriptive statistics such as average, median, range, and outliers, if appropriate.

You do not have to choose one of these tables: they are for reference purposes only. Create a table that is appropriate for your unique data, but follow the general guidelines:

- Table titles should always be understandable and stand-alone.
- Table column headings should include the number of members in each group.
- Each column should have a heading.
- Report statistical significance using asterisks or significance level in a column.

**Sample Table 1: Rate of [Project Indicator], Year 1-3**

Year	Numerator	Denominator	%	95% CI
Year 1				
Year 2				
Year 3				

**Sample Table 2: Baseline and Remeasurement Rates for Each Project Indicator**

Indicator	Baseline		Remeasurement		P value
	n	%	n	%	
Indicator 1					
Indicator 2					
Indicator 3					

**Sample Table 3: Baseline and Remeasurement Rates for Plan and Statewide Average**

Indicator	Plan		SWA		P value
	n	%	n	%	
Baseline Year					
Remeasurement Year					
Difference					

**Sample Table 4: Record Retrieval Information by Provider**

	Records from Provider 1	Records from Provider 2	Total
Records Requested			
Records Received			
Records Not Received (but included in analysis)			
Records Excluded			
Total Usable Cases			

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