

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

**Amerigroup Louisiana, Inc.**

**Childhood Obesity**

**Project Proposal**

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**Submission to:**

LA Department of Health and Hospitals  
IPRO

# Health Plan and Project Identifiers

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

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**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: _____ / _____ / _____
<input type="checkbox"/> PIP Part II: Interim Report	Date submitted: _____ / _____ / _____
<input type="checkbox"/> PIP Part III: Final Report	Date submitted: _____ / _____ / _____

**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:** Childhood Obesity

**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

Childhood Obesity  
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 a leading cause of the development of serious medical conditions in Louisiana – childhood obesity. Childhood Obesity has been designated as a Section 2 PIP focus for contract year 2015, 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].

Childhood obesity often results in chronic medical conditions, social and psychological problems, and adult obesity. The Louisiana Council on Obesity Prevention and Management (LA Obesity Council) was created to assist children and adults in their efforts to combat obesity and its related medical conditions, with a mission “to promote an environment that supports opportunities for all Louisiana residents to make healthy food choices and to be physically active in order to achieve or maintain a healthy weight.” Amerigroup Louisiana (AGP) shares the LA Obesity Council’s goal of reducing obesity rates for our young population, to ensure that the group has the opportunity to minimize or eliminate the occurrence of chronic medical conditions.

In 2011, Louisiana ranked 4<sup>th</sup> in the nation for childhood obesity, according to the [F as in Fat: How Obesity Threatens America’s Future 2011](#) report from Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF). Body Mass Index (BMI) is a measure used to determine if a child is overweight or obese, and is calculated using a child’s height and weight; percentiles specific for age and sex determine the child’s weight status. The Centers for Disease Control and Prevention (CDC) has provided growth charts which are used to determine corresponding BMI-for-age and sex percentiles. The following definition applies to children and adolescents, ages 2-19:

- **Obesity** is defined as a BMI at or above the 95th percentile for children of the same age and sex.

Various studies have demonstrated the need for Louisiana to improve the overall health status of our children. According to the CDC, childhood obesity can increase the likelihood of the following:

- High blood pressure, high cholesterol, and cardiovascular disease.
- Impaired glucose tolerance, insulin resistance, and type 2 diabetes.
- Breathing problems, such as sleep apnea and asthma.
- Joint problems and musculoskeletal discomfort.
- Fatty liver disease, gallstones, and gastro-esophageal reflux.
- Social and psychological problems, which can continue into adulthood.
- Adult obesity.

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 preventing and reducing obesity for our children.

### **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 prevent and reduce obesity among children, up to age 18, through education and ensuring continuity and coordination of care. Therefore, its aim is twofold: to increase the number of children with a documented BMI and to reduce the number of children classified as obese by BMI measurement. The target goals are as follows:

1. Increase the number of children with a BMI documented during physical exams by 20%;
2. Reduce the number of children who are obese on BMI measurement by 10%.

The initial aim of the Amerigroup Louisiana Childhood Obesity Prevention program is to raise awareness of the issue by increasing by 20% the number of members, age 18 and under, with a BMI documented during physical exam during the measurement year. Based on HEDIS 2104, only 35.65% of members had their BMI measured during physical exam. The project will prevent and reduce obesity among this population, not only through weight assessment, but also through health promotion and the provision of counseling, additional healthy weight strategies, and interventions for members and providers. At the end of the performance improvement project, our goal is to reduce by 10% the number of members, age 18 and under, who are obese on BMI measurement.

# 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:** The HEDIS measure, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC), will be used as the study indicator. We will track the total age band for BMI, which includes the entire age range from 3-17 years, as a sub measure. This measure is mandated by the Louisiana DHH, using HEDIS technical specifications. This measure is an audited NCQA measure that should improve if the interventions to improve the number of children with a BMI documented during physical exams are successful. As a HEDIS measure, the indicator has a national benchmark that can be compared over time, internally and externally. The background for this study is as follows:

- a) **Eligible population:** Members 3-17 years of age as of December 31 of the measurement year. The members must be continuously enrolled during the measurement year, with no more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
- b) **Numerator:** The total number of eligible members, 3-17 years of age as of December 31 of the measurement year, who had evidence of BMI percentile documentation. The ICD-9-CM Diagnosis codes to identify BMI percentile for pediatrics are V85.51-V85.54. Medical Record documentation must include height, weight, and BMI percentile during the measurement year, from the same data source. For members who are younger than 16 years of age on the date of service, only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria. For adolescents 16–17 years on the date of service, documentation of a BMI value expressed as kg/m<sup>2</sup> is acceptable.

- c) **Denominator:** A systematic sample drawn from the eligible population for each product line for the total age band, 3-17 years. The total sample is stratified by age to report rates for the 3–11 and 12–17 age stratifications.
- d) **Exclusions:** Members who have a diagnosis of pregnancy (identified by ICD-9-CM Diagnosis codes 630-679, V22, V23, or V28) during the measurement year are excluded from the denominator.
- e) **Measurement periods:**  
Baseline measurement period: January 2015 – December 2015.  
Remeasurement period 1: January 2016 – December 2016.  
Remeasurement period 2: January 2017 – December 2017.
- f) **Project goals:**
- a. Increase the number of children with a BMI documented during physical exams by 20%;
  - b. Reduce the number of children who are obese on BMI measurement by 10%.

To obtain the administrative rates, data sources used for this study indicator include:

- AGP FACETS claim system data
- Encounter data extracted from the AGP FACETS/Internal data warehouse, along with provider files.

These files were loaded to the Inovalon warehouse, which is AGP's HEDIS certified software. Inovalon loaded all of the above mentioned files, following AGP's instruction of reporting population definition, to create a warehouse which generates HEDIS events, to produce the HEDIS measure.

- g) **Intermediate measure to evaluate performance:** AGP creates the intermediate HEDIS WCC rate monthly to monitor the performance.
- h) **Additional change:** N/A for submission.
- i) **Process measures (steps in the system):** N/A for submission.
- j) **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.]

**Study indicator:** The total BMI percentile sub measure of the HEDIS measure, WCC, will be used as the study indicator, to track BMI percentile documentation rates among 3-17 year olds.

- a) **Method of data collection:** HEDIS 2016 administrative and medical record data will be utilized. HEDIS administrative rates are obtained using claim data up to DOS 12/31/15 for HEDIS 2016. Preliminary HEDIS 2016 run will be done at the end of January 2016. A refresh run will be performed in April 2016, which produces the final HEDIS 2016 administrative rates.
- b) **Instruments used for data collection:** AGP will use 2015 encounter data. The entire eligible population, including those with special health care needs, will be used for this study.

To obtain the administrative rates, data sources used for this study indicator include:

- AGP FACETS claim system data
- Encounter data extracted from the AGP FACETS/Internal data warehouse, along with provider files.

These files were loaded to the Inovalon warehouse, which is AGP's HEDIS certified software. Inovalon loaded all of the above mentioned files, following AGP's instruction of reporting population definition, to create a warehouse which generates HEDIS events, to produce the HEDIS measure.

- c) **Data validity and reliability:** The validity and reliability of the data is ensured, since the data is a HEDIS measure.
- d) **Sample Size:** No sampling techniques were used. The entire eligible population, including those with special health care needs, was used for this study.
- 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 – December 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			