State of California—Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

DATE: *December 10, 2015*

ALL PLAN LETTER 15-024 *(REVISED)*
(SUPERSEDES ALL PLAN LETTER 14-003)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: QUALITY AND PERFORMANCE IMPROVEMENT REQUIREMENTS

PURPOSE:
The purpose of this All Plan Letter (APL) is to notify all Medi-Cal managed care health plans (MCPs) of changes to the Quality and Performance Improvement Program and requirements. The Department of Health Care Services (DHCS) requires MCPs to annually report performance measurement results, produce Plan-Do-Study-Act (PDSA) Cycle Worksheets for poor performance, conduct ongoing performance improvement projects (PIPs), and participate in the administration of consumer satisfaction survey every three years.

Specialty health plans (SHPs) serve a specialized population in the Medi-Cal managed care program. Some requirements presented below do not apply to SHPs and are noted when applicable. SHPs should refer to their contracts for further information.

BACKGROUND:
As of July 1, 2015, the two contract-required quality improvement projects (QIPs) are referred to as PIPs in order to align with federal terminology. Furthermore, improvement projects undertaken by MCPs with External Accountability Set (EAS) measures below the Minimum Performance Level (MPL) in any given reporting year, are referred to as PDSA cycles and must be documented and submitted on PDSA Cycle Worksheets.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations and other contract requirements as well as DHCS's guidance, including APLs.

Managed Care Quality and Monitoring Division
1501 Capitol Avenue, P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413
Phone (916) 449-5000 Fax (916) 449-5005
www.dhcs.ca.gov

POLICY:

A. EAS Performance Measures.

1. **General Requirements.**

   a. **Designated Contacts.** MCPs must provide DHCS with one primary contact for performance measurements (Healthcare Effectiveness Data Information Set [HEDIS®[1]] lead) and at least one designated backup contact. In the absence of the HEDIS® lead, the backup contact must be familiar enough with the performance measures to assume the duties of the HEDIS® lead. Only under certain circumstances will DHCS approve an MCP's request for an extension of time to submit performance measurement-related documentation (e.g., PDSA Cycle Worksheets or Corrective Actions Plans [CAPs]) due to staff absence.

   b. **Technical Assistance.** DHCS or its External Quality Review Organization (EQRO) periodically holds technical assistance conference calls for all MCPs to: (1) present changes in performance measure methodology or processes; and (2) assist MCPs that are having difficulties with PDSA Cycle Worksheets or the PDSA process. DHCS requires MCPs to designate a lead, a backup, the MCP's quality compliance manager, and any other appropriate subject matter experts to participate in technical assistance conference calls.

   c. **EAS Selection, Collection, and Reporting.** DHCS selects a set of performance measures, referred to as EAS measures, to evaluate the quality of care delivered by an MCP to its members. DHCS selects most EAS measures from HEDIS®, which provides DHCS with a standardized method to objectively evaluate an MCP's delivery of services. MCPs must annually collect and report rates for EAS measures. MCPs must also report rates for any statewide collaborative measure chosen by DHCS with the MCPs, when applicable. SHPs must report on two performance measures selected or developed specifically for that SHP.

   d. **New MCP or an Existing MCP Expanding into a New County/Region.** A new MCP, or an existing MCP expanding its operations into a new county/region, must begin to report its EAS performance measures rates during the first reporting cycle in which it is feasible to report them. This reporting cycle is determined by DHCS, in consultation with its EQRO.

2. **Selection Process.** DHCS selects the final EAS measures after consulting with MCPs, the EQRO, and stakeholders. DHCS and each SHP agree on which measures are most appropriate to the membership of each SHP. See

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Attachment 1 for a complete list of all HEDIS® and DHCS-developed measures required for the current reporting year, including the performance measures that each SHP must report. Some measures have multiple indicators (e.g. more than one rate must be reported).

3. **Audits.**

   a. **Annual Onsite EAS Compliance Audit.** MCPs must participate in an annual onsite performance measure validation audit. The audit consists of an assessment of an MCP's (or its vendor's) information system capabilities, followed by an evaluation of an MCP's ability to comply with specifications outlined by the DHCS for HEDIS® and non-HEDIS® measures. The EQRO follows the National Committee for Quality Assurance (NCQA) HEDIS® Compliance Audit™ methodology for HEDIS® measures to assure standardized reporting of quality performance measures throughout the health care industry.

   b. **Contracted EAS Auditor.** MCPs must use DHCS's selected contractor for conducting the performance measure validation. The EQRO contractor will perform the EAS audits at DHCS's expense. The EQRO contractor may subcontract with one-or-more independent auditors licensed by the NCQA to conduct some of the EAS audits.

4. **EAS Reporting Requirements.**

   a. **Calculating and Reporting Rates.** Each MCP will calculate its rates for the required performance measures and these rates will be audited by the EQRO or its subcontractor and reported to DHCS. Each MCP must report to the EQRO the results for each of the performance measures required of that MCP while adhering to HEDIS® or other specifications for the reporting year. MCPs must follow NCQA's timeline for collecting, calculating, and reporting rates.

   b. **Reporting Units.** MCPs must calculate and report performance measure rates at the county level, unless otherwise approved by DHCS for combined county-level reporting or regional-level reporting.

   c. **Public Reporting of Performance Measurement Results.** DHCS will publicly report the audited results of HEDIS® and other performance measure rates for each MCP, along with the Medi-Cal managed care average and comparisons to national data, as applicable, for each DHCS-required performance measure.

   d. **Managed Long-Term Services and Supports (MLTSS) Measures.** In order to comply with federal reporting requirements, DHCS will now be requiring those MCPs that provide MLTSS to report on a small set of

measures selected by DHCS and the EQRO. The first reporting year (2016) will be considered a baseline year and will consist of *two* measures (which will include *three* indicators), though that number may change in future years. The three measures were taken from the current 2016 HEDIS specifications and are outlined in the attached EAS. Those MCPs that provide MLTSS will provide the necessary data specific to these measures to DHCS. The measures will be reported on in the same timeframe as the rest of the EAS. In future years, DHCS may choose different MLTSS measures and will advise MCPs as necessary.

5. **EAS Performance Standards Established by DHCS.**

   a. **MPLs.** MCPs must meet or exceed the DHCS established MPL for each required HEDIS® measure (excluding the utilization/"use of services" measures). The MPL for each required measure is the 25th percentile of the national Medicaid results for that measure as reported in the NCQA's Quality Compass. For measures where a lower rate is better, Quality Compass inverts the percentiles, so for all measures the MPL is the 25th percentile. In the event that the Quality Compass does not include a particular indicator, DHCS and its EQRO will determine an appropriate benchmark for that indicator.

   b. **High Performance Levels (HPLs).** DHCS establishes an HPL for each required performance measure and publicly acknowledges MCPs that meet or exceed the HPL. The HPL for each required measure is the 90th percentile of the national Medicaid results for that measure as reported in the NCQA's Quality Compass. For measures where a lower rate is better, the Quality Compass inverts the percentiles, so for all measures the HPL is the 90th percentile. In the event that the Quality Compass does not include a particular indicator, DHCS and its EQRO will determine an appropriate benchmark for that indicator.

6. **MCP Performance Results and Compliance.**

   a. **HEDIS® PDSAs.** Historically, DHCS has required MCPs to submit improvement plans for performance measures with rates below the MPLs. DHCS has determined that a focus on rapid-cycle improvement and implementation of PDSA cycles will increase the potential for improved outcomes. As a result, DHCS has modified the process for MCPs with rates below the MPLs. MCPs must submit a PDSA Cycle Worksheet (see Attachment 2) for each measure with a rate that does not meet the MPL or is given an audit result of "Not Reportable."

b. Exceptions to PDSA Cycle Submissions.

i. First-Year Measure Requirements. DHCS does not require MCPs to meet the MPL for the first year that rates are reported, either because it is the first year the measure is required, or because an MCP is reporting rates for the first time for a new county/region, as this is considered the baseline rate. Therefore, MCPs are not required to submit a PDSA Cycle Worksheet if a rate for a first-year measure is below the MPL.

ii. In addition, a new MCP is not required to submit any HEDIS® PDSA Cycle Worksheets if any of its first-year reported rates are below the MPLs.

iii. Newly Created Regions. For MCPs with newly created regions comprised mostly or entirely of counties that have not previously reported HEDIS measures, the region will be considered a new reporting unit and the MCP will not be required to submit a PDSA Cycle Worksheet for measures with rates below the MPLs in the region for its first reporting year.

NOTE: In the first reporting year of an MCP's region comprised mostly or entirely of counties that have previously reported HEDIS measures, the region will not be considered a new reporting unit. The region will be required to submit a PDSA Cycle Worksheet for each measure with a rate below the MPL.

iv. Significant Changes to Technical Specifications. DHCS does not require MCPs to submit PDSA Cycle Worksheets for measures with significant changes to the technical specifications.

v. Additional Exceptions. DHCS may also determine that PDSA cycle submissions are not required for reasons in addition to those listed above. DHCS will notify MCPs in instances where it has made such a determination.

c. PDSA Cycle Submission Requirements (for EAS measures with rates below the MPLs).

i. Using the final, audited measurement year rates submitted to the NCQA, DHCS and MCPs will identify measures with rates below the MPLs.

ii. MCPs are required to complete and submit a PDSA Cycle Worksheet for each measure with a rate below the MPL in accordance with the PDSA instructions (see Attachment 2).

iii. All MCPs should conduct at least quarterly evaluations of their ongoing, rapid-cycle quality improvement efforts and document the Do, Study, and Act portions of the PDSA Cycle Worksheet once these phases are completed. The DHCS nurse consultant liaison will work with the MCP to develop a schedule for submissions and teleconferences to monitor progress over the year.

iv. DHCS encourages MCPs with a measure at a rate below the MPL in more than one county/region to include all affected counties/regions in a single PDSA Cycle Worksheet. Note that MCPs should specify county/regional-specific barriers or interventions/tests of change, as applicable.

v. MCPs under a CAP should discuss PDSA cycle submission requirements with their DHCS nurse consultant liaison, as their submission requirements may vary.

d. **MCPs with No Measures with Rates below the MPLs.** If an MCP's rates for all measures meet or exceed the MPLs, the MCP is not required to submit a PDSA Cycle Worksheet for any measures. MCPs should continue to evaluate ongoing quality improvement efforts on a quarterly basis. MCPs may use the PDSA Cycle Worksheet to help guide ongoing, rapid-cycle improvement processes. For MCPs that have measures with rates that are declining or showing worsening trends, DHCS recommends that they test small changes through PDSA cycles for those measures and share their quality improvement activities and the results of their quarterly evaluation with DHCS.

e. **Development of PDSA Cycle.** PDSA cycle development must include the setting of a Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) objective; establishing measures; selecting, testing and implementing interventions; and spreading changes. The PDSA methodology is a rapid-cycle/continuous quality improvement process designed to perform small tests of change, which allows more flexibility to make adjustments throughout the improvement process. As part of this approach, MCPs should perform real-time tracking and evaluation of their interventions.

f. **Reporting Requirements.**

i. **Medical Director Signature.** PDSA Cycle Worksheets must be signed by the MCP's medical director who approved the PDSA cycle prior to it being submitted to DHCS.

ii. **Timeline.** DHCS will notify MCPs of submission due dates.

iii. **Submission.** MCPs must submit PDSA Cycle Worksheets to DHCS's new mailbox at: dhcsquality@dhcs.ca.gov.

g. **CAPs.** DHCS may require a CAP for MCPs that have numerous measures with rates below the MPLs, measures with rates below the MPLs for multiple years, or when DHCS determines that a CAP is necessary, as outlined in the DHCS Quality of Care CAP Process. CAP requirements may include, but are not limited to:

i. Quarterly reporting of HEDIS® PDSA Cycle Worksheets with corresponding continuous rapid-cycle improvement activities.

ii. Additional PIPs.

iii. Additional technical assistance calls.

B. Consumer Satisfaction Surveys. Full scope MCPs are required to participate in EQRO conducted member satisfaction surveys at intervals determined by DHCS, as per the contract.

1. **Survey Instrument.** DHCS uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®[2]) surveys to assess member satisfaction with MCPs. DHCS may develop additional customized survey questions, in compliance with NCQA standards, to assess specific problems and/or special populations.
2. **CAHPS® Survey Administration.** The EQRO administers the CAHPS® survey for the adult Medicaid population every three years and for the Child Health Insurance Program (CHIP) Medicaid population annually. The EQRO will administer the CAHPS and CAHPS CHIP survey in 2016, reflecting members' perceptions of care for a six-month period of time during the prior year.
3. **Reporting of Survey Results.** In years when DHCS's EQRO administers the CAHPS® surveys, the EQRO will provide a reporting unit-level analysis for each MCP, when applicable, in the CAHPS® Summary Report. Reporting unit-level analysis allows DHCS, MCPs, and other stakeholders to better understand how member satisfaction and MCP services vary among counties/regions.
4. **Member Surveys for SHPs.** Although SHPs are not required to participate in the CAHPS® survey, each SHP must conduct a member satisfaction survey annually and provide DHCS with results specific to the SHP's Medi-Cal members. Each SHP must provide DHCS a copy of its survey instrument and survey calculation/administration methodology, so that the EQRO can evaluate them for compliance with state and federal requirements.

[2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

C. PIPs.

1. **Number of Required PIPs.** MCPs are required to conduct a minimum of two PIPs for each Medi-Cal contract held with DHCS, but if the areas in need of improvement are similar across contracts, then DHCS may allow the MCP to only conduct two PIPs total. DHCS will provide guidance to each MCP and SHP on topic selection and may require MCPs and SHPs to participate in collaborative discussions.

2. **New PIP Approach.** The PIP Transition Plan, PIP Companion Guide, and submission forms will be provided by the EQRO.

   a. **PIP Topic Selection.** MCPs will choose PIP topics in consultation with DHCS. DHCS strongly recommends that PIP topics align with demonstrated areas of poor performance, such as low HEDIS® or CAHPS® scores, and/or DHCS/EQRO recommendations.

      i. **Topic Proposal Timelines and Format.** DHCS will notify MCPs of the due date for PIP topic selection and the format to use for selection proposal.

      ii. **Topic Proposal Submission.** Each MCP must submit its completed PIP topic proposal form to DHCS's quality mailbox at dhcsquality@dhcs.ca.gov.

      iii. **DHCS's Approval of PIP Topic.** After receiving an MCP's proposed PIP topic, DHCS will send the MCP a notice of approval, a request for additional information, or suggest that the MCP participate in a technical assistance call with the EQRO.

   b. **PIP Module Submissions.** The new rapid-cycle PIP process will require the submission of five modules. MCPs must submit and pass Module 1 (PIP Initiation) and Module 2 (SMART Aim Data Collection) prior to submitting Module 3 (Intervention Determination). DHCS's EQRO will conduct technical assistance calls to guide MCPs through the process. The EQRO will review module submissions and provide feedback to the MCPs, which will have multiple opportunities to fine-tune Modules 1 through 3. Module 4 is Intervention Testing, utilizing PDSA cycles. This is the longest phase of the five modules. Module 5 concludes the PIP process by summarizing the project. MCPs will have opportunities for technical assistance with both DHCS and the EQRO throughout the entire PIP process.

   c. **PIP Duration.** DHCS will notify MCPs regarding the length of the PIP cycle. PIPs typically will last approximately 12–18 months, employing a rapid-cycle improvement process to pilot small changes. MCPs that would like to conduct longer PIPs must seek DHCS approval.

   d. **Assessment of Results.** Upon completion of each PIP, the EQRO provides a confidence level on the validity and reliability of the results.

e. Special Considerations.

i. New MCPs and Existing MCPs Expanding into a New County/Region. DHCS requires new MCPs and existing MCPs with new county/regional start-ups to participate on a technical assistance conference call with DHCS and the EQRO to discuss the appropriateness of PIP topics and the timeline for their initial PIP submissions. DHCS and its EQRO may adjust reporting requirements for new MCPs and existing MCPs with new county start-ups to accommodate the particular circumstances of the MCP's date of start-up in relation to the reporting cycle. Please contact the EQRO or the MCP's Nurse Consultant for step-by-step instructions about the initial PIP process.

ii. Multiple Counties. MCPs that serve multiple counties under a single contract may submit a PIP that addresses the same improvement topic in more than one county, provided the targeted improvement is relevant in more than one county covered by that contract. However, the PIP proposal and subsequent PIP submissions must specifically address the targeted population in each county included in the PIP by submitting county-specific data and results.

f. Communication and Meetings with DHCS and Among MCPs.

i. Designated Contacts. MCPs must provide DHCS with one primary contact (PIP lead) and at least one backup contact for each PIP who is familiar enough with the PIP to step in during the PIP lead's absence. Only under certain circumstances will DHCS approve an MCP's request for an extension of time to submit PIP-related documentation due to staff absence.

ii. Technical Assistance. To ensure that PIPs are valid and result in real improvements in the care and services provided to MCP members, DHCS periodically holds technical assistance conference calls for all MCPs to: (1) present changes in methodologies or processes; and, (2) assist MCPs that are having difficulties with a PIP. MCPs are required to participate in these technical assistance calls.

D. Focus Studies. DHCS may require MCPs to participate in focus studies of specific quality priority areas by submitting data or participating in surveys.

E. Member-Level Reporting. DHCS is requiring all full scope MCPs to report member-level demographic data to DHCS. DHCS and the EQRO will communicate with the MCPs on the file formatting and frequency of these submissions.

1. Reporting Requirements Impacting Alternative Health Care Services Plans

(AHCSPs). All full scope MCPs will be required to include an AHCSP identifier as part of their member-level reporting. AHCSP is defined in California Code of Regulations, Title 22, Section 53810.

ADDRESSES FOR ELECTRONIC SUBMISSIONS:
A. EQRO's File Transfer Protocol (FTP) Website. DHCS's EQRO, Health Services Advisory Group (HSAG), uses an FTP website. All current MCPs have identified FTP users who have been assigned user names and passwords by HSAG to access each MCP's specific folder. To establish additional user profiles or remove previous users, MCP staff should contact the EQRO or the MCP's Nurse Consultant.

B. DHCS's Submission E-Address. DHCS's quality mailbox: dhcsquality@dhcs.ca.gov.

CONTACTS:
If you have questions or concerns about the information in this APL, please contact your MCP nurse consultant. The nurse consultant may direct questions to the EQRO as appropriate.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division
Department of Health Care Services

Attachments

Table 1.

External Accountability Set –Full-Scope Plans

For measurement year (MY) 2014 (to be reported in 2015) and MY 2015 (to be reported in 2016)

#	Acronyms	Measure	Measure Type Methodology	SPD Stratification** Required	Auto Assignment Algorithm ****
1.	ACR*	All-Cause Readmissions	Administrative (non-NCQA) measure, defined by ACR collaborative	Yes	No
2.	AMB-OP* AMB-ED*	Ambulatory Care: • Outpatient visits • Emergency Department visits (**Children)***** • Emergency Department visits **(Adults)** • Emergency Department visits **(Total)**	Administrative measure	Yes	No
3.	MPM-ACE MPM-DIG* MPM-DIU	Annual Monitoring for Patients on Persistent Medications (3 indicators): • ACE inhibitors or ARBs • Digoxin • Diuretics	Administrative measure	Yes	No
4.	AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Administrative measure	No	No
5.	CCS	Cervical Cancer Screening	Hybrid measure	No	Yes
6.	CIS-3	Childhood Immunization Status – Combo 3	Hybrid measure	No	Yes
7.	CAP-1224* CAP-256* CAP-711* CAP-1219*	Children & Adolescents' Access to Primary Care Practitioners (4 indicators): • 12-24 Months • 25 Months – 6 Years • 7-11 Years • 12-19 Years	Administrative measure	Yes	No
8.	CDC-E CDC-HT CDC-H9 CDC-H8 CDC-N CDC-BP	Comprehensive Diabetes Care (6 indicators): • Eye Exam (Retinal) Performed • HbA1c Testing • HbA1c Poor Control (>9.0%) • HbA1c Control (<8.0%) • Medical Attention for Nephropathy • Blood pressure control (<140/90 mm Hg)	Hybrid measure	No	Yes, for *HbA1c Testing* **only**
9.	CBP	Controlling High Blood Pressure < 140/90 mm Hg (except < 150/90 mm Hg for ages 60-85 without diabetes)	Hybrid measure	No	Yes
10.	IMA-1	Immunizations for Adolescents	Hybrid measure	No	No

*Medi-Cal managed care health plans (MCPs) will not be held to a minimum performance level (MPL) for measures shaded in gray
**Seniors and Persons with Disabilities (SPDs)
*** Same age bands that MCPs already report to the National Committee for Quality Assurance (NCQA)
****Data from measurement year 2015 will be used in 2016 auto assignment algorithm. Subsequent years to be determined.

Table 1. (continued) **External Accountability Set –Full-Scope Plans**

For measurement year (MY) 2014 (to be reported in 2015) and MY 2015 (to be reported in 2016)

#	Acronyms	Measure	Measure Type Methodology	SPD Stratifica-tion** Required	Auto Assignment Algorithm ****
11.	MMA-50 MMA-75	Medication Management for Asthma (2 indicators for each age group: 5-11 years, 12-18, 19-50, and 51-64)*** • Medication Compliance 50% • Medication Compliance 75%	Administrative measure	No	No
12.	PPC-Pre PPC-Pst	Prenatal & Postpartum Care (2 indicators): • Timeliness of Prenatal Care • Postpartum Care	Hybrid measure	No	Yes, for *Prenatal* ***only***
13.	LBP	Use of Imaging Studies for Low Back Pain	Administrative measure	No	No
14.	WCC-BMI WCC-N WCC-PA	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents • BMI percentile • Counseling for nutrition • Counseling for physical activity	Hybrid measure	No	No
15.	W-34	Well-Child Visits in the 3rd, 4th 5th & 6th Years of Life	Hybrid measure	No	Yes
		Total Number of Measures =	8 Hybrid + 7 Admin measures (30 indicators total)		

Note: Information about tobacco cessation measures will be provided at a later date.

*MCPs will not be held to an MPL for measures shaded in gray
**SPDs
*** Same age bands that MCPs already report to NCQA
****Data from measurement year 2015 will be used in 2016 auto assignment algorithm. Subsequent years to be determined

Performance Measures for Specialty Plans-- Reporting Year 2016 (Measurement Year 2015)

AIDS Healthcare Foundation Healthcare Centers

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)

Family Mosaic Project

- Out-of-Home Placements: The percentage of Medi-Cal managed care members enrolled in Family Mosaic who are discharged to an out-of-home placement during the measurement period.
- School Attendance: The number of capitated Medi-Cal managed care members enrolled in Family Mosaic with a 2 or 3 in school attendance on both the initial and most recent Child and Adolescent Needs and Strengths (CANS) outcomes/assessment tool during the measurement period.

SCAN

- Breast Cancer Screening (BCS)
- Osteoporosis Management in Women Who Had a Fracture (OMW)

Performance Measures for Managed Long-Term Services and Supports Plans (MLTSSP) Reporting Year 2016 (Measurement Year 2015)

Managed Long-Term Services and Supports

- Ambulatory Care (AMB-OP and AMB-ED)
- Medication Reconciliation Post-Discharge (MRP)

Table 2. Abbreviations

Abbreviation	Full Name
AAB	Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
ACR	All-Cause Readmissions
AMB - OP	Ambulatory Care - Outpatient Visits
AMB - ED	Ambulatory Care - Emergency Department Visits
CAP – 1224	Children & Adolescents' Access to Primary Care Practitioners - 12 - 24 Months
CAP – 256	Children & Adolescents' Access to Primary Care Practitioners - 25 Months - 6 Years
CAP – 711	Children & Adolescents' Access to Primary Care Practitioners - 7 - 11 Years
CAP – 1219	Children & Adolescents' Access to Primary Care Practitioners - 12 - 19 Years
CBP	Controlling High Blood Pressure
CCS	Cervical Cancer Screening
CDC-BP	Comprehensive Diabetes Care - Blood Pressure Control (<140/90 mm Hg)
CDC-E	Comprehensive Diabetes Care - Eye Exam (Retinal) Performed
CDC-H8	Comprehensive Diabetes Care - Hemoglobin A1c (<8.0%)
CDC-H9	Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)
CDC-HT	Comprehensive Diabetes Care - HbA1c Testing
CDC-N	Comprehensive Diabetes Care - Medical Attention for Nephropathy
CIS-3	Childhood Immunizations Status - Combination 3
IMA - Combo	Immunizations for Adolescents - Combo 1
LBP	Use of Imaging Studies for Low Back Pain
MMA-50	Medication Management for People with Asthma - Medication Compliance 50% Total
MMA-75	Medication Management for People with Asthma - Medication Compliance 75% Total
MPM - ACE	Annual Monitoring for Patients on Persistent Medications - Angiotensin Converting Enzyme (ACE) inhibitors or Angiotensin Receptor Blockers (ARB)
MPM - DIG	Annual Monitoring for Patients on Persistent Medications - Digoxin
MPM - DIU	Annual Monitoring for Patients on Persistent Medications - Diuretics
PPC-Pre	Prenatal and Postpartum Care - Timeliness of Prenatal Care
PPC-Pst	Prenatal and Postpartum Care - Postpartum Care
W34	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
WCC-BMI	Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents - BMI Percentiles Total
WCC-N	Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents - Counseling for Nutrition Total
WCC-PA	Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents - Counseling Physical Activity Total

PDSA CYCLE WORKSHEET

Managed Care Plan Name:
Topic:
County:

What is the SMART objective for your interim outcome for this PDSA cycle? (see below and page 2 for template)

By_____/_____/_____, _____ **by**
[*TIME FRAME*] [*CHANGE*] in [*TARGET POPULATION*]

_____
[*RESOURCE* (WHO/WHAT)] and [*ACTION*]

Plan	What are we going to test?
	Predictions: change based on interim evaluation.
	Plan for the change or test: who, what, when, where?
	Plan for the collection of data: who, what, when, where?
Do	Carry out the change or test; collect data and begin analysis. Describe what you did.
Study	Complete the analysis of data (quantitative and qualitative). Summarize what you learned.
Act	Are we going to ADOPT (keep), ADAPT (modify), or ABANDON the change? Plan for the next cycle.

Worksheet: SMART Objective for a PDSA cycle

Objectives:

- Should be well-defined and clear.
- Should have a target, to help determine whether the objective is achieved. The target should be based on an interim outcome for this PDSA cycle.
- Should be written in an active tense and use action-oriented verbs, such as "increase" or "decrease" to make objectives easier to measure.
- Should answer the following question: **Who** is going to do **what**, **when**, **why** (what does it demonstrate) and to **what extent**?

Objectives should be **SMART**:

- **Specific**:
  - *Resource*—Who and what is involved with the activity/intervention?
  - *Target population*—Who is your target population?
  - *Action*—What exactly will you accomplish for this target population?
- **Measurable**:
  - *Change*—How much change in the interim outcome is expected and in what direction (for this PDSA cycle)?
- **Achievable:**
  - Can we achieve this objective within selected time frame and with the resources/support available?
- **Relevant:**
  - Will accomplishing this interim target lead to improvement in the annual performance measure?
- **Time-Bound:**
  - *Time frame*—When will objective be completed? (A PDSA cycle should be no longer than 3 months)
  - Is the specific time frame realistic?

Example (interim outcome to lead to improvement in immunization coverage for 2 year olds)

- By 7/31/2014, increase the percent of Plan's pediatric providers using the California Immunization Registry (CAIR) to 90% by visiting the ten clinics with the most two year olds not fully immunized.

Example (interim outcome to lead to improvement in timely post partum care)

- By 9/1/14, increase the percent of post partum women who have a postpartum appointment scheduled upon hospital discharge to 75% by changing policies in 5 hospitals.

Template for developing SMART Objectives:

By_____**/**_____**/**_____**,** _____ **by**
[*TIME FRAME*] [*CHANGE*] in [*TARGET POPULATION*]

_____
[*RESOURCE* (WHO/WHAT)] and [*ACTION*]