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FY 2023-24 DMC-ODS EXTERNAL QUALITY REVIEW

PERFORMANCE IMPROVEMENT PROJECTS QUARTERLY REPORT – FINAL

Prepared for:

California Department of Health Care Services (DHCS) For Reviews Conducted During:

July – September 2023

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## INTRODUCTION

The United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care programs by an External Quality Review Organization (EQRO). External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on quality, timeliness, and access to health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of managed care services. Counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) are considered PIHPs and therefore subject to applicable Medi-Cal Managed Care laws and regulations governing PIHPs. CMS rules (42 CFR §438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations) specify the requirements for evaluation of Medicaid Managed Care programs. These rules require an on-site review, virtual review, or desk review of each DMC-ODS.

The Validating Performance Improvement Projects Protocol<sup>1</sup> specifies that States must require their Medicaid and Children's Health Insurance Program managed care plans (MCPs) to conduct Performance Improvement Projects (PIPs) that focus on both clinical and non-clinical areas each year. CMS revised the PIP protocol in February 2023. A PIP is defined as: "...a project conducted by the MCP that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. A PIP may be designed to change behavior at a member, provider, and/or MCP/system level." The EQRO is required to validate these PIPs, and DHCS elected to examine projects that were underway at some time during the twelve months preceding the EQR.

This report presents a summary of the PIP findings of the reviews conducted by the California External Quality Review Organization (CalEQRO), Behavioral Health Concepts, Inc. (BHC). The summary contained in this report pertains to the reviews that were conducted during the first quarter of DHCS fiscal year (FY) 2023-24 (July - September 2023). This report provides summary information to DHCS, DMC-ODSs, and other stakeholders regarding the completeness of the PIP submissions received by CalEQRO during the quarter. Each PIP submission for this quarter is summarized at the end of the report. Any further information about a specific PIP may be obtained by reviewing that specific DMC-ODS's Annual Report.

This summary report includes data that was analyzed and aggregated by CalEQRO from the EQR activity described below:

<sup>&</sup>lt;sup>1</sup> Department of Health and Human Services. Centers for Medicare and Medicaid Services (2023). Validation of Performance Improvement Projects: A Mandatory EQR Related Activity, Protocol 1, Version 1.0, February 2023. Washington, DC: Author.

## VALIDATING PERFORMANCE IMPROVEMENT PROJECTS

Each DMC-ODS is required to conduct two PIPs during the 12 months preceding the review. These PIPs must be submitted to CalEQRO for review and scoring is done in accordance with a Validation Tool developed by BHC (see Appendix B). This Validation Tool was created by CalEQRO to include all required elements of review from the relevant CMS Protocol.<sup>2</sup>

The purpose of a PIP is to assess and improve the processes and outcomes of health care provided by a DMC-ODS for persons with substance use disorders (SUD).

The following DMC-ODSs submitted PIPs that were reviewed and scored during reviews conducted by CalEQRO during the months of July - September. These reviews were conducted as virtual or on-site reviews. The results of these DMC-ODS reviews are described in this report.

#### Table 1. DMC-ODSs Reviewed

Kern	Placer	Santa Cruz
Orange	San Francisco	Yolo

<sup>&</sup>lt;sup>2</sup> Ibid.

## PERFORMANCE IMPROVEMENT PROJECT VALIDATION

The following table illustrates the number of PIPs that were submitted for validation through the CalEQRO review by each DMC-ODS reviewed in July - September 2023.

Table 2.	PIP	Submission	Standard

DMC-ODS	Clinical PIPs Submitted	Status of Clinical PIPs	Non- Clinical PIPs Submitted	Status of Non-Clinical PIPs
Kern	1	Implementation Phase	1	Implementation Phase
Orange	1	PIP Submitted for Approval	1	PIP Submitted for Approval
Placer	1	Third Remeasurement	1	Other – Submitted in a Prior Year
San Francisco	1	Second Remeasurement	1	Completed
Santa Cruz	1	Implementation Phase	1	Implementation Phase
Yolo	1	Planning Phase	1	Planning Phase

Table	3.	PIP	<b>Status</b>	Defined
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PIP Status Terminology	Definition
PIP Submitted for Approval	The DMC-ODS submitted the PIP concept for review by CalEQRO
Planning Phase	DMC-ODS is preparing to implement the PIP.
Implementation Phase	The DMC-ODS has established baseline data on at least some of the indicators, and at least some interventions have started. Any combination of these is acceptable.
Baseline Year	Interventions have begun and the DMC-ODS is establishing a baseline measurement.
First Remeasurement	Baseline has been established and the intervention is being remeasured for the first year/period.
Second* Remeasurement	The success of intervention(s) is being measured for the second year/measurement period.
Other - Completed	In the past 12 months or since the prior EQR the work on the PIP has been completed.
Other – Developed in a Prior Review Year	Rated last year and not rated this year. DMC-ODS has done planning, but intervention had not yet started.

\*Additional years of remeasurement are indicated as applicable to accurately describe PIP status.

Of the six DMC-ODS reviews that were conducted during the months of July to September 2023, five submitted some information to be considered for validation and met the submission standard that requires submission of two PIPs. One DMC-ODS submitted a non-clinical PIP that had been submitted in the prior year, with no work demonstrated since the prior review.

Table 4	. PIP	<b>Topics</b>	for all	PIP	<b>Submissions</b>
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<b>PIP</b> Topics	PIP Titles	Clinical	Non-Clinical
	Pharmacotherapy for Opioid Use Disorder (POD)	Santa Cruz	
Access to Care	Improving Retention on POD with Incentivized Support and Expanded Opioid Treatment Program Access		San Francisco
	Pharmacotherapy for Opioid Use Disorder (OUD)		Yolo
	Increasing follow-up care for Alcohol or Other Drug Use Disorder (AOD) after an Emergency Department (ED) Visit at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG)	San Francisco	
Timeliness of Care	Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence	Yolo	
	Same Day SUD Assessments		Kern
	Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA)		Placer
	Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence		Santa Cruz
	Recovery Incentives Program (RIP)	Kern	
Outcomes	Increase Individual Counseling to Outpatient Members to Improve Satisfactory Progress	Orange	
of Care	Increasing Linkage to Lower Residential Level of Care Following Withdrawal Management Residential Detox Discharge		Orange
Quality of Care	Early Engagement with Intensive Outpatient Treatment (IOT)	Placer	

## FINDINGS

Many PIPs address similar topics as DMC-ODSs are facing similar issues. The findings pertain to DMC-ODSs' operation of an effective Managed Care Organization, such as processes for ensuring access to and timeliness of services, and processes for improving the quality of SUD care and improvements in functioning and outcomes because of care. For more information regarding the PIPs detailed below, please see Appendix A of this report.

#### Access to Care

One clinical PIP and two non-clinical PIPs focused on improving access to care for beneficiaries.

- Santa Cruz, San Francisco, and Yolo designed PIPs to improve access to pharmacotherapy for opioid use disorder (OUD). The PIPs address a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure. This HEDIS measure, POD, assesses the percentage of OUD pharmacotherapy treatment events among members that continue for at least 180 days (6 months). These PIPs were developed in response to DHCS' California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Plan (BHQIP). BHQIP is an incentive payment program, each County DMC-ODS can earn incentive payments in the CalAIM BHQIP by completing deliverables tied to program milestones. These OUD PIPs are aligned with the BHQIP Milestone 3d.
  - Santa Cruz has begun to implement their clinical PIP which seeks to increase the percentage of new narcotic treatment episodes that last at least 30 days by assessing patient needs at intake and providing closed loop referrals to medication services. The project is in the implementation phase and no data on the effectiveness of their interventions is available currently.
  - San Francisco implemented a non-clinical PIP targeted for the most vulnerable to opioid abuse the homeless, those with co-occurring disorders, and those involved in the criminal justice system.
     Interventions included linkage with system navigators and incentives for regular participation. The project tracked 30-day linkage rates (defined as attending at least one visit at a Medications for Opioid Use Disorder (MOUD) program provider within 30 days after hospital discharge) and two to six months continuous engagement. The project's stated goal to increase engagement from 10.6 percent to 20 percent was exceeded at 26 percent. The continuous retention rate for

the two participating programs was 29.3 percent. This project is completed.

 Yolo's non-clinical PIP focuses on building the infrastructure to routinely access, exchange, and analyze pharmacy data from the MCP to focus strategies and ongoing quality improvement efforts. Aside from the barriers to engaging in services due to the stigma around substance use, Yolo County lacks a system to receive members' service data timely with either the County MCP (Partnership HealthPlan) or with any county providers to access timely OUD treatment information. The PIP strategies include assessment, care coordination support, same-day screening, intake, and initiation/continuation of OUD. This PIP is in the planning stage and does not have any interventions currently in place.

## **Timeliness of Care**

Two clinical PIPs and three non-clinical PIPs focused on improving timeliness of services for beneficiaries.

- San Francisco and Yolo designed clinical PIPs; Placer and Santa Cruz designed non-clinical PIPs to address the NCQA HEDIS measure, FUA. This measure assesses ED visits for members with a principal diagnosis of AOC abuse or dependence, who had a follow up visit for AOD. These PIPs were developed in response to DHCS' CaIAIM BHQIP Milestone 3d.
  - San Francisco designed a clinical PIP with interventions that focus on the addition of specialized SUD navigators, enhanced electronic consults, and added support from the Office of Coordinated Care and their teams. The intention of the PIP is to increase the percentage of ED discharged members with AOD who connect to follow up treatment within 7 and 30 days. Several issues have impacted both the viability of the PIP project plan and the subsequent data/results the PIP has generated. Quarterly collection and review of the data was in the design, but because of staffing changes and limited analytic staff resources, data was only obtained and summarized for the full year. Late hiring of a SUD system navigator and inconsistent protocols or requests limited the ability to obtain a complete data set based upon referrals. This PIP was in the second remeasurement phase and the county intends to address these issues going forward.
  - Yolo designed a clinical PIP to improve continuity of care (CC) activities and timely 7-day and 30-day follow-up and substance use service linkage for Medi-Cal plan members who are seen in an ED with a primary diagnosis for AOD abuse or dependence. Yolo County will

join the SacValley MedShare Health Information Exchange (HIE) to secure real-time access to Yolo County Medi-Cal plan members' ED visit data. They will also develop a routine, real-time SUD visit data-sharing mechanism with two local county Eds and will assign county staff to review, no less than weekly, all available data via the EDs and the HIE to identify any plan members with an ED visit with a primary SUD diagnosis. This PIP is in the planning phase.

- Placer has identified issues with how they are notified about their members being served by the ED in a timely manner. Care coordination is inconsistent due to the lack of access to ED real time data. Access to real time data is not established due to concerns around communications and responsibilities between referring and receiving providers. Manual collection for plan data feed claim files for DHCS and building infrastructure, capacity, and processes around data exchange are in the planning and development phase. The document submitted by Placer reflected no activity conducted since the prior review year.
- Santa Cruz designed a non-clinical PIP aimed to increase the percentage of all SUD related ED visits with 7-day and 30-day follow-up services. They have also set a focus on improving the percentage of Hispanic/Latino beneficiary follow-ups. Santa Cruz will contract with Santa Cruz County's Health Information Organization (SCHIO) to provide real-time alerts for active DMC-ODS members upon admission to ED and produce daily reports of members discharged from the ED into the community with principal diagnoses of AOD. They also will implement follow-up procedures by appointed and trained DMC-ODS providers and conduct closed-loop referrals. The DMC-ODS is implementing this PIP and no data was yet available.
- Kern designed a non-clinical PIP to establish a walk-in assessment clinic; the model will assist in getting members into treatment "when they are ready" and asking for help versus having to wait for the next available assessment. Kern recently implemented this project and is working to improve the identification and pathway for walk-in on demand to increase the numbers of incoming members who can use and benefit from this new service delivery model.

## **Outcomes of Care**

Two clinical PIPs and one non-clinical PIP were designed to impact outcomes of care.

• Kern designed a clinical PIP to increase members' persistence in care in stimulant treatment by participation in its RIP, which is the contingency management (CM) model being rolled out in a semi-statewide pilot project.

CM is strongly recommended to be utilized simultaneously with a different intervention to increase treatment results, as rates for abstinence and harm reduction in RIP demonstrate effectiveness. Ultimately, persistence in care and reduced numbers of positive drug screens will clinically benefit individuals who participate. This PIP has been recently implemented at one location and a small group of members are piloting this program. Thereby, no data has been accumulated or evaluated. This project benefits from a design and technical supports provided from the semi-statewide project as overseen by UCLA's Integrated Substance Abuse division.

- Orange designed a clinical PIP that should result in better member outcomes at discharge as measured as satisfactory discharges on the CalOMS. The interventions are designed to improve member engagement by sending automated reminders for scheduled appointments, offering group orientation and intake to shorten the length of time between first appointment and admission, and increasing the number off face-to-face services within the first 60 days of admission to treatment. The PIP will be piloted at one outpatient program site for year one and expand to other sites in years two and three. The PIP is submitted for approval and no data is currently available.
- Orange also designed a non-clinical PIP that was designed to provide members who are discharging from Withdrawal Management (WM) services and who have requested linkage to residential services, but no residential beds are available, with interim outpatient services along with short term recovery residence housing. This PIP is very early on and was submitted for approval during this review year.

## **Quality of Care**

One clinical PIP was designed to impact quality of care.

 Placer submitted a clinical PIP designed to increase engagement in treatment of members referred to intensive outpatient SUD treatment using weekly case management services. Due to staffing changes/turnover and shortages, the consistency of the interventions has not been stable. Throughout the PIP the remeasurement baselines have shown no improvement.

## CALEQRO RATING OF SUBMITTED PIPS

The table below lists the Validation Items that are reviewed and validated for each PIP. CalEQRO assesses the overall validity and reliability of the PIP methods and findings to determine whether it has confidence in the results. CalEQRO will assign an overall validation rating of high, moderate, low, or no confidence to the PIP. The validation rating is based on CalEQRO's assessment of whether the County adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

Table	5.	PIP	Rating	Steps
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Step	PIP Section
1	Review the Selected PIP Topic
2	Review the PIP AIM Statement
3	Review the Identified PIP Population
4	Review the Sampling Method (if applicable)
5	Review the Selected PIP Variables and Performance Measures
6	Review the Data Collection Procedures
7	Review Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

#### Table 6. PIP Ratings Defined

High Confidence	Credible, reliable, and valid methods for the PIP were documented.
Moderate Confidence	Credible, reliable, or valid methods were implied or able to be established for part of the PIP.
Low Confidence	Errors in logic were noted or contradictory information was presented or interpreted erroneously.
No Confidence	The study did not provide enough documentation to determine whether credible, reliable, and valid methods were employed.

The DMC-ODSs reviewed received the following overall ratings:

DMC-ODS Clinical Non-Clin		Non-Clinical
Kern	Low Confidence	Low Confidence
Orange	Moderate Confidence	Moderate Confidence
Placer	No Confidence	No Confidence
San Francisco	Low Confidence	Moderate Confidence
Santa Cruz	Moderate Confidence	Moderate Confidence
Yolo	Low Confidence	Low Confidence

#### Table 7. PIP Rating by DMC-ODS

- Kern's clinical and non-clinical PIPs received Low Confidence ratings as no interventions have started, and the DMC-ODS is still working on building the necessary collaborations required for both projects to succeed.
- Orange's clinical PIP received a Moderate Confidence rating because while increasing the number of face-to-face sessions for members in treatment should improve engagement and longer stays in treatment, members and contract providers were not included in the development process and a comprehensive root cause analysis was not conducted, limiting the interventions to a few select possible causes. However, while several interventions are staff and member-driven, the strength of the design and capacity for the DMC-ODS to review program level outcome data enhances the project design. The DMC-ODS has a high staff vacancy rate that it will need to monitor to ensure capacity to implement the interventions.
- Orange's non-clinical PIP received a rating of Moderate Confidence because the interventions proposed may result in an increase of the percentage of successful linkages via members having access to a recovery residence and outpatient treatment services immediately upon discharge from WM. While the members will not be admitted to a residential treatment program, they will have access to a safe and sober environment.
- Placer's clinical and non-clinical PIPs received No Confidence ratings. The clinical PIP did not show any improvement from the baseline and the DMC-ODS sited staffing issues for the lack of consistent implementation of the interventions. The non-clinical PIP submission did not contain an update from the prior review year's submission.

- San Francisco's clinical PIP received a Low Confidence rating due to incomplete data and self-described difficulty in following the PIP design and intervention because of disconnects in process and pathways in effecting referrals from a hospital setting to the SUD system of care. This included incomplete capability to track referrals and lack of data for follow-up services.
- Yolo's clinical and non-clinical PIPs received Low Confidence ratings as no interventions have started for either PIP and the DMC-ODS is still working on building the necessary collaboration the projects require with the EDs, primary care physicians, medical clinics and other providers in Yolo County.
- San Francisco's non-clinical PIP received a rating of Moderate Confidence because of its highly structured methodology, staff support and monitoring, comparison group, and in-depth review of data from the public health department, a research group, and other support staff.
- Santa Cruz's clinical PIP received a Moderate Confidence rating because the DMC-ODS has a detailed plan on their intervention, data collection process and provided a detailed description of work and information on their clinical PIP. The DMC-ODS provided an updated clinical POD PIP after the review, and this information is based on the updated document.
- Santa Cruz's non-clinical PIP received a Moderate Confidence rating because the performance measures, key performance indicators, and the promotional materials on follow-up appointments were submitted with appropriate detail. The DMC-ODS also submitted an updated FUA document during the review.

## CONCLUSIONS/RECOMMENDATIONS

During the FY 2023-24 annual reviews, CalEQRO found strengths in DMC-ODS programs and practices that have a significant impact on the overall delivery system and its supporting structure. In those same areas, CalEQRO also noted opportunities for quality improvement.

#### **PIP TOPICS**

Of the 12 DMC-ODS PIPs submitted, 3 focused on Access to Care issues (25 percent), 5 focused on timeliness issues (42 percent), 3 focused on Outcomes of Care (25 percent) and 1 focused on Quality of Care issues (8 percent).

#### PIP DESIGN/IMPLEMENTATION

#### **Areas for Improvement**

In summary, 11 of the 12 PIP submissions (92 percent) due to CalEQRO for the July to September 2023 reviews met the required submission standards. Of those submissions, no PIPs received a rating of High Confidence, five PIPs (42 percent) received a rating of Moderate Confidence in the PIPs results, five (42 percent) received a Low Confidence rating, and two PIPs (including one that had been submitted in the prior year) received a rating of No Confidence (16 percent).

#### **Recommendations to DMC-ODSs**

- PIPs should be implemented and interventions begun as soon as possible. This will enable DMC-ODSs to measure change.
- If remeasurement continues to show no improvement, implement something new and measure its effectiveness.
- Plan for contingencies, if an intervention is staffing dependent, make sure more than one staff member is trained to implement the intervention.
- PIPs are continuous quality improvement projects and require ongoing activity. In order for a PIP to be successful, the DMC-ODS must be actively engaged in the project.

#### **Technical Assistance to DMC-ODSs**

CalEQRO worked individually with each DMC-ODS through video conferencing to provide TA in the development and progression of their PIPs. Telephone and Zoom sessions were conducted with DMC-ODSs prior to the video reviews in 83 percent of the July to September counties. These sessions are specific for each DMC-ODS and

include assistance with defining a problem with local data; aid in writing a PIP Aim Statement; and help with identifying appropriate interventions, outcomes, and indicators. CalEQRO also met with counties to discuss interpretation of results, outside influences, SUD research on related topics, successful PIP interventions in other counties for similar problems in care, and other research related to their topics and problems.

CalEQRO provided a PIP training webinar on September 28, 2023. During this webinar, CalEQRO discussed opportunities and lessons observed regarding the PIPs that have been submitted and validated. CalEQRO concentrated on Aim Statements, Interventions, and Performance Measures during the webinar.

CalEQRO has recorded three PIP instructional videos and has collected successful PIPs in a PIP Library that is available on our website at <u>http://www.caleqro.com</u>.

## APPENDICES

Appendix A: Summary of PIPs submitted by DMC-ODSs – Clinical and Non-Clinical, by Domain Category

Appendix B: CalEQRO PIP Validation Tool

## **CLINICAL PIP TOPICS SUBMITTED**

Of the six Clinical PIPs required for submission, all six DMC-ODS submitted information that could be validated. All the PIPs submitted are summarized here in this Appendix based on extractions from the PIP submissions.

#### **Access to Care PIPs**

#### Santa Cruz

PIP Title: Pharmacotherapy for Opioid Use Disorder

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
"DMC-ODS plan will increase the percentage of new NTP treatment episodes that last at least 30 days by 5 percent over the CY 2022 baseline by assessing patient needs at intake as well as providing closed loop referrals to medication services."	The Pharmacotherapy for Opioid Use Disorder workgroup convened multiple meetings to identify POD-related barriers and potential strategies with the integrated Behavioral Health (IBH) program, which provides MAT within county-run primary care clinics. The formalization of referral pathways between primary care, hospitals, and higher levels of treatment, focusing on high-risk populations, including pregnant women, stimulant users, and youth is necessary for this PIP to succeed.	Establish PIP variables and PMs consistent with a clinical PIP and based upon the root causes identified. Begin the data analysis and provide regular training with care coordination staff and the data collection team. Work with MCP and ED to collaborate on the interventions identified. Maintain monthly monitoring and data collection.	CalEQRO and Santa Cruz met once between reviews for purposes of TA on this PIP. CalEQRO remains available to provide TA on this PIP.

## **Timeliness of Care PIPs**

## San Francisco

**<u>PIP Title:</u>** Increasing Follow-up Care for AOD after an ED Visit at ZSFG

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
"Will adding 1) a new SUD specific care navigator in the ED, combined with 2) support from the Office of Coordinated Care, increase the percentage of ED discharged clients with alcohol or other drug use disorder (AOD) who connect to follow up treatment within 7 and 30 days?"	This PIP focuses on a broad group of members who are not admitted to the hospital ED due to their AOD and/or other drug use often with clinical needs that can be treated in an outpatient setting. Treatment occurs with a combination of MAT and outpatient counseling treatments along with coordinated care management support.	Several core issues have impacted both the viability of the PIP project plan and the subsequent data/results the PIP has generated. For example, quarterly collection and review of the data was in the design, but because of staffing changes in Quality Managemetn and limited analytic staff resources, they were only able to obtain and summarize data for the full year. Also, priorities and resources shifted to CalAIM planning and implementation of the new information system since the PIP was launched. Late hiring of a SUD system navigator and inconsistent protocols or requests limited the ability to obtain a complete data set based upon referrals.	TA was provided during the course of the review year, with CalEQRO meeting with San Francisco's PIP team twice in 2023 prior to the EQR visit. Recommendations from CalEQRO included hiring a Spanish speaking SUD system navigator, utilizing peer recovery materials tailored to peer-to-peer interactions, documenting barriers to member linkage to services and introducing counter measures, and adding a system provider to the PIP team.

## Yolo

**<u>PIP Title:</u>** Follow-Up After ED Visit for AOD Abuse or Dependence

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
"This PIP is designed to improve Yolo County's continuity of care (CC) activities and timely 7 and 30 days follow-up and substance use service linkage for Medi-Cal plan members who are seen in an ED with a primary diagnosis for Alcohol or Other Drug (AOD) abuse or dependence."	This PIP focuses on a broad group of SUD clients seen at the hospital ED due to AOD use, but not subsequently admitted inpatient at the hospital. These individuals typically do not need hospitalization and can be treated in an SUD treatment setting. Yolo County will join the SacValley MedShare Health Information Exchange (HIE) to secure real-time access to Yolo County Medi-Cal plan members' ED visit data. DMC-ODS will also develop a routine, real-time SUD visit data-sharing mechanism with two local county EDs. Yolo will assign county staff to review, no less than weekly, all available data via the EDs and the HIE to identify any plan members with an ED visit with a primary SUD diagnosis.	No interventions have started and the DMC- ODS is still working on building the necessary collaboration this project requires with the EDs in Yolo County.	CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP including: Start the data analysis, provide regular training, and coordinate meetings with the SUD-assigned staff, hospital discharge planner, and data collection staff to monitor interventions and initial results. Work with the MCP and ED staff to collaborate on the interventions. At least monthly monitor the data collection and conduct analysis. Document barriers experienced by members in the ED to link with clinic environments and implement interventions to try to minimize these barriers for others.

## **Outcomes of Care PIPs**

#### <u>Kern</u>

**<u>PIP Title:</u>** Recovery Incentives Program

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
"Will participating in the Kern Recovery Incentives Program increase members' persistence in care in stimulant treatment (demonstrated by length of stay in RIP) by five percent?"	A large percentage of Kern's treatment population is affected by stimulant use either as a secondary drug or as their primary disorder. Research demonstrates incentives programs are a highly effective method to reduce the harmful impacts of that use. RIP which is the contingency management model being rolled out in a semi-statewide pilot project, reimbursed through the Medi-Cal benefit is strongly recommended to be utilized simultaneously with a different intervention to increase treatment results, rates for abstinence and harm reduction in RIP demonstrate effectiveness. Ultimately, persistence in care, reduced numbers of positive drug screen will clinically benefit individuals who participate.	Continue re-launch efforts to improve pilot participation and gain larger use of contingency management in Kern. Consider review of including retention and completion rates of those who enroll in RIP but then fall out to better demonstrate functional improvement levels of RIP participants.	CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP: Including a facilitated discussion and review of the project design and implementation efforts.

## **Orange**

**<u>PIP Title</u>**: Increase Individual Counseling to Outpatient Members to Improve Satisfactory Progress

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	<u>TA Provided by</u> <u>CalEQRO</u>
"Will increasing the number of face-to-face individual counseling sessions to 4 sessions within a member's first 60 days of an episode of care for ODF outpatient (non-court) members result in better member outcomes at discharge, as evidenced by a 10- percentage point increase from the baseline of satisfactory discharges (as measured on the CaIOMS) for new members enrolled and discharged between September 2023 – August 2024?"	The DMC-ODS has a high percentage of members discharged from outpatient treatment with unsatisfactory process as measured by CalOMS. The overall goal of the clinical PIP is to increase the percentage of satisfactory discharges for adult members participating in SUD outpatient treatment. The PIP was developed based on CalOMS data, local data analysis, and DMC- ODS management and staff input. Performance measures were informed through research on barriers to successful member engagement and PIP committee discussions. The interventions are designed to improve member engagement by sending automated reminders for scheduled appointments, offering group orientation and intake to shorten the length of time between first appointment and admission, and increasing the number off face-to-face services within the first 60 days of admission to treatment.	The DMC-ODS has a high staff vacancy rate that it will need to monitor to ensure capacity to implement the interventions. Involve current and former SUD treatment participants and contract providers, including line staff, in meaningful discussions around the possible causes and potential interventions that have not been identified. Consider piloting interventions for shorter periods of time to determine if the interventions need modification. Frequent analysis will be necessary given that the interventions are currently planned at one program site for a year.	TA was provided during the review and one month prior to the review. CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP.

## Quality of Care PIPs

## Placer

**<u>PIP Title:</u>** Early Engagement with Intensive Outpatient Treatment

<u>Aim Statement</u> (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	<u>TA Provided by</u> <u>CalEQRO</u>
"Will weekly Case Management services increase engagement in treatment of members referred to Intensive Outpatient SUD treatment from 41 percent to 60 percent between November 2021 and October 2023."	The goal is to increase the number of members with four or more IOT services in thirty days following referral and placement into ASAM 2.1 from 0 percent to 25 percent. Every member assessed for IOT is automatically enrolled into case management services. Placer collaborated with a specific contractor to improve member engagement and retention for IOT. Prior to COVID- 19, Placer's IOT services were well utilized.	Due to staffing changes/turnover and shortages, the consistency of the interventions has not been stable. Prior refinements for the clinical PIP include clarification of care coordination/case management responsibilities for the county and provider(s), pre- and post-member satisfaction component focused on LOC placement, tracking of member's billed county care coordination and provider case management services as well as IOT services. Throughout the PIP the remeasurement baselines show no improvement. The DMC-ODS should continue efforts – potentially adapting or adding interventions – to engage and retain members who are referred and admitted into IOT services. The DMC-ODS should actively oversee and manage this project.	CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP.

#### NON-CLINICAL PIP TOPICS SUBMITTED

Of the six non-clinical PIPs required for submission, all were submitted for review. All the PIPs submitted are summarized here in this Appendix, however one PIP (Placer) was not updated for this review year.

#### Access to Care PIPs

#### San Francisco

**<u>PIP Title:</u>** Improving Retention on POD with Incentivized Support and Expanded Opioid Treatment Program Access

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
"When Project JUNO launches MOUD linkage from the jail to OBIC, and HOUDINI LINK expands patient navigation and Contingency Management options, will the percentage of new starts on medication for Opioid Use Disorder within the San Francisco Health Plan, who remain in treatment for 180 days or more, increase from 10.6 percent to 20 percent?"	The project involved three programs initially, but was downsized to two, and targets the most vulnerable to opioid abuse such as homelessness, those with co-occurring disorders, and those involved in the criminal justice system. Interventions included linkage with system navigators and incentives for regular participation. The project tracked 30-day linkage rates (defined as attending at least one visit at an MOUD program provider within 30 days after hospital discharge) and 2-6 months continuous engagement. The project's stated goal to increase engagement from 10.6 percent to 20 percent was exceeded at 26 percent. The continuous retention rates for the two participating programs was 29.3 percent.	This PIP was completed. However, during the review CalEQRO discussed addressing project barriers (loss of a provider participant, staff resources, etc.). CalEQRO recommends continuing the project as an ongoing part of the DMC-ODS's everyday practice.	During the review, CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this non- clinical PIP: San Francico will also report POD as a Healthcare Effectiveness Data and Information Set (HEDIS) measure (referred to locally as BHQI9), part of the CalAIM BH quality measures.

## Yolo

**<u>PIP Title:</u>** Pharmacotherapy for Opioid Use Disorder

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
"By having real-time access to County Medi-Cal plan members data, specifically data regarding who has initiated pharmacotherapy for Opioid use, Yolo County HHSA will improve its identification of plan members in the target population and increase its CC efforts for this population, resulting in an improvement of treatment longevity (over 180 days) by 14 percent by the end of FY 2023-24."	This non-clinical PIP focuses on building the infrastructure to routinely access, exchange, and analyze pharmacy data from the MCP to focus CC strategies and ongoing QI efforts. Aside from the barriers to engaging in services due to the stigma around substance use, Yolo County lacks a system to receive members' service data timely with either the County MCP (Partnership HealthPlan) or with any County providers to access timely OUD treatment information.	No interventions have started and the DMC-ODS is still working on building the necessary collaboration this project requires with the EDs, Primary Care Physicians, medical clinics, and NTP/OTP providers.	CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this non- clinical PIP including: Start the data analysis and provide regular training with involved staff and the data collection team. Work with the MCP, NTP/OTP, and ED to collaborate on the interventions. Monitor the data collection and findings monthly.

## **Timeliness of Care PIPs**

## <u>Kern</u>

**<u>PIP Title:</u>** Same Day SUD Assessments

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
"By providing same day walk-in appointments to those requesting SUD services, the average no show rate will decrease by five percent."	Kern reviewed no-show numbers for CY 2023 and found that most providers had rates that exceeded standards set forth in 2022 by DHCS. For Kern, monthly no-show rates for 2022 ranged from 44 percent to 80.9 percent, averaging 68.7 percent. While in the aggregate this dropped in 2023 to a more acceptable 60 percent, it continues to be problematic given the drag on staff resources and impact it creates by having members scheduled but not showing for intakes.	Kern is working to improve the identification and pathway for walk-in on demand to increase the numbers of incoming members who can use and benefit from this new service delivery model. Kern notes that while some activity has occurred, they have yet to see the numbers needed to meet their objectives. Data has have yet to be accumulated and reported on.	CalEQRO provided TA to the DMC- ODS in the form of recommendations for improvement of this non-clinical PIP including: Facilitated review and input to project design and implementation status. Kern should review no-shows and persistence in care patterns for those members who obtain a walk- in same day appointment versus those who take a more traditional pathway into treatment.

## <u>Placer</u>

**<u>PIP Title:</u>** Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence

<u>Aim Statement</u> (as presented by <u>DMC-ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
"For Medi-Cal members with ED visits for SUD, implemented interventions will increase the percentage of follow- up SUD services with the Plan within 7 and 30 days by 5 percent by June 2024."	Placer DMC-ODS is not notified about their members being served by the ED in a timely manner. Care coordination is inconsistent due to the lack of access to ED real time data. Access to real time data is not established due to concerns around communications and responsibilities between referring and receiving providers. Restraints identified in the Memorandums of Understanding with the Managed Care Plans (MCPs) and	The DMC-ODS submitted its September 2022 BH QIP submission. The document reflected no activities conducted since the prior review.	CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this non-clinical PIP including: Continue efforts to engage stakeholders regarding the exchange of data and notification. Update the BHQIP document to
	local EDs restrict closing the referral loop for the provision of care coordination.		include current data and activities associated to this BH QIP.

## Santa Cruz

**<u>PIP Title:</u>** Follow-up After ED Visit for Alcohol and other Drug Abuse or Dependence

<u>Aim Statement</u> (as presented by DMC-ODS)	Focus of PIP	<u>Areas for</u> Improvement	TA Provided by CalEQRO
"By Q4 2023, Santa Cruz County's DMC-ODS aims to increase by 5 percent over CY2021 baseline the percentage of all SUD related ED visits with 7-day and 30-day follow- up services (11.9 percent and 21.6 percent, respectively) and in particular, the percentage of Hispanic/Latino beneficiary follow- ups (7.6 percent and 13.5 percent), by (1) contracting with Santa Cruz County's Health Information Organization (SCHIO) to provide real-time alerts for active DMC-ODS clients upon admission to ED and (2) produce daily reports of beneficiaries discharged from the ED into the community with principal diagnoses of alcohol or other drugs (AOD), implementing follow-up procedures by appointed and trained DMC-ODS providers, and conducting closed-loop referrals."	There were a few significant challenges to implementing the proposed plan aside from those associated with coordinating planning efforts across multiple agencies. One challenge involved obtaining adoption from participating entities to follow CalAIM data sharing authorization guidance such as on transmitting admission, discharge and transfer (ADT) data for all beneficiaries for the purpose of care coordination without enrollee authorization. The follow-up after emergency department visit for alcohol and other drug abuse or dependence (FUA) workgroup conducted presentations and produced memorandums to educate stakeholders.	Begin the data analysis and provide regular training with SUD navigator staff and the data collection team. Work with the MCP and ED to collaborate on identification and implementation of interventions.	CalEQRO met with Santa Cruz quality teams and provided TA for the non- clinical PIP. CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this non- clinical PIP including: Maintain monthly monitoring and data collection.

## **Outcomes of Care PIPs**

## <u>Orange</u>

**<u>PIP Title</u>**: Increasing Linkage to Lower Residential Level of Care Following Withdrawal Management Residential Detox Discharge

<u>Aim Statement</u> (as presented by DMC- <u>ODS)</u>	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
discharging from WManservices and who havefromrequested linkage totreeresidential services, but noreresidential beds areavailable, will the provision ofavailable, will the provision ofThinterim outpatient servicestoalong with short termdisrecovery residence housing,levenresult in a 15-percentagedispoint increase in linkage toexlower level of care servicesrewithin 30 days of WMredischarge date?"from	The PIP targets all members with an SUD diagnosis discharging rom WM and seeking residential reatment as the next phase of ecovery. The goal of the non-clinical PIP is to increase linkage for members lischarged from WM to a lower evel of care within 30 days of lischarge. The DMC-ODS is experiencing a shortage of esidential treatment beds which esults in members discharged rom WM not having access to esidential treatment in a timely nanner.	Engage in collaboration with program staff to identify gaps in knowledge or skill related to member engagement in outpatient programs. For members receiving the intervention, consider adding more supportive services (e.g., IOP versus OP, case management, peer support) during the waiting period for a residential bed.	CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this non- clinical PIP including: Measure frequently to adjust course as needed. Increase residential treatment capacity, which as noted earlier in this report the DMC-ODS continues to work diligently on.

#### **PIP VALIDATION TOOL**

# BHC

## CalEQRO FY2023-24 Reviews

The Performance Improvement Project (PIP) Validation Tool provides a structure for evaluation and validation of the required elements for PIPs; it is based on the Centers for Medicare & Medicaid Services' (CMS) <u>EQR Protocol 1: Validation of Performance Improvement Projects</u> (<u>PIPs</u>).

## INSTRUCTIONS

This tool contains 11 activities required to validate a PIP; each validation activity has a corresponding PIP Development Tool step and worksheet.

Please complete one PIP Validation Tool for each PIP submitted by the MHP/DMC-ODS and upload it to the Working Documents folder in the corresponding FY 2023-24 County folder. Assess the appropriateness of each element by answering the following questions about the MHP/DMC-ODS and PIP. Insert comments to explain "No" and "Not Applicable (NA)" responses.

For each completed Validation Tool, please include the following information:

MHP/DMC-ODS nar	me	
PIP name		
PIP start and end da	ate	
Clinical	Non-clinical	

PIP DEVELC	PIP DEVELOPMENT TOOL						
STEPS 1–9: COUNTY RESPONSIBILITY	WORKSHEETS 1–9: COUNTY RESPONSIBILITY	SECTIONS 1 – 11: EQRO RESPONSIBILITY					
Step 1: Identify the PIP Topic	Worksheet 1: PIP Topic	Section 1: Review the Selected PIP Topic					
Step 2: Develop the Aim Statement	Worksheet 2: Aim Statement	Section 2: Review the PIP Aim Statement					

#### CalEQRO DMC-ODS FY 2023-24 PIP Summary Report Q1

VALIDATION TOOL           ation         Section 3: Review the Identified PIP Population
ation Section 3: Review the Identified PIP Population
Section 4: Review the Sampling Method
d Performance Section 5: Review the Selected PIP Variables and Performance Measures
ategy cion Plan (CMSSection 6: Assess the Improvement Strategies (CMS Identifies this as Activity 1, Step 8)
Procedures leet 6) Step 6) Step 6) Step 6)
Ind Interpretation this asSection 8: Review Data Analysis and Interpretation of PIP Results (CMS Identifies this as Activity 1, Step 7)
nificant and h the PIP Section 9: Assess the Likelihood that Significant and Sustained Improvement Occurred
Section 10: Perform Overall Validation and Reporting of PIP Results
Section 11: Framework for Summarizing Information about PIPs

## VALIDATION TOOL, SECTIONS 1 – 11

#### Section 1 Review the Selected PIP Topic

	Question	Yes	No	N/A	Comments
1.1	Was the PIP topic selected through a comprehensive analysis of beneficiary needs, care, and services?				
1.2	Did selection of the PIP topic consider performance on the CMS Child and Adult Core Set measures?				
1.3	Did the selection of the PIP topic consider input from beneficiaries or providers who are users of, or concerned with, specific service areas?				
1.4	Did the PIP topic address care of special populations or high priority services				
1.5	Did the PIP topic align with priority areas identified by HHS and/or CMS?				
1.6	Overall assessment: In the comments section, note any recommendations for improving the PIP topic.				
	TOTAL of 6 items				

#### Section 2 Review the PIP Aim Statement

	Question	Yes	No	N/A	Comments
2.1	Did the aim statement clearly specify the improvement strategy, population, and time period for the PIP?				
2.2	Was the PIP aim statement concise?				
2.3	Was the PIP aim statement answerable?				
2.4	Was the PIP aim statement measurable?				
2.5	Overall assessment: In the comments section, note any recommendations for improving the PIP aim statement.				
	TOTAL of 5 items				

#### Section 3: Review the Identified PIP Population

	Question	Yes	No	N/A	Comments
3.1	Was the project population clearly defined in terms of the identified PIP question (e.g., age, length of the PIP population's participation, diagnoses, procedures, other characteristics)				
3.2	Was the entire MHP/DMC-ODS population included in the PIP?				
3.3	If the entire population was included in the PIP, did the data collection approach capture all beneficiaries to whom the PIP question applied?				
3.4	Was a sample used? (If yes, use Worksheet 1.4 to review sampling methods)				

3.	5 Overall assessment: In the comments section, note any recommendations for identifying the project population		
	TOTAL of 5 items		

#### Section 4: Review the Sampling Method

	Question	Yes	No	N/A	Comments
4.1	Did the sampling frame contain a complete, recent, and accurate list of the target PIP population?				
4.2	Did the sampling method consider and specify the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error?				
4.3	Did the sample contain a sufficient number of beneficiaries taking into account non-response?				
4.4	Did the method assess the representativeness of the sample according to subgroups, such as those defined by age, geographic location, or health status?				
4.5	Were valid sampling techniques used to protect against bias? Specify the type of sampling used in the "comments" field				
4.6	Overall assessment: In the comments section, note any recommendations for improving the sampling method				
	TOTAL of 6 items				

#### Section 5: Review the Selected PIP Variables and Performance Measures

	Question	Yes	No	N/A	Comments				
PIP \	IP Variables								
5.1	<ul> <li>Were the variables adequate to answer the PIP question?</li> <li>Objective, clearly defined, time-specific</li> <li>Available to measure performance and track improvement over time</li> </ul>								
Perfo	ormance measures								
5.2	Did the performance measure assess an important aspect of care that will make a difference to beneficiaries' health or functional status? (list assessed health or functional status)								
5.3	Were the performance measures appropriate based on the availability of data and resources to collect the data (administrative data, medical records, or other sources)?								
5.4	Were the measures based on current clinical knowledge or health services research? (Examples may include: hospital admissions, emergency department visits, adverse incidents, appropriate medication use)								
5.5	<ul><li>Did the performance measures:</li><li>Monitor the performance of MHP/DMC-ODSs at a point in time?</li></ul>								

	Question	Yes	No	N/A	Comments
	<ul> <li>Track MHP/DMC-ODS performance over time?</li> <li>Compare performance among MHP/DMC-ODSs over time?</li> <li>Inform the selection and evaluation of quality improvement activities?</li> </ul>				
5.6	Did the MHP/DMC-ODS consider existing state or national quality measures?				
5.7	<ul> <li>If there were gaps in existing measures, did the MHP/DMC-ODS consider the following when developing new measures based on current clinical practice guidelines or health services research?</li> <li>Accepted relevant clinical guidelines</li> <li>Important aspect of care or operations that was meaningful to beneficiaries</li> <li>Available data sources that allow the MHP/DMC-ODS to reliably and accurately calculate the measure</li> <li>Clearly defined performance measure criteria</li> </ul>				
5.8	Did the measures capture changes in enrollee satisfaction or experience of care? (Note that improvement in satisfaction should not be the only measured outcome of a clinical project. Some improvement in health or functional status should also be addressed. For non-clinical PIPs, measurement of health or functional status is preferred				
5.9	Did the measures include a strategy to ensure inter-rater reliability (if applicable)?				
5.10	If process measures were used, is there strong clinical evidence (based on published guidelines) indicating that the process being measured is meaningfully associated with outcomes?				
5.11	Overall assessment: In the comments section, note any recommendations for improving the selected PIP variables and performance measures.				
	TOTAL of 11 items				

#### Section 6: Assess the Improvement Strategies (CMS Identifies this as Activity 1, Step 8)

	Question	Yes	No	N/A	Comments
6.1	Was the selected improvement strategy evidence-based, suggesting that the test of change (performance measure) would likely to lead to the desired improvement in processes				
	or outcomes (as measured by the PIP variables)?				
6.2	Was the strategy designed to address root causes or barriers identified through data analysis and quality improvement processes?				

	Question	Yes	No	N/A	Comments
	(It is expected that interventions should be measurable on an ongoing basis, e.g., quarterly, monthly, to monitor intervention progress)				
6.3	Was the rapid-cycle PDSA approach used to test the selected improvement strategy? (If tests of change were not successful, i.e., did not achieve significant improvement, a process to identify possible causes and implement solutions should be identified)				
6.4	Was the strategy culturally and linguistically appropriate?				
6.5	Was the implementation of the strategy designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., patient risk factors, Medicaid program changes, provider education, clinic policies or practices)?				
6.6	Did the PIP assess the extent to which the improvement strategy was successful and identify potential follow- up activities?				
6.7	Overall assessment: In the comments section, note any recommendations for improving the implementation strategies.				
	TOTAL of 7 items				

#### Section 7: Review the Data Collection Procedures (CMS Identifies this as Activity 1, Step 6)

	Question	Yes	No	N/A	Comments
Asse	Assessment of Overall Data Collection Procedures				
7.1	Did the PIP design specify a systematic method for collecting valid and reliable data that represents the population in the PIP?				
7.2	Did the PIP design specify the frequency of data collection? If yes, what was the frequency (for example, semi-annually)?				
7.3	Did the PIP design clearly specify the data sources (e.g., encounter and claims systems, medical records, tracking logs, surveys, provider and/or enrollee interviews)				
7.4	Did the PIP design clearly define the data elements to be collected (including numerical definitions and units of measure)?				
7.5	Did the data <u>collection</u> plan link to the data <u>analysis</u> plan to ensure that appropriate data would be available for the PIP?				
7.6	Did the data collection instruments allow for consistent and accurate data collection over the time periods studied?				
7.7	If qualitative data collection methods were used (such as interviews or focus groups), were the methods well-defined				

	Question	Yes	No	N/A	Comments
	and designed to collect meaningful and useful information from respondents?				
7.8	Overall assessment: In the comments section, note any recommendations for improving the data collection procedures. <b>Note:</b> Include assessment of data collection procedures for administrative data sources and medical record review noted below.				
Asse	ssment of Overall Data Collection Procedures for Administ	rative	Data \$	Source	es
7.9	If inpatient data was used, did the data system capture all inpatient admissions/discharges?				
7.10	If ancillary data was used, did ancillary service providers submit encounter or utilization data for all services provided?				
7.11	If EHR data was used, were patient, clinical, service, or quality metrics validated for accuracy and completeness as well as comparability across systems?				
Asse	ssment of Data Collection Procedures for Medical Record I	Reviev	v		
7.12	Was a list of data collection personnel and their relevant qualifications provided?				
7.13	For medical record review, was inter-rater and intra-rater reliability described?				
7.14	For medical record review, were guidelines for obtaining and recording the data developed?				
	TOTAL of 14 items				

Section 8: Review Data Analysis and Interpretation of PIP Results (CMS Identifies this as Activity 1, Step 7)

	Question	Yes	No	N/A	Comments
8.1	Was the analysis conducted in accordance with the data				
	analysis plan?				
8.2	Did the analysis include baseline and repeat measurements				
	of project outcomes?				
8.3					
	differences between the initial and repeat measurements?				
8.4	Did the analysis account for factors that may influence the				
	comparability of initial and repeat measurements?				
8.5	Did the analysis account for factors that may threaten the				
	internal or external validity of the findings?				
8.6					
	as different patient subgroups, provider sites, or MHP/DMC-				
	ODSs?				

8.7	Were PIP results and findings presented in a concise and		
	easily understood manner?		
8.8	Did the analysis and interpretation of the PIP data include		
	lessons learned about less-than-optimal performance?		
8.9	Overall assessment: In the comments section, note any		
	recommendations for improving the analysis and		
	interpretation of PIP results.		
	TOTAL of 9 items		

#### Section 9: Assess the Likelihood that Significant and Sustained Improvement Occurred

	Question	Yes	No	N/A	Comments
9.1	Was the same methodology used for baseline and repeat				
	measurements?				
9.2					
	processes or outcomes of care?				
9.3					
	result of the selected intervention?				
9.4	Is there statistical evidence (e.g., significance tests) that any				
	observed improvement is the result of the intervention?				
9.5	Was sustained improvement demonstrated through repeated				
	measurements over time?				
9.6	Overall assessment: In the comments section, note any				
	recommendations for improving the significance and				
	sustainability of improvement as a result of the PIP.				
	TOTAL of 6 items				

#### Section 10: Perform Overall Validation of PIP Results

PIP Validation Rating (check one box)	Comments
High confidence	
Moderate confidence	
Low confidence	
No confidence	

Section 11: Framework for Summarizing Information about Performance Improvement Projects (PIPs)

General PIP Information
MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name:
PIP Title:
PIP Aim Statement:
a.
b.
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)
□State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)

Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)

□MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

#### Target age group (check one):

 $\Box$ Children only (ages 0–17)\*  $\Box$ Adults only (age 18 and over)  $\Box$ Both adults and children

\*If PIP uses different age threshold for children, specify age range here:

Target population description, such as specific diagnosis (please specify):

#### Improvement Strategies or Interventions (Changes in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Click or tap here to enter text.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)

Click or tap here to enter text.

MHP/DMC-ODS-focused interventions/System changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)

Click or tap here to enter text.

Performance measures (be specific indicate measure steward and NQF nu applicable):	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
		□ Not applicable— PIP is in Planning		□ Yes	🗆 Yes 🗆 No
		or implementation phase, results not		🗆 No	Specify P- value:
		available			□ <.01 □ <.05 Other (specify):
		□ Not applicable— PIP is in Planning		□ Yes	🗆 Yes 🗆 No
		or implementation phase, results not		🗆 No	Specify P- value:
		available			□ <.01 □ <.05 Other (specify):
		□ Not applicable— PIP is in Planning		□ Yes	🗆 Yes 🗆 No
		or implementation		🗆 No	Specify P-

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Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value		
			phase, results not available			value: □ <.01 □ <.05		
						Other (specify):		
			□ Not applicable— PIP is in Planning		□ Yes	🗆 Yes 🗆 No		
			or implementation phase, results not		🗆 No	Specify P- value:		
			available			□ <.01 □ <.05 Other (specify):		
PIP Validation Information								
Was the PIP validated? □ Yes □ No "Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)								
Validation phase (check all that apply):								
□ PIP submitted for approval □ F	lanning pha	ase	□ Implementation	phase □ B	aseline year			
□ First remeasurement □ S	econd reme	easurement	□ Other (specify):					
Validation rating: 🛛 High confidence 🛛 Moderate confidence 🖾 Low confidence 🖾 No confidence								
"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.								
EQRO recommendations for improvement of PIP:								