BHC.

Behavioral Health Concepts, Inc. 2340 Powell Street, Suite 334 Emeryville, CA 94608

info@bhceqro.com www.caleqro.com 855-385-3776

FY 2023-24

DMC-ODS

EXTERNAL QUALITY REVIEW

PERFORMANCE IMPROVEMENT PROJECTS

QUARTERLY REPORT

Prepared for:

California Department of Health Care Services (DHCS)

For Reviews Conducted During:

October - December 2023

TABLE OF CONTENTS

INTRODUCTION	
VALIDATING PERFORMANCE IMPROVEMENT PROJECTS Table 1. DMC-ODSs Reviewed	
PERFORMANCE IMPROVEMENT PROJECT VALIDATION	5
Table 2. PIP Submission Standard	5
Table 3. PIP Status Defined	6
Table 4. PIP Topics for all PIP Submissions	
FINDINGS	
Access to Care	8
TIMELINESS OF CARE	<u>c</u>
OUTCOMES OF CARE	11
CALEQRO RATING OF SUBMITTED PIPS	13
Table 5. PIP Rating Steps	13
Table 6. PIP Ratings Defined	13
Table 7. PIP Rating by DMC-ODS	14
CONCLUSIONS/RECOMMENDATIONS	16
PIP TOPICS	16
PIP DESIGN/IMPLEMENTATION	
Areas for Improvement	16
Recommendations to DMC-ODSs	
Technical Assistance to DMC-ODSs	
APPENDIX A: PIP TOPICS SUBMITTED	
CLINICAL PIPs	19
Access to Care PIPs	19
Timeliness of Care PIPs	24
Outcomes of Care PIPs	26
Non-clinical PIPs	
Access to Care PIPs	
Timeliness of Care PIPs	
Outcomes of Care PIPs	
APPENDIX B	
PIP Validation Tool Summary	35
Validation Tool, Sections 1 – 11	37

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 Protocol¹ 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. 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 second quarter of DHCS fiscal year (FY) 2023-24 (October - December 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.

•

¹ 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.

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

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.²

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 October - December. 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

Fresno	Marin	Stanislaus
Imperial	Merced	Ventura
Los Angeles	Napa	

DMC-ODS EQR FY 2023-24 Q2 PIP Report FINAL

² 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 October - December 2023.

Table 2. PIP Submission Standard

DMC-ODS	Clinical PIPs Submitted	Status of Clinical PIPs	Non- Clinical PIPs Submitted	Status of Non-Clinical PIPs
Fresno	1	Second Remeasurement	1	First Remeasurement
Imperial	1	Implementation Phase	1	Planning Phase
Los Angeles	1	Planning Phase	1	Planning Phase
Marin	1	Second Remeasurement	1	First Remeasurement
Merced	1	Implementation Phase	1	Implementation Phase
Napa	1	First Remeasurement	1	First Remeasurement
Stanislaus	1	Implementation Phase	1	Implementation Phase
Ventura	1	Second Remeasurement	1	Baseline Year

Table 3. PIP Status Defined

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 eight DMC-ODS reviews that were conducted during October to December 2023, all eight submitted some information to be considered for validation and met the submission standard that requires the submission of two PIPs.

Table 4. PIP Topics for all PIP Submissions

PIP Topics	PIP Titles	Clinical	Non-Clinical
	Expanding Patients Treated for Opioid Use Disorder (OUD) for 180 Days or More	Los Angeles	
	Medication for Opioid Use Disorders (MOUD) Maintenance	Merced	
Access to Care	Pharmacotherapy for Opioid Use Disorder (POD)	Napa	
	POD	Stanislaus	
	Study of Member Engagement and Retention in Early Outpatient Treatment	Ventura	
	POD		Marin
	Follow-Up After Emergency Department Visit for Alcohol Use Disorder or Other Substance Use Disorder (FUA)	Imperial	
	FUA	Marin	
Timeliness	FUA		Fresno
of Care	FUA		Los Angeles
	FUA		Merced
	FUA		Napa
	FUA		Stanislaus
	FUA		Ventura
	Improving Engagement of Care	Fresno	
Outcomes of Care	Decreasing Administrative CalOMS Discharges to Improve the Treatment Outcome		Imperial

FINDINGS

Many PIPs address comparable 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, 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

Five clinical PIPs and one non-clinical PIP focused on improving access to care for beneficiaries.

- Los Angeles, Napa, and Stanislaus designed clinical PIPs to improve access to pharmacotherapy for 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.
 - Los Angeles focused its clinical PIP on improving the number of beneficiaries who are receiving Managed OUD treatment. They plan to utilize education campaigns and capacity building throughout the county. The PIP was in the planning phase and interventions had yet to begin.
 - Napa's clinical PIP is designed to improve the number of beneficiaries in POD treatment by focusing on the Hispanic/Latino community. The DMC-ODS deployed a team member with inherent experience in the unique racial and ethnic needs and preferences of the Hispanic/Latino community. Napa's efforts to reduce racial and ethnic disparities in DMC-ODS service utilization and engagement are a priority. The data set for this PIP is small, however those who did participate for at least 180 days increased.
 - Stanislaus designed a clinical PIP that utilized care coordination services via a Care Coordination Team (CCT) to high-risk members.

This PIP was in the implementation phase and data analysis has not yet begun. However, the collaboration with providers and workflow process is well defined.

- Merced's clinical PIP and Marin's non-clinical PIP were designed to improve the number of beneficiaries on continuous MOUD services over the first 30 days of treatment.
 - Merced designed its clinical PIP to utilize assessments to improve the number of beneficiaries who are staying on medication management for OUD and whose NTP episodes last at least 30 days. This PIP is in the implementation phase; however, the county does not have a plan to measure any outcomes, they are only measuring the number of referrals received and the number of assessments completed.
 - Marin adapted the BHQIP for its non-clinical PIP to address barriers to MOUD based on member and contract provider feedback. Marin's overarching goal is to evaluate continuous beneficiary engagement in MOUD services, defined in the HEDIS metric as 180+ days. However, the PIP will measure the number of beneficiaries whose NPT episodes last at least 30 days. Marin identifies low income and uninsured members who may have higher support needs and offers recovery coaching. Regularly scheduled internal tracking of members who initiate MOUD, in partnership with NTPs, enhances opportunities for members' continuous engagement.
- Ventura designed a clinical PIP to increase the average number of contacts per member within the first 90 days of outpatient treatment by 5 percent. They planned to do this by implementing an intervention in which members identify an obstacle to attendance and related problem-solving strategies during their treatment planning session. There were no notable improvements in the outcomes for this PIP and it was ended in July 2023.

TIMELINESS OF CARE

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

 Imperial and Marin designed clinical PIPs; Fresno, Los Angeles, Merced, Napa, Stanislaus, and Ventura 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' CalAIM BHQIP Milestone 3d.

- Imperial designed a clinical PIP that is in the implementation phase. Although well-designed and well-written, this PIP is in an implementation phase with many interventions and tracking mechanisms still needing to be implemented. The biggest challenge is obtaining full collaboration from hospitals since one of the hospitals decided not to renew their contract and MOU to the DMC-ODS. Given this project's planning, coordination, and implementation complexities, Imperial is working closely with ED to facilitate the PIP as designed.
- Marin designed a clinical PIP that includes monitoring the target population seen in the hospital and providing referrals with a SUD follow-up visit. Additionally, the county is about to implement real-time hospital and alert technology, this will increase the number of members the Marin Recovery Coach is alerted to and can assist with follow-up member engagement. The county has seen an increase in referrals for eligible member follow-up at seven and thirty days after an ED visit for SUD services.
- Fresno's non-clinical PIP allows the county to identify and monitor future disparities using data visualization software. Through the use of the dashboard software, the ED referral data is monitored in real time. The plan encountered data gaps because FUA data could not be collected and identified via the referral process thus Fresno was unable to conduct its own analysis.
- Los Angeles developed a data exchange agreement with HealthNet related to those with AUD or other SUDs. Analysis of data showed a low follow-up rate for referrals after an ED event. Additionally, many EDs in the county need training and engagement for novel approaches to referrals for the interventions to be successful.
- o Merced's non-clinical PIP has begun implementing standardized referral procedures for hospital substance use navigators (SUNs) and social workers and follow-up procedures for Behavioral Health and Recovery Services (BHRS) Access staff. Deploying an electronic closed-loop referral management platform and using a health information exchange to transmit ADTs from the ED to the BH Access Team. This strategy aims to provide a follow-up service within three business days of referral and facilitate coordination of care between healthcare and social care programs. Merced has leveraged the implementation of the EHR to implement the non-clinical PIP.
- Napa's non-clinical PIP utilized the integrated BH division. This division determined that aligning the FUA PIP with the Follow up After Emergency Department Visit for Mental Illness PIP interventions would

more efficiently support the achievement of the aim. Napa introduced a "triage specialist" to bridge the communication gap. A data tracking system was developed as a tool for the triage specialist. This tool, shared with mutual providers, identifies trends and service gaps through the new Credible EHR system. Divisions hold joint meetings with the local ED and the local MCP. However, the data set is small and conclusions could not be drawn from it.

- Stanislaus plans to utilize a centralized referral tracking mechanism that allows for real-time referral coordination from the ED, including functionality to generate alerts for high-risk/urgent needs and other essential information such as language and communication needs. In addition to the referral tracking mechanism, Stanislaus will assign a referral coordinator to monitor and follow up on referrals as well as attend to scheduling, rescheduling, appointment reminders, documenting critical information, and updating treatment providers. The county is just beginning the implementation of this non-clinical PIP and the MAT and care coordination management interventions are currently active.
- Ventura's non-clinical PIP focused on creating better connections with hospital staff who provide direct member care. Consequently, the DMC-ODS has started providing training to the navigators and the hospital staff who treat members at the ED. The DMC-ODS is continuing to track the 7- and 30-day FUA measures. The DMC-ODS has partially completed the training for the ED staff to improve awareness and knowledge of available SUD services and how to access them. The attendance has so far been lower than expected, but those who attended reported improvements in their knowledge and inclination to use that knowledge.

OUTCOMES OF CARE

One clinical and one non-clinical PIP sought to impact the outcomes of care.

- Fresno's clinical PIP sought to improve transitions in care between outpatient and lower LOCs specifically recovery support and care coordination. The strength-based discharge planning and after-discharge interventions encourage engagement with the aftercare services.
- Imperial designed a non-clinical PIP to improve retention and engagement with evidence of satisfactory progress and outcomes in and decrease the number of unsuccessful administrative discharges. One central issue during this review was the miscoding of discharges, primarily because the members

had the wrong discharge codes. This issue became a key focus in understanding the high administrative discharge rate within the programs. This PIP is in the planning phase with no interventions implemented.

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 the 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

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

Step	PIP Section
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:

Table 7. PIP Rating by DMC-ODS

DMC-ODS	Clinical	Non-Clinical
Fresno	Low Confidence	Low Confidence
Imperial	Low Confidence	Low Confidence
Los Angeles	Moderate Confidence	Low Confidence
Marin	High Confidence	Moderate Confidence
Merced	Low Confidence	Moderate Confidence
Napa	Low Confidence	Low Confidence
Stanislaus	Moderate Confidence	Moderate Confidence
Ventura	Moderate Confidence	Low Confidence

- Fresno's clinical PIP received a Low Confidence rating due to lack of ongoing implementation. The submitted PIP Development Tool did not document or indicate significant PIP activity, refinements, or regular monitoring.
- Fresno's non-clinical PIP received a Low Confidence rating because although the DMC-ODS activity on the FUA BHQIP demonstrates improvement in two of the six stated goals, four of the goals have not been implemented and baseline data has not been established.
- Imperial's clinical and non-clinical PIPs received Low Confidence ratings although well-designed and well-written, the clinical PIP is in an implementation phase with many interventions and tracking mechanisms still needing to be implemented and the non-clinical PIP is in the planning phase.
- Los Angeles' non-clinical PIP received a Low Confidence rating because of the number of EDs in LA that need training and engagement for novel approaches to referrals for the interventions to be successful.
- Merced's clinical PIP received a Low Confidence rating because the DMC-ODS did not present any PMs or a plan to measure them. They are only measuring referrals and completion of the medication maintenance needs assessment (MMNA).
- Napa's clinical and non-clinical PIPs received Low Confidence ratings as the data sets were too small to draw conclusions. Napa continues to fine

tune the collection process with a focus on increasing the data sets used for analysis. With larger data sets Napa will be able to determine the implications of the interventions.

- Ventura's non-clinical PIP received a Low Confidence rating because the
 actual implementation of improving the connections with the ED staff
 remained incomplete with less than expected attendance at the initial
 training with the navigators; moreover, there was no remeasurement data
 available for the FUA measures.
- Los Angeles' clinical PIP received a rating of Moderate Confidence because of the structure of the design, use of measurable/available data, and detailed analysis of barriers to MOUD.
- Marin's non-clinical PIP received a Moderate Confidence rating because of Marin's ability to utilize the plan/do/study/act (PDSA) process and adjust interventions as needed. The 30-day retention goal, after MOUD treatment has been met and Marin appears positioned to continue to improve in this area.
- Stanislaus' clinical PIP was found to have moderate confidence because the collaboration with providers and the workflow process are noticeably clear and defined.
- Stanislaus' non-clinical PIP and Ventura's clinical PIP both received a
 Moderate Confidence rating because the PIPs showed that credible,
 reliable, or valid methods were implied or able to be established for part of
 each PIP.
- Marin's clinical PIP received a High Confidence rating because the
 intervention data indicates an increase in referrals for eligible member
 follow-up at seven and thirty days after an ED visit for SUD services.
 Marin's efforts to establish a contract with hospitals for real time information
 through a Health Information Exchange have been successful with
 implementation of this exchange in progress as of early September 2023.

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

CalEQRO observed that 6 of the 15 DMC PIPs validated focused on Access to Care issues (40 percent), 8 focused on timeliness issues (53 percent), and 1 focused on Outcomes of Care (7 percent).

PIP DESIGN/IMPLEMENTATION

Areas for Improvement

In summary, 100 percent of the 16 PIP submissions due to CalEQRO for the October to December 2023 reviews meet the required submission standards. Although one PIP was determined to be Inactive as it was developed in a prior year. Of those submissions, 1 PIP received a rating of High Confidence (6 percent), 6 PIPs (38 percent) received a rating of Moderate Confidence in the PIPs results, 8 (50 percent) received a Low Confidence rating, and 1 PIP received a rating of No Confidence (6 percent).

Recommendations to DMC-ODSs

- Implement PIPs and begin interventions 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.
- Design PIPs to measure the impact of interventions on beneficiaries, not just the number of referrals or beneficiaries served.
- Many of the PIPs are dependent on engagement with outside entities, foster these relationships so that the PIPs can be successful.
- DMCs must choose interventions and projects that will allow for an observable impact on a significant number or type of beneficiaries. The number of beneficiaries who are part of many of the PIPs should be increased.

 PIPs are continuous quality improvement projects and require ongoing activity. For a PIP to be successful, the DMC-ODS must be actively engaged in the project. This entails conducting ongoing measurement and evaluation of progress toward goals.s

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 occurred with DMC-ODSs before the virtual or onsite reviews for 88 percent of the October to December 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 the 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 December 18, 2023. During this webinar, CalEQRO reviewed successful PIPs in the following topic areas: Identifying the Problem; Developing an Aim Statement; Successful Interventions; and Reporting Results. This PIP training was available to all county and DHCS staff, it is all available on BHC's website for review.

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

APPENDICES

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

Appendix B: CalEQRO PIP Validation Tool

APPENDIX A: PIP TOPICS SUBMITTED

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

CLINICAL PIPS

Access to Care PIPs

Los Angeles

PIP Title: Expanding Patients Treated for OUD for 180 Days or More

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The PIP Aim is to increase the percentage of LA DMC-ODS Medi-Cal beneficiaries getting Managed OUD (MOUD) treatment for an OUD for at least 180 days from 9.1 percent by 50 percent of the Quality Management (QM) benchmark by December 31, 2027, through education campaigns and MOUD capacity building at Medi-Cal funded sites.	The DMC-ODS worked with LA County Medi-Cal health plans, the LA County Department of Health Services community health centers, and harm reduction syringe services programs to increase the identification of the Medi-Cal members diagnosed with OUD and develop interventions to improve initiation and engagement to MOUD treatment. The PIP included expansion based on successful strategies to all members with OUD without access to MOUD. The interventions include a broad training program for providers, care coordinators, and members. Also, other interventions included are expanded NTP/OTP sites and funding for prescribers with incentives at the DMC-ODS provider sites, particularly residential and outpatient. These data goals include linked measurable data goals for increased patients and visits as well as LOS in MOUD treatment.	Because there are 76 hospital Emergency Departments (EDs) in Los Angeles County which members can access, it was recommended the DMC-ODS consider refining promising practices at high utilization sites for OUD ED events. This more intensive approach could provide more effective learning that could be generalized to other sites. There is a concentration of overdose events in specific areas of the county. Outreach and engagement efforts as well as addition of potential new sites should prioritize these areas. Consider interventions related to information exchange and placement of outreach/engagement staff at the ED sites with proportionately more SUD events for OUD. Information may be available through claims from the MCP.	TA was provided during the review year in June and August related to phased design using HealthNet Medi-Cal members with intensive engagement at higher utilization sites.

Merced

PIP Title: MOUD Maintenance

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
By the second half of 2023, The DMC-ODS aims to increase 5 percent over CY 2022 baseline1 the percentage of NTP episodes that last at least 30 days by assessing needs at intake and improving referral processes to support care coordination.	Merced's clinical PIP seeks to increase the percentage of members admitted by 5 percent over the CY 2022 baseline rate of NTP episodes that last at least 30 days, by assessing needs at intake and improving referral processes to support care coordination. Upon admission to the NTP program, members will complete an assessment of potential barriers to remaining on MOUDs and identify services and supports that can help motivate, stabilize, and enable them to achieve their medication objectives. The assessment considers barriers that can be addressed by the NTP counselors and prescribers; behavioral and other healthcare challenges that can be mitigated through referrals to other healthcare programs; and barriers associated with social determinants of health, such as housing instability, malnutrition, and geographic isolation, which might be addressed with referrals to community-based organizations, transportation support, or enhanced care management and community supports (ECM/CS).	Establish PIP variables and PMs consistent with a clinical PIP and based in the root causes identified. Begin the data analysis and provide regular training with care coordination staff, NTP providers, and the data collection team. Work with managed care plans (MCPs) and EDs to collaborate on the interventions. Maintain monthly monitoring and data collection. Provide more information on how the outcomes will be measured.	TA was provided outside of the review on October 19, 2023, and the DMC-ODS incorporated EQR recommendations to update their narrative and address the lack of PMs. CalEQRO met with Merced quality teams during the review and NTP providers to review and discuss clinical PIPs.

Napa

PIP Title: POD

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The aim of this performance improvement project is to increase by 6% the percentage of Napa County Medi-Cal covered adults ages 18-64 receiving pharmacotherapy for opioid use disorder (OUD) who remain in treatment for 180 days or more over the time period of 9/2022-9/2024.	The PIP interventions feature coordination efforts led by DMC-ODS representatives of the Hispanic/Latino community. The DMC-ODS deployed a team member with inherent experience in the unique racial and ethnic needs and preferences of the Hispanic/Latino community. Napa's efforts to reduce racial and ethnic disparities in DMC-ODS service utilization and engagement are a priority.	Although the data set is too small to draw conclusions, the first measurement for both PM analysis, from the 2021 baseline to August 2023, indicates that POD PM goals are met. The PM to track members who did not continue in treatment for OUD for at least 180 days also improved and dropped from 86 percent to 80 percent. Explore ideas to improve and increase supportive case management activities for ongoing MAT services. Explore ways in which to improve initial and ongoing engagement. Napa identified members' lack of access to a phone as a barrier and that the primary focus on face-to-face contact is due to the trouble of reaching members on the phone. Continue to explore other outreach efforts to improve and increase member engagement.	TA was provided just prior to this EQR. CalEQRO requested clarification and additional details for the clinical PIP and validation process. During the review, CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP.

Stanislaus
PIP Title: POD

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal plan members initiating Medication for Opioid Use Disorder (MOUD) from the Plan or the Plan's provider network, implemented interventions will increase the percentage of MOUD events by five percent among plan members that continue services for at least 180 days by September 30, 2024.	This clinical PIP focuses on increasing the percentage of continuous MOUD use by plan members aged 16 years old or older who continued services for at least 180 days or more. The plan is to increase the MOUD events by 5 percent by September 30, 2024. To bridge care coordination services between DMC-ODS and MCP plan members, the currently selected intervention will offer care coordination services via Care Coordination Team (CCT) to highrisk members. This is consistent with one of the preliminary interventions and DMC-ODS found it to be the most appropriate intervention for current plan members.	Begin the data analysis and provide regular training with care coordination staff and the data collection team. Continue working with providers and ED to collaborate on the identification and implementation of interventions. Maintain monthly monitoring and data collection.	CalEQRO met with Stanislaus' quality teams and provided TA for the clinical PIP.

Ventura

<u>PIP Title:</u> Study of Member Engagement and Retention in Early Outpatient Treatment

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Can the average number of contacts per member within the first 90 days of outpatient treatment be increased by 5 percent by April 2023, by implementing an intervention in which members identify an obstacle to attendance and related problemsolving strategy during their treatment planning session?	Members were asked to identify obstacles to attendance as part of their treatment plan. The member and counselor would work together during treatment planning to problem-solve ways to overcome the obstacle(s) and select a reasonable goal. Progress towards meeting this goal was tracked throughout their treatment episode. The identification of the obstacles and subsequent problem-solving were kept simple so that members would not be overwhelmed with information during the early stages of recovery. However, data collection for this fidelity check was affected by subsequent changes mandated by CalAIM, specifically Ventura's implementation of the problem list in lieu of the treatment plan, starting in September 2022. Since the identified barrier was captured in the treatment plan, Ventura explored alternative methods to enter and track the identified barrier.	The transition to a new EHR system in July 2023 and lack of customization hindered the DMC-ODS' plan to carry the intervention forward beyond July 2023. There were no notable improvements in outcomes when comparing the baseline period to the post-intervention period.	During the review itself, CalEQRO provided TA to the DMC-ODS in the form of an in-depth discussion of the technical barriers outlined above which thwarted Ventura's best efforts to sustain implementation of this PIP beyond July 2023.

Timeliness of Care PIPs

Imperial PIP Title: FUA

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
To improve the follow-up percentage of individuals with alcohol use disorders or other drug use disorders after visiting the ED in Imperial County from 12 percent to 25 percent by implementing care coordination practices and streamlined data exchange processes by March 2024.	Imperial began implementing measures to address performance related to FUA ED visits for alcohol and other drugs or dependence. Imperial met with El Centro Regional Medical Center (ECRMC) to discuss exchanging information supporting the FUA measures. Imperial could not leverage secure direct messaging via the EHR with ECRMC due to technological constraints with ECRMC's current EHR in their ED. Imperial used SUD staff from the California Bridge Program stationed at the ECRMC ED and created a designated email to serve as a centralized receiving point for incoming referrals from ECRMC. The SUD staff from the California Bridge Program are stationed at ECRMC from 8:00 am to 5:00 pm, Monday to Friday, and their job is to link and complete a referral to Imperial for those individuals in the ER due to a SUD-related condition.	Implementing this FUA PIP has proven challenging. The preexisting financial and systemic challenges faced by hospitals in Imperial County have been further aggravated by the economic strain brought by the COVID-19 pandemic. As a result, Imperial is encountering difficulties in establishing effective communication channels with both ECRMC and Pioneers Memorial Hospital (PMH) due to the existing challenges associated with the healthcare workforce. The DMC-ODS continues to establish a collaborative working relationship with PMH, enhancing its current relationship with ECRMC.	CalEQRO provided TA to the DMC-ODS through annotated reviews of their write-up and discussion in several in-person sessions and email exchanges.: Continue to train all screeners in the hospitals and the DMC-ODS provider sites to use the same forms and criteria for conducting the screenings and the referrals intended for the DMC-ODS. Develop all necessary elements of the tracking mechanisms and train all relevant hospital and DMC-ODS staff. Develop a database that can be used flexibly to receive uploads from each screening, assessment, and referral site and to support data analyses for the intervention and outcome performance measures.

Marin PIP Title: FUA

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Follow up after ED visits for SUD for Marin Medi-Cal beneficiaries or who are low income uninsured at 7 days and at 30 days will increase by at least 5 percent by 12/31/23.	Recovery Coach changes are similar to the CY 2022 FUA submission and include monitoring the target population seen in the hospital and providing referrals with a SUD follow-up visit provided any SUD provider or recovery coach who is matched to meet eligible member cultural/language needs. As submitted for this EQR, six hospital patients have been seen, all Spanish speakers (67 percent are Medi-Cal, 33 percent are low-income/uninsured). Rate of FUA within seven days 17 percent with a total of two FUA occurring within thirty days is 33 percent). Marin is seeking to reduce the English and Spanish disparity and increase referrals to the recovery coach.	Hospital and alert technology, a new intervention with a signed contract, was in planning and implementation phase as of September 2023. This intervention (to have real time hospital alert data) will increase the number of members the Marin Recovery Coach is aware of and can assist with follow-up member engagement. Reported referral rates from this new intervention are planned for March 2024.	Outreach coordination with other stakeholders to assist FUA services for members who are unhoused. Identify community clinics and drop-in centers where members could access phone service.

Outcomes of Care PIPs

Fresno
PIP Title: Improving Engagement of Care

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Will using a strengths-based approach (transition plan identifying persons served needs, strengths, abilities, and preferences) discharging from Outpatient treatment [referred or not referred, standard and administratively discharged] along with a follow up phone call after OP discharge result in an increase utilization of lower LOC including recovery services and care coordination in the next 12 months?	The target population for this PIP is adult members age 18 and older who have been discharged [referred or not referred, standard, and administratively discharged] from SUD outpatient treatment services from either Program A, Program B, or Program C. The PIP attempts to improve transitions in care between outpatient and lower LOC specifically recovery support and care coordination. The intervention is conducting strength-based discharge planning, and then after discharge, calling the member to encourage engagement with the aftercare services. The aftercare focus is either recovery support services or care coordination depending on the member's individual needs and openness to continuing treatment and their goals. The call uses motivational interviewing to facilitate self-determination toward continued care.	The submitted PIP Development Tool did not document or indicate significant PIP activity, the DMC-ODS notes that activity occurred at the committee and operations level.	TA was offered to the DMC-ODS prior to the review and was declined, but CalEQRO and the DMC-ODS met to discuss PIPs after the review. During the review, CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP: PIP activities and any indicated adjustments would benefit the DMC-ODS by updating the existing PIP Development Tool. The DMC-ODS is aware that the EQRO provides TA throughout the year and upon request.

NON-CLINICAL PIPS

Of the eight non-clinical PIPs required for submission, all were submitted for review

Access to Care PIPs

<u>Marin</u>

PIP Title: POD

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal beneficiaries or Low-Income Uninsured clients initiating Medications for Opioid Use Disorder (MOUD) services from the Plan or the Plan's provider network, implemented interventions will increase the percentage of continuous MOUD services over the first 30 days by 5% by 12/31/23.	Marin, through lessons learned, adapted the BHQIP to address barriers to MOUD based on member and contract provider feedback. Marin's overarching goal is to evaluate continuous beneficiary engagement in MOUD services, defined in the HEDIS metric as 180+ days. Marin meets at least quarterly to review implementation of the intervention(s), to assess consistency with the identification of prospective referrals, actual referrals, and performance measurements. Marin identifies low income and uninsured members who may have higher needs for support are offered recovery coaching.	More information is needed to refine the transportation intervention.	TA was provided during the review year. Identify reasons/problems that members encounter when seeking transportation through their MCP and providers. Continue to monitor variances in dosing protocols that focus on member stability and ongoing recovery support needs.

Timeliness of Care PIPs

Fresno PIP Title: FUA

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal beneficiaries with emergency department (ED) visits for Alcohol and Other Drugs (AOD) and SUD conditions, implemented interventions (direct data exchange) will increase the percentage of follow-up for AOD and SUD services with the DMC-ODS within 7 and 30 days by 5 percent by January 1, 2024.	The DMC-ODS identifies and monitors future disparities using data visualization software. Through the use of the dashboard software, the ED referral data is monitored in real-time. Challenges encountered include all hospitals because no changes could be made to the electronic or paper referral process with the hospitals. The plan adjustments are to attempt a pilot program with one local hospital using paper referrals that focus on direct data exchange and the referral processes. Fresno continues to monitor outcomes and based on analysis implements intervention refinements as needed.	The DMC-ODS did not receive a descriptive analysis for September 2022. The plan encountered data gaps because FUA data could not be collected and identified via the referral process thus Fresno was unable to conduct its own analysis. EDs have not released any information due to not receiving direct guidance from oversight agencies. The Fresno County Counsel approved the sharing of hospital input data in Fresno's EHR. Additionally, challenges of follow-up related to confidentiality within the 42 Code of Federal Regulations (CFR) still need to be addressed.	Continue as planned with the pilot program. Continue to explore and research ways, with DMC-ODS relevant stakeholders, to address confidentiality challenges associated with 42 CFR Part 2. TA is available throughout the year and upon request.

Los Angeles PIP Title: FUA

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Within two years, enhance the follow-up rates among HealthNet Medi-Cal members by 50 percent within 7 days (from 4.1 to 8 percent) and by 50 percent within 30 days (8 percent to 12 percent) after ED visits for alcohol and other SUDs.	The DMC-ODS developed a data exchange agreement with HealthNet related to those with AUD or other SUDs. Analysis of data showed a low follow-up rate for referrals after an ED event (4.1 percent). Based on analysis and interviews with key staff at HealthNet and EDs, many root causes were identified related to knowledge of the system of care in LA County. Interventions were identified and PMs were set to enhance the referral rate to 6.2 percent within two years. In addition, it was identified that African Americans had a lower rate of successful referrals and enhanced support was needed for their referrals to be successful.	Provide data exchange as a goal in real time as discussed so that ED and HealthNet staff can assist the members and their families while they are present in the ED. Consider having outreach/engagement staff available in high volume EDs to coordinate follow-up such as to support the SUD assessment and admission process. Field test the member education materials with relevant peers.	TA was provided before and during the review. Numerous suggestions were made to continue to refine the PIP and enhance successful outcomes.

Merced PIP Title: FUA

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
By March 2024, The DMC-ODS aims to increase 5 percentage point over 2022 baseline the percentage of Memorial Hospital ED visits with 7- and 30-day follow-up services by using low barriers and then higher tech interventions by including: Implementing standardized referral procedures for hospital substance use navigators (SUNs) and social workers and follow-up procedures for Behavioral Health and Recovery Services (BHRS) Access staff. Deploying an electronic closed-loop referral management platform and using a health information exchange to transmit ADTs from the ED to the BH Access Team.	Merced noticed gaps in the timely coordination of care in 2021. Only 6.1 percent of ED visits for Medi-Cal members with a primary diagnosis of a SUD had a follow-up SUD service within seven days, and only 10.9 percent had follow-up within 30 days. Merced has been working collaboratively with local EDs, SUD navigators, and hospitals, and is making extensive efforts to implement the interventions with an expected timeline of March 2024. By providing a low barrier referral and follow-up, an electronic closed-loop referral arrangement, and ED admission and discharge notifications. This strategy aims to offer and provide a follow-up service within three business days of referral and facilitate coordination of care between healthcare and social care programs. Merced has leveraged the implementation of the EHR to implement the non-clinical PIPs.	Begin the data analysis and provide regular training with SUD navigator staff and the data collection team. Continue to work with the MCP and ED to collaborate on the identification and implementation of interventions including the challenges. Maintain monthly monitoring and data collection.	TA was provided outside of the review on October 19, 2023, and the DMC-ODS incorporated EQR recommendations to update their narrative and PMs for the PIP that were submitted for the review. CalEQRO met with Merced quality teams, the SUD director, the ED, and hospital representatives to review and discuss the non-clinical PIP.

Napa PIP Title: FUA

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The aim of this performance improvement project is to increase by 15 percent the percentage of Napa County Medi-Cal covered adults ages 18-64 who receive follow up care within 7 days after an ED visit for alcohol or other drug services (AOD) within the time period of 9/2022-9/2024.	In October 2022 Napa launched plans to integrate the MH and AOD Divisions into one BH division. The new division determined that aligning the FUA PIP with the Follow-up After Emergency Department Visit for Mental Illness PIP interventions would more efficiently support the achievement of the aim. Napa introduced a "triage specialist" to bridge the communication gap. Napa's data demonstrates that while only four adults were referred to DMC-ODS service from the ED, from January to August 2023, one member was provided follow-up care within seven days. Since the launch of FUA interventions in January 2023, the DMC-ODS continues to strengthen the relationship with the team in the ED, clinical liaisons, and to proactively collaborate, coordinate, and exchange data with the ED.	Napa continues to fine tune the collection process with a focus on increasing the data set used for analysis. With a larger data set Napa will be able to determine the implications of the interventions. Continue data collection via the manual data exchange process established in June to increase the data set for analysis for the period of 09/01/2023 to 02/29/2024. Leverage health information exchange (HIE) data access to collect data once the EHR function is operable. The projected launch/operability date is 01/01/2024. Expand the aim statement to include 30-day follow-up care to increase the number of impacted members and a larger data set for analysis.	TA was provided during the review year; methods to improve member engagement and increase follow-up services were discussed.

Stanislaus PIP Title: FUA

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO	
For Medi-Cal members with ED visits for SUD, implemented interventions	This PIP focuses on a broad group of SUD members admitted to the hospital ED due to their alcohol and	Stanislaus reports they are just beginning the implementation of the non-	CalEQRO met with Stanislaus quality teams and provided TA for this non-clinical PIP.	
will increase the percentage of follow-up DMC-ODS services with the DMC-ODS within 7 and 30 days by five	other drug use. These individuals typically do not need hospitalization and can be treated in an SUD treatment setting. The care coordination teams will assist the plan members and ED to bridge coordination between DMC-ODS,	ypically do not need hospitalization and can be treated in an SUD Currently active with their MAT and coordinated care	clinical PIP and are currently active with their	Begin the data analysis and provide regular training with care coordination staff and the data collection team.
percent by June 30, 2024.		management intervention.	Continue working with ED and MHP to collaborate on the identification and implementation of interventions.	
	ED, and MHP. The intervention is a combination of MAT and coordinated care management		Maintain monthly monitoring and data collection.	
	support.		Document barriers experienced by plan members in the ED to link with Substance Use Navigators (SUNs) and clinic environments to try to minimize these barriers for other members.	

Ventura PIP Title: FUA

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
In the six months following the intervention, the aim is to increase referrals from hospital staff/navigators for members with an ED visit for SUD or self-referrals by 5 percent.	In this non-clinical PIP, the DMC-ODS is attempting to improve the follow-up appointment rates after an ED visit by a member with a primary diagnosis of SUD (HEDIS measure FUA) as part of the DHCS BH QI Plan. In its updated submission of the project plan and findings for FY 2023-24, the DMC-ODS changed its improvement strategy. Previously, the DMC-ODS focused on creating a data tracking system. This year, the focus has been on creating better connections with hospital staff who provide direct member care. Consequently, the DMC-ODS has started providing training to the navigators and the hospital staff who treat members at the ED. The DMC-ODS is continuing to track the 7- and 30-day FUA measures as was originally planned.	Implementation of improving the connections with the ED staff remained incomplete with less than expected attendance at the initial training with the navigators; moreover, there was no remeasurement data available for the FUA measures. The DMC-ODS's baseline data indicated already high 7- and 30-day follow-up rates, in the top quartile in the state. Therefore, meeting the improvement goals for that measure may not actually be accomplished. However, the actual referral rates and access to DMC-ODS services may still need improvements. The DMC-ODS needs to continually monitor any additional barriers to implementation strategies and improvements in the FUA measures.	The DMC-ODS needs to work closely with its ED and navigation partners to improve attendance at the training. In addition, the DMC-ODS needs to continually monitor any additional barriers to implementation strategies and improvements in the FUA measures. This may include monitoring the referral call volume and appropriateness of performance indicators as already identified by the DMC-ODS. As the DMC-ODS noted, it needs to work with its Access and follow-up system for more streamlined and timely access after ED visits and inpatient discharges.

Outcomes of Care PIPs

<u>Imperial</u>

PIP Title: Decreasing Administrative CalOMS Discharges to Improve the Treatment Outcome

Aim Statement (as presented by DMC-ODS)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
This PIP aims to improve retention and engagement with evidence of satisfactory progress and outcomes in treatment and decrease the number of unsuccessful administrative discharges. Decreasing unsuccessful administrative discharges will show the member's adherence and commitment to treatment and the staff's efforts for engagement and retention. This will enhance member participation, creating a pathway to recovery.	Based on EQRO's recommendation to assess administrative discharges and the connection between unsuccessful discharges and a high rate of administrative discharges, the DMC-ODS reviewed the data collected from monthly logs for CY 2022. One central issue during this review was the miscoding of discharges, primarily because the members had been linked with the wrong discharge codes. This issue became a key focus in understanding the high administrative discharge rate within the programs. A significant finding of this analysis was the contrast between the adult and adolescent SUD programs. Especially the data revealed that the adult SUD program has a higher percentage of CalOMS administrative discharges when compared to the adolescent SUD program.	Continue the staff training on the CalOMS discharge process and use DHCS CalOMS training materials. Maintain monthly monitoring and data collection of CalOMS administrative discharge. Be consistent with the data and report tracking process. Provide more information on improving retention and engagement of members in treatment. Quarterly meetings with the data and quality teams with providers to monitor progress.	CalEQRO met with Imperial County to provide TA on 6/29/2023 and 9/22/2023. TA for PIP regarding CalOMS and administrative discharges. Provided TA regarding members' engagement and retention, administrative discharge, and ASAM continuum of stay.



CalEQRO FY 2023-24 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> (PIPs).

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 name	
PIP name	
PIP start and end date	
☐ Clinical ☐ Non-clinical	

PIP DEVELO	VALIDATION 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
Step 3: Identify the PIP Study Population	Worksheet 3: PIP Study Population	Section 3: Review the Identified PIP Population
Step 4: Describe the Sampling Plan	Worksheet 4: Sampling Plan	Section 4: Review the Sampling Method
Step 5: Select the PIP Variables and Performance Measures	Worksheet 5: PIP Variables and Performance Measures	Section 5: Review the Selected PIP Variables and Performance Measures
Step 6: Describe the Improvement Strategy (Intervention) and Implementation Plan (CMS Identifies this as Step 8)	Worksheet 6: Improvement Strategy (Intervention) and Implementation Plan (CMS Identifies this as Worksheet 8)	Section 6: Assess the Improvement Strategies (CMS Identifies this as Activity 1, Step 8)
Step 7: Describe the Data Collection Procedures (CMS Identifies this as Step 6)	Worksheet 7: Data Collection Procedures (CMS Identifies this as Worksheet 6)	Section 7: Review the Data Collection Procedures (CMS Identifies this as Activity 1, Step 6)
Step 8: Describe the Data Analysis and Interpretation of PIP Results (CMS Identifies this as Step 7)	Worksheet 8: Data Analysis and Interpretation of PIP Results (CMS Identifies this as Worksheet 7)	Section 8: Review Data Analysis and Interpretation of PIP Results (CMS Identifies this as Activity 1, Step 7)
Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP	Worksheet 9: Likelihood of Significant and Sustained Improvement through 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 Performance Improvement Projects (PIPs)

Validation Tool, Sections 1 – 11

<u>Section 1</u> 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 V	PIP Variables								
5.1	Were the variables adequate to answer the PIP question? Objective, clearly defined, time-specific Available to measure performance and track improvement over time								
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	 Did the performance measures: Monitor the performance of MHP/DMC-ODSs at a point in time? Track MHP/DMC-ODS performance over time? Compare performance among MHP/DMC-ODSs over time? Inform the selection and evaluation of quality improvement activities? 								

	1 Sc.				
	Question	Yes	No	N/A	Comments
5.6	Did the MHP/DMC-ODS consider existing state or national				
	quality measures?				
5.7	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?				
	Accepted relevant clinical guidelines				
	Important aspect of care or operations that was				
	meaningful to beneficiaries				
	Available data sources that allow the MHP/DMC-ODS				
	to reliably and accurately calculate the measure				
	Clearly defined performance measure criteria				
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				
F 40	reliability (if applicable)?				
5.10					
	evidence (based on published guidelines) indicating that				
	the process being measured is meaningfully associated with outcomes?				
E 11	STOCKET STOCKE				
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? (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)				

	Question	Yes	No	N/A	Comments
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 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. Note: Include assessment of data collection procedures for administrative data sources and medical record review noted below.								
Asse	essment of Overall Data Collection Procedures for Administ	rative	Data	Source	es				

	Question	Yes	No	N/A	Comments
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	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	Did the analysis assess the statistical significance of any 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	Did the PIP compare the results across multiple entities, such 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?			y.	
9.3					
	result of the selected intervention?				
9.4					
	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 Va	lidation Rating (check one box)	Comments
	High confidence	
	Moderate confidence	
	Low confidence	
	No confidence	

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

Section 11. Transcork for Summarizing information about terrormance improvement Projects (Fit S)					
General PIP Information					
MHP/DMC-ODS 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):					
□Children only (ages 0–17)* □Adults only (age 18 and over) □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 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
			☐ Not applicable— PIP is in Planning or implementation phase, results not available		□ Yes □ No	☐ Yes ☐ No Specify P- value: ☐ <.01 ☐ <.05 Other (specify):
			☐ Not applicable— PIP is in Planning or implementation phase, results not available		□ Yes	☐ Yes ☐ No Specify P- value: ☐ <.01 ☐ <.05 Other (specify):
			☐ Not applicable— PIP is in Planning or implementation phase, results not available		□ Yes	☐ Yes ☐ No Specify P- value: ☐ <.01 ☐ <.05 Other (specify):
			☐ Not applicable— PIP is in Planning or implementation phase, results not available		□ Yes	☐ Yes ☐ No Specify P- value: ☐ <.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):						
\square PIP submitted for approval	□ Planning phase	☐ Implementation phase	□ Baseline year				
☐ First remeasurement	☐ Second remeasurement	☐ 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:							