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FY 2023-24

MEDI-CAL SPECIALTY MENTAL HEALTH EXTERNAL QUALITY REVIEW

PERFORMANCE IMPROVEMENT PROJECTS QUARTERLY REPORT

Prepared for:

California Department of Health Care Services (DHCS)

For Reviews Conducted During:

January - March 2024

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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. County Mental Health Plans (MHPs) 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 MHP.

The *Validating Performance Improvement Prcjects Protocol*[1] 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 the California Department of Health Care Services (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 third quarter DHCS fiscal year (FY) 2023-24 (January - March 2024). This report provides summary information to DHCS, MHPs, 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 MHP's Annual Report.

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

[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.

VALIDATING PERFORMANCE IMPROVEMENT PROJECTS

Each MHP 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 an MHP for persons with mental health conditions.

The following MHPs submitted PIPs that were reviewed and scored during reviews conducted by CalEQRO from January to March. These reviews were conducted as virtual or on-site reviews. The results of these MHP reviews are described in this report.

Table 1. MHPs Reviewed

Alpine	Monterey	Solano
Calaveras	San Benito	Sonoma
Contra Costa	San Bernardino	Sutter-Yuba
El Dorado	San Luis Obispo	Tuolumne
Imperial	San Mateo	Yolo

[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 MHP reviewed from January to March 2024.

Table 2. PIP Submission Standard

MHP	Clinical PIPs Submitted	Status of Clinical PIPs	Non-Clinical PIPs Submitted	Status of Non-Clinical PIPs
Alpine	0	No PIP Submitted	0	No PIP Submitted
Calaveras	1	First Remeasurement	1	Baseline Year
Contra Costa	1	Implementation Phase	1	Second Remeasurement
El Dorado	1	Second Remeasurement	1	First Remeasurement
Imperial	1	First Remeasurement	1	Second Remeasurement
Monterey	1	Implementation Phase	1	Second Remeasurement
San Benito	1	Planning Phase	1	Second Remeasurement
San Bernardino	1	Planning Phase	1	Implementation Phase
San Luis Obispo	1	First Remeasurement	1	First Remeasurement
San Mateo	1	Implementation Phase	1	Implementation Phase
Solano	1	Implementation Phase	1	Implementation Phase
Sonoma	1	First Remeasurement	1	First Remeasurement
Sutter-Yuba	1	Implementation Phase	1	Implementation Phase
Tuolumne	1	Implementation Phase	1	First Remeasurement
Yolo	0	No PIP Submitted	1	Planning Phase

Table 3. PIP Status Defined

PIP Status Terminology	Definition
PIP Submitted for Approval	The MHP submitted the PIP concept for review by CalEQRO.
Planning Phase	MHP is preparing to implement the PIP.
Implementation Phase	The MHP 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 MHP 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. MHP has done planning, but intervention had not yet started.

Of the 15 MHP reviews that were conducted from January through March 2024, 14 MHPs submitted some information to be considered for validation. Yolo MHP submitted only one PIP and Alpine submitted no PIPs. 13 of the 15 MHPs 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
Access to Care	Increasing Access to Mental Health Services to 65+ Older Adult Population	Imperial	
	Martha's Place Fast Improved Access	San Luis Obispo	
	Supportive Housing	Tuolumne	
	Improving the quality of 24/7 access to care telephone line responses and information		Calaveras
	Ensuring Members are Involved in Medication Management Services as Evidenced by Signed Medication Consent Forms		El Dorado
Outcomes of Care	Stanley Brown Safety Plan	Monterey	
	Improve engagement and retention of clients for continued treatment	San Benito	
	Improving the attitudes of Department of Behavioral Health (DBH) mental health providers towards metabolic syndrome management among Serious Mental Illness patients	San Bernardino	
	Improving Clinically Focused Demographic Data Collection	San Mateo	
	Enhancing Community Connection and Living Skills for High-Cost Beneficiaries	Sonoma	
Quality of Care	Follow-up after Emergency Department (ED) Visit for Mental Illness (FUM)	Calaveras	
	FUM	Contra Costa	
	FUM	El Dorado	
	FUM	Solano	
	Improving Rates of Post-Psychiatric Hospitalization Follow-up (FUH)	Sutter-Yuba	
	FUM		Imperial
	FUM		Monterey
	FUM		San Benito
	FUM		San Bernardino

PIP Topics	PIP Titles	Clinical	Non-Clinical
Quality of Care	FUM		San Luis Obispo
	FUM		San Mateo
	FUM		Sonoma
	Follow-up After Psychiatric Emergency Services		Sutter-Yuba
	FUM		Tuolumne
	FUM		Yolo
Timeliness of Care	Gain-framed Provider Reminder Calls to Reduce No-Shows to Initial Assessment Appointments		Contra Costa
	Youth Psychiatry Timeliness		Solano

FINDINGS

Many PIPs address similar topics as MHPs are facing similar issues. The findings pertain to MHPs' 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 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

Three clinical PIPs and two non-clinical PIPs focused on improving access to care for members.

- Imperial submitted a clinical PIP to provide outreach and engagement services to the 65-year-old and older population. The MHP had little success with new members but was able to re-engage previous members.

- San Luis Obispo's clinical PIP focused on improving mental health access for birth through 5-year-old beneficiaries. The PIP was designed to reduce wait times to the first service to ten business days or sooner. The referral process was moved out of the clinic, the California Advancing and Innovating Medi-Cal (CalAIM) Youth Screening Tool was implemented, a dedicated clinician for assessments who is specialty trained in this population was added, and documentation reform was embraced, providing consistent case management services before assessment.

- Tuolumne's clinical PIP was designed to ensure safe and permanent housing within the community by adding house case managers to support tenants, a process for staff to submit staff concerns, and twice-a-month collaboration meetings.

- Calaveras' non-clinical PIP focused on improving the performance of the Access Line in the areas of information and referrals, urgent conditions, language access, and accurate documentation of key elements of the call.

- El Dorado submitted a non-clinical PIP is to ensure that all members and/or their legal guardians who are prescribed medication(s) have consistently participated in a discussion and training regarding their medications, as evidenced by a signed medication consent form and being offered a copy of the informing materials for their specific medication(s).

Outcomes of Care

Five clinical PIPs are designed to impact outcomes of care for members.

- Monterey's clinical PIP implemented the Stanley Brown Safety Plan at the initial assessment to reduce the frequency of crisis intervention services. The PIP is in the implementation phase and had no post-intervention results.

- San Benito's clinical PIP will implement the utilization of an orientation to services group facilitated by case managers. The MHP aims to increase member participation in treatment by facilitating timely connections by case managers and fostering acceptance of services, treatment, and a warm hand-off to their assigned provider. This PIP is in the initial planning stage and has not yet been fully implemented.

- San Bernardino's clinical PIP seeks to provide continuing medical education for providers on the topic of antipsychotic medication to improve positive responses in the attitude, confidence and knowledge domains of the Metabolic-Barriers, Attitudes, Confidence, and Knowledge Questionnaire (M-BACK). The PIP is new in development and needs additional structure to support the ongoing reliability of the study and maintain consistency in administrating and collecting data for the proposed interventions.

- San Mateo's clinical PIP sought to improve staff skills and comfort in inquiring about clients' demographic backgrounds and improve the staff's ability to engage members from diverse backgrounds to increase retention in services. This PIP is in the implementation phase and has no post-intervention results.

- Sonoma's clinical PIP was designed to improve the clinical effectiveness of Full Service Partnership outpatient wraparound services so that adult members have less need to utilize restrictive and high-cost services and to have improved personal well-being and outcomes. This PIP was implemented to a low percentage of members and was not implemented with fidelity.

Quality of Care

Five clinical PIPs and ten non-clinical PIPs were focused on improving the quality of care for members.

- Calaveras, Contra Costa, El Dorado and Solano designed clinical PIPs, and Imperial, Monterey, San Benito, San Bernardino, San Luis Obispo, San Mateo, Sonoma, Tuolumne and Yolo submitted non-clinical PIPs targeting improvement in the rate of FUM. The focus was on individuals with an emergency department (ED) visit for a mental health condition, identification of these individuals, and arranging mental health follow-up appointments. These PIPs were all developed in response to DHCS' California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Program (BHQIP).

    - Calaveras established a consistent data tracking system for capturing referrals from EDs and outpatient follow-up services and implemented two

interventions including establishing a referral tracking process and follow-up reminder calls for appointments for the second phase of the PIP.

- Contra Costa utilized medical social workers at the hospitals to link clients to the Access Line to schedule a follow-up appointment. Social Workers were provided with a prompt hidden in the Access Line phone tree so their calls could be prioritized, and they receive a quicker response.

- El Dorado designed a PIP whereby MHP clinicians triage patients in the ED for mental health crisis presentations, and therefore, are the only staff charged with making referrals for follow-up care. The MHP focused on the population not already linked with one of their providers, as clinicians are already notified when one of their members is seen in the ED for a mental health issue.

- Solano has established a Health Information Exchange (HIE), team structures and follow-up systems with regional hospitals. Preliminary and anecdotal data have been promising, although not yet reliable enough to provide outcome results.

- Imperial seeks to enhance its relationship with the two local hospitals and streamline the process of screening and referral at the ED. The MHP and local ED lacked a protocol that addressed the need for comprehensive screening for individuals accessing local EDs that identified when Mental Health (MH) treatment is required.

- Monterey developed a communication process and referral process from the ED, tracking ED referrals and collecting the data in Avatar, and forming a dedicated care team. The MHP began the intervention in February 2023, meeting with and posting informational fliers with ED staff promoting referrals. The MHP reports receiving a high volume of referrals that exceed staffing capacity.

- San Benito worked work with Hazel Hawkins ED to obtain regular and consistent data, and create and implement a formalized referral tracking mechanism that allows for real time referral coordination from the ED. The MHP assigned referral and care coordinators to monitor and follow up on referrals that include regular meetings with ED staff and hospital medical social workers.

- San Bernardino met on various occasions with EDs to build on existing relationships and improve follow up for individuals who are treated in an ED for self-harm or MH conditions. The EDs have initiated sharing information with the MHP. The MHP also initiated a data-sharing process with the MCPs regarding ED utilization. As of January 2024, the MHP is receiving ADT files for ED visit clients from the MCP's.

- San Luis Obispo has created a collaborative relationship with Dignity Health, which manages three of the four EDs in the region, to receive weekly reports of Medi-Cal members who presented with MH concerns in the ED, primary or secondary to physical health conditions. The aim is to improve 30-day follow-up rates for those Medi-Cal members meeting these criteria by 5 percent by June 2024.

- San Mateo contracted with Collective Medical which has a national network of data gathering from EDs. The MHP encountered some initial issues with its EHR communicating with Collective Medical. Its EHR update contributed to delays in implementing the interventions. The MHP expects to obtain its first remeasurements in March 2024.

- Sonoma established an "ED Care Navigation" point of contact for EDs. Since "go live," the county has logged only three calls from EDs related to ED Care Navigation, of which two were already open for non-SMHS elsewhere. This made any evaluation of the ten Key Performance Indicators impossible, with only one member referred.

- Tuolumne increased member services from case management, retraining for staff, written policies, procedures, and EHR that facilitates data exchange. The MHP indicated that crisis workers did not record their attempts to contact individuals after the ED visit and additional interventions within the crisis team are necessary.

- During the past year, Yolo has not been able to implement the PIP as planned due to issues in entering an HIE and some EHR challenges. While the MHP continues to work towards actualizing this PIP, it currently still is in the planning phase.

Timeliness of Care

Two non-clinical PIPs were focused on improving the timeliness of care for members.

- Contra Costa's PIP sought to decrease no-shows to first assessment appointments at the MHP's East Adult regional clinic. The PIP interventions included a reminder call from the therapist containing a "gain framed" message, providing automated Artera appointment reminders, and offering an on-demand clinical assessment by the Access Line.

- Solano's PIP sought to improve timely access to youth psychiatry from the previous two EQRs, the MHP explored the root causes for this ongoing access issue. A variety of interventions were suggested and performed including increasing youth psychiatry staff; holding appointments for initial access; updating referral forms; and training staff on making and managing these referrals for accurate data collection.

CALEQRO RATING OF SUBMITTED PIPS

Table 5 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 (See Table 6). 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

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 MHP PIPs that were reviewed from January to March 2024 received the following overall ratings:

Table 7. PIP Rating by MHP

MHP	Clinical	Non-Clinical
Alpine	No PIP Submitted	No PIP Submitted
Calaveras	Moderate Confidence	Low Confidence
Contra Costa	Moderate Confidence	High Confidence
El Dorado	Moderate Confidence	Moderate Confidence
Imperial	Moderate Confidence	Moderate Confidence
Monterey	No Confidence	Low Confidence
San Benito	Low Confidence	High Confidence
San Bernardino	No Confidence	Moderate Confidence
San Luis Obispo	Moderate Confidence	Low Confidence
San Mateo	No Confidence	Low Confidence
Solano	Moderate Confidence	Low Confidence
Sonoma	Low Confidence	Low Confidence
Sutter-Yuba	Low Confidence	Low Confidence
Tuolumne	Moderate Confidence	Low Confidence
Yolo	No PIP Submitted	No Confidence

- Alpine did not submit a clinical or non-clinical PIP.
- Yolo did not submit a clinical PIP.
- Monterey's clinical PIP received a No Confidence rating because the PIP is currently in the implementation phase with no post-intervention results.
- San Bernardino's clinical PIP received a No Confidence rating because the PIP is new in development and needs additional structure to support the ongoing reliability of the study and maintain consistency in administrating and collecting data for the proposed interventions.
- San Mateo's clinical PIP received a No Confidence rating because it lacked clinical focus in its interventions and outcomes and did not have any results or findings at the time of review.

- Yolo's non-clinical PIP received a No Confidence rating because it remains in the planning phase for the second year.
- Calaveras' non-clinical PIP received a Low Confidence rating due to arithmetic errors in the baseline data and a lack of consistency in PMs, and the frequency of implementation strategies for business hours vs. after-hours that may confound the results.
- Monterey's non-clinical PIP received a Low Confidence rating because of continuous difficulties experienced with retrieving data and staffing challenges.
- San Benito's clinical PIP received a Low Confidence rating because it is in the initial planning stage and has not yet been fully implemented.
- San Luis Obispo's non-clinical PIP received a Low Confidence rating because there is no comprehensive discussion of the PIP as it exists now, with no clear measurements over time, and no data reported since August 2023.
- San Mateo's non-clinical PIP received a Low Confidence rating because the PIP lacked explicit clinical focus in terms of its interventions and outcomes. In addition, at the time of the review, the PIP did not have any results or findings being in the implementation phase only.
- Solano's non-clinical PIP received a Low Confidence rating because the submission did not include some of the performed interventions, continuous improvements, and process indicators.
- Tuolumne's non-clinical PIP received a Low Confidence rating because the results did not show improvement.
- Sonoma's clinical and non-clinical PIPs received Low Confidence ratings.
    - The clinical PIP saw a low percentage of members receive the intervention and members did not receive the intervention per the practice's fidelity standards.
    - The non-clinical PIP suffered from low utilization of the ED care navigation.
- Sutter-Yuba's clinical and non-clinical PIPs received Low Confidence ratings because both were good starts, but a new EHR system and lack of clarification on data collection procedures contributed to the rating.
- Calaveras' clinical PIP received a Moderate Confidence rating because the MHP has established a consistent data tracking system for capturing referrals from EDs and outpatient follow up services and implemented two

interventions including establishing a referral tracking process and follow up reminder calls for appointments for the second phase of the PIP.

- Contra Costa's clinical PIP received a Moderate Confidence rating as the PIP was recently revised and results are not yet reported to evaluate whether interventions have had a significant impact on the outcomes.
- El Dorado's clinical and non-clinical PIPs received Moderate Confidence ratings.
    - The clinical PIP showed a higher likelihood of identifying individuals who are not currently receiving services as the MHP staff are embedded in the EDs to assist with timely follow up
    - Through the non-clinical PIP, the MHP has created a new flow for assigned workload for senior office assistants. This transforms the system of care by improving the conversation between the medical professional and the member and increases the follow-through of protocols such as HEDIS measure reporting.
- Imperial's clinical and non-clinical PIPs received Moderate Confidence ratings due to the consistent implementation and relationship-building present in each of the PIPs.
- San Bernardino's non-clinical PIP received a Moderate Confidence rating due to the methodology and logical approach the MHP is pursuing.
- San Luis Obispo's clinical PIP received a Moderate Confidence rating because the interventions were applied consistently and to all members of the population, resulting in clear success, despite inconsistencies in the wording of PMs throughout the development tool.
- Solano's clinical PIP was awarded a Moderate Confidence rating because it is progressing well with clear objectives, a well-developed root cause diagram, and continuous improvement efforts to get started on data collection.
- Tuolumne's clinical PIP received a Moderate Confidence rating due to the design and implementation plan.
- Contra Costa's non-clinical PIP received a High Confidence rating because the no-show rate was reduced significantly and the intervention evaluation data demonstrated improvement.
- San Benito's non-clinical PIP received a High Confidence rating as the MHP engaged the ED social worker in a collaborative approach and since September 2023, the referrals have been at 100 percent.

CONCLUSIONS/RECOMMENDATIONS

During the FY 2023-24 annual reviews, CalEQRO found strengths in MHP 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

Five of the 27 PIPs submitted focused on access to care (19 percent), 5 focused on outcomes of care (19 percent), 15 focused on quality of care (56 percent), and 2 focused on timeliness of care (6 percent).

PIP DESIGN/IMPLEMENTATION

Areas for Improvement

In summary, all (27) PIP submissions were validated. Of those submissions, 2 PIPs (7 percent) received a rating of High Confidence, 10 PIPs (37 percent) received a rating of Moderate Confidence, 11 PIPs (41 percent) received a Low Confidence rating, and 4 PIPs (15 percent) received a No Confidence rating.

Recommendations to MHPs

- Conduct both a clinical and non-clinical PIP, as is the federal requirement.
- Monitor data collection to ensure fidelity in the results. All data should be collected in the same consistent manner.
- Design PIPs to measure the impact of interventions on beneficiaries, not just the number of referrals or beneficiaries served.
- Implement interventions and begin data analysis as soon as possible.
- Ensure that data collection and analysis are consistent so that interpretation of the outcome can be generalized across groups.
- PIPs are continuous quality improvement projects and require ongoing activity. MHPs must be actively engaged in the project to ensure success. MHPs must involve key personnel, routinely review data and interventions, and adjust course when needed.
- Ensure that interventions are implemented consistently; this is necessary to attribute results to the PIP implementation.
- Take advantage of offerings of ongoing TA.

Technical Assistance to MHPs

CalEQRO worked individually with each MHP through video conferencing to provide TA in the development and progression of their PIPs. Telephone and Zoom sessions were conducted with MHPs before and during the reviews for all the MHPs reviewed. These sessions are specific for each MHP and include assistance with defining a problem with local data; aid in writing a PIP aim statement; and help with finding appropriate interventions, outcomes, and indicators. CalEQRO also met with counties to discuss interpretation of results, outside influences, 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 during the annual California Quality Improvement Coordinators conference on March 13, 2024. During this training, CalEQRO reviewed successful PIPs and reported on the findings of FY 2022-23 external quality review.

CalEQRO has recorded three PIP instructional videos and has collected successful PIPs in a PIP library that is available on the BHC website at www.caleqro.com.

APPENDICES

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

Appendix B: CalEQRO PIP Validation Tool

APPENDIX A

CLINICAL PIP TOPICS SUBMITTED

Of the 15 Clinical PIPs required for submission, 13 MHPs submitted information that could be validated. The 13 clinical PIPs submitted are summarized here in this Appendix based on extractions from the PIP submissions.

Access to Care PIPs

Imperial

PIP Title: Increasing Access to Mental Health Services to 65+ Older Adult Population

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
To increase access to services and retain the 65+ population by using prevention methods in identifying/educating for mental health illness, skill building techniques, and coordination of care for mental health services from 73 to 93 beneficiaries during FY 23-24, to overall improve the psychological well-being for older adults.	The MHP will provide outreach and engagement services to the 65 year and older population. The MHP will monitor new members receiving the Program to Encourage Active, Rewarding Lives (PEARLS) and evaluate the impact of services by analyzing performance outcome measurements. The MHP will identify risk by measuring the Patient Health Questionnaire-9 (PHQ-9) pre- and post-scores. Those members that have high PHQ-9 scores will be referred for assessment into clinical outpatient services.	The MHP needs to identify whether they are measuring newly enrolled or recently re-engaged members. The MHP needs to identify the clinical nature of the PIP by measuring PHQ-9 scores and access to clinical outpatient services.	The MHP met two times with CalEQRO throughout the review period for TA. The MHP may want to consider measuring the number of completed PEARLS program and those that remain in services with improved PHQ-9 scores.

San Luis Obispo

PIP Title: Martha's Place Fast Improved Access

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The goal of this PIP is to improve MH access to birth through 5-year-old beneficiaries within a timely manner, within the next fiscal year (23/24) by reducing wait times to beneficiaries first service provided by a clinician to ten business days or sooner.	The MHP found that there were several factors influencing long wait times for the vulnerable population of members aged 0-5 in the Martha's Place clinic. Members and their families were waiting months to be assessed although some sporadic case management support was provided during that time. The referral process was moved out of the clinic, the CalAIM Youth Screening Tool implemented, a dedicated clinician for assessments who is specialty trained in this population was added, and documentation reform embraced, providing consistent case management services prior to assessment.	Enhance the clinical aspects of this clinical PIP. Perhaps apply a measure to capture changes in enrollee satisfaction or experience of care, those who received inconsistent support and a long wait versus the experience of those after the interventions were applied. Add the goal to the aim statement.	Capture the actual counts as intended for the PMs listed, showing more concise and measurable results. Be sure planned measures match the summary table and throughout the development tool. This PIP is coming to a completion stage; include discussion of the results on Worksheet 9 and the plan moving ahead.

Tuolumne

PIP Title: Supportive Housing

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Will addressing housing processes and hiring a housing support staff decrease tenant issues and improve their living situation by 50 percent and by increase supporting housing services to offer intense living skills increase the number of clients who move into independent permanent housing by 30 percent?	The MHP identified an opportunity for improvement with supportive housing supports and increasing tenant stability and ability to find permanent housing. The issue was identified through providers and administration. Members were also part of the identification through case management engagement and grievance submissions. By ensuring that clients in Tuolumne County have safe and permanent housing within the community, the MHP can support clients and tenants in maintaining stability and improved life outcomes.	The PIP is strong in its design but in the early stages, and it has not yet reported remeasurement outcomes to determine whether interventions led to improvement.	The MHP did not request TA outside of the review. A sample will not be used and therefore, the MHP should document not applicable in Step 4. The MHP should provide complete results for the performance measures, including the numerator, denominator, and rate – for baselines and post-intervention.

Outcomes of Care PIPs

Monterey

PIP Title: Stanley Brown Safety Plan

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For AS Salinas Outpatient FSP, will the administration of the Stanley Brown Safety Plan at initial assessment and annually reduce the frequency of crisis intervention services by 10% as measured by claims data over one year?	A pilot group of Programs (Adult Post Hospital, Child Post Hospital & Access to Treatment Soledad) collaborated to establish new tools and guidelines as it related to member safety. These pilot programs created guidelines regarding member safety, which they then piloted beginning 4/1/2023. As a result of this pilot, the new Risk Assessment, Safety Plan and Subsequent Services Policy & Procedure was established and went live on 1/1/2024 for all MHP Programs. The Stanley Brown Safety Plan helps members identify personal warning signs of a developing crisis, strategies to cope with subsequent feelings related to a crisis through identification of coping skills, professional and personal supports to seek during a crisis, and ways to reduce access to lethal means	Take a closer look at how the Stanley and the Columbia tools are administered, as this might present a difficulty in accurately measuring the data set and the distinction between the two variables.	Create training on documentation and implementation to ensure accuracy in the process. Consider doing a pre and post survey to capture member experience in usefulness of tool.

San Benito

PIP Title: Improve Engagement and Retention of Clients for Continued Treatment

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Will the utilization of an Orientation to Services Group facilitated by Case Managers and initial contact by Case Managers utilizing Motivational Interviewing or Behavioral Engagement during the period between intake assessment and start of treatment improve the retention rate of clients and increase engagement and participation in treatment.	The MHP aims to increase member participation in treatment by facilitating timely connections by case managers and fostering acceptance of services, treatment, and a warm hand-off to their assigned provider. The member is kept engaged in treatment, which decreases the rate of client no-shows and missed initial/first appointments with their providers.	This PIP has not been implemented. The MHP will implement the utilization of an orientation to services group facilitated by case managers. To improve the retention rate, case managers will initiate contact by utilizing motivational interviewing or behavioral engagement during the period between intake assessment and the start of treatment.	The MHP received TA once during the year. Inquire with the member to identify reasons for the no show. Does a client leave after medication prescriptions, or is the reason due to staff vacancy rates, or other reasons? Examine if the new screening tool impacts member retention.

San Bernardino

PIP Title: Improving the Attitudes of DBH Mental Health Providers towards Metabolic Syndrome Management among Serious Mental Illness Patients

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Will the use of continuing medical education for providers on the topic of antipsychotic medication result in a) a 10% improvement of positive responses in the attitude, confidence and knowledge domains, and b) a 10% reduction of negative responses in the barrier domain of the Metabolic-Barriers, Attitudes, Confidence, and Knowledge Questionnaire (M-BACK) between 12/01/2023 and 12/31/2024?	The MHP has a goal to understand and improve the comfortability and knowledge of MHP staff with treating and monitoring comorbid metabolic syndrome of patients with a severe/serious mental illness. The MHP hopes to improve provider barriers, attitudes, confidence, and current state of knowledge of metabolic syndrome, which may lead to SMI patients receiving a better quality of care. MH patients typically do not have or seek medical treatment outside of the MH community which further points to a need for the MH population.	The PIP is new in development and needs additional structure to support ongoing reliability of the study and maintain consistency in administrating and collecting data for the proposed interventions.	Restructure the aim statement from a question to a statement. Consider narrowing the focus of the population to adult members to reduce difficulties with M-Back questionnaire data collection. Create a plan to maintain consistency in plan amidst capacity issues.

San Mateo

PIP Title: Improving Clinically Focused Demographic Data Collection

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
By April 2025, will improving staff's skills and comfort in inquiring about client's demographic backgrounds improve staff's ability to engage members from diverse backgrounds (specifically race, ethnicity, language, and SOGI data) as measured by a 5 percentage point increase in retention in services (defined as receiving more than 15 services)?	According to both qualitative and quantitative data gathered by the MHP, there are disparities in service access and subsequent engagement by members of various racial, ethnic, language, gender identity, sexual orientation, and other cultural attributes. Based on member feedback, the MHP has determined that the disparities in engagement patterns stem from a lack of identifying and addressing true and in depth demographic information of its members during the initial assessment process. Through this PIP, the MHP aims to develop a new process, supported by updated assessment and intake forms and new clinical trainings, which reinforce the importance of clinical demographic data collection to inform members' assessment and treatment.	The PIP lacked explicit clinical focus in terms of its interventions and outcomes. At the time of the review, the PIP did not have any results or findings.	Work with the PIP committee to articulate the clinical nature of the actual clinician and plan member treatment interactions, not just the assessment. Define how the assessment will inform and improve the treatment protocol. Identify member level indicators that will help determine the success of this PIP in terms of clinical outcomes. Ideally, these clinical outcome indicators should be tied to the PIP aim statement. This may necessitate further revising the aim statement beyond the modified one submitted post-review.

Sonoma

PIP Title: Enhancing Community Connection and Living Skills for High-Cost Beneficiaries

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
To improve outcomes for high-cost beneficiaries receiving services from two targeted high-need Full-Service Partnership (FSP) teams during FY 22-23 through FY 23-24 by implementing the Strengths Model Case-Management approach in order to 1) Reduce the average actionable item score on the ANSA for HCMs by 15%, from baseline FY 21-22 levels; 2) Reduce the HCM CSU utilization by 20%, from baseline FY 21-22 levels over a two year period; and 3) Reduce the overall percentage of HCMs served by 10% from baseline FY 21-22 levels.	The primary goal of this PIP is to improve the clinical effectiveness of FSP outpatient wraparound services so that adult HCMs have less need to utilize restrictive and high cost services, such as the CSU, and to have improved personal well-being and outcomes. DHS-BH Division reviewed the HCM rates and trends for CY 2017-2021, which indicated that the MHP had a consistently higher percentage of HCMs than the statewide average.	A low percentage of members received the intervention. In FY 2022-23, 23 percent of IRT members and 29 percent of TAY members served received the intervention. Members did not receive the intervention in accordance with the practice's own fidelity standards. Staff vacancies and attrition contributed to a 45 percent decrease in caseloads in IRT and the member composition of the program may have changed between Baseline year and Year 1 of the intervention.	Consider employing change management techniques to strengthen the buy-in from clinicians and developing a shared sense of urgency. Consider how to address fidelity issues moving forward. Consider analyzing sooner and using the PDSA approach.

Quality of Care PIPs

Calaveras

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Calaveras County Behavioral Health Services will have designated staff to respond to every community member and beneficiary presenting in the local ED upon admission to provide crisis support and a referral for SMHS to facilitate access to MHS within 7 business days of contact.	The MHP established a manual referral tracking system to track all referrals from the ED once medical clearance was confirmed. The crisis workers who provided crisis intervention to members admitted to the ED with MH issues tracked all information related to the admission. A designated staff at the MHP conducted follow-up reminder calls starting September 2023 to improve the follow-up rates for all MH-related ED discharges. However, there was no logging of the follow-up reminder calls or the outcomes of these calls.	The MHP has established a consistent data tracking system for capturing referrals from EDs and outpatient follow up services and implemented two interventions including establishing a referral tracking process and follow up reminder calls for appointments for the second phase of the PIP. However, the MHP has not implemented a log for tracking reminder calls and related outcomes. Although substantial improvement was noted from baseline to the first remeasurement phase (44 percent to 74 percent) following the implementation of the second intervention, no statistical tests were conducted to indicate significant improvement.	Implement a follow-up call log to track details on the calls and outcomes. Address the barriers noted from the follow-up call logs to improve follow-up rates when appropriate. Focus on additional interventions or modifications to the current interventions and measurements for the next year. Address barriers to follow-up based on data gathered from the follow-up calls log and identifying strategies that improve engagement. Identify the dual diagnosis clients from the ED referral list and reviewing follow-up rates for this group compared to the other ED referrals would help to identify any gaps that can be addressed. Correct the calculations for follow-up rates to include the ED discharges, not admissions.

Contra Costa

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The goal of this PIP is to increase the percentage of adults with an MH condition, who are not open to SMHS, who receive a 7-day follow-up appointment following ED discharge from 29.8 percent to 35 percent and increase the percentage who receive a 30-day follow-up appointment from 37.5 percent to 43 percent by September 30, 2023.	The MHP submitted the FUM BHQIP for its clinical PIP. Contra Costa's goal is to improve follow-up in 7 and 30 days for adults seen for mental health in the ED. The intervention was focused on clients who sought care at CCRMC or Kaiser Richmond and had not received services from the MHP previously. Medical social workers at the hospitals link clients to the Access Line to schedule a follow-up appointment.	The PIP was recently revised, and results are not yet reported to evaluate whether interventions have a significant impact on the outcomes.	Track how many clients require interpretation and for what language. Investigate and address why not all clients who were eligible were referred to a social worker for linkage to the Access Line.

El Dorado

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal beneficiaries with ED visits for mental health conditions, implemented interventions will increase the percentage of follow-up mental health services with El Dorado County Behavioral Health within 7- and 30-days by 5 percent by September 30, 2023. It aims to increase the percentage by 5 percent every six-months after that until a 90 percent rate is reached.	All clients with a principal diagnosis of mental illness or intentional self-harm who receive services in either of the EDs, Marshall Medical Center and Barton Hospital, in the county. The focus of the data analysis was to identify people who are going to the ED and are not also involved in mental health services with the MHP or managed care plan (MCP).	Only the MHP clinicians triage patients in the ED for mental health crisis presentations, and therefore, are the only staff charged with making referrals for follow-up care. The MHP focused on the population not already linked with one of their providers, as clinicians are already notified when one of their members is seen in the ED for a mental health issue. The MHP identified 17 percent not opened to services, and of that 17 percent the MHP was able to engage 50 percent of those contacted.	It is recommended the MHP shorten the AIM statement to identify a simplified goal. A question to consider is the number of individuals who come in for a mental health service in which the crisis teams or onsite clinicians are not notified. Investigating the mental health claims data may identify if there is a gap in those receiving follow-up care within the ED.

Solano

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Increase the percent of emergency department (ED) visits for Mental Illness that receive a follow-up MH service within 30 days from 61% to 70% by March 2024.	The aim for this project is to increase the percentage of these adults who receive a follow-up within 30 days. It is expected that reportable outcomes will be available for the project soon due to the HIE, even if there are still some caveats to the reliability due to ongoing negotiations with the hospitals on the processes and responsibilities.	Include how the MHP is addressing those not currently open in the MHP, since they are included in the study population. Strengthen the PIP as clinical in nature, including more about the potential impact to members who receive follow-up, welcoming, and outreach. Adjust the aim statement date to reflect the updated expectation for goal obtainment.	Make the population of study more concise. Greater clarity about the population of study and more about the potential positive impact to members would strengthen this PIP. Consider including qualitative reports of members' stated barriers to follow-up or to routine MH care.

Sutter-Yuba

PIP Title: FUH

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Will the use of a follow-up program consisting of a follow up care team, and a defined general follow-up structure, increase the rate of beneficiaries who are receiving follow-up services within 7-days after psychiatric hospitalization by 5% over a 12-month period in 2024?	The MHP presented this as the non-clinical PIP last year. Presented as clinical this year, the updated interventions are non-clinical. There is a root cause analysis that found no consistent process for scheduling follow-up after a visit to the emergency department for MH condition. The PIP seeks to intervene by establishing a process, training staff, and monitoring new dashboards for this purpose.	Clarification on several points and updates to the data collection process, due to the new EHR, are required. Further, the interventions should clearly target clinical aspects of care; this is designed more as a non-clinical PIP.	TA was provided during this review and after. Time was specifically spent on what defines a clinical PIP versus a non-clinical PIP. The county was given the option to adjust based on the TA; however, they were unable to do this timely enough to be included in the report. The MHP was advised to make specific improvements to each that would make both PIPs increase to moderate confidence. The PIP team is encouraged to schedule further TA and begin collecting regular results as soon as the new EHR process allows to keep both PIPs active throughout the year.

NON-CLINICAL PIP TOPICS SUBMITTED

Of the 15 non-clinical PIPs required for submission, 14 were submitted for review. All the PIPs submitted are summarized here in this Appendix.

Access to Care PIPs

Calaveras

PIP Title: Improving the quality of 24/7 Access to Care Telephone Line Responses and Information

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The goal of this PIP is to improve the consistency and accuracy of responses to and documentation of access to care telephone requests through regular training, increased testing, and improved resources. Initial interventions will be implemented in January 2024 and results will be reviewed quarterly, with the goal of an increase of at least a 10 percent for categories currently 90 percent or below by the end of December 2024.	The MHP focused on improving the performance of the Access Line in the areas of information and referrals, urgent conditions, language access, and accurate documentation of key elements of the call. The MHP review of CY 2023 State-mandated test call data reflected poor performance in each of the above areas that prompted this PIP. As the Access Line is a key point of entry for MH services in Calaveras County, the goal was to improve the performance in each of these areas on test calls that would in turn impact the performance on live calls with actual callers requesting services.	There were arithmetic errors in the baseline data, a lack of consistency in PMs, and the frequency of implementation strategies for business hours vs. after-hours that may confound the results. The MHP's premise to focus the PIP on current test call data and implement interventions that may have potential performance improvement in live calls has to be confirmed by also reviewing live call performance through quality assurance (QA) reviews, and by implementing parallel interventions and tracking of improvement.	Address the arithmetic errors with baseline data to ensure accuracy of baseline data when compared with remeasurement data. Formalize and strengthen the feedback process and have supporting documentation in these areas related to the interventions. Include language access-related PM for the after-hours call data review as this impacts access to care 24/7. Include live calls QA review to parallel test calls review.

El Dorado

PIP Title: Ensuring Members are Involved in Medication Management Services as Evidenced by Signed Medication Consent Forms

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The aim of this PIP is to ensure that all members and/or their legal guardians who are prescribed medication(s) have consistently participated in a discussion and training regarding their medications, as evidenced by a signed medication consent form and being offered a copy of the informing materials for their specific medication(s). Will the psychiatrist consistently and thoroughly discussing and training members who are prescribed medications, providing information about their medication(s), and obtaining a signature on the medication consent form, help improve client treatment and outcomes, and ensure 100 percent of the forms are signed within the next nine months.	After identifying that the MHP did not have signed medication consent forms, the MHP development of a process for implementing a new medication consent form; identifying and tracking each client who needs a new or updated signed form; and training the senior office assistants to complete portions of the form and conduct a warm handoff to medication management staff on the day the service is delivered.	Through the process of identifying a need, the MHP has created a new flow for assigned workload for senior office assistants. This transforms the system of care improving the conversation between the medical professional and the member and increases the follow-through of protocols such as HEDIS measure reporting. The challenge of adherence remains with the telehealth psychiatrist.	The AIM statement needs to be reviewed for length and identification of a specific goal. Focus efforts on a specific group of doctors where improvement is needed. Identify a reasonable success rate and incremental goals to obtain to achieve the goal of 100 percent. Examine whether an increased rate of signed consent forms equates to increased participation and understanding of medication services for the member, as even a non-clinical PIP needs to be connected to improved outcomes or satisfaction.

Quality of Care PIPs

Imperial

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal beneficiaries with ED visits for a mental illness, implemented interventions will increase the percentage of follow-up MHP services from 66 percent to 71 percent by June 30, 2023.	For individuals with mental illness, care coordination practices and related data exchange processes can cause delays in receiving services after leaving the ED. In efforts to "aim for excellence" and meet the 90th percentile national benchmark of client follow-up after ED visits for mental illness, the MHP seeks to enhance its relationship with the two local hospitals and streamline the process of screening and referral at the ED. The MHP and loca ED lacked a protocol that addressed the need for comprehensive screening for individuals accessing local EDs that identified when MH treatment is required.	Hospital administration has just begun to stabilize, and a memorandum of understanding (MOU) was created with protocols administered. The MHP has a response team that works within the hospital to identify those individuals that can be reached and provided with follow-up services.	The MHP met two times with CalEQRO throughout the review period for TA. The MHP is recommended to continue building relationships with the MCP as well as initiate a new non-clinical PIP.

Monterey

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal members with ED visits for MH conditions, the implemented intervention will increase the percentage of follow-up mental health services with the MHP within 7 and 30 days by 5% by March 1st, 2024.	The MHP elected to participate in the CalAIM BHQIP and received information from DHCS that Monterey fell within Quartile 2 for FUM7 (61 percent) and FUM30 (71 percent.) The MHP met with a range of stakeholders including leadership from hospitals with EDs, MHP QI, crisis services, and IT management to develop this project. Root cause analysis found that inconsistent communication methods between the ED and the MHP, insufficient systems to initiate and track referrals, and a lack of procedures or dedicated team for the MHP to coordinate follow-up services. The MHP plans to establish MCP data exchange; specific plans are not outlined yet. The project is using Plan data feed from DHCS for the initial period. The MHP has also entered a plan with CalMHSA for ongoing data support in this project.	The MHP is currently limited due to its data set and not having an accurate representation of who is being served by MCP or within MHP. Further, the MHP experienced challenges due to staffing shortages.	Document the ongoing scheduled meetings and discussions with ED. Coordinate with the MCP plan to establish data exchange. Continue providing training to ED and MHP team conducting screening and follow-up care. Continue efforts to accurately determine number of members receiving follow-up care after hospital discharges to ensure accuracy in data collection.

San Benito

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal beneficiaries with ED visits for MH conditions, implemented interventions will increase the percentage of follow-up mental health services with the MHP within 7 and 30 days by 5 percent by June 30, 2024.	The MHP will work with Hazel Hawkins ED to obtain regular and consistent data, and create and implement a formalized referral tracking mechanism that allows for real-time referral coordination from the ED. The MHP will assign referral and care coordinators to monitor and follow up on referrals that include regular meetings with ED staff and hospital medical social workers.	The referrals have been at 100 percent. The social worker also attends meetings with MHP care coordinators. However, due to changes in hospital staff, the meetings between the ED and the MHP have stalled.	The MHP worked with DHCS on the PIP for TA throughout the reporting period. Continue building the partnership between the ED and MHP executive staff to promote PIP participation.

San Bernardino

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal enhanced care management (ECM) members with ED visits for MH conditions, introducing care coordination through ED navigators at a pilot hospital, along with improved data exchange mechanisms will increase the percentage of discharged patients who are successfully contacted by 5% by March 1, 2024.	The MHP met on various occasions with the EDs to build on existing relationships with EDs and improve follow-up for individuals who are treated in an ED for self-harm or MH conditions. The ED's have initiated sharing information with the MHP. The MHP also initiated a data sharing process with the MCPs regarding ED utilization. As of January 2024, the MHP is receiving ADT files for ED visit clients from the MCP's. The critical tracked measures in the 7/30-day follow-up data, and the interventions are chiefly the navigator activities within the ED and post-release follow-up to ensure the connection with clinical services occurs.	Although the MHP changed the aim statement to narrow the focus of the PIP, this did not change the integrity of the study but provided a stable supportive approach to care coordination.	During the review, CalEQRO provided TA to the MHP in the form of recommendations for improvement of this clinical PIP: Look into options to expand ECM services provision to meet the needs for care coordination. Look into the possibility of collecting member feedback on services.

San Luis Obispo

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For Medi-Cal beneficiaries with ED visits for MH conditions, implemented interventions will increase the percentage of follow-up MH services with the MHP within 7 and 30 days by 5% by June 30, 2024.	The MHP has created a collaborative relationship with Dignity Health, which manages three of the four EDs in the region, to receive weekly reports of Medi-Cal members who presented with MH concerns in the ED, primary or secondary to physical health conditions. The aim is to improve 30-day follow-up rates for those Medi-Cal members meeting these criteria by 5 percent by June 2024. Two measures are calculated, the percentage of those who receive an outpatient follow-up with the MHP within 30 days and the percentage of those who are not currently open to the MHP and are provided outreach interventions.	This PIP was presented as the clinical PIP at last year's review and has been in progress since October 2022. The MHP has made many positive rapid cycle improvements since that time and has fully implemented interventions and data tracking processes. However, the discussion of these changes is limited and only a brief period of data is provided. The PIP could continue with the existing measures as a relevant baseline and continue to measure efforts across time as planned in the aim statement.	Describe the FUM efforts in more detail to convey changes made for rapid cycle improvements and to increase feasibility of the project. For example, the aim statement should be updated since 7-day measures are not currently possible and are not included in this PIP. Provide data results up to the time of the review to evidence the PIP as active. Consider utilizing PIP Development Tool table 8.1 to help present the baseline and results. Routine data collection appears to have stopped late August 2023. Provide an organized discussion of factors that may impact the data quality or validity of the PIP as it stands now, including the EHR change, inability to measure 7-day follow-up due to weekly reporting, loss of staff who were tracking these measures, or other factors associated with data collection. Consider the use of the August 2023 data as the baseline and report on the remeasurement phase.

San Mateo

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
For plan members with ED visits that are related to a behavioral health reason, an automated alert to notify staff that an existing member went to the ED will increase the percentage of follow-up services with the MHP within 7 and 30 days by 5 percent from the FY 2022-23 baseline by March 1, 2024.	The MHP undertook this PIP as part of its Behavioral Health Quality Improvement Program (BHQIP). In its initial submission, the MHP had planned to focus on improving care coordination for those plan members who show up at EDs primarily for mental health issues. However, in its revised submission to the State, the MHP changed the focus to the logistical aspect of information sharing as it found that it was uncertain and inconsistent from the ED to BHRS.	The PIP was in the implementation phase with only baseline figures and no remeasurement data	Expand the scope of the PIP to include all San Mateo Medi-Cal plan members who visit and ED primarily due to mental health related reasons regardless of whether they had a history of receiving SMHS from the MHP.

Sonoma

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
By March 1, 2024, at least 58% of Medi-Cal members who receive the FUM intervention due to an ED admission for a mental health condition will receive a follow-up mental health service within 7 days of discharge; 71% will receive mental health follow-up within 30 days of discharge.	Establish a "ED Care Navigation" point of contact for EDs, available during business hours 8:00 am – 6:00 pm, who will perform the following functions upon contact from an ED: 1) Look up the patient in SMHS system to determine if the member is already open to SMHS services, 2) Schedule a follow-up appointment with an SMHS existing provider or schedule an intake appointment anyone new. The Care Navigator will be housed at the Behavioral Health Access Unit.	Since "go live," the county has logged only three calls from EDs related to ED Care Navigation, of which two were already open for non-SMHS elsewhere. This made any evaluation of the ten Key Performance Indicators impossible, with only one member referred.	Consider meeting with the ED staff to understand the barriers to making referrals. Consider having the ED Care Navigator spend some time at the EDs to establish relationships and underscore the benefits of the program to the ED staff. Conduct more frequent monitoring and utilize the PDSA method.

Sutter-Yuba

PIP Title: Follow-up After Psychiatric Emergency Services

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The MHP aims to improve coordination and quality of care of mental and behavioral health services by implementing an improved tracking and referral system and interventions such as assertive outreach for Medi-Cal beneficiaries who have reported to Psychiatric Emergency Services for mental illness with the goal of increasing the percentage of follow-up care within 7 and 30 days by 5% by January 1, 2026.	The PIP team had established a process for routine follow-up call delivery and tracking and was scheduled to begin collecting data when the EHR changed. They are currently learning how to mine the data out of the new EHR and plan to start with monthly tracking to ensure reliable measures prior to moving to quarterly data collection. The PIP introduces a system for follow-up calls which apply assertive outreach techniques to maintain engagement after hospitalization by the MHP's Psychiatric Emergency Services. The PIPs goal is to increase the number of members receiving timely follow-up, a nationally accepted quality care indicator.	This PIP was presented as the clinical PIP in the prior report and was recommended to be the non-clinical PIP. It is clear in the updated aim statement this year, that the intervention is clinical in nature. Clearly define what aspects of assertive outreach are being used and how it links to keeping timely follow-up appointments.	TA was provided during this review and after. The MHP was advised to make specific improvements to each that would make both PIPs increase to moderate confidence. Add more definition to the population of study to describe all those who are eligible to receive the intervention, including if this includes all medical insurances or Medi-Cal members. Ensure baseline data is comparable to the data collected in the study and outline these in the PIP tool. Add more about the tracking tool that is being used in the PIP write-up, describing how it functions reliably in the new EHR.

Tuolumne

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
The goal of the PIP is to increase data communication with the hospital to improve the support and stabilization after crisis service for adults 18 and older by 10 percent over the next two fiscal years. To decrease the amount of ongoing crisis to the highest user age group, Tuolumne is increasing data exchange with the hospital to better follow up and stabilize crisis clients.	The MHP submitted the FUM Behavioral Health Quality Improvement Program (BHQIP) for its non-clinical PIP. Tuolumne reported urgent services follow-up as a measure for the PIP. The results did not show improvement for the current remeasurement. Interventions include increased member services from case management, retraining for staff, written policies, procedures, and EHR that facilitates data exchange. The MHP indicated that crisis workers did not record their attempts to contact individuals after the ED visit and additional interventions within the crisis team are necessary.	Provide the 7- and 30-day follow-up remeasurement results. Continue efforts to improve follow-up within two days	TA was provided during the review and focused on areas for improvement.

Yolo

PIP Title: FUM

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
By having real-time access to Medi-Cal beneficiary ED visit data and assigning staff to engage beneficiaries post-ED visit, Yolo County will improve follow-up and linkage to mental health services for any client who presents at an ED with a mental health issue and/or with self-harm behaviors by 4% and 1%, respectively, by the end of FY 23-24.	The MHP has submitted one of the BHQIP projects, FUM, as its non-clinical PIP. The MHP initially reports 7-day and 30-day FUM rates of 36 percent and 53 percent, respectively. The MHP's goal is to increase the rates by 4 percentage points and 1 percentage point respectively, which would bring its rate to the national average. (The team plans to continue the project and further increase its rates to the statewide averages). The MHP has four strategies: join an HIE; conduct reviews of identified members; assign MHP staff to engage the member; and complete a mental health screening. These strategies address what the MHP finds as the root cause—that the MHP is not routinely aware of when members are served at an ED —and other factors that contribute to the low follow-up rate.	During the past year, the MHP has not been able to implement the PIP as planned due to issues in entering an HIE and some EHR challenges. While the MHP continues to work towards actualizing this PIP, it currently still is at the planning phase.	TA was provided to the MHP in preparation for the EQR. Fully implement PIP study using HIE or other contingencies for information. Provide relevant data and performance improvement in the PIP submission. Provide detail and specificity regarding member engagement process, to include how frequently they would make contact, the medium of the contact (e.g., in person, telephone, videoconference), and the nature and purpose of the contact (e.g., to provide linkages, problem-solve transportation, connect to social supports, etc.).

Timeliness of Care PIPs

Contra Costa

PIP Title: Gain-framed Provider Reminder Calls to Reduce No Shows to Initial Assessment Appointments

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Will providing clients with a reminder call from their therapist containing a "gain-framed" message, and providing automated Artera appointment reminders, and offering on-demand clinical assessment by the Access Line, significantly decrease no shows to initial assessment appointments at the East Adult clinic to be no higher than 15 percent within two years of the launch of the PIP.	The goal of this non-clinical PIP is to decrease no shows to first assessment appointments at the MHP's East Adult regional clinic. The PIP interventions included a reminder call from the therapist containing a "gain-framed" message, providing automated Artera appointment reminders, and offering an on-demand clinical assessment by the Access Line. The PIP demonstrated statistically significant improvement in the no-show rate to initial assessment appointment from a baseline of 24 percent to 16 percent. There was improvement in the percent of appointments a therapist receives a reminder text to provide a reminder call, percent of appointments that are provided a warm call reminder, and percent of clients successfully reached.	Spread the interventions to other clinics/areas, as applicable.	Contra Costa did not request PIP TA outside of the review.

Solano

PIP Title: Youth Psychiatry Timeliness

Aim Statement (as presented by MHP)	Focus of PIP	Areas for Improvement	TA Provided by CalEQRO
Increase the percent of children offered a non-urgent psychiatric appointment within 15 days of request from a baseline of 40% in 2022 to 60% by end of July of 2024.	Citing low performance on timely access to youth psychiatry from the previous two EQRs, the MHP explored root causes for this ongoing access issue. A variety of interventions were suggested and performed, though only one is listed in the PIP development tool. Some interventions included increasing youth psychiatry staff, holding appointments for initial access, updating referral forms, and training staff on making and managing these referrals for accurate data collection. Data from reviews indicated 40 percent of youth were receiving a timely first offered appointment for psychiatry and baseline data showed 55 percent. The MHP noted a sense of accomplishment for the continuous QI processes utilized by the PIP team and the PIP has shown improved results, achieving 62 percent at the time of the review. This is an ongoing PIP with quarterly data collection.	Consider omitting the sample methodology and clearly defining the ages of the entire population. Ensure inclusion of all the interventions related to the root causes in the opening of the development tool. Interventions should be consistent throughout the document and include all your efforts. In worksheet seven, the intervention had become the training email, while other interventions had been reported verbally. Include the continuous improvement efforts as discussed in the PIP session in the PIP development tool.	Due to the timeliness data reporting delays, this PIP was provided during the week of the review. A discussion and preliminary TA were provided by CalEQRO during the review PIP session.

APPENDIX B

PIP VALIDATION TOOL

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) EQR Protocol 1: Validation of Performance Improvement Projects (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 DEVELOPMENT TOOL		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 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 member 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 members 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 members 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 members 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 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				
Performance measures					
5.2	Did the performance measure assess an important aspect of care that will make a difference to members' health or functional status? (list assessed health or functional status)				

	Question	Yes	No	N/A	Comments
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?				
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 members • 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 reliability (if applicable)?				
5.10	If process measures were used, is there strong clinical evidence (based on published guidelines) indicating that				

	Question	Yes	No	N/A	Comments
	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? (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
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 collection plan link to the data analysis 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.				
Assessment of Overall Data Collection Procedures for Administrative Data Sources					
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?				
Assessment of Data Collection Procedures for Medical Record Review					

	Question	Yes	No	N/A	Comments
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?				

	Question	Yes	No	N/A	Comments
9.2	Was there any quantitative evidence of improvement in processes or outcomes of care?				
9.3	Was the reported improvement in performance likely to be a 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 and Reporting 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 PIPs

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 ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
			☐ Not applicable—PIP is in Planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

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):

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 ☐ 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: