



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

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

FY 2023-24 DMC-ODS EXTERNAL QUALITY REVIEW

PERFORMANCE IMPROVEMENT PROJECTS QUARTERLY REPORT (DRAFT)

Prepared for:

**California Department of
Health Care Services (DHCS)**

For Reviews Conducted During:

April - June 2024

TABLE OF CONTENTS

INTRODUCTION	3
DMC-ODS REVIEWS CONDUCTED	4
TABLE 1. DMC-ODS PLANS REVIEWED	4
PERFORMANCE IMPROVEMENT PROJECT VALIDATION	5
TABLE 2. PIP STATUS DEFINED	5
TABLE 3. PIP SUBMISSION STANDARD	5
TABLE 4. PIP TOPICS FOR ALL PIP SUBMISSIONS	6
FINDINGS	8
ACCESS TO CARE	8
QUALITY OF CARE	9
TIMELINESS OF CARE	10
CALEQRO RATING OF SUBMITTED PIPS	11
TABLE 5. PIP RATING STEPS	11
TABLE 6. PIP RATINGS DEFINED	11
TABLE 7. PIP RATING BY DMC-ODS	12
CONCLUSIONS/RECOMMENDATIONS	14
PIP TOPICS	14
PIP DESIGN/IMPLEMENTATION	14
AREAS FOR IMPROVEMENT	14
RECOMMENDATIONS TO DMC-ODSS	14
TECHNICAL ASSISTANCE TO DMC-ODSS	15
APPENDIX A	16
CLINICAL PIP TOPICS SUBMITTED	17
ACCESS TO CARE PIPS	17
QUALITY OF CARE PIPS	20
TIMELINESS OF CARE PIPS	23
NON-CLINICAL PIP TOPICS SUBMITTED	24
ACCESS TO CARE PIPS	24
QUALITY OF CARE PIPS	27
APPENDIX B: PIP VALIDATION TOOL	31

INTRODUCTION

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

The *Validating Performance Improvement Projects Protocol*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. A PIP is defined as: "...a project conducted by the MCP that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. A PIP may be designed to change behavior at a member, provider, and/or MCP/system level." The EQRO is required to validate these PIPs, and DHCS elected to examine projects that were underway at some time during the twelve months preceding the EQR.

This report presents a summary of the PIP findings of the reviews conducted by the California External Quality Review Organization (CalEQRO), Behavioral Health Concepts, Inc. (BHC). The summary contained in this report pertains to the reviews that were conducted during the fourth quarter of DHCS fiscal year (FY) 2023-24 (April - May 2024). This report provides summary information to DHCS, DMC-ODSs, and other stakeholders regarding the completeness of the PIP submissions received by CalEQRO during the quarter. Each PIP submission for this quarter is summarized at the end of the report. Any further information about a specific PIP may be obtained by reviewing that specific DMC-ODS's Annual Report.

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

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.

DMC-ODS REVIEWS CONDUCTED

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

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

The following DMC-ODSs submitted PIPs that were reviewed and scored during reviews conducted by CalEQRO during the months of April to May 2024. These reviews were conducted as virtual or on-site reviews. The results of these DMC-ODS reviews are described in this report.

Table 1. DMC-ODS Plans Reviewed

Nevada	San Joaquin
Partnership	Santa Barbara
Riverside	Tulare
Sacramento	

² Ibid.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

Table 3 illustrates the number of PIPs that were submitted for validation through the CalEQRO review by each DMC-ODS reviewed from April to June 2024 and the phase of the PIP implementation at the time of the review. The phases are defined first in Table 2.

Table 2. PIP Status Defined

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

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

Of the seven DMC-ODS reviews conducted during April to June 2024, all seven DMC-ODS submitted some information to be considered for validation. All seven met the submission standard that requires the submission of two PIPs.

Table 3. PIP Submission Standard

DMC-ODS	Clinical PIPs Submitted	Status of Clinical PIPs	Non-Clinical PIPs Submitted	Status of Non-Clinical PIPs
Nevada	1	Second Remeasurement	1	Second Remeasurement

DMC-ODS	Clinical PIPs Submitted	Status of Clinical PIPs	Non-Clinical PIPs Submitted	Status of Non-Clinical PIPs
Partnership	1	Planning Phase	1	Planning Phase
Riverside	1	Implementation Phase	1	Implementation Phase
Sacramento	1	Baseline Year	1	Baseline Year
San Joaquin	1	Fourth Remeasurement	1	Second Remeasurement
Santa Barbara	1	Implementation Phase	1	Implementation Phase
Tulare	1	Second Remeasurement	1	Second Remeasurement

Table 4 outlines the PIP topics and whether the PIP is clinical or non-clinical in nature.

Table 4. PIP Topics for all PIP Submissions

PIP Topics	PIP Titles	Clinical	Non-Clinical
Access to Care	Pharmacotherapy for Opioid Use Disorder (POD)	San Joaquin	
	POD	Santa Barbara	
	POD	Tulare	
	POD		Nevada
	Administrative Support Tools for CHWs Supporting Acute Care and SUD Providers Coordination for Members		Partnership
	Increasing the Number of Hispanic Individuals Who Utilize DMC-ODS Services		Tulare
Quality of Care	Follow-Up After Emergency Department Visit for Substance Use (FUA)	Nevada	
	Residential Treatment Re-engagement Groups	Riverside	
	Cross Referrals	Sacramento	

PIP Topics	PIP Titles	Clinical	Non-Clinical
	FUA		Riverside
	Information Dissemination		Sacramento
	FUA		San Joaquin
	FUA		Santa Barbara
Timeliness of Care	Enhancing Linkage between Acute Care and SUD Providers with CHWs Assisting with Transitions in Care	Partnership	

FINDINGS

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

Access to Care

Three clinical PIPs and three non-clinical PIPs focused on improving access to care for beneficiaries.

- San Joaquin, Santa Barbara and Tulare designed clinical PIPs to improve access to pharmacotherapy for opioid use disorder (OUD). Nevada designed a non-clinical PIP to do the same. The PIPs address a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure. This HEDIS measure, POD, assesses the percentage of OUD pharmacotherapy treatment events among members that continue for at least 180 days (6 months). These PIPs were developed in response to DHCS's California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Quality Improvement Plan (BHQIP). BHQIP was an incentive payment program, each County DMC-ODS earned incentive payments in the CalAIM BHQIP by completing deliverables tied to program milestones. These OUD PIPs are aligned with the BHQIP Milestone 3d.
 - San Joaquin's clinical PIP is focused on enhancing members' access to ongoing Medications for Addiction Treatment (MAT) for OUD. San Joaquin identified six Narcotic Treatment Programs (NTP) that provide the majority of MAT to its members and identified a need for a more thorough assessment of members' needs and barriers to ongoing MAT by the SUD counselors in the NTPs.
 - Santa Barbara's clinical PIP seeks to increase the percentage of members receiving MAT prescriptions through primary care physicians or the SUD MAT prescribers by 10 percent over the Q1 2023 baseline by December 2024. By assessing needs at intake and improving referral processes to support care coordination.
 - Tulare's clinical PIP targeted the receipt of pharmacotherapy for OUD missed dosing appointments, and those individuals who are more likely to disengage from care and not achieve recovery. The intervention was comprised of follow-up reminder telephone calls to members who missed a dose, either the same day as the missed dose or on the following day. For the sample, seven members in treatment for 180 days or longer, four were found to be without an eight-day dosing gap. It is unclear what role telephone reminder calls played (if any) in keeping these four members' dosing appointments.

- Nevada's non-clinical PIP is designed so that SUD Care Coordinators contact identified members within seven days of Medications for Opioid Use Disorder (MOUD) initiation. Staff make three efforts at contact. Upon contact, staff attempt to complete an assessment, build therapeutic relationships to reduce stigma, use motivational interviewing to move the member through the stages of change, refer them to Nevada County SUD and MH services, and make other community referrals.
- Partnership's non-clinical PIP's goal is for Community Health Workers (CHW) to stabilize and improve upon Substance Use Navigator (SUN) services. The PIP is in the planning stage but will be designed to provide CHWs with experience and training in SUD treatments. A planning group is working on these elements. Emergency departments (ED) and acute care staff have expressed the need for members to be given an SUD screening and support for transitions to SUD care. Partnership works with workforce development staff to identify incentives to attract bilingual CHWs.
- Tulare's non-clinical PIP was designed to increase the percentage of Hispanic members who utilize SUD services, which has been disproportionately low historically, compared to the percentage of the population of Tulare County that identifies as Hispanic. Therefore, a community education intervention, in the form of presentations to groups and interactions with individuals at five SUD sites, was utilized. Tulare met its goal of increasing the percentage of Hispanic members entering treatment by 5 percent in four out of five targeted sites, with the fifth site seeing a 2.9 percent increase.

Quality of Care

Three clinical PIPs and four non-clinical PIPs sought to impact the quality of care.

- Nevada designed a clinical PIP; Riverside, San Joaquin, and Santa Barbara designed non-clinical PIPs to address the NCQA HEDIS measure, FUA. This measure assesses ED visits for members with a principal diagnosis of SUD, or any diagnosis of drug overdose, who had a follow-up visit for alcohol or other drugs (AOD). These PIPs were developed in response to DHCS' CalAIM BHQIP Milestone 3d.
 - Nevada's clinical PIP utilized the ED substance use navigators to populate the FUA tracker for member referrals. The Plan continues to develop and improve policies and strategies focused on building more comprehensive data sets to allow cross-system data analytics that identify patterns, gaps, advocacy needs, and system issues across the two sectors.
 - Riverside's non-clinical PIP was designed to improve data reporting and recruitment of more Spanish-speaking Navigators, thereby increasing treatment referrals among ED for AOD at Riverside University Health System Medical Center.
 - San Joaquin's non-clinical PIP focused on intervention strategies to enhance smooth transitions between acute care EDs and SUD

treatment. These included enhanced training and promotion activities at the hospital EDs. A survey was also conducted to assess how much the acute care staff knew about evaluating SUD conditions and how to access SUD care.

- Santa Barbara's non-clinical PIP was designed to improve access for Spanish-speaking individuals. Santa Barbara distributed bilingual access line cards and provided training to the ED staff to improve care coordination and direct connection to members from the ED into treatment.
- Riverside's clinical PIP sought to implement a peer-led residential treatment re-engagement group for adults to improve member success in residential 3.5 treatment. Riverside found that members who participated in the re-engagement group had a lower rate of early dropouts and a higher rate of program completions than members who declined the re-engagement group.
- Sacramento's clinical PIP sought to increase the number of successful linkages to mental health services during the initial assessment process and referrals through SmartCare.
- Sacramento's non-clinical PIP sought to improve the number of correctly completed Timely Assessment Data Tools (TDAT) and the entry of Special Populations Housing Status. The PIP is designed to address the lack of information dissemination from provider management to line staff.

Timeliness of Care

One non-clinical PIP sought to improve the timeliness of care.

- Partnership's clinical PIP is focused on the key goal of developing a CHW model to improve engagement in treatment for members with SUD. This PIP includes new clinical tools, workflows, service definitions, billing codes, and documentation requirements.

CALEQRO RATING OF SUBMITTED PIPS

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

Table 5. PIP Rating Steps

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

Table 6. PIP Ratings Defined

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

The DMC-ODSs reviewed received the following overall ratings:

Table 7. PIP Rating by DMC-ODS

DMC-ODS	Clinical	Non-Clinical
Nevada	Moderate Confidence	High Confidence
Partnership	Low Confidence	Low Confidence
Riverside	Moderate Confidence	Moderate Confidence
Sacramento	Low Confidence	Low Confidence
San Joaquin	Moderate Confidence	High Confidence
Santa Barbara	Moderate Confidence	High Confidence
Tulare	Moderate Confidence	High Confidence

- Partnership’s clinical and non-clinical PIPs received Low Confidence ratings.
 - The definitions of the interventions and system supports are incomplete in the clinical PIP. Baseline data is available, and a pilot county with acute care needs and supportive providers has been identified, but no interventions have been implemented.
 - Some essential elements of the non-clinical PIP are still being planned. There needs to be more clarity on each administrative intervention and how its effectiveness will be measured. Measuring the impact on member transitions will be possible once data elements are more clearly defined.
- Sacramento’s clinical and non-clinical PIPs received Low Confidence ratings.
 - The clinical PIP is a positive step toward increased referrals to MH services for Plan members receiving SUD treatment, however, there was no baseline data. Without knowing how many referrals were made previously and not documented (which was reported by staff) there is no way to know if the increase is in referrals or documented referrals.
 - The non-clinical PIP did not have a root cause analysis and the intervention will be conducted mostly through email and paperwork. While providers will be asked to provide read receipts and/or attestation, the actual communication from provider management to line staff could continue to be negligible. Additionally, even a non-clinical PIP must tie back to an impact on members.
- Nevada’s clinical PIP received a Moderate Confidence rating because the interventions and methodology, communications, real time data exchange, and reporting methods and is focused on facilitating systematic learning and improvements to the system.
- Riverside’s clinical and non-clinical PIPs received Moderate Confidence ratings.
 - The clinical PIP has initial data that suggests the interventions have contributed to both the lower rate of early dropouts and the higher rate of program completions. It is a reasonable hypothesis that at least some

percentage of members who have previously dropped out early may receive new, relevant and actionable information on how to remedy similar situations and life circumstances that previously led them to drop-out from care.

- The non-clinical PIP is well-formulated and methodologically sound. While not meeting its goal for the non-Spanish speaking contingent, since implementation, an increased rate of Spanish-speaking members has been connected to treatment.
- San Joaquin's clinical PIP received a Moderate Confidence rating because the methodology was sound and included an evaluation of root causes, relevant research, and data evaluation at each phase of the PIP implementation.
- Santa Barbara's clinical PIP received a Moderate Confidence rating because the collaboration with providers and the workflow process is evident and defined.
- Tulare's clinical PIP received a Moderate Confidence rating due to the improvement found in the key performance indicators.
- Nevada's non-clinical PIP received a High Confidence rating due to the Plan's data analysis and consistent review and improvement of measurements and interventions demonstrating a significant and continuous improvement process.
- San Joaquin's non-clinical PIP received a High Confidence rating because the methodology was sound and included an evaluation of root causes, relevant research, and data evaluation at each phase of the PIP implementation. Various administrative changes were made to streamline referrals to make them timelier and more individualized for members' needs. This included a centralized tracking and follow-up structure linked to the Access Team.
- Santa Barbara's non-clinical PIP received a High Confidence rating as it is well-designed and well-written, with solid tracking mechanisms and full collaboration and coordination with the providers.
- Tulare's non-clinical PIP received a High Confidence rating based on its design and the results. The PIP goal was met as the DMC-ODS increased the percentage of Hispanic members entering into treatment by 5 percent in four out of five targeted sites, with the fifth site seeing a 2.9 percent increase.

CONCLUSIONS/RECOMMENDATIONS

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

PIP TOPICS

CalEQRO observed that 6 of the 14 DMC-ODS PIPs validated focused on Access to Care issues (43 percent), 7 focused on Quality of Care (50 percent), and 1 focused on timeliness issues (7 percent).

PIP DESIGN/IMPLEMENTATION

Areas for Improvement

In summary, 100 percent of the 14 PIP submissions due to CalEQRO for the April to June 2024 reviews meet the required submission standards. Of those submissions, 4 received a High Confidence rating (29 percent), 6 PIPs (42 percent) received a Moderate Confidence rating in the PIPs results, and 4 (29 percent) received a Low Confidence rating.

Recommendations to DMC-ODSs

- Provide baseline data against which outcomes can be measured.
- Provide detailed implementation plans for interventions. A detailed plan will allow for better tracking of results.
- 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.
- Provide clarification on how interventions will be measured and what member outcomes are expected.
- Many of the PIPs are dependent on engagement with outside entities, foster these relationships so that the PIPs can be successful.
- PIPs are continuous quality improvement projects and require ongoing activity. DMC-ODSs must be actively engaged in the project to ensure success. DMC-ODSs must involve key personnel, routinely review data and interventions, and adjust course when needed.

Technical Assistance to DMC-ODSs

CalEQRO worked individually with each DMC-ODS through video conferencing to provide TA in the development and progression of their PIPs. Telephone and Zoom sessions occurred with DMC-ODSs before, during, or after the virtual or onsite reviews for 100 percent of the April to May counties. These sessions are specific for each DMC-ODS and include assistance with defining a problem with local data, aid in writing a PIP Aim Statement; and help with identifying appropriate interventions, outcomes, and indicators. CalEQRO also met with counties to discuss the interpretation of results, outside influences, SUD research on related topics, successful PIP interventions in other counties for similar problems in care, and other research related to their topics and problems.

CalEQRO has recorded three PIP instructional videos and has collected PIP web trainings and successful example PIPs in a PIP Library, which are available on our website at <http://www.calegro.com>.

APPENDICES

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

Appendix B: CalEQRO PIP Validation Tool

CLINICAL PIP TOPICS SUBMITTED

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

Access to Care PIPs

San Joaquin

PIP Title: POD

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By Quarter 4 of 2023, the DMC-ODS will increase by 5 percent, over the baseline of 40.7 percent, the percentage of new NTP treatment episodes lasting at least 60 days by assessing patient needs, fostering interagency communication, and strengthening referral pathways.	The clinical PIP is focused on enhancing members' access to ongoing MAT for OUD. San Joaquin identified six NTPs that provide the majority of MAT to members. The PIP did a thorough root cause analysis and identified a need for a more thorough assessment of members' needs and barriers to ongoing MAT by the SUD counselors in the NTPs. A new evaluation tool, Medication Monitoring Needs Assessment (MMNA), was developed to meet this goal.	<p>Evaluate methods of enhanced training for NTP counselors and clinical staff to develop more comprehensive SUD and BH treatment plans.</p> <p>Consider focus groups with current clients in MAT to refine interventions and tools to support sustained engagement.</p> <p>In early phases of treatment, consider incentives for regular dosing and counselor sessions for members.</p> <p>Consider expanded access strategies for MAT treatment with primary care partners to enhance options for ease of access to all forms of MAT related to OUD treatment.</p>	One TA session was provided outside of the review to discuss findings related to low referrals using the special needs assessment evaluation, other DMC-ODS approaches, and interventions to enhance retention in the early phases of treatment.

Santa Barbara**PIP Title:** POD

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
The aim is to increase the number of Medi-Cal members receiving MAT prescriptions through primary care or DMC-ODS prescribers by 10 percent from baseline Q1 2023 by 12/2024.	<p>Santa Barbara's clinical PIP seeks to increase the percentage of members receiving MAT prescriptions through primary care physicians or the SUD MAT prescribers by 10 percent over the Q1 2023 baseline by December 2024. By assessing needs at intake and improving referral processes to support care coordination.</p> <p>The DMC-ODS worked with the opioid coalition and used the HMA consulting agency to assist them in the implementation and data collection process. They also identified MAT prescriber champions to offer peer-to-peer promotion, education, and training to other prescribers, SUD counselors, clinicians, case coordinators, and administrators.</p>	<p>Establish PIP variables and PMs consistent with a clinical PIP based on the identified root causes.</p> <p>Begin the data analysis and provide regular training with care coordination staff and the data collection team.</p> <p>Work with MCP and ED to collaborate on the interventions identified.</p> <p>Maintain monthly monitoring and data collection.</p>	<p>TA was provided outside the review on March 25, 2024, and the DMC-ODS incorporated EQR recommendations to update their narrative.</p> <p>CalEQRO met with Santa Barbara quality teams during the review and with NTP providers and MAT providers to review and discuss clinical PIPs.</p>

Tulare**PIP Title:** POD

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
For Medi-Cal members initiating medications for opioid use disorder (MOUD) from the Plan or the Plan's network, implemented interventions will increase the percentage of continuous MOUD events (those without gaps of eight consecutive days or more) by 5 percentage points by January 31, 2024.	<p>The DMC-ODS found that many members who receive pharmacotherapy for OUD miss dosing appointments, and those individuals are more likely to disengage from care and not achieve recovery. The intervention was comprised of follow-up reminder telephone calls to members who missed a dose, either the same day as the missed dose or on the following day. The calls continued to be made for up to 14 days if the member could not be reached.</p> <p>The goal was to increase the percentage of continuous MOUD events (those without gaps of eight consecutive days or more) by 5 percentage points by January 31, 2024.</p>	The outcome of this PIP was that for the sample (seven members who were in treatment for 180 days or longer) four were found to be without an eight-day dosing gap, though it is unclear what role telephone reminder calls played (if any) in keeping these four members' dosing appointments.	<p>Prior to the review, CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP.</p> <p>Continue to improve consistency with member follow-up calls and provide support and oversight to NTP providers.</p> <p>The aim statement could be more concise and include targeted goals and timeframes.</p>

Quality of Care PIPs**Nevada****PIP Title:** FUA

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
Members with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan within 7 and 30 days by 5% by 02/29/2025.	The FUA tracker identifies members with ED visits who need follow-up services related to the SUD diagnosis after discharge. FUA entries are entered weekly. The Plan Care Coordination team contacts the members within 7 and/or 30 days of the ED visit and subsequent referral. When a member responds to the referral, the Plan Care Coordinators attempt to connect the member to services which include screening for the ASAM indicated level of care (LOC). Care Coordinators utilize an evidenced based practice to engage members.	The Plan continues to improve data exchange capabilities with external stakeholders and is in the process of executing a contract with CalMHSA to implement Connex, a managed Interoperability Software as a Services (SaaS) solution, with anticipated contract execution date of 02/27/2024. Within the next 12 months the Plan anticipates access to Sierra Nevada Memorial Hospital (Grass Valley) health data and ED admission, discharge, transfer data that will support ongoing improvement with FUA rates and member's overall care.	Continue with plans to utilize the Model for Improvement (Plan Do Study Act) process as a means of refinements and improvement processes. Continue to monitor outcomes as the number of members impacted by the PIP increases over time.

Riverside**PIP Title:** Residential Treatment Re-engagement Groups

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
Will the implementation of a peer-led residential treatment re-engagement group for adults improve member success in residential 3.5 treatment? As evidenced by reducing the dropout (stays of 7 days or under) rate to 20.3 and increasing the treatment completion rate to 50.3, the positive discharge rate will increase to 73 percent by the end of June 2024.	This clinical PIP encompasses the May 2022 implementation of a peer-led residential treatment re-engagement group for adults enrolled in the 3.5 LOC and who were identified as having previously dropped out of treatment within 7 days of admission with the goals of: 1) reducing the early departure rate to 20.3 percent; 2) increasing the treatment completion rate to 50.3 percent, and 3) increasing the overall positive discharge rate to 73 percent, all by the end of June 2024.	Continue monitoring attendance and engagement in the member and family groups. Explore the possibility of virtual attendance options for both member and family engagement groups to address transportation barriers. Prioritize case management support to help members address external factors and “unfinished business” that may hinder treatment progress. Leverage peer support and lived experience to enhance engagement and provide relatable role models for recovery.	Revisit/redefine the stated success metrics in recognition of the fact that successive small improvements (e.g., extending treatment duration) could be significant for members with high recidivism rates. Pursue data tracking for the comparison group of group-refusers for the purpose of comparing the difference(s), if any, that may emerge between the cohort that participates versus those who do not despite being referred.

Sacramento**PIP Title:** Cross Referrals

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By identifying a need for mental health services during the initial SUPT assessment process and making a referral through SmartCare the number of successful linkages to mental health services will increase by 5 percent by the fourth quarter of FY 2023-24.	Sacramento identified a lack of referrals from SUD programs to MH services. Recent chart audits did not find any documented referrals for members to MH services. In conversations with providers, staff acknowledged they had made referrals but had not documented anything in the chart. Sacramento developed this PIP to improve the cross-referral process.	While it is a positive step toward increased referrals to MH services for Plan members receiving SUD treatment, there was no baseline data. In other words, without knowing how many referrals were made previously but were not documented (which was reported by staff), there is no way to know if the increase is in referrals or documented referrals. There will be no way to affirm that improvement in referrals is what took place over the measurement period. Additionally, the PIP is specific to the admission assessment and does not note a referral could be made at any time during treatment, which could be a preponderance of the referrals.	Conduct a root cause analysis to look for other contributing factors such as insufficient staff knowledge and/or training. Expand the opportunity for identification of a mental health need from during initial assessment process to “beginning with initial assessment and throughout the treatment episode.” Consider adding a performance measure that indicates if the referral was successful, with the member receiving the referred service.

Timeliness of Care PIPs**Partnership****PIP Title:** Enhancing Linkage between Acute Care and SUD Providers with CHWs Assisting with Transitions in Care

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By implementing the CHW program in acute care settings, will the Follow-Up after ED visits for Alcohol Disorders (FUA) rate increase by 5 percent over baseline by 12/30/2025?	<p>All members with AUD who were seen in ED settings with a special focus on the top three diagnoses seen including alcohol dependency, opioid use disorder, and methamphetamine use.</p> <p>The key goal of developing a CHW model was to replace and enhance this vital service, which has improved engagement in treatment for members with SUD. This PIP includes new clinical tools, workflows, service definitions, billing codes, and documentation requirements</p>	<p>Define baseline numbers for the pilot where possible and set goals for expected increases in identifying referrals, successful contacts with members, and the number of members admitted to treatment within a given timeframe.</p> <p>Identify social determinants impacting engagement in treatment, such as being unhoused, co-occurring diagnoses, and language issues.</p>	<p>Continue to define the requirements and duties of the CHW positions using best practices related to engagement in the ED or community settings.</p> <p>Refine the intervention workflows and documentation as well as the key measures to be tracked relative to goals. Consider adding readmissions to ED within 30 days.</p>

NON-CLINICAL PIP TOPICS SUBMITTED

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

Access to Care PIPs

Nevada

PIP Title: POD

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
Members initiating Medications for Opioid Use Disorder (MOUD) from the Plan or the Plan's provider network, implemented interventions will increase the percentage of continuous MOUD events by 5% by February 29, 2025.	<p>SUD Care Coordinators make contact with identified members within seven days of MOUD initiation. Staff will make three efforts at contact. Upon contact, staff will attempt to complete an ASAM assessment, build therapeutic relationships to reduce stigma, use motivational interviewing to move the member through the stages of change, refer them to Nevada County SUD and/or MH services, and make other community referrals.</p> <p>Follow-up outreach methods include field outreach and utilization of telehealth. Their NTP contracted provider delivers MAT services, and their staff enter member demographic data weekly into the POD Tracker and log missed doses. The Plan's Care Coordinators follow-up with members who have two consecutive missed doses to reengage them into treatment.</p>	This PIP was found to have high confidence because the Plan's data analysis and consistent review and improvement of measurements and interventions demonstrate a significant and continuous improvement process. The overall impact is limited by the large number of MOUD initiations occurring through MCP providers.	<p>Continue the current processes that include "plan/do/study/act" principles to identify and implement refinements and updates.</p> <p>Continue to work on engaging support from Plan MAT providers and any willing FQHC partners to improve follow-up in treatment for members.</p>

Partnership**PIP Title:** Administrative Support Tools for CHWs Supporting Acute Care and SUD Providers Coordination for Members

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
Administrative Support Tools for CHWs supporting Acute Care and SUD provider coordination for members to document successful linkage to SUD care.	The goal of this PIP is to stabilize and improve upon Substance Use Navigator services, whose funding ended in July 2023. EDs and acute care staff have expressed the need for members to be given an SUD screening and support for transitions to SUD care. PHC works with workforce development staff to identify incentives to attract bilingual CHWs. Partnership is also working on a billing model and curriculum for this program. In addition, they are developing a certification and reporting structure for the CHWs.	Some of the essential elements of the PIP are still being planned. There needs to be more clarity on each administrative intervention and how its effectiveness will be measured. The goal of CHWs with experience and training in SUD treatments will take time to develop and involve other partners, such as DHCS if the model warrants consideration of new billing and documentation requirements.	<p>TA was provided in one session outside of the review to explore the development of the PIP and key action steps to be successfully implemented.</p> <p>Clarify each administrative intervention and methods of measuring their success. Ensure that these interventions are tied to distinct goals that can be differentiated from the clinical PIP.</p> <p>Create specific goals for each intervention and outcome that can be measured.</p> <p>Send regular updates to EQR and key partners to identify barriers.</p>

Tulare**PIP Title:** Increasing the Number of Hispanic Individuals Who Utilize DMC-ODS Services

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
The aim is, through in-person outreach and engagement, to increase the number of Hispanic individuals, ages 12 and older, who receive SUD services in Tulare County and in each of four geographic communities of focus by at least five percent in the time period of 7/1/2022 through 6/30/2023. The aim is also to increase by at least 5 percentage points the percentage of individuals who receive SUD services who are Hispanic. The communities of focus are Cutler/Orosi, Dinuba, Goshen, and Lindsay.	<p>The problem addressed in this PIP relates to increasing the percentage of Hispanic members who utilize SUD services, which has been disproportionately low historically, compared to the percentage of the population of Tulare County that identifies as Hispanic.</p> <p>Root cause analysis included a survey that revealed a lack of knowledge as a possible cause for the low PR for this demographic. Therefore, a community education intervention takes the form of presentations to groups and interactions with individuals at resource tables, especially at five SUD service locations that are highly frequented by Hispanic individuals.</p>	<p>Tulare met its goal of increasing the percentage of Hispanic members entering into treatment by 5 percent in four out of five targeted sites, with the fifth site seeing a 2.9 percent increase.</p> <p>This PIP remains active with an anticipated end date of June 30, 2024.</p>	No additional recommendations are offered as the PIP is ending.

Quality of Care PIPs**Riverside****PIP Title:** FUA

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
Will improved data reporting and recruitment of more Spanish-speaking Navigators increase treatment referrals among ED for AOD at Riverside University Health System Medical Center (RUHS MC) by 5 percent (overall and for Spanish speakers) by June 2024?	The first intervention, launched in October 2023, focused on tracking linkage of ED visitors and involved the development of new dashboards and the reporting of ED visits for AOD, with Navigation referral and disposition data (if any) to then be sent on to the navigation team to allow for follow-up after ED discharge. The second intervention, launched in September 2023, consists of: 1) recruiting Spanish-speaking BH navigator(s) and, 2) providing cultural competency training to all navigators.	While the goal for the non-Spanish-speaking cohort was not met—likely due to the unavailability of the weekly AOD ED discharge report until after the KPI data had been collected and the Navigation Team's observation that many of those screened were not interested in treatment—the goal for Spanish speakers was met. The DMC-ODS is continuing to work on building out the necessary collaboration with its stakeholder partners that this project requires.	Better integration of data exchange processes with its ED partners will improve member follow-up rates and enhance Riverside's data capturing and reporting capacities. Riverside's real-time bed tracking system streamlines both referrals and admissions. The DMC-ODS should evaluate how it might expand its "bed tracker" to include other LOC and services, such as recovery residences and crisis residential treatment beds. Consider sharing the successful bed tracking system and data exchange processes with other counties to facilitate replication and stakeholder collaboration elsewhere.

Sacramento**PIP Title:** Information Dissemination

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By providing providers with clear direction for information dissemination through an information letter and confirmation through email response by signed attestation will lead to improvement in the number of correctly completed Timely Assessment Data Tool (TDAT) and entry of Special Populations Housing Status by 15% by the fourth quarter of FY 23/24.	Sacramento County has identified an overall lack of information dissemination from provider program managers to line staff. After creating user forums, info sessions, and standing lunchtime question and answer meetings focused on educating providers/staff on the changes with the new EHR system and payment reform, it became evident that providing program management information and instructions did not result in line staff receiving the needed information. While this has been an ongoing problem, the CalAIM and SmartCare changes have brought the enormity of this problem to the forefront. The PIP is designed to address the apparent lack of information dissemination from provider management to line staff.	There was no comprehensive analysis to determine all possible factors that could be contributing to this problem. Sacramento has opted to measure improvement by increased completion of information on two required forms: 1) accurate completion of the TDAT and 2) a completed question often left blank during the admission process entitled "Special Populations – Housing Status." An increase of 15 percent for both measures by the end of the fourth quarter of FY 2023-24 is the goal.	<p>The title is overly broad, and the AIM is specific to two measures but does not speak to the overall goal stated in the narrative. During the review, BHC suggested changes that could better align the two.</p> <p>Solicit feedback from line staff regarding County communication on requirements and changes to gather info on their experience as to why the two measurements are not being effectively completed.</p> <p>Speak with provider managers directly in a forum with bi-directional communication to discuss the County's experience and collaboratively determine how the two entities can improve this process.</p> <p>Identify a member outcome or member satisfaction measure that should be impacted by this non-clinical PIP.</p>

San Joaquin**PIP Title:** FUA

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By Q4 2023, the DMC-ODS Plan will significantly increase the percentage of (AOD)-related ED visits receiving 7- and 30-day follow-ups, over the 2022 baseline of 18.8% to 26.4% and 24.8% to 32.7%, respectively, by implementing (1) patient & provider engagement, education, and promotion; (2) closed-loop referrals; and (3) centralized follow-up.	<p>The FUA PIP focused on intervention strategies to enhance smooth transitions between acute care EDs and SUD treatment. These included enhanced training and promotion activities at the hospital EDs. A survey was also conducted to assess how much the acute care staff knew about evaluating SUD conditions and how to access SUD care. Training was then provided over a series of sessions with promotional materials. Referrals were then tracked with new streamlined data systems.</p> <p>The number of referrals and engagement in treatment were monitored for 7-day and 30-day follow-ups and admissions into care. Various administrative changes were made to streamline referrals to make them timelier and more individualized for members' needs. This included a centralized tracking and follow-up structure linked to the Access Team. Access was engaged to assist with the members' evaluation and to support the SUD navigator in implementing the best plan possible for the members.</p>	<p>The methodology was sound and included an evaluation of root causes, relevant research, and data evaluation at each phase of the PIP implementation.</p> <p>There were no areas for improvement identified.</p>	<p>Continue positive interventions with navigators and the Access Team to ensure the navigators get supervision and support to make the best possible plans and engagement options relevant to individualized member needs.</p> <p>Identify, through quarterly meetings, capacity assessments, and program gaps, additional actions that would enhance smooth transitions for members into SUD care settings. Also, the support needed to reduce challenges for members without stable housing should be identified.</p>

Santa Barbara**PIP Title:** FUA

<u>Aim Statement (as presented by DMC-ODS)</u>	<u>Focus of PIP</u>	<u>Areas for Improvement</u>	<u>TA Provided by CalEQRO</u>
By September 2024, Santa Barbara County aims to increase beneficiary follow-up rates following an ED visit for substance use disorder to 33 percent or higher within seven days (FUA7) and 46 percent or higher within 30 days (FUA30).	<p>Santa Barbara identified limited care coordination staff as a primary reason for challenges with providing a direct connection to members from the ED into treatment. Staff also identified the current services at the stabilization center that are provided but not claimed. The disparities analysis identified lower rates of follow-up service participation for Spanish-speaking individuals as well as Hispanic/Latino or Black/AA members at 30-day follow-up. Behavioral Wellness staff confirmed that while translation is always available, recruiting enough bilingual staff in the DMC-ODS system of care has been challenging.</p> <p>Intervention includes distributing bilingual access line cards and providing training to the ED staff. Claim tracking occurs for interventions delivered at stabilization center. There is a tracking system of referrals from the ED. The PIP plan includes training ED staff and coordination with care coordinators, as well as working staff from the MHP and MCP. The goal is to remove barriers to care and provided consistency and coordination to treatment. Preliminary results show an increase in SUD follow-up by 28.2 percent for seven days FUA and 42.3 percent for 30 days FUA.</p>	It is well-designed and well-written, with solid tracking mechanisms and full collaboration and coordination with the providers.	<p>Continue with intervention plans.</p> <p>Continue with monthly monitoring and follow up.</p> <p>Continue the coordination and collaboration with ED.</p> <p>Continue with data collection and exchanging of data.</p> <p>Continue monitoring of outcome data quarterly, or better yet, monthly.</p>

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	
<input type="checkbox"/> Clinical <input type="checkbox"/> Non-clinical	

PIP DEVELOPMENT TOOL		VALIDATION TOOL
STEPS 1–9: COUNTY RESPONSIBILITY	WORKSHEETS 1–9: COUNTY RESPONSIBILITY	SECTIONS 1 – 11: EQRO RESPONSIBILITY
<u>Step 1</u> : Identify the PIP Topic	<u>Worksheet 1</u> : PIP Topic	Section 1 : Review the Selected PIP Topic
<u>Step 2</u> : Develop the Aim Statement	<u>Worksheet 2</u> : Aim Statement	Section 2 : Review the PIP Aim Statement
<u>Step 3</u> : Identify the PIP Study Population	<u>Worksheet 3</u> : PIP Study Population	Section 3 : Review the Identified PIP Population
<u>Step 4</u> : Describe the Sampling Plan	<u>Worksheet 4</u> : Sampling Plan	Section 4 : Review the Sampling Method
<u>Step 5</u> : Select the PIP Variables and Performance Measures	<u>Worksheet 5</u> : PIP Variables and Performance Measures	Section 5 : Review the Selected PIP Variables and Performance Measures
<u>Step 6</u> : Describe the Improvement Strategy (Intervention) and Implementation Plan (CMS Identifies this as Step 8)	<u>Worksheet 6</u> : 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)
<u>Step 7</u> : Describe the Data Collection Procedures (CMS Identifies this as Step 6)	<u>Worksheet 7</u> : Data Collection Procedures (CMS Identifies this as Worksheet 6)	Section 7 : Review the Data Collection Procedures (CMS Identifies this as Activity 1, Step 6)
<u>Step 8</u> : Describe the Data Analysis and Interpretation of PIP Results (CMS Identifies this as Step 7)	<u>Worksheet 8</u> : 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)
<u>Step 9</u> : Address the Likelihood of Significant and Sustained Improvement Through the PIP	<u>Worksheet 9</u> : Likelihood of Significant and Sustained Improvement through the PIP	Section 9 : Assess the Likelihood that Significant and Sustained Improvement Occurred
		Section 10 : Perform Overall Validation and Reporting of PIP Results
		Section 11 : Framework for Summarizing Information about Performance Improvement Projects (PIPs)

VALIDATION TOOL, SECTIONS 1 – 11

Section 1 Review the Selected PIP Topic

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

Section 2 Review the PIP Aim Statement

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

Section 3: Review the Identified PIP Population

	Question	Yes	No	N/A	Comments
3.1	Was the project population clearly defined in terms of the identified PIP question (e.g., age, length of the PIP				

	population's participation, diagnoses, procedures, other characteristics)				
3.2	Was the entire MHP/DMC-ODS population included in the PIP?				
3.3	If the entire population was included in the PIP, did the data collection approach capture all beneficiaries to whom the PIP question applied?				
3.4	Was a sample used? (If yes, use Worksheet 1.4 to review sampling methods)				
3.5	Overall assessment: In the comments section, note any recommendations for identifying the project population				
TOTAL of 5 items					

Section 4: Review the Sampling Method

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

Section 5: Review the Selected PIP Variables and Performance Measures

	Question	Yes	No	N/A	Comments
PIP Variables					

	Question	Yes	No	N/A	Comments
5.1	<p>Were the variables adequate to answer the PIP question?</p> <ul style="list-style-type: none"> • 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 beneficiaries' health or functional status? (list assessed health or functional status)				
5.3	Were the performance measures appropriate based on the availability of data and resources to collect the data (administrative data, medical records, or other sources)?				
5.4	Were the measures based on current clinical knowledge or health services research? (Examples may include: hospital admissions, emergency department visits, adverse incidents, appropriate medication use)				
5.5	<p>Did the performance measures:</p> <ul style="list-style-type: none"> • 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	<p>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?</p> <ul style="list-style-type: none"> • Accepted relevant clinical guidelines • Important aspect of care or operations that was meaningful to beneficiaries 				

	Question	Yes	No	N/A	Comments
	<ul style="list-style-type: none"> 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 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				

	Question	Yes	No	N/A	Comments
	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?				

	Question	Yes	No	N/A	Comments
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					
7.12	Was a list of data collection personnel and their relevant qualifications provided?				
7.13	For medical record review, was inter-rater and intra-rater reliability described?				
7.14	For medical record review, were guidelines for obtaining and recording the data developed?				
	TOTAL of 14 items				

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

	Question	Yes	No	N/A	Comments
8.1	Was the analysis conducted in accordance with the data analysis plan?				

8.2	Did the analysis include baseline and repeat measurements of project outcomes?				
8.3	Did the analysis assess the statistical significance of any differences between the initial and repeat measurements?				
8.4	Did the analysis account for factors that may influence the comparability of initial and repeat measurements?				
8.5	Did the analysis account for factors that may threaten the internal or external validity of the findings?				
8.6	Did the PIP compare the results across multiple entities, such as different patient subgroups, provider sites, or MHP/DMC-ODSs?				
8.7	Were PIP results and findings presented in a concise and easily understood manner?				
8.8	Did the analysis and interpretation of the PIP data include lessons learned about less-than-optimal performance?				
8.9	Overall assessment: In the comments section, note any recommendations for improving the analysis and interpretation of PIP results.				
TOTAL of 9 items					

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

	Question	Yes	No	N/A	Comments
9.1	Was the same methodology used for baseline and repeat measurements?				
9.2	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.				

Question	Yes	No	N/A	Comments
TOTAL of 6 items				

Section 10: Perform Overall Validation of PIP Results

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	

Section 11: Framework for Summarizing Information about Performance Improvement Projects (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) <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17)* <input type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> 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
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.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
PIP Validation Information						
Was the PIP validated? <input type="checkbox"/> Yes <input type="checkbox"/> 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): <div> <input type="checkbox"/> PIP submitted for approval <input type="checkbox"/> Planning phase <input type="checkbox"/> Implementation phase <input type="checkbox"/> Baseline year </div> <div> <input type="checkbox"/> First remeasurement <input type="checkbox"/> Second remeasurement <input type="checkbox"/> Other (specify): </div> Validation rating: <input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> 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:						