# FY 2020-21 PIP Development and Implementation Tool

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# Agenda for PIP Development and Implementation Tool UPDATE

- Updated PIP Development Tool for MHP and DMC-ODS EQRO FY 2020-21

- Updated Validation Worksheets for MHP and DMC-ODS EQRO FY 2020-21

- Updated Reporting Tool for MHP and DMC-ODS EQRO FY 2020-21

- Questions

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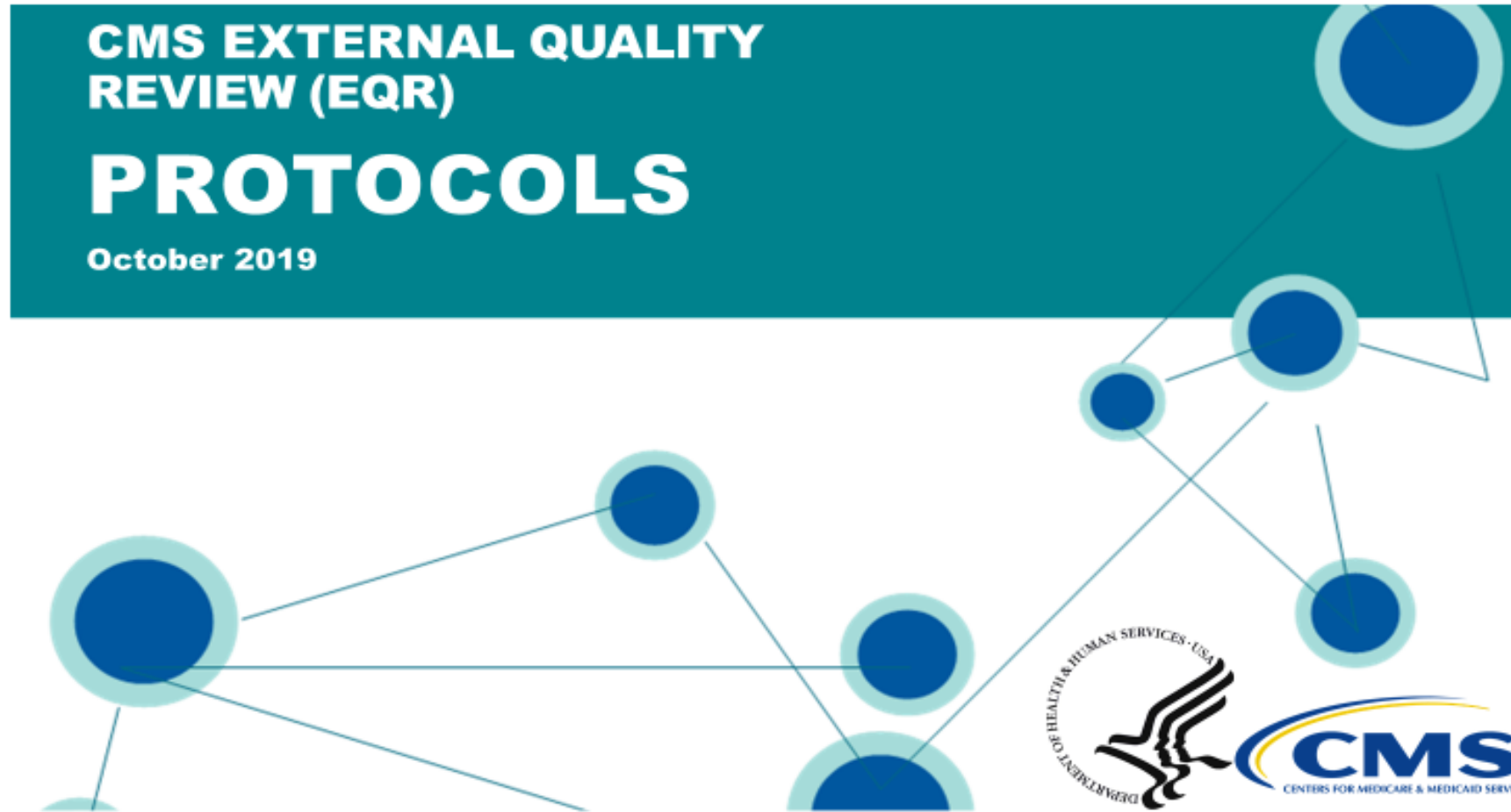# Why update the PIP Development Tool?

PIP Clinic

June 29, 2020

Overview: CMS Protocol 1 – Performance Improvement Projects

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# CMS Protocol 1 – Performance Improvement Projects



CMS EXTERNAL QUALITY REVIEW (EQR)
PROTOCOLS
October 2019

# Link to CMS Protocols

CMS External Quality Review Protocols

https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html
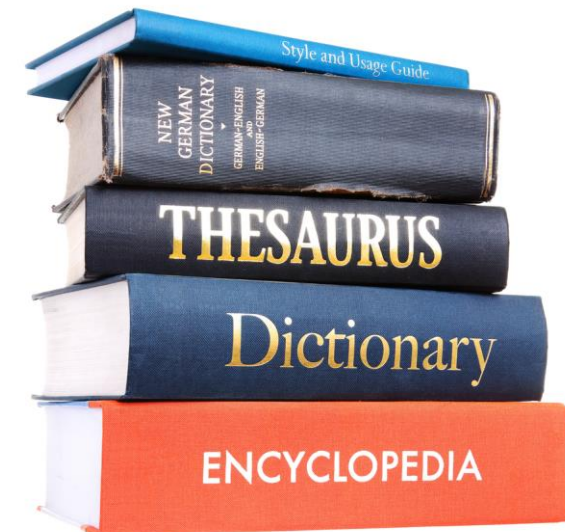
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# FY 2020-21 Forms for Counties on caleqro.com

**Helpful Reference Material to Prepare for the Review**

- PIP Development Tool Instructions and Checklist
- PIP Validation Tool

**Materials for Counties to Complete & Submit 30 days prior to review:**
- PIP Development Tool for Clinical & Non-Clinical PIPs

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# Materials for County to Complete
## PIP Development Tool

**PERFORMANCE IMPROVEMENT PROJECT (PIP)**

**DEVELOPMENT & IMPLEMENTATION TOOL**

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### BACKGROUND

All MHPs/DMC-ODSs are required to conduct performance improvement projects (PIPs) that focus on both clinical and nonclinical areas each year as a part of the plan's quality assessment and performance improvement (QAPI) program, per 42 C.F.R. §§ 438.330 and 457.1240(b).

A PIP is a project that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. It may be designed to change behavior at a member, provider, and/or MHP/DMC-ODS/system level.

Each PIP will be evaluated every year by CalEQRO. Although topic selection and explanation may cover more than one PIP year, every section will be reviewed and updated as needed to ensure continued relevance and to address changes to the study, including new interventions.

**Annual updates to these documents by the MHP/DMC-ODS should be identified by a change in font color or use of track changes.**

The CalEQRO PIP Development and Implementation Tool is comprised of the following nine steps:

Step 1: Identifying the PIP Topic

Step 2: Developing the Aim Statement

Step 3: Identifying the PIP Population

Step 4: Describing the Sampling Method

Step 5: Selecting the PIP Variables and Performance Measures

Step 6: Describing the Improvement Strategy (Intervention) and Implementation Plan

Step 7: Describing the Data Collection Procedures

Step 8: Describing the Data Analysis and Interpretation of PIP Results

Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP

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# PIP Development and Implementation Tool

## INSTRUCTIONS

This tool provides a structure for development and submission of PIPs. It is based on **EQR Protocol 1: Validation of Performance Improvement Projects (PIPs)**, as a mandatory protocol delivered by the Centers for Medicare & Medicaid Services (CMS) in October of 2019. These can be found here:

[CMS 2019 External Quality Review Protocols](#).

Following this tool will help ensure that the MHP/DMC-ODS addresses all of the required elements of a PIP, from planning to submission to implementation. If the MHP/DMC-ODS uses another format, they must ensure that all required elements of the PIP are addressed and included in their submission.

For each step, CalEQRO has indicated:

- The section of the CMS EQR Protocol 1: Validation of Performance Improvement Projects (PIPs) that this step addresses.
- Brief description of the step and key terms.
- Questions/prompts that will help complete the step.
- Worksheets to complete as part of each step.

Please define all acronyms at time of first use in these documents.

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# STEP 1: Identifying the PIP Topic

## STEP 1: IDENTIFYING THE PIP TOPIC

*Step 1 corresponds to CMS PROTOCOL STEP 1 – Review the Selected PIP Topic.*

The PIP should target improvement in either a clinical service or non-clinical process that directly impacts beneficiary health and/or functional status.

The topics should reflect high-volume or high-risk conditions of the population served. High-risk conditions may occur for infrequent conditions or services. High risk also exists for populations with special health care needs, such as children in foster care, adults with disabilities, and the homeless. Although these individuals may be small in number, their special health care needs place them at high risk. If the PIP addresses a high-impact or high-risk condition, the importance of addressing this type of issue must be detailed in the study narrative.

PIP topics may be selected based on enrollee input. The topic should address a significant portion of the enrollees (or a specified sub-portion of enrollees) and have the potential to significantly impact enrollee health, functional status, or satisfaction.

Recommended benchmarks include those defined by:

CMS Priority areas CMS Quality of Care
Core Set of Children's Health Care Quality Measures for Medicaid and the Children's Health Insurance Program (CHIP)
Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Adult Core Set)

**➡ Complete Worksheet 1: Drafting the PIP Topic**

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# Worksheet 1: Drafting the PIP Topic

## WORKSHEET 1: DRAFTING THE PIP TOPIC

| | |
|---|---|
| MHP/DMC-ODS Name | |
| Project Leader/Manager/Coordinator | |
| Contact email address | |
| Performance Improvement Title | |
| Type of PIP | ☐ Clinical  ☐ Non-clinical |
| PIP period (# months): | Start MM/YYYY to End MM/YYYY |
| | |
| Additional Information or comments | |

| |
|---|
| Briefly describe the aim of the PIP, the problem the PIP is designed to address, and the improvement strategy. |
| What MHP/DMC-ODS data have been reviewed that suggest the issue is a problem? |
| What are the barrier(s) that the qualitative and/or quantitative data suggest might be the cause of the problem? |
| Who was involved in identifying the problem? (Roles, such as providers or enrollees, are sufficient; proper names are not needed.) Were beneficiaries or stakeholders who are affected by the issue or concerned with the issue/topic included? |
| Are there relevant benchmarks related to the problem? If so, what are they? |

**Step 1: Identifying the PIP Topic**

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# Step 2: Developing the Aim Statement

## STEP 2: <u>DEVELOPING THE AIM STATEMENT</u>

*Step 2 corresponds to CMS PROTOCOL STEP 2 – Review the PIP AIM Statement*

The PIP aim statement identifies the focus of the PIP and establishes the framework for data collection and analysis. The PIP aim statement should define the improvement strategy, population, and time period. It should be clear, concise, measurable, and answerable.

A PIP aim statement is clear, concise, measurable, and answerable if the statement specifies measurable variables and analytics for a defined improvement strategy, population, and time period. Potential sources of information to help form the PIP aim statement include:

- State data relevant to the topic being studied

- MHP/DMC-ODS data relevant to the topic being studied

- CMS Child and Adult Core Set performance measures

- Enrollee focus groups or surveys

- Clinical literatures on recommended care and external benchmarks.

CMS recommends that the aim of the PIP aligns with at least one of the *National Quality Strategies*, although others may be considered.

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# Step 2: Developing the Aim Statement

**CRITIQUE OF EXAMPLE PIP AIM STATEMENTS**

| | Example PIP aim statements | Critique |
|---|---|---|
| Poor PIP Aim Statement | Does the MCP adequately address psychological problems in patients recovering from myocardial infarction? | • The PIP intervention is not specified<br>• It is unclear how impact will be measured<br>• The population and time period are not clearly defined |
| Good PIP Aim Statement | Will the use of cognitive behavioral therapy in patients with depression and obesity improve depressive symptoms over a six-month period during 2017? | • Specifies the PIP intervention (cognitive behavioral therapy)<br>• Defines the population (patients with depression and obesity) and time period (six-month period during 2017)<br>• Specifies the measurable impact (improve depressive symptoms) |

**Complete Worksheet 2: Drafting the Aim Statement**

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# Worksheet 2: Drafting the AIM Statement

## WORKSHEET 2: DRAFTING THE AIM STATEMENT

| |
|---|
| What is the Aim Statement of this PIP? (The Aim statement should be concise, answerable, measurable and time bound.) |
| Briefly state the improvement strategy that this PIP will use. (Additional information regarding the improvement strategy/intervention should be supplied in Step 6.) |
| Who is the population on which this PIP focuses? Provide information on the study population such as age, length of enrollment, diagnosis, and other relevant characteristics of the affected population. |
| What is the timeframe for this PIP, from concept development to completion? <br><br> Start MM/YYYY <br><br> End MM/YYYY |
| |
| Additional Information or comments |

➡ **Step 2: Developing the Aim Statement**

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# Step 3: Identifying the PIP Population

## STEP 3: IDENTIFYING THE PIP POPULATION

*Step 3 corresponds to CMS PROTOCOL STEP 3 – Review the Identified PIP Population.*

In this step, the MHP/DMC-ODS identifies the population for the PIP in relation to the PIP aim statement (such as age, length of enrollment, frequency of service use, type of treatment, diagnoses, and/or other characteristics).

Depending on the nature of the PIP aim statement, PIP population, and available data, the PIP may include the entire population or a sample of the population. PIPs that rely on existing administrative data, such as claims and encounter data, registry data, or vital records, are typically based on the universe of the PIP population. PIPs that rely on either medical record review or the hybrid method (which uses a combination of administrative data and medical record review) typically include a representative sample of the identified population.

If a sample was used for the PIP, go to **Step 4**.

If the entire population was studied, skip Step 4 and go to **Step 5**.

If HEDIS® measures and sampling methodology are used, go to **Step 5**.

**Complete Worksheet 3: Identifying the PIP Population**

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# Worksheet 3: Identifying the PIP Population

## WORKSHEET 3: IDENTIFYING THE PIP POPULATION

| |
|---|
| Who is the population on which this PIP focuses? Provide information on the study population such as age, length of enrollment, diagnosis, and other relevant characteristics of the affected population. Please include data, sources of information and dates of sources. |
| Will all enrollees be included in the PIP?<br><br>☐    Yes<br><br>☐    No |
| If no, who will be included? How will the sample be selected? |
| |
| Additional Information or comments |

➡ **Step 3: Identifying the PIP Population**

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# Step 4: Describing the Sampling Method

## STEP 4: DESCRIBING THE SAMPLING METHOD

*Step 4 corresponds to CMS PROTOCOL STEP 4 – Review the Sampling Method.*

If the entire population of beneficiaries is being included in the PIP, there is no need to describe the sampling method.

General information about the use of sampling methods and the types of sampling methods to use to obtain valid and reliable information can be found in Appendix B (page 337) of the CMS EQR Protocols.

A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target PIP population, such as individuals, caregivers, households, encounters, providers, or other population units that are eligible to be included in the PIP. The completeness, recency, and accuracy of the sampling frame are key to the representativeness of the sample

If sampling methods are used, the documentation presented must include the appropriateness and validity of the sampling method; the type of sampling method used and why; and what subset of the beneficiary population was used. General information about the use of sampling methods and the types of sampling methods to use to obtain valid and reliable information can be found in Appendix B of the CMS EQR Protocols.

**Complete Worksheet 4: Describing the Sampling Plan**

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# Worksheet 4:

## WORKSHEET 4: DESCRIBING THE SAMPLING PLAN

If the entire population is being included in the PIP, skip Step 4.

If the entire population is NOT being included in the PIP, complete the following:

| |
|---|
| Describe the sampling frame for the PIP.<br><br>A sampling frame is the list from which the sample is drawn. It includes the universe of members of the target PIP population, such as individuals, caregivers, households, encounters, providers, or other population units that are eligible to be included in the PIP. The completeness, recency, and accuracy of the sampling frame are key to the representativeness of the sample |
| Specify the true or estimated frequency of the event. |
| Determine the required sample size to ensure that there are a sufficient number of enrollees taking into account non-response, dropout, etc. |
| State the confidence level to be used. |
| State the margin of error. |
| |
| Additional Information or comments |

**Step 4: Describing the Sampling Plan**

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# Questions



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# Step 5: Selecting PIP Variables and Performance Measures

## STEP 5: SELECTING PIP VARIABLES AND PERFORMANCE MEASURES

*Step 5 corresponds to CMS PROTOCOL STEP 5 – Review the Selected PIP Variables and Performance Measures.*

A **variable** is a measurable characteristic, quality, trait, or behavior of an individual or process being studied. Variables in PIPs can take a variety of forms, as long as the selected variables identify the MHP/DMC-ODS performance on the PIP questions objectively and reliably and use clearly defined indicators of performance. When choosing variables, select ones that are best suited to the available data, resources, and PIP aim statement.

Consider variables for which there are existing performance measures. To the extent possible, CMS encourages MCPs to choose variables for PIPs that reflect health outcomes.

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# Step 5: Selecting PIP Variables and Performance Measures

A **performance measure** is used to measure the outcomes. Performance measures monitor the performance of MHP/DMC-ODS at a point in time, to track performance over time and to inform the evaluation of quality improvement activities. For the purpose of the CMS protocol, outcomes are defined as changes in beneficiary health, functional status, satisfaction, or goal achievement that results from health care or supportive services. CMS encourages use of the Behavioral Health Core Set, the Certified Community Behavioral Health Clinics (CCBHC) measures, the Healthcare Effectiveness Data Information Set (HEDIS), as well as measures developed by the Agency for Health Research and Quality (AHRQ), and the National Quality Forum (NQF) for behavioral health or for SUD the American Society of Addiction Medicine (ASAM).

Example 1: An MHP/DMC-ODS's goal is to decrease the use of acute behavioral health hospitalizations and ED visits. The intervention is use of preventive and primary care, and the independent variable used to measure the intervention is the number of preventive and primary care visits. The performance measure (dependent variable) is the number of hospitalizations and emergency department visits, which is used to measure the improvement rate. The required data are available monthly through the electronic health record.

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# Step 5: Selecting PIP Variables and Performance Measures

Example 2: An MHP/DMC-ODS's goal is to decrease use of antipsychotic medication by adolescents. The intervention is use of first-line psychosocial care for adolescents, and the independent variable used to monitor implementation of the intervention is the number of visits in which use of first-line psychosocial care for adolescents is documented. The performance measure (dependent variable) is a measure of antipsychotic medication prescribed (this could be the # of prescriptions, # of adolescents who have it prescribed or decrease in dosages, for example. The dependent variable would depend on the goal, which is the data used to measure the improvement rate. The required data are available every month through the electronic health record.

Example 3: A DMC-ODS's goal is to decrease readmissions to withdrawal management by adults with opioid use disorders. The intervention is use of intensive outpatient and Medication Assisted Treatment (MAT) services, and the independent variable used to monitor implementation of the intervention is the number of intensive outpatient and MAT visits. The performance measure (dependent variable) is the number of readmissions. Data are available quarterly through the electronic health record.

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# Step 5: Selecting PIP Variables and Performance Measures

Data availability should also be considered when selecting variables for PIPs, as more frequent access to data, such as on a monthly or quarterly basis, supports continuous quality improvement (CQI) and Plan Do Study Act (PDSA) efforts and can allow an MHP/DMC-ODS to correct or revise course more quickly, if needed.

When selecting performance measures for a PIP, the MHP/DMC-ODS should first consider established measures (MHP/DMC-ODS, DHCS, CMS, etc.) because the specifications for these measures often have been refined over time, may reflect current clinical guidance, and may have benchmarks for assessing MHP/DMC-ODS performance.

**Complete Worksheet 5: Selecting PIP Variables and Performance Measures**

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# Worksheet 5: Selecting PIP Variables and Performance Measures

The questions below can be answered generally.  Please complete the tables below for specific details.

| |
|---|
| What are the PIP variables used to track the intervention(s)? The outcome(s)?  Refer to the tables 5.1 – 5.3 for details. |
| What are the performance measures?  Describe how the Performance Measures assess an important aspect of care that will make a difference to beneficiary health or functional status? |
| What is the availability of the required data? |
| Additional Information or comments |

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# Worksheet 5: Selecting PIP Variables and Performance Measures

**TABLE 5.1  VARIABLE(S) AND INTERVENTION(S)**

| Goal | (Independent) Variable | Intervention | Performance Measure (Dependent Variable) | Improvement Rate |
|---|---|---|---|---|
| Example 1: Decrease use of emergency departments (EDs) | 1) Documented count of reminder calls per outpatient appointment<br>2) Number of outpatient visits within 45 days of ED dx | 1) Implement reminder calls<br>2) Outpatient services following dx from ED | Number of ED visits | |
| Example 2: Decrease antidepressant use by adolescents already using | 1) Documented count of warm hand-offs from doc to CM<br>2) Documented count of visits for psychosocial services | 1) Warm hand-off from doc to CM<br>2) Psychosocial services | 1) # of youth on anti-depressants attending MH therapy at least 3 times in 1 month<br>2) # of youth who terminate use totally<br>3. # of youth whose dosages are decreased | |
| | | | | |
| | | | | |

# Worksheet 5: Selecting PIP Variables and Performance Measures

**TABLE 5.2  SOURCES OF INDEPENDENT AND DEPENDENT VARIABLES**

| | Variable | Source of Data | Availability of Data |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

➡ **Step 5: Selecting the PIP Variables and Performance Measures**

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# Step 6: Describing the Improvement Strategy (Intervention) & Implementation Plan

## STEP 6: DESCRIBING THE IMPROVEMENT STRATEGY (INTERVENTION) & IMPLEMENTATION PLAN

*Step 6 corresponds to CMS PROTOCOL STEP 8 – Assess the Improvement Strategies.*

This step describes the improvement strategy (sometimes referred to as an intervention) and how it will be carried out. Selected strategies should be evidence-based; that is, there should be existing evidence (published or unpublished) suggesting that the test of change (performance measure) would likely lead to the desired improvement in processes or outcomes (as measured by the variables). The effectiveness of the improvement strategy is determined by measuring change in performance according to the predefined measures that were selected in Step 5.

**Complete Worksheet 6: Describe Improvement Strategy (Intervention) & Implementation Plan**

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# Worksheet 6: Describe Improvement Strategy (Intervention) and Implementation Plan

## WORKSHEET 6: DESCRIBE IMPROVEMENT STRATEGY (INTERVENTION) AND IMPLEMENTATION PLAN

Answer the general questions below. Then provide details in the table below.

| |
|---|
| Describe the improvement strategy/intervention. |
| What was the quantitative or qualitative evidence (published or unpublished) suggesting that the strategy (intervention) would address the identified barriers and thereby lead to improvements in processes or outcomes? |
| Does the improvement strategy address cultural and linguistic needs? If so, in what way? |
| When and how often is the intervention applied? |
| Who is involved in applying the intervention? |
| How is competency/ability in applying the intervention verified? |
| How is the MHP/DMC-ODS ensuring consistency and/or fidelity during implementation of the intervention (i.e., what are the process indicators)? |
| Additional Information or comments |

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# Worksheet 6: Describe Improvement Strategy (Intervention) and Implementation Plan

Complete this table and add (or attach) other tables/figures/charts as appropriate.

**TABLE 6.1  IMPROVEMENT STRATEGY SUMMARY**

| | Intervention | Intervention Target Population | Date (MM/YYYY) Intervention Began | Frequency of  Intervention Application | Corresponding Process Indicator(s) |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

➡ **Step 6: Describing the Improvement Strategy (Intervention) and Improvement Plan**

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# Questions



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# Step 7: Describing Data Collection Procedures

## STEP 7: DESCRIBING DATA COLLECTION PROCEDURES

*Step 7 corresponds to CMS PROTOCOL STEP 6 – Review the Data Collection Procedures.*

In this step, the MHP/DMC-ODS identifies the data to be collected, including addressing the validity and reliability of the procedures used to collect the data that inform the PIP measurements.

Validity means that the data are measuring what is intended to be measured. Reliability means that the data are producing consistent results.

To ensure validity and reliability of the data collected as part of the PIP, the data collection plan should specify:

- The data sources for the PIP

- The data to be collected

- How and when the data are to be collected

- Frequency of data collection

- Who will collect the data

- Instruments used to collect the data

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# Step 7: Describing Data Collection Procedures

Data sources may include:

- Encounter and claims systems

- Medical records

- Case management or electronic visit verification systems

- Tracking logs

- Surveys

- Provider and/or enrollee interviews

This step may involve two main kinds of data collection: administrative data sources and medical record review. Procedures to collect data from administrative data systems will be different from procedures for visual inspection or abstraction of medical records or other primary source documents. However, both types of data collection require assurances that data are valid and reliable. CMS encourages the plans to utilize those data sources that they are able to collect data from on a regular basis (e.g., monthly, quarterly, and semi-annually):

**Complete Worksheet 7: Describing The Data Collection Procedures**

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# Worksheet 7: Describing the Data Collection Procedures

**WORKSHEET 7: DESCRIBING THE DATA COLLECTION PROCEDURES**

| |
|---|
| Describe the methods for collecting valid and reliable data. |
| What are the data sources being used? |
| What are the data elements being collected? |
| What is the frequency of data collection (daily, weekly, monthly, annually, etc.)? |
| Who will be collecting the data? |
| What data collection instruments are being used? Please note if the MHP/DMC-ODS has created any instruments for this PIP. |
| Additional Information or comments |

**Step 7: Describing the Data Collection Procedures**

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# Step 8: Describing the Data Analysis and Interpretation of PIP Results

## STEP 8: DESCRIBING THE DATA ANALYSIS AND INTERPRETATION OF PIP RESULTS

*Step 8 corresponds to CMS PROTOCOL STEP 7 – Review the Data Analysis and Interpretation of PIP Results.*

In this step, the MHP/DMC-ODS should describe the plan for data analysis and interpretation of PIP results. The data collection plan described in Step 7 should link to plan for data analysis.

The data analytic plan should be based on a CQI philosophy and reflect an understanding of lessons learned and opportunities for improvement. Interpretation of the PIP results should involve assessing the causes of less-than-optimal performance and collecting data to support the assessment.

The primary source for the assessment should be analytic reports of PIP results prepared by the MHP/DMC-ODS, including both baseline and repeat measurements of PIP outcomes. In addition, reasonable benchmarks should be included, where possible, such as state-level data, data from other counties, or industry benchmarks.

This protocol requires the analysis to assess the extent to which any change in performance is statistically significant; however, it does not specify a level of statistical significance that must be met. MHPs/DMC-ODS should indicate the level of statistical significance used in the analysis and which findings were statistically significant.

**Complete Worksheet 8: Data Analysis and Interpretation of PIP Results**

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# Worksheet 8: Data Analysis and Interpretation of PIP Results

## WORKSHEET 8: DATA ANALYSIS AND INTERPRETATION OF PIP RESULTS

After carrying out the PIP, collecting, analyzing and interpreting the data, answer the following questions *with respect to the original aim of the PIP*:

| |
|---|
| What are the results of the study? |
| How often were the data analyzed? |
| Who conducted the data analysis, and how are they qualified to do so? |
| How was change/improvement assessed? |
| To what extent was the data collection plan adhered to—were complete and sufficient data available for analysis? |
| Were any statistical analyses conducted? If so, which ones? Provide level of significance. |
| Were factors considered that could threaten the internal or external validity of the findings examined? |
| Additional Information or comments |

# Worksheet 8: Data Analysis and Interpretation of PIP Results

Present the objective results at each interval of data collection. Complete this table and add (or attach) other tables/figures/charts as appropriate.

**TABLE 8.1  PIP RESULTS SUMMARY**

| Performance Measures | Baseline Measurement | Re-measurement 1 | Re-measurement 2 | Dates of Baseline and Re-measurements | FINAL Measurement |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

➡️ **Step 8: Describing the Data Analysis and Interpretation of PIP Results**

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# Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP

## STEP 9: ADDRESS THE LIKELIHOOD OF SIGNIFICANT AND SUSTAINED IMPROVEMENT THROUGH THE PIP

*Step 9 corresponds to CMS PROTOCOL STEP 9 – Assess The Likelihood that Significant and Sustained Improvement Occurred.*

In this step, CalEQRO assesses the likelihood that significant and sustained improvement occurred as a result of the PIP. The assessment builds on findings from the previous steps. In this step, CalEQRO assess the overall validity and reliability of the PIP methods and findings to determine whether or not it has confidence in the results.

An important component of a PIP is to determine if the reported change is "real" change, or the result of an environmental or unintended consequence, or random chance. It is also essential to demonstrate sustained improvement.

To do so requires repeated measurements be conducted over the course of the PIP, and whether significant change in performance relative to baseline measurement was observed. The repeat measurement should use the same methodology as the baseline measurement. Any deviations in methodology (such as sampling, data source, or variable definition) must be thoroughly documented. If the PIP is in the early stages of implementation, and repeated measurements are not yet available, the analysis plan should describe the methodology for subsequent measurement. In assessing the likelihood that PIP results are sustainable, the analysis should include which findings were found to be significant either statistically, clinically, or programmatically over time.

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# Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP

PIP documentation should include the following

- Data that analyzes changes in processes or beneficiary outcomes based on the variables included and compared to baselines and benchmarks.

- Extent to which there was a quantitative improvement in process or outcomes.

- Extent to which statistical evidence supports that the improvement is true improvement.

- Results of statistical significance testing.

- Extent to which the improvements appear to be the result of the PIP improvement strategies.

- Issues associated with data analysis.


Potential sources of supporting information include:

- Statistical significance testing calculated on baseline and repeat indicator measurements (clarify that the appropriate test was used, such as a t-test for small samples)

- Benchmarks for quality specified by the state Medicaid agency or found in industry standards

- Interviews with staff and providers about the implementation and results of the PIP intervention

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# Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP

The EQRO will review the PIP methods and findings to assess whether there is evidence of statistically significant improvement that may be associated with the intervention implemented as part of the PIP. In addition, the EQRO may supplement the quantitative assessment with information gathered through interviews with staff and/or providers about the implementation and results of the PIP improvement strategies. Qualitative information may inform the assessment of whether observed changes were likely to be attributable to the PIP intervention, as opposed to a short-term event unrelated to the intervention or random chance.

**Complete Worksheet 9: Likelihood Of Significant And Sustained Improvement Through The PIP**

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# Worksheet 9: Likelihood of Significant and Sustained Improvement Through the PIP

| |
|---|
| What is the conclusion of the PIP? |
| Do improvements appear to be the results of the PIP interventions? Explain. |
| Does statistical evidence support that the improvement is true improvement? |
| Did any factors affect the methodology of the study or the validity of the results? If so, what were they? |
| What, if any, factors threatened the internal or external validity of the outcomes? |
| Was the improvement sustained through repeated measurements over comparable time periods? (If this is a new PIP, what is the plan for monitoring and sustaining improvement?) |
| Were there limitations to the study? How were untoward results addressed? |
| What is the MHP/DMC-ODS's plan for continuation or follow-up? |
| Additional Information or comments |

➡️ **Step 9: Address the Likelihood of Significant and Sustained Improvement Through the PIP**

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# Questions



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# PIP Validation Worksheets

## WORKSHEETS FOR PROTOCOL 1:
## PIP VALIDATION TOOLS AND REPORTING FRAMEWORK

**Instructions.** Use these or similar worksheets to assist in validating Performance Improvement Projects (PIPs) conducted by the MHP/DMC-ODS. These worksheets provide templates for validating PIPs and a framework for reporting on validated PIPs in the external quality review (EQR) technical report. This tool includes the following worksheets cross walked to the applicable Activity and Step:

| Worksheet name | Protocol activity and step |
|---|---|
| Worksheet 1.1. Review the PIP Topic | Activity 1. Step 1. Review the Selected PIP Topic |
| Worksheet 1.2. Review the PIP Aim Statement | Activity 1. Step. 2. Review the PIP Aim Statement |
| Worksheet 1.3. Review the Identified PIP Population | Activity 1. Step 3. Review the Identified PIP Population |
| Worksheet 1.4. Review the Sampling Method | Activity 1. Step 4. Review the Sampling Method |
| Worksheet 1.5. Review the Selected PIP Variables | Activity 1. Step 5. Review the Selected PIP Variables |
| Worksheet 1.6. Review the Data Collection Procedures | Activity 1. Step 6. Review the Data Collection Procedures |
| Worksheet 1.7. Review Data Analysis and Interpretation of PIP Results | Activity 1. Step 7. Review Data Analysis and Interpretation of PIP Results |
| Worksheet 1.8. Assess the Improvement Strategies | Activity 1. Step 8. Assess the Improvement Strategies |
| Worksheet 1.9. Assess the Likelihood that Significant and Sustained Improvement Occurred | Activity 1. Step 9. Assess the Likelihood that Significant and Sustained Improvement Occurred |
| Worksheet 1.10. Perform Overall Validation of PIP Results | Activity 2. Perform Overall Validation and Reporting of PIP Results |
| Worksheet 1.11. Framework for Summarizing Information about Performance Improvement Projects (PIPs) | Activity 2. Perform Overall Validation and Reporting of PIP Results |

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# PIP Validation Worksheets

For each PIP, please complete the following information

| | |
|---|---|
| MHP/DMC-ODS name | |
| MHP/DMC-ODS contact name and title | |
| Mailing address　: | |
| Contact email address | |
| EQRO interview date | |
| Performance Improvement Project (PIP) name | |
| PIP start and end date | MM/DD/YY to MM/DD/YY |
| Beneficiaries<br><br># Medicaid/CHIP beneficiaries in MHP/DMC-ODS: _____<br><br># Medicaid/CHIP beneficiaries in the PIP: _____<br><br># Total number of MHP/DMC-ODS beneficiaries in the PIP: _____ | |

# Worksheet 1.1

**Worksheet 1.1. Review the Selected PIP Topic**

**PIP Topic** _____

Assess the appropriateness of the selected PIP topic by answering the following questions about the MHP/DMC-ODS and PIP. Insert comments to explain "No" and "Not applicable (NA)" responses.

| Question | Yes | No | NA | Comments |
|---|---|---|---|---|
| 1.1 Was the PIP topic selected through a comprehensive analysis of beneficiary needs, care, and services (e.g., consistent with demographic characteristics and health risks, prevalence of conditions, or the need for a specific service by beneficiaries)? (If the PIP topic was required by the state, please check "not applicable" and note in comments.) | | | | |
| 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? <br><br> • To the extent feasible, input from beneficiaries who are users of, or concerned with, specific services areas should be obtained. | | | | |

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# Worksheet 1.1

| Question | Yes | No | NA | Comments |
|---|---|---|---|---|
| | | | | |
| 1.4 Did the PIP topic address care of special populations or high priority services, such as:<br>• Children with special health care needs<br>• Adults with physical disabilities<br>• Children or adults with behavioral health issues<br>• People with intellectual and developmental disabilities<br>• Preventive care<br>• Acute and chronic care<br>• High-volume or high-risk services<br>• Continuity or coordination of care from multiple providers and over multiple episodes<br>• Appeals and grievances<br>• Access to and availability of care | | | | |
| 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. | | | | |

# Worksheet 1.2

**Worksheet 1.2. Review the PIP Aim Statement**

**PIP Aim Statement** _____

Assess the appropriateness of the selected PIP topic by answering the following questions. Insert

comments to explain "No" and "Not Applicable (NA)" responses.

| Question | Yes | No | NA | Comments |
|---|---|---|---|---|
| 2.1 Did the PIP aim statement clearly specify the improvement strategy, population, and time period for the PIP? | | | | |
| 2.2 Did the PIP aim statement clearly specify the population for the PIP? | | | | |
| 2.3 Did the PIP aim statement clearly specify the time period for the PIP? | | | | |
| 2.4 Was the PIP aim statement concise? | | | | |
| 2.5 Was the PIP aim statement answerable? | | | | |
| 2.6 Was the PIP aim statement measurable? | | | | |
| 2.7 Overall assessment: In the comments section, note any recommendations for improving the PIP aim statement. | | | | |

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# Worksheet 1. 3 – 1.9

| |
|---|
| Worksheet 1.3. Review the Identified PIP Population |
| Worksheet 1.4. Review the Sampling Method |
| Worksheet 1.5. Review the Selected PIP Variables |
| Worksheet 1.6. Review the Data Collection Procedures |
| Worksheet 1.7. Review Data Analysis and Interpretation of PIP Results |
| Worksheet 1.8. Assess the Improvement Strategies |
| Worksheet 1.9. Assess the Likelihood that Significant and Sustained Improvement Occurred |

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# Worksheet 1.10

**Worksheet 1.10. Perform Overall Validation of PIP Results**

Provide an overall validation rating of the PIP results. The "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 evidence of significant improvement. Insert comments to explain the rating.

| PIP Validation Rating (check one box) | Comments |
|---|---|
| ☐ High confidence<br>☐ Moderate confidence<br>☐ Low confidence<br>☐ No confidence | |

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# Worksheet 1.11

**Worksheet 1.11. Framework for Summarizing Information about Performance Improvement Projects (PIPs)**

## 1. General PIP Information

| |
|---|
| **Mental Health MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name:** |
| **PIP Title:** |
| **PIP Aim Statement:** |
| **Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)**<br>☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)<br>☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)<br>☐ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic) |
| **Target age group (check one):**<br><br>☐Children only (ages 0–17)*    ☐Adults only (age 18 and over)    ☐Both adults and children<br>*If PIP uses different age threshold for children, specify age range here: |
| **Target population description, such as specific diagnosis (please specify):** |

**2.   Improvement Strategies or Interventions (Changes tested 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) |
| Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) |
| 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) |

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### 3. Performance Measures and Results (Add rows as necessary)

| 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<br>Specify P-value:<br>☐ <.01 ☐ <.05<br>Other (specify): |

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# Worksheet 1.11 cont'd

## 4. PIP Validation Information

| 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): |

**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:**

# Questions



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# Contact Information- Behavioral Health Concepts

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**\*PIP Technical Assistance is available from your assigned Quality Reviewer**


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