

FY 2020-21 PIP Clinic PIP Development and the CMS Protocol

December 17, 2020

Presented by: Samantha Fusselman, LCSW, CPHQ
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Welcome and Overview

- Introductions

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- Objectives

CMS External Quality Review Protocols, 2019
PIP Development Steps 1, 2, 5, 6
PIP Validation

- Questions & Answer Format

CMS External Quality Review (EQR) Protocols

- The Centers for Medicaid & Medicare Services (CMS) develops EQR protocols to guide and support the annual EQR process*
- October 2019 Revision
 - First change since 2012
 - Incorporates federal Medicaid managed care final rule
- Protocol 1: Validation of Performance Improvement Projects
 - Requires one clinical and one non-clinical PIP
 - Identifies specific activities, steps, and worksheets

**See section 1932(c)(2)(A)(iii) of the Social Security Act and 42 C.F.R. § 438.352*

Prior PIP Clinics

June 29, 2020

Why update the PIP Development Tool?



PIP Clinic

June 29, 2020

Overview: CMS Protocol 1 – Performance Improvement Projects

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BHC

July 30, 2020

Why update the PIP Development Tool?



FY 2020-21 PIP Development and Implementation Tool

July 30, 2020
Presented by: Amy McCurry Schwartz, Esq., MHSA

BHC | Behavioral Health Concepts, Inc.

<https://bhceqro.com/pip-library#pip-clinics>

CMS Protocol 1 – Performance Improvement Projects



Link to CMS Protocols

CMS External
Quality Review
Protocols

<https://www.medicare.gov/medicare/quality-of-care/medicare-managed-care/quality-of-care-external-quality-review/index.html>

BHC

BHC

Behavioral Health
Concepts, Inc.

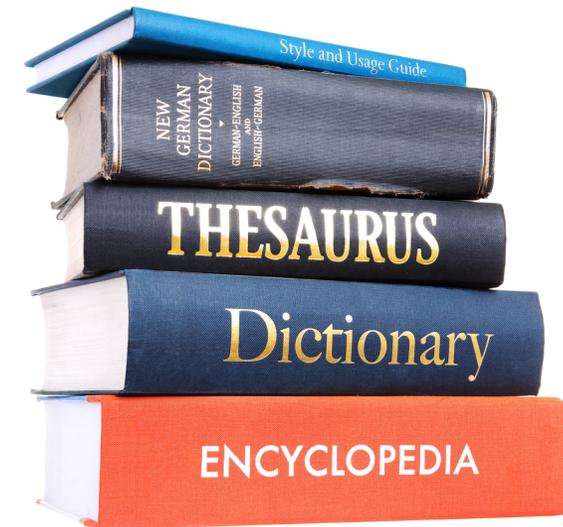
FY 2020-21 Forms for Counties on calegro.com

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



Materials for County to Complete PIP Development Tool

PERFORMANCE IMPROVEMENT PROJECT (PIP) DEVELOPMENT & IMPLEMENTATION TOOL



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



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.

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](#)

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 | <input type="checkbox"/> Clinical <input type="checkbox"/> 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: Drafting the PIP Topic

Very similar to the 2012 CMS Protocol Step 1

PIPs should target improvement in relevant areas of clinical and non-clinical services. In this step, the EQRO determines the appropriateness of the selected PIP topic(s). It is recommended that the aims of the National Quality Strategy be considered when developing PIP topics:

- Better care for patients and families
- Improved health for communities and populations
- Affordable health care

More information about the National Quality Strategy is available from the Agency for Healthcare Research and Quality (AHRQ) at

<https://www.ahrq.gov/workingforquality/about/index.html>

Step 1: Drafting the PIP Topic

Briefly describe the aim of the PIP and the improvement strategy(ies). (What is the problem that the PIP seeks to address?)

Example County A:

“The PIP seeks to reduce the wait time for clients to enter into residential treatment. This will involve tracking the wait time from the initial contact with a client to the Level of Care (LoC) assessment for residential treatment, and from the LoC assessment to opening a residential treatment episode. The LoC assessment is based on the ASAM criteria.

More specifically, the goals of the PIP are to:

Goal 1) Increase the proportion of clients requesting residential treatment whose initial request for treatment was documented on the Timely Access Log so that we can track the length of time from the initial contact with the client (by phone or walk-in) to the LoC assessment.

Intervention:

Residential treatment program staff will be retrained on the requirement to complete the Timely Access Log for each request for service, explaining the importance of this data for monitoring timely access. Quality management will produce and distribute compliance reports monthly to program managers for monitoring completion of the Timely Access Log.”

Step 1: Drafting the PIP Topic

Briefly describe the aim of the PIP and the improvement strategy(ies). (What is the problem that the PIP seeks to address?)

Example County A cont'd:

Goal 2) Reduce the number of days from initial contact with the client to the LoC assessment.

Intervention 1:

Programs will hire additional staff and/or reallocate existing staff time to ensure adequate staffing to conduct timely intake LoC assessments.

Intervention 2:

By providing ASAM, Medical Necessity and DSM-5 trainings, it is expected that staff will become more accurate and efficient in completing the LOC assessment and will result in fewer assessments being returned for revisions. This will free up staff time so that they can initiate the LOC assessment more quickly for new clients.

Step 1: Drafting the PIP Topic

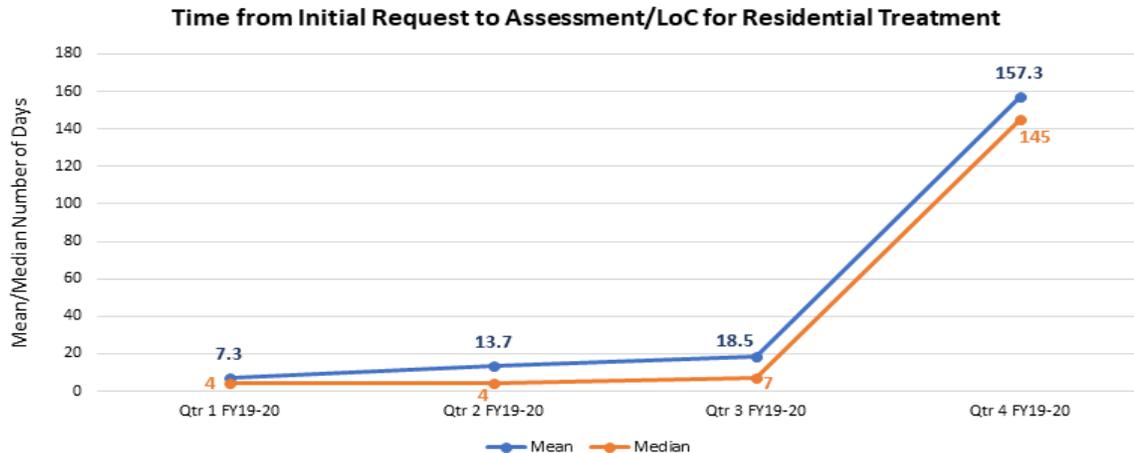
What MHP/DMC-ODS data have been reviewed that suggest the issue is a problem?

Example County A:

1) Use of the Timely Access Log

The data that we reviewed for FY19-20 regarding use of the Timely Access Log revealed compliance to be a significant issue among all our residential treatment providers. Even our largest provider, HR 360, only had 7% (47 out of 660) of the clients with LoC assessments entered on the Timely Access Log; the four new programs combined only had one record in the Timely Access Log, comprising only 1% of the LoC assessments done.

2) Time from initial contact to LoC assessment



Step 1: Drafting the PIP Topic – Barrier Analysis

What are the barrier(s) that the data analysis has determined to be the cause of the problem?

Example County A:

The barriers contributing to delays to residential treatment were determined through a needs assessment. In January 2020, SUD staff met with each of the four new programs and conducted a root-cause analysis to identify barriers impacting their ability to meet the target of admitting clients into residential treatment within 10 days of the first request for services.

As a result of the needs assessment, we identified the following barriers to timely access to residential treatment:

1. Some program staff are not able to accurately and efficiently complete the ASAM LOC.
2. Some program staff are not sufficiently knowledgeable about DSM-5 diagnoses and medical necessity to accurately complete these components of the LOC.
3. Limited capacity of LOC-trained staff for timely intake appointments (appointments are scheduled beyond the 10-day benchmark).
4. Lack of a review process for the LOCs before submission

Step 2: Developing the Aim Statement

STEP 2: DEVELOPING THE AIM STATEMENT

[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.

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? | <ul style="list-style-type: none">• The PIP intervention is not specified• It is unclear how impact will be measured• 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? | <ul style="list-style-type: none">• Specifies the PIP intervention (cognitive behavioral therapy)• Defines the population (patients with depression and obesity) and time period (six-month period during 2017)• Specifies the measurable impact (improve depressive symptoms) |

Step 2: Drafting the Aim Statement

Similar to 2012 CMS Protocol Step 2: Define the Study Question

- In this step, the EQRO assesses the appropriateness and adequacy of the 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.

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? Start MM/YYYY End MM/YYYY |
| |
| Additional Information or comments |



[Step 2: Developing the Aim Statement](#)

Step 2: Drafting the Aim Statement

What is the Aim Statement of this PIP? (The Aim statement should be concise, answerable, measurable and time bound.)

Example County B:

“Will providing peer mentoring services to adult clients who are hospitalized for psychiatric care during their transition to outpatient care improve the percentage who step-down to the first point of outpatient mental health services at Open Access from 38% to 55%, and for clients who made it to the first point of care, to more permanent ongoing outpatient mental health care from 75% to 84%.”

Step 2: Drafting the Aim Statement

Briefly state the improvement strategy that this PIP will use. (Additional information regarding the improvement strategy/intervention should be supplied in Worksheet 6.)

Example County B:

“The improvement strategy will consist of a peer mentor intervention in which clients are paired with a peer mentor who provides support from the time of hospital discharge through to linkage with ongoing outpatient care.”

Step 2: Drafting the Aim Statement

What is the Aim Statement of this PIP? (The Aim statement should be concise, answerable, measurable and time bound.)

Example County C:

“By (1) building the capacity of: a centralized Access Call center to provide clinically appropriate SUD screenings and referrals, and (2) developing new scheduling and staffing structures to support both on-demand/same day intake assessments, can County-operated SUD programs achieve 55% attendance at scheduled assessments and 95% at same-day, unscheduled assessments?”

Step 2: Drafting the Aim Statement

Briefly state the improvement strategy that this PIP will use. (Additional information regarding the improvement strategy/intervention should be supplied in Worksheet 6.)

Example County C:

“Streamline entry to services through the Access Call Center by developing the tools and staffing capacity to conduct clinically relevant SUD screenings and referrals:

- Increase experienced staffing
- Train staff
- Deploy call management software
- Use newly developed ASAM-criteria based screening tool

Develop shared calendar and a staffing configuration to accommodate both on-demand and scheduled initial assessments

- Institute ‘counselor of the day’ to provide on-demand assessments
- Share calendars to support scheduled assessments”

Questions



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.

Step 5: Selecting PIP Variables and Performance Measures

Similar to 2012 CMS Protocol Step 4: Select the study variable(s)

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.

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

Step 5: Selecting PIP Variables and Performance Measures

Independent Variable –

An independent variable is exactly what it sounds like. It is a variable that stands alone and isn't changed by the other variables you are trying to measure.

The Independent variable is a type of variable used in experimental sciences, statistical modeling, and mathematical modeling which doesn't depend on any other variables in the scope of the experiment

Step 5: Selecting PIP Variables and Performance Measures

Dependent Variable –

Just like an independent variable, a dependent variable is exactly what it sounds like. It is something that depends on other factors.

The dependent variable is a type of variable used in experimental sciences, statistical modeling, and mathematical modeling which depends on any other variables in the scope of the experiment.

- A dependent variable cannot be manipulated by the experimenter as the changes are brought by the independent variables.

Step 5: Selecting PIP Variables and Performance Measures

Example: County B – Aim Statement

“Will providing peer mentoring services to adult clients who are hospitalized for psychiatric care during their transition to outpatient care improve the percentage who step-down to the first point of outpatient mental health services at Open Access from 38% to 55%, and for clients who made it to the first point of care, to more permanent ongoing outpatient mental health care from 75% to 84%.”

Step 5: Selecting PIP Variables and PMs

What are the PIP variables used to track the intervention(s)? The outcome(s)? Refer to the tables 5.1 – 5.3 for details.

Example: County B

TABLE 5.1 VARIABLE(S) AND INTERVENTION(S)

| Goal | (Independent) Variable | Intervention | Performance Measure (Dependent Variable) | Improvement Rate |
|--|---|--|--|------------------|
| Increase step-down from inpatient hospitalization to outpatient care | <ul style="list-style-type: none"> 1) Number of clients who are offered peer mentoring services 2) Number of clients who accept peer mentoring services 3) Number of contacts a peer mentor has with the clients | 1) Link clients to peer mentoring services prior to hospital discharge until linkage to Recovery Open Access | % of hospitalized clients who receive a step-down services at Recovery Open Access | |
| Increase continuation/linkage to ongoing care | <ul style="list-style-type: none"> 1) Number of clients who are offered peer mentoring services 2) Number of clients who accept peer mentoring services 3) Number of contacts a peer mentor has with the clients | 1) Continue peer mentoring services until the client is linked to ongoing mental health care | % of hospitalized clients who link to ongoing outpatient care after receiving services at Recovery Open Access | |
| Repeat hospitalizations | <ul style="list-style-type: none"> 1) Number of clients who are offered peer mentoring services 2) Number of clients who accept peer mentoring services 3) Number of contacts a peer mentor has with the clients | 1) Individuals with multiple hospitalizations will be linked to intensive outpatient services in addition to receiving peer mentoring services | % of clients who are readmitted to the hospital within 30 days. | |

Step 5: Selecting PIP Variables and PMs

What are the PIP variables used to track the intervention(s)? The outcome(s)? Refer to the tables 5.1 – 5.3 for details

Example: County B

TABLE 5.2 SOURCES OF INDEPENDENT AND DEPENDENT VARIABLES

| | Variable | Source of Data | Availability of Data |
|---|-----------------------------------|--|---|
| 1 | Hospital Admissions | EHR & the Inpatient Database | Collected on a continuous basis, reviewed annually |
| 2 | Linkage to Open Access | Open Access Database | Collected on a continuous basis, reviewed quarterly |
| 3 | Linkage to Ongoing Care | Open Access Database | Collected on a continuous basis, reviewed quarterly |
| 4 | Peer mentoring enrollment | Peer Mentoring Database | Collected on a continuous basis, reviewed quarterly |
| 5 | Number of peer mentoring contacts | Spreadsheet maintained by the Peer Mentoring Program | Collected on a continuous basis, reviewed annually |

Step 5: Selecting PIP Variables and PMs

Example: County A

“The PIP seeks to reduce the wait time for clients to enter into residential treatment. This will involve tracking the wait time from the initial contact with a client to the Level of Care (LoC) assessment for residential treatment, and from the LoC assessment to opening a residential treatment episode. The LoC assessment is based on the ASAM criteria.”

Step 5: Selecting PIP Variables and PMs

What are the PIP variables used to track the intervention(s)? The outcome(s)? Refer to the tables 5.1 – 5.3 for details

Example: County A

TABLE 5.1 VARIABLE(S) AND INTERVENTION(S)

| Goal | (Independent) Variable | Intervention | Performance Measure (Dependent Variable) |
|---|--|---|--|
| Increase the proportion of clients with an LoC assessment recorded on the Timely Access Log | Number of staff trained on the use of the Timely Access Log | Timely Access Log training Monthly compliance reports distributed to programs | The percentage of clients with an LoC assessment whose first contact requesting treatment is recorded on the Timely Access Log |
| Reduce the number of days from request for residential services to LoC assessment. | Number of staff who are certified to complete LoC assessments (contingent on successful completion of the LoC training, including the ASAM criteria, DSM 5, and Medical Necessity) | LoC assessment training including ASAM Criteria, DSM 5, and Medical Necessity. | The proportion of clients who get an assessment within 2 days of initial contact. |
| Reduce the number of days from request for residential services to LoC assessment. | Full Time Equivalent (FTEs) staffing allocated to conduct intake LoC assessments. | Programs to hire additional staff or reallocate staff time to conduct intakes | The proportion of clients who get an assessment within 2 days of initial contact. |
| Increase the approval rate of LoC's upon the first submission | Number of staff who are certified to complete LoC assessments (contingent on successful completion of the LoC training, including the ASAM criteria, DSM 5, and Medical Necessity) | LoC assessment training including ASAM Criteria, DSM 5, and Medical Necessity. Monthly technical assistance meetings and case reviews to address reasons why LoCs were rejected by TAP | The proportion of clients with an LoC approved after the first submission |
| Reduce the number of days from the LoC assessment to the to the residential episode opening date. | Number of LoC's approved upon the first submission | LoC assessment training including ASAM Criteria, DSM 5, and Medical Necessity. Monthly technical assistance meetings and case reviews to address reasons why LoCs were rejected by TAP | The proportion of clients who wait 3 days or less from the LoC assessment to opening a residential treatment episode |

Step 5: Selecting PIP Variables and PMs

What are the PIP variables used to track the intervention(s)? The outcome(s)? Refer to the tables 5.1 – 5.3 for details

Example: County A

TABLE 5.2 SOURCES OF INDEPENDENT AND DEPENDENT VARIABLES

| Variable | | Source of Data | Availability of Data |
|----------|---|---|---|
| 1 | Number of staff trained on the use of the Timely Access Log | Documentation of staff attendance at Timely Access Log training. | Staff attendance logs are available immediately following Timely Access Log training. |
| 2 | Number of staff who are certified to complete LoC assessments | ASAM Diploma of Completions and DSM-5 and Medical Necessity training completion certificates submitted by programs to Substance Use Project Manager | Submitted upon completion of ASAM, DSM-5 and Medical Necessity Training; ongoing |
| 3 | Number of LoC's approved upon the first submission | Avatar | Ongoing; updated for each LoC submitted to TAP |
| 4. | Number of FTEs allocated to conduct intake assessments | Initial staffing obtained from Contract Appendix B: CRDC. Changes in FTE allocation will be documented in monthly technical assistance meeting notes. | Monthly |

Step 5: Selecting PIP Variables and PMs

What are the performance measures?

Example: County A

TABLE 5.3 PERFORMANCE MEASURE (PM) DESCRIPTIONS

| Performance Measure | | Source of Data | Aspect of care that PM addresses |
|---------------------|--|--|--|
| 1 | The percentage of clients with an LoC assessment who are recorded on the Timely Access Log | Timely Access Log and Episode Opening Data in Avatar | Timely access to treatment |
| 2 | The proportion of clients who get an assessment within 2 days of initial contact. | Avatar | Timely access to treatment; increasing likelihood of engagement in treatment |
| 3 | The proportion of clients with an LoC approved upon the first submission | Avatar LoC Approval Report | Timely access to treatment; increased likelihood of engagement in treatment |
| 4 | The proportion of clients who wait 3 days or less from the LoC assessment to opening a residential treatment episode | Avatar | Timely access to treatment; increased likelihood of engagement in treatment |

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.

Similar to 2012 CMS Protocol Step 6: Reliably collect data

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 |

Step 6: Describe Improvement Strategy (Intervention) and Implementation Plan

Describe the improvement strategy/intervention.

Example – County B

“Implementation of this PIP will take place over the course of 3 years, with interventions corresponding to FY 18-19, FY 19-20, and FY 20-21.

Year 1 (FY 18-19) will focus on implementation of the peer mentor intervention for clients who are receiving inpatient care.

In years 2 and 3, lessons learned from the first year of implementation will be utilized to modify the intervention and involve other hospitals within XXXXX County in order to implement the intervention for other populations.

The peer mentor intervention will target increasing step-down to outpatient care following hospital discharge from 50% to 82%. The development of the intervention has included input from consumers and a peer mentor who is a participant of the PIP committee; modifications to and expansions of the intervention will also include input from consumers. Evaluation, including fidelity checks, will be conducted to assess the implementation of the intervention and its impact on the performance indicator.”

Step 6: Describe Improvement Strategy (Intervention) and Implementation Plan – cont'd

“Peers will provide support to the clients throughout the intervention by:

- Sharing lived experiences and explaining why engaging in follow-up treatment services is important to their recovery
- Helping clients navigate the county system post hospital discharge
- Helping clients to stay engaged in treatment by continuing to reinforce the benefits of treatment
- Assisting clients in maintaining, or developing support networks
- Assisting clients in locating community resources they may need
- Helping clients make outpatient mental health appointments – in some cases

Step 6: Describe Improvement Strategy (Intervention) and Implementation Plan – cont'd

- Arranging transportation, or transporting the client from home to their appointments and back home again (or wherever they are residing if homeless)
- Assisting clients in getting to their appointments by either transporting them there, or calling a cab for them to take them there
- Meeting the client at the appointment if the client has chosen to get to the appointment on their own
- Sitting in with clients during their appointments with either the Plan Coordinator or MD, if that is the desire of the client
- Maintaining close contact with clients who do not have housing in order to minimize the risk of losing that client prior to their scheduled follow-up appointments

Step 6: Describe Improvement Strategy (Intervention) and Implementation Plan

TABLE 6.1 IMPROVEMENT STRATEGY SUMMARY

| | Intervention | Intervention Target Population | Date (MM/YYYY) Intervention Began | Frequency of Intervention Application | Corresponding Process Indicator(s) |
|---|--|--|-----------------------------------|---|---|
| 1 | Station a peer navigator at the hospital who will explain the peer mentor program and connect clients to peer mentors | All clients who are receiving inpatient care and are referred to Recovery Open Access as their first point of outpatient mental health services post-discharge | 12/2018 | Start of the intervention and as needed | 1) Number of clients who are offered peer mentoring services 2) Number of clients who accept peer mentoring services 3) Number of contacts a peer mentor has with the clients |
| 2 | Social worker at RTRC completes the psychosocial assessment to determine discharge planning needs and if the client will be referred to Recovery Open Access and is eligible for the peer intervention | All clients discharged from RTRC acute unit | 12/2018 | Each time a client is admitted to the hospital | |
| 3 | Connect clients who agree to participate in the peer mentor program with peer mentors while clients are in the inpatient setting, prior to discharge | All clients who are receiving inpatient care and are referred to Recovery Open Access as their first point of outpatient mental health services post-discharge | 12/2018 | Each time the Peer Navigator enrolls a client in the peer intervention | |
| 4 | Ongoing peer mentoring | All clients who enroll in the peer mentor program | 12/2018 | As needed until the client is linked to services at their permanent outpatient client | |
| 5 | Recovery Open Access clinician continues the assessment process to determine where the client will be referred to for further treatment | All clients enrolled in Recovery Open Access | 12/2018 | Each time a client is referred to Recovery Open Access | |
| 6 | Referral/hand off to ongoing outpatient services | All clients who remain enrolled in the peer mentor program | 12/2018 | Each time a client is referred to an outpatient clinic for continuation of care | |

Step 6: Describe Improvement Strategy (Intervention) and Implementation Plan

TABLE 6.1 IMPROVEMENT STRATEGY SUMMARY

| Years 2 & 3 | | | | | |
|-------------|--|--|---------------------|---|---|
| 7 | Solicit feedback from clients and peer mentors and apply the feedback to the intervention design | All clients who have participated in the peer mentor intervention and all peer mentors who have provided support to clients via the intervention | FY 19-20 & FY 20-21 | Once each year | N/A |
| 8 | Station a peer navigator at another participating hospital, who will explain the peer mentor program and connect clients to peer mentors | All clients who are receiving inpatient care from the participating hospital and are referred to Recovery Open Access as their first point of outpatient mental health services post-discharge | FY 20-21 | Start of the intervention and as needed | 1) Number of clients who are offered peer mentoring services 2) Number of clients who accept peer mentoring services 3) Number of contacts a peer mentor has with the clients |

Questions



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 |

PIP Validation Tables

Table 6: General PIP Information

| MHP Name | |
|---|--|
| PIP Title | |
| PIP Aim Statement | |
| <p>Was the PIP state-mandated, collaborative, statewide, or MHP choice? (check all that apply)</p> <p><input type="checkbox"/> State-mandated (state required MHP to conduct PIP on this specific topic)</p> <p><input type="checkbox"/> Collaborative (multiple MHPs or MHP and DMC-ODS worked together during planning or implementation phases)</p> <p><input type="checkbox"/> MHP choice (state allowed MHP to identify the PIP topic)</p> | |
| <p>Target age group (check one):</p> <p><input type="checkbox"/> Children only (ages 0-17)*</p> <p><input type="checkbox"/> Adults only (age 18 and above)</p> <p><input type="checkbox"/> Both Adults and Children</p> <p>*If PIP uses different age threshold for children, specify age range here:</p> | |
| Target population description, such as specific diagnosis (please specify): | |

PIP Validation Tables

cont'd

Table 7: Improvement Strategies or Interventions

| PIP 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): |

PIP Validation Tables

cont'd

Table 8: Performance Measures and Results

| 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"/> No test of statistical significance |

PIP Validation Tables

cont'd

Table 8: Performance Measures and Results cont'd

| Validation phase: | | PIP status (per DHCS requirement): |
|---|--|-------------------------------------|
| <input type="checkbox"/> Implementation phase | | Active and Ongoing |
| <input type="checkbox"/> Baseline year | | |
| <input type="checkbox"/> First remeasurement | | |
| <input type="checkbox"/> Second remeasurement | | |
| <input type="checkbox"/> Other, completed in XX months prior to the current EQR | | Completed |
| <input type="checkbox"/> PIP submitted for approval | | Concept only, Not Yet Active |
| <input type="checkbox"/> Planning phase | | |
| <input type="checkbox"/> Other, inactive | | Inactive, Developed in a Prior Year |
| Validation rating: | | |
| <input type="checkbox"/> High confidence ⁶ <input type="checkbox"/> Moderate confidence ⁷ <input type="checkbox"/> Low confidence ⁸ <input type="checkbox"/> No confidence ⁹ | | |
| Justification for validation rating: | | |
| <p>“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.</p> | | |
| EQRO recommendations for improvement of PIP: | | |

Questions



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

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