|  |  |  |
| --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services |  | **STATE OF WISCONSIN** |

**Performance Improvement Project (PIP)**

***Proposal and Final Report Format Template***

**Instructions:**

* Reference the PIP section of the Quality Guide for additional information.
* PIP Proposal: Complete standards 1-6 and 8 in this template.
* Final PIP Report Validation: Complete standards 7 and 9 in this template. Make any updates to standards 1-6 and 8 if changes were made after the proposal was approved, including changes made as a result or EQRO recommendations or changes made to facilitate project implementation.

|  |  |  |  |
| --- | --- | --- | --- |
| **HMO Name:** | | | **Report Prepared by:** |
| Click here to enter text. | | | Click here to enter text. |
| **Date Proposal Submitted:** Click here to enter a date. | | | **Date Final Report Submitted:** Click here to enter a date. |
| **Project Title:** Click here to enter text. | | | |
| **Project Implementation Date**: Click here to enter a date. | | | |
| **Please check the following items as applicable to this PIP report** | | | |
| **PIP Proposal Type:**  Clinical  Nonclinical | | | |
| **Population:**  SSI  BC+  Both SSI and BC+ | | | |
| **Primary HMO Contact Regarding PIP Project** Click or tap here to enter text. | | | |
| **Email:** Click or tap here to enter text. | | **Phone:** Click or tap here to enter text. | |
| **HMO Project Team** | | | |
| **Name** | **Title/Department** | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |

|  |
| --- |
| **STANDARD 1: PIP Topic**  ***Standard 1 applies to PROPOSAL and VALIDATION***   * 1. The PIP topic was selected through a comprehensive analysis of HMO member needs, care and services.   2. The PIP topic considered performance on the CMS Child and Adult Core Set measures (if applicable).   3. The selection of the PIP topic considered input from members or providers who are users or concerned with specific service areas.   4. The PIP topic addresses care of special populations or high priority services.   5. The PIP topic aligns with priority areas identified by DHS and/or CMS. |
| 1a. Describe the process or analysis used to prioritize and select this topic as an area or opportunity for improvement related to **reducing health inequities**. HMOs must consider stratification of any or all target populations by rural/urban, sex, age, primary language, race, and/or ethnicity (encouraged to select at least two stratifications) in order to identify health equity quality improvement opportunities.  Information should include:   * Discussion of the member needs assessment or source data that helped identify baseline performance * Baseline data and the timeframe of the baseline data * Address any performance measures considered in the selection of the topic   1b. Describe the relevance of this topic to the HMO’s membership   * Identify how the topic relates to the member health status and/or member experience . Address consideration of health inequities, care of special populations, and/or high priority services as applicable * Identify why the topic is important to members, giving consideration to members’ social determinants of health.   1c. Describe any member and provider input obtained in considering this topic. |
| **Standard 1 PIP Topic:**  Click or tap here to enter text. |
| **STANDARD 2: PIP Aim Statement**  ***Standard 2 applies to PROPOSAL and VALIDATION***   * 1. The PIP aim statement clearly specifies the improvement strategy *(relevant to Standards 8.1 -8.4)*   2. The PIP aim statement clearly specifies the population for the PIP   3. The PIP aim statement clearly specifies the time period for the PIP   4. The PIP aim statement is concise   5. The PIP aim statement is answerable   2.6 The PIP aim statement is measurable |
| 2a. State each PIP aim or question in a concise, answerable, and measurable format, including:   * Specific numerical goal(s) and target date(s) * Intervention or improvement strategy that will be implemented * Rate of desired improvement (from what to what) in each aim or question * Population that will be involved in the PIP |
| **Standard 2 PIP Aim Statement:**  Click or tap here to enter text. |
| **STANDARD 3: PIP Population**  ***Standard 3 applies to PROPOSAL and VALIDATION***   * 1. The project population is clearly defined in terms of the identified PIP question   2. If the entire HMO population is included in the PIP, the data collection approach captures all members to whom the PIP aim or question applies |
| 3a. Describe the relevant population (all members to whom the study question and indicators apply), including:   * Target populations by rural/urban, race, ethnicity, sex, gender, age, primary language, disability, etc. * Any inclusion or exclusion criteria * Any enrollment/eligibility criteria (e.g., requirements for how long members had to be enrolled)   3b. If data for the entire HMO population will be studied, describe how the data collection approach will capture all members to whom the study question applied |
| **Standard 3 PIP Population:**  Click or tap here to enter text. |
| **STANDARD 4: Sampling Method**  ***Standard 4 applies to PROPOSAL and VALIDATION***   * 1. The sampling frame contains a complete, recent, and accurate list of the target PIP population.   2. The sampling method considers and specifies the true or estimated frequency of the event, the confidence interval to be used, and the acceptable margin of error   3. The sample contains a sufficient number of members taking into account non-response   4. The method assesses the representativeness of the sample according to subgroups, such as those defined by age, geographic location, or health status   5. Valid sampling techniques were used to protect against bias |
| 4a. If sampling will be utilized (i.e., data for a sample of the population will be studied and findings generalized to the entire population), provide a detailed explanation of the sampling methods to be used (e.g., sample size/population size, sampling technique used, confidence intervals, acceptable margin of error).  If 4a. is not applicable to this project, enter “N/A” here |
| **Standard 4 Sampling Method:**  Click or tap here to enter text. |
| **STANDARD 5:** **PIP Variables and Performance Measures**  ***Standard 5 applies to PROPOSAL and VALIDATION***   * 1. The variables are adequate to answer the PIP question   2. The performance measures assess an important aspect of care that will make a difference to members’ health or functional status   3. The performance measures are appropriate based on the availability of data and resources to collect the data   4. The measures are based on current clinical knowledge or health services research   5. The performance measures will monitor, track, and compare performance over time; and inform the selection and evaluation of quality improvement activities   6. The HMO considered existing measures such as CMS Child and Adult Core Set, Core Quality Measure Collaborative, certified community behavioral health clinics (CCBHC) measures, HEDIS®, or AHRQ measures   7. The HMO developed new measures based on current clinical practice guidelines or health services research if there were gaps in existing measures   8. The measures captured changes in member satisfaction or experience of care   9. The measures include a strategy to ensure inter-rater reliability (if applicable)   10. The process measure is meaningfully associated with outcomes (if applicable) |
| 5a. List and define all study indicators/performance measures.   * Clearly define each numerator and denominator * Ensure the indicators are concise, measurable, and adequately answer the PIP aim(s) or questions(s)   5b. Briefly summarize how the performance measure(s):   * Assess an important aspect of care that will make a difference to members’ health or experience * Are appropriate based on the availability of data and resources to collect the data * Are based on current clinical knowledge or health services research * Will monitor, track, and compare performance over time and inform the selection and evaluation of quality improvement activities * Address any gaps in existing measures, if applicable   5c. If CMS Child and Adult Core Set, Core Quality Measure Collaborative, certified community behavioral health clinics (CCBHC) measures, HEDIS®, AHRQ or other existing measures are used, include the relevant specifications |
| **Standard 5 PIP Variables and Performance Measures:**  Click or tap here to enter text. |
| **STANDARD 6. Data Collection Procedures**  ***Standard 6 applies to PROPOSAL and VALIDATION***   * 1. The PIP design specifies a systematic method for collecting valid and reliable data that represents the population in the PIP   2. The PIP design specifies the frequency of data collection   3. The PIP design clearly specifies the data sources   4. The PIP design clearly defines the data elements to be collected   5. The data collection plan links to the data analysis plan to ensure that appropriate data would be available for the PIP   6. The data collection instruments will allow for consistent and accurate data collection over the time periods studied   7. Qualitative data collection methods are well-defined and designed to collect meaningful and useful information from respondents (if applicable)   *Administrative Data Sources (if applicable)*   * 1. If inpatient data will be used, the data system captures all inpatient admissions/discharges   2. If primary care data will be used, primary care providers submit encounter or utilization data for all encounters   3. If specialty care data will be used, specialty care providers submit encounter or utilization data for all encounters   4. If ancillary data will be used, ancillary service providers submit encounter or utilization data for all services provided   5. If LTSS data will be used, all relevant LTSS provider services are included   6. If EHR data will be used, patient, clinical, service, or quality metrics are validated for accuracy and completeness as well as comparability across systems   *Medical Record Review (if applicable)*   * 1. A list of data collection personnel and their relevant qualifications is provided   2. For medical record review, interrater and intra-rater reliability is described   3. For medical record review, guidelines for obtaining and recording the data were developed |
| Study results are dependent on accurate and valid data that are collected appropriately. Clearly describe the data collection components for all PIP indicators.  6a. Identify all data sources (e.g., claims/administrative data, member files)  6b. Describe how data was collected  6c. Provide a list of data collection personnel and their relevant qualifications  6d. Describe how the data was stored and aggregated (e.g., registry, database)  6e. Describe how the data was analyzed and by whom  6f. Describe the frequency of data collection and analysis  For continuing projects, include the data from the previous year(s) in addition to any data from the current year. Include samples of any data collection tools or instruments as an attachment. |
| **Standard 6 Data Collection Procedures:**  Click or tap here to enter text. |
| **STANDARD 7. Data Analysis and Interpretation of PIP Results**  ***Standard 7 applies to VALIDATION. HMOs do not need to address this in the PIP Proposal.***  7.1 The analysis was conducted in accordance with the data analysis plan.  7.2 The analysis included baseline and repeat measurements of project outcomes.  7.3 The analysis assessed the statistical significance of any differences between the initial and repeat measurements  7.4 The analysis accounted for factors that may influence the comparability of initial and repeat measurements  7.5 The analysis accounted for factors that may threaten the internal or external validity of the findings  7.6 The PIP compared the results across multiple entities, such as different patient subgroups, provider sites, or HMOs  7.7 PIP results and findings were presented in a concise and easily understood manner  7.8 To foster continuous quality improvement, the analysis and interpretation of the PIP data included lessons learned about less-than-optimal performance |
| In a concise and easily understood manner:  7a. Describe how the data analysis was conducted and aligned with the data analysis plan  7b. Identify the baseline and repeat measurements of the project outcomes  7c. Identify the statistical significance of any differences between the initial and repeat measurements and account for any factors that may influence the comparability of initial and repeat measurements  7d. Discuss any factors that may threaten the internal or external validity of the findings  7e. As applicable, discuss comparison of the results across multiple entities, such as different member subgroups, provider sites, or HMOs  7f. Identify and discuss any lessons learned about less-than-optimal performance   * Include baseline, interim data, and repeat measurement(s)   + Was the same methodology used for the baseline and repeat measurements?   (Note Standard 9.1)   * + Are the numerical results accurate and clear? * Effectiveness and/or accuracy of the numerators and denominators used in data analysis * Discussion of ongoing data review in accordance with the data analysis plan. * Include any tables, charts, and/or graphs as applicable   For continuing projects, include any data and analysis from both the current year and previous year(s). |
| **Standard 7 Data Analysis and Interpretation of PIP Results:**  Click or tap here to enter text. |
| **STANDARD 8. Improvement Strategies**  ***Standard 8 applies to PROPOSAL and VALIDATION***  8.1 The selected improvement strategy was evidence-based, that is, there was existing evidence (published or unpublished) suggesting that the test of change would be likely to lead to the desired improvement in processes or outcomes (as measured by the PIP variables)  8.2 The strategy was designed to address root causes or barriers identified through data analysis and quality improvement processes  8.3 The rapid-cycle PDSA approach was used to test the selected improvement strategy.  8.4 The strategy was culturally and linguistically appropriate  8.5 The implementation of the strategy was designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., member risk factors, Medicaid program changes, provider education, clinic policies or practices)  8.6 Building on the findings from the data analysis and interpretation of PIP results, the PIP assessed the extent to which the improvement strategy was successful and identify potential follow-up activities |
| 8a. Describe how the improvement strategy was selected with respect to available evidence from the literature, data, root cause analysis, or barrier analysis  8b. Explain how the improvement strategy was determined to be likely to lead to the desired improvement in processes or outcomes  8c. Discuss how the improvement strategy was designed to address root causes or barriers identified through data analysis and quality improvement processes, including how the Plan-Do-Study-Act (PDSA) approach was utilized  8d. Discuss how the improvement strategy was culturally and linguistically appropriate  8e. Describe how implementation of the strategy was designed to account or adjust for any major confounding variables that could have an obvious impact on PIP outcomes (e.g., member risk factors, Medicaid program changes, provider education, clinic policies or practices)  8f. With respect to the PIP data analysis and interpretation of the results, explain how the PIP assessed the extent to which the improvement strategy was successful; identify potential follow-up activities (note Standard 9.2 and 9.3)  Include any materials that were developed and/or used for interventions, such as, member educational materials, practice guidelines, etc., as attachments to this report.  For continuing projects, provide documentation that focuses on interventions implemented during the current project period. |
| **Standard 8 Improvement Strategies:**  Click or tap here to enter text. |
| **STANDARD 9. Significant and Sustained Improvement**  ***Standard 9 applies to VALIDATION. HMOs do not need to address this in the PIP Proposal.***  9.1 The same methodology was used for baseline and repeat measurements.  9.2 There was quantitative evidence of improvement in processes or outcomes of care.  9.3 The reported improvement in performance was likely to be a result of the selected intervention.  9.4 There is statistical evidence (e.g., significance tests) that any observed improvement is the result of the intervention.  9.5 Sustained improvement was demonstrated through repeated measurements over time. |
| 9a. Clearly describe how the same methodology was used for baseline and repeat measurements  9b. Specify the quantitative evidence of improvement in processes or outcomes of care  9c. Discuss the extent to which reported improvement in performance was likely to be a result of the selected intervention(s), including any statistical evidence  9d. If applicable, identify any sustained improvement demonstrated through repeated measurements over time  For continuing projects, include the relevant data from previous year(s) and any analysis of the data from the current year to previous year(s). |
| **Standard 9 Significant and Sustained Improvement:**  Click or tap here to enter text. |

**In the space below:**

* **Please list any references relevant to this PIP final report.**
* **Attach any relevant documents (or include attachments in the report submission packet)**

Click or tap here to enter text.