

## **CDO Exhibit J**

### **Performance Improvement Projects (PIP)**

The projects included in this Exhibit J are designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time and are expected to have a favorable effect on health outcomes.

If Contractor does not have performance improvement projects meeting the standards identified in the Contract Section 5, subsection (I)(4)(a), Contractor must conduct a minimum of two performance improvement projects to meet this requirement. For this Contract Year the performance improvement projects are tobacco cessation and the mental health/ physical health Collaborative PIP.

Contractor shall submit to DMAP the Tobacco Cessation baseline (due March 15, 2007), worksheet and re-measurement (due August 1, 2008) as instructed in this Exhibit J. The state will complete Activity 1 for the Tobacco Cessation project. The project will be documented on a PIP worksheet found in the Conducting Performance Improvement Projects and reproduced in Exhibit J.

Contractor shall submit to DMAP the Collaborative project baseline minimum requirement of Activity 1, 2 and 3 (due March 15, 2008), worksheet, and re-measurement (due August 1, 2009) as instructed in Exhibit J. The state will complete Activity 1 for the mental health/ physical health Collaborative PIP. The project will be documented on a PIP worksheet found in the Conducting Performance Improvement Projects and reproduced in Exhibit J. DMAP

### **Program Requirements**

The purpose is to promote and implement performance improvement initiatives and services for Contractor's DMAP Members through a health systems improvement process. Contractor must demonstrate on-going activities and improvements over time. Contractor must designate at least one staff person to participate in the Quality and Performance Improvement Workgroup meetings. This staff person is generally responsible for the implementation of the performance improvement projects developed by the Quality and Performance Improvement Workgroup within Contractor's plan and will report how Contractor has met the minimum necessary requirements listed below:

- a) Develop and implement performance improvement projects, as required in Contract Section 5, subsection (I)(4)(a), or for tobacco cessation and the Collaborative PIP designed to demonstrate significant improvement, sustained over time;
- b) Provide presentations on the performance improvement projects to the Quality and Performance Improvement Workgroup and, if requested, the OHP Medical Director's Group;

- c) Provide annual written performance improvement project baseline, worksheets and re-measurement on each performance improvement topic to DMAP (see attached project worksheet forms) and;
- (d) Projects must contain elements in the PIP Annual plan.
- (e) Evidence of sustainability of previous PIP projects must be documented and submitted to DMAP by March 15 of each contract year, for the previous calendar year, as an inclusion of the annual QI report. This includes verification of the continuation of successful tobacco cessation activities and interventions.

Other prevention activities as identified and agreed upon by Contractor and DMAP, or as mandated by the Centers for Medicaid and Medicare Services (CMS).

## PIP Annual Plan

### Report J1. Tobacco cessation project Report Instructions

#### CONDUCTING PERFORMANCE IMPROVEMENT PROJECT WORKSHEET

*Use this or a similar worksheet as a guide while designing and conducting performance improvement projects. Document the completion of each step. Refer to the protocol for detailed information on each area.*

Demographic Information		
MCO/PIHP Name or ID:		
Project Leader Name:		
Telephone Number:		
Name of Performance Improvement Project		
Date of Study Period: ___ / ___ / ___ to ___ / ___ / ___		
Type of Delivery System (check all that are applicable)		
<input type="checkbox"/> Staff Model <input type="checkbox"/> Network <input type="checkbox"/> Direct IPA <input type="checkbox"/> IPA Organization	<input type="checkbox"/> MCO <input type="checkbox"/> PIHP	<input type="checkbox"/> Number of Medicaid Enrollees in MCO or PIHP <input type="checkbox"/> Number of Medicare Enrollees in MCO or PIHP <input type="checkbox"/> Number of Medicaid Enrollees in Study <input type="checkbox"/> Total Number of MCO or PIHP Enrollees in Study
Number of MCO/PIHP primary care physicians _____		
Number of MCO/PIHP specialty physicians _____		
Number of physicians in study _____		
Component/Standard Number	Comments	Date Comp.
Activity 1. SELECT THE STUDY TOPIC(S)		
1.1. Study topic is selected through data collection and analysis of comprehensive aspects of enrollee needs, care and services.		
1.2 The topic(s), over time, address a broad spectrum of key aspects of enrollee care		

and services.		
1.3. The topics, over time, include all enrolled populations: i.e., do not exclude certain enrollees such as those with special health care needs.		

### Activity 2. DEFINE THE STUDY QUESTION(S)

2.1. The study question(s) is/are clearly stated in writing.

### Activity 3. SELECT STUDY INDICATOR(S)

3.1. The study has objective, clearly defined, measurable indicators.

3.2. The indicators measure changes in health status, functional status, or enrollee satisfaction, or valid proxies of these outcomes.

### Activity 4. USE A REPRESENTATIVE AND GENERALIZABLE STUDY POPULATION

4.1. The at-risk population is defined.

4.2. If the study includes the entire population, the data collection approach captures all enrollees to whom the study question applies.

### Activity 5. USE SOUND SAMPLING TECHNIQUES

5.1. The sampling technique considers and specifies the true frequency of occurrence, the confidence interval and the margin of error.

5.2. A sufficient number of enrollees are sampled.

5.3. Valid sampling techniques are used.

### Activity 6. RELIABLY COLLECT DATA

6.1. The data to be collected are clearly specified.

6.2. The sources of data are clearly specified.

6.3. The methods of collecting data are clearly defined.

6.4. The data collection instruments provide for consistent, accurate data collection.		
6.5. The study design specifies a data analysis plan.		
6.6. Qualified staff and personnel are used to collect the data.		
<b>Activity 7. IMPLEMENT INTERVENTION AND IMPROVEMENT STRATEGIES</b>		
7.1 Reasonable interventions are undertaken to address causes/barriers identified through data analysis and QI processes undertaken.		
<b>Activity 8. ANALYZE DATA AND INTERPRET STUDY RESULTS</b>		
8.1. Analysis of findings are conducted according to the data analysis plan.		
8.2. Results and findings present numerical data in a way that provides accurate, clear and easily understood information.		
8.3. The analysis identifies initial and repeated measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity.		
8.4. The analysis includes an interpretation of the extent to which the PIP was successful and follow-up activities.		
<b>Activity 9: PLAN FOR “REAL” IMPROVEMENT</b>		
9.1. The same methodology as the baseline measurement is used, when measurement is repeated.		
9.2. An analysis is conducted to determine if there is quantitative improvements in processes or outcomes of care.		
9.3. An assessment is made to determine if improvement in performance has face validity		

9.4. An analysis is conducted to determine statistical evidence of observed improvement.		
<b>Activity 10: ACHIEVE SUSTAINED IMPROVEMENT</b>		
10.1. Repeated measurements is conducted to determine sustained improvement.		

**Record any additional comments pertinent to the design and/or conduct of the study:**

