

FCHP/PCO 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 (Q)(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 asthma and the mental health/physical health Collaborative PIP.

Contractor shall submit to DMAP the asthma project baseline (due March 15, 2007), worksheet and remeasurement (due August 1, 2008) as instructed in this Exhibit J. The State will complete Activity 1 for the asthma 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 this 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.

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 (QPI) 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 (Q)(4)(a), or for asthma 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 remeasurement 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 updated tobacco cessation data as outlined by DMAP in Parts B and C of the Tobacco Cessation Milestone Report DMAP and documentation of sustainability of the activities and interventions to promote early childhood cavities prevention (ECCP).

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

PIP Annual Plan

Report J1. Asthma project Report Instructions

FCHP Performance Improvement Project (PIP)

Asthma Care – Measure Description

Study Questions

Does a plan intervention with members who met the asthma criteria¹ and/or provider system significantly increase the rate of 30-day follow-up outpatient visit after an ED visit for asthma? **Favorable rate – High**

And/Or

- A.** Does a plan intervention with Providers show a significant increase in the percentage of members who met the persistent asthma criteria² (and had two or more short-acting inhaled bronchodilator dispensings) and had a medication ratio greater than or equal to 0.33 and 0.5? **Favorable rate - High**

Timelines and Tasks

2007

Each FCHP will submit to DMAP by March 15, 2007 their baseline measurement – calendar year 2005.

The re-measurement year is calendar year 2007.

FCHPs' targeted interventions provided in 2007 will be re-measured (will be calculated by each FCHP in 2008).

2008

The re-measurement is of calendar year 2007 – each FCHP will calculate their re-measurement and submit to DMAP by August 1, 2008.

Study Question A

For continuously enrolled members with asthma, the percentage of ED visits with a primary discharge diagnosis of asthma that have a follow-up outpatient visit within 30 days.

¹ Asthma criteria defined in the QPIWG Asthma 2006 Performance Measures Specifications

² Persistent asthma criteria defined in the QPIWG Asthma 2006 Performance Measures Specifications

Denominator

ED visits (1/1/05 through 12/31/05 for the baseline year and 1/1/07 through 12/31/07 for the re-measurement year) with primary diagnosis of asthma by continuously enrolled members with asthma³.

Numerator

Of the ED visits in the denominator, how many had an outpatient visit with diagnosis codes 460 – 519⁴ (in any diagnosis position) within 30 days of the ED visit. (Service dates 1/2/05 through 1/30/06 for baseline follow-up visits and look for service dates 1/2/07 through 1/30/08 for re-measurement follow-up visits)

Study Question B

For continuously enrolled members with persistent asthma with two or more short-acting inhaled bronchodilator canisters and/or nebulizer dispensings, the percentage that have a medication ratio greater than or equal to 0.33 and 0.5.

Denominator

Total number of continuously enrolled members with persistent asthma with two or more short-acting inhaled bronchodilator canisters and/or nebulizer dispensings.

Numerator

Number of continuously enrolled members with persistent asthma with two or more short-acting inhaled bronchodilator canisters and/or nebulizer dispensings and had a medication ratio greater than or equal to 0.33 and 0.5.

Ratio = (canisters of inhaled corticosteroid) divided by (canisters of inhaled corticosteroid + canisters of short-acting inhaled bronchodilator + inhaled short-acting inhaled bronchodilator nebulizer dispensings)

³ See QPIWG Asthma 2006 Performance Measure Specifications for definition of primary diagnosis of asthma and continuously enrolled member with asthma.

⁴ ICD-9 codes 460 – 519 are all categories of diseases of the respiratory system in the ICD-9 nomenclature.

Report J2: The Collaborative PIP 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.		
Activity 7. IMPLEMENT INTERVENTION AND IMPROVEMENT STRATEGIES		
7.1 Reasonable interventions are undertaken to address causes/barriers identified through data analysis and QI processes undertaken.		
Activity 8. ANALYZE DATA AND INTERPRET STUDY RESULTS		
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.		
Activity 9: PLAN FOR “REAL” IMPROVEMENT		
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.		
Activity 10: ACHIEVE SUSTAINED IMPROVEMENT		
10.1. Repeated measurements is conducted to determine sustained improvement.		