

Performance Improvement Project (PIP) Fact Sheet and FAQ



General Information

A performance improvement project (PIP) is a project designed to achieve significant improvement, sustained over time, in health outcomes and Medicaid member experience. Coordinated Care Organizations (CCOs) are required to conduct PIPs that focus on both clinical and non-clinical areas per 42 CFR 438.330, as part of a CCO's quality assessment and performance improvement (QAPI) program.

Oregon requires CCOs to undertake PIPs in at least four of the eight quality improvement focus areas listed below:

1. Reducing preventable re-hospitalizations
2. Addressing population health issues (such as diabetes, hypertension and asthma) within a specific geographical area by harnessing and coordinating a broad set of resources, including Traditional Health Workers, public health services, and aligned federal and state programs, etc.
3. Deploying primary care teams to improve and reduce preventable or unnecessarily costly utilization by "super-users"
4. Integrating primary care, behavioral health care and/or oral health care
5. Ensuring appropriate care is delivered in appropriate settings
6. Improving perinatal and maternity care
7. Improving primary care for all populations through increased adoption of the PCPCH model of care throughout the CCO networks
8. Social Determinants of Health and Health Equity

The four required projects are covered by:

- Two statewide PIPs – one focused on care integration (focus area 4) and one focused on substance use disorder (currently addressing focus area 2)
- Two CCO selected specific PIPs with projects addressing two of the remaining six focus areas

Statewide PIPs

For statewide PIPs, the PIP topic is selected collaboratively with all CCOs and OHA, then adopted by all CCOs with a common performance measurement. Each statewide PIP is intended to have a common goal with the flexibility for each CCO to develop interventions to meet the needs of their community. Therefore, each CCO conducts individualized root cause analyses, design interventions, prioritize various sub-populations, and adopts additional performance metrics specific to their clinical system(s) and community. All CCOs receive data and reports from OHA for the common performance measurement, which is used for External Quality Validation (EQR)

Performance Improvement Project (PIP) Fact Sheet and FAQ



measurement. EQR is required for statewide performance PIPs as part of 42 CFR 438.358. See EQR section for additional details relating to statewide PIP.

Technical assistance is provided and available to CCOs regularly from multiple sources to learn and improve quality and performance methodologies:

Organization	Potential Technical Assistance
External Quality Review Organization	EQR PIP validation protocol EQR PIP validation tools PIP barrier analysis Measurement validation
Oregon Health Authority Analytics team	Measurement methodology Measurement reporting Statistical improvement methods
Oregon Health Authority QI team	Barrier analysis Data driven strategies Health equity strategies Improvement strategies Peer learning environments

As of December 2024, the current statewide integration PIP is Mental Health Access Monitoring, and the current substance use disorder (SUD) PIP is Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). The Mental Health Access PIP will be retired following the calendar year 2024. See below for the timelines for the two statewide PIPs.

	Mental Health Access PIP	SUD IET PIP
Baseline year	2021	2022
Remeasurement 1	2022	2023
Remeasurement 2	2023	2024
Remeasurement 3	2024	2025
Next step	Select a new PIP	Continue improvement interventions for remeasurement year 3
Year: calendar year		

More information on statewide PIPs can be found on the [Statewide Performance Improvement Project website](#).

External Quality Review (EQR)

Validation of performance improvement projects by a qualified External Quality Review Organization (EQRO) is a mandatory external quality review (EQR) activity set forth in 42 CFR 438.358. Oregon's EQRO is Health Services Advisory Group (HSAG). Currently, only the statewide PIPs undergo EQR validation.

When conducting external quality review activities, EQROs follow the [CMS External Quality Review Protocols](#). HSAG uses Protocol 1 to validate the statewide PIPs. The requirements of this protocol help shape the design of statewide PIPs.

PIP Reporting

CCO Selected PIPs

Status reporting is required semi-annually for the two CCO selected specific PIPs. Status reports are due on January 31 and July 31 of each year with the January 31 report reflecting the work performed between July 1 and December 31 of the previous contract year, and the July 31 report reflecting the work performed during January 1 through June 30 of the current contract year (see table below).

Note: The reporting requirement for CCO selected PIPs has been waived for contract year 2024. Semi-annual reporting for CCO selected PIPs will resume with the July 31, 2025 report for January 1 – June 30, 2025 activities. The memo waiving the reporting requirements for contract year 2024 is posted on the [CCO Plan Contract Announcements webpage](#).

Reporting Schedule for CCO-selected PIPs	
Reporting Period	Report Due Date
January – June	July 31
July – December	January 31

Statewide PIPs

For the two statewide PIPs, an annual status report is due on January 31 of each contract year. In addition, annual reporting for the purpose of External Quality Review (EQR) is due on July 31 of each contract year.

Reporting Schedule for Statewide PIPs		
Reporting Period	Report Due Date	Purpose/Reporting Form
January – December (previous calendar year)	January 31	OHA review PIP Progress Report Template
January – December (previous calendar year)	July 31	EQR HSAG Statewide PIP submission form

CCOs should use the PIP Progress Report Template on the [OHA CCO Contract Forms website](#) for the semi-annual CCO-chosen PIP status reports and the annual January statewide PIP status report. The July 31 statewide PIP reporting for EQR should utilize HSAG's Statewide PIP submission form, which can be found on the [Statewide Performance Improvement Project website](#).

All PIP reports should be submitted via the CCO Deliverables Portal.

Note: The 2024 annual progress report for statewide PIPs, normally due January 31, 2025, has been waived for the Mental Health Access PIP and the due date for the SUD IET PIP has been extended to May 30, 2025. The memo regarding these changes to the reporting requirements for contract year 2024 is posted on the [CCO Plan Contract Announcements webpage](#).

Starting a New PIP

To start a new PIP, CCOs should complete and submit a PIP Notification Form, which can be found on the [Quality Improvement Program website](#). This form should be submitted for OHA staff review and approval within 35 days of undertaking a new PIP per CCO contract. When submitting the PIP Notification Form, the CCO must also notify OHA which PIP they have closed. A PIP Notification form should be submitted via the CCO Deliverables Portal.

As noted above, CCOs must cover four of the seven PIP focus areas at any given time. This should be taken into consideration when selecting a new PIP topic. If there are questions relating to which focus area to select for a new PIP, please contact OHA Quality Improvement Program staff for discussion. The intention is for CCOs to cover a wide array of clinical improvements that are important for the community needs and CCOs strategic direction in meeting the Triple Aim.

Ending a PIP

To end a PIP, “close out”, CCOs should notify OHA Quality Improvement Program staff via e-mail which PIP is ending along with a close-out date. This can be done simultaneous with submission of a new PIP Notification Form.

In the next semi-annual report following ending the PIP, CCO should submit the final report out on the project. “Quarterly status” on this report should be either “Adopt/systematize interventions” or “Abandon”.

Frequently Asked Questions

What should we consider when choosing a PIP topic?

There are several considerations to keep in mind when choosing a new PIP topic. These considerations include:

- Review of metrics and other performance indicators. Where are there performance gaps? As part of a comprehensive QAPI program, PIP topics should align other elements within the QAPI, such as performance measures. Review performance measures and other indicators of performance, such as member satisfaction survey results, for opportunities for improvement.
- Strategic priorities for your organization. Of the existing opportunities for improvement, which align with your organization’s top priorities? Aligning a PIP with strategic priorities makes it more likely to get the support and resources it needs to succeed.
- Leadership and community support. Which potential PIP topics have internal leadership and/or broader support? PIPs can be time- and resource-intensive, which is inclusive of CCO and health systems (providers) staff. Having buy-in from leadership, system partners, and community will make a PIP more likely to succeed for quality and equity care.
- PIP focus areas. CCOs are required to address at least four of the eight quality improvement focus areas (see p. 1). What focus areas are not being addressed by existing QI efforts?

What makes a PIP “non-clinical”?

While CMS’s Protocol 1 does not define clinical or nonclinical, HSAG considers a PIP to be clinical or nonclinical based on the performance indicator(s) defined for the PIP. Therefore, HSAG recommends that each nonclinical PIP include a performance indicator focused on a nonclinical aspect of care, which is not a clinical service or visit. Examples of nonclinical care and services include transportation, language/interpreter services, and SDOH screening.

What does it mean to “adapt/revise” a PIP?

This is one of the options you have when you to “Act” at the end of your PDSA cycle. Adapting or revising your PIP means that, after you “Study” and analyze the results of your cycle, you are

deciding to change your improvement interventions in some way. There are a couple different scenarios where this may be a good option:

- The results of your improvement interventions are not quite what you hoped, but there is room to tweak the interventions without changing everything. In this case, you may change a few steps in a protocol, add an additional component to an intervention, or shift to focus on a particular population.
- You've had some success with a specific population or small-scale change and want to expand the population or implement the change in an additional setting.
- You have not seen any improvement but still feel that the issue is worth addressing and that there are new ways to look at the processes. In this case, you may want to revisit your initial analysis of the problem and revise your change theory in addition to revising your interventions.

When is the appropriate time to move on or end a PIP?

It completely depends on what is happening with your PIPs. The following are a few scenarios where you may consider ending a PIP:

- A PIP has worked well and your CCO has seen the desired results on a continuous basis. In this case, you should “adopt” the change (e.g. operationalize into your CCO, health system partner(s)) and continue to monitor it as part of the CCO quality program, then choose a new PIP.
- A PIP can stall for a variety of reasons (e.g. resource changes, metric changes, change or lack of leadership buy-in). It is critical to have clinical and organizational leadership to drive change to allocate resources, spotlight improvement, and strategically align efforts. Therefore, if a PIP lacks leadership buy-in, it may be best to choose a different project.
- The community needs change, or the “problem statement” has been resolved. In this case, resources may be better directed elsewhere.

What if a PIP is not showing improvement or movement in the metric?

If a PIP is not going anywhere despite best attempts, then summarize the problems and consult with the OHA quality team as to whether to end the PIP, change the focus, or change the intervention. With limited resources and time, if a PIP is truly not headed in the right direction, it may be necessary to abandon and select another focus.

What is the difference between a PIP and a focus study?

A focus study assesses quality of care related to particular services at a point in time. A PIP is a project that involves implementing a change intervention and assessing improvement over time. Both PIPs and focus studies may examine clinical or nonclinical aspects of care. A focus study may be part of an extensive “Plan” phase in the PDSA cycle.

How do PIPs and a Transformation and Quality Strategy project relate?

A PIP may be a Transformation and Quality Strategy (TQS) project and vice versa. However, each item may also be separate projects depending on the complexity due to various factors: the cross-sectional partners involved, the populations served, the measure and/or indicators, time of project, or the goal and objectives determined. For example, a project that is up stream in care delivery involving multiple partners, long-term multi-year, process and long-term cross-sectional health and social determinants of health/health related social needs measures would be more in line with TQS. PIPs and/or a focus study are to achieve significant improvement in measurement of quality performance with objective indicators, as well as to generally sustain this improvement over time (42 CFR 438.330)

Glossary

Acronym List	
Acronym	Meaning
CQI	Continuous Quality Improvement
EQR	External Quality Review
EQRO	External Quality Review Organization
PDCA	Plan-Do-Check-Act
PDSA	Plan-Do-Study-Act
PIP	Performance Improvement Project
PM	Performance Management
QA	Quality Assurance
QAPI	Quality Assessment and Performance Improvement
QI	Quality Improvement
SMART	Specific – Measurable – Attainable – Relevant – Time-bound

Key Terms	
Term	Definition
AIM Statement	A written, measurable and time-sensitive statement of the expected results of an improvement process. Similar to SMART objective.

Performance Improvement Project (PIP) Fact Sheet and FAQ



Balance Measure	A measure that ensures the changes in one part of the system are not causing problems in another part of the system.
Baseline	An initial set of observations or data used for comparison. The basis against which change is measured.
Benchmark	A level of achievement against which organizations can compare or assess their progress. A standard of excellence. Generally set externally based on the highest performing organizations in the field.
External Quality Review (EQR)	The analysis and evaluation of aggregated information on quality, timeliness and access to healthcare services furnished to Medicaid beneficiaries. Conducted by an external quality review organization
External Quality Review Organization (EQRO)	An organization that meets the competence and independence requirements set forth in 42 CFR 438.354 and performs external quality review activities as set forth in 42 CFR 438.358
Focus Areas	Categories of improvements for PIPs as defined in Oregon CCO contracts.
Focus Study	A study of a particular aspect of clinical care or nonclinical services provided by a managed care plan at a point in time. See 42 CFR 438.358(c)(5)
Indicator	Established measure used to determine how well an organization is meeting performance expectations.
Measure	The criteria, metric, or means for quantifying an outcome.
Measurement Year (MY)	Calendar year (YYYY) for the measure reporting period.
Outcome Measure	A change in the health of an individual, group of people, or population that is attributable to an intervention or series of interventions. Measures the ultimate desired end result of interest. Examples: cigarette smoking prevalence, childhood immunization status, HbA1c ≤ 7
Performance Improvement Project (PIP)	A project that implements an intervention designed to achieve and sustain significant improvement in health outcomes over time.
Performance Management (PM)	The practice of actively using performance data to improve outcomes. It involves the strategic use of performance standards, measures, progress reports and ongoing quality improvement efforts to ensure an organization achieves desired results.

Performance Improvement Project (PIP) Fact Sheet and FAQ



Plan-Do-Study-Act (PDSA)	An iterative four-stage model for improving a process or carrying out change. PDSA is a cycle that should be used repeatedly for continuous change. Also referred to as Plan-Do-Check-Act (PDCA).
Process Measure	Measures intervention or process delivery and activities. Examples: # cigarette smokers connected to quit resources, # clinics implementing vaccination reminder systems, HbA1c testing frequency
Quality Assurance (QA)	A program for the systematic monitoring and evaluation to ensure that standards of quality are being met. Ensures compliance with a set of criteria.
Quality Improvement (QI)	The use of a deliberate process (such as PDSA) to improve outcomes. Refers to a continuous and systematic effort to achieve measurable improvements in efficiency, effectiveness, performance or other quality.
Target	A desired number related to a performance or outcome measure. Targets are the performance level that an organization is striving to achieve. Generally set internally. Example: 3% improvement over baseline
Target population	A group of people or entities that an intervention intends to affect.

Resources

The resources listed below are hyperlinked to the websites for each resource. Click the name for the resource to get access to organization/group's website.

[Health Services Advisory: Oregon External Quality Review website](#)

[Center for Medicare and Medicaid \(CMS\): Medicaid Quality website](#)

[OHA CCO Contracts Forms website](#)

[OHA CCO Metrics website](#)

[OHA Quality Assurance website](#)

[OHA Quality Improvement website](#)

[OHA Quality Health Outcomes Committee \(QHOC\) meeting website](#)

[OHA Statewide Performance Improvement website](#)

Contact Information

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