

Performance Improvement Project (PIP)

General Information

Focus Areas

Performance improvement projects (PIPs) are based on seven clinical focus areas as conveyed in Oregon's Medicaid 1115 demonstration waiver and Coordinated Care Organization (CCO) contract:

1. Reducing preventable re-hospitalizations.
2. Addressing population health issues (such as diabetes, hypertension and asthma) within a specific geographic area by harnessing and coordinating a broad set of resources, including community workers, public health services, aligned federal and state programs, etc.
3. Deploying care teams to improve care and reduce preventable or unnecessarily-costly utilization by —super-utilizers .
4. Integrating primary care and behavioral health.
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 Patient-Centered Primary Care Home model of care throughout the CCO network.

Quantity

As detailed in Oregon's Medicaid 1115 demonstration waiver and CCO contract, OHA will ensure that each CCO will commit to improving care in at least four of the seven focus areas listed above. Three of these four projects may serve as a CCO's Performance Improvement Projects in accordance with 42 CFR 438.358 and 438.240. The fourth project is the statewide PIP, which follows the [CMS PIP Protocol 7](#) and is managed by OHA's External Quality Review Organization (EQRO), HealthInsight, formerly known as Aumentra.

The four required projects are covered by:

- One Statewide PIP
- Two PIP topics; of CCO choosing among focus areas
- One Focus study; of CCO choosing among focus areas

Statewide PIP

The statewide PIP topic is adopted by all CCOs with a common performance measurement. However, CCOs will utilize community interventions, target various sub-populations and adopt additional performance metrics that meet the needs of their clinical system and community. All CCOs will receive data and reports from OHA for the common performance measurement. Additionally, CCOs will receive regular support from the EQRO regarding technical assistance, barrier analysis, and coordination as desired.

PIP Glossary

Acronym	Definition
AIM	A written, measurable, and time-sensitive statement of the expected results of an improvement process. *similar to objective, SMART goal
Balance Measure	A measure that ensures the changes in one part of the system are not causing problems in another part of the system
Benchmark	The measurement goal. May be developed internally considering state benchmarks or national standards.
Focus Areas	Categories of improvements for PIPs as defined in Oregon’s CMS 1115 waiver
Focus Study	Similar to a PIP. Exploratory project, pilot project
Intervention Effectiveness	Measurement that informs effectiveness of the interventions (e.g. # of outreach letters mailed, # of attendees trained, % of accurate addresses)
Measure Title	Short, descriptive title of the measure.
Measurement Year	Calendar year (YYYY) for reporting period on progress reporting form
Outcome Measure	Measures the results of the health care (e.g. HbA1c \leq 7)
PDSA	Plan – Do – Study – Act
PIP	Performance Improvement Project
PM	Performance Management
Process Measure	Measures the intervention step/process (e.g. HbA1c testing frequency)
QA	Quality Assurance
QI	Quality Improvement
Quarterly Status	The status of the PIP at the end of the reporting period.
SMART	Specific – Measurable – Attainable – Relevant – Time.
Target	Similar to CCO incentive metrics, “improvement target”. Improvement target is calculated as improvement from baseline. Specific percentage improvement determined internally at CCO.

New PIP

A new PIP is submitted to the Oregon Health Authority using the PIP Notification Form. When submitting a new PIP, the CCO must also notify OHA which PIP is closed. CCOs must cover four of the seven focus areas. If there are questions relating to which focus area to select for a new PIP, please contact a PIP coordinator for discussion. The intention is for CCOs to cover a wide array of clinical improvements that are important for the community needs and CCO strategic direction in meeting the Triple Aim.

Submit the PIP notification form to Lisa Bui at lisa.t.bui@state.or.us

Progress Reporting Instructions

Report Due Date

Quarterly reporting is required for all PIPs (including focus studies).

Reporting Period	Report Due Date
January – March	April 30
April – June	July 31
July – September	October 31
October – December	January 31

Report Format

Quarterly progress report for all PIP and focus studies are documented in the PIP progress reporting Form (last updated June 2016). Required components of the form include:

PIP Progress Reporting Form Item	Form Page #	PIPs Required
Background (Team Sponsors, Aim, Population, Expected Outcomes)	1	PIP & Focus Study
Progress Update (Existing interventions, Study Measurement)	2	ALL
Progress Update (Additional info, quarterly status)	3	ALL

**ALL- Includes Statewide PIP*

Optional PIP Progress Reporting Components:

- Graphs/Charts
- Work Plan (Gantt chart, project plan)
- Measurement strategy
- Driver Diagrams
- Root Cause development: Fish Bone, Affinity Exercise

Report Submission

Submit reports to the following:

Statewide PIP: pipteam@acumentra.org

PIPs/focus studies: CCO.MCOCDeliverableReports@dhsosha.state.or.us

Frequently Asked Questions

How do I end a PIP?

- In the quarterly progress report include the final report out of interventions, measurement and the “Quarterly Status” of Abandon or Adopt (see Figure 1)
- Include a new PIP notification form with the progress report for the PIP that’s ending
- Email progress report on due date

Figure 1: PIP Progress Reporting Form

Quarterly Status: <input type="checkbox"/> Continue / Monitor <input type="checkbox"/> Adapt/Revise <input type="checkbox"/> Abandon (drop and move to alternate PIP) <input type="checkbox"/> Adopt/systematize interventions

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

It completely depends upon what is happening with your PIPs. A few scenarios are provided below:

- If a PIP has worked well and your CCO has seen the desired results, have you established it in a re-measurement that the PIP is sustaining? If yes, your CCO should continue to monitor it as part of the CCO quality program but adopt a new PIP.
- If a PIP lacks leadership buy-in, you may want to choose a different project. Clinical and organizational leadership to drive change is needed to allocate resources, spotlight improvements, and strategically align efforts.
- If the community needs change or the “problem statement” has been resolved, it may be time to end a PIP.

What does “adapt/revise” a PIP mean?

- If your PIP has stalled or an alternate PDSA cycle is needed and you don’t want to start over completely, then look at the intervention(s) and lessons learned and decide if a set of interventions will further enhance improvement and change the focus as needed. You do not need to make adjustments for each of the steps (if following a protocol).
- Examples: expansion of population, variation in targeted population, inclusion of community level intervention to an existing clinic or provider-level intervention or vice versa.

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 with OHA quality team and consider a consultation with HealthInsight as to whether to end the PIP, change the focus or the intervention.
- With limited resources and time, if a PIP is truly not headed in the right direction, it may be necessary to change the focus.

What if I want to monitor the metric only?

- If your plan has focused a PIP on a certain performance measure, has improved as much as anticipated and wants to move on for that reason (maybe things that were put in place are working to continue the measure improvement without it still being an active PIP), that could be an acceptable rationale.

What is the difference between a PIP and focus study?

A focus study, generally speaking, is more exploratory. For example a feasibility study or pilot study. Environmental scan, “Plan” stage of PDSA more extensive.

Contact Information

The statewide PIP is managed by OHA’s External Quality Review Organization (EQRO), HealthInsight.
Email: pipteam@acumentra.org

OHA Quality Team

Lisa Bui, Quality Improvement Director, Oregon Health Authority. Phone: 971-673-3397 or email: OHA.QualityQuestions@state.or.us