Statewide Performance Improvement Project (PIP) Annual Progress Report Evaluation Criteria

Purpose

This document outlines the evaluation criteria and scoring system for CCO Statewide Performance Improvement Project (PIP) Annual Progress Reports.

Background

A performance improvement project (PIP) is a project designed to achieve significant improvement, sustained over time, in health outcomes and Medicaid member experience. 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 four PIPs: two statewide PIPs and two CCO-selected PIPs. For statewide PIPs, the PIP topic is selected collaboratively with all CCOs and OHA and 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, designs interventions, prioritizes various sub-populations, and adopts additional performance metrics specific to their clinical system(s) and community.

Scoring process

OHA subject matter experts will review the submitted reports based on the evaluation criteria provided within this document. Each criterion will be scored as either 1 or 0, with 1 indicating "meets expectations" and 0 indicating "expectations not met." CCOs are expected to score at least 24 points (meet 80% of evaluation criteria) to be considered compliant with OHA expectations for the Statewide PIP annual progress report deliverable.

For statewide PIP questions, please contact: OHA Quality Improvement Team at OHA.QualityQuestion@oha.oregon.gov.

Section/Subsection	Evaluation Criteria	Total Possible Score
Section 1: Plan		
Project team	Not applicable. Responses to this subsection are not scored. The purpose is to give reviewers insight into who is leading the work within the CCO and how they are organizing their improvement team.	N/A
Root cause analysis	CCO provides a description of their approach to root cause analysis including (1 pt): • Who was involved • What QI tools were used • What data was used and how data was analyzed CCO documents clear conclusions from root cause analysis process (1 pt), including barriers selected to address (1 pt). Approach to root cause analysis described in adequate detail. (1 pt) How frequently the analysis is reviewed or revisited (1 pt) CCO documents RCA updates including (1 pt): • Date RCA was last revisited. • Changes to root cause analysis conclusions	6 pt.
QI tools used	Not applicable. Responses to this subsection are not scored. The purpose is to give reviewers insight into what QI tools are being applied to the PIP work.	N/A
Section 2: Do-Study-Act		

Improvement strategies	Each improvement strategy has an associated improvement theory statement (1 pt)
	
	CCO provides a description of each improvement strategy which includes:
	  • Overarching goal (1 pt)
	  • Overview of steps involved in implementation (1 pt)
	
	CCO identifies the barrier(s) that the strategy addresses. Barrier is tied to root cause analysis conclusions (1)
	
	CCO has metrics (qualitative or quantitative) in place to monitor the success of each strategy other than the overall PIP indicator. (1 pt)
	
	CCO describes key actions taken to implement each improvement strategy and associated results. (1 pt)
	
	Results of implementation efforts provided including monitoring metric results and/or key accomplishments. (1 pt)
	
	Responses to barriers encountered and lessons learned indicate thoughtful reflection. (1 pt)
	
	CCO plans for each strategy are reasonable and well-considered given the described barriers, results, and lessons learned. (1 pt)
	
	For abandoned or adopted improvement strategies (if applicable), the following information is provided:
	  • The date and reason (if applicable) adopted/abandoned (1 pt)
		12 pt.
		Each strategy will be scored individually according to these criteria.
		Total score for the section will be converted to a number from 0 to 12 based on the average score for all strategies reported.

	• Lessons Learned (1 pt) Improvement strategies described in adequate detail. (1 pt)	
Data analysis and interpretation	Approach to data analysis is appropriate for listed improvement strategies. (1 pt.) CCO accurately describes overall trend in PIP metric for their service area. (1 pt) CCO describes reasonable and appropriate conclusions from their data analysis. (1 pt)	3 pt.
Response to External Quality Review validation	CCO summarizes most recent EQR validation results. (1 pt) CCO demonstrates use of EQR validation process to evaluate and improve their approach to the PIP. (1 pt) Response to validation process indicates thoughtful reflection. (1 pt)	3 pt.
Section 3: Reflect & share		
Reflect & share	Not applicable. Responses to this section are not scored as this section is considered optional. The purpose of this section, if completed, is to provide guidance to OHA staff on directions for CCO technical assistance in support of statewide learning regarding performance improvement.	N/A
Report Overall		
Report Overall	Report is detailed and provides a clear picture of CCO activities for the statewide PIP. (1 pt)	5 pt.

	CCO demonstrates appropriate use of QI tools and techniques. (1 pt)	
	Improvement strategies designed to produce improvement within a reasonable time period/life of the PIP (1 pt.)	
	CCO shows appropriate adjustments in improvement strategies based on PIP data trend. (1 pt)	
	Project includes at least one strategy conducive to rapid cycle improvement work. (1 pt)	
Equity initiatives	Improvement strategies include at least one strategy aimed at addressing equity.	1 pt.
Total		**30 pt**

Bonus Criteria
CCO includes attachments documenting root cause analysis, QI tools used, and data analysis.
Strong use of QI tools and practices throughout.
Selected improvement strategies demonstrate awareness of recognized best practices.