

Oregon Health Authority

New Performance Improvement Project (PIP) Notification Form



CCO Click or tap here to enter text.

QI Project Lead Click or tap here to enter text.

QI Contact e-mail Click or tap here to enter text.

PIP Title Click or tap here to enter text.

PIP Start Date Click or tap to enter a date.

Submission Date Click or tap here to enter text.

PIP Portfolio Update

Has the CCO closed a performance improvement project for implementation of the new project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the title of the closed project?	Click or tap here to enter text.
If yes, what was the closing date?	Click or tap to enter a date.
Was the closed PIP...	<input type="checkbox"/> Adopted <input type="checkbox"/> Abandoned <input type="checkbox"/> N/A
What lessons did your CCO have from the PIP?	
Click or tap here to enter text.	

The Problem

Problem Description
Click or tap here to enter text.
How was this project identified?
Click or tap here to enter text.
What previous attempts have been made to address this problem?
Click or tap here to enter text.

The Project

Project Overview	
Click or tap here to enter text.	
Population(s) of Focus	
Click or tap here to enter text.	
Initial AIM Statement	
Click or tap here to enter text.	
Focus Area	
<input type="checkbox"/> Reducing preventable re-hospitalizations <input type="checkbox"/> Addressing population health issues (such as diabetes, hypertension, and asthma) <input type="checkbox"/> Deploying primary care teams to improve and reduce preventable or unnecessarily costly utilization by “super-users” <input type="checkbox"/> Integrating primary care, behavioral health care and/or oral health care <input type="checkbox"/> Ensuring appropriate care is delivered in appropriate settings <input type="checkbox"/> Improving perinatal and maternity care <input type="checkbox"/> Improving primary care for all populations through increased adoption of the PCPCH model of care throughout the CCO networks <input type="checkbox"/> Social Determinants of Health and Health Equity	
Alignment	
<input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> CCO Incentive Metrics Program <input type="checkbox"/> Quality & Transformation	<input type="checkbox"/> Health Equity Initiatives <input type="checkbox"/> CCO Strategic Plan <input type="checkbox"/> Other: Click or tap here to enter text.

The Team

Team Member Name	Role

The Measure(s) and Data Analysis Plan

Measure	Numerator	Denominator	Data Source(s)	Baseline with date	Improvement Target	Benchmark(s) or National Standard(s)

Is the measure tracked for the PIP fulfilling the CMS non-clinical PIP requirement? ☐ Yes ☐ No

If yes, which measure above: [Click or tap here to enter text.](#)

Is data for all measures readily available? ☐ Yes ☐ No

Will measure(s) give useful, actionable feedback regarding accomplishment of the PIP Aim? ☐ Yes ☐ No

Frequency of PIP measure data collection, analysis, and review
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every 6 months <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify) Click or tap here to enter text.
Data analysis approach
<input type="checkbox"/> Compare monthly numbers without visualization/further analysis <input type="checkbox"/> Statistical significance testing <input type="checkbox"/> Basic trend analysis (run chart) <input type="checkbox"/> Segmentation of data by: <ul style="list-style-type: none"> <input type="checkbox"/> Age <input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Other (please describe) Click or tap here to enter text. <input type="checkbox"/> Unknown

Additional information (*optional*): Click or tap here to enter text.

OHA Quality Improvement Staff to Complete

Review date: Click or tap to enter a date.

Proposal: ☐ Accepted ☐ Requesting more information or modifications ☐ Denied

Comments:

Click or tap here to enter text.