CCO-Selected Performance Improvement Projects (PIP)

Guidance Document and Reporting Instructions for Progress Reports & New PIP Forms

This document provides instructions and guidance to coordinated care organizations (CCOs) for reporting to Oregon Health Authority (OHA) on the CCO-selected performance improvement project work.

Contents

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Background and overview

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 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 care 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 Patient Centered Primary Care Home (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 PIPs with projects addressing two of the remaining six focus areas.

This document focuses on guidance for the CCO-selected PIPs only. Guidance on statewide PIPs can be found in the Statewide PIP Reporting Guidance and Instructions document posted on the [CCO Contract Forms](#) website.

Design & Methodology

For the CCO-selected PIP requirements, the PIP topic is selected by each CCO individually to meet the improvement needs of the CCO's members and community. CCOs are responsible for PIP design and data collection. CCOs should have a quality and/or performance management methodology such as Plan-Do-Study/Check-Act (PDSA/PDCA), Lean, Institute for Health Improvement (IHI) Model for Improvement, or Six Sigma to implement across all PIPs. Additionally, CCOs can utilize quality

improvement tools (e.g. cause effect diagram, fishbone, driver diagram, pareto charts, logic models, surveys) to support in barrier analysis, member engagement, provider engagement, intervention and strategy development, implementation, and evaluation. OHA staff on the QI team are available for consultation and technical assistance.

Starting a new PIP

To start a new PIP, CCOs should complete and submit a New PIP Notification Form, which can be found on the [CCO Contract Forms 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.

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 are 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. 2). What focus areas are not being addressed by existing QI efforts?

For OHA to approve your New PIP Form submission, it must (1) use the current template and (2) the template must be completed in its entirety. If the submission is not approved, you will receive a request to resubmit through the Deliverables Portal.

OHA will provide feedback to each CCO on their submission. CCOs are expected to use the OHA feedback to improve their quality improvement work. CCOs will receive a written assessment with project approval status and OHA feedback within 30 days of

form submission. This information will be delivered via the CCO Contract Deliverables Portal.

All CCOs have the option to have a feedback call with OHA to feedback and suggestions for strengthening the PIP.

Progress reporting

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).

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

Progress report submissions must use the current annual progress report template and be completed in its entirety.

CCOs will receive a written assessment with their scores and OHA feedback. This information will be delivered via the CCO Contract Deliverables Portal. CCOs should use this evaluation to guide changes and improvements to their PIP work.

OHA will schedule a feedback call with any CCOs who score below 28 points to begin discussions on how the CCO can improve their PIP work.

All CCOs have the option to have a feedback call with OHA to discuss their written assessment and areas for improvement. Contact the QI team by emailing, OHA.QualityQuestions@odhsoha.oregon.gov, to schedule a call if desired.

Resources and contact information

The progress report template and supporting documents are available on the CCO Contract Forms page. The following resources may also be helpful to CCO staff when designing and carrying out PIP work. 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](#) (statewide PIP: IET metric)

[OHA Quality Assurance website](#) (EQR technical report with findings and recommendations)

[OHA Quality Improvement website](#)

[OHA Statewide Performance Improvement website](#)

Questions or communications about the statewide PIP, completing the annual progress report, or quality improvement technical assistance can be directed to the OHA Quality Improvement Team at OHA.QualityQuestion@oha.oregon.gov.

Questions about statewide PIP metric data can be directed to the OHA analytics team at metrics.questions@odhsoha.oregon.gov.

Instructions for completing the New PIP Notification Form

The progress report template is a Microsoft Word document that uses fillable form elements and tables throughout. You will need to be familiar with utilizing these features to successfully complete the report. Please contact the OHA QI Team if you need assistance.

At the top of the report, complete the basic PIP and CCO information. The submission date is the date the CCO submits the report to OHA through the CCO Deliverables Portal.

PIP Portfolio Update

The first section of the form is intended to update OHA on the status of previous PIPs. CCOs are expected to maintain at least two CCO-specific PIPs at any given time, so when starting a new PIP, a CCO may decide to close out a previous existing CCO-selected PIP. This section provides an opportunity to inform OHA about any PIP that is being closed out.

Use the yes/no checkboxes to indicate whether your CCO has closed out another CCO-selected PIP in order to create capacity for the new PIP proposed in the form. If "yes" is checked, enter the title of the PIP that has been closed out as well as the date on which the PIP was closed. If "no" was checked, the title and closed date can be left blank.

Has the CCO closed a performance improvement project for implementation of the new project?	☐ Yes ☐ No

If yes, what is the title of the closed project?	Enter the title of the closed project.
If yes, what was the closing date?	Enter the date that the PIP was closed.

If "yes" was checked, use the next set of checkboxes to indicate whether the interventions from the closed PIP were adopted into routine processes and procedures or abandoned due to lack of improvement. If "no" was checked in answer to the first question in the section, please check "N/A." This information is used to assist other CCOs who may be considering similar PIP topics to help inform lessons learned.

Was the closed PIP…	☐ Adopted ☐ Abandoned ☐ N/A
What lessons did your CCO have from the PIP?	
If your CCO is closing out a PIP, briefly describe the lessons learned from the closed-out PIP. What will your CCO carry forward as part of your learning from the PIP?	

The following sections are addressing the new PIP a CCO is proposing.

The Problem

This section of the form is describing the problem that the PIP is intended to address.

Problem Description
Provide a brief description of the opportunity for improvement. Include a summary of the reasons this problem is important to address – who is impacted by this problem? How does this topic have the potential to affect members?
How was this project identified?
Describe how the need for the project was identified. How did this opportunity for improvement come to the CCO's attention? What data or analyses support selection of this topic? What decision-making processes led to this subject getting prioritized for a PIP?
What previous attempts have been made to address this problem?
Briefly list any previous attempts that have been made to address this problem. If no other previous attempts have been made, state that in this section.

The Project

This section of the form is focused on providing an overview of the intended PIP. This includes describing the who, when, and what of the project.

Project Overview

Provide a brief narrative description of the proposed PIP. What are you proposing to do? What are the key objectives of this project? What type of improvement are you hoping to see?
Population(s) of Focus
List any population(s) of focus for the PIP.
Initial AIM Statement
List the initial AIM statement for the PIP. This is a measurable and time-sensitive statement of the expected results of an improvement process, similar to a SMART objective. If the PIP has not yet progressed to the point of having an initial AIM statement, note that in this field.

Use the Focus Area check list to indicate the eight quality improvement focus areas the PIP will address. Upon review and approval, OHA will assign one of the PIP focus areas from the selected if CCO selects more than one.

Focus Area
☐ Reducing preventable re-hospitalizations
☐ Addressing population health issues (such as diabetes, hypertension, and asthma)
☐ Deploying primary care teams to improve and reduce preventable or unnecessarily costly utilization by "super-users"
☐ Integrating primary care, behavioral health care and/or oral health care
☐ Ensuring appropriate care is delivered in appropriate settings
☐ Improving perinatal and maternity care
☐ Improving primary care for all populations through increased adoption of the PCPCH model of care throughout the CCO networks
☐ Social Determinants of Health and Health Equity

Use the Alignment check list to indicate how this PIP aligns with other areas of CCO work. Check all that apply.

Alignment	
☐ Community Health Improvement Plan	☐ Health Equity Initiatives
☐ CCO Incentive Metrics Program	☐ CCO Strategic Plan
☐ Quality & Transformation Plans	☐ Other: Click or tap here to enter text.

The Team

This section of the form is intended to inform OHA about who will make up the core team working on the PIP. Enter the names and roles for all project team members. Add rows to the table as needed to include all team members.

Team Member Name	Role
Enter name #1	Role associated with name #1
Enter name #2	Role associated with name #2
Enter name #3	Role associated with name #3

The Measure(s) and Data Analysis Plan

This section is focused on the measure(s) and methods that you will use to monitor the PIP and assess whether the PIP is having the intended impact.

For the measures table, complete all columns for each proposed PIP measure. Add rows to the table as needed to include all measures. The column definitions are as follows:

Column Title	Instructions
Measure	Enter the PIP measure in this field. It should be a quantitative measure of a capacity, process, or outcome which allows for assessment and monitoring of whether the CCO is achieving the stated objective of the PIP.
Numerator	In a percentage or rate, the numerator is the top number. If your measure is a percentage or rate, enter the numerator definition in this field. If your measure is not a percentage or rate, enter "N/A"
Denominator	In a percentage or rate, the denominator is the bottom number. If your measure is a percentage or rate, enter the denominator in this field. If your measure is not a percentage or rate, enter "N/A"
Data Source(s)	Where will you get the data for calculating your performance measure? Enter that information in this field. Be specific.
Baseline Data with date	Enter the baseline value for your measure in this field. This is the value for your measure at the time of your proposal. It is the rate/percent/ number that you will be comparing current data with to determine whether there

	has been a change. Include the date or data range that applies to your baseline.
Improvement Target	Enter the target value for your measure in this field. This is the numeric "goal" for the performance measure. What number are you trying to reach?
Benchmark(s) or National Standard(s)	If your measure has a benchmark or national standard value, enter it here. This is a "gold standard" for a measure, usually set by an external organization. Your measure may not have a benchmark, in which case you should answer "none."

Use the yes/no checkboxes to answer the following questions about the measure(s) listed in the measures table.

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

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

Next describe how you will approach tracking and analyzing the overall PIP measure(s). Use the first set of check boxes to indicate how frequently the overall PIP metric data will be analyzed and reviewed by the project team. Use the second set of check boxes to indicate what type(s) of analyses the project team will use.

Frequency of PIP metric data analysis and review
☐ Monthly   ☐ Quarterly   ☐ Every 6 months   ☐ Annually
☐ Other (please specify) Click or tap here to enter text.
Data analysis approach
☐ Compare monthly numbers without visualization/further analysis
☐ Statistical significance testing
☐ Basic trend analysis (run chart)
☐ Segmentation of data by:
☐ Age
☐ Race/ethnicity
☐ Other (please describe) Click or tap here to enter text.
☐Unknown
Additional information (*optional*): Click or tap here to enter text.

OHA Feedback

The last section of the form is reserved for the OHA QI team to complete upon receiving and evaluating the New PIP Proposal Form. Leave this section blank.

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.

Instructions for form submission

This document should be saved as a Word document using the file naming convention "CCO Name-New PIP Notification Form-New PIP Name."

Forms should be submitted via the [CCO Contract Deliverables Portal](#).

Instructions for completing the progress report template

The progress report template is a Microsoft Word document that uses fillable form elements and tables throughout. You will need to be familiar with utilizing these features to successfully complete the report. Please contact the OHA QI Team if you need assistance.

At the top of the report, complete the basic PIP and CCO information. The reporting period for the report due July 31 is January – June. The reporting period for the report due January 31 is July – December.

Section 1: Project Overview

The first section of the report is focused on the overall goal of the project and the assessment of progress made to date.

For the Project Aim subsection, complete the table as directed below to provide basic background and overview information about your PIP.

Project Aim
Problem Statement
Provide a brief description of the opportunity for improvement. Include a summary of the reasons this problem is important to address – who is impacted by this problem? How does this topic have the potential to affect members?
AIM Statement
List the current AIM statement for the PIP.
Population(s) of Focus
List the population(s) of focus for the PIP.

In the performance measure subsection, complete the table as directed to provide information on the performance measure(s) you are using to assess whether the PIP is having the intended impact. Add lines to the table as needed to include all PIP outcome measure(s).

Measure	Baseline	Baseline Date/ Timeframe
Enter the PIP measure in this field. It should be a quantitative measure of a capacity, process, or outcome which allows for assessment and monitoring of whether we	Enter the baseline value for your measure in this field. This is the value for your measure at the time of your proposal. It is the rate/percent/ number that you will be comparing with	Enter the date or data range that applies to your baseline.

are achieving the stated objective of the PIP.	current data to determine whether there has been a change.	

Complete the rest of the table as directed below.

Remeasurement (#)	Remeasurement Timeframe	Improvement Target/Benchmark
Enter the current data for your measure in this field.	Enter the date or data range that applies to the remeasurement.	Enter the target value for your measure in this field. This is the numeric "goal" for the performance measure. What number are you trying to reach?

For the Data Analysis and Interpretation subsection, describe how you have approached tracking and analyzing the overall performance measure(s) and list the conclusions you've drawn.

Use the first set of check boxes to indicate how frequently the measure data is analyzed and reviewed by the project team. Use the second set of check boxes to indicate what type(s) of analyses the project team uses on a regular basis to examine the overall PIP measure data. Use the open text field at the bottom to describe any additional information or context you would like to include regarding your approach to analyzing the performance measure(s).

Data Analysis and Interpretation: Performance Measure(s)
Frequency of PIP metric data analysis and review
☐ Monthly   ☐ Quarterly   ☐ Every 6 months   ☐ Annually ☐ Other (please specify) Click or tap here to enter text.
Data analysis approach

☐ Compare monthly numbers without visualization/further analysis
☐ Statistical significance testing
☐ Basic trend analysis (run chart)
☐ Segmentation of data by:
    ☐ Age
    ☐ Race/ethnicity
    ☐ Other (please describe) Click or tap here to enter text.
Additional information (*optional*): Click or tap here to enter text.

Complete the rest of the table as directed below.

Data Analysis and Interpretation: Performance Measure(s)
Results
Summarize the results from your data analysis. What is the data trend over the reporting period? Include charts and graphs; these may be cut and pasted into the table here or included as an attachment at the end of the report. Use the Yes/No checkboxes following this table to indicate whether you included additional documentation as an attachment. If you would like to include the entirety of your data analysis results in an attachment, simply note "see attachment" in this section of the table.
Conclusions
Describe your overall conclusions regarding the success of your improvement strategies based on your data analysis.

Additional data analysis documentation attached? ☐ Yes ☐ No

Section 2: Plan

The second section of the report is focused on reporting activities associated with the Plan phase of the PDSA cycle including your project team, your approach to examining the current state of the issue (root cause analysis), identified solutions and QI tools used in the process. Although many activities in this section may not have taken place during the reporting period, it provides important context for understanding the improvement strategies described later in the report.

For the Project Team table, enter the names and roles for all project team members. Add rows to the table as needed to include all team members.

Project Team	
Team Member Name	Role
Enter name #1	Role associated with name #1
Enter name #2	Role associated with name #2

Use the check boxes at the bottom of the table to indicate how frequently the project team meets.

How frequently is the project team convened?
☐Monthly ☐Quarterly ☐Every 6 months ☐Annually ☐Ad hoc as needed
☐Other *(please specify)* Click or tap here to enter text.

In the Root Cause Analysis subsection, the OHA QI team is looking to understand how your CCO has approached examining and understanding the problem at the heart of the PIP. Complete the table as directed below and attach any supporting documentation for your root cause analysis to the end of the report.

Root Cause Analysis	
Root cause analysis approach	
Describe here how you structured and approached your root cause analysis. Who did you involve? What guiding question(s) did you ask? What data did you examine? What QI tools did you use?	
Original conclusions of root cause analysis	
List the conclusions drawn from your original root cause analysis at the beginning of the project, including the barriers you have selected to address.	
Frequency of root cause analysis review	
Are you revisiting and reviewing your root cause analysis periodically as part of your PDSA cycle for this PIP? If so, how often have you done so?	
Date root cause analysis was last revisited	List the date the root cause analysis was last reviewed. If your CCO has not revisited the root cause analysis since the beginning of the PIP, put "N/A"
Changes to root cause analysis conclusions	
List any changes to your original conclusions that have come from revisiting the root cause analysis. If your CCO has not revisited the root cause analysis since the beginning of the PIP, type "N/A" in the field.	

At the end of Section 2, use the check list to indicate the QI tools used throughout the project. Attach any documentation of root cause analysis and other QI tools at the end of the report and indicate whether you have done so using the Yes/No checkboxes.

QI Tools Used		
☐ Brainstorming	☐ Affinity diagram	☐ Other (*please list*)
☐ Process map	☐ Driver diagram	Click or tap here to enter text.
☐ 5 Whys	☐ Pareto chart	
☐ Fishbone diagram	☐ Run chart	

Documentation of root cause analysis attached? ☐Yes ☐No

Documentation of other QI tools used attached? ☐Yes ☐No

Section 3: Do-Study-Act

The third section of the report is focused on reporting activities associated with the Do, Study, and Act phases of the PDSA cycle including how you are implementing and evaluating your improvement strategies.

For the Current Improvement Strategies subsection, complete the table of questions as directed below for each improvement strategy that your CCO implemented during the reporting period. Copy and paste the table into the report as many times as needed to account for all current improvement strategies.

Improvement strategy name	List the brief name for the improvement strategy as listed in the Selected Improvement Strategies table in Section 1.
New or continued?	Use the check boxes to indicate whether this strategy is newly implemented within the current reporting period or if it is continued from previous reporting periods. Add the date the strategy was implemented.
Improvement theory	
An improvement theory is a prediction for what outcome(s) you expect from a particular action or strategy. It should use the format "If… Then" and contain within it what you will do and what outcome you expect. Example: If organization X develops and implements a policy and procedure checklist, then policies will be reviewed and updated in a more timely and proficient manner."	
Improvement strategy summary	
Provide a narrative description of the improvement strategy with enough detail so that someone outside of your organization or project team can understand it. Include: - The overarching goal strategy. - How this strategy represents an improvement on the current process or state - Who is involved in implementation. - Timeline for this strategy and time scale on which improvement could be expected because of this strategy. - A brief overview of steps involved in implementation.	
Barrier strategy addresses	
List the barrier(s) identified in the root cause analysis that the improvement strategy addresses.	
Strategy Testing Method/Measure	
Describe the metrics (qualitative or quantitative) in place to monitor the success of each strategy other than the overall PIP performance measure(s).	

Key actions taken to implement this improvement strategy during the reporting period
List the actions that your CCO has taken to implement the improvement strategy during the reporting period.

Strategy testing data or results
Describe the results of your efforts in implementing this strategy during the reporting period. This may include monitoring metric results and/or key milestone accomplishments.

Barriers encountered & lessons learned
Describe any barriers, challenges, and lessons learned related to implementing this improvement strategy over the reporting period. If you did not encounter any barriers, challenges or lessons learned type "None" in the field.

Plans for improvement strategy
Use the drop-down list to indicate whether you will continue implementing, adopt, adapt, or consider abandoning the strategy.   - Continue implementing = indicates that this strategy is not yet fully implemented or has not been implemented long enough to make an adopt/adapt/abandon decision.   - Adopt = indicates that this strategy will be incorporated into normal CCO operations.   - Adapt = indicates a plan to continue implementing the strategy but with some adjustments or revisions.   - Consider abandoning = indicates conclusion that strategy is likely not effective and may need to be discontinued.   - Abandon = indicates the strategy is not effective and will be discontinued.   Use the free text box to describe the plans you have for this improvement strategy in the next reporting period. What key actions will you take?

Date Adopted/Abandoned (if applicable)	Reason abandoned (if appliable) and lessons learned
List date improvement strategy was adopted/abandoned.	Describe the reason the improvement strategy was abandoned, and any lessons learned when implementing this strategy.

Section 4: Reflect and Share

The final section of the report is focused on looking at the PIP as a whole and reflecting on areas where your experience may be able to benefit others doing similar work. This section is optional but encouraged. Providing information helps the OHA QI in creating technical assistance and learning collaborative opportunities.

Complete the table as described below.

What are you most proud of achieving?
Describe what you are most proud of achieving within your work on this PIP during the current reporting period.
What do you want to share with others?
Describe what from your experience working on this PIP you think would be beneficial to share with others working in this area. This could include successful improvements or key lessons learned.
Where would you like more support or technical assistance?
List specific areas where your CCO would benefit from more support or technical assistance from OHA.

Instructions for report submission

Please combine all pieces of your submission into one document in the following order:

- Completed report template
- Supporting documentation for root cause analysis (if included)
- Supporting documentation for additional QI tools used (if included)
- Supporting documentation for data analysis (if included)

This document should be saved as a pdf using the file naming convention "CCO Name-PIP Name-Month Year Progress Report.

Reports should be submitted via the CCO Contract Deliverables Portal.