



SALISH BHO

QUALITY MANAGEMENT PLAN POLICIES AND PROCEDURES

Policy Name: Performance Improvement Projects

Policy Number: 10.03

Reference: State contract; WAC 388-865-0264 and 42 CFR 438-330

Effective Date: 02/2008

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Approved by: SBHO Executive Board

CROSS REFERENCES:

- Plan: Quality Management Plan
- Policy: Corrective Action Plans

PURPOSE

To ensure that the SBHO assesses and improves processes, and thereby outcomes, of consumer care through methodologically sound practices of designing, implementing, and reporting improvement projects.

DEFINITIONS

Improvement strategy: an intervention designed to change behavior at an institutional, practitioner, or beneficiary level.

Quality Indicator: A quantitative or qualitative characteristic (variable) reflecting a discrete event or status that is to be measured.

PROCEDURE

SBHO shall conduct two Performance Improvement Projects (PIPs). SBHO shall conduct additional PIPs if required by the state. There shall be at least one project aimed at improving relevant areas of clinical care, and one aimed at improving non-clinical services in process, at all times. The goal of each project is to achieve significant and sustainable improvement in care that is expected to have a favorable effect on health outcomes and enrollee satisfaction. Projects shall consist of ongoing measurements and intervention to sustain improvements over time.

Each project shall be developed and executed by adhering to the following steps:

1. **Select the study topic:** Topics selected for study must reflect the Medicaid enrollment in terms of demographic characteristics, prevalence of disease and the potential consequences (risks) of the disease. Topics may be assigned by the state and must be approved by the state.
2. **Define the study question(s):** The question the study is designed to answer shall be clearly stated, in writing.
3. **Select the quality indicator(s) to be studied:** Each project shall have one or more quality indicators for use in tracking performance and improvement over time. All indicators must be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research.
4. **Use a representative and generalizable study population:** Once a topic has been selected, measurement and improvement efforts developed must be system-wide (i.e., each project must represent the entire Medicaid enrolled population to which the PIP study indicators apply). The study may review:
 - data for that entire population, or
 - a sample of that population.

Sampling must be representative of the identified population.

5. **If sampling is necessary, use sound sampling techniques:** Sampling techniques must provide valid and reliable (and therefore generalizable) information on the quality of care provided.
6. **Reliably collect data:** Procedures used to collect data for a given PIP must ensure that the data collected on the PIP indicators are valid and reliable. The strategy for developing a data collection plan should include:
 - clear identification of the data to be collected
 - identification of the data sources and how and when the baseline and repeat indicator data will be collected
 - specification of who will collect the data
 - identification of instruments used to collect the data

The study design should specify a data analysis plan which defines statistical analysis techniques and which reflects the following considerations:

- whether qualitative, quantitative, or both will be collected
- whether the data will be collected on the entire population or a sample
- whether the measurements obtained from the data collection activity will be compared to the results of previous or similar studies, and whether the PIP

will be compared to the performance of an MCO/PIHP, a number of MCOs/PIHPs, or different provider sites

7. Implement intervention and improvement strategies:

- Interventions undertaken should be related to causes/barriers identified through data analysis and quality indicator processes
- Interventions must be system interventions such as
 - educational efforts
 - changes in policies
 - targeting of additional resources
 - other organization-wide initiatives to improve performance
- If quality indicator actions were successful, the new process should be standardized and monitored
- If repeated measures indicate that quality indicator actions were unsuccessful, possible causes should be identified, and possible solutions, such as a different improvement strategy, should be considered and implemented

8. Analyze data and interpret study results: Data analysis should be conducted by examining performance on the selected quality indicator using the statistical analysis techniques defined in the data analysis plan. The following should be considered to ensure that data analysis and interpretations are appropriate and valid:

- The analysis of the findings should be conducted according to the data analysis plan
- The results and findings should present numerical PIP data in a way that provides accurate, clear, and easily understood information
- The analysis should identify:
 - initial and repeat measurements of the prospectively identified indicators for the project
 - statistical significance of any differences between the initial and repeat measurements
 - factors that influence the comparability of initial and repeat measurements
 - factors that threaten the internal or external validity of the findings
- The analysis of the study data should include an interpretation of the extent to which the PIP was successful and what follow-up activities are planned as a result

9. Plan for “real” improvement: A plan should be documented to evaluate whether any change in performance is real. This plan should address the following:

- whether there is quantitative improvement in processes or outcomes of care according to the predetermined project indicators

- whether the improvement has “face” validity in that it appears to have been the result of the planned quality indicator intervention as opposed to some unrelated occurrence
- whether there is any statistical evidence that any observed performance improvement is true improvement

10. **Achieve sustained improvement:** To ensure that the improvement on a project is sustained, additional measurements of the quality indicator must be made after the first repeat measurement. Sustained improvement should be demonstrated through repeated measurements over comparable time periods.

11. **Timeframes:** Each performance improvement project must be completed in a reasonable time period so as to generally allow information on the success of performance improvement projects in the aggregate to produce new information on quality of care every year.

MONITORING

1. This policy is a mandate by contract and statute. This policy and these projects are monitored through use of the SBHO data system and the selection of topics and progress on PIPs are monitored by QUIC and the External Quality Review Organization on behalf of the state.
2. If a provider performs below expected standards for project participation or submission of data requirements during the review period listed above, a Corrective Action will be required for SBHO approval. Reference SBHO Corrective Action Plan Policy.