Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	**Effective Date: 03/01/2007** **Last Review Effective Date: 02/13/2008**
SUBJECT: Quality Management	SECTION: QM 1.2

SUBTITLE: Performance Improvement Projects (PIPs)

POLICY:

Children's Rehabilitative Services Administration (CRSA) will follow a designated process by which performance improvement projects (PIPs) are selected and completed.

Definition:

Performance Improvement Project (PIP):
A planned process of data gathering, evaluation, and analysis to determine interventions or activities that are projected to have a positive outcome. A PIP includes measuring the impact of the interventions or activities toward improving the quality of care and service delivery.

STANDARD:

1) CRSA is required by the Arizona Health Care Cost Containment System (AHCCCS) to conduct performance improvement projects (PIPs), as described in the AHCCCS Medical Policy Manual (AMPM), Policy 980.

2) Minimally, Children's Rehabilitative Services (CRS) will initiate one PIP annually unless relieved of such requirement by the request and approval of AHCCCS.

3) PIPs are long term, usually four years in length, resource intensive processes with the objective to sustain improvement (one year after improvement in performance is first achieved) of services.

4) PIPs will be designed to achieve, through ongoing measurement and intervention:
   a) Demonstrable improvement, sustained over time, in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and/or members' satisfaction.
   b) Improvement of a system wide process to more efficiently and or effectively deliver or conduct services to CRS members.

5) Projects will consist of:
   a) Objective goal(s)
   b) Benchmarking when available
   c) Clearly defined methodology (See Attachment)
   d) Clearly defined interventions
   e) Basis within current clinical knowledge/practice or healthcare/managed care research

6) Projects typically cover opportunities consisting of, but not limited to:
   a) Exacerbation of chronic conditions
   b) Provision of care and services
   c) High-risk services
   d) Continuity and coordination of care
   e) Availability, accessibility, and adequacy of service delivery system
   f) Cultural competency
   g) Interpersonal aspects of care
   h) Areas of concern to provider and member/representatives

PROCEDURES:

1) PIP Selection
   a) The CRSA Medical Director and CRSA PIP Coordinator are responsible for identifying and evaluating possible topics for PIP development.
   b) Proposed projects will be evaluated and prioritized for the greatest potential for successful sustained improvement, benefit to CRS members, and to the health care delivery system
   c) Sources of potential projects may include, but are not limited to:
      i) Focused and site audit analysis
      ii) Peer review trending
      iii) Credentialing/re-credentialing
      iv) Trends within grievances/complaints, utilization, or quality of care data
      v) Member and/or provider satisfaction surveys
      vi) Performance measurement
      vii) Managed care, research, or healthcare literature
      viii) Opportunities identified by CRS Contractors, Federal Agencies, State Agencies, AHCCCS, or Arizona Department of Health Services (ADHS) Management
      ix) Opportunities identified by stakeholders (e.g., subcontractors, providers, family, and members)
   d) The CRSA PIP Coordinator and/or Medical Director will collaborate with stakeholders (e.g., AHCCCS Administration, providers, parent/youth actions committees, and subcontractors) in the evaluation, analysis, and development of proposed PIPs

e) Selection of the proposed PIP will take into account:
   i) The prevalence of health conditions,
   ii) The need for a specific service,
   iii) Member demographic characteristics,
   iv) Health risks,
   v) Interest of stakeholders (e.g., members, providers, AHCCCS, and/or Centers for Medicare & Medicaid Services [CMS]) in the aspects of care or services to be addressed,
   vi) Member input, whenever possible, in the selection of topics and formulation of project goals,
   vii) Review of resources needed to accomplish goals,
   viii) Ability to measure change, and
   ix) Obtain desired outcome.

2) PIP Approval
   a) As required by AHCCCS, the CRSA Medical Director and PIP Coordinator will present their analysis along with a proposed PIP for acceptance to the Quality Management Committee (QMC).
   b) PIPs will not be officially accepted until AHCCCS has approved the proposed PIP.

3) PIP Reporting and Deliverables
   a) PIP progress will be reported to the QMC on a quarterly basis by the CRSA PIP Coordinator. Reporting requirements will be delineated within the PIP methodology (See Attachment).
   b) PIPs generally will be maintained on a four-year cycle including:
      i) Proposal/approval of PIP methodology, baseline measurement and analysis of results, first year
      ii) Intervention(s) implemented during the second year
      iii) Measurement of demonstrable (e.g., statistically significant) improvement during the third year
      iv) Re-measurement of sustained improvement, fourth year
   c) After completion of the first year a report will be submitted to AHCCCS that includes:
      i) An evaluation of baseline data
      ii) Proposed interventions that will be implemented during the second year to improve the performance measure
      iii) Proposed strategies to implement interventions and measure performance after the interventions are in place.
   d) During the third year, re-measurement of performance will be conducted to determine demonstrable improvement.
      i) If demonstrable improvement has been achieved, the report will detail the PIP methodologies, interventions, and finding, or
      ii) If the PIP interventions did not demonstrate improvement, the report will detail these findings along with proposed

actions to revise, replace, and or initiate new interventions to improve the performance measure.

e) During the fourth year, re-measurement of performance is conducted to determine if sustained improvement has been achieved.
   i) If sustained improvement has been achieved, a final report is submitted to AHCCCS detailing PIP methodologies, interventions, and findings, or
   ii) If sustained improvement has not been achieved, a report of these findings along with proposed actions to revise, replace, and/or initiate new interventions to improve and sustain the performance measure will be submitted to AHCCCS.

Approved:	Date:
CRSA Administrator	2/18/08
CRSA Medical Director	2/18/08

ATTACHMENT

Guideline
Performance Improvement Project Methodology

a) PIP Title
b) Implementation date
c) Purpose of the project
d) Reason and methodology for selection of project (background)
e) Measurement period for baseline and follow-up re-measurements
f) Indicator Description
g) Indicator Criteria
h) Study Question(s) (clear, concise, and understandable)
i) Population/Target
j) Sample Selection
k) Population Stratification
l) Population Exclusion
m) Data Collection Tool
n) Data Source
o) Data Collection
p) Confidentiality Plan
q) Data Validation
r) Denominator
s) Numerator
t) Benchmark/Goal
u) Indicator(s)
v) Indicator Goal
w) Minimum Performance Standard
x) Analysis Plan
y) Comparative Analysis
z) Deviations from Comparable Methodologies
aa) Limitations
bb) Report Format
cc) Technical Specifications
dd) Definitions
ee) Bibliography