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EQR PROTOCOL 7: IMPLEMENTATION OF PERFORMANCE IMPROVEMENT PROJECTS

A Voluntary Protocol for External Quality Review (EQR)

Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations
Protocol 2: Validation of Measures Reported by the MCO
Protocol 3: Validation of Performance Improvement Projects (PIPs)
Protocol 4: Validation of Encounter Data Reported by the MCO
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Department of Health and Human Services (HHS)
Centers for Medicare & Medicaid Services (CMS)

Protocol 7
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PURPOSE AND OVERVIEW OF THE PROTOCOL

The purpose of this protocol is to provide guidance to EQROs conducting optional Performance Improvement Projects (PIPs) for the State. Federal regulations at 42 C.F.R. § 438.240(d) require MCOs to conduct a PIP, which must be validated by an EQR using Protocol 3: Validating Performance Improvement Projects. States may also chose to have the EQRO conduct additional PIPs to assess and improve processes and outcomes of care provided by MCOs in the State. Study topics can align with Federal initiatives such as Partnership for Patients or the Million Hearts Campaign. States also have the option to have the EQRO provide technical assistance on study or analytic methodologies to support MCO efforts in this area. It is also recommended that study questions consider the three aims of the National Quality Strategy:

- Better care for patients and families,
- Improved health for communities and populations, and
- Affordable health care.

This protocol describes ten steps for implementing optional PIPs. Users of this Protocol should refer to Protocol 3, including its attachments. Protocol 7 specifies how to conduct the following ten activities:

1. Select the study topic(s);
2. Define the study question(s);
3. Select the study variables(s);
4. Use a representative and generalizable sample;
5. Use sound sampling methods (if sampling is used);
6. Reliably collect data;
7. Implement intervention and improvement strategies;
8. Analyze data and interpret study results;
9. Plan for “real” improvement; and
10. Achieve sustained improvement.

ACTIVITY 1: SELECT THE STUDY TOPIC(S)

The PIP should target improvement in either clinical or non-clinical services delivered in the State. Topics selected for study must reflect the Medicaid/CHIP enrollment in terms of demographic characteristics, prevalence of disease, and the potential consequences of the disease. Refer to Protocol 3, Activity 1, Step 1 for potential sources of information and suggested criteria for the selection of a topic. In addition to the data collected by an MCO, the EQRO may have access to aggregate MCO data maintained by the State.

The CMS suggests that States consider PIPs which address some of the national health priorities CMS has identified (e.g., in 2011, Partnership for Patients, Million Hearts Campaign, pediatric oral health, and childhood obesity).

ACTIVITY 2: DEFINE THE STUDY QUESTION(S)

The study question(s) must be clear, concise, and answerable. The study question(s) identifies the focus of the PIP and sets the framework for data collection, analysis, and interpretation. See Protocol 3, Activity 1, Step 2 for additional information about developing appropriate study questions. Potential sources of information to help form the study question include:

- State data relevant to the topic being studied;
- MCO data relevant to the topic being studied; and
- Relevant clinical literature.

ACTIVITY 3: USE A REPRESENTATIVE AND GENERALIZABLE STUDY SAMPLE

Measurement and improvement efforts must be system-wide. The PIP must clearly identify the 'system' or study population, also referred to as the universe. Once the population is identified, the MCO will determine whether to study data for the entire population or a sample of that population. A representative sample of the identified population is acceptable. See Protocol 3, Activity 1, Step 4 for information about how an EQRO validates an appropriate study population.

ACTIVITY 4: SELECT THE STUDY VARIABLES

A study variable is a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation being studied. Variables may be quantitative or qualitative and continuous or discrete. Discrete or categorical variables have a limited number of possible categories (e.g., an individual has/has not received a flu shot in the last 12 months). In contrast, continuous variables have unlimited possible values within the limits the variable range, (e.g., age, blood pressure, temperature). Data collected on a continuous variable such as blood pressure can be used for a discrete variable, (e.g., an enrollee's blood pressure is/is not below a specified level).

See Protocol 3, Activity 1, Step 3 for more information about how EQROs select the variables to be measured.

ACTIVITY 5: USE SOUND SAMPLING METHODS

Proper sampling methods are necessary to provide valid and reliable (generalizable) study results. HEDIS® measures and HEDIS® sampling methodology are generally considered valid and reliable. If the EQRO is not using HEDIS® measures, a large sample size will be needed to achieve statistical confidence. See Protocol 3, Activity 1, Step 5, as well as Appendix II, for information about valid sampling procedures.

ACTIVITY 6: RELIABLY COLLECT DATA

Data collection procedures must ensure that the data used to measure an indicator of performance are valid and reliable. A valid measure is one that measures what it intends to measure, while a reliable measure provides consistent results is an indication that the data will produce consistent, repeatable or reproducible measurements. See Protocol 3, Activity 1, Step 6 for information about how an EQRO validates correct data collection procedures.

Potential sources of data include:

- Administrative data (e.g., membership, enrollment, claims, encounters);
- Medical records;
- Tracking logs;
- Results of any provider interviews; and
- Results of any Medicaid beneficiary interviews and surveys.

To ensure sound data collection procedures, consider the criteria outlined in Protocol 3, Activity 1, Step 6.

ACTIVITY 7: ANALYZE DATA AND INTERPRET STUDY RESULTS

Data analysis begins with examining the performance on the selected clinical or non-clinical indicators. The examination should be initiated using statistical analysis techniques defined in the data analysis plan. For detailed guidance, follow the criteria outlined in Protocol 3, Activity 1, Step 8.

ACTIVITY 8: IMPLEMENT INTERVENTION AND IMPROVEMENT STRATEGIES

Real, sustained improvements result from a continuous cycle of measuring and analyzing performance, and developing and implementing system-wide improvements. Actual improvements depend on thorough analysis and implementation of appropriate solutions. For detailed guidance, see Protocol 3, Activity 1, Step 7 criteria.

ACTIVITY 9: PLAN FOR “REAL” IMPROVEMENT

It is important to determine if a reported change represents “real” change or is an artifact of a short-term event unrelated to the intervention, or random chance. See Protocol 3, Activity 1, Step 9 for information about how an EQRO assesses the probability that reported improvement is a true improvement.

ACTIVITY 10: ACHIEVE SUSTAINED IMPROVEMENT

Real change is the result of changes in the fundamental processes of health care delivery and is most valuable when it offers demonstrable sustained improvements. In contrast, a spurious "one-time" improvement can result from unplanned accidental occurrences or random chance. See Protocol 3, Activity 1, Step 10 for information about how an EQRO determines if the real change is sustainable.

END OF PROTOCOL