

Section 8.4 **Performance Improvement Projects**

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8.4.1 **Introduction**

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) is committed to establishing high quality behavioral health services. One method for achieving this is through adherence to the standards and guidelines set by the Centers for Medicare and Medicaid Services (CMS). ADHS/DBHS adheres to CMS standards and guidelines and, in turn, promotes improvement in the quality of the behavioral health care provided to behavioral health recipients through the development and implementation of Performance Improvement Projects (PIPs). Conducting Performance Improvement Projects consists of utilizing a comprehensive protocol endorsed by [CMS](#), as described in the [AHCCCS Medical Policy Manual \(AMPM\), Chapter 900](#). For Medicaid, the standards and guidelines used in the protocol for conducting Medicaid External Quality Review Activities ensure that Medicaid managed care organizations meet the quality assurance requirements set forth in [42 CFR 438.240](#).

What are Performance Improvement Projects (PIPs)?

A PIP is a systematic process designed to:

- Identify, plan and implement system interventions to improve the quality of care and services provided to behavioral health recipients;
- Evaluate and monitor the effectiveness of system interventions and data on an ongoing basis; and
- Result in significant performance improvement sustained over time through the use of Measures and interventions.

PIPs are designed to:

- Demonstrate achievement and sustainment of improvement for significant aspects of clinical care and non-clinical services;
 - A clinical study topic would be one for which outcome indicators measure a change in behavioral health status or functional status; and,

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- A non-clinical or administrative study topic would be one for which indicators measure changes in member satisfaction or processes of care.
- Correct significant systemic issues that come to the attention of ADHS/DBHS in part through:
 - Data from DBHS functional areas (e.g.: network, clinical);
 - Statewide contractor performance data and contract monitoring activities;
 - Tracking and trending of complaints/allegations of abuse;
 - Provider credentialing and profiling as well as other oversight activities such as chart reviews;
 - Quality Management/Utilization Management data analysis and reporting; and
 - Member and/or provider satisfaction surveys and feedback

What PIPs are currently included in the Quality Management Utilization Management Annual Plan and Work Plan?

Currently there are two ongoing PIP projects that address clinical topics. Specific information concerning current PIPs can be found in the [ADHS/DBHS Quality Management Utilization Management Plan and Work Plan](#).

The projects are:

[Child and Family Team \(CFT\) Performance Improvement Project](#)

The Child and Family Team (CFT) practice is the foundation for assisting children and families in the recovery process and ensures providers are adhering to the Arizona Vision and the 12 Principles. This performance improvement project addresses fidelity to the CFT process (as measured through the Wraparound Fidelity Index) improves outcomes for children. Ongoing monitoring and evaluation of interventions will occur throughout year two of this project.

Recovery Through Employment For Individuals With Serious Mental Illness

ADHS/DBHS believes that recovery for individuals with Serious Mental Illness is dependent on a philosophy that work and economic self-sufficiency are an integral part of service planning and that meaningful work provides opportunities for community integration and reduces the need for expensive mental health interventions. The Division has engaged in and facilitated a variety of activities in order to identify barriers to individuals with Serious Mental Illness gaining and maintaining employment as well as possible solutions to identified barriers. This PIP suggests a statewide focus to identify if increased supported employment and Psychoeducational service utilization leads to an increase in employment rate for persons with a Serious Mental Illness.

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8.4.2 References

[42 CFR 438.240](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[AHCCCS Medical Policy Manual, Chapter 900](#)

[ADHS/DBHS Quality Management/Utilization Management Annual Plan](#)

8.4.3 Scope

To Whom Does this Apply?

T/RBHAs and their subcontracted behavioral health providers.

8.4.4 Did You Know ...?

The PIP protocol includes activities that public and private sector tools have in common.

The PIP protocol is based on a guidebook produced by the National Committee for Quality Assurance (NCQA) under a contract with CMS. The guidebook is entitled [“Health Care Quality Improvement Studies Managed Care Settings: A Guide for State Medicaid Agencies.”](#)

8.4.5 Definitions

[Interventions](#)

[Sound Methodology](#)

[Statistical Significance](#)

[Study Indicator](#)

8.4.6 Objectives

To ensure that T/RBHAs and their subcontracted providers understand and actively participate in the implementation of the PIPs.

The purpose of a health care quality PIP is to assess and improve processes, and thereby outcomes, of care. In order for such projects to achieve real improvements in care, and for interested parties to have confidence in the reported improvements, PIPs must be designed, conducted and reported in a manner that utilizes sound methodology.

8.4.7 Procedures

T/RBHA subcontracted providers play an integral role in the implementation of the ADHS/DBHS PIPs. Behavioral health providers may be asked to participate with any or all aspects of the PIP implementation process.

There are ten (10) steps to be undertaken when conducting PIPs:

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Last Revised: 07/31/09
Effective Date: 09/15/09

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- Select the study topic(s). In general, a clinical or non-clinical issue selected for study should affect a significant number of behavioral health recipients and have a potentially significant impact on health, functional status or satisfaction.
- Define the study question(s). It is important to clearly state, in writing, the question(s) the study is designed to answer. Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.
- Select the study indicator(s). A study indicator is a quantitative or qualitative characteristic reflecting a discrete event (e.g., a behavioral health recipient has stopped taking medication and has experienced a crisis which resulted in hospitalization), or a status (e.g., a behavioral health recipient has/has not experienced a crisis that resulted in hospitalization) that is to be measured. Each project should have one or more quality indicators for use in tracking performance and improvement over time.
- Use a representative and generalizable study population. Once a topic has been selected, measurement and improvement efforts must be system-wide. A decision needs to be made as to whether to review data for the entire population or use a sample of the population.
- Use sound sampling techniques (if sampling is used). If a sample is to be used to select members of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. When conducting a study designed to estimate the rates at which certain events occur, the sample size has a large impact on the level of statistical confidence in the study estimates.
- 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. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Potential sources of data include administrative data (e.g., enrollment, claims, and encounters), medical records, tracking logs, results of any provider interviews and results of any recipient interviews and surveys. Data can be collected from either automated data systems or by a manual review of records.
- Implement intervention and improvement strategies. Real, sustained improvements in care result from a continuous cycle of measuring and analyzing performance, and developing and implementing system-wide improvements in care. Actual improvements in care depend on thorough analysis and implementation of appropriate solutions.
- Analyze data and interpret study results. Data analysis begins with examining the performance on the selected clinical or non-clinical indicators. 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.

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- Plan for “real” improvement. When a change in performance is found, it is important to know whether the change represents “real” change or random chance. This can be assessed in several ways, but is most confidently done by calculating the degree to which an intervention is statistically significant.
- Achieve sustained improvement. Real change results from changes in the fundamental processes of health care delivery. Such changes should result in sustained improvements. In contrast, a one-time improvement can result from unplanned accidental occurrences or random chance. If real change has occurred, the project should be able to achieve sustained improvement.

NARBHA and/or provider representatives will participate as members on Performance Improvement Project Teams upon request, and as appropriate. The NARBHA Director of Quality Management will appoint members to Teams.