| **Protocol Activity** | **How the Protocol is Implemented** |
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| AHCCCS has established a process for selection of clinical and non-clinical focused topics for Performance Improvement Projects (PIPs), based on the February 2023 [Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) Protocols](https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf) for the validation of PIPs and implementation of PIPs. | |
| **Activity 1:**  **Select the Topic** | PIP topics shall be selected to improve clinical and/or nonclinical services. Selected topics shall reflect the characteristics of AHCCCS members in terms of demographics, prevalence of disease, and potential consequences of the disease. Project topics and performance indicators used to assess each project are identified through data collection and analysis of member needs, care, and services. The selection of PIP topics shall consider:   * Performance on standardized performance measures established by CMS, the National Committee for Quality Assurance (NCQA), Substance Abuse and Mental Health Services Administration (SAMHSA), etc., * Feedback from members or providers, * Care of special populations or high priority services, including behavioral health, children with special health care needs, Long-Term Services and Supports (LTSS), preventive care, continuity or coordination of care, etc., and * Alignment with priority areas identified by CMS. |
| **Activity 2:**  **Define the Aim Statement** | The PIP aim statement shall identify the focus of the PIP as well as establish the framework for data collection and analysis. The aim statement shall also be answerable and measurable. The aim statement shall clearly and concisely outline:   * The improvement strategy, * Population, and * Time period. |
| **Activity 3:**  **Identify the Population** | The PIP may be inclusive of the Contractor’s entire enrolled population (based on the line of business) or a subset of the population. The included population shall be clearly defined by the following (as applicable):   * Age, * Length of enrollment, * Diagnoses, * Procedures, and * Other characteristics. |
| **Activity 4:**  **Use Sound Sampling Methods** | For PIPs which require a sampling methodology, appropriate sampling methods are required to ensure the collection of information produces valid and reliable results. PIP indicators which align with standardized performance measures shall adhere to the sampling methodology outlined within the measure’s associated technical specifications. The sampling methodology shall:   * Outline the sampling frame that contains a complete, recent, and accurate list of the target population, * Consider and specify the true or estimated frequency of the event, the confidence interval utilized, and the acceptable margin of error, * Contain a sufficient number of members, * Assess the representativeness of the sample according to subgroups (e.g., age, geographic location, health status), and * Include valid sampling techniques utilized to protect against bias. |
| **Activity 5:**  **Select the Indicators** | The selected PIP indicator(s) shall:   * Be objective, clearly defined, and time-specific, * Reliably measure/answer the PIP aim statement, and * Be available to measure performance and track improvement over time.   For PIP indicators that are based on standardized performance measures, the indicators shall:   * Assess an important aspect of care that will have meaningful impact on members’ health or functional status, * Be appropriate based on the availability of data and resources to collect the data, * Be based on current clinical knowledge or health services research, * Monitor performance at a point in time, * Track performance over time, * Compare performance over time, and * Inform the selection and evaluation of quality improvement activities.   The following shall also be considered when selecting PIP indicator(s) based on standardized performance measures:   * The measure addresses accepted clinical guidelines relevant to the PIP question, * The measure addresses an important aspect of care or operations that was meaningful to members, * The available data sources allow for the reliable and accurate calculation of the measure, * The criteria utilized in the measure were defined clearly, and * The measure captures changes in member satisfaction or experience of care. |
| **Activity 6:**  **Collect Valid and Reliable Data** | Data collection procedures shall ensure that the data utilized to measure performance are valid and reliable. To ensure the validity and reliability of the PIP data collected, the data collection procedures shall specify:   * The systematic method for collecting valid and reliable data that represents the population, * The frequency of data collection, * The data sources, and * The data elements to be collected.   The data collection plan shall link to the data analysis plan to ensure that appropriate data is available for the PIP. Additionally, the data collection instruments shall allow for consistent and accurate data collection over the studied time periods. For PIP indicators which utilize qualitative data collection methods, the methods shall be well-defined and designed to collect meaningful and useful information from respondents. |
| **Activity 7:**  **Analyze Data and Interpret Results** | PIP data analysis includes measurements at multiple points in time and tests for statistical significance. Interpretation of the PIP results shall involve an assessment of performance. The PIP methodology shall ensure the analysis:   * Is conducted in accordance with the data analysis plan, * Includes baseline and repeated measurements of project outcomes, * Assesses the statistical significance of any differences between the initial and repeat measurements, * Accounts for factors that may influence the comparability of initial and repeat measurements, * Accounts for factors that may threaten the internal or external validity of the findings, and * Compares the results across multiple entities (e.g., MCOs, member subgroups/subpopulations, provider sites, etc.), as applicable.   PIP results and findings shall be presented in a concise and easily understood manner. To promote continuous quality improvement, the analysis and interpretation of PIP data shall include lessons learned and opportunities for improvement. |
| **Activity 8:**  **Review Improvement Strategies** | Based on the data analysis and interpretation of PIP results, the improvement strategies implemented as part of the PIP shall be reviewed. The selected improvement strategies shall be:   * Evidence-based (i.e., based on existing evidence that the test of change would be likely to lead to the desired improvement in processes or outcomes), * Designed to address root causes or barriers identified through data analysis and quality improvement processes, and * Culturally and linguistically appropriate.   Plan-Do-Study-Act (PDSA) cycles shall be utilized to test the selected improvement strategy. In addition, the implementation of the improvement strategy shall be designed to account or adjust for any major variables that could have an obvious impact on the PIP outcomes.  Based on the findings from data analysis and interpretation of results, the PIP shall assess the extent to which the improvement strategy was successful and include potential follow-up activities. |
| **Activity 9:**  **Assess Whether Significant and Sustained Improvement Occurred** | A PIP is intended to result in significant and sustained improvement in health care delivery processes and outcomes, rather than a short-term or random change. The PIP results shall be assessed to determine if the PIP resulted in statistically significant changes over time that could reasonably be attributed to the improvement strategy implemented as part of the PIP.  In order to assess if significant and sustained improvement occurred, repeated measurements that utilize the same methodology as the baseline measurement are required. Tests of statistical significance are also required to assess if statistically significant improvement is demonstrated.  The assessment shall consider:   * The quantitative evidence of improvement in processes or outcomes of care, * If the reported improvement is likely to be a result of the selected intervention, * Statistical evidence/significance tests that the observed improvement is a result of the intervention, and * If sustained improvement was demonstrated through repeated measurements over time. |