

NORTHCARE NETWORK

POLICY TITLE: Performance Improvement Projects (PIP)	CATEGORY: Quality Assessment & Performance Improvement	
EFFECTIVE DATE: 3/21/13	BOARD APPROVAL DATE: 3/21/13	
REVIEW DATE: 5/1/24	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
RESPONSIBLE PARTY: QI/UM Specialist	CEO APPROVAL DATE: 6/11/24 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

NorthCare Network conducts Performance Improvement Projects (PIP) as part of the ongoing quality assessment and performance improvement program. Projects must focus on both clinical and non-clinical areas and be designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in health outcomes and enrollee satisfaction. Network Providers are expected to participate in all PIPs as appropriate.

PURPOSE

The purpose of this policy is to outline criteria to guide in the selection and prioritization of performance/quality improvement projects and to comply with federal, state and accreditation requirements.

DEFINITIONS

1. **Performance Improvement Project:** An organization-wide initiative to measure and improve the service and/or care managed and/or provided by the organization.
2. **Reliability:** An indication of the repeatability or reproducibility of a measurement.
3. **Stakeholder:** Various internal and external customers including, but not limited to: individuals and family members served by network providers, network providers, NorthCare Network personnel and Member CMHSP staff.
4. **Validity:** An indication of the accuracy of the information obtained.

REFERENCES

- Balanced Budget Act §438.240
- MDHHS/PIHP Contract
- Accreditation Standards
- NorthCare Network Quality Assessment and Performance Improvement Plan
- NorthCare Network Quality Management Policies and Procedures

HISTORY

REVISION DATE: 9/12/13, 4/29/20, 2/18/21, 12/21/21, 10/19/22, 7/18/23

REVIEW DATE: 3/13/13, 8/5/13, 9/12/13, 8/27/14, 5/22/15, 3/21/16, 1/23/17, 11/20/17, 9/12/18, 7/30/19, 4/29/20, 2/18/21, 12/21/21, 10/19/22, 7/18/23, 5/1/24

CEO APPROVAL DATE: 3/13/13, 8/6/13, 9/12/13, 8/27/14, 6/2/15, 4/4/16, 2/7/17, 12/11/17, 9/17/18, 8/6/19, 5/5/20, 3/2/21, 1/4/22, 11/1/22, 8/1/23, 6/11/24

BOARD APPROVAL DATE: 3/21/13

PROCEDURES

Performance Improvement Projects (PIPs) involve the following:

- Established criteria to guide the selection and prioritization of quality improvement projects.
- Measurement of performance using objective quality indicators.
- Implementation of system interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.
- Documentation of PIPs

A. PIP Criteria:

Topics may be derived from utilization data, grievances, and appeals data; survey data; provider access or appointment availability data; or local or national data related to Medicaid risk populations. Selection should include consideration of the potential for achievement of a significant improvement. Input into the selection of PIPs is solicited from stakeholders.

1. Requirements:

- a. PIPs may be specified by the Michigan Department of Health and Human Services (MDHHS) or the PIHP established aspects of care.
- b. MDHHS requires a minimum of two affiliation-wide PIPs that achieve through ongoing measurement and intervention, demonstrable, and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and individual satisfaction. There must be at least 1 clinical and 1 non-clinical PIP.
- c. PIHPs are required to report to MDHHS on both PIPs annually and as requested.

2. Selection Criteria:

Project selection will take into account the prevalence of a condition among, or need for a specific service by, the organization's individuals; consumer demographic characteristics and health risks; and the interest of individuals in the aspect of service to be addressed.

a. Examples of Selection Criteria include:

- i. The degree (high/low) and nature (positive/negative) of consumer impact
- ii. Financial considerations
- iii. Ease of execution
- iv. Likelihood of success
- v. Number of consumers affected

- vi. Potential impact on health and/or safety outcomes; and
- vii. Reduced morbidity.
- b. Selection will give priority to high impact/low effort projects over other potential projects.
- c. Various NorthCare Network Committees will have input into the selection of each project with the final approval made by NorthCare Network's Quality Management and Oversight Committee and/or the NorthCare Network Leadership Committee with recommendation from internal and/or regional QI Committees.
- d. Upon selection, each project will be assigned a NorthCare Network staff member as project lead.

B. Performance Measurement:

Each project must have identified study indicator(s) that are a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicators should be objective, clearly, and unambiguously defined, and based on current clinical knowledge or health services research.

1. Each project is at least two years in length to ensure sustained improvement.
2. Clinical projects involve clinical staff who will provide guidance in the use of clinical measures and clinical aspects of performance.
3. Study questions are identified and documented.
4. A representative and generalizable study population is identified and documented.
5. Sound sampling techniques are used when appropriate.
6. Goals are measurable using percentages, ratios, etc.
7. Data collection methodologies and calculations used are documented including sample size, numerator, denominator, etc. as applicable to the project. Data collection must ensure that data collected on indicators are valid and reliable. Re-measurement of performance is conducted at least annually.
8. Projected time frames for meeting goals for quality improvement are established.
9. In the event that performance data cannot be gathered by the NorthCare Network, Network Providers are expected to comply with all reporting requirements for PIPs within time frames established.

C. Interventions:

Improvement strategies will vary by the type of project and as a result of the analysis. Strategies have a reasonable expectation of producing the desired improvement.

D. Evaluation of Interventions Effectiveness:

Interventions are evaluated at the time of re-measurement, at minimum, and may need to be revised based on progress or lack of progress. Any barriers affecting the progress of the project are documented.

E. Sustaining improvement:

Real, sustained improvements in care, services, or satisfaction result from a continuous cycle of measuring and analyzing performance, as well as developing and implementing system wide improvements in care.

F. Documentation of Projects:

PIP project documentation must include the following:

1. Project approval date(s);
2. Project start date;
3. Identified quantifiable baseline measure(s) for the indicator and relevance to the consumers served;
4. Evaluation of project significance and estimated impact;
5. Quantifiable goals associated with the measure;
6. Improvement strategies and dates these were implemented;
7. Periodic progress measurements and documented discussions;
8. Any changes in improvement strategy and brief description of changes; and
9. Project end date.