

**Department of Human Services Med-QUEST Division  
 2005–2006 Hawaii Performance Improvement Projects (PIPs) Policy**

**Purpose:** To provide direction to the QUEST plans and the CAMHD regarding implementation of Performance Improvement Projects.

**Policy:**

1. The QUEST plans and the CAMHD will comply with the Code of Federal Regulations (42 CFR 423.240) and Centers for Medicare & Medicaid Services (CMS) protocol, “Validating Performance Improvement Projects, (VPIP)” which require that PIPs be designed to achieve significant improvement, sustained over time, in clinical and nonclinical areas that are expected to have a favorable effect on health outcomes and member satisfaction.
2. QUEST plans and the CAMHD will conduct two PIPs each fiscal year (Attachment B: CMS Protocol: Conducting Performance Improvement Projects) both of which must be approved in advance by the Med-QUEST Division (MQD).
3. PIPs, conducted on a state fiscal-year basis, shall focus on clinical and/or nonclinical areas.
  - a. Clinical PIPs: In most cases, a baseline measurement and intervention will be completed by the end of the first year; at least two re-measurements and the data analysis will be completed by the end of the second year.
  - b. Nonclinical PIPs: In most cases, a baseline measurement, intervention and first re-measurement will be completed by the end of the first year; at least one additional re-measurement and the data analysis will be completed by the end of the second year.
4. The EQRO will validate each PIP in consultation with the QUEST plans, the CAMHD and Med-QUEST using the CMS VPIP protocol criteria.
  - a. Initial review will involve assessment of the PIP using the “HSAG PIP Validation Tool.” The EQRO will validate the PIP process using this format.
    - i. QUEST plans, and the CAMHD will utilize the “HSAG PIP Documentation Tool” form throughout the PIP process.
    - ii. A minimum completion of Activities 1-3 and a PIP timeline are required for review and validation by the EQRO. Activity 1-3 must be completed on the PIP Documentation Tool for all new PIPs and approved by MQD prior to implementation of the PIP.

- b. Validation occurs annually and includes the following CMS protocol activities:
  - i. Assessment of the study methodology: The PIP will be assessed and scored to the level of completion.
  - ii. Validation of the PIP to the completed step. Any steps that have not been completed will be scored as Not Assessed and will not affect the final score.
  - iii. Evaluation of the overall validity and reliability of PIP results. The PIP will be validated and scored using the CMS protocol VPIP (May 1, 2002). This activity is conducted each time the PIP is validated using the following scoring system
    - 1. High Confidence/Confidence
    - 2. Low Confidence
    - 3. Not Credible

#### 5. Reporting Requirements

- a. The EQRO will submit a final report for each PIP submitted by the QUEST plans and the CAMHD for validation to MQD each April. The PIP validation report will also be included in the EQR Technical report submitted to CMS on June 30.
- b. The following information relating to the PIPs will be reported to the MQD by the QUEST plans and the CAMHD by February 28 of each year.
  - i. The Annual Evaluation of the previous year's Quality Assurance/Quality Improvement Program (QA/IP) shall include HSAG's final PIP validation findings and, if applicable, the corrective actions completed. Additionally, the QUEST plans' and the CAMHD's Annual Evaluation shall also include the progress to date on each PIP scheduled for review by HSAG in the spring of the following year.
  - ii. The Annual Workplan submitted with the Annual QA/IP Description shall include the PIP-related activities and corresponding benchmark dates for the current year

**PIP TIMELINE**

PIP Task		
1. EQRO consultation with MQD, QUEST plans and the CAMHD to discuss PIP topics.	MQD/QUEST plans/ CAMHD/HSAG	July
2. QUEST plans and the CAMHD submit PIP documentation utilizing the PIP Documentation Tool to HSAG. Documentation includes Activity I through Activity III.	QUEST plans/CAMHD	August
3. HSAG validates the first three activities (Activity I through Activity III) and provides feedback to the QUEST plans and the CAMHD. The PIP must be approved by MQD prior to implementation.	HSAG/MQD	August - September
4. QUEST plans and the CAMHD implement PIPs.	QUEST plans /CAMHD	September - February
5. QUEST plans and the CAMHD submit PIP documentation to the completed step in the PIP Documentation Tool to HSAG. Documentation will be submitted for both the new and/or ongoing PIPs.	QUEST plans/ CAMHD	February
6. HSAG validates each PIP to the completed step and provides feedback to the QUEST plans and the CAMHD. The completed PIP validation tool is forwarded to MQD, QUEST plans and the CAMHD.	HSAG	February - March
7. HSAG completes PIP Validation reports and submits to MQD, the QUEST plans and the CAMHD.	HSAG	April
8. HSAG incorporates PIP Validation findings into EQR Technical Report.	HSAG	May - June
9. The QUEST plans' and the CAMHD's Annual QA/IP Evaluation Report submitted to MQD will include HSAG's final PIP validation findings, and if applicable, corrective actions completed. Additionally, the Annual QA/IP Evaluation will also include progress to date on each PIP scheduled for review by HSAG in the spring of the following year.	QUEST plans/ CAMHD	End of February
10. QUEST plans' and the CAMHD's Annual QA/IP Work Plan submitted to MQD will include the current year's PIP-related activities and corresponding benchmark dates (i.e. planned completion, re-measurement dates, date for decision about new and/or continuing PIP(s) for the following fiscal year, etc.)	QUEST plans/CAMHD	End of February

State of Hawaii  
Department of Human Services Med-QUEST Division  
Performance Improvement Project (PIP)  
Activities Timeline

Activities	2005						2006					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
PIP – Ongoing for FY 2005-2006 – Data Collection Year 2004												
PIP Activities – Remeasurement	←————→											
QUEST Plans and the CAMHD submit PIP Documentation							←→					
HSAG validates each PIP to the completed step and provides feedback to the QUEST plans and the CAMHD.							←→					
Final PIP Validation Report to QUEST Plans and the CAMHD							←————→					
Incorporate PIP Validation Findings into EQR Report										←————→		
PIP Consultation with HSAG/MQD												
PIP Consultation with HSAG/MQD	←→											
Initial PIP Validation Documentation due to HSAG – First Three Activities and Timeline		←→										
HSAG validates the first three activities (Activity I through Activity III) and provides feedback to the QUEST plans and the CAMHD.		←→										
Implementation of PIP			←————→									
QUEST Plans and the CAMHD Submit PIP documentation to the completed step in the PIP Documentation Tool to HSAG. Documentation will be submitted for both the new and/or ongoing PIPs							←→					

State of Hawaii  
Department of Human Services Med-QUEST Division  
Performance Improvement Project (PIP)  
Activities Timeline

*Draft Copy for Review*

Activities	2005						2006					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
HSAG validates each PIP to the completed step and provides feedback to the QUEST plans and the CAMHD, the CAMHD.								↔				
Final PIP Validation Report to QUEST Plans and the CAMHD									↔			
Incorporate PIP Validation Findings into EQR Report										↔		
Select PIP Topics for next Contract Year											↔	
<b>Annual QA/IP Activities - Inclusion of PIP Activities</b>												
QA/IP Program Description and Work Plan								↔				
Annual QA/IP Program Evaluation								↔				

## Definitions and Explanations

This document was developed by HSAG as a resource to assist managed care organizations (MCOs) or behavioral health organizations (BHOs) (also called health plans [HP] herein) in understanding the broad concepts in each activity related to Performance Improvement Projects (PIPs). The specific concept is delineated in the left column, and the explanations and examples are provided in the right column.

### Definitions and Explanations

#### Activity I. Appropriate Study Topic

<b>Broad Spectrum of Care</b>	<ul style="list-style-type: none"> <li>◆ For clinical focus areas: Includes prevention and care of acute and chronic conditions and high-volume/high-risk services. High-risk procedures may also be targeted, e.g., care received from specialized centers.</li> <li>◆ For nonclinical areas: Continuity or coordination of care addressed in a manner in which care is provided from multiple providers and across multiple episodes of care, e.g., disease- or condition-specific.</li> </ul>
<b>Eligible Population</b>	<ul style="list-style-type: none"> <li>◆ May be defined as those members who meet the study topic parameters.</li> <li>◆ Background rationale and/or documentation to support why the topic was chosen. Indicate if the topic was State-mandated.</li> <li>◆ Example: Previous study results and/or baseline data analysis.</li> </ul>
<b>Selected by the State</b>	<ul style="list-style-type: none"> <li>◆ If the study topic was selected by the State Medicaid Agency, this information is included as part of the description under Step One: Choose the Selected Study Topic in the PIP Tool.</li> </ul>

#### Activity II. Clearly Defined, Answerable Study Question

<b>Study Question/Hypothesis</b>	<ul style="list-style-type: none"> <li>◆ The question(s) directs and maintains the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The question(s) must be measurable and clearly defined. Examples:             <ol style="list-style-type: none"> <li>1. Does outreach immunization education increase the rates of immunizations for children 0–2 years of age?</li> <li>2. Does increasing flu immunizations for members with chronic asthma impact overall health status?</li> <li>3. Will increased planning and attention to follow-up after inpatient discharge improve the rate of mental health follow-up services?</li> </ol> </li> </ul>
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**Definitions and Explanations**

**Activity III. Clearly Defined Study Indicator(s)**

<b>Study Indicator</b>	<ul style="list-style-type: none"> <li>◆ A quantitative or qualitative characteristic reflecting a discrete event or status that is to be measured. Indicators are used to track performance and improvement over time.</li> <li>◆ Example: The percentage of enrolled members who were 12–21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN during the measurement year.</li> </ul>
<b>Sources Identified</b>	<ul style="list-style-type: none"> <li>◆ Documentation/background information that supports the rationale for the study topic, study question, and indicators.</li> <li>◆ Examples: HEDIS<sup>®</sup> measures, medical community practice guidelines, evidence-based practices, or provider agreements.</li> <li>◆ Practice guideline examples: American Academy of Pediatrics (AAP) and American Diabetes Association (ADA).</li> </ul>

**Activity IV. Correctly Identified Study Population**

<b>Eligible Population</b>	<ul style="list-style-type: none"> <li>◆ Refers to those members who are included in the study.</li> <li>◆ Includes: Age, conditions, enrollment criteria, measurement periods.</li> <li>◆ Example: The eligible population includes all children between the ages of 0–2 as of December 31 of the measurement period, with continuous enrollment and no more than one gap of 30 days or less in enrollment.</li> </ul>
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**Activity V. Valid Sampling Techniques**

<b>True or Estimated Frequency of Occurrence</b>	<ul style="list-style-type: none"> <li>◆ This may not be known the first time a topic is studied. In this case, assume that a maximum sample size is needed to establish a statistically valid baseline for the study. HSAG will review whether the MCO/BHO defined the impact the topic has on the population or the number of eligible members in the population.</li> </ul>
<b>Sample Size</b>	<ul style="list-style-type: none"> <li>◆ Provide the size of the sample to be used.</li> </ul>
<b>Representative Sample</b>	<ul style="list-style-type: none"> <li>◆ Refers to the sample resembling the entire population.</li> </ul>
<b>Confidence Level</b>	<ul style="list-style-type: none"> <li>◆ Statistical confidence is a numerical statement of the probable degree of certainty or accuracy of an estimate, e.g., 95 percent level of confidence with a 5 percent margin of error.</li> </ul>

HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

**Definitions and Explanations**

**Activity VI. Accurate/ Complete Data Collection**

<b>Data Elements</b>	<ul style="list-style-type: none"> <li>♦ Identification of data elements includes unambiguous definitions of data that will be collected, e.g., description of numerator/denominator, lab values.</li> </ul>
<b>Inter-rater Reliability (IRR)</b>	<ul style="list-style-type: none"> <li>♦ The HSAG review team is evaluating if there is a tool, policy, and/or process in place to verify the accuracy of the data abstracted. Is there an “over-read” (inter-rater reliability) process of a minimum percentage review?</li> <li>♦ Examples: A policy that includes how IRR is tested, documentation of training; and instruments and tools utilized.</li> </ul>
<b>Algorithms</b>	<ul style="list-style-type: none"> <li>♦ The development of any systematic process that consists of an ordered sequence of steps. Each step depends on the outcome of the previous step.</li> <li>♦ The HSAG review team is looking for the MCO/BHO to describe the process it utilized in data collection. What are the criteria (e.g., what CPT and/or source codes were used)?</li> </ul>
<b>Data Completeness</b>	<ul style="list-style-type: none"> <li>♦ Provide information on how accurate the data are.</li> <li>♦ HSAG review team looks for a statement regarding how data completeness was determined.</li> <li>♦ Example: Was there a claim/encounter run-out period to assure completeness of data?</li> </ul>

**Activity VII. Appropriate Improvement Strategies**

<b>Causes and Barriers</b>	<ul style="list-style-type: none"> <li>♦ It is expected that interventions associated with improvement of quality indicators will be system interventions.</li> <li>♦ Interventions for improvement identified through evaluation or barrier analysis. If there was no improvement, what problem-solving processes were put into place to identify possible causes and proposed changes to implement solutions?</li> </ul>
<b>Standardized</b>	<ul style="list-style-type: none"> <li>♦ If the interventions have resulted in successful outcomes, then the interventions continue and the MCO/BHO monitors to assure the outcomes remain.</li> <li>♦ Examples: If an intervention is the utilization of practice guidelines, then the MCO/BHO continues to use them; if mailers are a successful intervention, then the MCO/BHO continues the mailings and monitors outcomes.</li> </ul>

<b>Definitions and Explanations</b>	
<b>Activity VIII. Sufficient Data Analysis and Interpretation</b>	
<b>Analysis Plan</b>	<ul style="list-style-type: none"> <li>◆ Each study should have a plan for how data analysis will occur.</li> <li>◆ The HSAG review team will ensure that this plan was followed.</li> </ul>
<b>Generalization to the Study Population</b>	<ul style="list-style-type: none"> <li>◆ Study results can be applied to the general population with the hypothesis that comparable results will occur.</li> </ul>
<b>Factors that Threaten Internal and External Validity</b>	<ul style="list-style-type: none"> <li>◆ Did the analysis identify any factors (internal or external) that would threaten the validity of the study results?</li> <li>◆ Example: Change in record extraction (e.g., hired a vendor, changes in HEDIS methodology).</li> </ul>
<b>Presentation of the Data Analysis</b>	<ul style="list-style-type: none"> <li>◆ Results should be presented in tables or graphs with measurement periods, results, and benchmarks clearly identified.</li> </ul>
<b>Identifies Initial and Remeasurement of Study Indicators</b>	<ul style="list-style-type: none"> <li>◆ Clearly identify in the report which measurement period the indicator results reflect.</li> </ul>
<b>Statistical Differences Between Initial and Remeasurement Periods</b>	<ul style="list-style-type: none"> <li>◆ The HSAG review team looks for evidence of a statistical test (e.g., t-test, chi square).</li> </ul>
<b>Identify the Extent to Which the Study Was Successful</b>	<ul style="list-style-type: none"> <li>◆ The HSAG review team is looking for improvement over several measurement periods.</li> <li>◆ Both interpretation and analysis should be based on continuous improvement philosophies such that the MCO/BHO documents the data results and what follow-up steps will be taken for improvement.</li> </ul>
<b>Activity IX. Real Improvement Achieved</b>	
<b>Remeasurement Methodology Is the Same as Baseline</b>	<ul style="list-style-type: none"> <li>◆ The HSAG review team is looking to see that the study methodology remained the same for the entire study.</li> </ul>
<b>Documented Improvement in Processes or Outcomes of Care</b>	<ul style="list-style-type: none"> <li>◆ The study report should document how interventions were successful in impacting the system processes or outcomes.</li> <li>◆ Examples: Change in data collection, rate increase or decrease demonstrated in graphs/tables.</li> </ul>
<b>Activity X. Sustained Improvement Achieved</b>	
<b>Sustained Improvement</b>	<ul style="list-style-type: none"> <li>◆ The HSAG review team is looking to see if study improvements have been sustained over the course of the study. This needs to be demonstrated over a period of several (more than two) remeasurement periods.</li> </ul>

## Overview

Using the PIP validation tool shown in the appendix, HSAG assessed each component of **QUEST Plan's** PIP, based on the following CMS protocol activities. The methodology requires that 10 activities be reviewed.

10 activities were assessed for **QUEST Plan's** PIP for PIP Topic:

- ♦ Activity I. Appropriate Study Topic
- ♦ Activity II. Clearly Defined, Answerable Study Question
- ♦ Activity III. Clearly Defined Study Indicator(s)
- ♦ Activity IV. Correctly Identified Study Population
- ♦ Activity V. Valid Sampling Techniques (if sampling was used)
- ♦ Activity VI. Accurate/Complete Data Collection
- ♦ Activity VII. Appropriate Improvement Strategies
- ♦ Activity VIII. Sufficient Data Analysis and Interpretation
- ♦ Activity IX. Real Improvement Achieved
- ♦ Activity X. Sustained Improvement Achieved

## Scoring Methodology

Each activity consisted of elements necessary for the successful completion of a valid PIP. The elements within each activity were scored by the reviewer as *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*. Some of the elements were designated “critical” elements (marked with a “C” in the PIP evaluation tool), which had to be *Met* to produce an accurate and reliable PIP. For example, for Activity II of the PIP evaluation tool, if the study question or hypothesis could not be answered or proven, then the critical question was scored as *Not Met*, and the PIP was not valid.

The PIP was scored as follows:

<i>Met</i>	(1) All critical elements were <i>Met</i> , <b>and</b> (2) 80%–100% of all elements were <i>Met</i> across all activities.
<i>Partially Met</i>	(1) All critical elements were <i>Met</i> , but less than 80% of all elements were <i>Met</i> across all activities; <b>or</b> (2) One or more critical elements was <i>Partially Met</i> .
<i>Not Met</i>	One or more critical elements was <i>Not Met</i> .
<i>Not Applicable (NA)</i>	<i>Not Applicable</i> elements (including critical elements) were removed from all scoring.

Given the importance of critical elements to this methodology, any critical element that receives a *Not Met* status will result in a zero score, and requires immediate revisions and resubmission of the PIP. In addition, HSAG technical assistance can be provided at the direction of the Hawaii Department of Human Services, Med-QUEST Division (the Department). Future submissions should address and include documentation for all non-critical elements that were *Partially Met* and *Not Met*.

The scoring methodology was designed to ensure that critical elements were a “must pass” activity. If at least one critical element was *Not Met*, the overall validation score was zero. In addition, the methodology addressed the potential situation in which all critical elements were *Met*; however, suboptimal performance was observed in the noncritical elements. The final outcome would be a *Partially Met* status, requiring additional documentation and/or HSAG technical assistance at the direction of the Department to be submitted by the MCOs/PIHPs.

The score for the MCOs/PIHPs was calculated as the percentage of elements across all activities that received a *Met* status. The following five examples demonstrate how the scoring was applied.

**Example 1:** *Met* = 43, *Partially Met* = 2, *Not Met* = 0, *NA* = 8, and all critical elements were *Met*. The MCOs/PIHPs receives an overall *Met* status, indicating the PIP is valid. The score for the MCOs/PIHPs is calculated as  $43/45 = 95.6$  percent. No further action is required.

**Example 2:** *Met* = 52, *Partially Met* = 0, *Not Met* = 1, *NA* = 0, and one critical element was *Not Met*. The MCOs/PIHPs receives an overall *Not Met* status and the PIP is not valid. The score is calculated as zero. The MCOs/PIHPs will need to revise the PIP and resubmit, or send in appropriate information to resolve the issue with the critical element.

**Example 3:** *Met* = 43, *Partially Met* = 1, *Not Met* = 1, *NA* = 8, and one critical element was *Partially Met*. The MCOs/PIHPs receives an overall *Partially Met* status, indicating the PIP is valid. The score for the MCOs/PIHPs is calculated as  $43/45 = 95.6$  percent. The MCOs/PIHPs will need to send in appropriate information to resolve the issues with the *Partially Met* critical element and the one element that was *Not Met*.

**Example 4:** *Met* = 38, *Partially Met* = 11, *Not Met* = 4, *NA* = 0, and all the critical elements are *Met*. The MCOs/PIHPs receives an overall *Partially Met* status, indicating the PIP is valid. The score for the MCOs/PIHPs is calculated as  $38/53 = 71.7$  percent. The MCOs/PIHPs will need to send in appropriate information to resolve the issues with the *Partially Met* elements and the four elements that were *Not Met*.

**Example 5:** *Met* = 38, *Partially Met* = 11, *Not Met* = 4, *NA* = 0, and one critical element was *Partially Met*. The MCOs/PIHPs receives an overall *Partially Met* status, indicating the PIP is valid. The score for the MCOs/PIHPs is calculated as  $38/53 = 71.7$  percent. The MCOs/PIHPs will need to send in appropriate information to resolve the issues with the one *Partially Met* critical element, the other *Partially Met* elements, and the four elements that were *Not Met*.

**DEMOGRAPHIC INFORMATION**

QUEST Name and ID: _____	Title: _____
Study Leader Name: _____	Email Address: _____
Telephone Number: _____	Name of Project/Study: _____
Type of Study: <input type="checkbox"/> Clinical <input type="checkbox"/> Non-clinical	
Date of Study Period: From _____ to _____	Number of QUEST Recipients served by QUEST Plan
	Number of QUEST Recipients in Project/Study

**DEMOGRAPHIC INFORMATION**

Performance Improvement Project (PIP) Name: <PIP Study Name>

**Activity I: Select the Study Topic(s)**

**A. Activity One: Choose the Selected Study Topic.** Topics selected for study should reflect the Medicaid enrollment in terms of demographic characteristics, prevalence of disease, and the potential consequences (risks) of the disease. Topics could also address the need for a specific non-clinical service. The goal of the project should be to improve processes and outcomes of health care for the full affected population. The topic may be specified by the State Medicaid agency or on the basis of Medicaid enrollee input.

**Study Topic:**

**B. Activity Two: The Study Question.** Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

**Study Question:**

**DEMOGRAPHIC INFORMATION**

**C. Activity Three: Selected Study Indicators.** A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event (e.g., rates of hospital readmissions within 30 or 90 days), or a status (e.g., percent of consumers reporting that they actively participate in treatment planning) that is to be measured. The selected indicators should be appropriate for the study topic and question as well as 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.

<b>Study Indicator #1:</b>	
Numerator:	
Denominator:	
First Measurement Period Dates:	
Benchmark:	
Source of Benchmark:	
Baseline Goal:	
<b>Study Indicator #2:</b>	
Numerator:	
Denominator:	
First Measurement Period Dates:	
Benchmark:	
Source of Benchmark:	
Baseline Goal:	
<b>Study Indicator #3:</b>	
Numerator:	
Denominator:	
First Measurement Period Dates:	
Benchmark:	
Source of Benchmark:	
Baseline Goal:	

**DEMOGRAPHIC INFORMATION**

**D. Activity 4: Identified Study Population.** The study population should be clearly defined to represent the entire population to which the PIP study question and indicators apply. The length of recipient enrollment should be considered and defined. All selection criteria should be listed here. Once the population is identified, a decision must be made whether to review data for the entire population or a sample of that population.

**Identified Study Population:**

**E. Activity 5: Sampling Methods.** If sampling 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. The true prevalence or incidence rate for the event in the population may not be known for the first time a topic is studied. In this case, an estimate should be used and the basis for that estimate indicated.

Measure	Sample Error and Confidence Level	Sample Size	Population	Method for Determining Size (describe)	Sampling Method (describe)

**DEMOGRAPHIC INFORMATION**

**F. Activity 6: Data Collection Procedures.** Data collection 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.

**Data Sources**

- Hybrid (medical/treatment records and administrative)
- Medical/treatment record abstraction
  - Record Type
    - Outpatient
    - Inpatient
    - Other \_\_\_\_\_

- Other Requirements
  - Data collection tool attached
  - Data collection instructions attached
  - Summary of data collection training attached
  - IRR process and results attached

- Other data \_\_\_\_\_

**Description of Data Collection Staff**

- Administrative data
- Data Source
  - Programmed pull from claims/encounters
  - Complaint/appeal
  - Pharmacy data
  - Telephone service data /call center data
  - Appointment/access data
  - Delegated entity/vendor data \_\_\_\_\_
  - Other \_\_\_\_\_

- Other Requirements
  - Data completeness assessment attached
  - Coding verification process attached

- Survey Data

**Fielding Method**

- Personal interview
- Mail
- Phone with CATI script
- Phone with IVR
- Internet
- Other \_\_\_\_\_

**Other Requirements**

- Number of waves \_\_\_\_\_
- Response rate \_\_\_\_\_
- Incentives used \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

**F. Activity 6a: Data Collection Cycle.**

- Once a year
- Twice a year
- Once a season
- Once a quarter
- Once a month
- Once a week
- Once a day
- Continuous
- Other (list and describe):

**Data Analysis Cycle.**

- Once a year
- Once a season
- Once a quarter
- Once a month
- Continuous
- Other (list and describe):

**F. Activity 6b. Data Analysis Plan and Other Pertinent Methodological Features**

**DEMOGRAPHIC INFORMATION**

**G. Activity 7. 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. Describe interventions designed to change behavior at an institutional, practitioner, or beneficiary level.

**Describe interventions.**

**Baseline to Remeasurement 1**

**Remeasurement 1 to Remeasurement 2**

**Remeasurement 2 to Remeasurement 3**

**Performance Improvement Project (PIP) Name: <PIP Study Name>**

**H: Activity 8A. Data analysis:** Describe the data analysis process in accordance with the analysis plan and any ad-hoc analysis done on the selected clinical or non-clinical study indicators. Include the statistical analysis techniques utilized and *p* values.

**Baseline Measurement**

**Remeasurement 1**

**Remeasurement 2**

**Remeasurement 3**

**Performance Improvement Project (PIP) Name: <PIP Study Name>**

**H. Activity 8B. Interpretation of study results:** Describe the results of the statistical analysis, interpret the findings, and discuss the successfulness of the study and indicate follow-up activities. Also, identify any factors that could influence the measurement or validity of the findings.

**Baseline Measurement**

**Remeasurement 1**

**Remeasurement 2**

**Remeasurement 3**

**Performance Improvement Project (PIP) Name: <PIP Study Name>**

**I. Activity 9. Study Results Summary and Improvement:** List study results and describe any meaningful change in performance observed during the time period of analysis.

**#1 Quantifiable Measure:**

Time Period Measurement Covers	Baseline Project Indicator Measurement	Numerator	Denominator	Rate or Results	Industry Benchmark	Statistical Test and Significance*
	<i>Baseline:</i>					
	Remeasurement 1:					
	Remeasurement 2:					
	Remeasurement 3:					
	Remeasurement 4:					
	Remeasurement 5:					

**#2 Quantifiable Measure:**

Time Period Measurement Covers	Baseline Project Indicator Measurement	Numerator	Denominator	Rate or Results	Industry Benchmark	Statistical Test and Significance*
	<i>Baseline:</i>					
	Remeasurement 1:					
	Remeasurement 2:					
	Remeasurement 3:					
	Remeasurement 4:					
	Remeasurement 5:					

\* If used, specify the test, p value, and specific measurements (e.g., baseline to remeasurement #1, remeasurement #1 to remeasurement #2, etc., or baseline to final remeasurement) included in the calculations.

**Performance Improvement Project (PIP) Name: <PIP Study Name>**

**J. Activity 10. Sustained improvement:** Describe any demonstrated improvement through repeated measurements over comparable time periods. Discuss any random year-to-year variation, population changes, and sampling error that may have occurred during the remeasurement process.

Hawaii Department of Human Services, Med-QUEST Division  
2005-2006 PIP Validation Tool  
for <QUEST Plan Name>

**DEMOGRAPHIC INFORMATION**

QUEST Plan Name or ID: \_\_\_\_\_

Study Leader Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Project/Study: \_\_\_\_\_

Type of Study:  Clinical  Nonclinical

Date of Study Period: From \_\_\_\_\_ to \_\_\_\_\_

Type of Delivery System -- check all that apply:

- Staff Model  QUEST Plan
- Network  PHP
- Direct IPA  MCCN
- IPA Organization

\_\_\_\_\_ Number of QUEST Recipients in QUEST Plan

\_\_\_\_\_ Number of QUEST Recipients in Study

Number of QUEST Primary Care Physicians \_\_\_\_\_

Number of QUEST Plan Specialty Physicians \_\_\_\_\_

Number of Physicians in Study (if applicable) \_\_\_\_\_

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ACTIVITIES	EVALUATION ELEMENTS	SCORING	COMMENTS
<p>Performance Improvement Project/Health Care Study Evaluation</p>	<p>I. Appropriate Study Topic</p> <p>The study topic:</p>		<p>Topics selected for the study should reflect the Medicaid enrollment in terms of demographic characteristics, prevalence of disease, and the potential consequences (risks) of the disease. Topics could also address the need for a specific service. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State Medicaid agency or on the basis of Medicaid enrollee input.</p>
—	<p>1. Reflects high-volume or high-risk conditions (or was selected by the State).</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	
—	<p>2. Is selected following collection and analysis of data (or was selected by the State).</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	
—	<p>3. Addresses a broad spectrum of care and services (or was selected by the State).</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	
—	<p>4. Includes all eligible populations that meet the study criteria.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A</p>	