Performance Improvement Project Implementation & Submission Tool

PLANNING TEMPLATE

INTRODUCTION & INSTRUCTION

This tool provides a structure for development and submission of Performance Improvement Projects (PIPs). It is based on EQR Protocol 3: Validating Performance Improvement Projects (PIPs), as a mandatory protocol delivered by the Centers for Medicare & Medicaid Services (CMS) in September of 2012.

The use of this format for PIP submission will assure that the MHP addresses all of the required elements of a PIP. If the MHP uses another format, they must ensure that all of the required elements of the PIP are addressed and included in their submission.

- The PIP should target improvement in either a clinical or non-clinical service delivered by the MHP.
- The PIP process is not used to evaluate the effectiveness of a specific program operated by the MHP. If a specific program is experiencing identified problems, changes and interventions can be studied using the PIP process. This can be done to create improvements in the program and should be included in the narrative.
- The narrative should explain how addressing the study issue will also address a broad spectrum of consumer care and services over time. If the PIP addresses a high-impact or high risk condition, it may involve a smaller portion of the MHP consumer population, so the importance of addressing this type of issue must be detailed in the study narrative.
- Each year a PIP is evaluated is separate and specific. Although topic selection and explanation may cover more the one PIP year, every section should be reviewed and updated, as needed, to ensure continued relevance and to address on-going and new interventions or changes to the study.
- If sampling methods are used the documentation presented must include the appropriateness and validity of the sampling method, the type of sampling method used and why, and what statistical subset of the consumer population was used.
- General information about the use of sampling methods and the types of sampling methods to use to obtain valid and reliable information can be found in Appendix II of the EQR Protocols.[1]

IDENTIFICATION OF PLAN/PROJECT

Plan Name:	**Recovery**	
Project Title:		Clinical: _x___ Non-Clinical: _____
Project Leader:	**Deana Fleming**	Title: Deputy Director, Adult Role: Project leader
Initiation Date:	**January 2015**	
Completion :	**N/A**	

[1] EQR Protocol: Appendix II: Sampling Approaches, Sept. 2012, DHHS, Centers for Medicare & Medicaid Services (CMS), OMB Approval No. 0938-0786

SECTION 1: SELECT & DESCRIBE THE STUDY TOPIC

1. The PIP Study Topic selection narrative should include a description of stakeholders involved in developing and implementing the PIP. MHPs are encouraged to seek input from consumers and all stakeholders who are users of, or are concerned with specific areas of service.

   - Assemble a multi-functional team.

     The Department participated in the Advancing Recovery Collaborative. When the collaborative ended the Department was able to move from being a part of a large, very informative and well-funded learning experience to a local focused project. The Leadership Team (which consists of upper and midlevel managers recognized the need to have both clinical and administrative staff involved in defining the local effort. As a result a PIP team was developed to include both Deputy Directors, a fiscal analyst and a consultant who had been involved in previous PIPs. Other staff members will be invited as needed. The inclusion of a consumer member is under discussion as the PIP team would like to include at least one consumer.
   - Describe the stakeholders who are involved in developing and implementation of this PIP, and how they were selected to participate.

     The stakeholders will be the clinical staff in the Adult Team. All these staff were trained in the scoring of the MORS (Milestones of Recovery Scale), the Strength Assessment, and Group Supervision. All have practiced scoring the MORS since January 2015.

2. Define the problem.
   - The problem to be addressed should be clearly stated with narrative explanation including what brought the problem to the attention of the MHP.
     - What is the problem?

       Prior to participating in the ARC the Department did not have a viable method for measuring recovery. We had participated in each round of the State sponsored "Performance Outcomes Quality Improvement" (POQI) administrations but were not able to extract useable data from the data base (just one challenge of a very small county were experts in extracting and compiling data are unavailable). Without a meaningful way of measuring client progress through recovery we continued in an unstructured way of expecting each clinician to determine the level of service for each individual consumer. We had no way of knowing if the level of service matched the true needs of the consumer. It is possible that some of the more well consumers were getting a higher level of service than the consumers with greater needs simply because more well consumers are "easier" to work with and often more fun to work with because the clinician can have an experience that more closely matches working with the "worried well". It is also possible that consumers were "stuck" at a phase of recovery and weren't being encouraged to grow because it was "just where the consumer has always been" (such as a consumer as a long term resident of a board and care home not being encouraged to try supported independent living).

       Also in the absence of a structured method of helping clinicians improve the selection of interventions for consumers we continued in our expectation that all clinicians could develop a broad range of appropriate consumer driven interventions. With the introduction of the Strength Assessment and Group Supervision we may have an opportunity to grow clinical skills.

- How did it come to your attention?
  These issues came to our attention initially through frustration with completion of the POQI surveys each cycle and never receiving any useful feedback other than the handwritten comments of consumers. Surely our friends at the State could develop a feedback loop to counties since all counties were participating in this project which helped the State meet Federal requirements….but no. Then as we participated in the ARC our lack of a meaningful way of measuring Recovery came into focus. The more we looked at the idea of measuring Recovery the more we realized that it is not just about a score on a tool (MORS) but rather what are we as a Department doing to help consumers realize their full potential; and in the process what are we doing to help clinical staff enhance their ability to be part of the solution rather than a factor in consumer dependence on they system.
- What data have you reviewed that suggests the issue is indeed a problem for the MHP? Describe any relevant benchmarks.
  In the very early stages of this PIP we looked at the pattern of MORS scores from January to June 2015. We had initially expected to focus on consumers at level 4 and 5 with the goal of determining how this movement from 4 to 5 happened. We found that the majority of consumers had a MORS score of 5 (38%), which indicates that they are engaged with treatment but still not able to function without significant support. This was the largest group of consumers. The next largest group was individuals with a MORS score of 6 (26%); and only 13% had a MORS score of 4. Based on this initial data it appeared that the Department was very able to help consumers move from MORS score from 4 to MORS score 5. A surprising finding from this initial data was that 11% of consumers were at MORS score 7, indicating that they were likely ready for discharge planning. Since this group contained only 12 individuals the PIP Team is considering focusing on this group first for two reasons: first, this is a manageable number of individuals to focus on individually, and second if we can successfully use the MORS tool to help focus treatment interventions with this small group we will be more able to market the use of MORS scores to tailor treatment interventions for other groups.
- What literature and/or research have been reviewed that explain the issue's relevance to the MHP's consumers?
  Since MORS is a proven tool for measuring recovery based on many scientific research studies we did not find it necessary to conduct a literature review of this tool. We did meet with the primary investigator of the MORS in the ARC project and learned how the tool was validated.

- The study topic narrative will address:
  - What is the overarching goal of the PIP?
    The overarching goal of this PIP is to assist consumers reach the highest level of recovery possible.
  - How will the PIP be used to improve processes and outcomes of care provided by the MHP?
    AS noted above, this PIP is expected to benefit adult consumers by helping them achieve higher levels of recovery. Through use of the MORS as a measure of movement through stages of recovery we expect to be able to learn how to tailor interventions to match the consumers stage of recovery (for example we expect to learn what level and kind of services an individual at MORS 7 needs to be ready for discharge; versus the

level of services an individual at level 4 might need to move to engagement (a key feature of MORS level 5). Ultimately the success of this PIP will impact all consumers regardless of MORS level.

- How any proposed interventions are grounded in proven methods and critical to the study topic.

  This is a harder question to answer at this time as we are just beginning to assess the needs of the individuals at MORS level 7. We do know that matching services with needs is critical both to helping the individual recover and in making sure that the individuals that need the higher level of services are receiving those services.

- The study topic narrative will clearly demonstrate:
  - How the identified study topic is relevant to the consumer population

    We believe our study topic is completely relevant to adult consumers. We believe all consumers wish to do better and we want to do the best job we can to be a part of the healing process.
  - How addressing the problem will impact a significant portion of MHP consumer population

    As noted above eventually we expect our learning through this PIP will help us provide the proper service to individuals all along the MORS continuum. That means that every adult who receives treatment here will reap the benefits of our attempts to measure recovery and target services appropriate to the individual's level of recovery.
  - How the interventions have the potential to impact the mental health, functional status, or satisfaction of consumers served.

    If successful consumers addressed in the first phase of this PIP will move from level 7 to level 8 (unless the individual is receiving benefits due to disability as the MORS scale does not allow a score higher than 7 in that circumstance). Individuals who reach level 8 are by definition fully able to live and interact with the community without the assistance of mental health professionals. And as noted as we expand our knowledge how using the MORS to identify successful interventions for various levels of recovery all consumers will benefit from this PIP.

SECTION 2: DEFINE & INCLUDE THE STUDY QUESTION

The study question must be stated in a clear, concise and answerable format. It should identify the focus of the PIP. The study question establishes a framework for the goals, measurement, and evaluation of the study.

What are the barriers that keep clients from reintegrating into the community?

OR

How can services be tailored to the needs of consumers to facilitate their movement through the recovery continuum as measured by the MORS?

SECTION 3: IDENTIFY STUDY POPULATION

Clearly identify the consumer population included in the study. An explanation about how the study will address the entire consumer population, or a specific sample of that population. If the study pertains to an identified sector of the MHP consumer population, how inclusion of all members will occur is required. The documentation must include data on the MHPs enrolled consumers, as well as the number of consumers relevant to the study topic.

This section may include:

- Demographic information;

  This study will include all adult consumers receiving at least one variety of mental health

service, and excludes "meds only" consumers. The current number of consumers in this category is 211.

- Utilization and outcome data or information available;

  Data will include MORS scores and service utilization data

- Other study sources (such as pharmacy data) that may be utilized to identify all consumers who are to be included in the study.

SECTION 4: SELECT & EXPLAIN THE STUDY INDICATORS

"A study indicator is a measurable characteristic, quality, trait, or attribute of a particular individual, object, or situation to be studied."[2] Each PIP must include one or more measurable indicators to track performance and improvement over a specific period of time. Indicators should be:

- Objective;
- Clearly defined;
- Based on current clinical knowledge or health service research; and
- A valid indicator of consumer outcomes.

  Our study indicators will include MORS scores, minutes of service in the categories of individual therapy, group therapy, plan development, case management, medication support;

The indicators will be evaluated based on:

- Why they were selected;
- How they measure performance;
- How they measure change a mental health status, functional status, beneficiary satisfaction; and/or
- Have outcomes improved that are strongly associated with a process of care; client moving up in level
- Do they use data available through administrative, medical records, or another readily accessible source; and
- Relevance to the study question.

The measures can be based on current clinical practice guidelines or health services research. The MHP must document the basis for adopting the specific indicator.

In reporting on the chosen indicators include:

- A description of the indicator; MORS
- The numerator and denominator; 106/211 (numerator= # of clients scored) (denominator= # of clients opened to MH)
- The baseline for each performance indicator; and baseline= 106 clients scored from the # of opened adult MH clients
- The performance goal. all opened adult MH clients get scored (211)

Specify the performance indicators in a Table. For example:

#	Describe Performance Indicator	Numerator	Denominator	Baseline for Performance Indicator (number)	Goal (number)
1	**# of minutes of service for consumers at level 7**			**Not yet established**	**Not yet established**
2	**MORS score:**			**12 consumers currently**	**8 of these 12**

[2] EQR Protocol 3, Validation of Performance Improvement Project, Sept. 2012, DHHS, Centers for Medicare & Medicaid Services (CMS), OMB Approval No. 0938-0786

	length of time on level 7	**at level 7**	**at level 8 and ready for discharge**
3	**# of minutes of service for consumers at level 5**	**Not yet established**	**Not yet established**
4	**MORS score: length of time on level 5**	**40 consumers currently at this level**	**25 of these 40 at level 6**

SECTION 5: DEVELOP & DESCRIBE STUDY INTERVENTIONS

The MHP must develop reasonable interventions that address causes/barriers identified through data analysis and QI processes. Summarize interventions in a table that:

- Describes each intervention;
- Identifies the specific barriers/causes each intervention is designed to address;
- Identifies the corresponding indicator that measures the performance of the intervention; and
- Maintains the integrity/measurability of each intervention.

For example:

Number of Intervention	List each Specific Intervention	Barriers/Causes Intervention Designed to Target	Corresponding Indicator	Date Applied
1	Develop a menu of services for individuals at MORS 7	No current routine for addressing readiness for discharge and expected service pattern	Unknown length of time and service pattern for individuals at this level	August 2015
2	Measure the pattern of services for individuals at level 7	No current expectation of measuring level of services	This data is available but not presently measured	August 2015
3	Develop a menu of services for individuals at MORS 5	No current routine for addressing expected service pattern	Unknown length of time and service pattern for individuals at this level	September 2015
4	Measure the pattern of services for individuals at level 5	No current expectation of measuring level of services	This data is available but not presently measured	September 2015

SECTION 6: DEVELOP STUDY DESIGN & DATA COLLECTION PROCEDURES

A study design must be developed that will show the impact of all planned interventions. Include the information describing the following:

- Describe the data to be collected.
- Describe the methods of data collection and sources of the data. How do these factors produce valid and reliable data representing the entire consumer population to which the study indicators apply?
- Describe the instruments for data collection, and how they provided for consistent and accurate data collection over time.
- Describe the prospective data analysis plan. Include contingencies for untoward results.
- Identify the staff that will be collecting data, and their qualifications. Include contractual, temporary, or consultative personnel.
  Clinicians will collect data (scores) from clients. Data will be extracted from system for reporting.

SECTION 7: DATA ANALYSIS & INTERPRETATION OF STUDY RESULTS

Data analysis begins with examining the performance of each intervention, based on the defined indicators. (For detailed guidance, follow the criteria outlined in Protocol 3, Activity 1, Step 8.)

- Describe the data analysis process. Did it occur as planned?
- Did results trigger modifications to the project or its interventions?
- Did analysis trigger other QI projects?
- Review results in adherence to the statistical analysis techniques defined in the data analysis plan.
- Does the analysis identify factors that influence the comparability of initial and repeat measurements?

The analysis of the study data must include an interpretation of the extent to which the PIP is successful and any follow-up activities planned.

Present objective data analysis results for each performance indicator. A Table can be included (see example), and attach all supporting data, tables, charts, or graphs as appropriate.

Performance Indicator	**Date of Baseline Measurement**	**Baseline Measurement** (numerator/denominator)	**Goal for % Improvement**	**Intervention Applied & Date**	**Date of Re-measurement**	**Results** (numerator/denominator	**% Improvement Achieved**

SECTION 8: ASSESS OUTCOMES OF PIP

Real and sustained improvement are the result of a continuous cycle of measuring and analyzing performance, thoroughly analyzing results, and ensuring implementation of appropriate solutions. To analyze the results of the PIP the MPH must document the following steps:

- Describe issues associated with data analysis –
  - Did data cycles clearly identify when measurements occurred? Should monitoring have occurred more frequently?
  - Results of statistical significance testing.
  - What factors influenced comparability of the initial and repeat measures?
  - What, in any, factors threatened the internal or external validity of the outcomes?
- To what extent was the PIP successful and how did the interventions applied contribute to this success?
- Are there plans for follow-up activities?
- Does the data analysis demonstrate an improvement in processes or consumer outcomes?

SECTION 9: PLAN FOR "REAL" IMPROVEMENT

It is essential to determine if the reported change is "real" change, or the result of an environmental or unintended consequence, or random chance. The following questions should be answered in the documentation:

- How did you validate that the same methodology was used when each measurement was repeated?
- Was there documented quantitative improvement in process or outcomes of care?
- Describe the "face validity," or how the improvements appear to be the results of the PIP interventions.
- Describe the statistical evidence supporting that the improvement is true improvement.
- Was the improvement sustained through repeated measurements over comparable time periods? (If this is a new PIP, what is the plan for monitoring and sustaining improvement?)

7/21/15- Additional notes taken:

Goal of PIP

- Learn how to use the recovery tool
- Need to research the 12 clients currently on level 7.
- Look at how often scores change
- Identify why scores change
- How to move client from level 7 to 8. What are the barriers keeping client at level 7?

Track all clients who are at level 7, starting from January to present.

- Track individually
- Track by month
- Track level of service (minutes of service)
- Track the duration of client on level 7
- Track history of services and scores (has client moved up or down on level)