

What makes a PIP successful?

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EQR PROTOCOL 3: VALIDATING PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

10 Protocol Steps:

- 1) Select the study topic(s)
- 2) Define the study question(s)
- 3) Use a Representative and Generalizable study population
- 4) Select the study variable(s)
- 5) Use sound sampling techniques

EQR PROTOCOL 3: VALIDATING PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

10 Protocol Steps Continued:

- 6) Reliably collect data
- 7) Analyze data and interpret study results
- 8) Implement intervention/improvement strategies
- 9) Plan for “real” improvement
- 10) Achieve sustained improvement

What makes a PIP successful?

- Meeting the Requirements of EQRO
 - Submit a completed submission tool
 - Use data to identify an issue and measure success
 - Use of stakeholder input
 - Measure early and often

PIP Ratings

Active and Ongoing	Baseline established on at least some of the indicators and at least some interventions have started. Any combination of these will be acceptable. This WILL be rated.
Completed	In the past 12 months or since the prior EQR. This WILL be rated

PIP Ratings

Concept Only, Not Yet Active	This is an opportunity to provide TA step-by-step and help the MHP move this towards an active PIP. Baseline may have been done, but interventions have not been started. This will NOT be rated.
Inactive, Developed in a Prior Year	Rated in a prior year and not rated this year. For example: If a new intervention was not introduced in the current year, a PIP would be considered inactive. These will NOT be rated.
Submission Determined Not to be a PIP	Use this category when the write-up contains a lack of plan, data, or indication where the MHP will get their data, and the MHP has not implemented anything.

What makes a PIP successful?

- Potential to produce good results
 - Implemented as planned
 - Positive change occurs
 - Positive change is sustained over time
 - Initiative becomes an ongoing part of continuous quality approach to care

Successful PIP – Small-sized County

Timeliness to first assessment

“Will implementing a same day access to care model improve timeliness from first initial contact to first assessment to provide clients with enhanced access to services and care and improve the overall perception of consumers as it pertains to accessibility of services?”

- Successful use of “piloting”
- Successful use of existing data
- Produced good results
- Study Question is not measurable as written

Successful PIP – Small-sized County

Timeliness to first assessment

Successful use of “piloting” - Open Access was initiated four days a week at one clinic. Plan to implement to other clinics was outlined and PIP was rated as Completed.

Successful use of existing data- The local standard of 75% successful attainment of the 14-day first assessment appointment was not being met. The MHP cites history which has overall standard being met 22.1% for FY14-15, and 29.06% in FY15-16.

Successful results - Subsequent data for the April through August 2017 period produced averages of 2.48 days for adults and 1.80 days for children and youth. Achievement rates for the 14-day standard range from 92.76% for adults and 93.75% for children and youth.

Successful PIP – Small-sized County

Timeliness to first assessment

“Will implementing a same day access to care model improve timeliness from first initial contact to first assessment to provide clients with enhanced access to services and care and improve the overall perception of consumers as it pertains to accessibility of services?”

This could be improved by adding a measure: number of days, % that meet the timeliness goal...

Successful PIP – Medium-sized County

Post Hospitalization

“Will providing adult/older adult high risk Medi-Cal beneficiaries not opened to a BHRS Treatment Program with a pre and post psychiatric hospital discharge assessment and bridging components, increase the beneficiaries’ successful linkage to BHRS services within 14 days of discharge?”

- Successful use of data
- Success in spite of the numbers

Successful PIP – Medium-sized County Post Hospitalization

Successful use of data - Quarterly reports are run and reviewed by the PIP committee. The indicators and corresponding reports are designed to allow review of the detailed data for indicator calculations. This allows identification and isolation of part(s) of data that may be causing the percentage to fluctuate. This will allow for adjustments to the intervention as needed.

Successful PIP – Medium-sized County Post Hospitalization

Success in spite of numbers - Although the PIP did not show overall increased access, exposure to assessment and motivational interventions could later increase access when clients are more ready to implement change. The interventions in this respect serve as “planted seeds” for future recovery.

The qualitative data for the interviews (both consumers and staff) were consistent with the quantitative data in terms of increased time needed to engage this difficult-to-engage population. Building rapport and trust is important in the engagement process, and the intervention tools seem to be more effective with more time.

Successful PIP – Small-sized County Medication Support No-Shows

“Will a new appointment reminder system for adults 25 years and older, that provides a specific set of reminder practices for the system of care, improve the no-show rate for specialty mental health service adults receiving medication support services toward meeting the MCBHRS standard of 10% or less?”

- Successful use of data
- Successful use of interventions
- Success that didn't meet goal

Successful PIP – Small-sized County Medication Support No-Shows

Successful use of data - The MHP's standard for no-show rates for all services provided within the MHP is 10% or less. With the transition of adult services to the remaining ASO, medication support services for adults 25 years and older have seen a significant increase in no-show rates, up to 24%. The MHP will be implementing a new appointment reminder system whose goal is to reduce the number of medication support no-shows to 10% or less for adults 25 years and older.

Successful PIP – Small-sized County Medication Support No-Shows

Successful use of interventions - The MHP made reminder calls, created a more welcoming environment, and incentivized attendance to decrease the no-show rate. The MHP intends to continue the reminder calls at this time. To show correlation between these calls and the decreased no-show rate, the MHP needs to standardize the calls.

Success that didn't meet goal - The MHP presented monthly data that indicated an improved no-show rate to an overall average of 11%.

- **Next steps** - The MHP will need to detail how reduced wait times has an impact on attendance. How long is the wait time decreased? Will this be measured?

Successful PIP – Medium-sized County Integration of MH and SUD screening

“Will integrated walk-in screening improve access and retention for clients?”

- Successful use of “piloting”
- Successful goal setting
- Successful use of interventions

Successful PIP – Medium-sized County Integration of MH and SUD screening

Successful goal setting - The overall goals of the PIP were to improve the accurate identification of co-occurring diagnoses and to provide “right size” services to consumers from the start.

Successful pilot - In October 2016, the MHP developed and piloted an integrated screening tool to assess both mental health issues and substance use.

Successful PIP – Medium-sized County Integration of MH and SUD screening

Successful use of interventions –

- In May of 2017, the MHP implemented an integrated walk-in screening tool at one adult behavioral health clinic.
- Over this last year, the MHP discontinued the ANSA and SUD diagnosis rate concordance indicator because it did not reflect retention. The MHP added indicators focused on retention and factors influencing retention.
 - These include retention rates at 30 and 60 days, rate of kept appointments with associated service (i.e., a medical exam), and wait times.

Successful PIP – Small-sized County Medication Support No-Shows

“Will changing policies and procedures lead to a decrease in no-shows for medication support appointments for adult clients?”

- Successful use of barrier analysis (consumer input)
- Successful use of interventions
- Study question is not measurable as written

Successful PIP – Small-sized County Medication Support No-Shows

Successful use of barrier analysis (consumer input) - The purpose of this non-clinical PIP is to reduce no-shows for medication support appointments to <10% by addressing the primary reasons clients gave including forgetting the appointments and experiencing transportation difficulties.

Use of numerous interventions - Reminder calls; required “fit-in” appointments; scheduling to accommodate public transportation times for clients using public transportation; and help transport clients to their medication support appointments who are severely disabled.

Successful PIP – Small-sized County Medication Support No-Shows

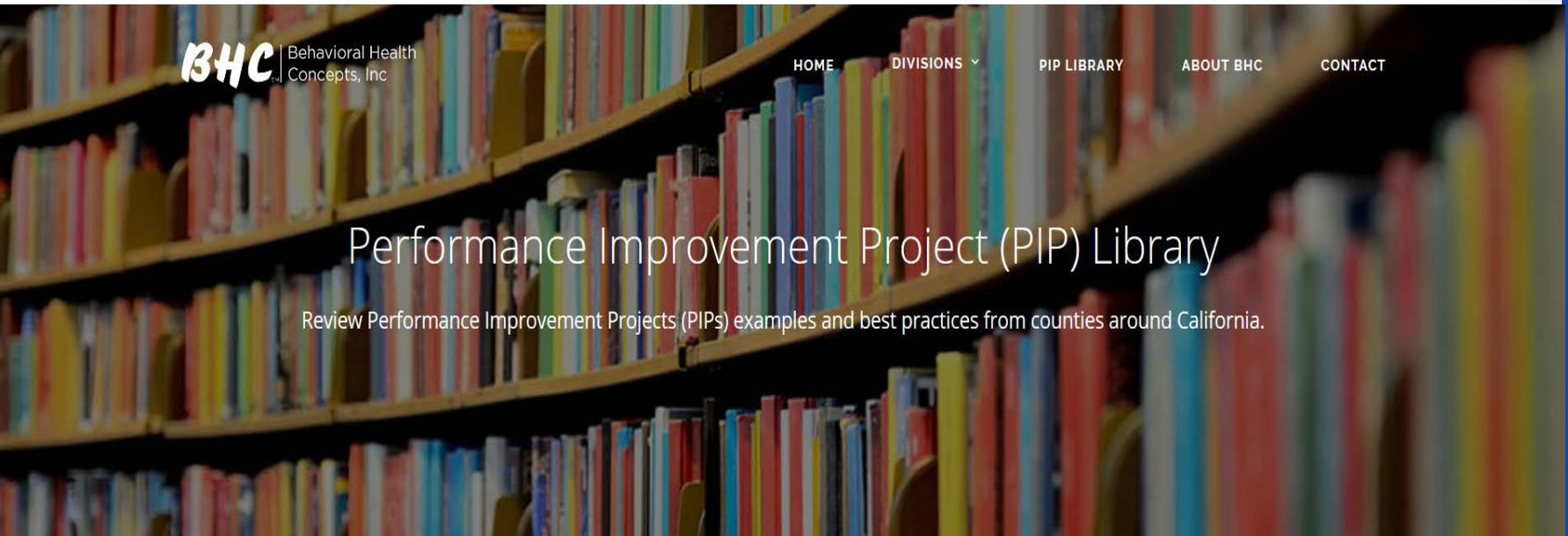
“Will changing policies and procedures lead to a decrease in no-shows for medication support appointments for adult clients?”

Changing policies and procedures is used as a “catch all” for the interventions used in this PIP.

This question could be improved by adding a measure:

By what % should the rate of no-shows decrease. (goal is <10%)

PIP Library



<http://www.bhceqro.com/pip-library>

Contact Information

**PIP Technical Assistance is available
from your assigned Quality Reviewer**

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Questions?