MassHealth Community Behavioral Health Center (CBHC) Quality and Equity Incentive Program (CQEIP)

Program:	CBHC QEIP
Performance Year:	PY1
Measure:	Equity Improvement Interventions
Deliverable:	Performance Improvement Project (PIP) Organizational Assessment and Quality Planning Document
Submission Portal:	OnBase
Submission Due Date:	November 1st, 2024
File Naming Convention:	CBHCAbbreviation_PIPAssessmentandPlanning_YYYYMMDD

Summary

The **Performance Improvement Project (PIP) Organizational Assessment and Quality Planning Document** is the performance submission requirement for the CQEIP measure: "Equity Improvement Interventions" in Performance Year 1.

CBHCs will describe current capacity to conduct performance improvement projects and identify resources and infrastructure to support future equity improvement intervention planning and implementation. PY1 planning will support CBHC efforts to develop a PIP Baseline Report in PY2 to identify performance goals and metrics to address disparities reduction in Performance Years 3 to 5.

The reporting template and submission instructions for this deliverable are included in this document. A CBHC TIN-billing entity shall submit one planning document on behalf of its CBHC sites, if there are multiple.

Reporting Template

Contact Information

CBHC TIN-billing Entity Name:	Add text
Point of Contact Name:	Add text
Point of Contact Title:	Add text
Point of Contact Email Address:	Add text

CBHCs should complete the reporting template provided in this document and submit the completed report to EOHHS via OnBase by **November 1st, 2024**, with the following naming convention: **CBHCAbbreviation_PIPAssessmentandPlanning_YYYYMMDD.** Please rename the file with CBHC's abbreviation and submission date. Note: Submission is a 2-step process; after uploading the deliverables onto OnBase, click "submit" to finalize the submission.

Please reach out to the MassHealth Health Equity Team at health.equity@mass.gov with any questions.

Introduction

The questions are broken out into four sections:

- Section 1: Organizational Assessment on Quality Improvement (QI) Practices
- Section 2: Experience Executing QI Projects
- Section 3: Planning and Implementing Future Equity Performance Improvement Projects (PIPs)
- Section 4. Health Equity Goals and Priorities

Section 1. Organizational Assessment on Quality Improvement Practices

The questions in this section assess the processes and practices that are currently in place at your CBHC to support quality improvement projects.

Considering appropriate ratings for your organization:

- Select "Does not describe us" when your CBHC does not adhere to a practice or principle.
- Select "Just getting started" if you have some elements related to a practice but think your CBHC could do more.
- Select "Almost there" if you feel you have some strong practices but still want to improve.
- Select "Describes us well" if you believe your program has an established practice.

1. Thinking of your quality improvement practices, indicate your CBHC rating for the following statements using an "X".

Quality Improvement Practices	Does not describe us	Just getting started	Almost there	Describes us well
We have access to health outcome data for our population.				
We have access to health outcome data for our population stratified by social risk factors, such as race, ethnicity, preferred spoken or written language, disability, sexual orientation, gender identity, in order to identify disparities.				
We have systems and processes for securely collecting, storing, and using population and health disparities data.				
We can regularly use data to measure improvement.				
We have dedicated staff to support QI efforts, such as analyzing and interpreting different types of data (i.e. survey data, administrative data, qualitative data)				
We have a designated leader for QI efforts.				
We have a QI program logic model (A logic model presents the shared relationships among the resources, activities, outputs, outcomes,				

	Does not describe us	Just getting started	Almost there	Describes us well
and impact for your program. It depicts the relationship between your program's activities and its intended effects).				
We track QI activities (what we do) and outcomes (what we hope to achieve) that align with our QI program logic model.				
We review and monitor QI activities and outcomes that are included in our program logic model on a regular basis.				
We review QI activities and outcomes to inform program improvement beyond reporting.				

1.a. Optional: Please provide additional details around your organization's quality improvement practices that are not captured by the table above, including but not limited to, expanding upon your rationale for the ratings selected for each statement.
 (500-word limit).

<u>Narrative reply</u>:

Section 2: Experience Executing Quality Improvement Projects

2. Thinking of your experience executing QI projects, indicate your rating for the following statements using an "X"

Experience Executing QI Projects	Does not describe us	Just getting started	Almost there	Describes us well
We set SMART (specific, measurable, attainable, relevant, timely) QI goals to be clear about what we hope to achieve.				
We identify or develop benchmarks to track progress toward improvement goals.				
We try to get to the bottom of a problem and understand its root causes before we start developing strategies to solve the problem.				
We develop and test solutions that are informed by research, data, and user experiences.				

We begin a change process on a small scale before implementing the change program wide or long term.				
When trying out a change, we collect feedback to learn how it is working.				
When piloting a solution, or testing it on a small scale, we focus on the implementation of the solution (how it was carried out) rather than just outcomes (end results).				
We use formal QI process/approaches, such as Model for Improvement, Lean Six Sigma, AIM Statements/Charters, Valu Stream/Process Mapping, PDSA, etc.				

2.a. Optional: Please provide additional details around your organization's experience executing quality improvement projects, that are not captured by the table above, including but not limited to, expanding upon your rationale for the ratings selected for each statement.

<u>Narrative reply</u>:

Section 3: Planning and Implementing Future Equity Performance Improvement Projects

The questions in this section assess your CBHC's readiness for planning and implementing equity performance improvement projects over the course of the CQEIP.

3. Please identify and list key CBHC personnel to support equity improvement intervention planning.

   The definitions of roles are provided below:

   - *Executive Sponsor: Executive Leader(s) in charge of oversight and organizational support for PIPs.*
   - *Clinical Lead: Clinician(s) serving as clinical advisors for PIPs.*
   - *Project Manager: Person(s) in charge of managing PIP operations, staff management, and communication with EOHHS and external partners, if any.*
   - *Other Supporting Personnel: Other personnel reporting to Key Personnel with frequent involvement in PIPs. Personnel could include team members who will coordinate PIP logistics, either clinical or for measurement, analysis, and reporting.*

PIP Role	First and Last Name	Title	Contact Information (Email/Phone)	Attestation Signature
Executive Sponsor				
Clinical Lead				
Project Manager				
Other Supporting Personnel (please describe role):				*N/A*
Other Supporting Personnel (please describe role):				*N/A*

(Please add additional rows as needed)

4. Based on your answers to the organizational assessment in Section 1, please identify and describe potential staff needs to support future PIP efforts, including, but not limited to, hiring additional staff, staff training, and building staff capacity (500-word limit).

   Narrative reply:

5. Based on the organizational assessment in Section 1, please describe current resources that could be leveraged, as well as resource needs, for future PIP planning, implementation, and reporting. This description should include as appropriate: (500-word limit).
   • Data analytics and reporting resources
   • Access to population and health disparities data
   • The ability to regularly use data to measure improvement
   • Clinical, population health, and health equity-related project management resources
   • Training and education resources
   • Technical assistance
   • Leadership with buy in to equity-focused programs and interventions

   Narrative reply:

6. Please describe your CBHC's relationships with external entities, such as those involved in the care or support of a sizeable volume of CBHC patients (i.e. hospitals, community organizations, Community Partners, social services organizations) that could be leveraged or expanded to support quality improvement efforts (500-word limit).

   Narrative reply:

Section 4. Current Health Equity Goals and Priorities

7. Describe 3-5 preliminary health equity strategic goals for the period of 2024-2028 for the MassHealth population served at the CBHC.

Goal 1	Add text
Goal 2	Add text
Goal 3	Add text
Goal 4	Add text
Goal 5	Add text