

QEIP Hospital-ACO Performance Improvement Project (PIP)

Entity Name:

PIP Topic:

Partnership Status:

Project Phase:

Submission Dates:

	PIP Planning (Baseline) Report	Baseline Report Resubmission	Remeasurement 1 Report	Closure Report
Version 1	Click here to enter a date	Click here to enter a date	Click here to enter a date	Click here to enter a date
Version 2	Click here to enter a date	Click here to enter a date	Click here to enter a date	Click here to enter a date

Submission to: MassHealth

Section 1: Entity Contact Information

1. Primary Contact Person

[PERSON RESPONSIBLE FOR COMPLETING THIS REPORT AND WHO CAN BE CONTACTED FOR QUESTIONS]

First and last name:

Title:

Email:

2. Additional Contacts

First and last name:

(Executive Sponsor)

Title:

Phone number:

Email:

First and last name:

(Clinical Lead)

Title:

Phone number:

Email:

3. Collaborators (if applicable):

[ENTER ANY PARTNERING ENTITIES AND OTHER EXTERNAL COLLABORATORS INVOLVED IN THIS PIP. IF NONE, ENTER N/A.]

4. For Remeasurement 1 and Closure Reports Only: If applicable, summarize and report all changes in methodology and/or data collection from PIP Planning (Baseline) Report submission in the table below. Add rows as needed.

[EXAMPLES INCLUDE: ADDED NEW INTERVENTIONS, ADDED A NEW SURVEY, CHANGE IN INDICATOR DEFINITION OR DATA COLLECTION, DEVIATED FROM HEDIS® SPECIFICATIONS, REDUCED SAMPLE SIZE(S)]

	Date of change	Area of change	Brief description of change
Change 1		<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention/ ITM <input type="checkbox"/> Primary/Alternative Contact <input type="checkbox"/> Collaborator <input type="checkbox"/> Other: _____	
Change 2		<input type="checkbox"/> Methodology <input type="checkbox"/> Barrier Analysis <input type="checkbox"/> Intervention/ ITM <input type="checkbox"/> Primary/Alternative Contact <input type="checkbox"/> Collaborator <input type="checkbox"/> Other: _____	

5. Attestation

Entity Name:

Project Title:

The undersigned approve this PIP Planning (Baseline) Report and assure involvement in the PIP throughout the course of the project. [SIGNATURES OF THE EXECUTIVE SPONSOR, CLINICAL LEAD AND PROJECT MANAGER ARE REQUIRED. WHERE ONE INDIVIDUAL SIMULTANEOUSLY HOLDS TWO OR MORE ROLES, IT IS SUFFICIENT TO PROVIDE A SIGNATURE, FIRST AND LAST NAME, AND DATE FOR ONLY ONE OF THOSE ROLES, AND ENTER ONLY FIRST NAME AND LAST NAME UNDER THE OTHER ROLES HELD BY THIS INDIVIDUAL.]

Executive Sponsor signature: _____

First and last name:

Date:

Clinical Lead signature: _____

First and last name:

Date:

Project Manager signature: _____

First and last name:

Date:

Quality Director signature: _____

First and last name:

Date:

CEO signature: _____

First and last name:

Date:

Medical Director signature: _____

First and last name:

Date:

IS Director signature: _____

First and last name:

Date:

Section 2: Abstract

For Closure Report submission only. Do not exceed 2 pages.

Provide a high-level summary of the PIP outlining the project topic and objectives, methodology and interventions, results, and major conclusions of the project:

1. Project Topic / Rationale / Aims

[Provide title of the project; state project rationale that highlights your (shared) equity approach; and outline objectives, aim(s), baseline and/or benchmark data, and goal for improvement.]

2. Methodology

[Describe the population, study indicators, sampling method, baseline and remeasurement periods, and data collection procedures. Note any methodological overlap (e.g., use of same indicators) across partnership Entities, as applicable.]

3. Interventions

[Describe the barriers, interventions, target of the interventions, and any challenges encountered, indicating any similarities across partnership Entities, as applicable.]

4. Results

[Specify number of cases in the project, remeasurement rates for project indicators, and statistical test results if applicable, in text. Do not include tables and graphs in abstract.]

5. Conclusions

[Address whether the project objectives were met, any corresponding explanations, a synthesis of the major project findings, any major project limitations, lessons learned (at the Entity level as well as from the collaborative experience, where applicable), and next steps.]

Section 3: Project Topic/Equity Statement

3.1 and 3.2a to be completed for PIP Planning (Baseline) Report. These sub-sections should be **identical** across Entities within a partnership. Do not exceed 2 pages.

3.1 (Shared) Equity Statement: Brief Rationale for Topic Selection

- Describe how the PIP Topic addresses your population's needs and why it is important to the members/patients of Entities within your partnership (or to your members/patients, if exempt from partnering):
- Describe high-volume or high-risk conditions addressed, and identify any health inequities
- Describe current research support for the topic as applicable (e.g., clinical guidelines/standards):
- Explain why there is opportunity for improvement in this area for your Entity (if exempt from partnering) or for your partnership (must include baselines and if available, statewide average/benchmarks):

3.2 PIP Vision, Aim Statement(s), and Goal(s)

- a) Provide a brief PIP vision that details your overarching PIP objective related to member/patient, provider, system, community, and/or entity-focused improvements.
- Describe how entities within your partnership will work together to achieve your shared equity vision.

b) Provide an Aim Statement for each performance indicator.

Aim Statement:

- List Goal(s) for each performance indicator:

Table 1: Baseline, benchmarks, and goals for performance indicators

	Baseline Rate¹ Enter measurement period.	Benchmark Rate (as applicable) Enter measurement period.	Goal/Target Rate²
Indicator 1	N: D: R:	R:	R:

¹ Baseline rate: the ACO/Hospital-specific rate that reflects the year prior to when PIP interventions are initiated.

² Upon subsequent evaluation of performance indicator rates, consideration should be given to increasing the target rate if it has been met or exceeded at that time.

* Numerator

** Denominator

*** Rate (Numerator/Denominator)

Section 4: Methodology

To be completed upon PIP Planning (Baseline) Report submission.

4.1 Performance Indicators¹⁰

Table 2. Key information related to performance indicators

	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Example Indicator	<i>Percent of children ages 5-11 years with an asthma diagnosis who have an asthma controller medication prescription in measurement year (MY).</i>	<i>Administrative Data</i>	<i>Children ages 5-11 years with asthma diagnosis.</i>	<i>Children ages 5-11 years with a known contraindication to asthma controller medications.</i>	<i>Number of children ages 5–11 years with a prescription filled during the MY for an asthma controller medication.</i>	<i>Number of children ages 5-11 years with an asthma diagnosis excluding those with a known contraindication to asthma controller medications.</i>
Indicator 1						

¹⁰ **HEDIS® Indicators:** If using a HEDIS measure (e.g., MMA, which is provided as an example in Table 2), specify the HEDIS® reporting year used and reference the HEDIS Volume 2 Technical Specifications (e.g., measure name(s)). It is not necessary to provide the entire specification. A summary of the indicator statement, and criteria for the eligible population, denominator, numerator, and any exclusions are sufficient. Describe any modifications being made to the HEDIS specification, e.g., change in age range.

Non-HEDIS Indicators: If not using a HEDIS measure or a modified HEDIS measure, clearly and concisely describe how the project indicator(s) will be measured. Be sure to include the measurement period, eligible population criteria, definitions for the numerator and denominator, and any exclusion criteria. Include all applicable diagnoses, procedure, pharmacy, provider type, place of service and other codes with narrative. If the state shared detailed measure specifications, the Entity could simply refer to those documents instead of providing all diagnoses, etc.

	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator

4.2 Data Collection and Analysis Procedures

Are PIP interventions targeting the entire eligible population? *Click here to enter text.*

If yes: Please indicate "Yes" and describe your eligible population or list your inclusion criteria here. Then indicate "N/A" under "Sampling" below and address the remaining subheadings in Section 4.2.

If no: Please indicate "No" then provide details under "Sampling" below and address the remaining subheadings in Section 4.2.

-

Sampling:

If sampling was used (for targeting interventions, completing medical record reviews, or survey distribution, for example), the sampling technique should consider and specify the true (or estimated) frequency of the event, the confidence level to be used, and the margin of error that will be acceptable.

- **Describe sampling methodology:**
- **Sample size and justification:**

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Data Collection

Describe who will collect the performance indicator and intervention tracking measure data (using staff titles and qualifications), when they will perform the data collection (monthly, quarterly, etc.), and what tools they will use (abstraction tools, software, surveys, etc.). If a survey is used, indicate survey method (phone, mail, face-to-face), the number of surveys distributed and completed, and the follow-up attempts to increase response rate.

- **Describe data collection:**

-

Validity and Reliability

Describe efforts used to ensure performance indicator and intervention tracking measure data validity and reliability. For medical record abstraction, describe abstractor training, inter-rater reliability (IRR) testing, quality monitoring, and edits in the data entry tool. For surveys, indicate if the survey instrument has been validated. For administrative data, describe validation that has occurred, methods to address missing data and audits that have been conducted.

- **Describe validity and reliability:**

-

Data Analysis

Explain the data analysis procedures and, if statistical testing is conducted, specify the procedures used.

Describe the methods used to analyze data, frequency of analysis, whether measurements will be compared to prior results or similar studies, and if results are compared among regions, provider sites, or other subsets or benchmarks.

- **Describe data analysis procedures:**

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Confidentiality

Describe procedures used to ensure member/patient confidentiality, if applicable. If not applicable, please indicate "N/A."

- **Describe confidentiality efforts:**

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4.3 Timeline

Table 3. Timeline of Key PIP events

Event	Timeframe
PIP Planning (Baseline) Report including baseline data (historical data January 1- December 31, 2022) due	December 31, 2023
PIP 1 Baseline Resubmission Report due	August 30, 2024
First Remeasurement Period	October 2024 – December 31, 2024
PIP 1 Remeasurement 1 Report due	August 1, 2025
Final Remeasurement Period	January 1, 2025 – December 31, 2025
PIP 1 Closure Report due	July 31, 2026

Section 5: Understanding Your Population

To be completed upon PIP Planning (Baseline) Report submission

5.1 Description of Entity population and stratified performance indicator data

Please populate columns A and B in Table 4 below with data related to your member/patient population. For Columns C and D, please include information related to **one** of the performance indicators you have selected for this PIP.

Table 4: Description of member/patient population and stratified performance indicator data:

Subgroup	<u>Column A – Denominator</u> Number of members or patients	Column B <u>Percentage of members or patients</u>	<u>Column C - Numerator</u> Number of members or patients related to one performance indicator	<u>Column D – Rate</u> <u>Percentage of members or patients related to one performance indicator</u> [(# in Column C) / (# in Column A) x 100]	Column E Comments on findings (optional)
TOTAL					
Age in years					
00					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					

Subgroup	<u>Column A – Denominator</u> Number of members or patients	Column B <u>Percentage of members or patients</u>	<u>Column C - Numerator</u> Number of members or patients related to one performance indicator	<u>Column D – Rate</u> <u>Percentage of members or patients related to one performance indicator</u> [(# in Column C) / (# in Column A) x 100]	Column E Comments on findings (optional)
85+					
Sex at Birth					
Male					
Female					
Intersex					
Unspecified					
Not listed					
Choose not to answer					
Not sure/ don't know					
Race					
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
Other Race					
Two or More Races					
Don't Know					
Choose not to answer					
Ethnicity					
Hispanic or Latino					
Not Hispanic or Latino					
Don't Know					
Choose not to answer					
Spoken Language*					
English					
Spanish					
Portuguese†					

Subgroup	Column A – <u>Denominator</u> Number of members or patients	Column B <u>Percentage of members or patients</u>	Column C - <u>Numerator</u> Number of members or patients related to one performance indicator	Column D – <u>Rate</u> Percentage of members or patients related to one performance indicator [(# in Column C) / (# in Column A) x 100]	Column E Comments on findings (optional)
Chinese ^t					
Haitian					
Sign Language, such as ASL					
French					
Vietnamese					
Russian					
Arabic					
Language is not listed (please specify)					
Choose not to answer					
Don't Know					
Other					
Written Language*					
English					
Spanish					
Portuguese					
Chinese (traditional)					
Chinese (simplified)					
Haitian					
French					
Vietnamese					
Russian					
Arabic					
Language is not listed (please specify)					
Choose not to answer					
Don't Know					
Disability*					
Yes					
No					

Subgroup	Column A – <u>Denominator</u> Number of members or patients	Column B <u>Percentage of members or patients</u>	Column C - <u>Numerator</u> Number of members or patients related to one performance indicator	Column D – <u>Rate</u> Percentage of members or patients related to one performance indicator [(# in Column C) / (# in Column A) x 100]	Column E Comments on findings (optional)
Don't know					
Choose not to answer					
Sexual Orientation*					
Straight or heterosexual					
Lesbian or gay					
Bisexual					
Queer, pansexual, and/or questioning					
Something else					
Don't know					
Choose not to answer					
Gender Identity*					
Female					
Male					
Transgender man/trans man					
Transgender woman/ trans woman					
Genderqueer/ gender nonconforming/non-binary neither exclusively male nor female					
Additional gender category or other					
Don't know					
Choose not to answer					

* Reporting on this population characteristic is optional for PIP Planning (Baseline) Report submission.

‡ Entities may opt to include “Cape Verdean Creole” as a separate category from “Portuguese” for spoken language.

‡ Entities may opt to separate “Chinese” into “Cantonese” and “Mandarin” categories.

* Reporting on this population characteristic is optional for PIP Planning (Baseline) Report submission.

‡ Entities may opt to include “Cape Verdean Creole” as a separate category from “Portuguese” for spoken language.

‡ Entities may opt to separate “Chinese” into “Cantonese” and “Mandarin” categories.

Section 6: Understanding and Addressing the Problems

6.1 Quality Improvement Process Tools (optional)

If the Entity uses quality improvement process tools (such as (but not limited to) a fishbone diagram, 5 Whys, Pareto chart, failure mode and effects analysis, or key driver diagram to help identify barriers or the cause(s) of suboptimal performance), display those tools here:

Barrier Analysis Methodology

The methodology included the following components:

1. Peer Interviews:
 - a.
 - b.
2. Data Collection via EHR and ACO Data:
 - a.
 - b.
3. Member Input:
 - a.
 - b.

Data Sources:

Qualitative	Quantitative

Member Input

6.2 Barrier Analysis, Interventions, and Monitoring

To be completed upon PIP Planning (Baseline) Report submission and to be updated with data for Baseline Resubmission, Remeasurement 1, and Closure Reports.

This section describes the barriers identified and the related interventions planned to overcome those barriers in order to achieve improvement. Update the barriers whenever new barriers arise during the course of implementing interventions.

Populate the table below with relevant information, based upon instructions in the footnotes.

The following section is the core of your performance improvement project. Barriers are factors or conditions that interfere with an Entity’s ability to achieve the performance indicator rates that you would ideally achieve. For example, if your performance indicator is follow-up after a behavioral health hospitalization, one barrier that may emerge from member/patient complaint data would be that they are not able to secure appointments at facilities that are convenient to them. Potential interventions to address this barrier include: 1) having care management staff schedule appointments for members/patients, prioritizing individual needs and preferences when doing so; 2) providing members/patients with transportation assistance.

Entities also need to indicate the focus of each barrier identified: member/patient-focused, provider-focused, system-focused, community-focused, or Entity-focused. All Entities are required to describe and address (with at least one intervention) at least 3 barriers. It is strongly recommended to choose interventions that target a mix of member/patient, provider, community, and Entity level changes.

Table 5: Alignment of Barriers, Interventions, and Intervention Tracking Measures

Description of Barrier ¹ , Method of Identification ² , and Corresponding Performance Indicator(s) ³	Focus (more than one may apply)	Description of Intervention(s) Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
<p><i>Example 1: Automatic asthma controller refills not generated</i></p> <p><i>Review of pharmacy procedures/claims</i></p> <p><i>Performance Indicator: Percent of children ages 5-11 years with an asthma diagnosis who have an asthma controller medication prescription in measurement year</i></p>	<p><i>System-focused</i></p>	<p><i>1a. Active asthma diagnosis flag to trigger automated refills as prescribed</i></p>	<p><i>Start: Jan 2024 End: Dec 2025</i></p>

Barrier #1:		Intervention #1a:	Start: End:
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Description of Barrier¹, Method of Identification², and Corresponding Performance Indicator(s)³	Focus (more than one may apply)	Description of Intervention(s) Designed to Overcome Barrier⁴	Intervention Timeframe⁵
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<p>Corresponding performance indicator(s): 1</p>		<p>. : If applicable, enter Interventions #1b and #1c here.</p>	
<p>Barrier #2: Click here to describe barrier #2.</p>		<p>Intervention #2a:</p>	<p>Start: End:</p>

Description of Barrier ¹ , Method of Identification ² , and Corresponding Performance Indicator(s) ³	Focus (more than one may apply)	Description of Intervention(s) Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
<p>Corresponding performance indicator(s):</p> <p>Describe how barrier was identified.</p> <p>Corresponding performance indicator(s):</p>		<p>If applicable, enter Interventions #2b and #2c here.</p>	
<p>Barrier #3: Click here to describe barrier #3. Describe how barrier was identified.</p>		<p>Intervention #3a: Click here to enter Intervention #3a (note: this should be developed in response to barrier #3).</p>	<p>Start:</p> <p>End:</p>

Description of Barrier ¹ , Method of Identification ² , and Corresponding Performance Indicator(s) ³	Focus (more than one may apply)	Description of Intervention(s) Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
Corresponding performance indicator(s):		If applicable, enter Interventions #3b and #3c here.	

Description of Barrier ¹ , Method of Identification ² , and Corresponding Performance Indicator(s) ³	Focus (more than one may apply)	Description of Intervention(s) Designed to Overcome Barrier ⁴	Intervention Timeframe ⁵
<p><i>Example 1: Automatic asthma controller refills not generated</i></p> <p><i>Review of pharmacy procedures/claims</i></p> <p><i>Performance Indicator: Percent of children ages 5-11 years with an asthma diagnosis who have an asthma controller medication prescription in measurement year</i></p>	System-focused	1a. Active asthma diagnosis flag to trigger automated refills as prescribed	Start: Jan 2024 End: Dec 2025

¹Barrier analysis should include analyses of both quantitative and qualitative data (such as surveys, access and availability data or focus groups and interviews) and review of published literature where appropriate. Literature review should not be relied upon in isolation as a source of barrier identification and must be verified for relevance to the particular Entity, using data from the Entity's own members/patients, providers, staff, or community partners. **Barriers**, such as lack of member/patient or provider knowledge, insufficient number of providers in rural areas, lack of standardized tools, and lack of adequate discharge planning should be distinguished from challenges the Entity confronted conducting the study and collecting data; these latter challenges should be described in the **Limitations** section (e.g., difficulty collecting/analyzing data).

²How the barrier was identified: Barriers should be based on data collected from sources that are both internal (e.g., QI committee brainstorming) and external (e.g., focus group, interview, survey, provider or member interviews, observation), etc.

³Please indicate the respective performance indicator(s) that this barrier corresponds to.

⁴Interventions should be developed to improve Entity and provider performance, as well as health outcomes among the population. Interventions should be likely to induce a permanent change rather than a short-term effect. They should be aligned with the study aims, objectives and indicators. Modifications to interventions are sometimes necessary; these modifications should be indicated in the table, with corresponding dates and the findings from the intervention tracking/process measure(s) that informed that modification. Modifications should also be briefly indicated in Section 1 on page 2 of this document.

⁵Interventions should be timed for optimal impact, ideally at the end of or after the baseline measurement period and early enough to allow time to impact the re-measurement results; an interval of at least 6 to 9 months is generally necessary to detect measurable impact of your interventions.

Table 6: Quarterly Reporting of Rates for Intervention Tracking Measures

Summary of Intervention	Description of Intervention Tracking Measures ¹	Remeasurement 1				Closure			
		Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
<p>Example: 1a. Pharmacy active asthma diagnosis flag to trigger automated refills as prescribed</p>	<p>#1a. Percentage of children ages 5-11 years with asthma diagnosis with controller medication automatic refill</p> <p><u>N</u>: # of children 5-11 with asthma diagnosis with automatic refill trigger <u>D</u>: # children 5-11 with asthma diagnosis</p>	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	

Summary of Intervention	Description of Intervention Tracking Measures ¹	Remeasurement 1				Closure			
		Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025
	<p>1a.</p> <p>N:</p> <p>D:</p>								

	<p>2a.</p> <p>N: D:</p> <p>2b.</p> <p>N: D:</p> <p>2c.</p> <p>N: D:</p>								
	<p>3a.</p> <p>N: D:</p> <p>3b.</p> <p>N: D:</p>								

#1a.	#1a. N: D:								
#2a.	#2a. N: D:								

#3a.	#3a. N: D: #3b. N: D:								
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¹Intervention tracking measures answer the questions; Are the parts/steps in the system performing as planned? Are we on track in our efforts to improve the system?

Section 7: Results

To be completed upon Remeasurement 1 and Closure Report submissions.

The section should present project findings related to performance indicators. **Do not** interpret the results in this section. Populate the table with the performance indicators and baseline rates from Table 1 and update with the results for the most recent remeasurement period(s). If needed, insert additional rows to accommodate more than three performance indicators.

Table 7: Annual Reporting of Performance Indicator Results

Performance Indicator	Planning (Baseline) Period Insert baseline period	Baseline Report Resubmission (Baseline Rate) Insert Resubmission period	Remeasurement 1 Insert remeasurement period	Closure Period Insert closure period	Goal/Target Rate ¹
Indicator #1 Enter indicator 1 here	N: D: R:	N: D: R:	N: D: R:	N: D: R:	Rate:

¹ Target rates that have been met or exceeded should be adjusted for better targeted performance.

OPTIONAL: Additional tables, graphs, and bar charts can be an effective means of displaying data that are unique to your PIP in a concise way for the reader. If you choose to present additional data, include only data that you used to inform barrier analysis, development, and refinement of interventions, and/or analysis of PIP performance.

If additional tables, graphs, or bar charts are used in this section, the narrative to accompany each table and/or chart should be descriptive in nature. Describe the most important results, simplify the results, and highlight patterns or relationships that are meaningful from a population health perspective.

Do not interpret the results in terms of performance improvement in this section. Interpretation of results should be presented in Section 8 - Discussion.

Section 8: Discussion

To be completed upon Remeasurement 1 and Closure Report submissions.

The discussion section is for explanation and interpretation of the results and should be completed for the first time as part of the Remeasurement 1 report. In the Closure Report Discussion, revise the Remeasurement 1 Discussion so that the Closure Discussion represents an update of the Remeasurement 1 Discussion.

8.1 Discussion of Results

This section should interpret the results that were reported for the performance indicators as presented in Table 7 in the previous section. Each entity should describe results specific to that entity for the following elements:

- **Interpret the performance indicator rates for each measurement period**, *i.e.*, describe whether rates improved or declined between baseline and remeasurement 1, between remeasurement 1 and closure, and between baseline and closure measurement periods:
- **Explain and interpret the results by reviewing the degree to which objectives and goals were achieved.** Use your ITM data to support your interpretations:
- **What factors were associated with success or failure?** *e.g.*, in response to stagnating or declining ITM rates, describe any findings from the barrier analysis triggered by lack of intervention progress, and how those findings were used to inform modifications to interventions.

8.2 Limitations

As in any population health study, there are study design limitations for a PIP. Address the limitations of your project design, *i.e.*, challenges identified when conducting the PIP (*e.g.*, accuracy of administrative measures that are specified using diagnosis or procedure codes are limited to the extent that providers and coders enter the correct codes; accuracy of hybrid measures specified using chart review findings are limited to the extent that documentation addresses all services provided). Each entity should describe results specific to that entity for the following elements:

- **Were there any factors that may pose a threat to the internal validity of the findings presented in section 7 and discussed in section 8.1?**
Definition and examples: internal validity means that the data are measuring what they were intended to measure. For instance, if the PIP data source was meant to capture all children 5-11 years of age with an asthma diagnosis, but instead, the PIP data source omitted some children due to inaccurate ICD-10 coding, there is an internal validity problem.
- **Were there any threats to the external validity of the findings presented in section 7 and discussed in section 8.1?**
Definition and examples: external validity describes the extent that findings can be applied or generalized to the larger/entire member population, *e.g.*, a sample that was not randomly selected from the eligible population or that includes too many/too few members from a certain subpopulation (*e.g.*, under-representation from a certain region).
- **Describe any data collection challenges and how these challenges may have impacted the results of the PIP.**
Definition and examples: data collection challenges include low survey response rates, low medical record retrieval rates, difficulty in retrieving claims data, or difficulty tracking case management interventions.

Section 9: Next Steps

This section should be completed only for the Closure Report submission. For Entities within a partnership, entries in subsection 9.3b should be identical.

In this final section, discuss ideas for taking your project experience and findings to the next step. Exempt entities should only complete subsections 9.1a, 9.2 and 9.3a.

9.1 Lessons Learned

a) Individual Entity-Level

- Summarize what worked or did not work the way you had intended:
- Describe the major barriers that contributed to when things did not work or did not work the way you had intended:
- Indicate if an intervention was planned but was not implemented, or if an intervention was modified, and why:
- Describe anything you learned about the needs and preferences of your populations, providers, and/or staff:
- Summarize plans to improve quality of care for your members/patients, going forward:
- Can the findings from this PIP be extrapolated/applied to other members/patients or systems? Briefly explain:
- Based on your findings/learning from this PIP what are other topics/areas for further improvement:

b) Partnership- Level *(Not required for entities granted a partnership exemption.)*

- Describe your assessment of the partnership, including challenges and benefits experienced during the collaboration.
- How did collaboration help guide the process or overall success of the PIP? Describe your experience in this partnership in terms of what worked or did not work the way you had intended:
- Indicate if there were any common barriers across Entities in your partnership:
- Identify any general themes emerging from interventions that were planned but were not implemented, or if interventions were modified, and why:
- Describe anything you learned about common needs and preferences of your populations, providers, and/or staff across the partnership:
- Summarize plans to improve quality of care for members/patients across your partnership, going forward:

9.2 Dissemination of Findings

- Describe the methods used to make your findings available to members/patients, providers, other Entities, or other interested parties:
- Identify future goals for disseminating the project's key findings and the lessons learned:

9.3 Sustainability

a) Individual Entity-Level

- Describe actions your Entity will take to sustain improvement:
- Describe enhancements planned for next steps of interventions in your Entity:
- Describe your Entity's plans to spread successful interventions to other populations and organizational processes, as applicable:
- Indicate whether or not your interventions will continue beyond the closure of the PIP. If no, explain why not:

b) Partnership- Level *(Not required for entities granted a partnership exemption.)* **Entries in this section should be identical for all entities across the partnership.**

- Describe actions that will be taken across the partnership to sustain improvement:
- Describe collective enhancements planned for next steps of interventions:

- Describe joint plans to spread successful interventions to other populations and organizational processes, as applicable:
- Indicate whether your partnership will continue working together on performance improvement beyond the closure of the PIP. If no, explain why not. If yes, suggest additional topics or areas for future improvement:

Glossary of PIP Terms

PIP Term	Also known as...	Purpose	Definition
Aim	<ul style="list-style-type: none"> • Purpose 	To state what the Entity is trying to accomplish by implementing their PIP.	An aim clearly articulates the goal or objective of the work being performed for the PIP. It describes the desired outcome. The Aim answers the questions “How much improvement, to what, for whom, and by when?”
Barrier	<ul style="list-style-type: none"> • Obstacle • Hurdle • Roadblock 	To inform meaningful and specific intervention development addressing members/patients, providers, and Entity staff.	Barriers are obstacles that need to be overcome in order for the Entity to be successful in reaching the PIP aim or target goals. The root cause (s) of barriers should be identified so that interventions can be developed to overcome these barriers and produce improvement for members or patients/providers/Entities. A barrier analysis should include analyses of both quantitative (e.g., EMR or survey data) and qualitative (focus groups or interviews) data as well as a review of published literature where appropriate (with objective verification of applicability to your Entity) to root out the issues preventing implementation of interventions.
Baseline rate	<ul style="list-style-type: none"> • Starting point 	To evaluate the Entity’s performance in the year prior to implementation of the PIP.	The baseline rate refers to the rate of performance of a given indicator in the year prior to PIP implementation. The baseline rate must be measured for the period before PIP interventions begin.
Benchmark rate	<ul style="list-style-type: none"> • Standard • Gauge 	To establish a comparison standard against which the Entity can evaluate its own performance.	The benchmark rate refers to a standard that the Entity aims to meet or exceed during the PIP period. For example, this rate can be obtained from the statewide average, or Quality Compass.
Goal	<ul style="list-style-type: none"> • Target • Aspiration 	To establish a desired level of performance.	A goal is a measurable target that is realistic relative to baseline performance, yet ambitious, and that is directly tied to the PIP aim and objectives.
Healthcare Disparities	<ul style="list-style-type: none"> • Disparity gaps • Disparity group(s) • Target population 	The fundamental concept guiding the process of identifying specific groups that experience disparities or differences. The principle used to select disparity group(s) as target populations for the PIP.	Differences in access to or quality of medical services between population groups defined by social position (e.g., socioeconomic status and economic resources) or socially assigned circumstance (e.g., race, gender identity/gender expression, ethnicity, disability status, religion, sexual orientation, geography, disability, language, etc.), as well as between population groups identified geographically.
Health Equity	<ul style="list-style-type: none"> • Equity vision 	The ultimate goal of the project.	The opportunity for everyone to attain their full health potential regardless of their social position (e.g., socioeconomic status) or socially assigned circumstance (e.g., race, gender identity/gender expression, ethnicity, disability status, religion, sexual orientation, geography, disability, language, etc.)

PIP Term	Also known as...	Purpose	Definition
Intervention	<ul style="list-style-type: none"> • Process Update • Targeted Change 	To overcome a barrier or obstacle.	Interventions are purposeful, specific changes that improve or overcome the barriers.
Intervention Tracking Measure	<ul style="list-style-type: none"> • Process Measure 	To gauge the effectiveness of interventions (on a quarterly or monthly basis).	Intervention tracking measures are monthly or quarterly measures of the success of, or barriers to, each intervention, and are used to show where changes in PIP interventions might be necessary to improve success rates on an ongoing basis.
Limitation	<ul style="list-style-type: none"> • Challenges • Constraints • Problems 	To reveal challenges faced by the Entity, and the Entity's ability to conduct a valid PIP.	Limitations are challenges encountered by the Entity when conducting the PIP that might impact the validity of results. Examples include difficulty collecting/ analyzing data, or lack of resources / insufficient nurses for chart abstraction.
Performance Indicator	<ul style="list-style-type: none"> • Indicator • Performance Measure • Outcome measure 	To measure or gauge health care performance improvement (on a yearly basis).	Performance indicators evaluate the success of a PIP annually. They are a valid and measurable gauge, for example, of improvement in health care status, delivery processes, or access.