

**QEIP Hospital-ACO
Performance
Improvement
Project (PIP) 2**

Entity Name:

PIP2 Topic:

Measurement Years 2024 – 2027

Partnership Status: Choose an item.

Project Phase: Choose an item.

PIP 2 Submission Dates:

	Baseline Report (PIP Proposal) MY 2024	Remeasurement 1 Report MY 2025	Remeasurement 2 Report MY 2026	Closure Report (Final) MY 2027
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

1.1 Primary Contact Person

The person responsible for completing this report and who can be contacted for questions.

First and last name:

Title:

Phone number:

Email:

1.2 Additional Contacts

Executive Sponsor - First and last name:

Title:

Phone number:

Email:

Clinical Lead - First and last name:

Title:

Phone number:

Email:

Project Manager - First and last name:

Title:

Phone number:

Email:

1.3 Collaborators (if applicable):

Enter any partnering entities and other external collaborators involved in this PIP. If none, enter N/A.

1.4 For Remeasurement 1, Remeasurement 2, and Closure Reports Only: If applicable, summarize and report all changes in methodology and/or data collection from PIP 2 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 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: _____	

This section should be completed for the PIP Baseline Report submission. Section 2 should be identical across all Entities within a partnership.

2.1 Shared Equity Needs

- A. Describe how the PIP topic addresses your population’s needs and why it is important to the members/patients of all Entities within your partnership. If exempt from partnering, describe why the PIP topic is important to your members/patients. (Limit of 1500 characters.)
- B. Describe high-volume or high-risk conditions addressed by the PIP topic and identify any health inequities. (Limit of 1500 characters.)
- C. Explain why there is an opportunity for improvement in this area for your partnership. If exempt from partnering, explain why there is an opportunity for improvement for your Entity. If available, please include any materials that support the identified opportunity for improvement. (Limit of 1500 characters.)

2.2 PIP Vision Statement

- A. Provide a brief PIP vision statement that details your overarching PIP objective related to member/patient, provider, system, community, and/or entity-focused improvements. Enumerate the issues contributing to the problems you are working to address through your PIP. For partnered Entities, the PIP vision statement is required to be identical across all Entities within a partnership. (Limit of 600 characters.)

Example: “We will collaborate with patients, community partners, and healthcare providers to enhance the experience of care during delivery, with a dedicated focus on improving outcomes and satisfaction for Hispanic patients who have historically faced challenges in receiving equitable care.”

- B. Describe how Entities within your partnership will work together to achieve your shared equity vision. If exempt from partnering, enter “NA”. (Limit of 1500 characters.)

This section should be completed for PIP Baseline Report submission.

The objective of this section is to develop an aim statement. First, select/identify the target population for the PIP from the options detailed in sub-section 3.1 below. Next, identify the key performance indicator that will allow you to measure whether the observed changes represent an improvement as outlined in sub-section 3.2. Once the specific population and a performance indicator are identified, formulate a clear PIP aim statement as outlined in sub-section 3.3. Definitions for relevant terms and words are available in the Glossary, found at the end of this document.

3.1 Target Population and Equity Gaps

Consider why one population may have different outcomes compared to others and provide a written justification, including supporting data, for selecting a specific population for the PIP. Your justification is limited to 600 characters. To select a target population, use a data source from one of the three options listed below:

- Option 1 Data Source: MassHealth supplied state-wide data shared on October 8, 2024
 - Review stratified quality measure rates that MassHealth shared on October 8, 2024. This data is included in this template as Appendix A.
 - Select the target population that has worse outcomes compared to others within this data.
 - Write a brief justification for why you selected this target population.
 - Example of Justification Statement: MassHealth stratified data shared with hospitals identified that Black pregnant people had a higher rate of cesarean birth compared to white pregnant people. The rate for Black pregnant people is 31% compared to 20% among white pregnant people and in this case, a lower rate of cesarean sections is better. This finding is statistically significant and indicates a disparity for Black pregnant people.

- Option 2 Data Source: Hospital/ACO served patient population data
 - Stratify your served patient population data by race, ethnicity, or language. An optional template is included in this template as “Section 3.2 Option 2 Data Stratification Table” that may be used to display data.
 - Hospitals have a choice to define served patient population as one of the following: ACO attributed population, total Medicaid population, or all-payer population.
 - ACOs should define served patient population as ACO-attributed population.
 - Select the target population that has worse outcomes compared to others within this data.
 - Write a brief justification for why you selected this target population. Hospitals, please define in the justification who is included in your served patient population (i.e., ACO-attributed population, total Medicaid population, all-payer population) and why.
 - Example of Justification Statement Hospital 1 (Total Medicaid patient population): Our internal data of our total Medicaid population at our hospital, showed that Spanish-language speaking pregnant people had a higher rate of complications associated with pregnancy compared to the reference population. This finding indicates a disparity for Spanish-language speaking pregnant people. We are using the total Medicaid population because the ACO-attributed population is very small.
 - Example of Justification Statement Hospital 2 (ACO-attributed patient population): Our internal analysis of ACO-attributed patients, showed that Spanish-language speaking pregnant people had a higher rate of complications associated with pregnancy compared

to the reference population. This finding indicates a disparity for Spanish-language speaking pregnant people. We are using ACO attributed patients because the numbers are sufficient and will allow us to align with our partnership.

- Example of Justification Statement ACO: *Our analysis of our ACO-attributed population showed that Spanish-language speaking pregnant people had a higher rate of complications associated with pregnancy compared to the reference population. This finding indicates a disparity for Spanish-language speaking pregnant people. We are using our ACO-attributed patient population.*

- Option 3 Data Source: Relevant population data from approved external sources, such as DPH, HPC Chart Packs, and/or BCBSMA Foundation
 - Review data from external sources such as DPH, HPC Chart Packs, and/or BCBSMA Foundation.
 - Select the target population that has worse outcomes compared to others within this data. Be sure that your served patient population data can be stratified for the selected target population so that you can identify and monitor the outcomes for this group for the purposes of this PIP.
 - Write a brief justification for why you selected this target population.
 - Example of Justification Statement: *DPH data shows that rates of severe maternal morbidity (SMM) among Black non-Hispanic birthing people are 2.3 times higher than white non-Hispanic birthing people which indicates a disparity for Black non-Hispanic birthing people. When our served patient population is stratified, we observe that 25% of our birthing patient population is in the Black non-Hispanic category and we will be able to monitor the PIP outcomes for this group.*

3.2 Performance Indicator, Baseline Rate, and Goal Rate

The performance indicator evaluates the success of a PIP annually. It should not be confused with monthly or quarterly measures of each intervention, which are referred to as Intervention Tracking Measures (ITMs). More information about ITMs is found in Section 6. The performance indicator should have a specific goal that is far-reaching, yet attainable, based on the baseline and benchmark data (if available).

Additional guidance:

- MassHealth did not require entities to focus on specific measures, rather asked that they focus within a domain area - perinatal health, care for acute and chronic conditions, and care coordination.
- Birthing hospitals must select a performance indicator related to perinatal health and/or perinatal population.
- Use of non-standardized measures is permitted but should reflect the outcome of interest and have specifications to ensure consistent measurement over time.
- Benchmark examples: Establish the group with the best baseline rate, or an external benchmark such as the “benchmark goal” from the ACO quality incentive program, or a NCQA Quality Compass percentile.
- Goal Rate examples: Increase the benchmark by several (3-5) points; use the benchmark itself; or use another standardized external benchmark. The goal rate needs to be better than the baseline rate.
- Additional Guidance for using proxy measures:
 - Calculate a baseline rate for proxy measure and stratify the rate by race and ethnicity.
 - Benchmark Rate: Establish the group with the best baseline rate.
 - Goal Rate Example: Consider increasing the benchmark rate by several (3-5) points.

Enter values into **Table 1** below.

Table 1: Baseline, benchmarks, and goals for the performance indicator

	Baseline Rate Enter measurement period.	Benchmark Rate (as applicable) Enter measurement period.	Goal/Target Rate
Performance Indicator Click here to state indicator 1.	Numerator: Denominator: Rate:	Rate:	Rate:

Please provide a source for the benchmark rate (limit of 400 characters).

Please provide a justification for the goal/target rate selected (limit of 400 characters).

3.3 PIP Aim Statement

An aim should be specific, and measurable. It should answer the questions: How much improvement, to what, for whom, and by when?

Example: By the end of 2027, this Entity aims to improve the patient experience during delivery by 10 percentage points compared to the MY 2024 baseline rate, for Hispanic patients.

Please fill in the blanks:

“By (specify deadline) the entity aims to (improve/increase/decrease) (specify indicator) by (specify the amount) for (specify eligible population).”

This section should be completed for PIP Baseline Report submission.

The objective of this section is to further define the performance indicator and describe how data will be collected and analyzed.

4.1 Define the Performance Indicator

HEDIS® Indicator: If using a HEDIS measure (e.g., PPC, 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 Indicator: If not using a HEDIS measure or a modified HEDIS measure, clearly and concisely describe how the project indicator(s) will be calculated. Be sure to include the measurement period, eligible population criteria, definitions for the numerator and denominator, and any exclusion criteria. Include all applicable diagnoses, procedures, 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.

Enter values into **Table 2** below.

Table 2. Key information related to performance indicators

Measure Name (Performance Period)	Description	Data Source	Eligible Population	Exclusion Criteria	Numerator	Denominator
Example 1: <u>HEDIS Indicator</u> Prenatal and Postpartum Care (2024 measurement year)	<i>The percentage patients who received a prenatal care visit in the first trimester, and the percent of patients who had a postpartum after delivery.</i>	<i>Administrative or Hybrid Data</i>	<i>Live birth deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.</i>	<i>Members utilizing hospice services or who died during the measurement year.</i>	<i><u>Timeliness of Prenatal Care:</u> Members receiving a prenatal visit during the first trimester before delivery where the practitioner type is an OB/GYN, or other prenatal care practitioner, or PCP. <u>Postpartum Care:</u> A postpartum visit on or between 7 and 84 days after delivery.</i>	<i>The eligible population, excluding members in hospice or using hospice services and members who died during the measurement year.</i>
Example 2: <u>Non-HEDIS Indicator</u> Patient Satisfaction Measure (2024 measurement year)	<i>Percent of patients selecting the top (most positive) response when asked about their experience with delivery.</i>	<i>Survey Data</i>	<i>Patients who deliver at the facility.</i>	<i>None</i>	<i>Patients who respond to the survey and choose the most positive option for this item.</i>	<i>All patients who respond with a completed survey.</i>
Indicator 1		Choose an item or manually enter if multiple sources	Describe members/patients (by age/region/other demographic characteristics) for whom your PIP is designed to target.	Detail reasons members/patients would not be included in this PIP.	Detail members/patients meeting the criteria for this indicator.	Detail members/patients for whom your PIP is designed to improve outcomes (less exclusions).

4.2 Performance Indicator Data Collection and Analysis Procedures

In this sub-section, describe how data will be collected and analyzed to calculate the performance indicator. Please provide brief responses to the following questions as applicable. If an audited HEDIS measure is used, you will be directed to skip this section.

- a) Is your selected Performance Indicator a HEDIS measure?
 - If yes, go to b.
 - If no, go to c.
- b) If your selected Performance Indicator is a HEDIS measure, was it audited?
 - If yes, you can skip the rest of this section.
 - If no, go to c.
- c) If your selected Performance Indicator is not an audited HEDIS measure, or if it is not a HEDIS measure, then please complete the rest of this section.

A. PIP processes require several types of data collection to calculate key performance indicators.

1. **Who in your organization will be responsible for the collection of data used for the calculation of the performance indicator?** (For example, data analysts, quality improvement specialists, etc.) Please list all that apply:

2. **How often will each data collection activity occur?**
 - Weekly
 - Monthly
 - Quarterly
 - Annually
 - As needed

3. **What sources of data will be used?**
 - Medical record data
 - Claims/encounters data
 - Case management data
 - Registries
 - Survey data
 - Other (please specify):

4. **If a survey is used to calculate the performance indicator, what method is used (Select all that apply)?**
 - Mail
 - Phone
 - In-person
 - Online
 - Other (please specify):
 - N/A, survey is not used (skip to questions in part B)

5. **If a survey was used what is the response rate?**
 - Below 25%
 - 25-50%
 - 50-75%

- Above 75%

6. What types of follow-up activities are used to increase the response rate? (Select all that apply)

- Reminder emails or calls
- Incentives (e.g. gift cards)
- Second survey mailing or distribution
- None
- Other (please specify):

B. Successful PIP projects include ways to assess whether data collected to calculate performance indicators are valid and accurate.

1. How will administrative data be validated?

- Internal audit (e.g., data accuracy checks)
- External audit (e.g., HEDIS audit)
- Other (please specify):

2. If a medical record review was conducted, please describe how reviewers/abstractors were trained.

(For example, reviewers received basic training from another staff member with 1 to 2 years of experience, or they received extensive 2-week training, etc.)

3. If a medical record review was conducted, was inter-rater reliability testing conducted?

- Yes, a formal inter-rater reliability process was followed
- No inter-rater reliability testing was conducted

4. If a survey tool was used, how was it validated? (Select all that apply)

- Standardized survey tool was used – no additional validation was necessary (please describe the tool used)
- Pilot testing
- Subject Matter Expert review
- Other (please specify):

C. Any PIP that involves patient-level information must be concerned with confidentiality and safeguarding of patient information.

1. As part of data collection for your PIP, do you have a process in place for patient confidentiality and protection of Protected Health Information?

- Yes
- No
- N/A, please explain

This section should be completed for PIP Baseline Report submission. This section should also be updated for Remeasurement 1, Remeasurement 2, and Closure Report submissions.

The objective of this section is to identify barriers as outlined in sub-section 5.1 and describe related interventions as outlined in sub-section 5.2. In addition to the initial barrier analysis, updates to the barriers will also be required whenever new barriers arise while implementing interventions. For that reason, this section of the report should also be updated for the submission of Remeasurement 1, Remeasurement 2, and Closure Reports.

Because a PIP is intended to implement interventions to address barriers and assess whether the interventions are successful, the following section is the core of your performance improvement project.

Additional guidance from MassHealth:

- Barrier analysis is a required part of the PIP process
- The goal of the barrier analysis is to identify the reasons behind poor outcomes. Barriers can be member, provider, system, entity, or community-facing. The most relevant barriers include those encountered by members, providers, or staff.
- Entities should engage with their members, providers, and/or staff to confirm hypothesized barriers.

5.1 Using Quality Improvement Process Tools to Identify Barriers

Barriers are factors or conditions that interfere with achieving the performance indicator rates that would ideally be achieved. Barrier analysis should include the use of both quantitative and qualitative data such as surveys, access and availability data, or focus groups and interviews. In order to help focus your barrier analysis, think about barriers that impact your target population in particular.

For example, if the selected performance indicator is patient satisfaction with delivery services, one barrier that may emerge from looking at member/patient complaint data would be that pre-delivery appointments are not available at convenient locations. This barrier could potentially be addressed by interventions such as having care management staff schedule appointments and prioritizing individual needs or providing members with transportation assistance.

To identify barriers or the causes of suboptimal performance, we encourage you to use quality improvement process tools such as a fishbone diagram, 5 Whys, Pareto chart, failure mode, effects analysis, key driver diagram, etc. Please upload the results of the barrier analysis below and include any additional explanation or narrative in the text box.

5.2 Using Barrier Analysis to Inform Interventions

In sub-section 5.2, describe how the barriers identified through the QI tools in section 5.1 will be addressed by the corresponding interventions. While many potential barriers may be identified in section 5.1, you are required to select at least 3 barriers and address each barrier with at least one unique intervention. If new or additional barriers are identified as the PIP interventions are implemented, these should be identified in subsequent reports.

Populate **Table 5** below with the following elements:

Description of Barrier: Select at least **three** barriers from those identified through your barrier analysis documented in section 5.1. Barriers - such as a 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 while conducting the PIP and collecting data; these challenges should be described in the Limitations section 8.2 (e.g. difficulty collecting/analyzing data). It is important to be specific when identifying each barrier to develop interventions that will be most likely to affect change. At least one of the three barriers selected must directly impact members or patients.

Method of Identification: How was the barrier identified? Barriers should be based on data collected from sources that are both internal (e.g. Quality Improvement committee brainstorming) and external (e.g. focus groups, interviews, surveys, provider or member interviews, observations, etc.). Identification of barriers should not rely on assumptions or anecdotal information. At least one of the barriers should be identified through member outreach.

Corresponding Performance Indicator: Describe what performance indicator will be impacted by addressing the barrier. Performance indicators are described in section 4.1.

Focus: Indicate where the impact of the barrier is observed, such as providers, members/patients, system, community, or Entity. More than one focus area may be selected. At least one of the barriers chosen must focus on the impact on members or patients.

Description of Interventions: Interventions should be developed to improve Entity and provider performance, as well as health outcomes among the population. Interventions should be chosen to induce permanent change rather than a short-term effect. They should be aligned with the aim/goal, objectives, and performance indicators of the PIP and impact the target population. 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. At least one of the interventions should address a barrier that directly impacts members or patients. During the PIP cycle, it may be necessary to modify or update interventions; these modifications should be indicated in the following tables with corresponding dates and the findings from the intervention tracking/process measure(s) that informed the modification. Modifications should also be briefly indicated in Section 1 on page 3 of this document.

Intervention Timeframe: Interventions 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 remeasurement results; an interval of at least 6 to 9 months is generally necessary to detect measurable impact of interventions on performance indicators.

Table 5: Alignment of Barriers, Interventions, and Performance Indicators

Description of Barrier, Method of Identification, and Corresponding Performance Indicator(s)	Focus (more than one may apply)	Description of Intervention(s) Designed to Overcome Barrier	Intervention Timeframe
<p>Example</p> <p>Barrier: Pre-registration information is not completed for patients ahead of delivery hospitalization.</p> <p>Identification: Review of member/patient complaints.</p> <p>Performance Indicator: Percent of patients selecting the top (most positive) response when asked about their experience with delivery.</p>	<p>System-focused</p>	<p>1a. Care managers outreach to pregnant patients in third trimester to complete pre-registration information ahead of delivery hospitalization.</p>	<p>Start: Jan 2024 End: Dec 2026</p>
<p>Barrier #1: Click here to describe barrier #1.</p> <p>Describe how barrier was identified.</p> <p>Corresponding performance indicator(s):</p>		<p>Intervention #1a: Click here to enter Intervention #1a (note: this should be developed in response to barrier #1).</p> <p>If applicable, enter Interventions #1b and #1c here.</p>	<p>Start: date End: date</p>
<p>Barrier #2: Click here to describe barrier #2.</p> <p>Describe how barrier was identified.</p> <p>Corresponding performance indicator(s):</p>		<p>Intervention #2a: Click here to enter Intervention #2a (note: this should be developed in response to barrier #2).</p> <p>If applicable, enter Interventions #2b and #2c here.</p>	<p>Start: date End: date</p>
<p>Barrier #3: Click here to describe barrier #3.</p> <p>Describe how barrier was identified.</p> <p>Corresponding performance indicator(s):</p>		<p>Intervention #3a: Click here to enter Intervention #3a (note: this should be developed in response to barrier #3).</p> <p>If applicable, enter Interventions #3b and #3c here.</p>	<p>Start: date End: date</p>

This section should be completed for PIP2 Baseline Report submission and then updated in the subsequent reports: Remeasurement 1 Report, Remeasurement 2 Report, and Closure Reports.

The objective of this section is to track and report the progress of the implementation of each intervention. The description of each intervention, as well as metrics that will be used to track progress, should be completed for the Baseline Report and continued for the Remeasurement and Closure reports. As the interventions are implemented over the course of the PIP period, quarterly intervention tracking measures (ITMs) should be reported in the Remeasurement and Closure Reports. Collecting information regarding the implementation of each intervention helps to assess whether the intervention is being implemented as planned and whether the intervention may be having the intended effect. Tracking the progress of each intervention can also indicate when it may be necessary to modify or retire an intervention and implement something new.

6.1 Defining Intervention Tracking Measures

Populate **Table 6** below with the following elements:

Summary of Intervention: While Table 5 contains a more detailed description of the intervention and how it addresses a specific barrier, this column should be a summary of the intervention.

Description of Intervention Tracking Measures: Intervention Tracking Measures (ITMs) answer the questions: Are the steps/parts of the system performing as planned? Are we on track in our efforts to improve the system? The ITM should be specific enough to assess whether the intervention is working as expected. It may be necessary to include multiple ITMs for each intervention to evaluate whether the intervention is impactful.

- The Denominator (D) describes the population that is potentially impacted by the intervention.
- The Numerator (N) is the subset of the denominator population that receives the intervention.
- The Rate (R) is the percent calculated by dividing the numerator by the denominator and will measure the success of the intervention.

Quarterly results for each intervention should be included in the appropriate Remeasurement and Closure reports.

Table 6: Quarterly Reporting of Rates for *Intervention Tracking Measures*

Summary of Intervention	Description of Intervention Tracking Measures	Remeasurement 1				Remeasurement 2				Closure			
		Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027
<p>Example: 1a. Care managers outreach to pregnant patients in the third trimester to complete pre-registration information ahead of delivery hospitalization.</p>	<p>#1a. Percentage of pregnant patients who have pre-registration information completed before delivery hospitalization.</p> <p><u>N</u>: # of patients who have pre-registration information completed before delivery. <u>D</u>: # patients contacted by care managers.</p>	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	
#1a. Click here to describe intervention.	<p>#1a. Describe intervention tracking measure(s) that correspond to intervention #1a <u>N</u>: Enter description <u>D</u>: Enter description</p>	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	
#2a. Click here to describe intervention.	<p>#2a. Describe intervention tracking measure(s) that correspond to intervention #2a <u>N</u>: Enter description <u>D</u>: Enter description</p>	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	
#3a. Click here to describe intervention.	<p>#3a. Describe intervention tracking measure(s) that correspond to intervention #3a <u>N</u>: Enter description <u>D</u>: Enter description</p>	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	N: D: R:	

To be completed upon Remeasurement 1, Remeasurement 2, and Closure Report submissions.

The section should present results related to performance indicators. **Do not** interpret the results in this section. Interpretation of these results should be presented in section 8.1.

Table 7: Annual Reporting of *Performance Indicator Results*

Performance Indicator	Baseline Period Insert baseline period	Remeasurement 1 Insert baseline resubmission period	Remeasurement 2 Insert second measurement 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.

Do not interpret the results in terms of performance improvement in this section. Interpretation of results should be presented in section 8.1.

To be completed upon Remeasurement 1, Remeasurement 2, and Closure Report submissions.

The discussion section is for explanation and interpretation of the results observed over the course of the PIP. The discussion section is first completed for the Remeasurement 1 report. In subsequent reports, update the Remeasurement 1 Report Discussion so that the most recent results and interpretation are presented.

8.1 Discussion of Results

This section should interpret the results that were reported for the performance indicators as presented in Table 7 in Section 7. Individual responses for your unique entity should be included in the following elements:

- A. Describe whether the rates improved or decreased between the current and prior reporting periods. For the Closure report only, describe if changes were observed between the baseline and closure measurement periods. (600 character limit)
- B. Explain the results by assessing whether objectives and goals were achieved and use the data collected by the ITMs to support your interpretations. (1200 character limit)
- C. Describe factors that may be associated with success or failure. For example, if ITM rates were unchanged or declined, describe any additional barrier analyses that might be used to inform modifications to the interventions. (1200 character limit)

8.2 Limitations

As in any population health study, there are study design limitations that exist for a PIP. Address the limitations of your project design, i.e., challenges identified when conducting the PIP. Include any additional limitations that may be relevant to your PIP. Individual responses for your unique entity should be included in the following elements:

- A. *Internal validity* means that the data measures what was intended to be measured. Were there any factors that may impact the internal validity of the findings presented in section 7 and discussed in section 8.1? (600 character limit)
- B. *External validity* describes how well findings can be applied to the larger member or patient population. For example, a sample that was not randomly selected from the eligible population would mean that the results may not represent the overall population. Were there any concerns with the external validity of the findings presented in section 7 and discussed in section 8.1? (600 character limit)
- C. Were there any challenges to data collection such as low survey response rates, difficulty in retrieving claims data, or difficulty tracking care management interventions? If so, please describe how these challenges may have impacted the results of the PIP. (1200 character limit)

This section should be completed only for the Closure Report submission.

In this final section, discuss ideas for taking your project experience and findings to the next step. For Entities within a partnership, entries in subsections 9.1B and 9.3B should be **identical**. Exempt entities should only complete subsections 9.1A, 9.2, and 9.3A.

9.1 Lessons Learned

A. Individual Entity-Level

- A. Summarize what worked or did not work the way you had intended: (1500 character limit)
- B. Describe the major barriers that contributed to when things did not work or did not work the way you had intended: (1500 character limit)
- C. Indicate if an intervention was planned but was not implemented, or if an intervention was modified, and why: (1500 character limit)
- D. Describe anything you learned about the needs and preferences of your populations, providers, and/or staff: (1500 character limit)
- E. Summarize plans to improve the quality of care for your members/patients, going forward: (1500 character limit)
- F. Can the findings from this PIP be extrapolated/applied to other members/patients or systems? Briefly explain: (1200 character limit)
- G. Based on your findings/learning from this PIP, what are other topics/areas for future improvement: (600 character limit)

B. Partnership- Level *(Not required for Entities granted a partnership exemption)*

- A. Describe your assessment of the partnership, including challenges and benefits experienced during the collaboration.
- B. 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: (1500 character limit)
- C. Indicate if there were any common barriers across Entities in your partnership: (1500 character limit)
- D. Identify any general themes emerging from interventions that were planned but were not implemented, or if interventions were modified, and why: (1500 character limit)
- E. Describe anything you learned about the common needs and preferences of your populations, providers, and/or staff across the partnership: (1500 character limit)
- F. Summarize plans to improve the quality of care for members/patients across your partnership, going forward: (1500 character limit)

9.2 Dissemination of Findings

- A. Describe the methods used to make your findings available to members/patients, providers, other Entities, or other interested parties: (600 character limit)
- B. Identify future goals for disseminating the project's key findings and the lessons learned: (600 character limit)

9.3 Sustainability

A. Individual Entity-Level

- A. Describe actions your Entity will take to sustain improvement: (1200 character limit)
- B. Describe enhancements planned for next steps of interventions in your Entity: (1200 character limit)
- C. Describe your Entity's plans to spread successful interventions to other populations and organizational processes, as applicable: (1200 character limit)
- D. Indicate whether your interventions will continue beyond the closure of the PIP. If no, explain why not: (1200 character limit)

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

- A. Describe actions that will be taken across the partnership to sustain improvement: (1200 character limit)
- B. Describe collective enhancements planned for next steps of interventions: (1200 character limit)
- C. Describe joint plans to spread successful interventions to other populations and organizational processes, as applicable: (1200 character limit)
- D. 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 topic or areas for future improvement: (1200 character limit)

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

PIP Term	Also known as...	Purpose	Definition
			socially assigned circumstance (e.g., race, gender identity/gender expression, ethnicity, disability status, religion, sexual orientation, geography, disability, language, etc.)
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.
Hospital Served Patient Population	<ul style="list-style-type: none"> • 	To identify the target population	May include attributed member population, all Medicaid population, or all-payer population depending on population size.
ACO Served Patient Population	<ul style="list-style-type: none"> • Attributed Population 	To identify the target population	ACO attributed population.
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.
Relevant External Population	<ul style="list-style-type: none"> • Comparison Population • Reference Population 	To identify the target population	<p>A population that serves as a comparable population to the entity. A population may be selected using external data sources such as, HPC Chart Packs, DPH Maternal Health Data, and BCBS MA Maternal Health Data.</p> <p>The external data should highlight/indicate the existence of a disparity for the target population you select.</p>