

Behavioral Health and Developmental
Disabilities Administration
Prepaid Inpatient Health Plans

2016–2017 PIP Validation Report
**Improving Wellness Self-Management of SMI
Consumers With Chronic Health Conditions**
for
**Region 7—Detroit Wayne Mental Health
Authority**

September 2017
For Validation Year 4



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1. Background

The Michigan Department of Health and Human Services (MDHHS) contracted with Health Services Advisory Group, Inc. (HSAG), as its external quality review organization to assess the performance improvement projects (PIPs) conducted by Michigan’s prepaid inpatient health plans (PIHP). MDHHS is responsible for administration of the Medicaid managed care program in Michigan. MDHHS requires that the PIHP conduct and submit PIPs annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. According to the BBA, the quality of health care delivered to Medicaid consumers in PIHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that a PIHP serves. By assessing PIPs, HSAG assesses each PIHP’s “strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients,” according to the Code of Federal Regulations (CFR) at 42 CFR §438.364(a)(2).

In its PIP evaluation and validation, HSAG uses the Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.¹⁻¹ HSAG’s evaluation of the PIP includes two key components of the quality improvement process:

1. HSAG evaluates the technical structure of the PIP to ensure that **Detroit Wayne Mental Health Authority** designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG’s review determines whether the PIP design (e.g., study question, indicator(s), population, sampling techniques, data collection methodology, and data analysis plan) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluates the implementation of the PIP. Once designed, a PIP’s effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well **Detroit Wayne Mental Health Authority** improves its rates through implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results). The goal of HSAG’s PIP validation is to ensure that MDHHS and key stakeholders can have confidence that any reported improvement in outcomes is related to a given PIP.

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: Jul 18, 2017.

Study Rationale

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical or nonclinical areas.

For this year’s 2016–2017 validation, **Detroit Wayne Mental Health Authority** submitted its PIP topic: *Improving Wellness Self-Management of serious mental illness (SMI) Consumers With Chronic Health Conditions*. The study topic selected by **Detroit Wayne Mental Health Authority** addressed CMS’ requirements related to quality outcomes—specifically, the quality and accessibility of care and services.

Study Summary

The PIP topic addresses the integration of physical and behavioral health care and services. The goal of the study is to increase the percentage of adult consumers with serious mental illness (SMI) and at least one chronic health condition who completed a wellness self-management workshop. The health plan aims to empower SMI consumers to manage their health and wellness. This PIP topic represents a key area of focus for improvement by **Detroit Wayne Mental Health Authority**.

Table 1–1 outlines the study indicator for the PIP.

Table 1–1—PIP Study Indicator

PIP Topic	Study Indicator
<i>Improving Wellness Self-Management of SMI Consumers With Chronic Health Conditions</i>	The percentage of adult SMI consumers with at least one chronic health condition who completed a wellness self- management workshop during the measurement year

Validation Overview

The primary objective of PIP validation is to determine **Detroit Wayne Mental Health Authority**’s compliance with the requirements of 42 CFR §438.240(b)(1), including:

- Measurement of performance using objective quality indicators.
- Implementation of systematic interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

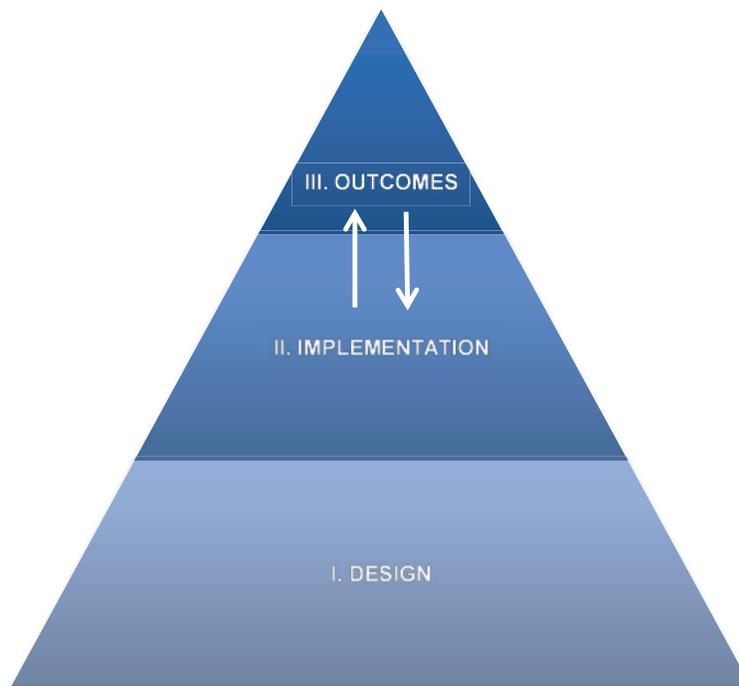
HSAG obtains the data needed to conduct the PIP validation from **Detroit Wayne Mental Health Authority**’s PIP Summary Form. This form provides detailed information about **Detroit Wayne Mental Health Authority**’s PIP related to the activities completed and evaluated by HSAG for the 2016–2017 validation cycle.

Each required activity is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that receives a *Not Met* score results in an overall validation rating for the PIP of *Not Met*. **Detroit Wayne Mental Health Authority** would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provides a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*) HSAG gives the PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

Figure 1–1 illustrates the three stages of the PIP process—i.e., Design, Implementation and Outcomes. Each sequential stage provides the foundation for the next stage. The design stage establishes the methodological framework for the PIP. The activities in this section include development of the study topic, question, indicators, population, sampling, techniques, and data collection. To implement successful improvement strategies, a strong study design is necessary.

Figure 1–1—PIP Stages



Once **Detroit Wayne Mental Health Authority** establishes its study design, the PIP process progresses into the Implementation stage. This stage includes data analysis and interventions. During this stage, **Detroit Wayne Mental Health Authority** evaluates and analyzes its data, identifies barriers to performance, and develops interventions targeted to improve outcomes. The implementation of effective improvement strategies is necessary to improve PIP outcomes. The Outcomes stage is the final stage, which involves the evaluation of real and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when outcomes exhibit statistical improvement over time and multiple measurements. This stage is the culmination of the previous two stages. If the study outcomes do not improve, **Detroit Wayne Mental Health Authority** investigates the data collected to ensure that **Detroit Wayne Mental Health Authority** has correctly identified the barriers and implemented appropriate and effective interventions. If it has not, **Detroit Wayne Mental Health Authority** should revise its interventions and collect additional data to remeasure and evaluate outcomes for improvement. This process becomes cyclical until sustained statistical improvement is achieved.

Validation Findings

The PIP validation evaluated the technical methods of the PIP (i.e., the study design, implementation and evaluation). Based on a technical review, HSAG determined the overall methodological validity of the PIP. Table 2–1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2–1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status.

HSAG reviewed one PIP for the 2016–17 validation cycle. The PIP received an overall *Met* validation status when originally submitted. The PIHP received technical assistance from HSAG and resubmitted the PIP. Table 2–1 illustrates the validation scores.

**Table 2–1—2016–2017 Performance Improvement Project Validation
for Detroit Wayne Mental Health Authority**

Name of Project	Type of Annual Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
<i>Improving Wellness Self-Management of SMI Consumers With Chronic Health Conditions</i>	Submission	93%	100%	<i>Met</i>
	Resubmission	96%	100%	<i>Met</i>

¹ **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the PIHP was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall *Met* validation status.

² **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

³ **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

⁴ **Overall Validation Status**—Populated from the PIP Validation Tool and based on the percentage scores.

Table 2–2 displays the validation results for **Detroit Wayne Mental Health Authority’s** PIP evaluated during 2016–2017. This table illustrates the PIHP’s overall application of the PIP process and success in implementing the study. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table 2–2 show the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each study stage and an overall score across all activities.

**Table 2–2—Performance Improvement Project Validation Results
for Detroit Wayne Mental Health Authority**

Stage	Activity		Percentage of Applicable Elements*		
			Met	Partially Met	Not Met
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	<i>Not Applicable</i>		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			100% (11/11)	0% (0/11)	0% (0/11)
Implementation	VII.	Sufficient Data Analysis and Interpretation	88% (7/8)	13% (1/8)	0% (0/8)
	VIII.	Appropriate Improvement Strategies	100% (3/3)	0% (0/3)	0% (0/3)
Implementation Total			91% (10/11)	9% (1/11)	0% (0/11)
Outcomes	IX.	Real Improvement Achieved	100% (4/4)	0% (0/4)	0% (0/4)
	X.	Sustained Improvement Achieved	100% (1/1)	0% (0/1)	0% (0/1)
Outcomes Total			100% (5/5)	0% (0/5)	0% (0/5)
Percentage Score of Applicable Evaluation Elements Met			96% (26/27)		

* Percentage totals may not equal 100 due to rounding.

Overall, 96 percent of all applicable evaluation elements received a score of *Met*. **Detroit Wayne Mental Health Authority** submitted the Design, Implementation, and Outcomes stages of the PIP for this year’s validation.

Study Design

Detroit Wayne Mental Health Authority designed a scientifically sound study supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, and the PIP’s design allowed for the successful progression to the next stage of the PIP process.

Study Implementation, Evaluation, and Study Outcomes

Detroit Wayne Mental Health Authority reported its Remeasurement 2 data accurately. The PIP documentation had a few inconsistencies in the narrative interpretation of findings, and those have been included as HSAG’s comments in the PIP Validation Tool. The PIHP used appropriate quality improvement tools to conduct its causal/barrier analysis and implemented interventions that have the potential to have a positive impact on the study indicator outcomes. The study indicator met the Remeasurement 2 goal and demonstrated a statistically significant and sustained improvement over the baseline rate.

Analysis of Results

Table 2–3 displays outcome data for **Detroit Wayne Mental Health Authority’s *Improving Wellness Self-Management of SMI Consumers With Chronic Health Conditions*** PIP. **Detroit Wayne Mental Health Authority**’s goal is to increase the percentage of adult SMI consumers with at least one chronic health condition who complete a wellness self-management workshop during the measurement year.

Table 2–3—Performance Improvement Project Outcomes for Detroit Wayne Mental Health Authority

<i>Improving Wellness Self-Management of Serious Mental Illness (SMI) Consumers With Chronic Health Conditions</i>				
PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The percentage of adult SMI consumers with at least one chronic health condition who completed a wellness self-management workshop during the measurement year.	1.3%	2.7%	3.9%	Yes

The Remeasurement 2 rate for the study indicator was 3.9 percent. This rate was 2.6 and 1.2 percentage points above the baseline and Remeasurement 1 rates respectively; however, the PIHP marginally missed its Remeasurement goal of 4.0 percent. **Detroit Wayne Mental Health Authority** was able to sustain the statistically significant improvement over the baseline that was achieved during Remeasurement 1 study period.

Barriers/Interventions

The identification of barriers through causal/barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. According to the documentation provided, **Detroit Wayne Mental Health Authority** identified barriers using data analysis and provider discussions during the quarterly PIP workgroup meetings. The PIHP prioritized barriers and used Plan-Do-Study-Act (PDSA) cycles to evaluate interventions. Most of the barriers and interventions continued to be the same as those identified during Remeasurement 1. The top barriers documented follow:

- No IH modifier on baseline encounters.
- Issues with the information technology (IT) system; providers were failing to add the appropriate modifiers when billing the workgroups.
- Need more peers trained to facilitate more than one evidence-based wellness workshop.
- Transportation issues.

To overcome these barriers, **Detroit Wayne Mental Health Authority** implemented/continued the following interventions:

- The coding manual bulletin (which allowed the use of the IH modifier) was made public and distributed to providers.
- Provided trainings and continued to notify providers and peers about evidence-based wellness trainings offered by MDHHS.
- The IT Department queries the database to filter those who are participating in each procedure group to identify the study participants for accurate count and reliability.
- Continued to provide bus tickets for transportation to and from a wellness self-management workshop.

3. Conclusions and Recommendations

Conclusions

The *Improving Wellness Self-Management of SMI Consumers With Chronic Health Conditions* PIP received a *Met* score for 100 percent of critical evaluation elements and for 96 percent of the overall evaluation elements in the Design, Implementation, and Outcomes stages. The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, implementation of system interventions that were related to barriers identified through quality improvement processes, and achievement of a statistically significant and sustained improvement in the study indicator rate over the baseline.

Recommendations

As the PIP progresses, HSAG recommends the following:

- **Detroit Wayne Mental Health Authority** should address the deficiencies and *Points of Clarification* noted in the PIP Validation Tool in next year's annual submission.
- **Detroit Wayne Mental Health Authority** should ensure that the reported data and interpretation of results are accurate and consistent throughout the PIP Submission Form.
- **Detroit Wayne Mental Health Authority** should revisit its causal/barrier analysis at least annually to ensure that the barriers identified continue to be barriers, and to see if any new barriers exist that require the development of interventions.
- **Detroit Wayne Mental Health Authority** should evaluate the effectiveness of each intervention and ensure that decisions made to revise, continue, or discontinue an intervention are data-driven decisions.
- **Detroit Wayne Mental Health Authority** should build on its momentum of improvement to ensure it continues to sustain the improvement achieved.