



State of California—Health and Human Services Agency
Department of Health Care Services



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GOVERNOR

DATE: January 22, 2018

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 18-002 EXHIBIT A, ATTACHMENT 5- QUALITY IMPROVEMENT SYSTEM (SUPERCEDES APL 15-018)**

PURPOSE:

The purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to provide Medi-Cal Dental Managed Care (DMC) plans with information regarding federal and state requirements for DMC Quality Improvement Systems (QIS). This APL provides information and guidance on DMC plans' Quality Improvement Annual Report, Quality Improvement Projects (QIPs), QIP quarterly status reports, and DMC plan accreditation reporting requirements. These requirements shall be incorporated into the DMC plans' Quality Improvement Annual Reports, which are next due to DHCS no later than February 1, 2018. In addition, commencing January 1, 2018, DMC plans shall resume quarterly reporting on QIPs, as established by APL 15-018, using the new template attached to this APL, and the first quarterly report is due to DHCS no later than April 30, 2018. Both the QIS and plan accreditation requirements are set forth in the DMC contract under Exhibit A, Attachment 5.

BACKGROUND:

Dental APL 15-018¹ clarified the requirements for QIPs outlined in Exhibit A, Attachment 5, Quality Improvement System, of the current DMC contract. APL 15-018 provided details on the QIP quarterly status reports required from each plan, listed required documentation for QIP status reports, included a template for QIP submissions, and established a QIP status report schedule for 2015 and 2016.

On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) published the Medicaid and Children's Health Insurance Program Managed Care Final Rule² (Final Rule), which aimed to align Medicaid managed care regulations with requirements of other major sources of coverage. The Final Rule stipulated new requirements for managed care quality assessment and performance improvement (QAPI) programs, as well as managed care plan accreditation, that became effective July 1, 2017³.

¹ APL 15-018: Quality Improvement Projects Guidelines and Schedule

² Federal Register (FR), Volume 81, No. 88, 27497 (May 6, 2016)

³ Title 42, Code of Federal Regulations (CFR), Section 438.330

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This APL provides guidance to DMC plans regarding their quality improvement systems. In addition to guidance on recently promulgated federal regulations, and a reminder of existing DMC contractual provisions, this APL also provides DMC plans with information regarding the DMC plan accreditation requirements and reporting process now required by federal regulations.

POLICY:

QUALITY IMPROVEMENT SYSTEM (QIS) - OVERVIEW

Exhibit A, Attachment 5, "Quality Improvement System," of the existing DMC contract specifies that each plan shall implement an effective quality improvement system in accordance with the standards in Title 28, California Code of Regulations (CCR), Section 1300.70. Moreover, 42 CFR §438.330, as amended as part of the Final Rule, also delineates federally mandated requirements that plans must implement regarding quality improvement. Specifically, 42 CFR §438.330 indicates that each plan must establish and implement an ongoing comprehensive QAPI program for the services it furnishes to its enrollees.

Per the Final Rule, each DMC plan's comprehensive QAPI program must include at least the following elements:

- Performance improvement projects, known as Quality Improvement Projects for DMC plans, that focus on clinical and nonclinical areas and meet the requirements specified further below in this APL or as required by CMS.
- Collection and submission of performance measurement data, per Exhibit A, Attachment 4, "Management Information System," of the existing DMC contract; APL 16-017, or any subsequent APL, which describes the DMC Performance Measures; and any additional data required by CMS.
- Mechanisms to detect both underutilization and overutilization of services.
- Mechanisms to assess the quality and appropriateness of care furnished to enrollees with special health care needs, as defined by the State. Further information regarding this requirement will be provided in a subsequent APL.
- A process to evaluate the impact and effectiveness of its own QAPI program.

DHCS is in the process of incorporating by reference the federal requirements into a contract amendment package that is pending CMS review. Regardless of the amendment process, Exhibit E, Provision 5. b. specifies that "any provision of this contract that is in conflict with current or future applicable Federal or State laws or regulations is hereby amended to conform to the provisions of those laws and regulations...[and,] the amendment of the contract shall be effective on the effective date of the statutes or regulations necessitating it, and shall be binding on the parties even though such amendment may not have been reduced to writing and formally agreed upon and executed by the parties." Consistent with federal law, the contract mandates that the contractor shall monitor, evaluate, and take effective action to

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address any needed improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting⁴.

QUALITY IMPROVEMENT SYSTEM MANUAL

DHCS reminds DMC plans that Exhibit A, Attachment 5 of the DMC contract requires each plan to implement and maintain a QIS manual. The contract also indicates any revisions, updates and/or changes to the QIS manual shall be submitted in writing to DHCS within fifteen (15) calendar days of the change.

QUALITY IMPROVEMENT ANNUAL REPORT

The DMC contract requires each plan to submit a Quality Improvement Annual Report to DHCS on an annual basis no later than thirty (30) calendar days after the beginning of the calendar year.⁵ As memorialized in the contract, the annual report must include:

1. A comprehensive assessment of the quality improvement activities undertaken and an evaluation of areas of success and needed improvements in services rendered within the quality improvement program, including but not limited to, the collection of aggregate data on utilization; the review of quality of services rendered; the results of the Performance Measures; and, outcomes/findings from Quality Improvement Projects (QIPs), consumer satisfaction surveys and collaborative initiatives.
2. Copies of all final reports of any non-governmental accrediting agencies relevant to the Contractor's Medi-Cal line of business, including accreditation status and any deficiencies noted. Include the corrective action plan developed to address noted deficiencies.
3. An assessment of subcontractor's performance of delegated quality improvement activities.

Further, the Quality Improvement Annual Report must explicitly state what interventions were undertaken to attempt to improve results on the DMC Performance Measures and the Preventive Service Performance Measure Benchmark described further below in this APL, as well as the rationale behind choosing those specific interventions. The report should also describe the activities that will be implemented in the upcoming year to increase or sustain improvement on the Performance Measures and the Preventive Service Performance Measure Benchmark.

In addition, as per the Final Rule, DMC plans are required to implement mechanisms to detect both underutilization and overutilization of services.⁶ Both the reasoning behind

⁴ Exhibit A, Attachment 5 (A)

⁵ Exhibit A, Attachment 5 (I)

⁶ 42 CFR §438.330(b)(3)

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the choice of mechanisms for detecting underutilization and overutilization, as well as the resulting data itself should be further elaborated on and assessed in the Quality Improvement Annual Report submitted to DHCS.

QUALITY IMPROVEMENT PROJECTS

As addressed in the existing DMC contract and APL 15-018, DMC plans are required to conduct or participate in two (2) QIPs per year approved by DHCS, and one (1) QIP must be a DHCS established and facilitated Statewide Collaborative⁷. DMC plans must consult with DHCS to determine QIP topics. DHCS strongly recommends that QIP topics align with demonstrated areas of poor performance.

DMC plans must submit to DHCS quarterly status reports on their QIPs. As described in APL 15-018 the required documentation for QIP proposals and QIP status reports shall include, but is not limited to:

1. In-depth qualitative and quantitative analysis of barriers and results.
2. Evidence-based interventions and best practices, when available, and system wide interventions, when appropriate.
3. Interventions that address health disparities.
4. Measurement of performance using objective quality indicators.
5. Strategies for sustaining and spreading improvement beyond the duration of the QIP.

The Final Rule further specifies what must be included in each Plan's ongoing comprehensive QIPs; the updated standards set forth in federal regulations have been incorporated into the DMC contract⁸. Each QIP must be designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction, and must include the following elements⁹:

6. Measurement of performance using objective quality indicators.
7. Implementation of interventions to achieve improvement in the access to and quality of care.
8. Evaluation of the effectiveness of the interventions based on the performance measures identified in point 6 above.
9. Planning and initiation of activities for increasing or sustaining improvement.

Please refer to Attachment 1 for the QIP quarterly report template, which has been updated from the version released in APL 15-018, and was developed by CMS¹⁰.

In publishing this template, CMS notes that oral health QIPs are designed to improve oral health care utilization, quality, and/or timeliness among members enrolled in

⁷ Exhibit A, Attachment 5 (H)

⁸ Exhibit E, Provision 5 (b)

⁹ 42 CFR §438.330(d)(2)

¹⁰ <https://www.chcs.org/resource/medicaid-oral-health-performance-improvement-projects/>

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Medicaid-contracted health plans. QIPs are intended to achieve performance improvement goals in specific clinical or nonclinical areas, as well as to meet federal and state managed care requirements. Health plans fulfill the requirements of QIPs through the implementation of quality improvement interventions.

The QIP template consists of 10 numbered sections that compose the planning, implementation, and evaluation phases of an oral health QIP. The template concludes with appendices of tools for DMC plans and a glossary of terms. Also, CMS has published an accompanying tool, *Medicaid Oral Health QIPs: How-to Manual for Health Plans*¹¹, which provides guidance on completing the template and pursuing activities in each of its phases.

PREVENTIVE SERVICE PERFORMANCE MEASURE BENCHMARK

Consistent with the Medicaid oral health goals developed by CMS¹², and related to Domain 1 of DHCS' Dental Transformation Initiative (DTI), DHCS has determined a performance measure benchmark for DMC plans for fiscal year 2017-18 that should be used to develop the Annual Report¹³ and one of the QIPs. At a minimum, the goal of each DMC plan should be to:

Increase, among children ages 1 to 20 enrolled in the DMC plan for at least 90 continuous days, the annual percent of children who receive any preventive dental service, by 10 percentage points over a five year period. To achieve this objective, each DMC plan should aim to increase its preventive dental service performance measure by a minimum of 2 percentage points each fiscal year, beginning with fiscal year 2017-18.

This benchmark of each plan is calculated based on the encounter data submitted by the plans for delivery of preventive services to Medi-Cal beneficiaries during the baseline fiscal year 2016-17. Further information about the calculation of all DMC performance measures will be provided in a subsequent APL.

PLAN ACCREDITATION

Current state and federal law, as well as the DMC contract¹⁴, require accreditation reporting from all DMC plans in California. Pursuant to 42 C.F.R. §438.332, DMC plans shall inform DHCS whether the plans have been accredited by a private independent accrediting entity. Further, Assembly Bill 1688 (Chapter 511, Statutes of 2017) codified Medi-Cal managed care plan accreditation reporting requirements in Welfare and Institutions Code section 14459.5, effective January 1, 2018. This information is necessary in order to prepare for the implementation of these requirements beginning

¹¹ <https://www.chcs.org/resource/medicaid-oral-health-performance-improvement-projects/>

¹² <https://www.medicare.gov/medicaid/benefits/downloads/oral-health-quality-improvement-toolkit-for-states.pdf>

¹³ 42 CFR §438.330(a)(3)

¹⁴ Exhibit A, Attachment 5 (L)



Attachment 1

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MEDI-CAL ORAL HEALTH QUALITY IMPROVEMENT (QIP) QUARTERLY REPORT TEMPLATE

Health Plan	[Health Plan to Fill]
Time Period for QIP Implementation	[Health Plan to Fill]

I. Background and Context
<p>Describe your health plan's oral health priorities and quality improvement work to date, including the following:</p> <ul style="list-style-type: none"> ▪ Covered oral health services ▪ Market size, geography, and scope ▪ Characteristics of provider network ▪ Performance on utilization, quality, and timeliness of oral health services ▪ Current/past quality improvement initiatives ▪ Leadership support for quality improvement activities
(type response here)

II. Select the QIP Topic
What is your QIP topic?
(type response here)
How did you select the QIP topic? Include rationale and key data.
(type response here)

III. Identify the Population
What population is your QIP targeting? Indicate if a representative sample will be used instead of the entire population. Include key stratifications (e.g., age, race/ethnicity) of the population.
(type response here)
Describe the data sources and protocols you will use to identify and stratify the QIP population.
(type response here)

IV. Define the QIP Aim
What is your QIP aim? The aim should include the desired change, the targeted degree of improvement, and the period of time over which this change is expected to take place.
(type response here)

V. Select the Performance Measures	
List and define the primary and secondary measures that you will use to determine the impact of your QIP. For each measure, indicate the measure source, data specifications, measurement periods, benchmark, and goal.	
<i>Add sections for additional measures as needed (fields for two primary measures and two secondary measures have been provided).</i>	
<u>Primary Measure #1</u>	(type response here)
Measure Source (e.g., Dental Quality Alliance, Agency for Healthcare Research & Quality, health plan)	(type response here)
Numerator Specification	(type response here)
Denominator Specification	(type response here)

List and define the primary and secondary measures that you will use to determine the impact of your QIP. For each measure, indicate the measure source, data specifications, measurement periods, benchmark, and goal.

Add sections for additional measures as needed (fields for two primary measures and two secondary measures have been provided).

Baseline Measurement Period Date	(type response here)
Remeasurement Period Dates (Add rows here as needed for repeated reporting)	(type response here)
Benchmark	(type response here)
Goal	(type response here)
<u>Primary Measure #2</u>	(type response here)
Measure Source	(type response here)
Numerator Specification	(type response here)
Denominator Specification	(type response here)
Baseline Measurement Period Date	(type response here)
Remeasurement Period Dates (Add rows here as needed for repeated reporting)	(type response here)
Benchmark	(type response here)
Goal	(type response here)
<u>Secondary Measure #1</u>	(type response here)
Measure Source	(type response here)
Numerator Specification	(type response here)
Denominator Specification	(type response here)
Baseline Measurement Period Date	(type response here)

List and define the primary and secondary measures that you will use to determine the impact of your QIP. For each measure, indicate the measure source, data specifications, measurement periods, benchmark, and goal.

Add sections for additional measures as needed (fields for two primary measures and two secondary measures have been provided).

Remeasurement Period Dates (Add rows here as needed for repeated reporting)	(type response here)
Benchmark	(type response here)
Goal	(type response here)
<u>Secondary Measure #2</u>	(type response here)
Measure Source	(type response here)
Numerator Specification	(type response here)
Denominator Specification	(type response here)
Baseline Measurement Period Date	(type response here)
Remeasurement Period Dates (Add rows here as needed for repeated reporting)	(type response here)
Benchmark	(type response here)
Goal	(type response here)

VI. Establish the Data Collection Plan

For each measure identified in Section V, describe the following aspects of your data collection.

Add sections for additional measures as needed (fields for two primary measures and two secondary measures have been provided).

<u>Primary Measure #1</u>	(type response here)
Organizational Data Source and Frequency of Collection (e.g., claims and quarterly)	(type response here)

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<p>For each measure identified in Section V, describe the following aspects of your data collection.</p> <p><i>Add sections for additional measures as needed (fields for two primary measures and two secondary measures have been provided).</i></p>	
<p>Staff Responsible for Data Collection (include multiple staff or departments as appropriate)</p>	(type response here)
<p>Procedure for Data Analysis</p>	(type response here)
<p><u>Primary Measure #2</u></p>	(type response here)
<p>Organizational Data Source and Frequency of Collection</p>	(type response here)
<p>Staff Responsible for Data Collection</p>	(type response here)
<p>Procedure for Data Analysis</p>	(type response here)
<p><u>Secondary Measure #1</u></p>	(type response here)
<p>Organizational Data Source and Frequency of Collection</p>	(type response here)
<p>Staff Responsible for Data Collection</p>	(type response here)
<p>Procedure for Data Analysis</p>	(type response here)
<p><u>Secondary Measure #2</u></p>	(type response here)
<p>Organizational Data Source and Frequency of Collection</p>	(type response here)
<p>Staff Responsible for Data Collection</p>	(type response here)
<p>Procedure for Data Analysis</p>	(type response here)

VII. Plan the Intervention

Provide the results of analyses you conducted to understand the drivers behind gaps in oral health utilization, quality, or timeliness related to your QIP aim. Indicate the methods you used to arrive at these conclusions (e.g., focus groups, surveys, fishbone/cause-and-effect diagrams). *Use the tools in Appendices A–C.*

(type response here)

Provide the rationale for choosing your QIP intervention(s). Include any analyses conducted that helped you arrive at your decision (e.g., Strengths, Weaknesses, Opportunities, and Threats).

(type response here)

Attach the driver diagram that guides your QIP strategy. Provide any related context below, as desired. *Use the worksheet in Appendix D to construct your driver diagram.*

(type response here)

Indicate below the measures you will use to assess progress of the intervention and correct course, as necessary. *Add rows for additional measures as needed.*

<u><i>Intervention Tracking Measure</i></u>	<u><i>Data Source</i></u>	<u><i>Frequency of Collection</i></u>	<u><i>Staff Responsible</i></u>	<u><i>How This Will Inform Continuous Quality Improvement Strategy</i></u>

VIII. Implement the Intervention and Improvement Strategies

Identify the staff who will be involved in the implementation of the intervention(s) and their respective roles.
 Include any relevant staff/leadership champions.

(type response here)

Indicate the timeline for implementation of the intervention. Add rows for additional activities as needed.

<u>Implementation Activity</u>	<u>Time Period</u>	<u>Frequency of Recurrence</u>

Report below on the results of the Intervention Tracking measures and how these results are helping to assess the progress of the intervention and correct course, as needed. Use the PDSA worksheet in Appendix E to help complete this section.

<u>Intervention Tracking Measure</u>	<u>Measurement Period</u>	<u>Result</u>	<u>Results and How They Are Informing Course Correction</u>

IX. Analyze Data to Interpret QIP Results						
Report the results of the QIP measures.						
<u>Primary Measure #1</u>						
<i>Measurement Period</i>	<i>Measurement</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Rate or Result</i>	<i>Benchmark</i>	<i>Goal</i>
	Baseline:					
	Remeasurement 1:					
	Remeasurement 2:					
<u>Statistically Significant? (Yes/No)</u>	<u>Test Used</u>	<u>p-value</u>	<u>Measurement Periods Compared</u>			

Interpret the rates for each measurement period. Discuss specific implementation barriers faced and strategies used during the time period that may have contributed to the observed results. Given these results, note how implementation may be improved during the next measurement period.

<i>Measurement Period</i>	<i>Measurement</i>	<i>Interpretation of Results</i>	<i>Barriers Faced and Strategies Used</i>	<i>Improvement Strategies for Next Measurement Period</i>
	Enter Rate at Baseline:			
	Enter Rate at Remeasurement 1:			
	Enter Rate at Remeasurement 2:			

<u>Primary Measure #2</u>						
<i>Measurement Period</i>	<i>Measurement</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Rate or Result</i>	<i>Benchmark</i>	<i>Goal</i>
	Baseline:					
	Remeasurement 1:					
	Remeasurement 2:					
<u>Statistically Significant ? (Yes/No)</u>	<u>Test Used</u>	<u>p-value</u>	<u>Measure Periods Compared</u>			

Interpret the rates for each measurement period. Discuss specific implementation barriers faced and strategies used during the time period that may have contributed to the observed results. Provide information on how implementation may be improved, based on the current results, for the next measurement period.

<i>Measurement Period</i>	<i>Measurement</i>	<i>Interpretation of Results</i>	<i>Barriers Faced and Strategies Used</i>	<i>Improvement Strategies for Next Measurement Period</i>
	Enter Rate at Baseline:			
	Enter Rate at Remeasurement 1:			
	Enter Rate at Remeasurement 2:			

<u>Secondary Measure #1</u>						
<i>Measurement Period</i>	<i>Measurement</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Rate or Result</i>	<i>Benchmark</i>	<i>Goal</i>
	Baseline:					
	Remeasurement 1:					
	Remeasurement 2:					
<i>Statistically Significant? (Yes/No)</i>	<i>Test Used</i>	<i>p-value</i>	<i>Measure Period Compared</i>			

Interpret the rates for each measurement period. Discuss specific implementation barriers faced and strategies used during the time period that may have contributed to the observed results. Provide information on how implementation may be improved, based on the current results, for the next measurement period.

<i>Measurement Period</i>	<i>Measurement</i>	<i>Interpretation of Results</i>	<i>Barriers Faced and Strategies Used</i>	<i>Improvement Strategies for Next Measurement Period</i>
	Enter Rate at Baseline:			
	Enter Rate at Remeasurement 1:			
	Enter Rate at Remeasurement 2:			

<u>Secondary Measure #2</u>						
<i>Measurement Period</i>	<i>Measurement</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Rate or Result</i>	<i>Benchmark</i>	<i>Goal</i>
	Baseline:					
	Remeasurement 1:					
	Remeasurement 2:					
<u>Statistically Significant? (Yes/No)</u>	<u>Test Used</u>	<u>p-value</u>	<u>Measure Period Compared</u>			

Interpret the rates for each measurement period. Discuss specific implementation barriers faced and strategies used during the time period that may have contributed to the observed results. Provide information on how implementation may be improved, based on the current results, for the next measurement period.

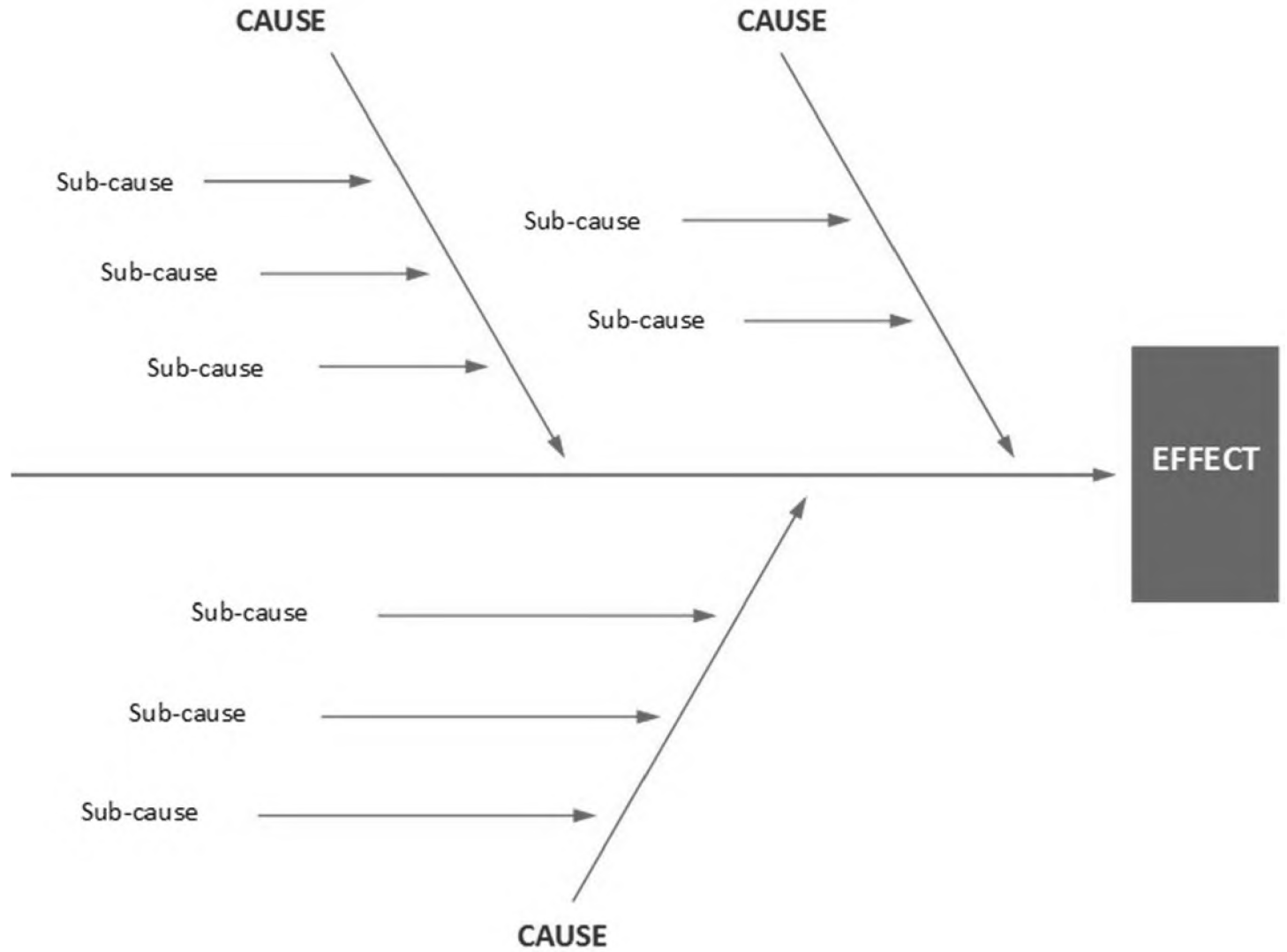
<i>Measurement Period</i>	<i>Measurement</i>	<i>Interpretation of Results</i>	<i>Barriers Faced and Strategies Used</i>	<i>Improvement Strategies for Next Measurement Period</i>
	Enter Rate at Baseline:			
	Enter Rate at Remeasurement 1:			
	Enter Rate at Remeasurement 2:			

By the end of the project, which measures had a statistically significant improvement over baseline? Summarize the results in narrative form.

(type response here)

X. Plan for Sustained Improvement
How will you measure improvement beyond the duration of the QIP?
(type response here)
How will you sustain improvements observed through the QIP?
(type response here)
What aspects of this project would you replicate? What aspects would you replace or improve upon?
(type response here)
What aspects of the quality infrastructure established through this project will you build upon to advance oral health among your members?
(type response here)
What technical assistance or other support do you require to sustain the interventions of the QIP and/or to pursue broader oral health quality improvement?
(type response here)
How do you plan to disseminate the findings of the QIP?
(type response here)

Appendix A. Fishbone (Cause and Effect) Diagram



Appendix B. Priority Matrix

Which of the Root Causes Are . . .	Very Important	Less Important
Very Feasible to Address		
Less Feasible to Address		

Appendix C. Strengths, Weaknesses, Opportunities, and Threats (SWOT) Diagram

	Positives	Negatives
INTERNAL <i>under your control</i>	build on STRENGTHS <i>Examples:</i> <input type="checkbox"/>	minimize WEAKNESSES <i>Examples:</i> <input type="checkbox"/>
EXTERNAL <i>not under your control, but can impact your work</i>	pursue OPPORTUNITIES <i>Examples:</i> <input type="checkbox"/>	protect from THREATS <i>Examples:</i> <input type="checkbox"/>

Appendix D. Driver Diagram

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

INTERVENTIONS

Appendix E. Plan-Do-Study-Act Worksheet

	Pilot Testing	Measurement #1	Measurement #2
Intervention #1:			
Plan: Document the plan for conducting the intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do: Document implementation of the intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study: Document what you learned from the study of your work to this point, including impact on secondary drivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act: Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention #2:			
Plan: Document the plan for conducting the intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do: Document implementation of the intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study: Document what you learned from the study of your work to this point, including impact on secondary drivers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Act: Document how you will improve the plan for the subsequent phase of your work based on the study and analysis of the intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GLOSSARY

Aim statement: A written, measurable, and time-sensitive statement of the accomplishments a team expects to make from its improvement efforts.

Benchmark: The attribute or achievement that serves as a standard for other organizations to emulate.

Champion: An individual in the organization who strongly believes in quality improvement and is willing to work with others to test, implement, and spread changes. The champion should have a good working relationship with colleagues and leadership and be interested in driving change in the system.

Claims (Encounter) data: The electronic record of services provided to health plan enrollees. Encounter data provide the same type of information that is found on claim forms (e.g., UB-04 or CMS 1500), but not necessarily in the same format.

Continuous quality improvement: A cycle (structured trial) of a change during an improvement effort, to accelerate the adoption of proven and effective changes.

Denominator: Provides the general specifications of any clinical component that is the basis for inclusions and exclusions in the population to be considered in a measure; the number below the numerator, as in a fraction.

Disparity: A particular type of health difference that is closely linked with social or economic disadvantage.

Driver of change: The catalyst of a shift or transformation that can be leveraged in improvement efforts.

Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT): A comprehensive and preventive child health benefit for Medicaid enrollees under age 21 that includes periodic screening, vision, dental, and hearing services.

Encounter data (see *Claims Data*)

External quality review (EQR): The analysis and evaluation of aggregated information on quality, timeliness, and access to health services provided to Medicaid/CHIP enrollees by MCOs or their contractors.

External Quality Review Organization (EQRO): An organization that meets the competence and independence requirements (federal) set forth in 42 C.F.R. §438.354, to perform an EQR and/or other EQR-related activities.

Fee-for-service: Payment method whereby physicians and other health care providers receive a fee for each service delivered, such as an office visit, test, procedure, or other health care interaction.

Generalizability: The ability for findings and conclusions from a study sample to be applied beyond the population from which the sample was drawn.

Focus group: A group of individuals assembled to participate in a guided discussion.

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Health literacy: Individuals' ability to find, process, and comprehend the basic health information necessary to act on medical instructions and make decisions about their health.

Implementation: Putting plans or concepts into action; taking a change and making it a permanent part of a system. A change may be tested first and then implemented throughout the organization.

Inclusion criteria: Characteristics that prospective subjects must have if they are to be included in a study or represented in the calculation of a measure rate.

Indicator: A measure of change. A focused, reportable unit that will help a team monitor its progress toward achieving its aim.

Intervention: An action or interference designed to improve the health of a patient or change the conditions (e.g., system, administrative, policies) that have a negative direct or indirect impact on the well-being of the patient.

Measure (see *Indicator*)

Numerator: In reference to the larger population of members, the number of members in a study meeting the specifications of a clinical component in a measure.

Pay-for-performance: A payment model in which health plans and/or providers are rewarded for the value, quality, and/or outcomes – rather than volume – of health care services.

PDSA: The Plan-Do-Study-Act (PDSA) cycle – a key component of continuous quality improvement - outlines steps to test a change on a small scale — by planning it, trying it, observing the results, and acting on what is learned.

Performance measure (or, performance data, quality measure, quality data): The specific representation of a process or outcome that is relevant to the assessment of performance; it is quantifiable and can be documented.

Pilot test: A small-scale trial of a new approach or process, designed to show if the change results in improvement.

Protocol: A systematic way of conducting an activity to ensure reproducibility, or abidance to a policy.

Quality: The degree to which a health care organization increases the likelihood of desired health outcomes of its members through its structural and operational characteristics and through the provision of health services. These services must be consistent with current professional knowledge in at least one of the six domains of quality, as specified by the Institute of Medicine – efficiency, effectiveness, equity, patient-centeredness, patient safety, and timeliness.

Quality improvement: Systematic and continuous actions that lead to measurable improvement.

Registry: A list or database of records that contains individual patient information. Provides clinically useful and timely information, gives reminders and feedback to providers and patients, identifies relevant patient subgroups, and facilitates individual patient care planning.

Reliability: The degree to which a tool or system produces something reproducible.

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Sampling: The process of measuring a sample (e.g., every sixth patient for one week; the next eight patients) to help understand how a system is performing.

Social determinants of health: Circumstances in which people are born, grow up, live, work, and age that can influence health, as well as the systems put in place to deal with illness.

Spread: The intentional and methodical expansion of particular components of health care delivery, such as a quality improvement intervention or system change.

Stakeholder (health care): Individuals/organizations who can influence, have a vested interest in, or can be affected by the health care system.

Statistical significance: Indication that a difference between rates or phenomena is likely due to elements of change in the system and not due to random chance.

Stratification: The process or result of separating a sample into subsamples according to specified criteria such as age or occupation.

Survey: A means (e.g., questionnaire, diary, interview script, group of items) to collect individuals' input.

Sustainability: The likelihood of an improvement persisting over time, and/or the capacity to support long-term improvement.

Sustained health care improvement: Changes in the fundamental processes of health care delivery demonstrated through repeated measurements over comparable time periods.

Target population: A group of individuals selected from the general population to be included in an improvement effort.

Validation: The review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.

Validity: The degree to which a tool measures what it is intended to measure.

Variable: A characteristic or condition that changes or has different values depending on the context.

Definitions have been adapted from several sources, including the Institute for Healthcare Improvement, the Centers for Disease Control, Health Services and Research Administration, and the Agency for Healthcare Research Quality, among other organizations.