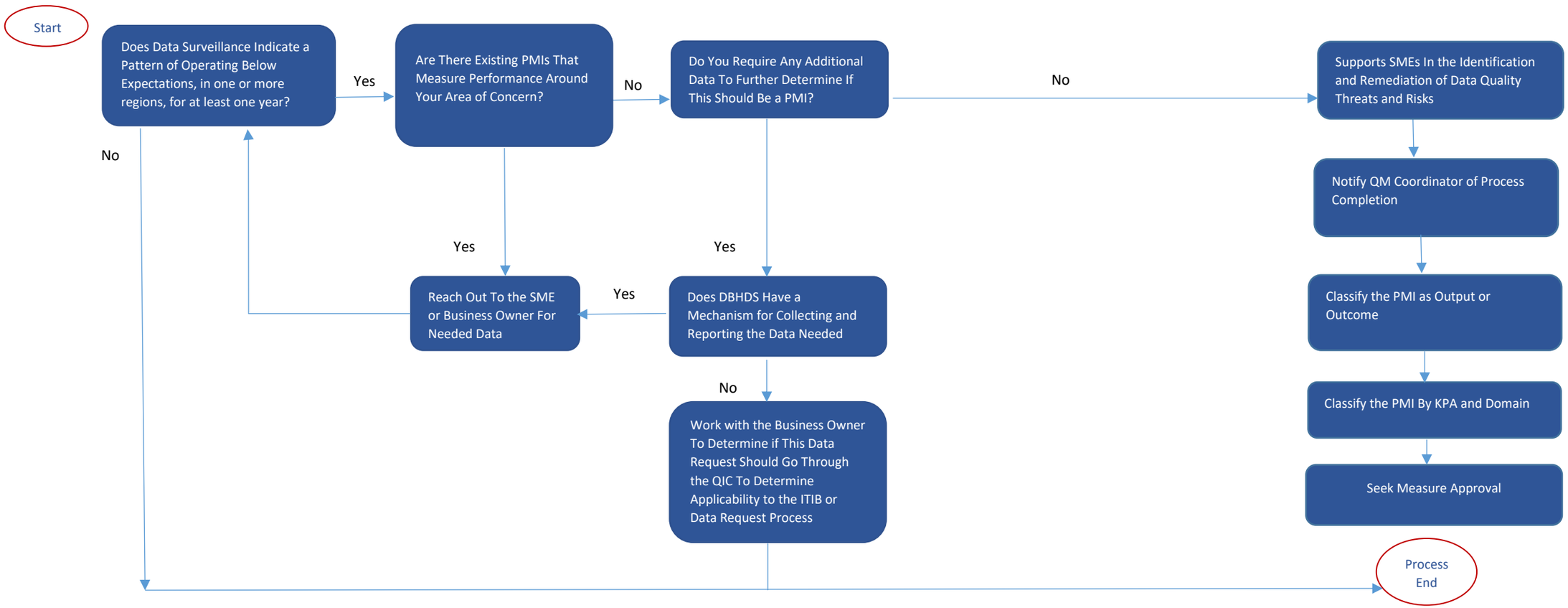
Virginia Department of Behavioral Health & Developmental Services

Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

Performance Measure Indicator (PMI) Development Process
Rationale: This document serves as a guide for determining when and how to develop new performance measure indicators (PMI)



Date of Development: August 31, 2020; revised 2/3/21 **Developer:** Katherine Means **Applicable Workgroups:** QIC Subcommittee Members

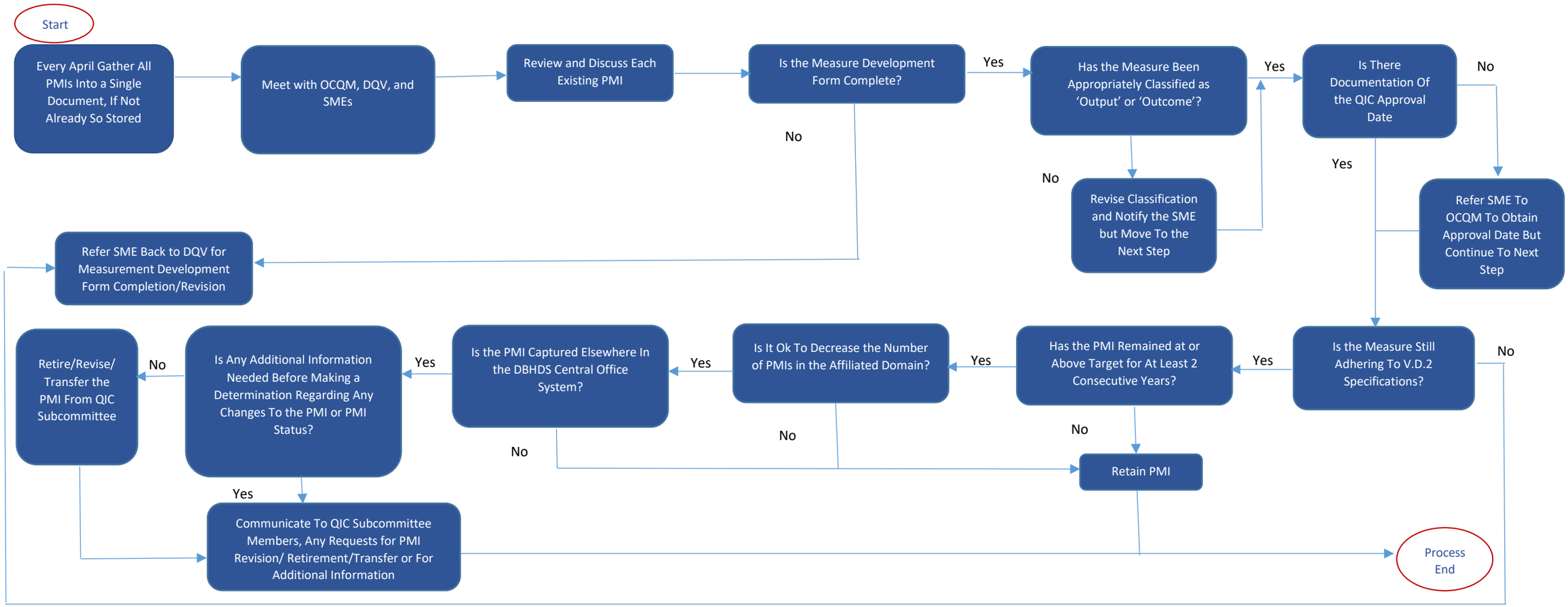
PMI Development Process Narrative

Step	Process	Output	Performed By
Has Your Data Surveillance Lead You To Believe That a Formal Measure Should Be Developed?	• Review Surveillance Data • Identify a Pattern Where the System Appears to Operate Below Expectations • Determine If the Pattern is Substantial (at least 1 years' worth of data indicates that there is a pattern of underperformance with 1 or more regions) • If No Pattern Exists, There is No Need To Develop a PMI. *Please Note that Anecdotally Expressed Concerns Must Be Supported By Data To Be Addressed Through the Development of a PMI • If A Pattern Does Exist, Move To the Next Step	• Expectation for the Development of a PMI If the Pattern is Deemed Substantial	• QIC Subcommittee
Are There Existing Measures That Measure Performance Around Your Area of Concern?	• Determine If There are Existing DBHDS Measures, Captured By Other QIC Subcommittees, That Can Address Data Needs • If No Such Measures Exist Within Other QIC Subcommittees, the QIC Subcommittee Chair Works with Office of Management Services (OMS) and the SME To Prioritize the Request and Determine Any Needs for Service Provider Survey Development; Information Technology Investment Board involvement, or applicability to the DBHDS Data Request process; Issuing Their Inquiry Through the QIC • If the Data Is Captured Elsewhere in DBHDS, the QIC Shall Request Data From the SME or the Business Owner and Reinitiate the Process, Beginning at Step 1	• Identification of Any Other Places Where the Needed Data Is Captured or • The Development of a Proposal for a new service provider survey, new data request, or new platform request/enhancement	• QIC Subcommittee • QIC Subcommittee Chair • OMS
Do You Require Any Additional Data To Further Determine If This Should Be a PMI?	• Determine If Surveillance Data Tells the Whole Story or If Additional Data is Needed To Complete the Story. • If Surveillance Data Do Not Tell a Complete Story, Determine What Data Is Needed To Do So;	• Make a request of the SME/Business Owner/QIC Subcommittee for Additional Data	• QIC Subcommittee • QIC Subcommittee Chair • OMS

	Whether or Not There Is a Mechanism to Collect Needed Data. If So, Determine To Whom Requests for Additional Information Should Be Made. Once Additional Information is Obtained, Begin Again At Step 1. • If not, the QIC Subcommittee Chair Works with OMS and the SME To Prioritize the Request and Determine Any Needs for Service Provider Survey Development; Information Technology Investment Board involvement, or applicability to the DBHDS Data Request process; Issuing Their Inquiry Through the QIC		
Supports SMEs In the Identification and Remediation of Data Quality Threats and Risks	• Schedule a Meeting with Data Quality and Visualization (DQV) • Aid SMEs Measure Methodology, Using the DQV Technical Guide • Initiate and Complete the Data Verification Process, according to the Department of Justice Settlement Agreement (DOJ SA) V.D. 2 specifications. • Work with Data Quality and Visualization (DQV) To Address DQV Concerns with the Measure.	• Completed Measure Development Form	• QIC Subcommittee Chair • DQV
Notify QM Coordinator of Process Completion	• DQV Notifies QM Coordinator When the Measure Development Form is Complete	• Email Notification	• DQV • OCQM
Classify the PMI By KPA and Domain	• Assign the Key Performance Area and Domain	• QIC Subcommittee Work Plan	• QIC Subcommittee Chair
Classify the Measure as Output or Outcome	• QM Coordinator Works With the SME To Classify and Document Measure Categorization as 'Output' or 'Outcome" based on DOJ SA CI Language	• Completed PMI Spreadsheet	• OCQM • SME
Seek Measure Approval	• The QIC Subcommittee Chair Requests Approval of the Newly Proposed PMI, from the QIC	• QIC PowerPoint Slides Detailing PMI Specifications • Approval Documented in QIC Meeting Minute Notes	• QIC Subcommittee Chair • QIC • QM Coordinator

PMI Annual Review Process

Rationale: This document serves as a guide for annual review of all current PMIs, to assess for continued adherence to the measure development form (to identify drift from the measure's original intent) and make determinations about continued relevance or need.



Date of Development: August 31, 2020; revised 2/3/21 **Developer:** Katherine Means **Applicable Workgroups:** QIC Subcommittee Members

PMI Annual Review Process Narrative

Step	Process	Output	Performed By
Every April Gather All PMIs Into a Single Document, If Not Already So Stored	• OCQM Pull All PMIs Into A Single Document • Disseminate the Document to Meeting Participants	• Single PMI Document	• QM Coordinator
Meet with OCQM, DQV, and SMEs	• Schedule a Meeting Including the QM Coordinator, SDCQM, CCO, DQV, and QIC Subcommittee Chairs	• Calendar Invites	• QM Coordinator

Review And Discuss Each Existing PMI	• Determine the Following
	  ○ If the Measure Development Form is Complete
	  ○ If the Measure Has Been Appropriately Classified as 'Output' or 'Outcome'
	  ○ If There is Documentation Of the QIC Approval Date
	  ○ If the Measure is Still Adhering To V.D.2 Specifications?
	  ○ If the PMI Remained at or Above Target for At Least 2 Consecutive Years
	  ○ If It Is Ok To Decrease the Number of PMIs in the Affiliated Domain
	  ○ If the PMI Data Captured Elsewhere In the DBHDS CO System
	  ○ If the Data Originates From the True Data Source System
	  ○ If Any Additional Information Needed Before Making a Determination Regarding Any Changes To the PMI or PMI Status
		• Documentation on the Single PMI Document	• QM Coordinator
			• Annual PMI Workgroup

Is the Measure Development Form Complete?	• If No, the QIC Subcommittee Chair Will Request That the SME Complete the Document and Schedule a Meeting with DQV To Verify Appropriateness of Responses. This Process Will Then End and Pick Back Up, when the Form is Complete.	• Documentation on the Single PMI Document • Measure Development Form	• SME • DQV

	**Please not that *New PMIs deemed unreliable and/or invalid, based on DQV assessment and as defined by the curative Action for compliance indicator 36.1, will not be approved for submission to the QIC, until such time that they are deemed valid and reliable. DQV indications that the data source system is invalid and/or unreliable will not preclude the measure from moving to the QIC for approval or for from subsequent implementation, as data source system validation differs from measure validation.* • If Yes, Continue To the Next Step		
Has the Measure Been Appropriately Classified as 'Output' or 'Outcome'?	• If No, Revise Classification and Move To the Next Step • OCQM Will Communicate Revisions To the SME • If Yes, Continue To the Next Step	• Documentation on the Single PMI Document	• QM Coordinator
Is There Documentation Of the QIC Approval Date	• If No, the QIC Subcommittee Chair Will Refer the SME To OCQM but Will Proceed To the Next Step In the Process • If Yes; Continue To the Next Step in the Process	• Documentation on the Single PMI Document	• QM Coordinator • QIC Subcommittee Chair
Is the Measure Still Adhering To V.D.2 Specifications?	• If No, the QIC Subcommittee Chair Will Refer the SME Back To DQV. This Process Will Then End • If Yes, Continue To the Next Step	• Documentation on the Single PMI Document	• QM Coordinator and QIC Subcommittee Chair
Has the PMI Remained at or Above Target for At Least 2 Consecutive Years?	• If No; Retain the PMI and End the Process • If Yes, Continue To the Next Step	• Documentation on the Single PMI Document	• QM Coordinator
Is It Ok To Decrease the Number of PMIs in the Affiliated Domain?	• If No; Retain the PMI and End the Process • If Yes, Continue To the Next Step **Ideally, No More Than 3 PMIs Per Domain is Acceptable but You Should Consider If Decreasing the Number of PMIs Would Cause Noncompliance Concerns Elsewhere*	• Documentation on the Single PMI Document	• QM Coordinator
Is the PMI Captured Elsewhere In the DBHDS CO System?	• If No; Retain the PMI and End the Process • If Yes, Document Where It Is Captured • Continue To the Next Step	• Documentation on the Single PMI Document	• QM Coordinator
Is Any Additional Information Needed Before Making a Determination Regarding Any Changes To the PMI or PMI Status?	• Consider If There is Enough Information To Determine if a PMI Can Be Retired, Revised, or Transferred • If Yes; Retire or Revise the PMI	• Documentation on the Single PMI Document	• QM Coordinator

	○ The QIC Subcommittee Chair Will Share the Plan to Revise, Retire, Transfer the PMI, With QIC Subcommittee Members ○ The QIC Subcommittee Chair Will Share the Plan to Revise, Retire, or Transfer the PMI To QIC **Please note that a retired PMI could be transferred to another QIC Subcommittee, subject to measure verification and subsequent approval of the QIC.* ○ Archive the existing Measure Development Form in the applicable QIC Subcommittee Teams folder • If No; The QIC Subcommittee Chair Will Address Additional Information Needs With the SME		

Supplemental Process Information

Guidance and Definitions

Guidance

- It should be noted that not all CIs are PMI. Establishment of a PMI should be considered in the following instances:
  - When the DOJ SA prescribes a specific measure and indicates that it is to serve as a PMI
  - When documented discussions with the Independent Reviewer specifically state that a DOJ SA CI is to serve as a PMI
  - If the measure is a provider reporting measure required by section V.E.2 of the DOJ SA provisions
  - If the measure is a required Case Management Steering Committee (CMSC) measure, as stipulated by V.F.5 of the DOJ SA provisions
  - When a review of surveillance data indicates a pattern of data in surveilled data that indicates system inability to meet expectations (either at a systemic or regional level). In such instances, PMI must be developed in order to ensure system performance is tracked more closely and add an additional level of oversight (being regularly reviewed by the QIC)

Definitions

- **Compliance Indicator:** Any and all verbiage within the last column (on the right) of the provisions.
- **Eight Domains:** Safety and Freedom from Harm; Physical, Mental, and Behavioral Health and Well-being; Avoiding Crises; Community Inclusion; Choice and Self-Determination; Stability; Provider Capacity; Access to Services
- **Key Performance Area:** Health, Safety and Well Being; Community Integration and Inclusion; Provider Competency and Capacity
- **Metric**: A measure of quantitative assessment used for assessing, comparing, and tracking performance (i.e. a number or percentage…86% or 100 providers for example)
- **Performance Measure Indicator (PMI):** Measures that indicate the Commonwealth's service system is meeting/not stated expectations in the 3 key performance areas, and per the 8 domains. PMIs include both outcome and output measures established by the DBHDS and reviewed by the DBHDS QIC. The PMIs allow for tracking the efficacy of preventative, corrective and improvement initiatives. DBHDS uses PMIs to identify systemic weaknesses or deficiencies and recommends and prioritizes quality improvement initiatives to address identified issues for QIC review. (Definition per charter) PMIs fall within a key performance area and are reported and tracked within various QIC subcommittees (including KPA Work Groups, RMRC, CMSC, and MRC.
- **PMI Workgroup-**The workgroup includes the QIC Subcommittee chairs, DQV Data Reporting Manager, QM Coordinator, the Senior Director of Clinical Quality Management, and the DOJ SA Director
- **Quality Improvement Committee (QIC):** The highest DBHDS quality committee to whom all QIC Subcommittees report.
- **Quality Improvement Initiative (QII):** Developed to address systemic issues identified through the analysis of PMI or the monitoring of surveillance data, developed using the Plan Do Study Act (PDSA) cycle. Each initiative is developed and shared with the Quality improvement committee (QIC for development approval and progress tracking).
- **Quality Improvement Subcommittee:** Key Performance Area Workgroups, of which there are 3; the Case Management Steering Committee; the Risk Management Review Committee; Mortality Review Committee; and the Regional Quality Councils
- **Reliable Measure:** A measure that produces similar and consistent results
- **Retired PMI:** A PMI that is no longer a focus for the previously assigned QIC subcommittee and has had the PMI form archived (for the assigned QIC subcommittee), and therefore has been or is to be retired. A PMI may be considered for retirement if the PMI is being collected and report elsewhere in the Quality Management System, is not required by the DOJ SA compliance indicators to be reported by a specific QIC Subcommittee, and whose performance results indicate achievement at or above the established target for two or more consecutive years. Please note that PMIs intended to drive the system (ensure that its infrastructure remains intact) can be retired but should continue to be tracked as surveillance data.
- **Revised PMI:** A PMI that, through annual workgroup discussion, has been determined to require a substantive change. This is defined as changes in calculations/methodology, data sources, numerator/denominator

language, or associated compliance indicator. Updates are made to the existing PMI form to reflect proposed changes. Any substantive changes to the measure language would require the development of a new PMI, completion of the measure verification process and subsequent approval by the QIC

- **Surveillance Data**: Data or data reports that are generally monitored to determine how the service system is progressing and functioning. Data may be used for ongoing, systemic collection, analysis, interpretation, and dissemination and also serves as a source for establishing PMIs and/or quality improvement initiatives. Surveillance data could be used to justify the development of a more formal PMI (requiring the establishment of a measure, per expectations of the V.D. 2 process) or the development of a QII
- **Transferred PMI**: A PMI that one QIC subcommittee has decided to retire from its reporting but that has been picked up for reporting by another QIC subcommittee
- **Valid Measure-**A measure that accurately reflects what it aims to measure
- **V.D.2 Specifications:** Specifications that indicate that a measure is considered valid and reliable. The PMI Measure Development Form shall contain the following information, for each PMI:
    - Baseline or benchmark data as available
    - The target that represents where the results should fall at or above
    - The date by which the target will be met
    - Definition of terms included in the PMI and a description of the population
    - Data sources (the origins for both the numerator and the denominator)
    - Calculation (clear formulas for calculating the PMI, utilizing a numerator and denominator)
    - Methodology for collecting reliable data (a complete and thorough description of the specific steps used to supply the numerator and denominator for calculation). The subject matter expert (SME) assigned to report and enter data for each PMI
    - Yes/No indicator to show whether the PMI can provide regional breakdowns