

Transformation Center: Work and Impact

2019–2021

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Executive summary

The Transformation Center is the hub of innovation and quality improvement for Oregon's health system transformation efforts to achieve better health, better care and lower costs for all. We identify, support and share innovation at the system, community and practice levels. Through collaboration, we promote initiatives to advance the coordinated care model. We focus on two main types of work: capacity-building and system and policy innovation.

During 2019–2021, the topic areas the Transformation Center supported were based on:

- Direction from the Oregon Health Policy Board,
- Legislative requirements,
- Newly developed coordinated care organization (CCO) incentive metrics (Metrics and Scoring Committee) and
- Health system needs during the COVID-19 public health emergency.

The center continued to adopt new strategies to advance population health, behavioral health integration, oral health integration, primary care, value-based payment, CCO incentive measure work, social determinants of health and equity, and other cross-cutting supports.

Key successes include the following:

- Developing policies for the five-year CCO contracts (“CCO 2.0”) and supporting CCO 2.0 deliverables;
- Shifting technical assistance work from pre-pandemic priorities to pandemic response based on partner and health system needs (for example, contracting with the Oregon Rural Practice-based Research Network to provide an extremely well-attended COVID-19 provider series);
- Hosting 192 multiple partner learning sessions, including events, trainings and webinars;
- Providing eight episodes of one-on-one technical assistance (TA), including individual CCO or community consultations and projects; and
- Managing the review and feedback process for nine CCO contract deliverables primarily focused on community health, quality improvement, social determinants of health spending, and value-based payment.

This report briefly describes select initiatives and their outcomes.

Background

The Transformation Center is the hub of innovation and quality improvement for Oregon’s health system transformation efforts to achieve better health, better care and lower costs for all. We identify, support and share innovation at the system, community and practice levels. Through collaboration, we promote initiatives to advance the [coordinated care model](#).

We focus on two main types of work: capacity building and system and policy innovation. The center builds capacity of health system partners to improve, innovate and eliminate health inequities. The center also leads OHA’s system and policy innovation work in several priority areas and centers equity in this work.

During 2019–2021, Transformation Center staff had key roles in developing policies for the next five-year coordinated care organization (CCO) contracts (“CCO 2.0”) and supporting CCO 2.0 deliverables. Like all OHA offices, staff shifted work from pre-pandemic priorities to pandemic response based on partner and health system needs.

Population health

Community advisory councils

Community advisory councils (CACs) serve as the community engagement component of the CCO model. Transformation Center staff analyze CAC deliverables intended to strengthen meaningful CAC engagement:

- 2021 was the first year CCOs submitted [CAC demographic reports](#), and 75% of CCOs met the requirement that at least 51% of CAC members must be Oregon Health Plan (OHP) consumers.
- All CCOs have appointed at least one consumer CAC member on their CCO governing board, and 94% have appointed two as required.
- All CCOs made consistent efforts to identify Tribal CAC members. Despite barriers created by COVID, 31% of CACs currently have Tribal representation.
- All CCOs have developed a CAC role for reviewing CCO spending on social determinants of health and equity.

We support



Population health



Behavioral health integration



Oral health integration



Primary care



Value-based payment



CCO metrics



Health-related services



Social determinants of health and health equity

To support CCOs in meeting these goals, the Transformation Center provided learning opportunities to CACs:

- Two CAC conferences (focusing on health equity and CAC member engagement, and social determinants of health and equity)
 - In a six-month retrospective survey, 95% of respondents said the support provided at the 2019 conference was at least somewhat helpful in improving their knowledge, skills or abilities.
- A learning collaborative for CAC members serving on CCO governing boards
 - 88% of participants found the session to be valuable in supporting their work, while 100% said they would take actions to improve processes as a result.
- A virtual learning series for CAC members focused on the social determinants of health and equity (SDOH-E). Sessions included:
 - Using an equity lens when reviewing CCO spending requests on SDOH-E
 - Making sense of health disparities data in community health assessments
 - Understanding evidence-based strategies to address SDOH-E

“After attending the [2019 CAC] conference, one of our members initiated a strategy, with the help of our staff, to outreach and recruit from areas of our county where there are more transportation and distance barriers. We have since conducted three informational sessions in those more rural areas. It has helped raised awareness of the CAC and the overall work of the CCO in these areas and helped strengthen connections with various partners (school, churches, CBOs in outlying areas), allowing the CAC and staff to hear regularly the different strengths and barriers to health that people living there experience.”

— CCO staff

In 2020, the national health care organization Community Catalyst authored a [case study on the range and impact of CAC supports](#) provided by the Transformation Center.

Community health assessments and improvement plans

The Transformation Center leads policy development and review of [CCOs' community health assessments and community health improvement plans](#) (CHAs/CHPs). CCO 2.0 policies focused on greater CHA/CHP collaboration among local public health authorities, hospitals, the Nine Federally Recognized Tribes of Oregon, and other CCOs sharing a service area.

Of the six CCOs that submitted a new CHA/CHP in 2021:

- Four (67%) were fully shared with local public health, hospitals, and other CCOs sharing a service area.
- Two (33%) were partially shared with local public health, hospitals and other CCOs sharing a service area.

To support collaborative CHAs and CHPs, the Transformation Center provided technical assistance to CCOs and CACs:

- Six virtual CHA/CHP trainings for CCOs and their CHA/CHP partners
- A webinar on conducting a shared CHA and CHP with an offer of follow-up technical assistance to CCOs

“We were able to build a shared understanding of how a successful, inclusive community health assessment process should occur, and connected with our local private hospital representatives in a way we likely would not have been able to otherwise.”

– *CHA/CHP TA participant (6-month retrospective survey)*

Children’s health complexity

Children’s health complexity uses system-level data to summarize medical and social complexity factors for children with Oregon Health Plan (OHP) and Children’s Health Insurance Plan (CHIP) coverage. This data is provided by OHA’s Office of Health Analytics in partnership with the Oregon Pediatric Improvement Partnership (OPIP). In collaboration with OPIP, the Transformation Center provided technical assistance to CCOs including:

- Individual TA to 11 CCOs in facilitating community-level conversations about the data; identifying opportunities to enhance care coordination and care management; or using the data to guide efforts with health care providers, and
- Learning collaborative session on how CCOs have used the population-level data.

Social determinants of health and equity

The Transformation Center provided technical assistance on multiple SDOH-E topics.

- The center implemented the **Supporting Health for All through Reinvestment (SHARE) Initiative**, which requires CCOs to invest a portion of profit back into communities to address health inequities and SDOH-E. In the first year (2021), CCOs contributed \$4.81 million to SHARE, ranging from \$58K to \$1.02 million per CCO. The most common SHARE spending area was housing. Nine CCOs engaged their CACs in the decision-making process, with the CAC making final recommendations to the CCO board. The Transformation Center’s program development and guidance helped CCOs meet this legislative requirement. The center also began a year-long CCO learning collaborative to support their SHARE efforts. SHARE Initiative guidance, templates and CCO spending plans are available on the [SHARE Initiative webpage](#)
- The center staffed the **Social Determinants of Health Measurement Workgroup**, a public workgroup that developed and pilot tested a measure to incentivize screening for individual health-related social needs. The SDOH measure concept is “Rate of social needs screening in the total member population using any qualifying data source.” The measure is under consideration by Oregon’s Metrics and Scoring Committee and the Health Plan Quality Metrics Committee. For more details, see the [SDOH Measurement Workgroup’s final report](#).

- The center partnered with OHA’s Equity and Inclusion Division to host nine **race, ethnicity, language and disability (REALD)** information sessions for providers. These sessions supported 2020 legislation that requires health care providers to collect REALD information at health care encounters related to COVID-19 and share this information with OHA.
- The center, with the Equity and Inclusion Division, held a five-session virtual learning collaborative for CCO staff to advance health equity through improving integration and increasing utilization of **traditional health workers (THWs)**. Eighty-five people attended. Participants reported the discourse with other THW liaisons regarding payment models and best practices for integrating THW liaisons into health and behavioral health practices to be extremely helpful.

“Our support for traditional health workers has improved and we have implemented better alternative payment models to support them.”

– *THW learning collaborative participant (6-month retrospective survey)*

Behavioral health integration

The 2020 CCO contracts contained new requirements for behavioral health integration, including a focus on children’s behavioral health. The Transformation Center worked with subject matter experts to provide supports to CCOs in meeting these requirements.

- The center convened a one-day event: [Innovative Care for Behavioral Health & Substance Use Disorders](#). The event focused on payment, data and system strategies, and 121 people attended. Of evaluation respondents, 98% said the event was valuable to their work and 100% planned to take action as a result.
- The center hosted a virtual learning collaborative to assist behavioral health organizations with adopting or upgrading electronic health record systems and health information exchange tools.
- The center hosted a webinar on youth suicide prevention. In partnership with OHA’s Child and Family Behavioral Health Team, the center also hosted two webinars on children’s system of care and five webinars on contract requirements for providing early childhood mental health. An average of 37 people attended each session.

“Very valuable, so important to hear from people with lived experience.”

“[The most helpful aspect was] simply providing a venue to share and disseminate this information and meet people working in the field.”

– *Participants of Innovative Care for Behavioral Health and Substance Use Disorders*

Oral health integration

Oregon’s health system transformation efforts have focused on preventive care, treating the whole person and care coordination among providers, including oral health providers. The Transformation Center’s efforts to encourage oral health integration were greatly affected by both the COVID-19 public health emergency and OHA not having a dental director from March 2020 to July 2021.

Dental and oral health services have been slow to return to pre-pandemic levels, both because new procedures to keep practitioners and patients safe have diminished network capacity and because patient fear of additional COVID-19 risk keeps them away.

The main technical assistance effort the Transformation Center has undertaken in this area is to join 13 other states in a Centers for Medicare and Medicaid affinity group for preventing and reducing childhood caries in Medicaid. The goal of the affinity group is to implement quality improvement activities to increase the rates of topical fluoride varnish (TFV) application in primary care. Four CCOs and the care coordination contractor for OHP’s fee-for-service population are working with OHA on performance improvement projects. CCOs are aiming to improve the health of their members and their performance on the children’s preventive dental incentive metric. The project will run through the end of 2022.

In addition, the Transformation Center led these oral health integration activities:

- Creation of an updated [dental coverage awareness tool kit for CCOs](#), and
- Development of oral health integration performance indicators that involved a cross-agency work group. Implementation was put on hold because of COVID-19 and the absence of an OHA dental director.

CCO incentive metric support

The Oregon Health Authority uses incentive measures to set goals and reward CCOs for improving health care quality and health outcomes of Medicaid members. In 2019–2021, the Transformation Center provided technical assistance to CCOs and clinics on fifteen measures. Activities for select metrics are highlighted below.

- **HbA1c poor control** – A local clinical champion presented CME-accredited webinars focused on a systems approach to improving diabetes care, pharmacists on

“We met our OHA metric for hypertension, in part due to this program.”

“[We] improved [our] ability to identify and intervene to solve unique issues creating high emergency department use.”

– *CCO metrics TA participants (6-month retrospective survey)*

the diabetes care team, and patient education and engagement. An average of 55 people attended, and 86% of evaluation respondents said the webinar was valuable to their work. The center also hosted two peer sharing webinars and three webinars on implementing the National Diabetes Prevention Program. The center contracted with ORPRN to hold four clinic trainings on how to use quality improvement tools to improve performance on diabetes metrics, hold one-on-one follow-up calls between practice coaches and participating clinics, and create a tool kit to support the diabetes metrics.

- **Health aspects of kindergarten readiness –**

The first two CCO metrics of kindergarten readiness were well-child visits (ages 3–6) and preventive dental visits (ages 1–5). A needs assessment identified the need to better communicate with parents about why these visits for children are important. In response, the center worked with a communications firm to develop marketing assets for CCOs to use for promoting the visits. The center also held three webinars on strategies for increasing well-child visits and is leading a two-year learning collaborative to increase rates of topical fluoride varnish applied in primary care and improve overall performance on the preventive dental care metric.

“The inclusion and engagement of stakeholders was wonderful; the meeting duration, cadence and timeframe of several months was helpful to learn the information and build momentum.”

– *Meaningful language access learning collaborative participant*

The Transformation Center provided technical assistance for fifteen CCO incentive metrics:

- Adolescent immunizations
- Cigarette smoking prevalence
- Controlling high blood pressure
- Dental exams for adults with diabetes
- Developmental screening and follow-up
- HbA1c poor control
- Effective contraceptive use
- Emergency department use among members with mental illness
- Health aspects of kindergarten readiness (well-child visits; preventive dental; system-level social emotional health)
- Meaningful language access to culturally responsive health care services
- Screening, brief intervention and referral to treatment
- Timeliness of postpartum care
- Tobacco cessation

- **Meaningful language access to culturally responsive health care services –** In partnership with the OHA Equity and Inclusion Division, the center hosted a five-session virtual learning collaborative for 135 CCO staff. Participants discussed efforts and strategies to provide quality interpreter services.

- **Patient-centered counseling trainings** – The Transformation Center held 11 in-person and 15 virtual patient-centered counseling trainings for Medicaid providers in support of CCO metrics. The trainings included motivational interviewing and Five A’s for tobacco cessation counseling. No-cost continuing medical education credits were available. Combined, 573 people attended. Over 95% of evaluation respondents rated the value, effectiveness and trainer quality as valuable. Nearly all (99.5%) respondents planned to take action as a result of attending. Respondents indicated they were more comfortable discussing sensitive topics with patients than they were prior to the training.

“I think I’m doing a better job of ‘hearing’ my patients and their concerns. I believe there is improvement in the outcomes based on how I share learned information.”

– *Patient-centered counseling training attendee (6-month retrospective survey)*

- **Health information exchange technical assistance** – The center partnered with the Office of Health Information Technology to assist primary care clinics in using aggregated data to produce reliable, accurate electronic clinical quality metric (eCQM) reports and to improve these metric performance rates. Producing these reports helped clinics meet current eCQM reporting needs for programs such as the Medicaid EHR Incentive Program, Comprehensive Primary Care+, and the Merit-based Incentive Payment System. Three user group sessions were conducted for each of the four EHR systems used by participating clinics (12 total). Topics included clarifying program requirements, troubleshooting failures and errors, and helping organizations access EHR-specific documentation resources through their client portal.

For more details, see the [CCO Incentive Metrics TA webpage](#).

Value-based payment

CCO 2.0 includes extensive requirements for CCOs to transition away from fee-for-service payment to value-based payment (VBP) models. The Transformation Center manages the following initiatives and technical assistance to support payers and practices in containing growth in health care costs and advancing payment reform.

VBP roadmap

To advance VBP, OHA developed a [VBP Roadmap for CCOs](#) to ensure at least 70% of CCO payments to providers are in the form of a VBP by 2024. The VBP Roadmap also includes VBP models in key care delivery areas, infrastructure payments for Patient-Centered Primary Care Homes, and strategies to promote equity in VBP design. Transformation Center staff led the public engagement process to inform the VBP roadmap, including convening a CCO VBP Workgroup, fielding a VBP provider survey, and holding statewide public stakeholder meetings.

Primary care payment reform collaborative

The Transformation Center convenes the Primary Care Payment Reform Collaborative, a legislatively required multi-stakeholder advisory group tasked with assisting OHA to develop and implement a Primary Care Transformation Initiative. The purpose of the initiative is to develop and share best practices in technical assistance and reimbursement methods that direct greater health care resources toward innovation and care improvement in primary care. Select activities included:

- Coordinating with OHA's Equity and Inclusion Division to create a guidance document recommending improving health equity by incentivizing the integration of THWs into primary care through targeted and sustainable payment strategies, including VBP models;
- Presenting recommendations for primary care VBP to the VBP Compact Workgroup; and
- Recommending that the Patient-Centered Primary Care Home Program share clinic attestation information with payers to help identify practices that may be ready for VBP. This sharing began in November 2020.

VBP compact

The Transformation Center staffs the Oregon Value-based Payment Compact Work Group, which represents a collaborative partnership to advance VBP adoption across the state. [The Oregon VBP Compact](#) is a voluntary commitment by payers and providers to participate in and spread VBPs, meeting specified targets and timelines over 2021–2024. The compact, jointly sponsored by OHA and the Oregon Health Leadership Council, has 47 signatories, covering 73 percent of people in Oregon. Signatories include commercial, Medicaid and Medicare Advantage payers.

Comprehensive Primary Care Plus (CPC+)

The Transformation Center managed the Medicaid fee-for-service implementation of CPC+, a program through the Centers for Medicare and Medicaid Services that concluded in December 2021. CPC+ was a regionally based, multi-payer advanced medical home model that offered an innovative payment structure to improve health care quality and delivery. Key components were per-member, per-month care management fees and performance-based payments. Nineteen Oregon payers participated, and the majority of participating practices outperformed the 50% prospective payment and earned additional performance-based payment.

VBP technical assistance

- Transformation Center staff developed a [VBP toolkit](#), which supports CCOs achieve the expectations outlined in the VBP Roadmap. The toolkit includes technical guidance and reporting templates, care delivery area resources and model contract language.

- The center also published a [VBP resource library](#). Resources cover a wide range of VBP topics, including risk stratification, attribution, evidence-based care and workflows, performance measurement, promoting health equity and emerging trends. The library also includes sections on each of the five care delivery areas required in CCO contract (hospital, maternity, behavioral health, oral health and children’s health).
- The center hosted a five-part webinar series for providers focused on increasing readiness for VBP and taking advantage of the additional flexibility VBPs offer for innovatively redesigning care models. Other webinars included using VBP to reduce health disparities, designing and implementing VBP for substance use disorders, and performance benchmarks for VBP models. Across webinars, 515 people participated. Among evaluation respondents, 78% found the webinars valuable and 97% planned to take action as a result.

“[The most helpful aspect was] pressing myself (a private provider) into joining the ‘conversation’ by beginning personal/professional learning on this subject – subject offered in non-threatening manner and easily accessible, informative.”

“No cost no travel involved with attending it and was so informative. Thanks; practical insights on what others are doing.”

– *VBP webinar participants*

Health-related services

Health-related services (HRS) are non-covered services that are offered as a supplement to covered benefits under Oregon’s Medicaid State Plan to improve care delivery and overall member and community health and well-being. Health-related services include:

- **Flexible services**, which are cost-effective services offered to an individual member to supplement covered benefits, and
- **Community benefit initiatives**, which are community-level interventions focused on improving population health and health care quality.

The Transformation Center leads OHA’s work on reviewing CCOs’ HRS policies and spending data. The following findings include only spending that met HRS criteria.

- From 2019 to 2020, CCO HRS spending more than doubled (from \$16,163,747 in 2019 to \$34,153,552 in 2020).
- While CCO HRS spending decreased to \$31,137,862 in 2021, the large increases during COVID-19 were generally maintained. The decrease in 2021 can be largely attributed to a lower percentage of reported spending meeting HRS criteria (from 87% in 2020 to 80% in 2021), as close to \$39 million was reported as HRS in both years.

- HRS spending varied across CCOs. In 2021, total spending ranged from \$102,832 to \$6,043,414, while percent of total CCO spending ranged from 0.19% to 2.68% and per member per month (PMPM) spending ranged from \$0.51 PMPM to \$10.70 PMPM.
- In 2021, the top three areas of spending were health information technology, short-term housing supports and services, and prevention services.
- While COVID-19 HRS spending continued in 2021, it only encompassed \$676,322 of HRS spending. This decrease may be due to federal pandemic-related funds flowing to state and local agencies, as well as continued HRS spending now being characterized as housing or food access efforts, instead of urgent COVID-19 relief efforts.

More details are available in the [2020 HRS spending summary document](#).

HRS capacity building

Transformation Center activities supported the increase in HRS spending. In collaboration with the Oregon Rural Practice-based Research Network (ORPRN), the Transformation Center provided the following:

- Two statewide HRS convenings drew 79 and 96 participants (representing 25 organizations and all CCOs). Of evaluation respondents, 100% and 88% said they planned to take action as a result of attending, with the most helpful content being how to report HRS spending, using HRS for housing-related investments, and CCO peer sharing on HRS investments.
- Regional housing-specific convenings were hosted for six CCOs. Content focused on preparing to strategically engage with local housing partners and align on regional housing strategies. Participants said the convenings helped them organize internally before engaging with local housing partners. Participating CCOs had a high interest in prioritizing housing efforts.
- Webinars focused on HRS basics, HRS community benefit initiatives, using HRS for COVID-19 response, CCO HRS investments in housing, and CCO policies for monitoring HRS spending. Across the webinars, 89% of evaluation respondents agreed the webinar was effective for meeting organizational needs.
- ORPRN's individual HRS technical assistance to 14 CCOs included strategic planning support, quality improvement support and reporting guidance.
- OHA implemented a new review and feedback process to ensure CCO-reported HRS spending met HRS criteria. This process led to OHA accepting 87% of reported HRS spending in 2020 (compared to less than 50% in 2018).

In 2021, CCOs noted that they changed how they used HRS to address health inequities made worse by the pandemic by directly funding community-based organizations that were already working with and providing support to people of color.

Cross-cutting supports

Medicaid Advisory Committee

The Transformation Center staffs the Medicaid Advisory Committee (MAC), which is tasked with advising OHA, ODHS, the Oregon Health Policy Board and the Legislature on OHP operations and policies from a consumer and community perspective.

Activities during 2019–2021 to improve equity and inclusion include the following:

- The MAC submitted a letter to OHA in support of allocating the resources needed to expedite newborn enrollment in OHP and ensure these vulnerable members have access to necessary care.
- OHA leaders asked the MAC to monitor CCO 2.0 implementation from a consumer perspective. To help fulfill this role, the MAC convened the Advancing Consumer Experience Subcommittee to gain better visibility into the experiences of people who receive Medicaid services. This subcommittee elevates consumer voice to influence policy and program design, implementation, and evaluation work to improve Medicaid consumer experience. The MAC submitted [recommendations to OHA leaders](#).
- The MAC brought a consumer perspective to the policy options under consideration in the 1115 waiver renewal. Many of the subcommittee findings were valuable, particularly in representing populations who have been historically disenfranchised due to disability and people enrolled in fee-for-service (FFS) Medicaid, who are excluded from some programs offered to CCO members; notably, approximately half of Tribal OHP members are enrolled in FFS Medicaid.

Sharing innovations and best practices

The Transformation Center identifies, supports and shares innovation at the system, community and practice levels. Select activities are described below.

- The center hosted a one-day **Innovation Café** focused on peer sharing of projects to address the social determinants of health. Attendees included CCOs and their health system partners. In a six-month retrospective survey, 37% of respondents said their organization had developed new partnerships with community organizations as a result of attending.
- The center hosted statewide **CCO learning collaboratives** for the Quality and Health Outcomes Committee (QHOC) focused on viral hepatitis C, the Diabetes Prevention Program, health assessments for children in DHS custody, health

“[As a result of attending the Innovation Café, we] connected with Oregon Food Bank and held a pilot exploratory learning luncheon with a group of small clinics to talk about food insecurity and help providers learn about resources within Marion and Polk counties.”

— *Innovation Café participant*

aspects of kindergarten readiness, and childhood immunizations during COVID-19. Additional sessions were suspended to focus on the COVID-19 public health emergency.

- In partnership with the OHA Vaccine Planning Unit, the center hosted a 6-session **COVID-19 vaccine learning series** for clinics newer to COVID immunizations. Topics included operational workflows, allocations, targeting high risk populations, vaccine hesitancy and more. An average of 28 participants attended each session. The center also hosted four sessions to support COVID-19 vaccine rollout amongst pediatric clinics.
- Center staff participant on the Oregon ECHO Network board. ECHO is a case-based educational model using videoconferencing. The center funds ECHO programs and the board decides on topics based on provider-identified needs.
 - The center funded and managed a **COVID-19 response ECHO for Oregon clinicians**. The Oregon ECHO Network held 12 sessions, with an average of 200 participants. 674 people registered, including 166 from rural and frontier communities. The program received strong feedback from participants on the sessions' quality and contributions to their practice, and 97% of respondents rated overall satisfaction as good, very good or excellent (n=1647).
 - The center also funded an **ECHO on geriatric care in an age-friendly health system**. The Oregon ECHO Network has held five of the 12 planned sessions on depression, anxiety, insomnia management, and advanced care planning. This program has an engaged cohort of 26 primary care clinicians and their team members, and has included interactive and challenging case discussions. Across the first five sessions, 100% of respondents rated overall satisfaction as good, very good or excellent (n=54).
- The ***Transformation in Action* newsletter**, published quarterly in 2019, featured stories about CCOs' innovative work, highlighted evidence-based best practices, and celebrated successes. Topics included tobacco cessation, community health workers, behavioral health, maternal and child health, and social determinants of health. Past issues are available on the [newsletter website](#).

Quality program

The OHA Quality Improvement Program works with partners including CCOs, quality improvement staff within health systems and community-based organizations to use data to develop targeted interventions for improving health outcomes.

Transformation and quality strategies (TQS)

The TQS aims to move health transformation by aligning internal CCO health transformation and quality initiatives. Each CCO's TQS is a showcase of current CCO improvement projects in areas including access, integration, health equity, social determinants of health, special health care needs and more. The Transformation Center provides guidance documents, webinars and office hours to support CCOs in developing their TQS. The center also coordinates OHA cross-division review and feedback for the TQS. This work supports continuous quality improvement within the CCOs to ensure access and quality care for Oregon Health Plan members.

“We invited internal subject matter experts to attend the webinars with quality staff, which helped strengthen projects. The TA was helpful in digesting the large amount of information given in the guidance documents.”

— CCO staff participating in TQS TA

In 2021, CCOs scored an average of 77.5% on their TQS. That was an increase of 8.8 percentage points over the prior year.

While many project activities were affected by pandemic response, CCOs improved in their ability to describe their work to improve quality and push transformation; provide sufficient detail; and plan measurable monitoring activities to ensure meaningful progress.

Performance improvement projects

As part of Oregon's CMS 1115 Medicaid Waiver, all CCOs participate in a statewide performance improvement project (PIP). The statewide PIP has a common goal with flexibility for each CCO to develop interventions to meet their community needs. The 2016-2019 statewide integration PIP focused on safe opioid prescribing strategies. The 2021–2023 integration statewide PIP topic is mental health access monitoring for OHP members ages two years and above.

CCOs are also required to implement three additional PIPs on topics of their choosing. As of December 2021, the most common topics were:

- Improving type II diabetes control,
- SDOH screening and follow-up,
- Oral health during pregnancy and early childhood, and
- Adolescent HPV immunization rates.

For more details on PIP topics by CCO, see the [CCO PIP quarterly summary](#).

In 2020, OHA held individual technical assistance calls with each CCO to discuss their PIPs. The call covered project status, COVID impacts on PIPs and broader quality improvement, and next steps. Next steps included continuing a PIP, adopting a PIP into the CCO's standard work, selecting a new topic, abandoning a topic for a new one, and lessons learned.



HEALTH POLICY AND ANALYTICS

Transformation Center

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