
Introduction to the CCO Transformation and Quality Strategy

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Webinar objectives

- Provide overview of Transformation and Quality Strategy (TQS)
 - Background
 - Deliverables
 - Timeline
 - TQS components
- Highlight pre-submission technical assistance
- Highlight post-submission feedback system – first year
- Outline next steps
 - Future feedback planning for 2019 TQS

Purpose of the Transformation and Quality Strategy

To support safe and high-quality care for all CCO members by ensuring the quality and transformation plan adequately covers federal requirements, pushes health transformation forward, and continues the path toward the triple aim (better care, better health, lower cost).

Background

- Directed by OHA leadership to develop one deliverable combining the CCO Transformation Plan and the CCO Quality Assessment and Performance Improvement (QAPI).
- Convened a broad OHA group to advise leadership on the future framework for CCO quality and transformation monitoring.
- Provided regular updates and feedback on progress at QHOC QPI session and via OHA Innovator Agents.

Current (Jan 2012–Dec 2017)

Quality

- Annual submission
- CFR requirement
- QAPI includes:
 - Retrospective analysis of key quality items
 - Prospective work plan
 - CCO quality improvement committee minutes

Transformation Plans

- 2-year plan
 - Progress report every 6 months
- CCO contract requirement
 - Submission is a contract amendment
- Plans include:
 - 8 areas of transformation

Transformation Plan

Areas of Transformation

- Integration of care
- Patient-centered primary care homes
- Alternative payment methods
- Community health assessment and community health improvement plan
- Electronic health records, health information technology, meaningful use
- Communications, outreach and member engagement
- Meeting the culturally diverse needs of members
- Eliminating racial, ethnic and linguistic disparities

*areas in green are across Transformation Plans / Quality

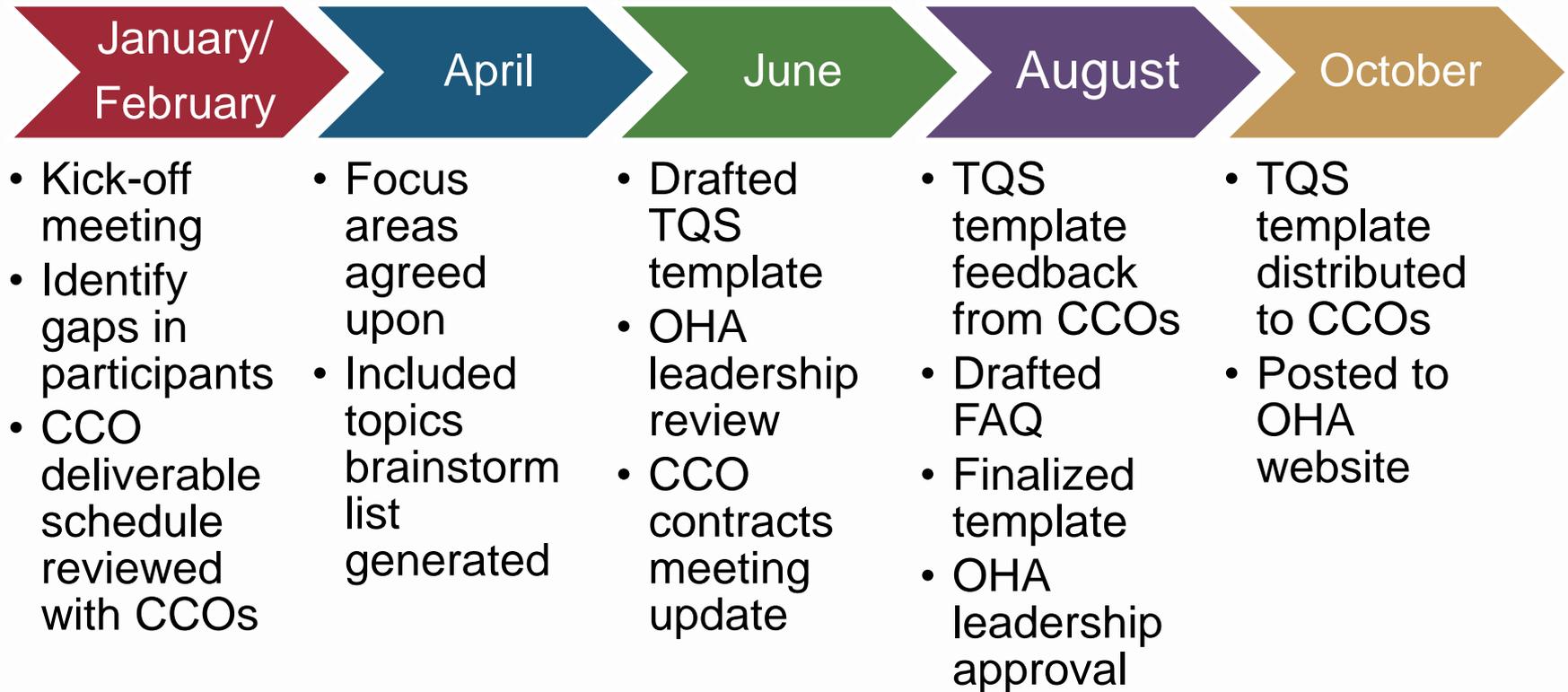
OHA waiver quality strategies

Six Levers of Quality

- Improve care coordination; including PCPCH
- Implementing alternative payment methods
- Integrating physical, behavioral and oral health care structurally and in the model of care
- Increased efficiency in providing care through administrative simplification and a more effective model of care that incorporates community-based and public health resources
- Implementation of health-related flexible services aimed at improving care delivery and enrollee health, and lowering costs
- Testing, accelerating and spreading best practices and innovation

*areas in green are across Transformation Plans / Quality

Key Functions: 2017 Schedule



Deliverables schedule

CCO contract language:

- Due March 16, 2018
 - 2015–2017 Transformation Plan benchmark report (final report)
 - Transformation and Quality Strategy (TQS)
 - TQS effective January 2018
- Ongoing
 - TQS due annually on March 16 (effective January–December)
 - TQS progress report due on September 30 (progress for January–June)

Before and after

QA/PI and Transformation Plan	Transformation and Quality Strategy
Annual plan (QA/PI); biennial plan and 6-month progress reports (Transformation Plan)	Annual plan and 6-month progress report
Focus areas and elements: <ol style="list-style-type: none"> 1. Access 2. Culturally Appropriate Member Communication and Engagement 3. Grievance and Appeals System 4. Fraud, Waste and Abuse 5. Health Disparities 6. HIT 7. Integration and SPMI 8. PCPCH 9. <i>Community Health Improvement Plan</i> 10. Special Health Care Needs 11. Utilization Review 12. Workforce Diversity and Cultural Responsiveness 13. Value-based Payment Models 	Components: <ol style="list-style-type: none"> 1. Access 2. CLAS Standards & Provider Network 3. Grievance & Appeals System 4. Fraud, Waste and Abuse 5. Health Equity 6. HIT 7. Integration 8. PCPCH 9. SPMI 10. Social Determinants of Health* 11. Special Health Care Needs 12. Utilization Review 13. Value-based Payment Models <p style="text-align: right;"><i>*Pending CMS approval</i></p>
No OHA template for QA/PI; OHA template for Transformation Plan and progress reports	OHA template for TQS and progress reports
Deliverables March, August	Deliverables March, September

TQS components and subcomponents

- Access
 - Access: Availability of Services
 - Access: Cultural Considerations
 - Access: Quality and Appropriateness of Care Furnished to All Members
 - Access: Second Opinions
 - Access: Timely
- CLAS Standards and Provider Network
- Grievances and Appeals System
- Fraud, Waste and Abuse
- Health Equity and Data
 - Data
 - Cultural Competence
- Health Information Technology
 - Health Information Exchange
 - Analytics
 - Patient Engagement
- Integration of Care
- Patient-Centered Primary Care Home
- Severe and Persistent Mental Illness
- Social Determinants of Health*
- Special Health Care Needs
- Utilization Review
- Value-based Payment Models

**Pending CMS approval*

External quality review (EQR): Why two requirements (EQR & TQS)?

- The Transformation Plans are unique to Oregon and include additional requirements to support the 1115 Waiver and OHA's triple aim
- External quality review of QA/PI is specific to the Managed Care CFR
- EQR QA/PI requirements are based on federal regulation and further defined by OHA's 1115 waiver and CCO contract language
- The External Quality Review Organization is required to review whether CCOs meet federal regulation and contract requirements for QA/PI
- Although the TQS and EQR QA/PI review have similar elements, they are not identical in the information levels that would be submitted.

QA/PI EQR protocol

Includes the following CFR and contract elements:

- 438.206 Availability of services—(b) Delivery network and (c) Furnishing of services
- 438.208 Coordination and continuity of care—(b) Primary care and coordination of services for all enrollees and (c) Additional services for enrollees with special health care needs
- 438.210 Coverage and authorization of services—(b) Authorization of services; (d) Timeframe for decisions; (e) Compensation for utilization management activity
- 438.114 Provider selection—(a) General rules; (b) Credentialing and recredentialing requirements; (c) Nondiscrimination; (d) Excluded providers
- 438.230 Subcontractual relationships and delegation
- 438.236 Practice guidelines—(a) Basic rule; (b) Adoption of practice guidelines; (c) Dissemination of guidelines; (d) Application of guidelines
- 438.242 Health information systems—(a) General rule; (b) Basic elements of a health information system
- **438.330 Quality assessment and performance improvement program**—(a) General rules; (b) Basic elements of MCO quality assessment and performance improvement programs; (c) Performance measurement; (d) Performance improvement projects; (e) Program review by the State

Annual QA/PI vs. EQR

Annual QA/PI

- Annual QA/PI
 - CCO contract required
 - TQS will meet annual QA/PI contractual requirement
- Annual QA/PI is needed under CFR 438.330 (e) program review by the State

EQR

- EQR encompasses more than just QA/PI
 - See slide #13 for details
- EQR QA/PI components are aligned to QA/PI components as stated in annual QA/PI in CCO contract

Foundational principles

TQS is a means for CCOs to report health transformation and quality work. The work is determined, developed and implemented by the CCOs with the direction from the CACs, community and CCO leadership. OHA's role is to monitor, spread best practices and provide technical assistance in conjunction with community and state subject matter experts.

TQS template addresses three key principles:

1. Meets CFR, OAR, 1115 waiver and CCO contractual requirements
2. Pushes health transformation through alignment of quality and innovation
3. Decreases administrative burdens on CCOs
 - Template supports OHA processing of information to monitor CCOs' progress to benchmarks.
 - Template incorporates narrative style and specific/measurement methods.

Technical assistance: Pre-submission

- Five part webinar series (November 1 – December 6, 2017)
 - 90-minute webinars; including 30 minutes Q&A
 - General overview
 - Template walk-through, instructions
 - Access
 - Health equity
 - Health information technology
- Monthly* office hours (December 2017 – March 2018)
 - Open to those who just want to call in
 - Quality improvement, quality assurance, transformation leads
- Supporting resources
 - Guidance document for template completion
 - Data dictionary
 - FAQ summary (brief)
 - Sample TQS annual template
 - Health equity lens guidance

*Two office hours scheduled for March 2018

Webinar series – registration information

OHA Transformation Center Technical Assistance for CCOs Transformation and Quality Strategy

Coordinated care organization (CCO) staff are invited to participate in technical assistance for developing the Transformation and Quality Strategy (TQS). This series is hosted by the OHA Transformation Center.

- **Background:** The TQS will replace the CCO Transformation Plan and Quality Assessment and Performance Improvement Plan. This streamlined approach aims to reduce duplication, align CCO priorities, and enhance innovation supported by targeted activities. CCOs will submit an annual TQS using a shared template (beginning March 16, 2018) and a 6-month progress report.
- **Audience:** CCO transformation staff, quality staff and subject area leads depending on webinar topic
- **Contact:** If you have questions, please contact Anona Gund (Anona.E.Gund@state.or.us or 971-673-2832).

- Flier found at:

<http://www.oregon.gov/oha/HPA/CSI-TC/Documents/TQS-webinar-flier.pdf>

- Webinars will be recorded for shared use and reference later.

- Office hours will be open times; not recorded. No need to pre-register. **Participants can just call into the conference line.**

Webinars	
Webinars will be recorded and available on the Transformation Center website, as well as at the registration links below: https://www.oregon.gov/oha/HPA/CSI-TC/Pages/Transformation-Quality-Strategy.aspx	
November 2, 11 a.m.-12:30 p.m.	Introduction to the CCO Transformation and Quality Strategy Register here: https://attendee.gotowebar.com/register/7662514511833106435 OHA staff will share rationale for moving to this streamlined approach, compare the TQS to previously required reports, introduce the 13 components, discuss timeline and format, and answer questions.
November 8, 10-11:30 a.m.	Transformation and Quality Strategy: Template Walk-through Register here: https://attendee.gotowebar.com/register/3595434194828884993 OHA staff will walk through the TQS template and provide examples of how CCOs might use the template to describe their transformation and quality work, specifically related to fraud, waste and abuse; integration of care; and value-based payments. The last 30 minutes will be reserved for Q&A.
November 15, 1-2:30 p.m.	Transformation and Quality Strategy: Access Register here: https://attendee.gotowebar.com/register/5225515158588205825 This webinar will provide a deeper dive on the access component of the TQS. OHA staff will discuss expectations and rationale specific to this component, provide examples, and answer questions.
November 29, 1-2:30 p.m.	Transformation and Quality Strategy: Health Equity Register here: https://attendee.gotowebar.com/register/5118579956205608449 This webinar will provide a deeper dive on the health equity component of the TQS. OHA Office of Equity and Inclusion staff will discuss expectations and rationale specific to this component, provide examples, describe what resources are available to CCOs, and answer questions.
December 6, 12:30-2 p.m.	Transformation and Quality Strategy: Health Information Technology Register here: https://attendee.gotowebar.com/register/295274233315064321 This webinar will provide a deeper dive on the health information technology component of the TQS. OHA Office of Health Information Technology staff will discuss expectations and rationale specific to this component, provide examples, and answer questions.
Office Hours	
CCO staff are invited to join by webinar or conference line to ask questions about developing and submitting their CCO's Transformation and Quality Strategy. CCO staff may join the office hours at any point during the scheduled time. The office hours will not be recorded, but an FAQ document will be updated after each call.	
Conference line for all: 866-390-1828; Participant code: 4628003	
November 28, 10-11 a.m.	Register here: https://attendee.gotowebar.com/register/767278082468894465
December 19, 10-11 a.m.	Register here: https://attendee.gotowebar.com/register/7715035983292498945
January 22, 10-11 a.m.	Register here: https://attendee.gotowebar.com/register/6684892544112901121
February 27, 10-11 a.m.	Register here: https://attendee.gotowebar.com/register/4235098174055897857
March 6, 10-11 a.m.	Register here: https://attendee.gotowebar.com/register/3537085311790213633
March 15, 10-11 a.m.	Register here: https://attendee.gotowebar.com/register/7579854327192352769

Technical assistance: Post-submission

- Verbal feedback for each CCO (early summer 2018)
 - **Purpose:** OHA will provide individualized feedback verbally to CCOs. Feedback will identify strengths and opportunities for improvement within the TQS to be considered for the 2019 TQS submission.
 - **Timeline:** Post March 2018 TQS submission
 - **Format:** 60-minute conference call with OHA
 - No re-submission of March 2018 TQS
- Global feedback webinar for all CCOs (November 2018)
 - **Purpose:** The webinar is intended to provide technical assistance in place of evaluative scoring to aid CCOs in developing their March 2019 TQS submission.
 - **Timeline:** Post September 2018 TQS progress report submission

Transparency and spread

- Like previous Transformation Plans, each CCO's TQS will be posted to the Transformation Center website.
- Benefits include:
 - Peer learning to see how other CCOs described their work
 - Transparency with clinics and community partners to better align work

Next steps

- CCOs will close out 2015-2017 Transformation Plans through the benchmark report due March 16, 2018.
- CCOs will continue/adapt previous health transformation and quality work or take on new work at the direction of their board/CAC/community.
- CCOs will report the “plan” for their 2018 work in the TQS.
- OHA will update CCOs on social determinants of health component inclusion as soon as it’s confirmed with CMS.
- OHA will review submitted TQS documents to provide technical assistance.
- OHA will engage with CCO staff (each CCO, please send designee name(s) to Anona Gund, Anona.E.Gund@dhsoha.state.or.us) for developing the feedback tool that will be used in March 2019.
 - Tentative work group time commitment:
 - Hour-long monthly meetings April 2018 – August 2018

Q&A

- Please type your questions and comments into the “Questions” box on your GoToWebinar control panel.
- We will continue to update our Frequently Asked Questions document after each webinar in this series.



For more information:

- Presenter contacts:
 - Lisa Bui: Lisa.T.Bui@dhsoha.state.or.us
 - Anona Gund: Anona.E.Gund@dhsoha.state.or.us
 - Allison Tonge: Allison.M.Tonge@dhsoha.state.or.us
- All TQS resources, including the templates, guidance document, examples and technical assistance schedule are available on the **Transformation Center website:**
<http://www.oregon.gov/oha/HPA/CSI-TC/Pages/Transformation-Quality-Strategy.aspx>
- The templates and guidance document are also cross-posted on the **CCO Contract Forms page:**
<http://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx>