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# Clinical Quality Metrics Registry (CQMR) Subject Matter Expert Workgroup

June 13, 2018



# Agenda

- Welcome and agenda review
- Status update
- CQMR roles and demo of updated functionality
- CQMR communications plan and strategies
- Wrap up and next steps

# CQMR Status Update

- Milestone: All 6 CQMR Components – Configuration Completed
- Product Test Underway
- Detailed Architecture Design in Review

## Coming up:

- Preparing for Integration/System Test
  - OHP Account and Environment Setup
- Training Materials Delivery

# Role Mapping Reference Table

OneHealthPort Role	CQMR Permission Sets
Quality Report and Data Entry + OHP Administrator	<ul style="list-style-type: none"> <li>• Submit/View Individual Practitioner Aggregated Data, Individual Practitioner Patient Data, Practice/Clinic Aggregated Data, Practice/Clinic Patient Data, CCO Aggregated Data, CCO Patient Data and All Aggregated Data.</li> <li>• Create Sub accounts and Submission Capability.</li> </ul>
Quality Reports (View Only)	<ul style="list-style-type: none"> <li>• View Individual Practitioner Aggregated Data, Practice/Clinic Aggregated Data, CCO Aggregated Data and All Aggregated Data.</li> </ul>
Quality Report and Data Entry	<ul style="list-style-type: none"> <li>• Submit/View Individual Practitioner Aggregated Data, Individual Practitioner Patient Data, Practice/Clinic Aggregated Data, Practice/Clinic Patient Data, CCO Aggregated Data, CCO Patient Data and All Aggregated Data.</li> <li>• Submission Capability.</li> </ul>
Quality Manager	<ul style="list-style-type: none"> <li>• View Individual Practitioner Aggregated Data, Individual Practitioner Patient Data</li> </ul>

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# DEMO

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MiHIN

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the word "Health". "Health" is written in a large, dark blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. A thin blue horizontal line is positioned just above the "Authority" text, extending from the left side of the "H" in "Health" to the right edge of the "Authority" text.

Oregon  
Health  
Authority

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# Communications and Outreach Strategy Review



# Background

- OHA engaged Brink to help with strategic guidance on communications as we roll out the CQMR
- Looking for workgroup input on strategies and tactics

# Communications Plan Goals

Build support for CQMR and increase awareness around its use in promoting health equity by

- Delivering a clear, consistent message about its value to the healthcare community
- Providing regular and timely information that is easy to understand
- Building support among target support organizations first
- Demonstrating growth in value of data from year to year

# Strategic Assumption #1

CQMR's highest value is data that can be leveraged to advance health equity

- CQMR is a tool to help address persistent inequities and deliver high quality care to more Oregonians.
- Leaders want to know how the tool will provide data needed to close gaps in healthcare disparities, along with which measures and standards will be prioritized.

## Strategic Assumption #2

The inherent burden of getting and reporting clinical quality data is a problem that CQMR alone can't solve

- For providers, bigger question is whether reporting burden is balanced by increasingly valuable data that helps improve patient care.
- Use language that is specific about *where* reporting burdens are reduced (less customized reporting, one place to submit) to help avoid overpromising and highlight benefits.
- Show the value of the data early and often to help balance out any new, short-term burdens that surface in transitioning to a new tool.

# Strategic Assumption #3

CQMR Audiences have varying levels of expertise when it comes to submitting and using the data from CQMR

- Organizations operate at different scales and levels of sophistication.
- For many clinics and providers, CQMR may simply feel like a new way of submitting the same data, with the same results.
- To convey value of CQMR, leaders need to know the benefits at every level. Each organization needs to know how the data can be leveraged within their organization to inform care in new ways—even if that won't come until later.

# Strategic Assumption #4

Data quality will need to be addressed head on

- Leaders want to know how OHA is ensuring the quality of data being collected, given the varying levels of expertise with data collection and submission.
- Being clear about standards and methods of quality assurance will help build confidence that the data are accurate and useful in multiple settings.

# Strategic Assumption #5

Early supporters will set the tone for those who follow

- Healthcare leaders are taking a wait-and-see approach with CQMR.
- Make a concerted effort to tap early adopters who are ready to submit patient-level data earlier and reap the benefits of being able to view data in new ways to see trends and gaps.
- Others will look at the experience of early supporters to understand the value of more frequent, patient-level data submission.

# Strategic Assumption #6

Success stories will help improve long-term buy-in to the CQMR

- Because of inherent complexity of CQMR, many are looking to others to lead first.
- Cultivate early adopters into champions willing to share their stories to motivate and activate others.
- Communicate success stories as early as possible and elevate leaders as they come on board to help create a domino effect of support and enable key audiences to see just how useful this data can be to inform care.

# Strategic Assumption #7

OHA should be clear from the outset about available support and assistance

- Providers are concerned about learning a new tool and want to understand details of how data are being used.
- Audiences will look for specifics about *how* and *when* support will be available throughout the process.
- When possible, tell providers and clinics how partners (including HIEs, IPAs, and CCOs) can play an important role in helping them submit and analyze data from the CQMR.

# Strategic Assumption #8

Continuing to cultivate relationships with key leaders will pay off in the long run

- Leaders in the healthcare field are actively looking to their peers inside and outside their organizations to understand and assess the value of new technology
- By sharing information through relationships and professional networks, OHA can accurately tailor its message and have more confidence that those messages are heard

# Strategy #1: Build support and momentum with CCOs and intermediaries first to set a foundation for providers and clinics

## Strategy details

- Communicate first to CCOs and other regional intermediaries (e.g., HIEs and IPAs) to help leaders at all levels understand benefits and put requirements in context
- Help regional organizations establish their approach to supporting providers and clinics in data submission and analysis. This will increase understanding of the value and help leaders get ready to use the CQMR

## Tactics

1. Leverage CCO Metrics TAG for targeted email
2. Develop print materials to communicate key details
3. Invite CCO, HIE and IPA leaders for CQMR sneak peek
4. Create toolkit for CCOs, HIEs and IPAs to talk with providers and clinics about CQMR
5. Clearly communicate support, training and feedback opportunities
6. Tee up CCO leaders to show early support

## Strategy #2: Conduct targeted outreach to providers and clinics

Strategy details	Tactics
<ul style="list-style-type: none"><li>• After first phase, next focus will be to reach providers and clinics</li><li>• Help providers and clinics understand the value of CQMR so they can meet requirements, get support and get the most of out of the new tool</li></ul>	<ol style="list-style-type: none"><li>1. Create a regular rhythm of emails to communicate key expectations and milestones</li><li>2. Communicate a timeline only when it's confirmed and secure</li><li>3. Use refined materials from CCO outreach to communicate key details about CQMR and benefits for providers and clinics</li><li>4. Build up assets and improve usability of OHA website</li></ol>

## Strategy #3: Find and tell success stories early to demonstrate data's practical value

### Strategy details

- To build reliance and buy-in, OHA will need to show value of CQMR's data and analysis potential.
- Sharing success stories about how data have been used at a local level to analyze and improve care will go a long way in building support and confidence among those submitting and using CQMR data

### Tactics

1. Tee-up CCOs, providers and clinics of different sizes to share success stories
2. Publish a high-level summary of annual metrics reports showcasing trends and insights
3. Host an annual opportunity to share data insights with peers
4. Incorporate stories and testimonials into marketing materials

# Strategy #4: Provide regular updates to the broader healthcare community

## Strategy details

- Most CQMR communications will focus on Medicaid CCOs, providers and clinics
- Periodic updates to other audiences may be opportunities to contribute to the field, build confidence and trust, and help Oregon leaders understand the big picture of health disparities in our state

## Tactics

1. Leverage existing listservs to send periodic updates
2. Share results from first year through professional associations, conferences, meetings, and other events
3. Send targeted email updates to key legislators and OHLC to share new information

# Planned Materials

- One-pager highlighting benefits for CCOs, providers and clinics
- Frequently asked questions
- Toolkit for CCOs to work with providers and clinics (key messages, sample newsletter article, sample email content)
- PowerPoint presentations
- Refreshed website
- Digital high-level summary report
- Case studies / success stories

# Next Steps

- Next meeting: July 11, 10-noon
  - User acceptance testing test scenarios
- Feedback and suggestions for future meetings:  
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