Transformation and Quality Strategy: 2020 Global Feedback and 2021 Updates

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Webinar agenda

- 1. Review Transformation and Quality Strategy (TQS) foundational principles and deliverables
- 2. Review 2020 CCO submission strengths
- 3. Review 2020 CCO submission opportunities
- 4. Review 2021 cross-component guidance changes
- 5. Q & A



TQS FOUNDATIONAL PRINCIPLES AND DELIVERABLES



Quality Levers

State Health Improvement Plan

Community Health Improvement Plans

Transformation & Quality Strategy

Performance Improvement Projects

> Incentive Measures



Why we do this work...



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



TQS Foundational Principles

The TQS addresses three key principles:

- 1. Meet relevant CFR, OAR, 1115 waiver and CCO contractual requirements
- 2. Pushes health transformation through alignment with quality and innovation
- Decrease administrative burden
 - Supports OHA's use of information to monitor CCOs' progress to benchmarks.
 - Incorporates narrative style and specific/measurement methods.
 - Combines two annual deliverables from prior years 2012-2017.



Key Annual Activities

Jan-March

- OHA / CCO monthly office hours
- CCO TQS submission due 3/15 (or closest business day)

April-June

- OHA subject matter experts (SMEs) review and score CCO TQS submissions
- OHA TQS leads collate SME reviews into written assessments
- OHA TQS leads share written assessments with CCOs and hold individual CCO feedback calls

Juİy– Sept

- OHA TQS leads and OHA SMEs update guidance and resources for next year's TQS submission
- OHA posts CCO current year's submissions online after 8/1 (2020 not posted yet due to redaction process)

Oct-Dec

- Updated guidance and resources for next year's TQS submission posted online by 10/1
- CCO technical assistance (TA) webinars



TQS Progression

2018 2019 2020 2021 Pilot TQS Annual Annual Annual submission submission submission Individual CCO Written Written calls Progress report submission assessment assessment CCO / OHA work group Written Scoring Scoring assessment Individual CCO Individual CCO calls Individual CCO calls calls TQS public TQS and written posting (not yet) TQS public assessment public posting posting



2020 TQS STRENGTHS



2020 by the Numbers

- Number of total TQS projects submitted = 156
- Average # of projects per CCO = 10.4 (range 6–24)
- Percent* of projects continued from prior year = 52%
- Average score out of 42 possible = 28.84



2020 Numbers by Component

Component	Average score*
Access: Cultural Considerations	1.75
Access: Quality and Adequacy	1.75
Access: Timely	1.80
Behavioral Health Integration	2.33
CLAS Standards	2.23
Grievances and Appeals	2.27
Health Equity: Cultural Responsiveness	2.03
Health Equity: Data	2.37
Oral Health Integration	1.90
PCPCH	2.23
Serious and Persistent Mental Illness	2.71
SDOH-E	1.69
Special Health Care Needs	1.85
Utilization Review	2.10



2020 Submission Strengths

Across components:

- Overall Strong potential for improving member care and outcomes; addressing some critical and exciting areas of transformation
- Overall Improved alignment of projects with component definitions in the guidance document
- Overall Good demonstration of partnerships
- Monitoring activities Improved use of SMART objectives
- Rationale Improved project rationale with room for improvement (data)



2020 Submission Strengths

Component specific:

- CLAS Improved focus on specific CLAS standard
- Utilization review Some continued projects getting much better in presentation (data, tables, detail); room for improvement
- Grievances and appeals Strong focus on improvements and some projects moving to root causes
- Special health care needs Good use of partnerships



2020 TQS OPPORTUNITIES



Across components:

- Rationale Include the data used to identify the gap, population and intervention (CCO- or region-specific data).
- Progress For continued projects, describe what happened in prior year, if/how changing this year, what targets/benchmarks met and if not, why.
 - -Include data, charts, etc.
- Details More details to describe how project will address the gaps identified (project-specific as outlined in your written assessments).



Across components (cont.):

- Monitoring activities
 - Stronger connection between activities and goals
 - Include activities for the year (or beyond) not just one short-term process measure
 - As projects mature, move toward more outcome measures
- Project continuation Continue reporting on same projects to see improvement over time.



Component specific:

- SDOH-E
 - Actively engage members in project development
 - Describe community partnerships
 - If focusing on THWs, describe how increasing THWs will improve SDOH-E
 - Address social needs at a community level, beyond working with individual members
- CLAS Link monitoring activities to addressing gaps identified for the specific CLAS standard the project is focusing on.
- CLAS/health equity Focus on quality and transformation, beyond contract requirements (for example, language access).

Component specific:

- Utilization Move beyond creating a report; use report to improve member care and measure improvement.
- Access: cultural considerations Describe (including data) how CCO identifies cultural and linguistic needs of members.
- Special health care needs Describe how project ultimately affects health outcomes for the chosen population.
- Access: timely Demonstrate oversight of provider network to monitor and address compliance with OHA timely access requirements.

2021 CHANGES TO TQS



Components (2021)

1	Access: Quality and Adequacy of Services	9	Oral Health Integration
2	Access: Cultural Considerations	10	Patient-Centered Primary Care Home (PCPCH): Member Enrollment*
3	Access: Timely	11	PCPCH: Tier Advancement*
4	Behavioral Health Integration	12	Serious and Persistent Mental Illness (SPMI)
5	CLAS Standards	13	Social Determinants of Health & Equity (SDOH-E)
6	Grievance and Appeal System	14	Special Health Care Needs (SHCN)
7	Health Equity: Data	15	Utilization Review
8	Health Equity: Cultural Responsiveness		



 Split out background and rationale for each project into two sections:

Component prior year analysis

- Assessment of prior calendar year for the component(s) assigned to the project.
- Includes CCO-specific or region-specific data addressing the component

Project context

- All projects: Includes CCO-specific or region-specific data addressing the component
- New projects: Describes why the project was chosen with clear rationale.
- Continuing projects: Describes progress to date



Added project close-out section for discontinued projects.

Section 2: Discontinued Project(s) Closeout

(Complete Section 2 by repeating parts A through D until all discontinued projects have been addressed)

- A. Project short title: Add text here
- B. Project unique ID (as provided by OHA): Add text here
- C. Criteria for project discontinuation: <u>Choose an item.</u>
- Reason(s) for project discontinuation in support of the selected criteria above (max 250 words): Add text here



- Discontinued projects must meet one of the following criteria:
 - 1. Project has failed to meet its expected outcomes and cannot be adapted to meet the outcomes;
 - 2. CCO's and/or organizations' resources must be reprioritized and shifted to other bodies of work;
 - 3. Fully matured project that has met its intended outcomes; OR
 - 4. Project fails to meet TQS guidance in requirements, which ensure health transformation and quality for Medicaid members, for the chosen component(s) based on OHA feedback and/or written assessment.



- Discontinued projects must also describe the reason(s) for discontinuation, which may include, but are not limited to:
 - Outcomes data
 - Rationale for reprioritization of CCO resources toward other topics/project selection
 - Sustainability plan if goals were met
 - OHA written feedback or guidance detailing how project did not meet TQS requirements
 - Lessons learned



 Replaced QI committee minutes with QI committee documentation.

Section 3: Required Quality Program Attachments

- A. Attach your CCO's documentation (for example, quality improvement strategic plan, policies and procedures) to describe and demonstrate how your CCO's Quality Improvement Committee addresses the following:
 - 1) Overseeing and approving the CCO's annual TQS prior to submission to OHA;
 - Monitoring related quality assurance performance improvement efforts, transformation strategies and activities (in the context of CCO and subdelegate oversight);
 - 3) Conducting a quarterly review and analysis of all complaints and appeals received, including a focused review of any persistent and significant member complaints and appeals and ensuring compliance in the context of the grievance system report and grievance and appeals log with quality improvement standards as follows:
 - a. Review of completeness, accuracy and timeliness of documentation;
 - b. Compliance with written procedures for receipt, disposition and documentation; and
 - c. Compliance with applicable OHP rules;
 - Monitoring findings regarding CCO's compliance with member rights and responsibilities policies and procedures and any subsequent corrective action;
 - Addressing issues identified through the Quality Improvement Committee review process and ensuring review of results, progress and effectiveness of recommended corrective actions; and
 - 6) Reviewing written procedures, protocols and criteria for member care no less than every two years, or more frequently as needed to maintain currency with clinical guidelines and administrative principles.

- Removed CCO governance and CCO overview section
- Removed consumer rights policy
- Added field for unique project ID (lists were emailed to CCO contract administrators 10/12; also posted to TQS TA webpage)



2021 TQS Submission Changes

- No September progress report due*
- No resubmission after receiving written assessment
- TQS scoring criteria is posted
- Individual CCOs' 2021 TQS written assessments are posted
- OHA posts entire CCO submission (all sections) unless redaction request received and approved by OHA



2021 TQS Component-Specific Changes

- All Reorganized component-specific requirements in guidance document to clearly differentiate which elements are required in every project vs. which pieces are references
- CLAS standards Added dropdown in template to identify the primary CLAS standard the project is addressing
- PCPCH Split into two components: member enrollment and tier advancement
- SHCN Clarified population requirements and guidance for CCOs with DSNP contracts.
 - For CCOs with DSNP contracts, if submitting required shared QI project through TQS, scored as TQS project; Also required to submit a non-duals project.
- SDOH-E Same requirements, but added more descriptive guidance
- BHI and SPMI Added requirements



2021 TQS – Additional Announcements

- Example strategies will be posted by December 1
- Health equity lens guidance document has been sunsetted
- 2020 submissions not posted yet; will post after redaction process complete
- Please review CCO TQS leads list, update if needed
 - Up to three TQS primary points of contact for each CCO



COVID-19 Impacts

If projects have stalled due to COVID-19, but are continuing in 2021, CCOs should:

- 1. Describe the effects and any progress made in the component prior year analysis <u>and</u> project context.
- 2. In the project description, describe the plan moving forward, including whether the project is shifting focus or timelines.
 - If a project is continuing, but your CCO is currently unable to work with clinics or community partners in the same capacity due to COVID-19 response, consider what activities your CCO can do internally to move the work forward.
- 3. In the project context, also describe whether activities, targets and benchmarks were met.
 - Scores will not be affected if activities are shifting or were not met, <u>if it's</u> <u>clear what happened and there is a plan moving forward</u>.



2021 TQS Technical Assistance

- Guidance documents: <u>www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx</u>
- Webinar series (late fall and winter)
 - Purpose: The webinars provide technical assistance to aid the CCOs in developing next year's TQS submission.
 - 6-part webinar series that covers general and component-specific lessons learned and changes for the coming year. Webinars include time for CCOs to ask OHA SMEs questions.
- Office hours (winter)
 - Purpose: Allows CCO to ask questions as the CCO is developing and finalizing the TQS submission.
- Written and verbal feedback for each CCO (early summer)
 - Purpose: Provides CCOs feedback on strengths and weaknesses in documentation or structure of CCO health transformation and quality work.
 - Written assessment with scores; 60-minute call with OHA.



Q&A

- Please type your questions and comments into the "Questions" box on your GoToWebinar control panel.
- We will update our Frequently Asked Questions document as needed.





Resources

- OHA TQS Leads:
 - Lisa Bui: Lisa.T.Bui@dhsoha.state.or.us
 - Anona Gund: <u>Anona.E.Gund@dhsoha.state.or.us</u>
 - Veronica Guerra: <u>Veronica.Guerra@dhsoha.state.or.us</u>
- All TQS resources, including the templates, guidance document, examples and technical assistance schedule are available on the Transformation Center website: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx
- The templates and guidance document are also crossposted on the CCO Contract Forms page: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx

