
Transformation and Quality Strategy: 2018 Global Feedback

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Webinar objectives

1. Review Transformation and Quality Strategy (TQS) foundational principles and deliverables
2. Review 2018 TQS submissions' areas of strength
3. Review 2018 TQS submissions' areas of opportunity
4. Q&A

Why we do this work...



TQS 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 monitoring, spreading best practices and providing technical assistance for implementation with community and state subject matter experts.

The Oregon Health Authority recognizes that the programs and projects included in the CCO Transformation and Quality Strategy submissions are a showcase of current CCO work addressing TQS components that aim to make significant movement in health system transformation. Additionally, OHA recognizes that the work highlighted in the TQS is not a comprehensive catalogue or full representation of the CCO's body of work addressing each component. CCOs are understood to be continuing other work that ensures the CCO is meeting all OARs, CFRs, and CCO contract requirements.

The template addresses three key principles:

1. Meets CFR, OAR, 1115 waiver and CCO contractual requirements
2. Pushes health transformation through alignment with quality and innovation
3. 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.

Deliverables schedule

- TQS due annually on March 16 (effective January–December)
- TQS progress report due on September 30 (progress for January–June)

Components* and subcomponents

1. Access
 - Access: Availability of Services
 - Access: Cultural Considerations
 - Access: Quality and Appropriateness of Care Furnished to all Members
 - Access: Second Opinions
 - Access: Timely
2. CLAS Standards and Provider Network
3. Grievances and Appeals System
4. Health Equity and Data
 - Data
 - Cultural Competence
5. Health Information Technology
 - Health Information Exchange
 - Analytics
 - Patient Engagement
6. Integration of Care
7. Patient-Centered Primary Care Home
8. Severe and Persistent Mental Illness
9. Social Determinants of Health
10. Special Health Care Needs
11. Utilization Review
12. Value-based Payment Models

**The Fraud, Waste & Abuse component was moved to a separate CCO deliverable, pending final 2019 CCO contract language changes.*

2018 TQS areas of strength: Summary

Overall: Transformation and quality program descriptions, including role of the CAC; project description including monitoring methods across components;

Component area

- Health Equity reflected good use of data to identify and improve health equity.
- Health IT Analytics and Health IT Health Information Exchange fully addressed the intent of these health IT subcomponents.
- Integration of Care showed a solid understanding of how OHA defines behavioral health integration to support program activities.
- Severe and Persistent Mental Illness projects built on a clear understanding of the Oregon Performance Plan in support of program activities.
- Value-based Payment achieved the aim and intent of thoughtful value-base payment planning and implementation.

TQS areas of strength: Overall

Overall: *Transformation and quality program descriptions, including role of the CAC in developing and managing the TQS*

The examples provided illustrate the key areas of CCOs' work:

- Connecting with community partners
- CCOs' accountability and ownership of transformation and quality work
- CCO board approval process of quality plan/strategy
- Connection to community advisory councils (CACs)

Overall: *Project description including monitoring methods across components*

- Most programs/projects had clearly outlined methods of monitoring and provided data to support

2018 TQS areas of strength: Overall

Overall: *Transformation and quality program descriptions, including role of the CAC in developing and managing the TQS*

Example #1:

CCO board and CCO leadership direct the CCO's activities and initiatives in line with the CCO's mission to improve community health outcomes. The board has final authority, responsibility and oversight, however the board and leadership direct activities and initiatives recommended by the Transformation and Quality Committee (TQC), Community Advisory Council (CAC), and Compliance Committee. Both the TQC and the CAC are chartered by and report to the board, and the CCO CEO is a member of the CAC to ensure a link with CCO leadership. The TQC and CAC have standing items on each other's meeting agendas, which further aligns and integrates activities or initiatives. The CAC also creates issue briefs and recommendations to share with the TQC and board for issue related to the community health improvement plan, health disparities and member experience.

2018 TQS areas of strength: Overall

Overall: Transformation and quality program descriptions, including role of the CAC in developing and managing the TQS

Example #2:

The CCO Board, as the governing body of the CCO, retains final authority and responsibility for the transformation, quality and safety of healthcare services provided to members. The CCO also has a grassroots approach to development of transformational activities, engaging the community via the CCO's extensive committee structure including the Clinical Advisory Panel, the Compensation Advisory Committee, the Finance Advisory Committee, the Community Advisory Council (CAC), and the Rural Advisory Council (RAC). Committees are board-charted and most also have voting members on the CCO Board. The CCO's Quality Improvement Committee (QIC) is accountable for CCO quality and improvement functions, and is empowered to make operational decisions. The CCO's CAC provides input and makes recommendations to the CCO Board on the strategic direction of the organization, including strategies and mechanisms for health system transformation and oversight of the community health improvement plan. Two CAC members serve as full voting representatives to the CCO Board, one of which is an OHP consumer member. The RAC provides critical input and makes recommendations to the CCO Board regarding the important needs of the rural areas.

2018 TQS areas of strength: Overall

***Overall:** Project description including monitoring methods across components*

Example:

CCO is developing a process to routinely monitor provider availability. CCO will send quarterly surveys to network providers to collect each office's current availability and wait times for the relevant standards. To verify survey responses, CCO will randomly, at least twice a year, perform secret shopper calls. The monitoring methods will include the percent of contracted providers that are providing the survey data. The CCO will also look at other solutions, such as the ability to request schedules from practices from their practice management software to determine the time from initial member request for an appointment and the date of the appointment.

OHA feedback:

Well described project that included clear background/rationale, including data, as well as strong monitoring methods. There is a routine in place to monitor and verify the data, as well as track and trend the data at an aggregate level. The plan for improvement has reasonable goals to improve access to data for analysis. Once data is routinely received, a next could be to explore and address any gaps that the data identifies.

TQS areas of strength: Health equity

The examples provided illustrate the key areas of CCO's work:

- CCOs have data and utilize a health equity lens when analyzing and using data.
- CCOs convey the need to look at disparities as part of background and development of a project.
- CCOs apply health equity to varying parts of CCO programs (behavioral health, maternity care, population health).



Strong positive feedback from OHA subject matter experts in this area

2018 TQS areas of strength: Health equity

Health Equity: Reflected good use of data to identify and improve health equity

Example:

CCO has significant investment in infrastructure to support an equity approach to data analytics, including work to develop a standard and robust process to stratify data by race, ethnicity and language. This early work is the basis for the next iteration of ensuring data is driving our work towards health equity. The work moving forward will leverage internal data analytics and health equity expertise to create an action plan to make data on health and health care disparities actionable. Initial areas of focus include:

- Conduct disparities analyses that leverage alignment in Performance Improvement Projects and public health initiatives
- Engage with Integrated Steering Committee and Clinical Alignment Group to inform how best to encourage plans to use data and analytics to identify and reduce specific health disparities
- Build in-house capacity with additional tools for disparities analytics
- Communicate business case and lessons learned to broad stakeholder groups

2018 TQS areas of strength: Health equity

Health Equity: Reflected good use of data to identify and improve health equity

Examples:

- CCO analyzed and assessed addiction recovery peers within the CCO's publicly funded behavioral health systems. The findings indicated a need for culturally specific trainings for peers working with Latino communities and working with individuals with severe and persistent mental illness, which the CCO has committed to advancing.
- CCO is beginning to invest in the doula workforce with the objective of increasing rates of fully trained doulas of color and increasing access for members to community-based doulas of color. The CCO has engaged in information gathering to identify needs for doulas of color to practicing in the region, which have informed the CCO's efforts. Additional objectives of this investment include identifying promising practices for community-based doulas to engage with clinical maternity care teams, investment in workforce development and curriculum development of how to begin a sustainable doula practice.

2018 TQS areas of strength: Health IT

Health IT: Analytics and Information Exchange

The examples provided illustrate the key areas of CCO's work:

- CCOs use data and technology platforms to drive improvements.
- CCOs apply HIT to varying parts of CCO programs (pharmacy, hospital systems, clinic level).
- CCOs are distributing reports to community providers.

2018 TQS areas of strength: Health IT

HIT Analytics and HIT Health Information Exchange: Fully addressed the intent of these health IT subcomponents.

Example #1:

The CCO understands the need and benefit to offer clinics methods to facilitate population management and to track performance metrics. The CCO offers tools to its providers for this in the form of monthly Provider Progress Reports. Currently, there are limitations to these reports related to timeliness of data (three-month claims lag) and included metrics (claims-based only). To address these limitations in the monthly reports, the CCO has planned to add performance metrics beyond the claims-based metrics currently included. Unfortunately, the CCO cannot eliminate the three-month claims lag.

2018 TQS areas of strength: Health IT

HIT Analytics and HIT Health Information Exchange: Fully addressed the intent of these health IT subcomponents.

Example #2:

In 2018 CCO pharmacists and medical directors gained access to the statewide prescription drug monitoring program (PDMP) system. This allowed the CCO to gain information at the CCO level to address a gap for members receiving unsafe opioid doses through a cash pay system. The CCO will continue its efforts to reduce risks from high dose opioid prescriptions and monitor opioid prescription requests from pharmacies, utilizing member information and the PDMP to ensure patients are receiving safe doses of opioids. The CCO's goal is to reduce this rate to 10% in 2018.

2018 TQS areas of strength: Health IT

HIT Analytics and HIT Health Information Exchange: Fully addressed the intent of these health IT subcomponents.

Example #3

The CCO uses an analytic tool that provides member, provider, clinic, and population level data to inform the population health efforts of the CCO and guide strategic planning for improvement efforts with primary care homes. Data can be drilled down, is timelier than OHA data, can be sorted by assigned clinic, can create gap lists, and can calculate rates at varying levels (CCO, clinic, or provider). The CCO uses this data to evaluate strategic improvement pilots or initiatives and to evaluate quality of services, while clinics use the data to help recognize areas of strength and opportunity for improvement. There are also challenges with the tool related to tracking EHR or clinical quality data (non-claims based data), such as irregular data reporting from the clinics to the CCO. The CCO will work with clinics and other sources to establish a more frequent and reliable source of CQM sharing throughout the year.

TQS areas of strength: Integration and SPMI

The examples provided illustrate the key areas of CCO's work:

- Clear understanding of SPMI definition consistent with OHA and the Oregon Performance Plan
- Clear linking of programs across CCO for behavioral health integration
- Ongoing case management and utilization connections for behavioral health integration

2018 TQS areas of strength: Integration

Integration of Care: Solid understanding of how OHA defines behavioral health integration to support program activities

Example:

Using the health risk assessment (HRA) referrals, the CCO would like to develop systematic processes to ensure follow-through that improves member access to services, ensures that the best method of engagement is utilized for members, and has appropriate documentation to measure effectiveness. The CCO will use 2018 HRA referral activity to expand how case management tracks the HRAs and referrals. This project will implement processes to better collect information on health coaching engagement rates, use of services, and member experience. The data collected in 2018 will help to establish baselines. Following are some details of the project scope:

- Enhance HRA referral tracking to identify the specific health coaching program
- Develop specified education for tobacco cessation based on the member's lifestyle
- Use Patient Activation Measure (embedded in the HRA) data, i.e., compare the level of self-empowerment between those who accepted health coaching versus those who did not
- Track members who engage in tobacco cessation services

2018 TQS areas of strength: SPMI

Severe and Persistent Mental Illness: Projects built on a clear understanding of the Oregon Performance Plan in support of program activities

Example:

The CCO will collaborate, develop and support a formalized structured process that integrates oral health, behavioral health and physical health in one setting for individuals with a diagnosis of mental illness. This will address a gap for members experiencing mental health challenges and receiving or needing oral health care. The CCO will:

- Develop a work plan;
- Identify the members with a mental health diagnosis;
- Identify mental health medications that have a direct negative impact on oral health status;
- Further stratify the members with a mental diagnosis, and identify which of those members are receiving medications that have a direct negative impact on oral health status;
- At the integrated mental health/physical health clinic, incorporate an oral health assessment into the intake; and
- Identify with each individual any perceived barriers in seeking oral health care and create interventions to mitigate those barriers

2018 TQS areas of strength: Value-based payment

The examples provided illustrate the key areas of CCO's work:

- Clearly describing VBP strategies
- Providing necessary infrastructure for VBP implementation that aligns payment with health outcomes.
- Incorporating provider engagement into the process (highlighted by some)

2018 TQS areas of strength: Value-based payment

***Value-based Payment:** Achieved the aim and intent of thoughtful value-based payment planning and implementation*

Example:

CCO will pursue approval to modify VBP models with network providers. This improvement effort will remedy an unintended consequence of an increase in overall compensation for providers without an element of downside risk. The goal is to produce a more powerful VBP model and achieve positive results within the OHA incentive measure program. CCO will also apply a health equity lens at the member and provider level of VBP measure results to identify and address disparities.

2018 TQS areas of opportunity: Summary

Overall: Missing the link between background/rationale and the program and/or project; moving beyond monitoring toward addressing gaps identified; explanation of how specific projects and/or programs will address identified gaps

Component area:

- Access, including second opinion subcomponent, did not clearly describe ongoing monitoring, with many still in a start-up and research phase. Submissions demonstrated limited ability to assess quality of processes established to monitor enrollee access to second opinions and identified numerous gaps in existing processes. Few submissions were able to provide evidence of realized access to second opinions.
- CLAS Standards did not clearly demonstrate how the CLAS framework is incorporated across the organization to address identified areas for improvement. The 15 National CLAS Standards provide a framework for making all services, programs and organizations culturally responsive through governance, leadership and workforce engagement, in addition to the more familiar areas of communication and language assistance.

2018 TQS areas of opportunity: Summary

Component area:

- Health IT Patient Engagement did not demonstrate efforts on the clinical side of patient engagement with HIT through activities such as, but not limited to: enabling/promoting use of a patient portal attached to a providers' electronic health record, HIT (e.g., mobile apps, websites, email) for clinical condition education or member engagement like Text4Baby, providing smart phones to patients, and education to patients around the value of accessing clinician notes through patient portals.
- Integration of Care for oral health integration missed explanation of how (description of what actions will be taken) or with what results CCO will use to monitor progress.
- Social Determinants of Health missed linkages to clearly demonstrate how specific projects addressed social determinants of health.

2018 TQS areas of opportunity: Overall

Overall: Background/rationale link to the program and/or project across components

General OHA feedback:

The background/rationale in the quality assessment was often missing an analysis of the CCO's local community. Without that analysis and a demonstrated gap, it is difficult to show why a project or program would achieve the desired outcome.

Example of a stronger project:

CCO analyzed available ED utilization data to understand the potential driver of over-utilization. CCOs need to add detail as to what was the source of information (data, board, regional priorities) for health transformation project.

2018 TQS areas of opportunity: Overall

Overall: Moving beyond monitoring towards addressing gaps identified across components

General OHA feedback:

- Missing clear ties from tracking and reporting data to an improvement in the data. Projects lacking this connection appeared to be solely monitoring, without analysis to identify why performance may not be ideal and specific activities to improve performance.
- For example, solely monitoring and reporting access to care data to a committee, without any analysis to identify changes in performance, does not meet the intent of the TQS.
- Ideally, a CCO project would include data collected, gap identified (could be a gap of available data), exploration to identify causes of the gap, plan or intervention to address gap, and monitoring of the intervention.

2018 TQS areas of opportunity: Overall

Overall: Explanation of how specific projects and/or programs will address identified gaps across components

General OHA feedback:

- Missing enough detail to help understand how a project will result in improvement.
- For example, if the only activity is to gather data on value-based payment models to increase percentage of contracted providers using a VBP, it is unclear how the activities will lead to improvement. Similarly, if the only activity is to work with a delegated entity to improve access to behavioral health, it is unclear exactly how that collaboration will improve access.

2018 TQS areas of opportunity: Access

Access, including second opinion and timeliness sub-component: Did not clearly describe ongoing monitoring, with many still in a start-up and research phase. Submissions demonstrated limited ability to assess quality of processes established to monitor enrollee access to second opinions and identified numerous gaps in existing processes. Few submissions were able to provide evidence of realized access to second opinions.

Example #1 of stronger project:

CCO policy and procedures on second opinions support direct access to in-network specialty care, and provider training at onboard includes policies on service authorizations, referral, and second opinions. Second opinion requests in 2016 and 2017 were as follows, with no complaints related to lack of access to or denial of a second opinion:

	2016	2017
Physical health	0	8
Behavioral health	0	0
Dental health	0	3

Based on the data, CCO will continue to monitor member complaints regarding barriers, trends or denials of second opinion requests for review at the quality and transformation committee meetings.

OHA: Measuring across multiple services lines, which was not a theme across CCOs for this component. In addition to member complaints, utilization or request data over time could be assessed.

2018 TQS areas of opportunity: Access

Access, including second opinion and timeliness sub-component: Did not clearly describe ongoing monitoring, with many still in a start-up and research phase. Submissions demonstrated limited ability to assess quality of processes established to monitor enrollee access to second opinions and identified numerous gaps in existing processes. Few submissions were able to provide evidence of realized access to second opinions.

Example #2 of stronger project:

Access to second opinions information is included in CCO policy, as well as member and provider handbooks. The utilization management team is responsible for monitoring and tracking second opinions, and the CCO is working toward improved insight for monitoring second opinions across physical, behavioral, or dental health services. This will include adding software functionality and reporting enhancements to capture second opinions during preapproval and referral requests online. The UM team will also have a required reporting field for second opinions. Monitoring methods include establishing a baseline for second opinions, and collaborating with DCOs to develop a method to monitor and track, as well as establishing a baseline.

OHA: Project had a clear utilization management team in place and had plans for addressing gaps in available data.

2018 TQS areas of opportunity: CLAS

CLAS Standards: *Did not clearly demonstrate how the CLAS framework is incorporated across the organization to address identified areas for improvement. The 15 National CLAS Standards provide a framework for making all services, programs and organizations culturally responsive through governance, leadership and workforce engagement, in addition to the more familiar areas of communication and language assistance.*

Example of strong project:

CCO work group developed an organization-wide health equity strategic plan, under which it will deliver education and training to ensure the CCO is a culturally responsive organization able to meet cultural and linguistic needs of its community and members. The ultimate goal of the plan is to eliminate organizational barriers, advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for the health and health care organizations. The health equity strategic plan will start by providing training and education to the CCO staff, network providers, and other community stakeholders using the CLAS framework. CCO will simultaneously begin collecting provider demographic data and establish baseline percentages by race, ethnicity, and language.

OHA: CCO demonstrated a clear understanding of the incorporation of CLAS Standards elements into the project.

2018 TQS areas of opportunity: HIT patient engagement

Health IT Patient Engagement: Did not demonstrate efforts on the clinical side of patient engagement with HIT.

General OHA feedback:

- Activities such as, but not limited to: enabling/promoting use of a patient portal attached to a providers' electronic health record;
- HIT (e.g., mobile apps, websites, email) for clinical condition education or member engagement like Text4Baby;
- Providing smart phones to patients; and
- Education to patients around the value of accessing clinician notes through patient portals.

2018 TQS areas of opportunity: Oral health integration

Integration of care for oral health integration projects: Lack of explanation how (description of what actions will be taken) or with what results CCO will use to monitor progress.

Examples of strong oral health care integration projects:

- CCO will upskill prenatal providers on importance of dental health during pregnancy and assist with workflow development. Goal is to increase number of pregnant women receiving dental care.
- CCO will train additional primary care clinics to implement the First Tooth program and assist with workflow quality improvement. Goal is to increase percentage of children receiving dental care in primary care clinics.
- CCO will develop a toolkit for dentists to reducing opioid prescribing, and will report pharmacy data to DCOs to enable DCOs to support dentists in this quality improvement effort.

2018 TQS areas of opportunity: Social determinants of health

Social Determinants of Health: Missed linkages to clearly demonstrate how specific projects addressed social determinants of health (SDOH).

Examples of strong SDOH projects: Included a clear emphasis on addressing the needs of the CCOs' greatest needs members.

- CCO sits on the executive committee of a collective impact organization that works toward a trauma-informed community. Within this collaborative work, the CCO also implemented ACEs training efforts for CCO staff.
- CCO partially funded Collaborative Learning for Educational Achievement and Resiliency (CLEAR) program implementation. CLEAR provides ongoing training of teachers and school staff to implement trauma-informed practices in schools.

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 by October 1, 2018.



For more information:

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- 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>
- CCOs' 2018 TQS submissions are now posted on the Transformation Center website.
- The blank 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>