
Transformation and Quality Strategy (TQS)

2023 global feedback and 2024 updates

February 5, 2024



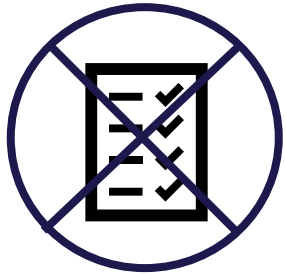
Agenda

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- 2023 feedback
 - Score summary
 - Strengths
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- 2024 updates
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What is TQS?

- Annual CCO contract deliverable since 2018.
- TQS submissions are a showcase of current CCO work addressing components that aim to make significant movement in health system transformation.
- TQS includes measurement and quality improvement methods to further CCO health system transformation and drive toward OHA strategic goal of eliminating health inequities.
- TQS will adapt as a CCO deliverable in CY2025 as OHA develops a new quality strategy in partnership with community, CCOs and CMS.

Why do the work



Efficiency

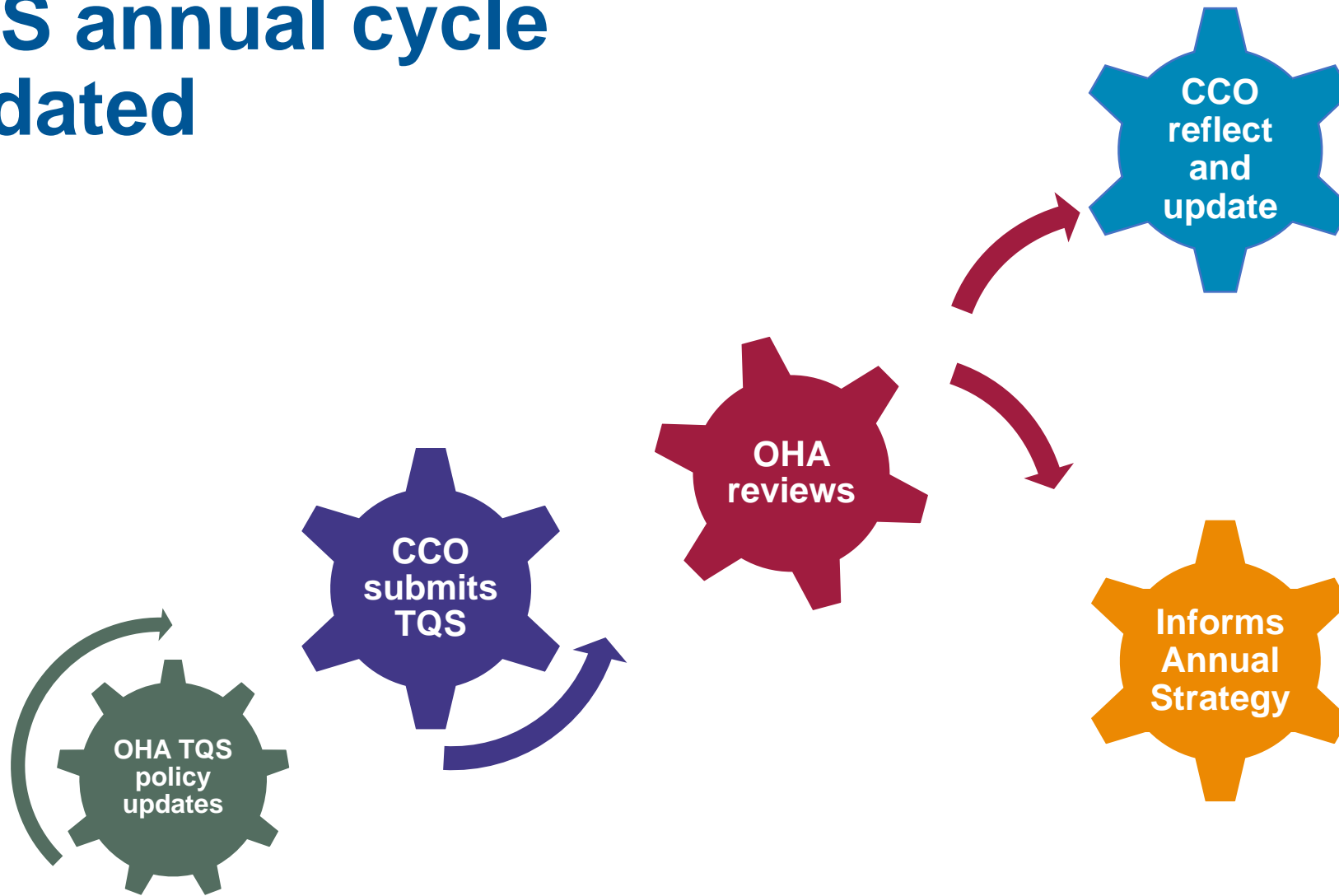
is doing things right;

Effectiveness

is doing the *right* things.

– Peter Drucker

TQS annual cycle updated



2023 score summary

2023 by the numbers

Total TQS projects submitted = 172

- Average per CCO = 10.8 (range 8–15)

Percent of projects continued from prior year = 84%

Average score out of 117 possible = 105.5 (90.1%)

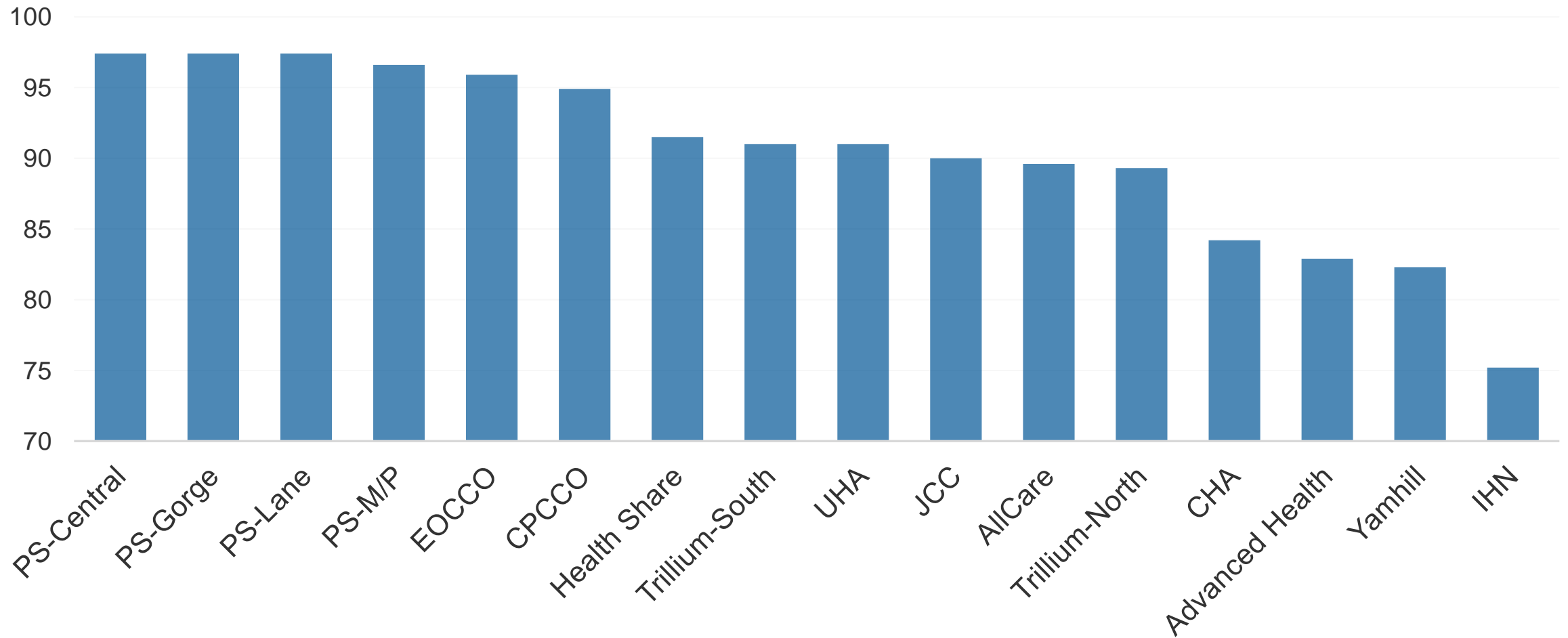
- Average increase of 6.6 percentage points

Average scores by component

	2023 avg.
Grievances and Appeals	9.00
PCPCH Tiers	9.00
PCPCH Enrollment	8.94
SPMI	8.63
BHI	8.47
Health Equity: Data	8.47
OHI	8.19
SDOH-E	8.13
Health Equity: Cultural Respon	8.00
Utilization Review	7.76
CLAS Standards	7.53
SHCN FBDE	6.75
SHCN Non-duals	6.63

**Includes sum of scores for relevance (component-specific), detail and feasibility using a Likert scale: 1 – very limited, 2 – somewhat, 3 – fully met*

Total scores by CCO (%)



2023 strengths

Project strengths

About 60% of projects earned a full score.

Strongest components by score

- Grievances and appeals
- PCPCH: tier advancement
- PCPCH: member enrollment
- Serious and persistent mental illness
- Health equity: data
- Behavioral health integration



Strengths: Themes

- Average CCO score increased 6.6 percentage points.
- Fewer CCOs had components that earned zero or minimum scores.
- Projects continue to move past collecting baseline, developing reports, etc. and into improvement and transformation work.
- All CCOs transitioned to reporting MEPP within TQS.
- All CCOs are using REALD in at least some TQS projects (see next slide).

REALD & SOGI results

Race, ethnicity, language, disability, sexual orientation and gender identity

Across 239 project reviews:

- 69% appeared to meet REALD & SOGI requirements.
- Every CCO had some projects that fully met REALD & SOGI requirements.
- Every CCO had some projects that needed REALD or SOGI improvements.

In the reviewers' words

Combining clinical risk, social risks, access and coordination risks into an algorithm for understanding unique vulnerabilities is truly innovative.

Excellent use of granular REALD data with a comparison to encounter data.

I'm impressed with the targeted outreach to providers and practices to provide TA support.

The patient experience anecdotes were effective in demonstrating the connection to quality of care.

I appreciate the depth of analysis on how systemic and institutional barriers have a role in the inequities experienced by this population.

2023 opportunities

Opportunities

Lowest scoring components:

- Special Health Care Needs (SCHN) – for both full-benefit dual eligible and non-FBDE Medicaid populations
- Culturally and linguistically appropriate services (CLAS)
- Utilization review



REALD & SOGI opportunity areas

Of the 31% of projects that didn't meet requirements:

- 12% – CCO analyzed REALD data, but did not use it to inform intervention **or** didn't include tracking by REALD in monitoring activities
- 9% – needed a deeper dive or more detail (for example, project addressed language but not race, ethnicity or disability)
- 6% – no plan for using SOGI data in the future
- 5% – no use of REALD or SOGI data
- 2% – no region-specific data or analysis

Opportunities: component specific

Special health care needs – Ensure monitoring activities provide measurable short **and** long-term tracking of health improvement.

CLAS – Generally good use of data and activities for spoken language services, but also must:

- Include sign language;
- Include member data for disability, race and ethnicity;
- Review REALD data for translation needs; and
- Ensure interpreters are certified/qualified Oregon interpreters.

Opportunities: component specific (cont.)

Health equity: cultural responsiveness

- Ensure activities, targets and measures of success focus on filling the gaps identified and improving member service and experience
- Include only the details relevant to the project
 - Not internal health equity team history and structure (covered in health equity plan)
 - Not why health equity is important
- If project includes working with community-based organizations, consider their readiness and capacity to partner or collaborate

Opportunities: themes

- Ensure continuing projects address prior year feedback.
- Be specific about racial or ethnic focus populations and avoid “BIPOC”
 - Puts all people of color into one category
 - Term not preferred by partners
 - Doesn’t allow specificity in data analysis or choosing culturally responsive interventions
 - Instead refer to specific groups using REALD categories
- Improve use of REALD data for all projects that use member-level data
 - OHA is hosting two TQS webinars focused on REALD.

Component-specific updates

2024 TQS components

Project needs to meet the requirements for each component assigned to it.

1	Behavioral Health Integration	6	PCPCH: Tier Advancement
2	CLAS Standards	7	Serious and Persistent Mental Illness (SPMI)
3	Health Equity: Cultural Responsiveness	8	Special Health Care Needs (SHCN): Full Benefit Dual Eligible Population
4	Oral Health Integration	9	SHCN: Non-duals Medicaid Population
5	Patient-Centered Primary Care Home (PCPCH): Member Enrollment		

Components removed

- Health equity: Data
- Grievance and appeal system
- Social determinants of health and equity
- Utilization review

CLAS

- Clarified definitions of “transformation” and “quality improvement.”
 - **Quality improvement** is the framework used to systematically improve health care and services.
 - **Transformation** means having a focus on fostering innovative, transdisciplinary, culturally and linguistically responsive and impactful projects and programs to improve the health of OHA priority populations.
- Added scoring criteria: Describe how the project moves toward a health care delivery system that improves access, experience and outcomes for people living in Oregon who communicate in languages other than English. This includes supporting people with disabilities.
- Clarified that OHA will be comparing the CCO’s response to the specific CLAS standard the CCO chose in the dropdown, as it’s detailed in the CLAS Blueprint.

PCPCH: Member enrollment

CCOs with at least 85% of members enrolled in PCPCHs in 2022 aren't required to submit projects in 2024:

- PacificSource Central, PacificSource Columbia Gorge and PacificSource Marion Polk
- These CCOs will automatically earn a full score for this component.
- All other CCOs need to submit a project for this component.

Other component-specific updates


- **Behavioral health integration** – OHA encourages CCOs to provide TA for providers on behavioral health integrated payment models including the new integrated co-occurring billing code (not required).
- **SHCN** (both components) – Added examples of short- and long-term health monitoring measures

Cross-component updates

Streamlined reporting requirements

- Component prior year assessment – Removed section from template for all projects.
- Section 2 discontinued projects – Removed from TQS.
- Section 3 quality program attachments – Removed from TQS.
- Example strategies document – Retired.

Equity updates

- Clarified REALD requirements 
- Use of gender identity data now required for all projects that use member-level data (in addition to REALD)
- At minimum, include a plan for how CCO will use sexual orientation data in project.
- Include policy or programmatic recommendations
- TA webinars February 15 and 28

TQS projects that use member-level data must:

- ✓ Analyze all aspects of REALD & GI
- ✓ Identify any disparities
- ✓ Include project activities to address those disparities
- ✓ Include policy or programmatic recommendations to address any inequities identified
- ✓ Disaggregate member-level targets and benchmarks by REALD & GI categories
- ✓ Describe a plan for using sexual orientation data when it's available

Individual CCO feedback calls

- In 2024, feedback calls will be optional.
- Available in September/October after CCOs receive scores and feedback.

Looking forward

2024 TQS

- Guidance documents were posted February 1.
- 2024 submissions are due July 15.
- CCOs will receive scores by August 30.
- Last year's submissions are posted to TQS website, along with scores and written assessments.

2025 quality reporting redesign

- CCOs will be engaged in coming months.
- Information will be shared through Quality and Health Outcomes Committee (QHOC), Medicaid Advisory Committee, Health Equity Committee.
- Reporting will be in compliance with the recommended format of the CMS Medicaid Quality Strategy toolkit and OHA strategic goal.
- Measurement strategy will complement quality improvement cycle.

2024 TQS technical assistance

Guidance documents: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

Webinar series (February)

- ✓ Webinars include general and component-specific lessons learned, changes for the coming year and time for CCOs to ask OHA SMEs questions.
- ✓ Focus: SHCN; REALD data

Office hours (March–June)

- ✓ Allows CCOs to ask questions as they develop and finalize their TQS submissions.
- ✓ Offered monthly (first Thursdays).

Feedback on sample project (June)

- ✓ Each CCO may submit one project for feedback prior to final submission (due June 15, but the earlier the better).

Written and oral feedback for each CCO (by Aug 30)

- ✓ Feedback on strengths and weaknesses in documentation or structure of CCO health transformation and quality work.
- ✓ Written assessment with scores by Aug. 30; optional feedback call with OHA.

Resources

OHA TQS leads:

- ✓ Lisa Bui: Lisa.T.Bui@oha.oregon.gov
- ✓ Anona Gund: Anona.E.Gund@oha.oregon.gov

OHA TQS program coordinator:

- ✓ Laura Kreger: Laura.E.Kreger@oha.oregon.gov

All TQS resources, including the templates, guidance document, 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 cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx



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Thank You

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, blue, serif font. Below "Health", the word "Authority" is written in a smaller, orange, serif font. The entire logo is centered within a light blue, rounded rectangular background.

Oregon
Health
Authority
