
2020 CCO Transformation and Quality Strategy: CLAS Standards and Health Equity

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Webinar Agenda

1. Review of TQS foundational principles and schedule for deliverables
2. General overview of components and TA/guidance documents
3. Definition of health equity
4. Review of health equity components
5. Q&A

Why we do this work...



Purpose of the TQS

To support safe and high-quality care for all CCO members by ensuring the Transformation and Quality Strategy (TQS) adequately covers federal requirements, pushes health transformation forward, and continues the path toward the Triple Aim (better care, better health, lower cost).

NOTE: The Oregon Health Authority recognizes that the programs and projects included in each CCO's TQS 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.

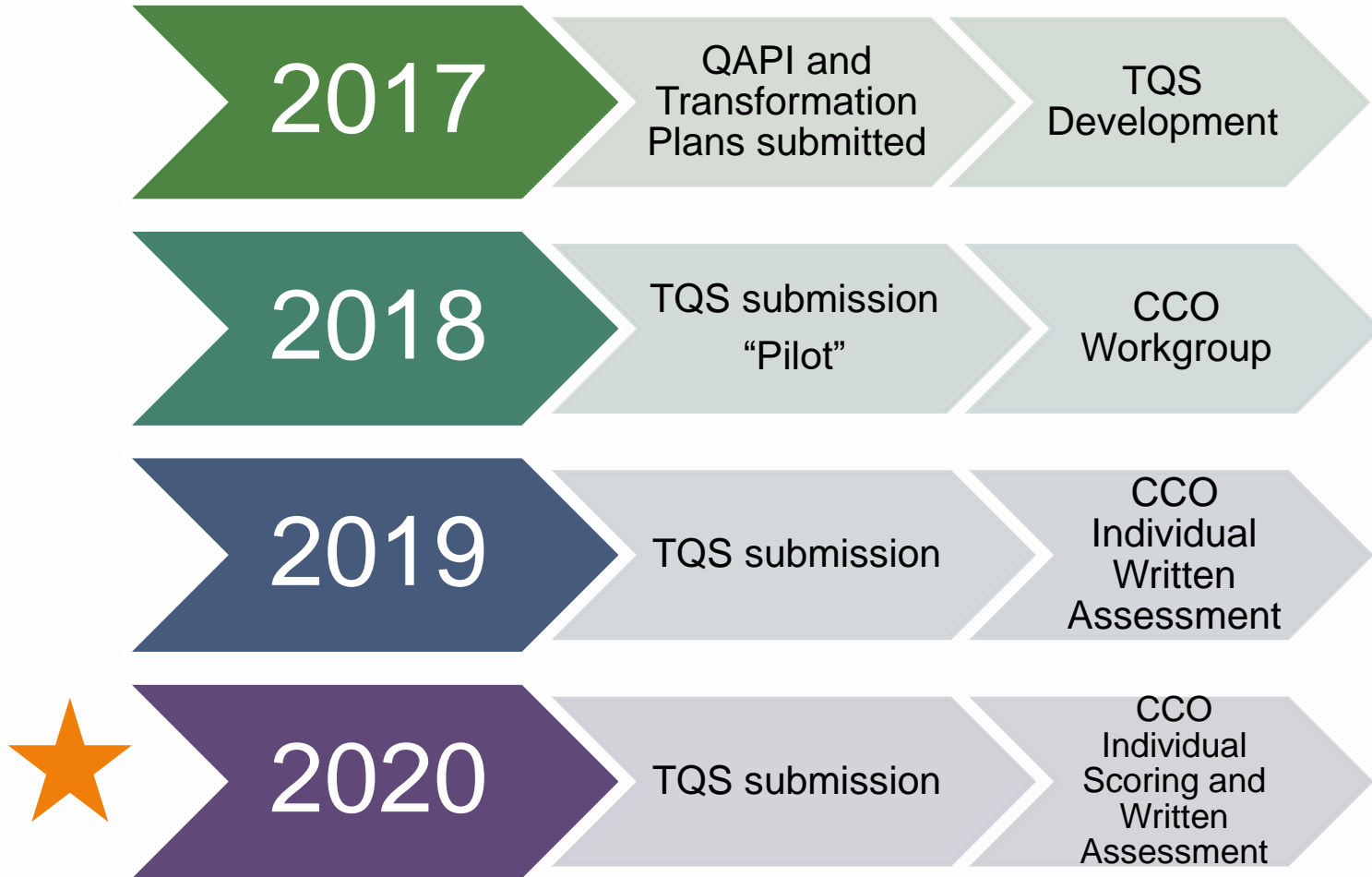
Foundational principles

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 their community advisory council(s), community and CCO leadership.

The TQS 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. Decreases 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 functions



Deliverables

Annually CCOs submit:

- Annual TQS
 - Due date: March 16
 - Reporting period: January–December
- TQS Progress Report
 - Due date: September 30
 - Reporting period: progress for January–June

Annually OHA:

- Reviews TQS submissions and provides feedback to CCOs
- Posts TQS to OHA 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
- Posts guidance document updates to TC website
 - Due date: October 1

2020 components

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

2020 TQS template

Section 2: Transformation and Quality Program Details

(Complete Section 2 by repeating parts A through E until all TQS components have been addressed)

A. Project or program short title: [Add text here](#)

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. Components addressed

- i. Component 1: [Choose an item.](#)
- ii. Component 2 (if applicable): [Choose an item.](#)
- iii. Component 3 (if applicable): [Choose an item.](#)
- iv. Does this include aspects of health information technology? Yes No
- v. If this component addresses social determinants of health & equity, which domain(s) does it address?
 Economic stability Education
 Neighborhood and build environment Social and community health

C. Background and rationale/justification:

Add text here

D. Project or program brief narrative description:

Add text here

E. Activities and monitoring for performance improvement:

Activity 1 description (continue repeating until all activities included): Add text here

Short term or Long term

Monitoring activity 1 for improvement: Add text here

Baseline or current state	Target/future state	Target met by (MM/YYYY)	Benchmark/future state	Benchmark met by (MM/YYYY)
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2020 TQS support

Annually OHA Transformation Center provides:

- Webinar series to support learnings from submission and guidance on TQS updates
- Monthly office hours
 - Open to those who just want to call in
 - Quality improvement, quality assurance, transformation leads

Supporting resources provided annually

- Guidance document for template completion (data dictionary)
- FAQ
- TQS example strategies
- Health equity lens guidance document
- Available at: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

TQS health equity components

- CLAS Standards
- Health Equity: Data
- Health Equity: Cultural Responsiveness



**Use the guidance
document**

2020 health equity definition for TQS

- The Health Equity Committee (HEC) a subcommittee of the Oregon Health Policy Board (OHPB) developed a definition of health equity.
- The Health Equity definition was adopted by OHPB and OHA in October 2019.
- A common definition of health equity helps foster dialogue and bridge divides. Lack of clarity on the meaning of health equity can pose barriers for effective engagement and action.
- CCOs are asked to use this common definition to guide their health equity work.

Health equity definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- *The **equitable distribution** or **redistribution** of **resources** and **power**; and*
- ***Recognizing, reconciling** and **rectifying** historical and contemporary injustices.*

General recommendations

- **Adopt the definition** for health equity and have that definition guide your work on TQS. The adoption of the definition is the right step to health systems transformation.
- A recurring theme in recommendations to improve health equity is **meaningful community engagement** and **community collaboration**.
- To improve health equity, CCOs need to understand where inequities exist. **The collection, analysis and use of demographic data is key.**
- Definition of your target population tells a story.
- **A quality health and health care delivery system** is one that reflects all of the dimensions of quality, including equity. It is a system that improves access, experience and outcomes for all Oregonians.

CLAS Standards

The organization-wide incorporation of the **15 CLAS standards** by the CCO and provider network advances health equity and ensures the provision of culturally and linguistically appropriate health care services delivered by a diverse workforce and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Incorporation of CLAS standards in every aspect of the CCO and provider network is the primary long-term goal.

Important:

- When working on CLAS, consider all of the standards as they provide a framework to advance health equity.
- When working on a particular standard **please identify** the CLAS standards you are working on in the project or program.

CLAS Standards example

From the TQS
Example Strategies
document

A. **Project or program short title:** Project 5: Communication and language assistance services implementation plan

Continued or slightly modified from prior TQS? Yes No, this is a new project or program

B. **Components addressed:**

- i. Component 1: Health equity: Cultural responsiveness
- ii. Component 2 (if applicable): CLAS standards
- iii. Component 3 (if applicable): Choose an item.
- iv. Does this include aspects of health information technology? Yes No

C. **Background and rationale/justification:**

As Oregon's population becomes ever more diverse, health care providers serve increasing numbers of members from diverse cultural and linguistic backgrounds. Culture and language play a crucial role in how effectively health services are delivered and received. Issues such as patient activation and engagement, health care literacy and English language proficiency are all factors that providers must consider when providing culturally and linguistically responsive care and services. The provision of quality language services to individuals with limited English proficiency (LEP) and individuals who are Deaf or hard of hearing is a key component of health equity.

There are currently gaps in availability and access to quality health care interpretation, with less than 15% of LEP or Deaf/hard of hearing members accessing a health care interpreter during their appointments.

CLAS Standards example

From the TQS
Example Strategies
document

D. Project or program brief narrative description:

Communication and Language Assistance Services Implementation Plan (CLAS Standards 5-8):

CCO will develop a plan that will allow the CCO and our network health care providers to meet the requirements of CLAS Standards 5, 6, 7 and 8:

1. Providing training to CCO staff and In Network Providers on the CCO interpreter services reimbursement policy in accordance with CLAS Standard No. 6.
2. Ensure CCO members are informed of the availability of language assistance services in their primary language, verbally and in writing through a strategic marketing campaign which will include at least communication online, within our handbook and with all significant communication that is sent to members in accordance with CLAS Standard No. 6
3. Ensure network providers and CCO tracks interpreter utilization to meet CCO contractual requirements and include measurement for timely access in accordance with CLAS Standard No. 5.
4. Ensure CCO and network providers provide easy to understand print and multimedia materials and signage in the languages commonly used or anticipated by the populations in the service area in accordance with CLAS Standard No. 8.
5. Ensure CCO and network providers have a continuous training and understanding of the CCO's interpreter services polices and process for existing staff and new staff in accordance with CLAS standard No. 6. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided in accordance with CLAS Standard No. 7.

Health Equity: Data

Why Health Equity Data is important

- Unless specifically measured, disability, racial and ethnic disparities in health care can go unnoticed by health care organizations, even as these organizations seek to improve services.

What work can be included

- The CCO should identify data systems for determining the race, ethnicity, language and disability composition of their members.
- The CCO should assess gaps in its current demographic data collection and analysis systems and process and should develop organization wide actionable goals to address them.
- Your CCO shall adopt processes that allow the stratification of quality data by patient race, ethnicity, language and disability as a tool for uncovering and responding to health care disparities.

Health Equity: Cultural Responsiveness

- Many opportunities exist for CCOs to demonstrate cultural competence or cultural responsiveness within processes established by the CCO and subcontractors, including their provider network.
- Opportunities that exist include but are not limited to the following:
 - The development of a process and policy for members to access quality language services including interpretation and translations provided by trained healthcare interpreters (OHA qualified and certified).
 - Development of targeted training opportunities for CCO staff and provider networks on how to serve culturally and linguistically diverse members.
 - The creation of care coordination services offered in a culturally and linguistically appropriate manner.
 - Website development that is WCAG Compliant (Web Content Accessibility Guidelines) to ensure access for individuals with disabilities.
 - Assess current health care workforce to the communities served to address cultural considerations and expand workforce as appropriate.

Health Equity Complementary Reporting

- It is the intention for the Health Equity Plan to be complementary to the health equity component areas that are reported in TQS.
- TQS projects for health equity components should follow the information outlined in the TQS guidance document.
- The Health Equity Plan guidance for CCOs will be distributed no later than March 11.

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



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**: 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