



TRANSFORMATION AND QUALITY STRATEGY PROGRESS REPORT

September 2018

Respectfully Submitted To:

THE OREGON HEALTH
AUTHORITY

In Partial Fulfillment of
Contractual Obligations

Anna Warner
Director of Quality

Ben Messner, MBA, CMPE
Chief Executive Officer, Chief
Quality Officer

ADVANCED HEALTH
289 LaClair Street
Coos Bay, Oregon 97420
541.269.7400

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The purpose of this form is to document progress toward benchmarks and targets at the midway point of the year for each of the TQS components submitted within the CCO's annual TQS. It is important to track and document progress, not only to determine success in specific transformation and quality efforts, but also to provide each CCO and OHA with information by which to assess the advancement of health system transformation.

Instructions:

1. **CCO TQS Progress Report is due September 30, 2018, to MCO.CCodeliverables@state.or.us.**
2. Progress report activities should reflect work that happened between Jan 1 – June 30.
3. All of Parts A, B, C and D, except for fields highlighted in green, will be pre-populated by OHA from your CCO's most recent TQS submission.
4. All sections highlighted in green require updated information.
5. In Part D, check "no" in the update field if there are no significant updates to the planned activity. If no significant updates, skip the *progress narrative* and *progress optional* data portions of section D; only complete the *challenges* and *strategies to overcome challenges* portion of section D.
6. If your planned activities, targets, or benchmark have changed from your initial TQS submission, clearly note the change with a parenthetical note. For example, write (change in activity), (change in target) or (change in how activity will be monitored).
7. Do not insert Sections 1 or 3 from your original TQS submission.

A. Project or program short title: **Increasing the Colorectal Cancer Screening Rate in Coos and Curry Counties**

a) Primary component addressed: **Access**

- i. Secondary component addressed: Utilization review
- ii. Additional component(s) addressed: CLAS Standards

b) Primary subcomponent addressed: **Access: Quality and appropriateness of care furnished to all members**

- i. Additional subcomponent(s) addressed: Access: Availability of Services; Cultural Considerations; Health Equity: Data; Cultural Competency

c) Activities and monitoring for performance improvement:

Activity 1 description: Implement the expanded program as described above.

Short term or Long term

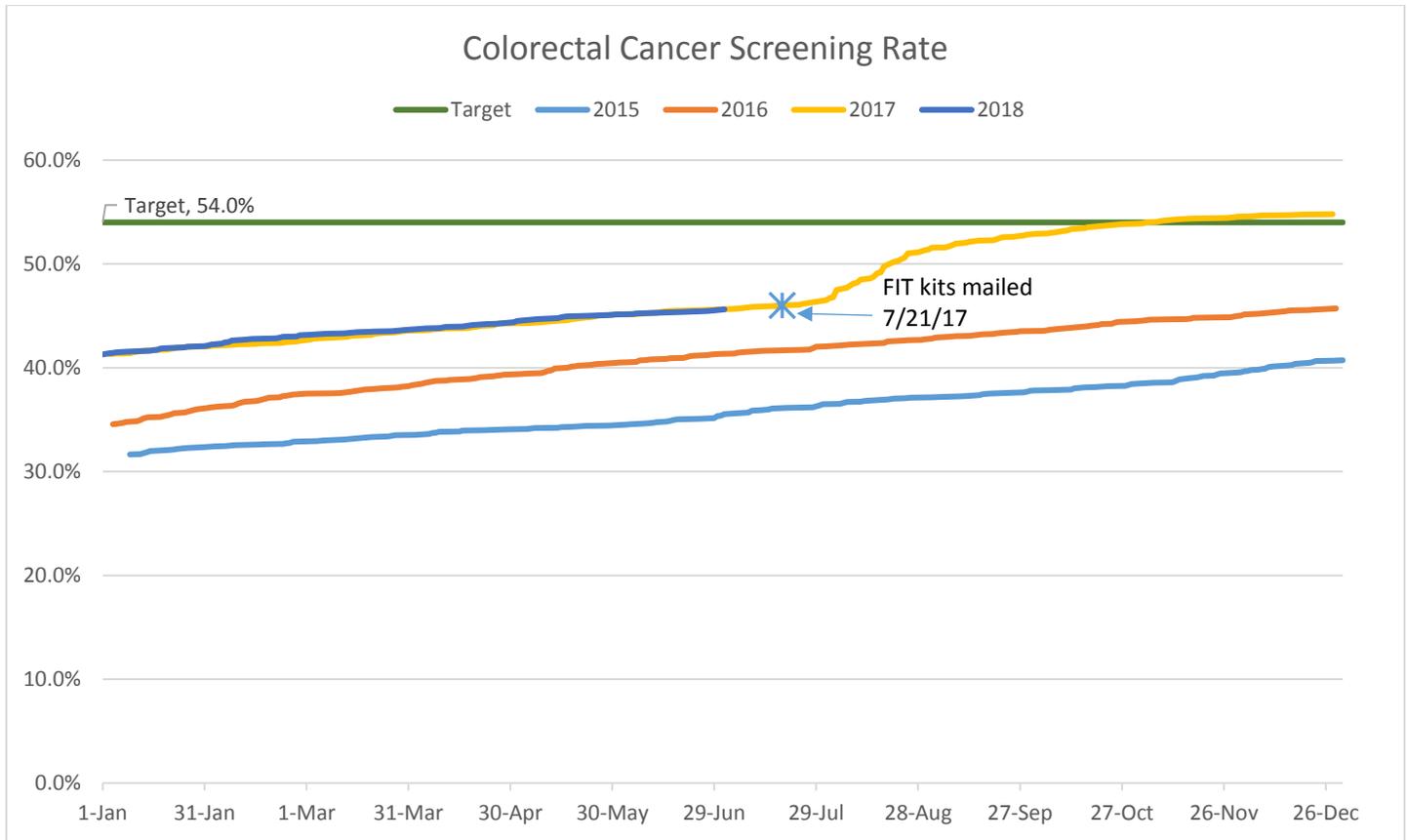
Update? Yes No

Activity 1 progress (narrative): The activities for this project began in June, and the bulk of the activities to contact members are planned for July and August. Advanced Health hired the Quality Project Assistant to lead the project. We reached out and engaged the five participating clinics from 2017 as well as an additional five primary care practices. This covers 98% of the Advanced Health population due for colorectal cancer screening.

Advanced Health provided reports to the primary care clinics with a list of patients ages 50-75 for whom Advanced Health does not have evidence of a current colorectal cancer screening in the claims data. The primary care clinics are reviewing their reports and removing any patients for whom they have a record of a current screening and any patients for whom FIT is not clinically appropriate.

We are on schedule to mail FIT kits to patients in July and to complete phone calls in August.

Activity 1 progress (optional data, run charts, etc.):



How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Number of primary care clinics participating in the program	5 (2017)	10 clinics	10	6/2018	10	6/2018
Percent of members mailed a FIT kit who returned it to their PCP	20% (2017)	No update to report as of 6/30/18	25%	10/2018	25%	10/2018
Percent of members with a positive FIT result who are referred for follow up	n/a	No update to report as of 6/30/18	100%	12/2018	100%	12/2018
Percent of members with a positive FIT result who complete appropriate follow up	n/a	No update to report as of 6/30/18	90%	12/2018	90%	12/2018

Overall CCO Colorectal Cancer Screening Rate (hybrid data)	47.4% (2016) 60.8% (2017)	45.5% Jan-Jun 2018 (claims data only)	54%	12/2018	54%	12/2018
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Challenges in progressing toward target or benchmark:

- Due to a scheduling conflict, the Quality Project Assistant began work in June 2018 rather than in May as previously planned. This shortened the timeframe for completing the project by about a week and a half.
- Two of the clinics we had hoped to include in the project in 2018 (Coquille Indian Tribe Community Health Center in Coos County and Better Family Health in Curry County) did not have any Advanced Health patients in the target population at the time we began the project in early June.

Strategies to overcome challenges:

- We developed a condensed schedule for the project and disseminated it to the participating clinics for review.
- Both the practices noted above are new to the Advanced Health provider network and are still building their panel of Advanced Health patients. We shared all the project information with the clinics and plan to include them in future years when they have patients in the target population.

B. Project or program short title: Reducing Preventable Emergency Department Visits

a) Primary component addressed: Utilization review

- i. Secondary component addressed: Health information technology
- ii. Additional component(s) addressed: Value-based payment models, SPMI

b) Primary subcomponent addressed: HIT: Health information exchange

- i. Access: Availability of Services; Access: Quality and Appropriateness of Care; Access: Timely

c) Activities and monitoring for performance improvement:

Activity 1 description: Document, plan new interventions, and coordinate current interventions through the Performance Improvement Process (PIP) with quarterly reports to OHA.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Advanced Health has continued to work through the Interagency Delegate and Provider committee as well as the Clinical Advisory Panel to coordinate strategies and interventions. Implementation of PreManage has continued, with three additional organizations coming online during the first half of this year and more scheduled for the second half of the year. The care managers, care coordinators, health navigators, and community health workers at provider organizations are able to use the PreManage dashboard to more quickly identify and more effectively follow up with patients who have been to the emergency department. The community care management committee continues to meet regularly.

Activity 1 progress (optional data, run charts, etc.):

The Advanced Health Analytics team has put together a new ED Utilization dashboard for internal use to track ED Utilization rates over time.

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Submit new PIP notification form to OHA	Not complete	No update to report as of 6/30/18	Complete	7/2018	Complete	7/2018
Complete additional data analysis to find specific patterns of use and populations	Not complete	No update to report as of 6/30/18	Complete	7/2018	Complete	7/2018
Determine new interventions for specific patterns or populations identified	Not complete	No update to report as of 6/30/18	Complete	9/2018	Complete	9/2018
Number of clinics and delegates using PreManage	2	5	5	6/2018	15	2019
ED Utilization rate per 1000 member months (all members)	53.0 CY 2017 (updated to CY 2017 data)	52.4 May 2017 through April 2018	51.9 2 percent decrease (Updated)	12/2018	4 percent decrease (Updated)	12/2019
ED Utilization rate per 100 member months (members with SPMI diagnoses)	110.2 CY 2017 (updated to CY 2017 data)	106.1 May 2017 through April 2018	106.9 3 percent decrease (Updated)	12/2018	6 percent decrease (Updated)	12/2019
Number of critical access hospitals with capitated payment arrangements	0	No update to report as of 6/30/18	1	12/2018	2	12/2019

Challenges in progressing toward target or benchmark: No unforeseen challenges at this time.

Strategies to overcome challenges: N/A

C. Project or program short title: Member Grievance System Improvements

a) **Primary component addressed:** Grievance and appeal system

i. Secondary component addressed: Access

ii. Additional component(s) addressed: Fraud, Waste and Abuse

b) Primary subcomponent addressed: Access: Second opinions

i. Additional subcomponent(s) addressed: Access: Quality and Appropriateness of Care for All Members, Access: Cultural considerations

c) Activities and monitoring for performance improvement:

Activity 1 description: RN Health Services Coordinator will streamline the process for escalating complaints requiring clinical and/or executive level review, investigation, and resolution.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): The RN Health Services Coordinator reviewed complaints weekly and has direct access to executive level personnel as needed for timely complaint investigation and resolution. The Complaint and Grievance committee continues to meet monthly to review the process and recommend improvements. The RN HSC has also worked with delegate organizations to ensure appropriate monitoring and alignment of systems to incorporate the recommendations of the Complaint and Grievance committee.

Activity 1 progress (optional data, run charts, etc.): None

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Implement streamlined process for Advanced Health Customer Service Staff.	Not complete	In progress	Complete	6/2018	Complete	6/2018
Implement streamlined process for Advanced Health delegated entities	Not complete	In progress	Complete	8/2018	Complete	8/2018

Challenges in progressing toward target or benchmark: Changes in clinical and executive leadership have pushed back the timeline for implementation somewhat.

Strategies to overcome challenges: Communicated with new leaders about their role in the grievance process.

Activity 2 description: Determine and implement a standard workflow for documenting and reporting on member complaints, investigations, and resolutions in the new software system.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Working with staff from the Customer Service team, a standardized template for documenting complaints was made and is currently being used. The RN HSC utilizes a standard template for documenting complaint investigations. The new software is not being used yet.

Activity 2 progress (optional data, run charts, etc.): Add text here

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Customer Service staff trained on new procedure	Not complete	Not complete	Complete	1/2019	Complete	1/2019
Report dashboard created to monitor member complaint data	Not complete	Not complete	Complete	3/2019	Complete	3/2019

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

Activity 3 description: RN Health Services Coordinator will provide quarterly complaint reports to providers. CCO staff (HSC, CMO, Medical Director or Provider Services) will meet with providers and staff with high rates of complaints to help them improve.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): RN HSC continued to provide quarterly reports to providers and meet with providers and staff as requested or as indicated by complaint rates.

Activity 3 progress (optional data, run charts, etc.): None

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Rates of member complaints per 1000 members	7.3 grievances per 1000 members	7.6 grievances per 1000 members in Q2 2018	5.84 grievances per 1000 members	12/2018 (to be reported in 4 th Q 2018)	<5 grievances per 100 members	12/2019

Challenges in progressing toward target or benchmark: No specific barriers have been identified at this time, however the complaint rate for Q1 and Q2 2018 has remained consistent with Q3 2017. We are not seeing a continuation of the decline in complaints from 2017 that we had anticipated. It is too soon to know if we have reached a new steady state or if we may continue to see improvement in the second half of the year.

Strategies to overcome challenges: We plan to continue the current activities while we monitor progress and will re-evaluate at the end of 2018 if we do not see the expected improvements.

D. Project or program short title: Adverse Childhood Experience (ACE)

a) **Primary component addressed:** Social determinants of health

- i. Secondary component addressed: CLAS standards and provider network
- ii. Additional component(s) addressed:

b) **Primary subcomponent addressed:** Health Equity: Cultural competence

c) **Activities and monitoring for performance improvement:**

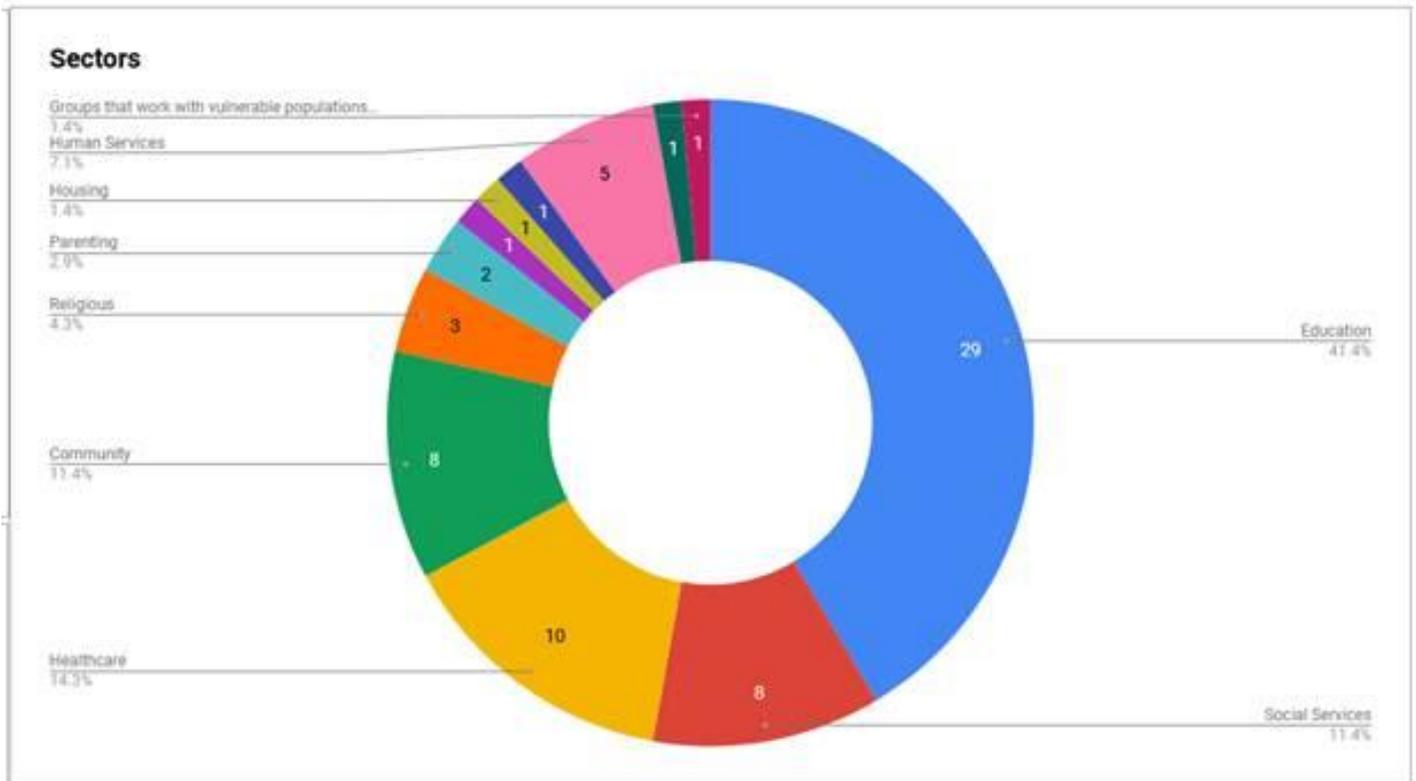
Activity 1 description: Raise awareness about ACE in the community, across all sectors, including health care, education, law enforcement, social services, parent groups, spiritual communities, and local tribes.

Short term or Long term

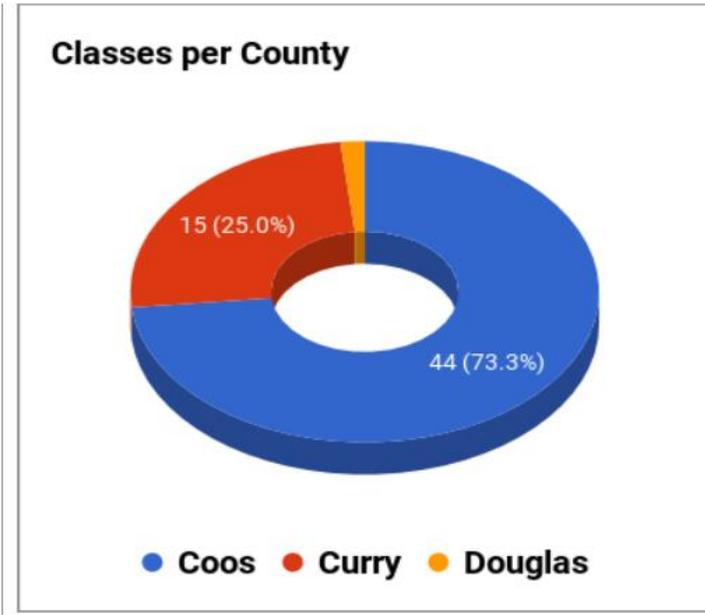
Update? Yes No

Activity 1 progress (narrative): Fifty-four trainings have been held across the communities in Coos and Curry counties that have reached numerous sectors, including education, health-care, social and human services, community groups, spiritual communities, parent groups, and others. While no Master Trainers have yet attained their certification as of June 2018, they are actively continuing their work toward completing the requirements.

Activity 1 progress (optional data, run charts, etc.):



	Attendees Trained	Hours
Coos	659	86.75
Curry	270	29.5
Douglas	48	6
	977	122.25



How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Number of training sessions completed	0 sessions 2017	Curry County: 12 sessions Coos County: 42 session Total: 54 sessions	40 sessions	6/2018	140 sessions	12/2019
Number of Master Trainers who have completed certification	0 2017	0 certified Master Trainers as of 6/30/2018	8	12/2018	12	12/2019

Challenges in progressing toward target or benchmark: No particular challenges noted at this time.

Strategies to overcome challenges: Activities continuing as planned.

Activity 2 description: Self-Healing Communities Initiative Steering Committee will develop a strategic plan for intervention implementation

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): The Steering Committee developed a timeline for future work of the Self-Healing Communities Initiative. The committee continues to develop the strategic plan at monthly Steering Committee meetings.

Activity 2 progress (optional data, run charts, etc.): July 11, 2018

	2018						2019												
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
SC	19-20		13-14	15-16	15-16	tbd	tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd		Tbd	Tbd	Tbd	tbd	
KI			13																
R				15-B	15-C														
EL		Tbd																	
PT							Tbd												
FC			Initial Training Tbd			Coaching Hosts as they begin to host Cafés													
GN							Tbd												
YCTC							Tbd												
CS															Tbd				

Key:

SC – Steering and Metrics Committee Meetings

KI – Key Informant Interview Report & Recommendations presented to Steering Committee, discussion. Elements of this report will continue to be discussion topics for the Steering Committee, and will also be used with Guiding NEAR.

R – Resilience film showing (B for Brookings, C for Coos Bay)

Tbd – specific dates to be determined)

EL – Education Leaders meeting to listen to their perspectives about what would be helpful as next steps for supporting their work as Trauma Informed Schools. Discuss content of Paper Tigers, Youth Curriculum, list of many models for assistance for this type of school change.

PT – Paper Tigers film showings

FC – Family Café training and coaching

GN – Guiding NEAR (We will use the Master Trainers’ presentations, the Resilience film showings, and Family Cafés to promote/invite people to participate in Guiding NEAR – three six-hour days of education about designing high-leverage solutions using NEAR and Complexity science)

YCTC – Youth curriculum and teacher coaching related to the information provided to the youth during the 3-hour class

CS – Community Summit for learning together and co-creating next steps. We would use all of our activities to build momentum for this Summit – including asking parents officially have the role of inviting other parents to participate.

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Strategic Plan completed	Not complete	Complete	Process started	3/2018	Complete	7/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

Activity 3 description: Self-Healing Communities Initiative Metrics Committee will develop a measurement plan for intervention process and outcome monitoring

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): The Self-Healing Communities Initiative Metrics Committee works to measure the progress of our initiative and provide analytic support to the Self-Healing Communities Initiative Steering Committee. The Metrics Committee measures our progress in three ways:

- How effectively are we delivering our message?
- How are individual organizations changing in response?
- How is the community changing in response?

The metrics committee has built a suite of reports to measure the effectiveness of trainings. We built a Google Sheets-based tracking tool. We use this to track the number of individuals and sectors reached. We also use this to compile and aggregate evaluation forms. The forms include questions about the speaker and the material. Results are summarized for review by the Metrics and Steering Committees.

The metrics committee is collecting population indicators with which to construct a narrative of the self-healing community work. This work includes researching and validating publicly available data and the data of our partners.

Activity 3 progress (optional data, run charts, etc.): See the charts included with Activity 1 progress for examples of some of the data collected related to the reach of the ACE trainings so far.

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Measurement plan complete	Not complete	Process started	Process started	2/2018	Complete	9/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

Activity 4 description: Expand the local community training offerings to support ACE awareness and the Self-Healing Communities Initiative with the Neuroscience, Epigenetics, ACEs, Resilience (NEAR) education.

Short term or Long term

Update? Yes No

Activity 4 progress (narrative): Guiding NEAR (We will use the Master Trainers’ presentations, the Resilience film showings, and Family Cafés to promote/invite people to participate in Guiding NEAR – three six-hour days of education about designing high-leverage solutions using NEAR and Complexity science). Guiding Near has been moved to 2019 in order to show the films and begin Family Cafés.

Activity 4 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
NEAR Education for Master Trainer Candidates	Not complete	Master Trainers continue to work toward certification.	Complete	5/2019 (Updated)	Complete	5/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

E. Project or program short title: Community Health Assessment and Community Health Improvement Plan

a) **Primary component addressed:** Social determinants of health

- i. Secondary component addressed: Health equity
- ii. Additional component(s) addressed:

b) **Primary subcomponent addressed:** Choose an item.

c) **Activities and monitoring for performance improvement:**

Activity 1 description: Complete the comprehensive Community Health Assessment (CHA)

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Completed Coos and Curry CHAs.

Activity 1 progress (optional data, run charts, etc.): The Coos County Community Health Assessment is available online: http://advancedhealth.com/wp-content/uploads/2018/07/Coos_CHA_7-6-18.pdf

The Curry County Community Health Assessment is available online: http://advancedhealth.com/wp-content/uploads/2018/06/CurryCHA_FinalCopy.pdf

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
CHA completed and delivered to the CAC	Not Complete	CHA Completed and reviewed and accepted by the CAC	Complete	6/2018	Complete	6/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

Activity 2 description: Develop a collaborative Community Health Improvement Plan (CHIP) from the data and priorities presented in the CHA

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Completed the first community collaborative work session of the CHIP for both Coos and Curry County.

Activity 2 progress (optional data, run charts, etc.): The community collaborative workgroup drafted three to four broad categories for the CHIP based on the CHA in both Curry and Coos County. These categories will be vetted through a community process in the next three months.

Curry County: 1) Health Systems & Capacity; 2) Health Equity; 3) Community & Families

Coos County: 1) Access & Capacity; 2) Health Equity; 3) Communities & Families; 4) Community Outreach & Engagement

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
CHIP developed and approved by the CAC	Not Complete	Completed the first community collaborative work session of the CHIP in Curry and Coos County. Drafted broad categories for the CHIP based on the CHA.	Approved	12/2018	Approved	12/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

F. Project or program short title: Delta Program Participation

a) **Primary component addressed:** CLAS standards and provider network

- i. Secondary component addressed: Health equity
- ii. Additional component(s) addressed: Add text here

b) **Primary subcomponent addressed:** Health Equity: Cultural competence

- i. Additional subcomponent(s) addressed: Add text here

c) **Activities and monitoring for performance improvement:**

Activity 1 description: Create a model for assessing workforce diversity as described above and offer training on how and why to use it to Advanced Health and its delegates and community partners.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Presented DELTA cohort experience to corporate Toastmaster’s Club, which includes personnel from Advanced Health as well as several delegate and community partner organizations. Introducing and addressing need for workforce diversity assessment has stalled due to time constraints. While HR has not implemented delegate and community partner training, Advanced Health is sponsoring a community-wide CLAS training.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Model and tools complete	Not complete	Not complete	Complete	6/2018	Complete	6/2018
Overview training for representatives of delegates and community partners	0	0	2	9/2018	5	12/2018

Challenges in progressing toward target or benchmark: Time constraints on personnel have been the primary barrier to completing and implementing the model for assessing workforce diversity as described in the TQS annual report.

Strategies to overcome challenges: Reassess the timeline for completing the project.

G. Project or program short title: Verification of Services - Process Improvements

a) **Primary component addressed:** Choose an item.

- i. Secondary component addressed: Choose an item.
- ii. Additional component(s) addressed: Add text here

b) **Primary subcomponent addressed:** Choose an item.

- i. Additional subcomponent(s) addressed: Add text here

c) **Activities and monitoring for performance improvement:**

Activity 1 description: Data Analytics, Claims, and Quality Improvement staff will work together to design improvements to the VOS process to ensure an appropriately random sample of claims are selected for verification and that sufficiently robust safeguards are in place for specially protected information.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Advanced Health personnel from quality, data analytics, and claims processing have met twice to discuss strategies and options for improvements to the VOS procedure. Discussions have covered a number of topics including, options for claims sampling, whether particular types of services should be sampled more or less frequently, safeguards for specially protected information, strategies to improve readability of the letter/survey to members, strategies to improve return rates, revisions to data entry and storage for returned surveys, revisions to monitoring and investigation process.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
VOS procedure revised, reviewed, tested, and approved for implementation	Not complete	Not complete as of 6/30/18.	Complete	6/2018	Complete	6/2018
Staff trained on the revised VOS procedure	Not complete	Not complete as of 6/30/18.	Complete	8/2018	Complete	8/2018
Revised VOS procedure implemented	Not complete	Not complete as of 6/30/18.	Complete	8/2018	Complete	8/2018
Process monitoring reports developed, reviewed, and released	Not complete	Not complete as of 6/30/18.	Complete	9/2018	Complete	9/2018

Challenges in progressing toward target or benchmark: Some of the process changes will require additional staff time from certified coders to assist data analytics with fine-tuning the sampling process, modifying code descriptions to include more plain language, and reviewing safeguards for specially protected information.

Strategies to overcome challenges: Target dates will be pushed back to allow for this additional review and input.

H. Project or program short title: Patient-Centered Primary Care Home (PCPCH) Learning Collaborative

a) Primary component addressed: Patient-centered primary care home

- i. Secondary component addressed: Access
- ii. Additional component(s) addressed: Add text here

b) Primary subcomponent addressed: Access: Timely access

- i. Additional subcomponent(s) addressed: Access: Cultural considerations

c) Activities and monitoring for performance improvement:

Activity 1 description: Advanced Health Quality Improvement Specialist, with the responsibility of facilitating and leading the PCPCH Learning Collaborative, will attend and complete the Practice Coaching for Primary Care Transformation training through the Patient Centered Primary Care Institute.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Quality Improvement Specialist completed Practice Coaching for Primary Care Transformation training in February 2018.

Activity 1 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Course Completion	Not complete	Complete	Complete	2/2018	Complete	2/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

Activity 2 description: Support clinics in achieving their PCPCH recognition goals.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Clinics continue to participate in the quarterly PCPCH Learning Collaborative meetings.

Activity 2 progress (optional data, run charts, etc.): N/A

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
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North Bend Medical Center – Coos Bay	Tier 4	Tier 4	5 Star	12/2019	5 Star	12/2019
North Bend Medical Center – Myrtle Point	Tier 3	Tier 3	Tier 4	12/2019	Tier 4	12/2019
North Bend Medical Center – Coquille	Tier 3	Tier 3	Tier 4	12/2019	Tier 4	12/2019
North Bend Medical Center – Bandon	Tier 3	Tier 3	Tier 4	12/2019	Tier 4	12/2019
North Bend Medical Center – Gold Beach	Tier 3	Tier 3	Tier 3	12/2018	Tier 4	12/2019
Bay Clinic	Tier 4	Tier 4	5 Star	12/2019	5 Star	12/2019
Waterfall Community Health Center	Tier 3	Tier 3	Tier 4	12/2019	Tier 4	12/2019
Coast Community Health Center	Tier 4	Tier 4	5 Star	12/2019	5 Star	12/2019
Curry Community Health	Tier 4	Tier 4	Tier 4	12/2019	Tier 4	12/2019
Curry Medical Center – Curry Health Network	Tier 4	Tier 4	Tier 4	12/2019	Tier 4	12/2019
Coquille Indian Tribe Health Center	Not recognized	Not recognized	Tier 3	12/2019	Tier 3	12/2019
Advanced Health PCPCH Enrollment quality measure performance	67.8% (CY 2017)	67.6% (Q2 2018 performance)	70%	12/2018	80%	12/2019

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

Activity 3 description: Develop a crosswalk of the PCPCH standards with the Accreditation for Ambulatory Health Care (AAAHC) recognition standards to assist the Coquille Indian Tribe Community Health Center in achieving PCPCH recognition in addition to their current AAAHC accreditation.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): Add text here

Activity 3 progress (optional data, run charts, etc.): Add text here

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Crosswalk complete	Not complete	Add text here.	Complete	7/2018	Complete	7/2018

Challenges in progressing toward target or benchmark: Add text here

Strategies to overcome challenges: Add text here

I. Project or program short title: *Integration of Dental Health Services into a Mental Health Service Setting*

a) **Primary component addressed:** *Integration of care (physical, behavioral and oral health)*

- i. Secondary component addressed: Severe and persistent mental illness
- ii. Additional component(s) addressed: Add text here

b) **Primary subcomponent addressed:** Choose an item.

- i. Additional subcomponent(s) addressed: Add text here

c) **Activities and monitoring for performance improvement:**

Activity 1 description: Implement the project as proposed, including development of workflows, schedule coordination for the Expanded Practice Dental Hygienist, develop protocol for scheduling a dental appointment based on risk, staff training and scripting, build resource and referral loops for uninsured clients.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Regional Community Based Expanded Practice Dental Hygienists have been serving Devereux Center and Coos Health and Wellness Center on a weekly or bi-weekly basis since January. A locally trained dental assistant who is also a trained community health worker has been accompanying them and assisting with the system navigation. The utilization of services continues to climb as individuals become more comfortable and familiar with the Expanded Practice Dental Hygienist.

Activity 1 progress (optional data, run charts, etc.):

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Percent of Coos Health and Wellness population	42% in 2017 (Revised baseline data)	51% Q2 2018	55% (25% increase over baseline)	12/2018	65%	12/2019

receiving oral health services within the past 12 months						
Percent of The Devereaux Center population receiving oral health services within the past 12 months	TBD	See notes below.	TBD	12/2018	TBD	12/2019

Challenges in progressing toward target or benchmark: The percent of Devereaux Center population receiving oral health services may not be a metric that can be calculated due to the difficulty of adequately defining the denominator population. See data below for information on services provided at this location.

Devereux Center		
Services	Q1	Q2
Unique Individuals Served	46	39
Limited Risk Assessments Completed	10	12
Screenings Provided	26	16
Fluoride Varnish	17	6
Clinic Appointments Scheduled	17	14

Barriers include encountering uninsured individuals who are not eligible for OHP, but require deeper services. In addition, although appointments for clinical work is scheduled when appropriate, it remains challenging to ensure clients keep their appointment.

Strategies to overcome challenges: Continue to monitor utilization of services at both locations. Continue to provide case management and health system navigation assistance as needed.

J. Project or program short title: Nursing Student Home Visiting Program for Members with Special Health Care Needs

- a) **Primary component addressed:** [Special health care needs](#)
 - i. Secondary component addressed: Access
 - ii. Additional component(s) addressed: Social Determinants of Health; Utilization Review
- b) **Primary subcomponent addressed:** [Access: Quality and appropriateness of care furnished to all members](#)
 - i. Additional subcomponent(s) addressed: Add text here
- c) **Activities and monitoring for performance improvement:**

Activity 1 description: Identify Advanced Health members with poorly controlled or uncontrolled diabetes. Contact the members, explain the program, and offer them the opportunity to enroll to receive home visits.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Advanced Health Care Management staff assisted in identifying a cohort of members for the program and assisted with contacting them and explaining the program.

Activity 1 progress (optional data, run charts, etc.):

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Number of members initially enrolled	0	14	15	1/2018	15	1/2018
Number of members enrolled at six months	N/A	12	12	6/2018	12	6/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

Activity 2 description: Identify potential process monitoring measures from the information that is documented by the SOCC nursing students.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative):

Activity 2 progress (optional data, run charts, etc.):

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Evaluate additional potential process measures.	Not complete	In progress	Complete	6/2018	Complete	6/2018
Determine baseline and target data for any other process measures that are adopted.	Not complete	Not complete	Complete	7/2018	Complete	7/2018

Challenges in progressing toward target or benchmark: There are challenges in reporting aggregate data for a small cohort of members while ensuring there is enough data to report meaningful information and at the same time, ensuring no individual data is identifiable.

Strategies to overcome challenges: Wait for more information to become available before reporting.

Activity 3 description: Assist members enrolled in the program to better control their diabetes.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): Nursing students met with their assigned members, making between 1 and 5 home visits during the first half of the year. Most members received 2 to 4 home visits. Nursing students developed customized teaching plans for their clients to help them reach their goals related to self-management of their chronic conditions with topics such as monitoring blood glucose, physical activity levels, diet choices, blood pressure monitoring, smoking cessation, and medication compliance.

Activity 3 progress (optional data, run charts, etc.):

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Percent of enrolled members whose most recent HbA1c test result is lower than their baseline.	0%	No updated data available as of 6/30/18	40%	12/2018	80%	12/2019
Diabetes: HbA1c Poor Control (NQF 0059) rate – percent of enrolled members with an HbA1c test result above 9.0% - a lower rate is better	100%	No updated data available as of 6/30/18	70%	12/2018	40%	12/2019

Challenges in progressing toward target or benchmark: Nursing students experienced challenges with scheduling visits and phone calls with members as well as other challenges to providing effective teaching plans to the members to assist them in meeting their goals.

Strategies to overcome challenges: Most of the challenges noted by the nursing students are those expected of a home visiting program to help patients manage difficult chronic conditions. Nursing students have faculty oversight as well as Advanced Health care management staff available to assist in overcoming any of these particular challenges so they may more effectively serve their clients.

K. Project or program short title: Value-Based Payment Models

a) **Primary component addressed:** Value-based payment models

- i. Secondary component addressed: Special health care needs
- ii. Additional component(s) addressed: Utilization Review; Patient-Centered Primary Care Homes; HIT: Analytics

b) **Primary subcomponent addressed:** Access: Quality and appropriateness of care furnished to all members

- i. Additional subcomponent(s) addressed: Access: Timely

c) **Activities and monitoring for performance improvement:**

Activity 1 description: Finish analysis and evaluation of the impact of the risk and access metrics when the final pieces of data become available. Present the evaluation to the Clinical Advisory Panel for review.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Analysis and evaluation of the 2017 risk and access metrics were completed and the information was presented to the Clinical Advisory Panel for discussion. The primary driver of performance on the risk metric seemed to be the type of primary care practice, whether pediatric, family medicine, or internal medicine. A significant, unintended complicating issue arose with the access metric as it was originally constructed; it was fundamentally biased against hospitalist providers.

Activity 1 progress (optional data, run charts, etc.):

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Present evaluation to the CAP for review	Not presented	Presented	Presented	7/2018	Presented	7/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

Activity 2 description: Depending on the results of the evaluation and any recommendations from CAP and Advanced Health’s CEO and CMO, revise the model to better meet goals and determine a plan for implementation.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): The risk metric model was revised by adding another metric to more directly measure whether providers are assessing chronic conditions annually. The new metric is designed to monitor the proportion of

patients’ chronic conditions that have been assessed in a primary care provider’s assigned patient panel. This is meant to compliment the 2017 risk metric which monitors a more broad set of patient risk factors. The 2017 risk metric rewards providers who care for high-risk patients, while the new metric rewards providers who are ensuring all patients with chronic conditions have access to care and have those conditions assessed regularly.

Activity 2 progress (optional data, run charts, etc.):

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Revise model, if needed	Not complete	Complete	Complete	3/2018	Complete	TBD
Plan for implementation approved by both the SWOIPA and Advanced Health boards of directors	Not complete	Complete	Complete	4/2018	Complete	TBD

Challenges in progressing toward target or benchmark: The primary challenge is to develop a measure, or set of measures, that are not biased for or against particular provider and that reward an improvement in quality of care for our members.

Strategies to overcome challenges: Data analytics staff work closely with clinicians and seek their input when designing, developing, and testing these measures and other potential measures.

L. Project or program short title: [Quality Performance Measure and Other Dashboards](#)

a) **Primary component addressed:** [Health information technology](#)

- i. Secondary component addressed: Health equity
- ii. Additional component(s) addressed: Complaints and Grievances, Fraud, Waste, and Abuse; Utilization Review

b) **Primary subcomponent addressed:** [HIT: Analytics](#)

- i. Additional subcomponent(s) addressed: Health Equity: Data

c) **Activities and monitoring for performance improvement:**

Activity 1 description: Update quality performance measure and other dashboards for 2018.

Short term or Long term

Update? Yes No

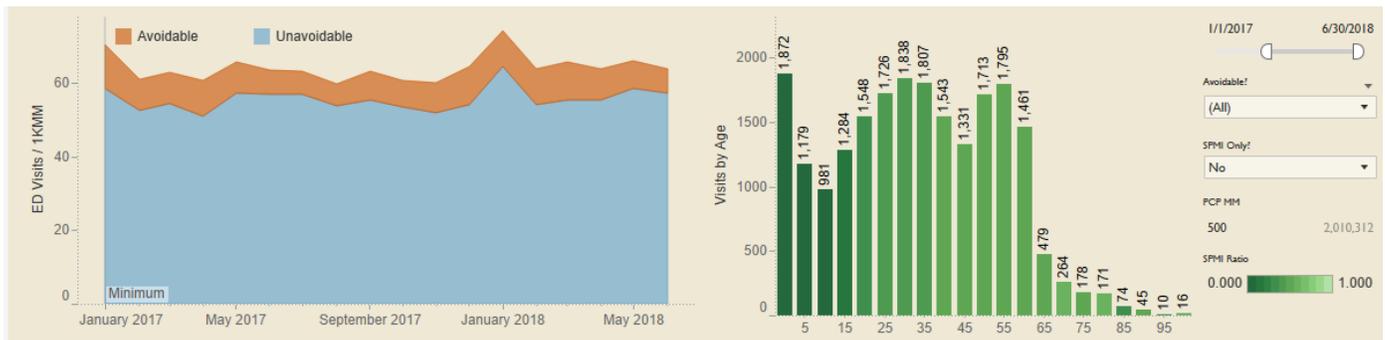
Activity 1 progress (narrative): The data analytics team worked to update existing dashboards and create new dashboards as planned.

Activity 1 progress (optional data, run charts, etc.): Two examples of updated dashboards are given below.

2018 Well Child Visit Dashboard (6 well visits in the first 15 months of life)



Emergency Department Utilization



How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Update current quality measure dashboards to	Not updated	Updated	Updated	3/2018	Updated	3/2018

2018 specifications						
Build and release new dashboard to monitor the Dental Sealant quality performance measure	Not released	Released	Released	4/2018	Released	4/2018
Roll out remote access to quality improvement staff at clinics	Not complete	Not complete	Complete	12/2018	Complete	12/2018
Build and release phone system dashboard	Not released	Not released	Released	6/2018	Released	6/2018
Build and release financial dashboard suite	Not released	Released	Released	6/2018	Released	6/2018
Build and release fraud detection suite	Not released	Not released	Released	12/2018	Released	12/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

M. Project or program short title: Patient Portal Utilization

a) **Primary component addressed:** Health information technology

- i. Secondary component addressed: Choose an item.
- ii. Additional component(s) addressed: Add text here

b) **Primary subcomponent addressed:** HIT: Patient engagement

- i. Additional subcomponent(s) addressed: Add text here

c) **Activities and monitoring for performance improvement:**

Activity 1 description: Develop language about patient portals for the Advanced Health Member Handbook: what it is, functionality, and how to sign up.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): A brief description of patient portals and their functionality was developed for the Advanced Health Member Handbook. This language has been reviewed and approved by Advanced Health, but has not yet been approved by OHA for inclusion in the member handbook.

Patient Portal

Your Primary Care Provider (PCP) may have a free patient website or smart phone app called a Patient Portal. It is a fast and easy way to safely access your information at any time. Ask your PCP how to sign up.

- Send a message to your provider
- Ask for or change an appointment
- See lab results
- Ask for medication refills
- See a visit summary and medical records

Activity 1 progress (optional data, run charts, etc.):

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Complete the Patient Portal section	Not complete	Internal Approval Complete	Internal Approval Complete	3/2018	OHA Approval Complete	4/2018

Challenges in progressing toward target or benchmark: The language was included in an earlier version of the 2018 member handbook, but was removed prior to submission to OHA for final approval. It was inadvertently removed, along with other extraneous and repetitive text, in an effort to condense the member handbook and make it a more svelte, useful, and readable document for Advanced Health members.

Strategies to overcome challenges: The text will be included in the next revision of the member handbook when it is submitted to OHA for review and approval.

Activity 2 description: Develop a member-facing page on the Advanced Health website with additional information about Patient Portals that includes links to the primary care clinics’ portal websites

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Add text here

Activity 2 progress (optional data, run charts, etc.): Add text here

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Complete Patient Portal webpage	Not complete	In progress	Started	5/2018	Complete	7/2018
Announce and promote	Not complete	Not complete	Complete	8/2018	Complete	8/2018

Patient Portal webpage						
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Challenges in progressing toward target or benchmark: Staff time to dedicate to creating new web page content has been a challenge for completing this activity.

Strategies to overcome challenges: Revise expectations for when this task will be completed.

Activity 3 description: Evaluate the effects of the above interventions and determine next steps as needed.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): Add text here

Activity 3 progress (optional data, run charts, etc.): Add text here

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Solicit feedback on the information and presentation in the member handbook and online	Not complete	Add text here.	Complete	10/2018	Complete	10/2018
Evaluate the need for revisions and additional steps.	Not complete	Add text here.	Complete	12/2018	Complete	12/2018

Challenges in progressing toward target or benchmark: Until the previous two activities are completed, we cannot determine the effectiveness of the actions taken.

Strategies to overcome challenges: Revise expectations for when this task will be complete.