



TRANSFORMATION AND QUALITY STRATEGY

March 2018

Respectfully Submitted To:

THE OREGON HEALTH
AUTHORITY

In Partial Fulfillment of
Contractual Obligations

Anna Warner
Director of Quality

Ben Messner, MBA, CMPE
Chief Operations Officer

Phil Greenhill
Chief Executive Officer, Chief
Quality Officer

ADVANCED HEALTH
289 LaClair Street
Coos Bay, Oregon 97420
541.269.7400

Contents

Section 1: Transformation and Quality Program Information..... 2

 A. CCO governance and program structure for quality and transformation: 2

 Advanced Health 2

 Structure of the Quality Program 2

 Performance Evaluation and Improvement..... 3

 Organizational Roles and Responsibilities 6

 Committees 8

 B. Review and approval of TQS 11

Section 2: Transformation and Quality Program Details 11

 A. Increasing the Colorectal Cancer Screening Rate in Coos and Curry Counties..... 11

 B. Reducing Preventable Emergency Department Visits 15

 C. Member Grievance System Improvements 18

 D. Adverse Childhood Experience (ACE)..... 22

 E. Community Health Assessment and Community Health Improvement Plan 23

 F. Delta Program Participation..... 25

 G. Verification of Services - Process Improvements..... 26

 H. Patient-Centered Primary Care Home (PCPCH) Learning Collaborative..... 27

 I. Integration of Dental Health Services into a Mental Health Service Setting 29

 J. Nursing Student Home Visiting Program for Members with Special Health Care Needs..... 31

 K. Value-Based Payment Models 34

 L. Quality Performance Measure and Other Dashboards 36

 M. Patient Portal Utilization..... 40

Section 3: Required Transformation and Quality Program Attachments 42

 A. Attached Advanced Health’s quality improvement committee meeting minutes from three meetings..... 42

 B. Attached Advanced Health consumer rights policy 42

Section 1: Transformation and Quality Program Information

A. CCO governance and program structure for quality and transformation:

- i. Describe your CCO's quality program structure, including your grievance and appeal system and utilization review:

Advanced Health

Structure and Context of the Organization

Advanced Health contracts with Oregon Health Authority (OHA) as a Coordinated Care Organization (CCO) to provide services for Oregon Health Plan (OHP) members under the health plan services contract. Based in Coos Bay, Advanced Health provides physical, behavioral, and dental health services to members in Coos and Curry counties.

Advanced Health's equity partners are Southwest Oregon Independent Practice Association (SWOIPA), ADAPT Treatment Services, Advantage Dental, Bay Area Hospital, Bay Clinic, North Bend Medical Center, Coos County, and Coquille Valley Hospital District.

Advanced Health delegates dental services to Advantage Dental; mental health services to Coos Health and Wellness and Curry Community Health; non-emergency transportation to Bay Cities Brokerage; pharmacy services to Med Impact, and all remaining medical services to SWOIPA. SWOIPA, in turn, delegates substance use disorder services to ADAPT. All of Advanced Health's business management services are provided by DOCS Management Services.

Leadership and Commitment

Management provides evidence of its commitment to the development, implementation, and continual improvement of the Quality Assurance Program by:

- Communicating to the organization the importance of meeting member needs for effective, equitable, understandable, and respectful services, as well as statutory and regulatory requirements;
- Ensuring that member needs and expectations are determined and fulfilled in a manner that is responsive to cultural beliefs, preferred languages, health literacy, and other communication needs with the aim of improving member satisfaction;
- Planning the processes and activities needed for the Quality Assurance Program;
- Conducting an annual Quality Program Evaluation;
- Establishing an annual Quality Improvement Strategy and Work Plan;
- Ensuring availability of resources;
- Defining organizational roles, responsibilities, and authorities; and,
- Planning actions to address risks and opportunities.

Structure of the Quality Program

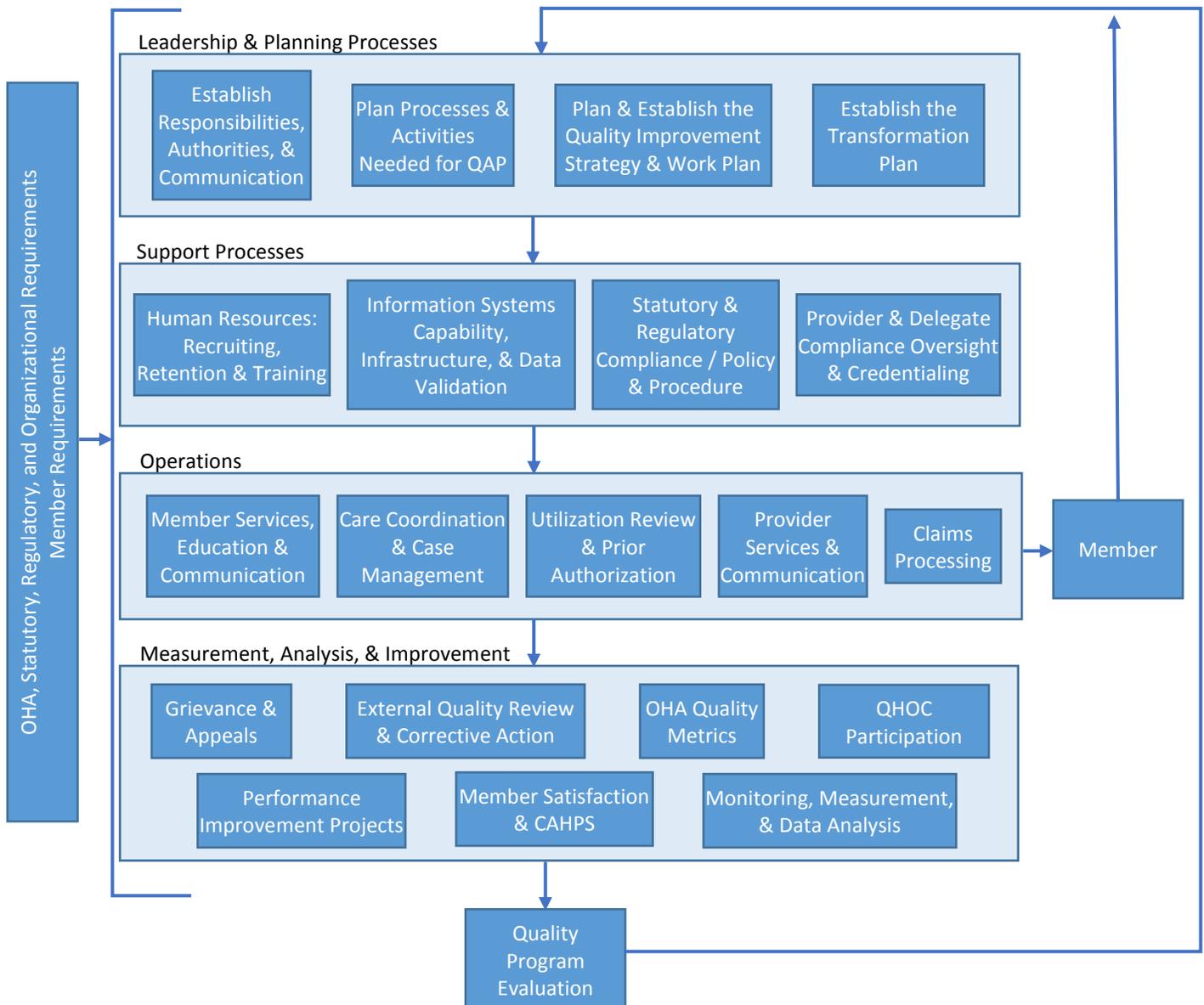
Advanced Health and its members are best served by a Quality Assurance Program designed to provide robust methods for process measurement and analysis to assure early detection of discrepancies and continual performance improvement.

Scope

Advanced Health is a Coordinated Care Organization, contracted with the Oregon Health Authority to administer the benefit for Oregon Health Plan members in Coos and Curry Counties. Advanced Health maintains a network of providers and delegates for primary physical health, behavioral health, dental health, specialty services, hospital services, and chemical dependency services.

Quality Assurance Program Processes and Interactions

The interaction between the processes of the Quality Assurance Program is illustrated in the following process flow chart.



Performance Evaluation and Improvement

Advanced Health has planned and implemented the following monitoring, measurement, and analysis activities in order to demonstrate that services provided to members conform to requirements and that the Quality Assurance Program, including the Quality Improvement Strategy and Work Plan, performs as expected. The results of the monitoring, measurement, and analysis activities are used to improve the effectiveness of the Quality Assurance Program.

Participation as a Member of the OHA Quality and Health Outcomes Committee (QHOC)

Advanced Health is committed to participation and attendance at the monthly Quality and Health Outcomes Committee. Advanced Health’s Chief Medical Officer and Director of Quality, as well as the Behavioral Health Director from Coos Health and Wellness regularly attend the meetings held in Salem. Other CCO employees,

delegates, and providers may participate, either in-person or by phone, depending on the topic of the meeting or the learning collaborative session.

External Quality Review and Corrective Action

Advanced Health participates in annual External Quality Reviews conducted by HealthInsight Oregon, as required by the Oregon Health Authority. Any findings from the EQR generate corrective action plans to eliminate the cause or causes of the problem and prevent recurrence. The corrective action plan includes a determination of the root cause, actions to address the root cause, and verification that the actions taken were effective.

Utilization Review

A robust program of Utilization Review is in place to ensure that high quality, Medically Appropriate services are delivered to all members, including those with special health care needs. A number of mechanisms are in place to monitor for both under- and over-utilization of services.

Quality, Accountability, and Utilization Review Committee

Clinical Advisory Panel

Pharmacy and Therapeutics Committee

See below for description of the function and make-up of these committees, including their methods of monitoring for both under- and over-utilization of services.

Medical Services Department Activities

The Medical Services Department includes Utilization Review and Intensive Case Management functions. This team reviews prior authorizations to ensure that treatments follow The Prioritized List of Health Services and the associated guidelines to assure that services are medically appropriate. Authorization requirements are reviewed yearly to reduce administrative burden on providers while still ensuring that care is delivered locally when possible, cost effective, and consistent with medical evidence. The authorization process ensures that members have access to second opinions when desired, and all members (including those with special healthcare needs) may have direct access to a specialist when medically appropriate. Members needing assistance in accessing appropriate care can be referred to Intensive Case Management by their PCP or specialist provider, by other members of the CCO team, or at their request.

The Medical Services Department monitors performance to ensure that requests are handled in a timely and consistent manner. A data dashboard is in place to allow monitoring of number of authorization requests received, average time to completion, percent approved or denied, and the types of requests seen. That data is used to inform staffing and authorization requirements. Attention is focused on high risk, high dollar interventions.

Grievance and Appeal System

Advanced Health records all member and provider complaints for analysis and improvement planning. Each quarter, Advanced Health provides OHA with a list of member grievances, appeals, and hearing requests, as well as a report analyzing grievance and appeals data. Below is a summary of the most recent grievance report submitted to OHA. For more detailed information on the trends and discussion of Advanced Health's strategies to address the observed trends, please refer to the Q4 2017 WOAHA Analysis of Grievances report submitted on February 15, 2018 (Our name was still Western Oregon Advanced Health at that time.)

Advanced Health has undertaken several quality improvement efforts aimed at decreasing the rate of member complaints, especially around access and interaction with providers. Advanced Health added a new RN Health Services Coordinator (HSC) to the quality team to coordinate and lead these improvement efforts. The Health

Services Coordinator started at the end of October 2016. She was on maternity leave for three months beginning at the end of January 2017, so we didn't see the full impact of her position until after second quarter 2017. One of the primary responsibilities for this position is to work directly with members to navigate through their appeal and/or hearing process to assist them in obtaining covered services that will meet their needs. The Health Services Coordinator is also charged with identifying system-level issues affecting our members that lead to grievances.

To that end, the Health Services Coordinator led a cross-functional Grievance and Complaints workgroup comprised of representatives from Member Services, Quality, and Data Analytics. One of the first discoveries out of this workgroup was some concern about the data being included in the grievance report. Throughout the year, processes were developed to standardize categorization of complaints, to ensure members were consistently offered the option of filing a written complaint in addition to their verbal complaint, and to automate the counting and categorization of complaints. Despite efforts to increase capture of complaints possibly being missed by previous methods, access complaints have now decreased for 5 consecutive quarters.

In addition to the workgroups, the Health Services Coordinator, along with the Provider Services team and the Medical Director, has delivered quarterly reports to all providers detailing their number and category of complaints, with a comparison to their peers. For provider offices that have above-average number of complaints or any offices that are interested, individual meetings including a detailed analysis of complaints and best-practice coaching have helped reduce complaints.

Our community, led by Advanced Health, began work in the community related to Adverse Childhood Experiences (ACEs). We feel that these trainings have been helpful in reducing "Interaction with Provider or Plan" complaints as providers and staff learn new ways of interacting that are trauma-informed.

Program Evaluation & Improvement Strategy and Work Plan

The entire Quality Assurance and Performance Improvement Program is reviewed and evaluated at least once per year to ensure its continuing suitability, adequacy, and effectiveness in satisfying the requirements of the Oregon Health Authority and Advanced Health's goals and objectives. This evaluation includes assessing opportunities for improvement and the need for changes to the Quality Assurance Program. The Quality Program Evaluation is prepared by the Director of Quality and reviewed by the CEO, CMO, COO, CCO, the Quality, Accountability, and Utilization Review Committee, and the Interagency Quality and Accountability Committee.

Input to the Quality Program Evaluation includes, but is not limited to, the following information:

- Results of External Quality Review
- Member complaints and the grievance system
- Status of current improvement efforts and suggestions for new improvement efforts
- Status of quality incentive metrics
- Quality and appropriateness of care for members, especially those with special health care needs
- Improvement in an area of poor performance in care coordination for members with SPMI
- Monitoring and enforcement of consumer rights and protections
- Compliance of the fraud, waste, and abuse prevention program
- Utilization data
- Contracted delegate and provider monitoring results and findings

Output of the Quality Program Evaluation informs the Quality Improvement Strategy and Work Plan for the coming year and includes decisions and actions related to:

- Improvement of the effectiveness of the Quality Assurance Program and its processes
- Improvement of member services related to requirements

- Resource needs

Performance Improvement Process

Advanced Health continually improves the effectiveness of the Quality Assurance Program through review by the QA&UR and other committees, participation in QHOC meetings, analysis of data, external quality review, and internal quality program evaluation.

OHA determines and/or approves contractual requirements for all CCOs related to Performance Improvement Projects (PIPs), Transformation Plan Benchmarks, Quality Incentive Measures, and other quality metrics.

Advanced Health conforms to these requirements and incorporates these improvement projects as well as other projects into its annual Quality Improvement Strategy and Work Plan.

In managing the Quality Improvement Strategy and Work Plan, Advanced Health employs a variety of process improvement tools, including PDSA, DMAIC, impact analysis, project management, and other lean tools. The process improvement methods used depend on the needs of the specific project and the capabilities of the team planning and implementing the improvements.

Process improvement priorities are determined with consideration to a variety of sources, including but not limited to:

- OHA Requirements: Performance Improvement Project focus areas, Transformation Plan domains, Quality Incentive Measures, other quality measures, and other contractual requirements
 - Advanced Health's strategic plan
 - External Quality Review results
 - Member complaints and grievance reports
 - Cultural and linguistic needs of our population
 - Delegate and provider compliance
 - Delegate, provider, and community partner feedback
 - Annual Quality Program Evaluation
 - Other statutory and regulatory requirements
- ii. Describe your CCO's organizational structure for developing and managing its quality and transformation activities (please include a description of the connection between the CCO board and CAC structure):

Organizational Roles and Responsibilities

The CEO has the authority and responsibility to make appropriate changes to the Quality Assurance Program and to communicate the requirements of the QAP to personnel. Every level of management shares responsibilities to ensure proper maintenance and performance of the Quality Assurance Program. A brief overview of key titles and their responsibilities related to the quality assurance program is provided below.

Board of Directors

- Representative of equity partners, community partners, and community stakeholders
- Guides, controls, and directs the organization through the adoption and review of annual strategic plans, the annual budgeting process, and written policies
- Oversees the performance of the organization
- Reviews and authorizes the Quality Assurance Program
- Ultimately responsible for the quality of clinical services provided to members

Chief Executive Officer/Chief Quality Officer

- Facilitates business planning and develops appropriate strategies to attain annual strategic objectives
- Reviews activity reports and financial statements to determine progress and status in attaining quality, performance, and compliance objectives

- Ensures adequate resource availability
- Ensures the promotion and awareness of member needs and contract requirements throughout the organization
- Directs development, implementation, and improvement of the Quality Assurance and Performance Improvement Program
- Reports directly to the Board of Directors

Chief Compliance Officer

- Ensures contractual obligations as well as statutory and regulatory requirements are met
- Oversees the development, review, and revision of the compliance plan
- Implements the compliance plan
- Audits and monitors contracted delegates and providers
- Opens and performs preliminary investigations regarding Waste, Fraud, and Abuse and makes referrals to OPAR or MFCU as required
- Reports directly to the Board of Directors

Chief Medical Officer

- Ensures services are medically appropriate, high quality, and cost effective and in accordance with Oregon Health Authority (OHA) Coordinated Care Organization (CCO) contract and related Oregon Administrative Rules (OAR) and the Code of Federal Register (CFR)
- Reviews and administers appeals process
- Ensures assigned staff adhere to medical policy and member benefits

Chief Operating Officer

- Oversees company operations to ensure production efficiency, quality, service, and cost effective management of resources
- Coordinates business practices and procedures to optimize operations
- Oversees information systems infrastructure, data transmission and security.
- Ensures capabilities of information systems are adequate to meet contractual, statutory, and regulatory requirements
- Implements, promotes, reviews, and continually improves the effectiveness of the Quality Assurance Program.

Chief Transformation Officer

- Ensures contractual obligations as well as statutory and regulatory requirements are met for the Community Advisory Council (CAC), Community Health Assessment (CHA), Community Health Improvement Plans (CHP), and System of Care (SOC)
- Ensures HIPAA privacy policies, procedures, and practices meet statutory and regulatory requirements
- Lead health system transformation and population-wide quality improvement strategies by supporting and ensuring alignment across community systems by engaging community partners in transformation processes, reducing the redundancy of effort
- Oversee the administration, coordination, and evaluation of Human Resource functions.

Director of Quality

- Gathers data and prepares annual Quality Program Evaluation for review
- Develops, implements, and communicates quality improvement strategies throughout the organization as well as the delegate and provider network
- Assists with the annual External Quality Review process
- Coordinates definition, documentation, measurement, review, and improvement of the Quality Assurance and Performance Improvement Program and related processes

Directors and Managers

- Ensure successful operation of their areas of responsibility
- Ensure training of new and existing employees
- Support efforts to improve the effectiveness of the Quality Assurance Program
- Provide direction to their staff

Committees

Advanced Health’s Quality Assurance and Performance Improvement oversight structure is vested in a series of collaborative, yet distinct and well-defined standing committees. Each committee is characterized by a charter that defines the committee’s purpose, goals, schedule of meetings, scopes of authority, membership composition, and member responsibilities. The standing committees that participate in Quality Assurance and Performance Improvement processes are described below.



Interagency Quality and Accountability Committee

This committee is chaired by the Advanced Health Director of Quality and attended by representatives of delegate organizations, as well as community partners and providers. The Interagency Committee meets monthly. The purpose of this committee is to provide a platform for collaboration and coordination between Advanced Health’s leadership, delegate organizations, and community partners purposed at achieving the Triple Aim: improved outcomes in individual and population health; enhancement of the patient’s experience of care; and, cost efficacy.

Quality, Accountability, and Utilization Review Committee

This is an internal Advanced Health committee, attended by representatives from all departments. The QA&UR Committee meets monthly. The purpose of this committee is to provide an internal staff process for monitoring, evaluating, and revising the annual Quality Assurance and Performance Improvement (QAPI) program, including developing and implementing process improvement strategies. This committee supports data-driven decision making and development of a culture of quality through the review of data reports that support OHA contract

compliance, achievement of Advanced Health’s strategic plan, advances in individual and population health, enhancement of the member’s experience of care, and cost efficacy.

Clinical Advisory Panel

The Clinical Advisory Panel is chaired by Advanced Health’s Chief Medical Officer and membership includes providers representative of behavioral health, physical health, dental health, and substance use treatment. The CAP usually meets twice per month. The CAP provides input on clinical programs and policies with the goal of achieving the Triple Aim: improved outcomes in individual and population health; enhancement of the patient’s experience of care; and, cost efficacy. The Clinical Advisory Committee provides perspective of practicing clinicians to Advanced Health. The Clinical Advisory Committee also oversees Advanced Health’s credentialing and re-credentialing process and makes credentialing recommendations to the board of directors.

Pharmacy and Therapeutics Committee

The Pharmacy and Therapeutics Committee meets at least quarterly. Committee membership includes Advanced Health providers representing various specialties (e.g. family practice, internal medicine, OB/GYN, pediatrics, mental health etc.) and may also include community partners (e.g. Bay Area Hospital) and pharmacists. The Pharmacy and Therapeutics Committee is responsible for maintaining a formulary providing the most cost-effective drug therapies to Advanced Health members and ensuring compliance with DMAP rules and regulations.

Consumer Advisory Councils

Advanced Health has established two Consumer Advisory Councils, one in Coos County and one in Curry County. Both councils hold monthly meetings. Membership includes a broad spectrum of representatives, including Advanced Health members and their families, health providers, partner organizations, and other key community representation. Over 50% of the councils are individuals enrolled with Advanced Health, their families, or personal representatives. The purpose of these councils is to provide the voice of the consumer to advise Advanced Health and its governing body in its efforts to meet the Triple Aim of better health, better care, and lower costs.

Community Health Improvement Plan Committees

The Consumer Advisory Council (CAC) provided input and recommendations for the Community Health Improvement Plan (CHIP) Committee structure. The Coos CAC approved the formation of five CHIP subcommittees to address the priorities identified from the Coos County Community Health Assessment. The Curry CAC approved three priority work areas identified from the Curry County Community Health Assessment. Each subcommittee is responsible to develop an implementation plan for achieving the goals and objectives outlined by the CHIP. Progress reports are presented for approval to the respective CAC and then to the Advanced Health Board of Directors. The five priority areas are: increase access to care providers, decrease tobacco initiation and use, obesity reduction and prevention, suicide prevention, and increase timeliness of prenatal care. Advanced Health has recently hired a CHIP coordinator to support the activities of the CHIP committees in Curry county.

iii. **Describe how your CCO uses its community health improvement plan as part of its strategic planning process for transformation and quality:**

The information from the Community Health Assessment and the Community Health Improvement Plan inform the TQS by helping to align community priorities with CCO and OHA priorities. It provides data to promote evidence-based interventions and to determine how and where resources and efforts should be allocated to best meet community needs.

- Improve organization and community coordination and collaboration

- Increase knowledge about public/community depth and interconnectedness of activities and services.
- Identify strengths and weaknesses to address quality and transformation efforts

iv. Describe how your CCO is working with community partners (for example, health systems, clinics, community-based organizations, local public health, local mental health, local government, Tribes, early learning hubs) to advance the TQS:

Advanced Health is comprised of community partners who have equity in the CCO and/or representation on our board of directors. In addition to our equity partners, Advanced Health works with a multitude of agencies in the community. Some examples include, but are not limited to:

- Bay Area Hospital: Our largest district hospital and equity partner. The CCO CMO and medical director participate in the BAH Quality and Patient Safety Committee of the board. The CCO Pharmacy Director participates in the hospital P&T committee and has a hospital representative invited to the CCO P&T committee. A care manager and Medical Director attend daily hospitalist huddles and weekly care management meetings. The hospital has participated in our Quality Innovation Incubator Fund.
- Public Health: Advanced Health is the only CCO to host the OHA/CDC Prescription Drug Overdose Prevention Grant and employs the grant coordinator. County Public Health Directors participate in our Community Advisory Committees, CHIP, and CHA. The CCO has supported interagency collaboration between public health Targeted Case Management programs and local providers, DHS, and school districts.
- Tribes: The Coquille Tribal Clinic became CCO providers and have partnered in opioid reduction, tobacco cessation, and workforce development projects, among others. Advanced Health is working toward a contract with the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw.
- Local Mental Health: Advanced Health has partnered with local agencies to develop a Mobile Youth Crisis Response Unit (MY-CRU), has convened workgroups to improve collaboration between hospital, pediatricians, and mental health agencies to help youth in crisis, and has supported the development of a youth drop-in center. The CCO has supported the development and spread of Integrated Behavioral Health in the community.
- Housing advocates: Advanced Health has worked with community partners to support the development of affordable housing as well as emergency shelter. We have a “medical respite” program with a local shelter that allows homeless members to stay in the shelter following a hospitalization or surgery, allowing them a clean place to sleep, eat, and receive support services without having to vacate the premises during the day.
- Critical Access Hospitals: Coquille Valley Hospital is an equity partner. CCO staff provide coaching and support to hospital affiliated practices to meet quality metrics and to provide high quality care to our members.
- Southwest Oregon Community College: Advanced Health advocated for SOCC to develop its Traditional Healthcare Worker training program. We funded tuition for community partners who wished to have employees receive training and filled all available slots in the first cohort, with plans to provide coordination and financial support to subsequent cohorts. Our Care Management Team mentors nursing students in a Care Management rotation.
- Professional Education: Advanced Health provides faculty and a rotation site for Pharmacy students from OSU College of Pharmacy, and supports rotations with community partners training medical, nursing, physician assistant, and nurse practitioner students.

B. Review and approval of TQS

i. Describe your CCO’s TQS process, including review, development and adaptation, and schedule:

Much of the process for the TQS analysis, development, and planning is described in the above sections regarding the Program Evaluation & Improvement Strategy and Work Plan and the Performance Improvement Process. The Director of Quality, Chief Transformation Officer, Chief Medical Officer, and other key personnel worked together in December 2017 and January 2018 to select a list of projects and programs to be included in the TQS to highlight the work of Advanced Health and that best address the thirteen required TQS components and subcomponents. These projects and programs include priorities that align with the Community Health Improvement Plan, CCO quality metrics, PCPCH standards, CPC+ program metrics, contract requirements, current and future Performance Improvement Projects, as well as other statutory and regulatory requirements.

The TQS projects and programs were presented for discussion and feedback in February 2018 to several of the committees involved in the quality program: Interagency Quality and Accountability Committee, Quality, Accountability, and Utilization Review Committee, and the Clinical Advisory Panel. The information was also presented to the Advanced Health Board of Directors.

In February and March of 2018, additional details, data, activities, and targets were collected from the project or program leaders. Final versions of sections were finalized with relevant executive leadership and other personnel involved as needed, including the functions discussed above in the Organizational Roles and Responsibilities section.

Section 2: Transformation and Quality Program Details

A. Increasing the Colorectal Cancer Screening Rate in Coos and Curry Counties			
TQS COMPONENT(S)			
Primary Component:	Access	Secondary Component:	Utilization review
Additional Components:	Health Equity: Data; Health Equity: Cultural Competency; CLAS standards		
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):	Access: Availability of Services and Access: Cultural Considerations
NARRATIVE OF THE PROJECT OR PROGRAM			
<p>In 2017 Advanced Health piloted a project to increase colorectal cancer screening in rural Coos and Curry Counties through a direct mail program promoting fecal testing. The campaign focused on the Medicaid population with additional attention to Hispanic and Spanish-speaking patients, all populations with lower screening rates than the Oregon statewide average. Advanced Health partnered with five local primary care practices to complete the project. North Bend Medical Center, Bay Clinic LLC, Waterfall Community Health Center, Curry Health Network, and Chetco Medical Center all participated in the program. In 2018, with the award of a grant from the OHSU Knight Cancer Center Community Partnership Program, Advanced Health will expand the program to include ten practices in our service area. This will increase the target population to approximately 90% of Advanced Health’s unscreened members. Advanced Health will prioritize participation of Federally Qualified Health Centers, the local tribal health center, and providers in Curry County.</p> <p>FIT testing has been proven an effective method of screening for colorectal abnormalities that is less expensive, less invasive, and more appealing to most patients than alternative forms of colorectal cancer screening. Advanced Health</p>			

believes that the most effective way to increase screening within the service area is to get FIT kits directly to Advanced Health members via mail. Advanced Health has adopted a direct mail program modeled after the BeneFITS program and other direct mail campaigns implemented by other Coordinated Care Organizations in Oregon.

Advanced Health will provide 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. The primary care clinics will review their patient lists and remove any patients for whom they have record of a current screening and patients who are not a good candidate for FIT.

The Advanced Health Medicaid members will be contacted directly by mail with a personalized letter from their primary care provider to introduce the program and provide information about colorectal cancer and available screening options. Two to three weeks later, the Advanced Health Medicaid members will receive a FIT kit in the mail with instructions on how to complete the test and return it to their primary care clinic, either by mail (return postage is pre-paid) or in person, whichever they prefer. Then a reminder postcard will be sent three to four weeks after the FIT kit mailing. We plan to use the same mailing materials that were developed during the pilot project. All mailings are printed in both English and Spanish.

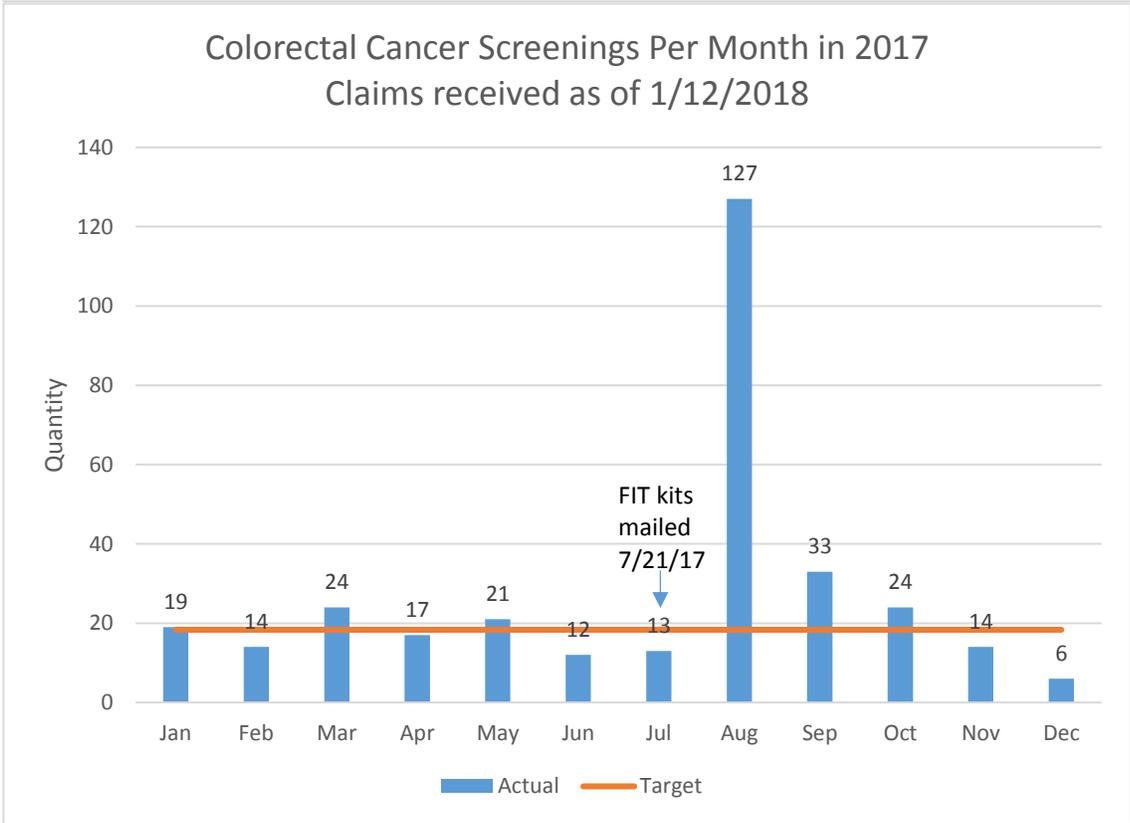
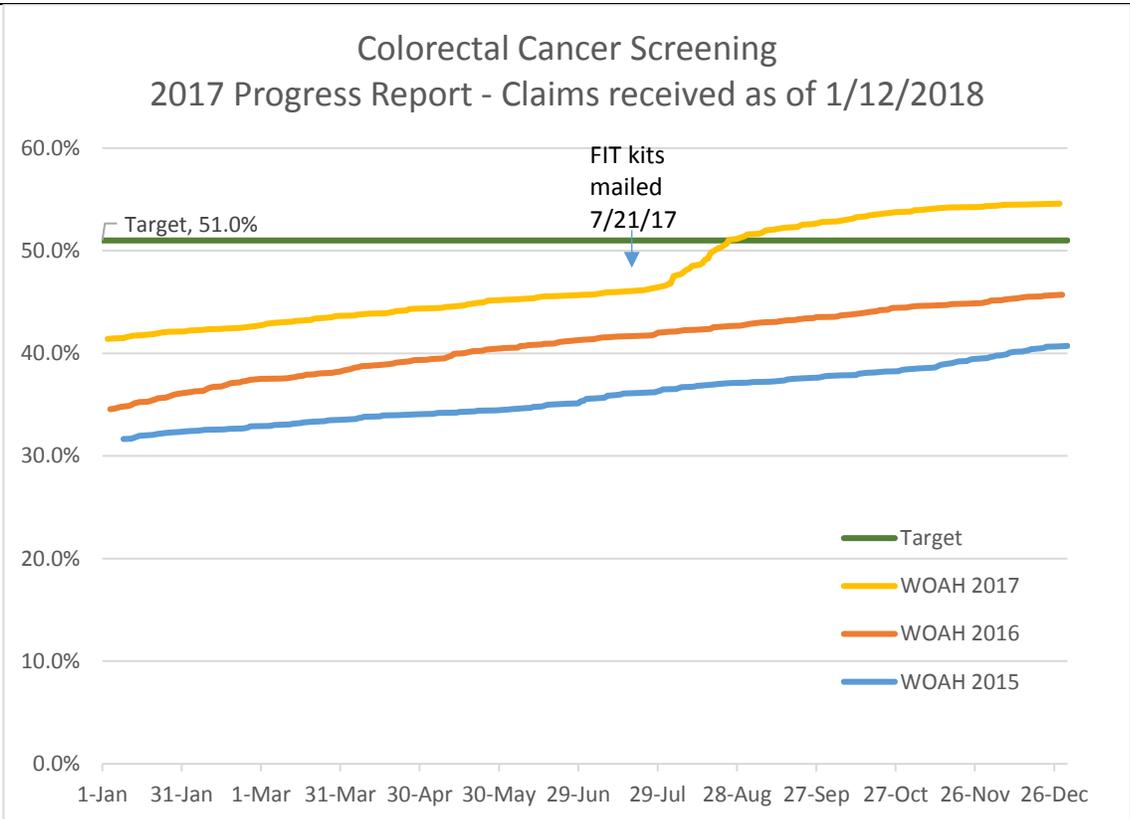
One to two weeks after the FIT mailing, patients will be contacted by phone to answer any questions they may have and to encourage them to complete and return the kit. Common questions range from uncertainty about how to complete or return the test to whether it's legal to send fecal material through the mail. A second round of phone calls will be made another one to two weeks after the first, with patients who have returned the test or who have refused being removed from the call list.

This expanded project will use the existing program materials developed during the 2017 pilot project. Those materials include a process map, written communications to providers and clinic staff, mailings for patients, a phone script for staff to use when speaking with patients, chart review data collection templates, phone call data collection template, a dashboard and other custom reports.

QUALITY ASSESSMENT

<p>Evaluation Analysis</p>	<p>Colorectal cancer affects both men and women and is the second most deadly form of cancer. Finding colorectal cancer through screening is essential to decrease the rate of death. Colorectal cancer screening for both men and women, ages 50-75, is an “A” recommendation from the U.S. Preventive Services Task Force. One of the screening strategies for that “A” recommendation is an annual Fecal Immunochemical Test (FIT).</p> <p>One of the most cost-effective and least invasive methods of testing, Fecal Immunochemical Testing (FIT) is not being used to its full potential on the Southern Oregon Coast. In 2016, less than 10% of colorectal cancer screenings for Advanced Health members used a fecal test. By contrast, over 16.3% of current colorectal cancer screenings among Oregon adults (50-75 years old) in 2015 used a fecal test. (Source: Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Health screenings among adults, Oregon 2015)</p> <p>The colorectal cancer screening rate for Advanced Health members was below the CCO state average of 49.7% in 2016 and has declined slightly from 47.7% in 2015 to 47.4% in 2016. According to the CDC, in 2014 two thirds of U.S. adults were up to date with colorectal cancer screening. The target population for this program is well below that.</p> <p>The Oregon death rate from colorectal cancer from 2009 through 2013 was 14.5 per 100,000 residents. The colorectal cancer death rate for the same time period for Coos County was 16.8 and for Curry County it was 19.7. (Source: Oregon Health Authority, Public Health Division, Health</p>
-----------------------------------	---

	<p>Promotion and Chronic Disease Prevention section. Oregon State Cancer Registry. Colorectal cancer diagnosis and deaths by county, Oregon 2009-2013.) One of the most cost-effective and least invasive methods of testing, Fecal Immunochemical Testing (FIT) is not being used to its full potential on the Southern Oregon Coast. In 2016, less than 10% of colorectal cancer screenings for Advanced Health members used a fecal test. By contrast, over 16.3% of current colorectal cancer screenings among Oregon adults (50-75 years old) in 2015 used a fecal test. (Source: Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Health screenings among adults, Oregon 2015)</p> <p>Coos and Curry County Medicaid recipients have lower screening rates than the Oregon Medicaid average and much lower than the nationwide average, as noted above. Hispanic and Native American populations also have lower screening rates than the population at large. (Source: Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Health screenings among adults by race and ethnicity, Oregon 2010-2011.)</p> <p>The primary barrier to reaching our population for screening is the reliance on the physician’s office visit to present the opportunity to screen. Many of our members do not otherwise have a current need to be seen in the office; a mail campaign allows us to reach them at a time and place that is convenient for them.</p> <p>A barrier we have found to engaging some providers is getting their support for fecal testing as an alternative to colonoscopy. While this is not a concern for most of the primary care providers in our service area, Advanced Health’s Chief Medical Officer and Medical Director are available to discuss the efficacy of FIT testing with any providers who do have concerns.</p> <p>In 2015 and 2016 Advanced Health achieved the benchmark of 47% for colorectal cancer screening, and we expect to surpass the 2017 benchmark of 50.8% as a result of the direct mail pilot program.</p> <p>Claims data from 2017 indicates the pilot project was very successful in increasing the rate of colorectal cancer screening for Advanced Health members. See the graphs below. Additional details on this project are reported quarterly to OHA as one of Advanced Health’s Performance Improvement Projects.</p>
--	---



PERFORMANCE IMPROVEMENT

Activity: Implement the expanded program as described above.

- Short-Term Activity or
- Long-Term Activity

How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Number of primary care clinics participating in the program	5 2017	10	6/2018	10	6/2018
Percent of members mailed a FIT kit who returned it to their PCP	20% 2017	25%	10/2018	25%	10/2018
Percent of members with a positive FIT result who are referred for follow up	N/A	100%	12/2018	100%	12/2018
Percent of members with a positive FIT result who complete appropriate follow up	N/A	90%	12/2018	90%	12/2018
Overall CCO Colorectal Cancer Screening Rate	47% in 2016 2017 rate TBD	54%	12/2018	54%	12/2018

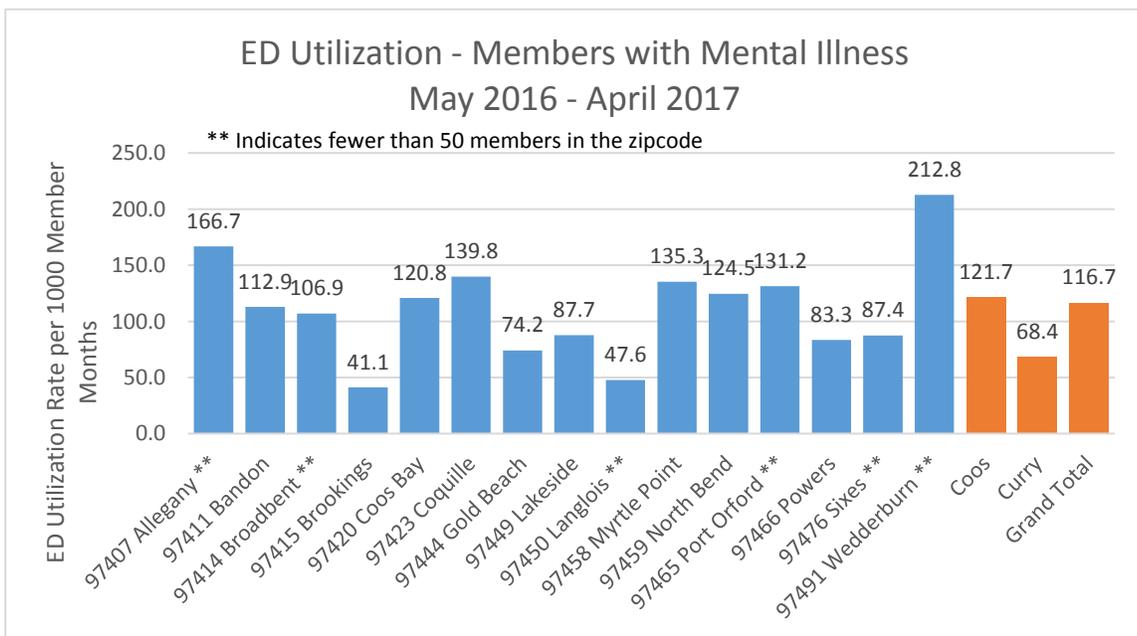
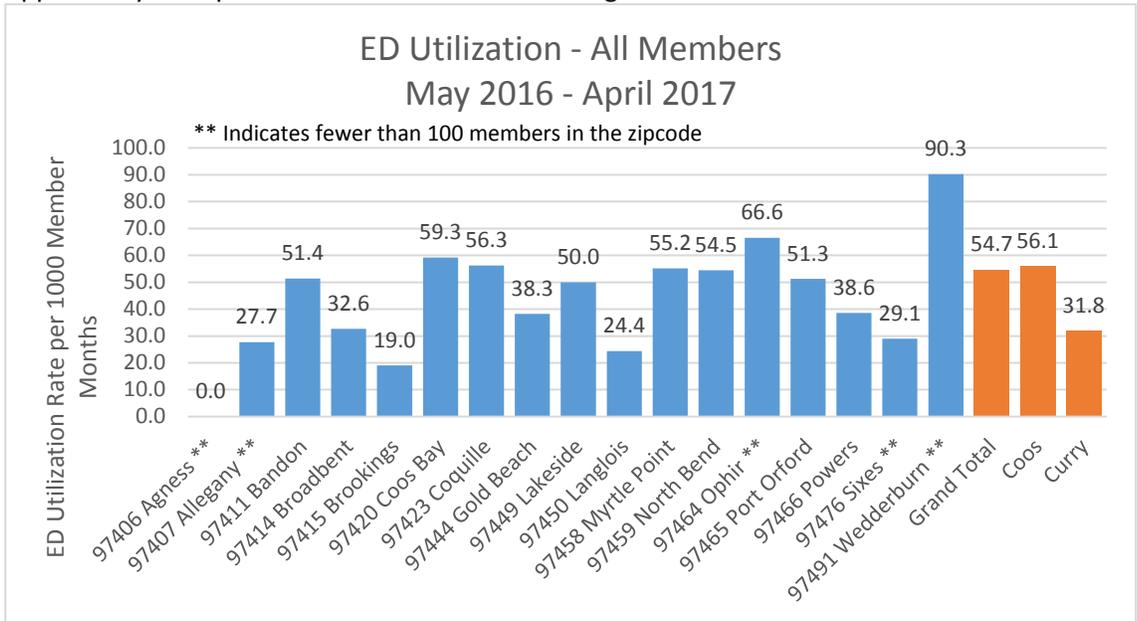
B. Reducing Preventable Emergency Department Visits TQS COMPONENT(S)			
Primary Component:	Utilization review	Secondary Component:	Health information technology
Additional Components:	Value-based payment models, SPMI		
Subcomponents:	HIT: Health information exchange	Additional Subcomponent(s):	Access: Availability of Services; Access: Quality and Appropriateness of Care; Access: Timely
NARRATIVE OF THE PROJECT OR PROGRAM			
<p>Advanced Health has and continues to support a number of initiatives aimed at reducing the number of preventable Emergency Department (ED) visits. Potentially preventable ED visits are those that could be more appropriately addressed through primary care or urgent care. Advanced Health monitors ED use through the Ambulatory Care: Emergency Department Utilization quality performance measure used by OHA, as well as tracking other data such as primary diagnosis, other chronic conditions including serious and persistent mental illness diagnoses, age, location of visit, and all the other filters available on the monthly OHA rolling dashboard report. Through these mechanisms of utilization review, it is apparent that the ED is being over-utilized in our service area. In the interests of ensuring our members receive the right care, at the right time, and in the right place with appropriate coordination, continuity, and use of medical resources and services.</p>			

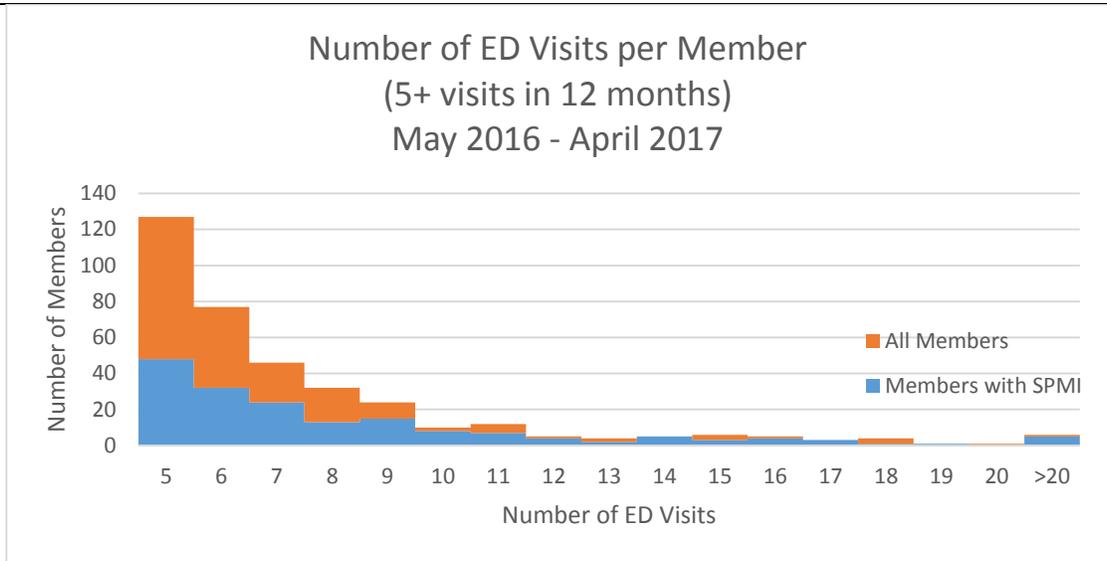
In 2018 Advanced Health will work to improve coordination between all the current interventions in process with our provider network, delegates and community partners. We have been working through the Interagency Delegate and Provider Quality Committee as well as the Clinical Advisory Panel to better understand the trends in utilization, determine potential root causes behind the trends, determine the impacts of current interventions, and develop new interventions for implementation. Advanced Health will adopt the topic as a Performance Improvement Project with quarterly progress reports to OHA as a contract deliverable.

QUALITY ASSESSMENT

Evaluation Analysis

Advanced Health has analyzed available ED utilization data in a variety of ways to better understand the potential drivers of over-utilization. There appears to be higher utilization of the ED in Coos County than in Curry County, for all members and for members with mental illness. The rates of utilization for members with mental illness are significantly higher than for the adult population as a whole, potentially indicating additional barriers or gaps for those members and opportunity to improve care coordination and integration to better serve their needs.





Diagnosis data from claims reveals that several conditions, such as urinary tract infection and upper respiratory infection, which would be more appropriately addressed in a primary care or urgent care setting, are consistently in the top ten list of most common diagnoses. Advanced Health is planning to perform additional analysis to determine other patterns or clusters of use. Identifying these patterns or member populations would allow us to design targeted interventions to better meet these members needs and ensure they are receiving needed care.

Some of the current interventions and programs are highlighted below:

- Several of the Quality Innovation Incubator Fund projects for 2016 and 2017 were aimed at increasing the use of primary care health care teams, including navigators and care managers to expand the reach of our primary care providers. Most of these programs supported through the Incubator Fund became fully operational in 2017 and we should begin to see the results of these projects in 2018.
- Advanced Health care management staff participate with a community care management group that includes representation from clinics in our provider network and community partners in both Coos and Curry counties. This group meets twice a month to share best practices to coordinate care across the continuum of health care services and community resources, as well as consult on particular cases as needed.
- Two large clinics in Advanced Health’s provider network, Bay Clinic and North Bend Medical Center, are participating in the CPC+ program. In 2017 these clinics began monitoring and working to improve their rate of 7 day follow up after an ED visit for their patient populations.
- Advantage Dental, Advanced Health’s delegate for oral health services, used Premanage to monitor for ED visits related to oral health concerns. Case Management staff reach out to members and work to connect them with their primary care dentist for follow up and management of their oral health needs.
- Advanced Health implemented Premanage for intensive case management staff in mid-2017. Premanage is a health information exchange solution focused on emergency department and hospital admissions. It allows a ED and hospital admissions personnel to receive care plan information when a patient is admitted. It also allows case management personnel to receive notifications when a patient is admitted to the ED or hospital for an inpatient stay. Advanced Health’s IT manager is facilitating implementation of Premanage within the Advanced Health provider network.

	<ul style="list-style-type: none"> Advanced Health is working through contract negotiations to implement a capitated payment arrangement with a local critical access hospital as a value-based payment model to potentially reduce avoidable ED visits. This arrangement would have the benefit of continuing to support the financial health of the critical access hospital, while at the same time, provide a financial incentive to pilot strategies to encourage clinically appropriate use of medical resources.
--	--

PERFORMANCE IMPROVEMENT

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

- Short-Term Activity or
 Long-Term Activity

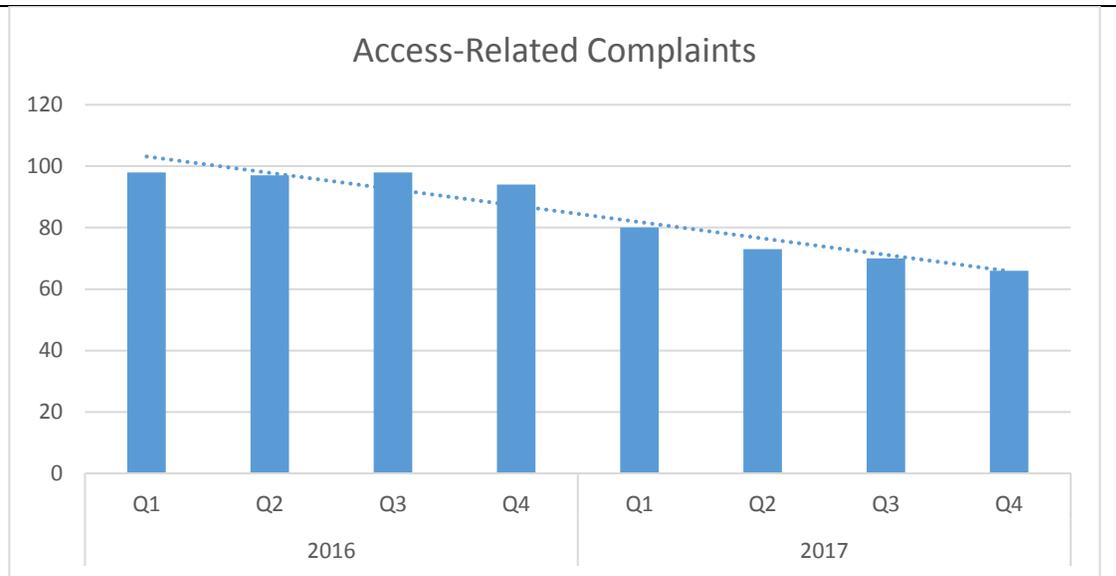
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Submit new PIP notification form to OHA	Not complete	Complete	7/2018	Complete	7/2018
Complete additional data analysis to find specific patterns of use and populations	Not complete	Complete	7/2018	Complete	7/2018
Determine new interventions for specific patterns or populations identified	Not complete	Complete	9/2018	Complete	9/2018
Number of clinics and delegates using Premanage	2	5	6/2018	15	2019
ED Utilization rate per 1000 member months (all members)	54.4 CY 2016 (use CY 2017 data when available)	2 percentage point decrease	12/2018	4 percentage point decrease	12/2019
ED Utilization rate per 100 member months (members with SPMI diagnoses)	121.6 CY 2016 (use CY 2017 data when available)	3 percentage point decrease	12/2018	6 percentage point decrease	12/2019
Number of critical access hospitals with capitated payment arrangements	0	1	12/2018	2	12/2019

C. Member Grievance System Improvements

TQS COMPONENT(S)

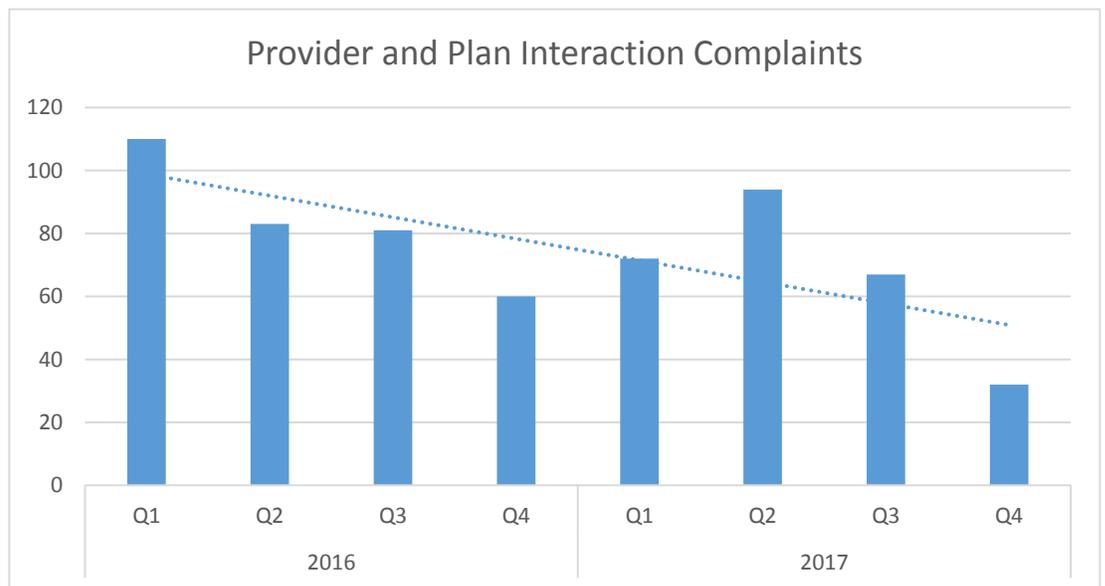
Primary Component:	Grievances and appeals	Secondary Component:	Access
---------------------------	------------------------	-----------------------------	--------

Additional Components:	Fraud, Waste, and Abuse;		
Subcomponents:	Access: Second opinions	Additional Subcomponent(s):	Access: Quality and Appropriateness of Care for All Members, Access: Cultural considerations
NARRATIVE OF THE PROJECT OR PROGRAM			
<p>Advanced Health has undertaken several quality improvement efforts aimed at decreasing the rate of member complaints, especially around access and interaction with providers. Advanced health added a new RN Health Services Coordinator (HSC) to the quality team in the fourth quarter of 2016 to coordinate and lead these improvement efforts. One of the primary responsibilities for this position is to work directly with members to navigate through their appeal and/or hearing process to assist them in obtaining covered services that will meet their needs. The Health Services Coordinator also leads the Grievance and Complaints Committee and the PCP Assignment Committee to identify and work on system-level issues affecting our members that lead to grievances. The Grievance and Complaints Committee is an interdisciplinary team that works collaboratively to reduce grievances and appeals filed by our members through data collection, monitoring, and process improvement, as well ensuring administrative and contract requirements related to grievances, complaints, and appeals are met. The PCP Assignment Committee is an interdisciplinary team that specifically works on improving access to PCP services for Advanced Health members.</p> <p>The RN Health Services Coordinator is also one of the individuals at Advanced Health who was chosen to complete the Adverse Childhood Event (ACE) Master Trainer course with ACE Interface. (See section D beginning on page 22 for more information on the community ACE initiative.) As an ACE Master Trainer and an advocate for trauma-informed care, the Health Services Coordinator is well positioned to ensure our Member Grievance System is responsive to the needs of our members and to monitor the details of all complaints, appeals, and hearing requests for issues related to cultural considerations and health equity. She also uses these principles to assist provider offices that are generating a high rate of complaints related to patient-provider interactions. Offices are offered evaluation, coaching, and support to improve their interactions with patients. Understanding of ACEs and trauma-informed practices helps providers and their staff to have better working relationships with our members.</p>			
QUALITY ASSESSMENT			
Evaluation Analysis:	Some effects from the work from these committees are evident in the decrease of our access complaints in 2017. PCP access is an issue affecting all patients in the region, not just Advanced Health members. In fact, we continue to have better access for our members than patients with traditional Medicare or even commercial insurance. In 2017, access complaints decreased by 25% compared to calendar year 2016.		



Evidence has shown that health plans which promote access and continuity with PCPs are likely to experience higher patient satisfaction with their primary care practitioner relationships.

In addition to reduction in access complaints, Advanced Health saw a drop in complaints related to interaction of members with their providers. Complaints in this category dropped 20% from 2016 to 2017.



The Health Services Coordinator monitors the details of all complaints weekly and is working to streamline the process of collecting complaint and resolution information from delegated entities. Complaints and appeals are monitored closely for any issues related to obtaining a second opinion, member billing, consumer rights, health equity, and fraud, waste, and abuse. Any trends and actions taken are discussed in the quarterly Analysis of Grievances report submitted to OHA.

<p>In the third quarter of 2017 the Health Services Coordinator identified three appeals related to second opinions. The prior authorization process for these services was reviewed and while the information provided for two of them did not clearly state that it was an authorization request for a second opinion, one was noted as a second opinion. Additional guidance was provided to utilization review staff to err on the side of approval for services that appear to be for a second opinion. No other such appeals have been files since, and the Health Services Coordinator will continue to monitor for appeals or complaints related to second opinions.</p> <p>In January of 2019, Advanced Health will implement a new software system that will replace the current software used to log, document, and monitor complaints. A substantial amount of review and evaluation of the software has already taken place and will continue through 2018 as we plan for a smooth transition.</p>					
<p>PERFORMANCE IMPROVEMENT</p>					
<p>Activity: RN Health Services Coordinator will streamline the process for escalating complaints requiring clinical and/or executive level review, investigation, and resolution.</p>				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Implement streamlined process for Advanced Health Customer Service Staff.</p>	<p>Not complete</p>	<p>Complete</p>	<p>6/2018</p>	<p>Complete</p>	<p>6/2018</p>
<p>Implement streamlined process for Advanced Health delegated entities</p>	<p>Not complete</p>	<p>Complete</p>	<p>8/2018</p>	<p>Complete</p>	<p>8/2018</p>
<p>Activity: Determine and implement a standard workflow for documenting and reporting on member complaints, investigations, and resolutions in the new software system.</p>				<input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Customer Service staff trained on new procedure</p>	<p>Not complete</p>	<p>Complete</p>	<p>1/2019</p>	<p>Complete</p>	<p>1/2019</p>
<p>Report dashboard created to monitor member complaint data</p>	<p>Not complete</p>	<p>Complete</p>	<p>3/2019</p>	<p>Complete</p>	<p>3/2019</p>
<p>Activity: 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.</p>				<input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Rates of member complaints per 1000 members</p>	<p>7.3 grievances per 1000 members</p>	<p>5.84 grievances per 1000 members</p>	<p>12/2018 (to be reported in 4thQ 2018)</p>	<p><5 grievances per 1000 members</p>	<p>12/2019</p>

			Analysis, due 2/2019		
--	--	--	----------------------	--	--

<p>D. Adverse Childhood Experience (ACE) TQS COMPONENT(S)</p>					
Primary Component:	Social determinants of health	Secondary Component:	CLAS standards and provider network		
Additional Components:					
Subcomponents:	Health Equity: Cultural competence	Additional Subcomponent(s):			
<p>NARRATIVE OF THE PROJECT OR PROGRAM</p> <p>Advanced Health’s Community Advisory Councils in both Coos and Curry Counties as well as the Board of Directors chose in 2017 to begin working with the ACE Interface Master Training program and the Self-Healing Communities Initiative in an effort to begin addressing the social determinants of health associated with the effects of Adverse Childhood Experiences (ACE) and trauma in our community.</p> <p>In June 2017 Advanced Health began convening community-wide planning meetings with broad cross-sector representation, including CCO delegates and providers, as well as other community partners from early childhood education, K-12 education, the local community college, juvenile department, CASA, and domestic violence prevention, among others. The goal of these early meetings was to obtain buy-in from community stakeholders and secure funding to support the initiatives. Community agencies were recruited to contribute to a funding partnership and to nominate a staff member or partner to participate in the ACE Master Trainer program. Twelve individuals were selected from throughout Coos and Curry counties and completed the ACE Master Training. These Master Trainer candidates are now available to train in pairs and raise awareness about ACE in the community. After they have completed their training and presentation requirements, they will become certified ACE Master Trainers</p> <p>The Self-Healing Communities Initiative has been chosen as the framework for the communities of Coos and Curry Counties to work toward building resiliency to mitigate the effects of ACE for those who have already experienced trauma and to prevent traumas for future generations. In November a steering committee and a metrics committee were seated to provide a cross-sector community infrastructure to guide the initiative and produce a comprehensive implementation and measurement plan for Coos and Curry counties.</p>					
<p>QUALITY ASSESSMENT</p> <p>Evaluation Analysis: The findings from the ACE study are the largest public health discovery of our time. The evidence linking childhood traumas to adverse health outcomes makes it clear that finding ways to mitigate and prevent trauma is key to improving the health of the community. The Master Training program and Self-Healing Communities Initiative from ACE Interface have been adopted in other state and are showing early evidence of improved outcomes.</p>					
<p>PERFORMANCE IMPROVEMENT</p> <p>Activity: 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.</p> <p><input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity</p>					
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Number of training sessions completed	0 sessions 2017	40 sessions	6/2018	140 sessions	12/2019

Number of Master Trainers who have completed certification	0 2017	8	12/2018	12	12/2019
Activity: Self-Healing Communities Initiative Steering Committee will develop a strategic plan for intervention implementation				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Strategic Plan completed	Not complete	Process started	3/2018	Complete	7/2018
Activity: Self-Healing Communities Initiative Metrics Committee will develop a measurement plan for intervention process and outcome monitoring				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Measurement plan complete	Not complete	Process started	2/2018	Complete	9/2018
Activity: Expand the local community training offerings to support ACE awareness and the Self-Healing Communities Initiative with the Neuroscience, Epigenetics, ACEs, Resilience (NEAR) education.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
NEAR Education for Master Trainer Candidates	Not complete	Complete	5/2018	Complete	5/2018

E. Community Health Assessment and Community Health Improvement Plan TQS COMPONENT(S)					
Primary Component:	Social determinants of health	Secondary Component:		Health equity and data	
Additional Components:					
Subcomponents:	Choose an item.	Additional Subcomponent(s):			
NARRATIVE OF THE PROJECT OR PROGRAM					
In 2017 Advanced Health’s Community Advisory Councils worked with the CCO and community partners to align the efforts of the CCO, Federally Qualified Health Centers, hospitals, public health agencies, social services organizations, and the residents of the communities they serve to develop a shared community health assessment (CHA); one for Coos County and one for Curry County. Creating the CHA includes collecting, analyzing, and synthesizing primary and secondary data sources, and facilitating a process to identify and prioritize significant health needs facing the community. The scope of the project includes the Social Determinants of Health as well as the partnering organizations’ state, federal, and accreditation requirements.					
From this county-specific, comprehensive CHA, the partnering organizations intend to coordinate aligned Community Health Improvement Plans to address the identified needs. This approach will allow each entity to approach areas relevant to their core work and regulatory requirements while also creating a platform for collaboration around health improvement plans and activities that leverage collective resources to improve the health and well-being of Coos and Curry county communities.					

Advanced Health plans to retain a consultant to work with the Community Advisory Councils in planning and revising the Community Health Improvement Plans. They will also consider ways to align with and support the Transformation and Quality Strategy.

QUALITY ASSESSMENT

Evaluation Analysis:

Advanced Health and partners relied on the Social Determinants of Health framework from the Henry J Kaiser Family Foundation, included below, to inform the Community Health Assessment process.

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



In addition to the framework, most partners have state, federal, or accreditation requirements. The collaborating organizations combined and analyzed their various requirements in order to create a cohesive specification for the CHA to meet all the partners’ needs. Some of the requirements include:

- Section 501(r) in the Internal Revenue Code was created by the Affordable Care Act and requires that tax-exempt 501(c)(3) health care institutions complete a community health needs assessment at least once every 3 years to assist hospitals and organizations to better understand the needs and assets of the communities to facilitate collaboration that results in measurable improvements in the community’s health and well-being.
- Department of Health and Human Services – Health Resources and Services Administration requires FQHCs to complete Form 9: Need for Assistance Worksheet.
- Public Health Accreditation Board (PHAB) encourages local public health agencies to achieve accreditation by meeting a set of standards that document the department’s capacity to deliver the core public health functions outlined in the “Ten Essential Public Health Services.” The reaccreditation process demonstrates that the health department focuses on the use of the required capacities, accountability, and continuous quality improvement.
- The CCO requirements are to create a plan for addressing community health needs that build on community resources and skills while emphasizing innovation, including, but not limited to: 1)

emphasis on disproportionate, unmet, health-related needs, 2) emphasis on primary prevention, 3) building a seamless continuum of care, 4) building community capacity, and, 5) developing collaborative governance to achieve community benefit.					
PERFORMANCE IMPROVEMENT					
Activity: Complete the comprehensive Community Health Assessment (CHA)				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
CHA completed and delivered to the CAC	Not complete	Complete	6/2018	Complete	6/2018
Activity: Develop a collaborative Community Health Improvement Plan (CHP) from the data and priorities presented in the CHA				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
CHP developed and approved by the CAC	Not approved	Approved	12/2018	Approved	12/2018

F. Delta Program Participation			
TQS COMPONENT(S)			
Primary Component:	CLAS standards and provider network	Secondary Component:	Health equity and data
Additional Components:			
Subcomponents:	Health Equity: Cultural competence	Additional Subcomponent(s):	
NARRATIVE OF THE PROJECT OR PROGRAM			
Developing Equity Leadership through Training and Action (DELTA) is a nine-month training program for community leaders to advance understanding and action around the state on health equity and inclusion. Southwest Oregon IPA (SWOIPA), Advanced Health’s administrative and physical health network delegate, elected to enroll the Human Resource Administrative Assistant in the 2017-2018 cohort for the DELTA program. The HR Administrative Assistant is a key position in the organization to drive strategic diversity and inclusion policies and procedures for the organization. As a participant in the DELTA program, the HR Administrative Assistant will design a model to assess an organization’s workforce diversity.			
QUALITY ASSESSMENT			
Evaluation Analysis:	Advanced Health, its delegates, and community partners collect and analyze ethnicity, race, language, disability, and other data from the community members they serve in order to develop culturally and linguistically appropriate plans for services and monitor for potential health disparities. Another method to promote CLAS standards is for an organization to assess its own workforce to determine the extent to which it has successfully recruited, retained, and supported a diverse and inclusive workforce to meet the needs of the community it serves.		

The model for assessing workforce diversity will address:					
<ul style="list-style-type: none"> Organizational readiness to perform the assessment Executive engagement in the process Obtaining staff buy-in Addressing concerns of staff around sharing their information Data elements and tools for data collection Next steps to analyze and take action on the data collected 					
PERFORMANCE IMPROVEMENT					
Activity: 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.					<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Model and tools complete	Not complete	Complete	6/2018	Complete	6/2018
Overview training for representatives of delegates and community partners	0	2	9/2018	5	12/2018

G. Verification of Services - Process Improvements			
TQS COMPONENT(S)			
Primary Component:	Fraud, waste and abuse	Secondary Component:	Choose an item.
Additional Components:			
Subcomponents:	Choose an item.	Additional Subcomponent(s):	

NARRATIVE OF THE PROJECT OR PROGRAM

Advanced Health’s Fraud, Waste and Abuse detection procedures include a process of contacting Advanced Health members to confirm that billed services were provided. For this Verification of Services (VOS) process, approximately 100 claims per month are randomly selected, subject to exclusion of specially protected information. The survey sent to members includes information on the date of the service, the name of the provider, the service furnished, and the amount of payment by the member, if any. The survey asks members if they received the service, if they were asked to pay any amount for the service, if any payment made was refunded, and if they were treated with courtesy and respect. There is also space for members to make comments and give a phone number for follow up by Advanced Health staff. When surveys are returned, the responses are entered into an internal database. Responses and comments that indicate follow up is needed are forwarded to the appropriate department for investigation, including compliance, customer service, or case management, depending on the response or comments.

QUALITY ASSESSMENT	
Evaluation Analysis:	<p>No survey responses in 2017 resulted in an investigation for waste, fraud, or abuse.</p> <p>In 2018, Advanced Health’s IT and Health Information Management System (HIMS) staff are working to roll out new EDI software for the organization and in 2019 will be transitioning to a new transactional software system that will be used for claims and prior authorization processing. With the planning and implementation of the new software systems, it is an opportune time to also improve and update the VOS process.</p>

PERFORMANCE IMPROVEMENT					
Activity: 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.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
VOS procedure revised, reviewed, tested, and approved for implementation	Not complete	Complete	6/2018	Complete	6/2018
Staff trained on the revised VOS procedure	Not complete	Complete	8/2018	Complete	8/2018
Revised VOS procedure implemented	Not complete	Complete	8/2018	Complete	8/2018
Process monitoring reports developed, reviewed, and released	Not complete	Complete	9/2018	Complete	9/2018

H. Patient-Centered Primary Care Home (PCPCH) Learning Collaborative TQS COMPONENT(S)			
Primary Component:	Patient-centered primary care home	Secondary Component:	Access
Additional Components:			
Subcomponents:	Access: Timely access	Additional Subcomponent(s):	Access: Cultural considerations

NARRATIVE OF THE PROJECT OR PROGRAM

One focus area of the 2015-2018 Coos County Community Health Improvement Plan is to increase access to care providers. This priority was identified from the Coos County Community Health Assessment, reviewed and approved by the Coos County Community Advisory Council. The subcommittee/workgroup tasked with increasing access to care chose as one of their strategies to form a PCPCH learning collaborative to support local clinics and providers in attaining PCPCH recognition and reaching their target recognition levels. This strategy also aligns with OHA’s PCPCH Enrollment quality performance metric for CCOs, the PCPCH area of focus in the Transformation Plan, and with the requirements for clinics participating in the CPC+ program.

QUALITY ASSESSMENT	
Evaluation Analysis:	<p>Advanced Health had conducted a performance improvement project around PCPCH enrollment in 2014 and 2015 with a core strategy of providing technical assistance to clinics to attain PCPCH recognition. By 2016, 88.6% of Advanced Health members were receiving primary care services at a Tier 3 PCPCH recognized clinic.</p> <p>In 2017 the recognition standards for PCPCH were revised and the tier structure was expanded from three levels to five. The change to the tier structure precipitated a change to the OHA PCPCH Enrollment measure calculation. With the threshold for the PCPCH measure remaining at 60% and the new calculation methodology, it became impossible for a CCO to meet the measure if the clinics in their provider network remained at Tier 3.</p>

	<p>In 2017 the Access to Care Community Health Improvement Plan Subcommittee formed the PCPCH Learning Collaborative and worked to engage representatives from interested clinics in both Coos and Curry counties, including Bay Clinic, North Bend Medical Center, Waterfall Community Health Center, Coast Community Health Center, Curry Community Health, and Curry Health Network. At the beginning of 2017, all these clinics were recognized as Tier 3 PCPCH clinics.</p> <p>The PCPCH Learning Collaborative, led by Advanced Health’s Quality Improvement Specialist and the Community Engagement Team, built and shared tools to assist fellow collaborative members to achieve higher levels of PCPCH recognition.</p> <ul style="list-style-type: none"> • Set up a Go-to-Meeting to allow offsite participation in the learning collaborative as needed • Build a matrix using PCPCH standards for assessment of each PCPCH provider • Met regularly with key individuals from each clinic to work through the PCPCH standards • Accessed professional resources and provided professional training when necessary • Access tools to measure supply and demand, 3rd next available appointment, conduct secret shopper exercises, discuss open access scheduling <p>By the end of 2017, Bay Clinic, North Bend Medical Center’s Coos Bay clinic, Coast Community Health Center, Curry Health Network, and Curry Medical Center of Curry Health Network had all attained Tier 4 PCPCH recognition. The North Bend Medical Center offices in Myrtle Point, Coquille, Bandon, and Gold Beach, and Waterfall Community Health Center had all maintained Tier 3 PCPCH recognition. As Advanced Health was working to contract with the Coquille Indian Tribe Community Health Center for primary care services, a representative from the Coquille Indian Health Center also joined the PCPCH learning collaborative in late 2017.</p>
--	--

PERFORMANCE IMPROVEMENT

Activity: 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.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Course Completion	Not complete	Complete	2/2018	Complete	2/2018
Activity: Support clinics in achieving their PCPCH recognition goals.				<input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
North Bend Medical Center – Coos Bay	Tier 4	5 Star	12/2019	5 Star	12/2019
North Bend Medical Center – Myrtle Point	Tier 3	Tier 4	12/2019	Tier 4	12/2019
North Bend Medical Center – Coquille	Tier 3	Tier 4	12/2019	Tier 4	12/2019
North Bend Medical Center – Bandon	Tier 3	Tier 4	12/2019	Tier 4	12/2019

North Bend Medical Center – Gold Beach	Tier 3	Tier 3	12/2018	Tier 4	12/2019
Bay Clinic	Tier 4	5 Star	12/2019	5 Star	12/2019
Waterfall Community Health Center	Tier 3	Tier 4	12/2019	Tier 4	12/2019
Coast Community Health Center	Tier 4	5 Star	12/2019	5 Star	12/2019
Curry Community Health	Tier 4	Tier 4	12/2019	Tier 4	12/2019
Curry Medical Center – Curry Health Network	Tier 4	Tier 4	12/2019	Tier 4	12/2019
Coquille Indian Tribe Health Center	Not Recognized	Tier 3	12/2019	Tier 3	12/2019
Advanced Health PCPCH Enrollment quality measure performance	67.8% (CY 2017)	70%	12/2018	80%	12/2019
Activity: Develop a crosswalk of the PCPCH standards with the Accreditation for Ambulatory Health Care (AAHC) recognition standards to assist the Coquille Indian Tribe Community Health Center in achieving PCPCH recognition in addition to their current AAHC accreditation.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Crosswalk complete	Not complete	Complete	7/2018	Complete	7/2018

I. Integration of Dental Health Services into a Mental Health Service Setting TQS COMPONENT(S)			
Primary Component:	Integration of care (physical, behavioral and oral health)	Secondary Component:	Severe and persistent mental illness
Additional Components:			
Subcomponents:	Choose an item.	Additional Subcomponent(s):	
NARRATIVE OF THE PROJECT OR PROGRAM			
For the past three years, Advanced Health’s Board of Directors chose to reserve a portion of the Quality Incentive Measure funds earned for reinvestment in special programs and projects with the potential to help attain the Quality Incentive Measures in future years. The goal is to promote quality innovation ideas, launch new programs, or field-test innovative projects that, if proven to be successful, can become self-sustaining and self-sufficient over time. The Clinical Advisory Panel reviews all proposals and made recommendations to the Board of Directors, who made the final determination on funding.			
One such project that was proposed in 2017 and received funding for 2018 is a collaborative project between Advantage Dental, Coos Health and Wellness, and The Devereaux Center, a local open-door day center that serves many community members experiencing homelessness and mental illness. Advantage Dental seeks to provide services to vulnerable populations in a setting that is more appropriate than the emergency room by increasing participation in screenings and prevention in the community setting. The Advantage Dental risk-based care and medical management strategy, when employed in the community setting reduces barriers to access, allows for identification of emergent			

oral health issues, and establishes a care coordination pathway for individuals to receive needed care and prevention. Partnerships with both Coos Health and Wellness (CH&W), and the Nancy Devereux Center will provide access for clinical staff to serve individuals in the environments they are already comfortable in.

Integration and care coordination with partner organizations will be accomplished through:

- A shared understanding of mental health and homelessness on overall long-term health outcomes, including medication impacts to oral health, symptomology, processes and cycles contributing to instability in homeless individuals and those suffering from SPMI.
- A shared understanding of oral health risk-based care and the importance of consistent prevention and timely clinical oral health care.
- Integration by Coos Health and Wellness and Nancy Devereux staff of at least one oral health question in existing case management work to assist in the early detection of simmering oral health issues.
- Advantage outreach Expanded Practice Dental Hygienists will provide services in both Coos Health and Wellness and the Nancy Devereux Center no less than one day a month.
- Care coordination protocols will be established and in place to reduce barriers to vulnerable individuals needing care in the clinical setting.
- Outreach hygienists during oral screening will use AAR, Ask (about tobacco use), Advise (advise tobacco users to quit) and Refer (refer to resources) to screen for tobacco use and refer patients to existing cessation resources.
- Project work will be directed by Advantage Dental community liaisons in coordination with quality management staff at Coos Health and Wellness and the Executive Director of The Devereux Center.

QUALITY ASSESSMENT

Evaluation Analysis:

It has been documented through numerous studies that those experiencing serious and persistent mental illness access oral health services less frequently than others. In addition, those experiencing homelessness are also less likely to seek routine oral health services and more likely to seek help in an Emergency Department. One study found that those experiencing SPMI were 3.4 times more likely to lose all of their teeth. (2007) Killbourne, AM, Howitz-Lennon, Metal.

More staggering is the increased likelihood of people experiencing homelessness to utilize the emergency department for oral health pain. In a controlled study published in the Journal for Healthcare for the Poor and Underserved¹, it was found that people experiencing homelessness were significantly more likely to visit the emergency department. In a controlled group study, the homeless group had 182 visits related to dental pain in comparison to 10 with the control group. In addition, over 80% of the emergency visits were for odontogenic infections and 46% of those individuals had repeat visits related to the same problem.

Additionally, the Medicaid population in general has a higher instance of tobacco usage. One study from the Center for Disease Control and Prevention found that Medicaid consumers are twice as likely as uninsured or private insured to use tobacco.² Barriers for populations described above are common and related to the social determinants of health (SDOH). They can include; past trauma both related and unrelated to dental care, transportation, inability to navigate system, as well as unawareness of long term impacts of neglected oral health care

¹ Figueiredo, R., Dempster, L., Quiñonez, C., & Hwang, S. W. (2016). *Emergency Department Use for Dental Problems among Homeless Individuals: A Population-Based Cohort Study.*

	<p><i>Journal of Health Care for the Poor and Underserved</i>, 27(2), 860–868. http://doi.org/10.1353/hpu.2016.0081</p> <p>² <i>Smoking rates for uninsured and adults on Medicaid more than twice those for adults with private health insurance CDC Online Newsroom CDC. (n.d.). Retrieved from https://www.cdc.gov/media/releases/2015/p1112-smoking-rates.html</i></p>
--	--

PERFORMANCE IMPROVEMENT

<p>Activity: 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.</p>				<input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Percent of Coos Health and Wellness population receiving oral health services within the past 12 months	44% in 2015	55% (25% increase over baseline)	12/2018	65%	12/2019
Percent of The Devereaux Center population receiving oral health services within the past 12 months	TBD	TBD	12/2018	TBD	12/2019

J. Nursing Student Home Visiting Program for Members with Special Health Care Needs

TQS COMPONENT(S)

Primary Component:	Special health care needs	Secondary Component:	Access
Additional Components:	Social Determinants of Health; Utilization Review		
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):	

NARRATIVE OF THE PROJECT OR PROGRAM

Advanced Health, Southwestern Oregon Community College (SOCC), and the OHSU Campus for Rural Health – South Coast have developed a home visiting program for Advanced Health members with uncontrolled or poorly controlled diabetes and plan to pilot the program in 2018-2019. Advanced Health Care Management staff worked to identify members who may benefit from regular home visits and who would like to participate in the program. SOCC Associate Degree Nursing (ADN) students will work in teams of two to visit the identified Advanced Health members twice per month. The nursing students will follow the members for five to six terms (approximately two years) while in the SOCC nursing program, unless the member declines further visits. Teams will engage with members to develop a care plan and work toward completing health goals, including overcoming barriers to health care needs. ADN students will communicate needs to interdisciplinary personnel as needed and may initiate a care coordination meeting to address problems as identified.

OHSU RNBS students will consult with Advanced Health nurse case managers and ADN students to identify member needs for diabetic/chronic illness care, community resources, and gaps relevant to access to health care. Under the supervision of OHSU faculty, RNBS students will focus on population and community resource needs for the identified Advanced Health population.

OHSU Campus for Rural Health – South Coast students may be asked to attend a pre-arranged home visit with a member, as needed, to aid in the member’s coordinated care. For example, if a team determines that a member could benefit from oral health information and the member consents, a dental student may be asked to attend the next scheduled home visit. Students may also be asked to provide open sessions to Advanced Health members about specific health-related issues, arranged through the RNBS student and ADN student assessment of member needs.

Advanced Health nurse case managers identify and initially contact and screen members for entry into the program, obtaining the member’s permission and a release of information agreement. The nurse case managers consult with ADN students and SOCC faculty about member needs and attend case conferences with ADN student teams. Advanced Health nurse case managers will meet regularly with RNBS students to discuss the nurse case management role and provide guidance for student projects focused to meet Advanced Health’s members’ needs.

The longitudinal relationship with the students will provide additional access to care for this prevalent chronic condition in members with special health care needs, provide a patient-centered approach that promotes the right care at the right time, and provides services in a non-clinic setting that makes care more accessible to a potentially underserved population. The students will learn to facilitate appropriate care when needed, and good disease management should avoid over-utilization of urgent or emergency services. This relationship also addresses social determinants of health by reducing isolation for patients, but also has a community effect. Students from the community are given an opportunity to participate in an educational program locally, and the improved education and earning potential benefits the community economically.

QUALITY ASSESSMENT

<p>Evaluation Analysis:</p>	<p>Advanced Health has tracked and reported to OHA the Diabetes: HbA1c Poor Control (NQF 0059) quality performance measure since 2014. This is a measure of poor control, so a lower score is better.</p> <ul style="list-style-type: none"> • 28.4% in 2014 • 29.2% in 2015 • 25.8% in 2016 • 26.0% in 2017 (preliminary result) <p>While there is some improvement in performance over the four years of tracking the measure, and performance is better than the national 75th percentile of Medicaid patients, we are not consistently meeting the improvement targets set by the OHA Metrics and Scoring Committee. Advanced Health is looking for innovative strategies to reduce barriers and support members in learning how to manage their conditions. Uncontrolled or poorly controlled diabetes leads to frequent emergency department use, higher likelihood of hospitalization, and poor health outcomes.</p> <p>In July of 2017, three Advanced Health staff members (RN Care Manager, Community Health Worker, and Quality Improvement Specialist) completed a Diabetes Empowerment Education Program (DEEP™) Peer Educator class. HealthInsight Assure brought the training to the area and care management staff from several primary care clinics in our provider network also completed the course. DEEP™ is a peer-led diabetes education program, which also highlights quitting smoking as an important component of diabetes management. It is structured as a series of six weekly meetings. Advanced Health offered the class to members in the fourth quarter of 2017. Of the ten members who enrolled and</p>
------------------------------------	--

<p>began the class, three completed the entire six weeks. Barriers around scheduling and transportation made it difficult for some to attend the class at the Advanced Health office.</p> <p>Advanced Health also offers diabetes education classes for members through Bay Area Hospital as well as intensive case management services. Through the Innovation Incubator Fund program, Advanced Health has supported the development and implementation of care management and care coordination programs in the provider network. We also have a value-based payment model to reward primary care providers who meet performance goals for the diabetes control quality measure.</p> <p>The SOCC nursing student home visiting program is a strategy that will provide a true outreach channel to members and may help overcome the barriers preventing members from participating in the other programs.</p>					
<p>PERFORMANCE IMPROVEMENT</p>					
<p>Activity: 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.</p>				<p><input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity</p>	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Number of members initially enrolled</p>	<p>0</p>	<p>15</p>	<p>1/2018</p>	<p>15</p>	<p>1/2018</p>
<p>Number of members enrolled at six months</p>	<p>N/A</p>	<p>12</p>	<p>6/2018</p>	<p>12</p>	<p>6/2018</p>
<p>Activity: Identify potential process monitoring measures from the information that is documented by the SOCC nursing students.</p>				<p><input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity</p>	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Evaluate additional potential process measures.</p>	<p>Not complete</p>	<p>Complete</p>	<p>6/2018</p>	<p>Complete</p>	<p>6/2018</p>
<p>Determine baseline and target data for any other process measures that are adopted.</p>	<p>Not complete</p>	<p>Complete</p>	<p>7/2018</p>	<p>Complete</p>	<p>7/2018</p>
<p>Activity: Assist members enrolled in the program to better control their diabetes.</p>				<p><input type="checkbox"/> Short-Term Activity <u>or</u> <input checked="" type="checkbox"/> Long-Term Activity</p>	
<p>How activity will be monitored for improvement</p>	<p>Baseline or current state</p>	<p>Target or future state</p>	<p>Time (MM/YYYY)</p>	<p>Benchmark or future state</p>	<p>Time (MM/YYYY)</p>
<p>Percent of enrolled members whose most recent HbA1c test result is lower than their baseline.</p>	<p>0%</p>	<p>40%</p>	<p>12/2018</p>	<p>80%</p>	<p>12/2019</p>
<p>Diabetes: HbA1c Poor Control (NQF 0059) rate – percent of enrolled</p>	<p>100%</p>	<p>70%</p>	<p>12/2018</p>	<p>40%</p>	<p>12/2019</p>

members with an HbA1c test result above 9.0% - a lower rate is better					
---	--	--	--	--	--

<p>K. Value-Based Payment Models TQS COMPONENT(S)</p>			
Primary Component:	Value-based payment models	Secondary Component:	Special health care needs
Additional Components:	Utilization Review; Patient-Centered Primary Care Homes; HIT: Analytics		
Subcomponents:	Access: Quality and appropriateness of care furnished to all members	Additional Subcomponent(s):	Access: Timely
<p>NARRATIVE OF THE PROJECT OR PROGRAM</p>			
<p>Advanced Health is committed to implementing value-based payment methodologies that align with health outcomes and advance transformation of the health care delivery system to achieve the triple aim of improving patient experience of care, improving health outcomes, and controlling health care costs. A majority of Advanced Health’s payments already have a link to quality or value through payment methodologies such as PMPM capitation payments for primary health care services or payments based on quality measure performance.</p> <p>Advanced Health has consistently included providers throughout the development of its value-based payment models. Payment models are first conceptualized by the Chief Executive Officer and the Chief Medical Officer, and from there, are forwarded to the Clinical Advisory Panel for review, revision, and recommendation. The recommendations from the Clinical Advisory Panel are presented to two governing boards for review, revision, and ultimately approval or rejection. The Advanced Health board of directors (which includes physicians as well as representatives of mental health, substance use, hospital, and dental services) and the Southwest Oregon Independent Practice Association board of directors (comprised entirely of physicians – reviewing payments that are pertinent to physical health) must both approve the new payment model prior to implementation.</p> <p>Current APMs include:</p> <ol style="list-style-type: none"> 1. Long-standing model of capitation to primary care providers. All capitated providers are at risk for primary care spending; most participating providers are at risk for total cost of care for the population, with up- and down-side risk. Capitation provides an up-front payment for the management of an identified population of patients. 2. Capitation is balanced by a risk-return model based on RVUs performed and total cost of care for the population. This balances the up-front capitated payments and provides a balanced approach so not to encourage under- or over-utilization. 3. Capitation agreement with most utilized hospital. Incentivizes appropriate use of services and development of community-based solutions. Includes a withhold amount which can be earned by controlling expenses. 4. Quality payments: The Quality Incentive Funds are paid to providers through a combination of financial reward for past performance and strategic investment in new programs aimed at meeting quality goals. Recognition of quality measures as an important funding stream has led practices to invest in quality improvement staff, processes and tools that have improved our performance over time. <p>Advanced Health will continue to develop, test, and ultimately implement additional payment methods that incentivize access to care, especially for members with chronic conditions or special health care needs.</p>			

QUALITY ASSESSMENT

Evaluation Analysis:

In 2017 Advanced Health, with the oversight and input of the Clinical Advisory Panel, developed, tested, and monitored two complimentary value-based metrics designed to improve access to primary care while also rewarding providers who care for high-risk patients with chronic health conditions or other special health care needs. The access portion of the metric required providers to maintain a patient panel above a minimum threshold and to also maintain a relatively low rate of patient complaints about access to care. The risk portion of the metric was based on risk values associated with diagnoses documented in claims data to determine population risk. The Data Analytics Manager developed guidance for providers and staff about the measures, quarterly performance reports, and improvement tools for the PCPs.

There were several goals for the model, including:

- Encourage timely access and availability of services as measured through the CAHPS survey data
- Improve continuity and coordination of care for members with high-risk chronic conditions and special health care needs
- Reduce access-related member complaints
- Reduce preventable emergency department visits through improved PCP access
- Increase the documentation and treatment of members’ chronic conditions

Results from monitoring the risk and access metrics in 2017 showed:

- 25% reduction in the number of access-related complaints in 2017 compared to 2016.
- No apparent impact on emergency department utilization. More data analysis needs to be completed following the OHA’s release of the final 2017 performance data.
- Several providers opened their panels to new patients in order to meet the minimum threshold and several offices instituted new procedures to reduce access complaints.
- Increase in the number of high-risk diagnoses documented in claims, indicating those conditions were assessed or affected the care and treatment received by the member
- CAHPS survey data for 2017 is not yet available for analysis.

Results from monitoring the Quality Incentive Payments showed:

- Providers have recognized this as an important revenue stream with appropriate staff time/attention resulting in continued improvements.
- The Clinical Advisory Panel adjusted some payments to reflect differences in difficulty of achieving the measures and strategic importance based on difference from benchmark. (E.g. complex and critical measures such as childhood immunization receive higher payments than straightforward measures already at high rates, such as developmental screening.
- Strategic investments were made via the Quality Innovation Incubator fund including, but not limited to: Pediatric behavioral health integration, Pediatric Care Coordinator, Quality Improvement staff at small clinics, One Key Question spread of implementation, HIT analytics enhancements at both the clinic and the CCO level, and a Community Paramedic program.

PERFORMANCE IMPROVEMENT					
Activity: 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.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Present evaluation to the CAP for review	Not presented	Presented	7/2018	Presented	7/2018
Activity: 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.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Revise model, if needed	Not complete	Complete	3/2018	Complete	TBD
Plan for implementation approved by both the SWOIPA and Advanced Health boards of directors	Not complete	Complete	4/2018	Complete	TBD

L. Quality Performance Measure and Other Dashboards			
TQS COMPONENT(S)			
Primary Component:	Health information technology	Secondary Component:	Health equity and data
Additional Components:	Complaints and Grievances; Fraud, Waste, and Abuse; Utilization Review		
Subcomponents:	HIT: Analytics	Additional Subcomponent(s):	Health Equity: Data
NARRATIVE OF THE PROJECT OR PROGRAM			
<p>Data Analytics staff at Advanced Health maintain a suite of data dashboards for various departments to monitor performance. Some of the currently available dashboards include:</p> <ul style="list-style-type: none"> • Quality Performance Measures <ul style="list-style-type: none"> ○ Adolescent well care visits (includes filters for PCP, Clinic, zip code, language, race, ethnicity, age) ○ Colorectal cancer screening (includes filters for PCP, Clinic, zip code, language, race, ethnicity, age) ○ Effective contraceptive use (includes filters for PCP, Clinic, zip code, language, race, ethnicity, age) ○ Developmental screening (includes filters for PCP, Clinic, zip code, language, race, ethnicity, age) ○ Well child visits in the first 15 months of life ○ Assessments for children entering DHS custody ○ Emergency Department Utilization – Monthly number of visits (includes filters for age, primary diagnosis, hospital, and SPMI flag) • Customer Service Data Monitoring <ul style="list-style-type: none"> ○ Member demographic information including geographic distribution, race, ethnicity, language, age, and rate category • Medical Management Process Monitoring <ul style="list-style-type: none"> ○ Prior authorization requests by service category, including approval and denial rates ○ Prior authorization process metrics, such as the number awaiting decisions, age of the request, and review personnel assignment 			

- MED (Morphine Equivalent Dose) dashboard
- Inpatient length of stay
- Claims Process Monitoring
 - Delegate claims volume
 - Low claims volume
 - EDI inload errors
 - Claims run overview
- Grievance System
 - Member complaints
 - Provider dismissals
- Fraud, Waste, and Abuse detection
 - Coding level monitoring by provider and specialty

QUALITY ASSESSMENT

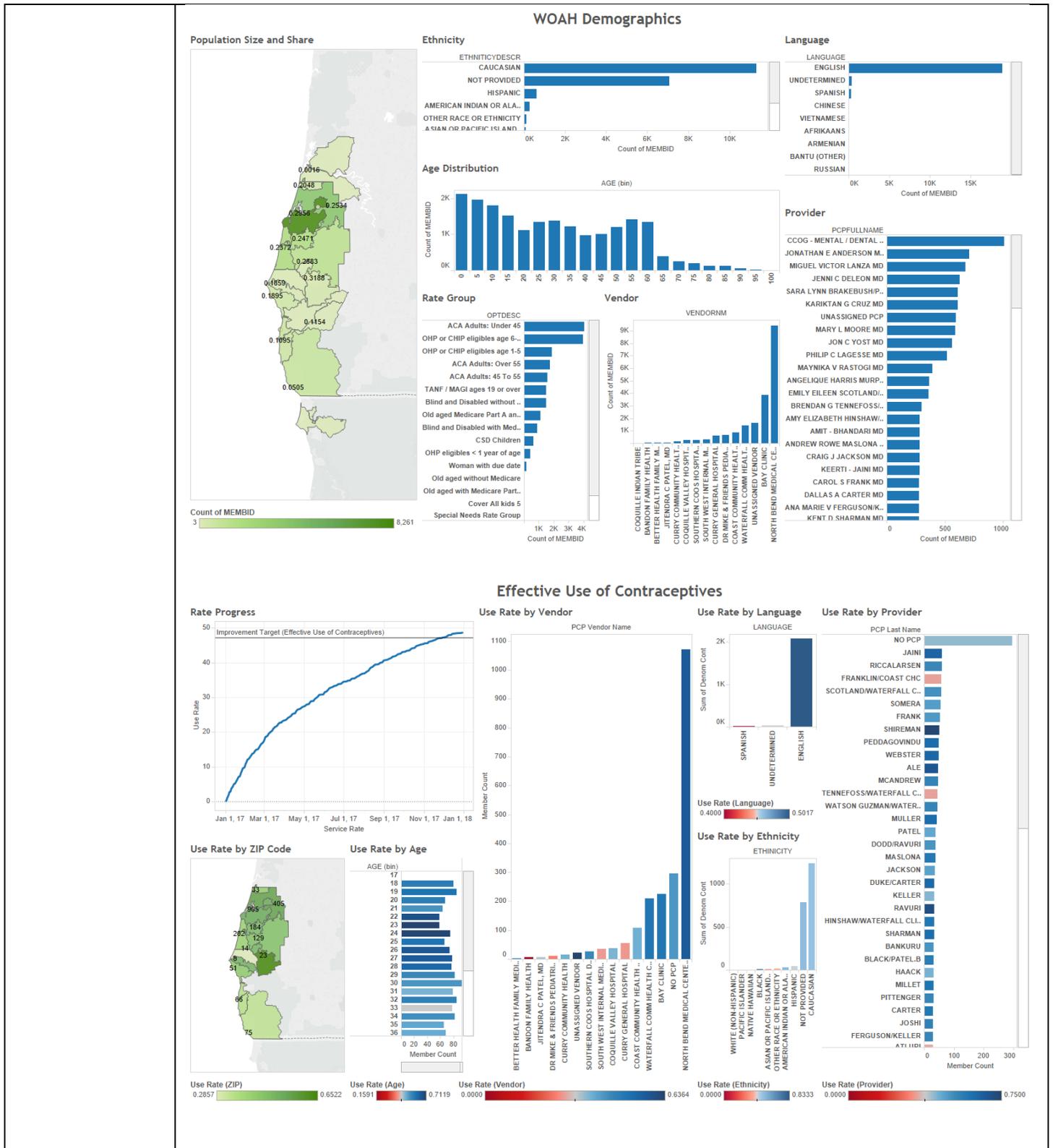
Evaluation Analysis:

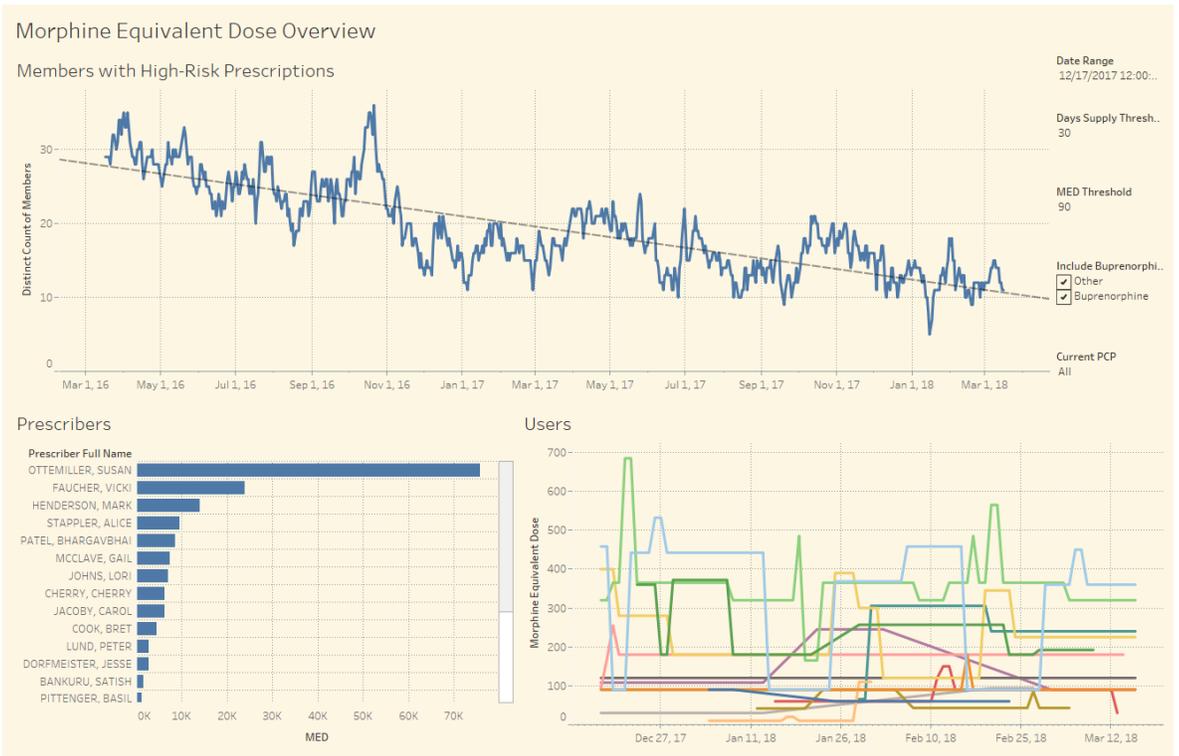
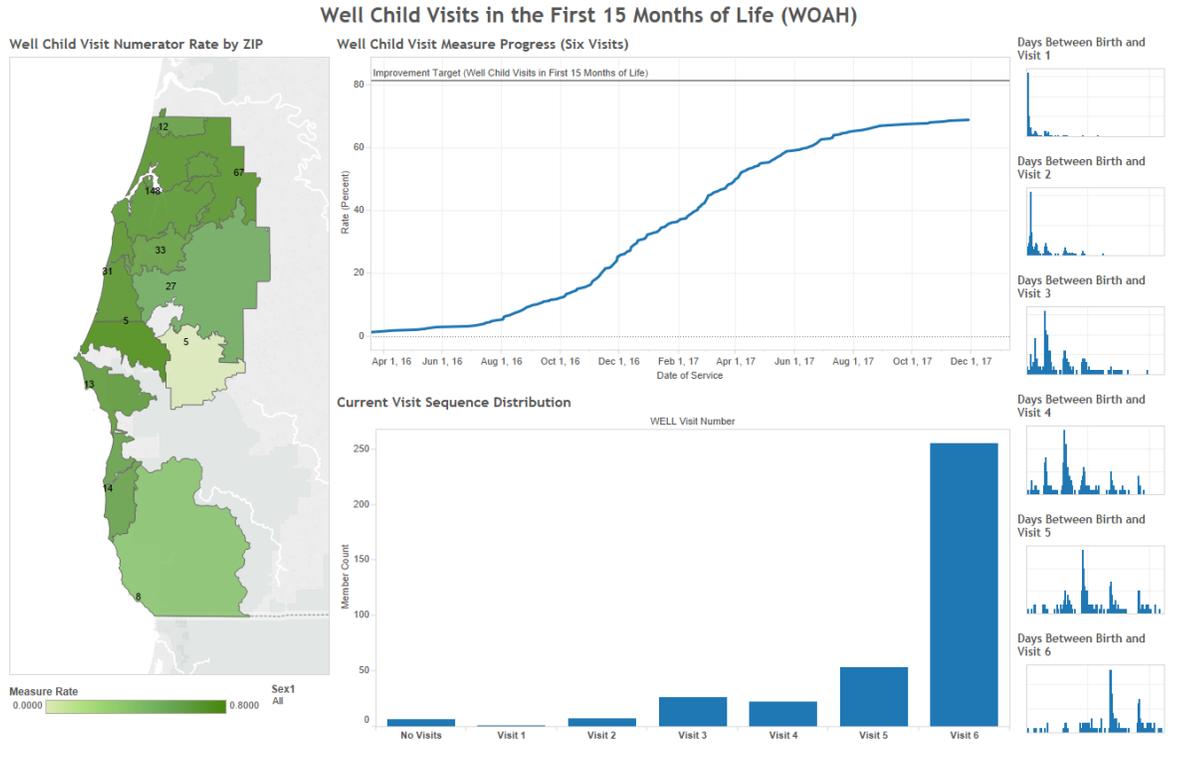
In 2015, Advanced Health implemented Tableau for data visualization and performance measure tracking. We began by monitoring performance on claims-based quality incentive measures and using the information to provide feedback to providers and identify champions and best practices. Dashboards to monitor other internal processes such as prior authorization requests and claims processing, among others were added. In 2016 and 2017 Advanced Health began to include more filters for race, ethnicity, language, age, and zip code data to the quality measure dashboards as a means to monitor for potential health disparities, and to better inform culturally and linguistically appropriate quality improvement strategies.

The dashboards for quality performance measures and other processes are used by Advanced Health to plan and monitor the results of process improvements. The quality dashboards are also used to give feedback to providers and clinics on their performance and how it compares to their peers.

Other dashboards for processes such as claims and utilization review are used to monitor information such as compliance with required timeframes, volume of transactions, productivity, and service utilization. Any concerning trends can be identified early for investigation and resolution. Areas for process improvement are identified and the outcome of any process changes are monitored to ensure the changes were effective.

Below are samples of some of the different dashboards used by Advanced Health staff.





PERFORMANCE IMPROVEMENT

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

Short-Term Activity or
 Long-Term Activity

How activity will be monitored	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
--------------------------------	---------------------------	------------------------	----------------	---------------------------	----------------

for improvement					
Update current quality measure dashboards to 2018 specifications	Not updated	Updated	3/2018	Updated	3/2018
Build and release new dashboard to monitor the Dental Sealant quality performance measure	Not released	Released	4/2018	Released	4/2018
Roll out remote access to quality improvement staff at clinics	Not complete	Complete	12/2018	Complete	12/2018
Build and release phone system dashboard	Not released	Released	06/2018	Released	06/2018
Build and release financial dashboard suite	Not released	Released	06/2018	Released	06/2018
Build and release fraud detection suite	Not released	Released	12/2018	Released	12/2018

M. Patient Portal Utilization			
TQS COMPONENT(S)			
Primary Component:	Health information technology	Secondary Component:	Choose an item.
Additional Components:			
Subcomponents:	HIT: Patient engagement	Additional Subcomponent(s):	
NARRATIVE OF THE PROJECT OR PROGRAM			
<p>Advanced Health is developing member-facing materials to support member engagement through health information technology with primary care providers’ patient portals. Clinics are already monitoring and promoting the use of their patient portal websites and smart phone apps, and Advanced Health will work to support those efforts already in place with complimentary information in the Advanced Health Member Handbook and on the Advanced Health Members section of the website. After completion and evaluation of these initial steps, additional interventions will be discussed and developed in collaboration with the Interagency Delegate and Provider Quality Committee and other stakeholders in the quality program as needed, such as the Community Advisory Councils or the Clinical Advisory Panel.</p>			
QUALITY ASSESSMENT			
Evaluation Analysis:	<p>A survey of several clinics in the provider network indicates that though they are all using different solutions for their patient portal, the functionality and information available to patients are largely the same. The patient portal websites and apps provide the opportunity to:</p>		

	<ul style="list-style-type: none"> • View medical records, including visit summaries, vitals from last visit, medication lists, allergies, immunizations, etc... • View lab and radiology results • Request or change an appointment • Request a medication refill • Message a provider <p>All the clinics responding to the survey provided patient portal access through a website as well as a smart phone app. The clinics also universally reported that getting the account activation information to patients was not an issue, but the rate at which patients actually log in and use the portals is much lower.</p>
--	---

PERFORMANCE IMPROVEMENT

Activity: Develop language about patient portals for the Advanced Health Member Handbook: what it is, functionality, and how to sign up.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Complete the Patient Portal section	Not complete	Internal Approval Complete	3/2018	OHA Approval Complete	4/2018
Activity: 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				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Complete Patient Portal webpage	Not complete	Started	5/2018	Complete	7/2018
Announce and promote Patient Portal webpage	Not complete	Complete	8/2018	Complete	8/2018
Activity: Evaluate the effects of the above interventions and determine next steps as needed.				<input checked="" type="checkbox"/> Short-Term Activity <u>or</u> <input type="checkbox"/> Long-Term Activity	
How activity will be monitored for improvement	Baseline or current state	Target or future state	Time (MM/YYYY)	Benchmark or future state	Time (MM/YYYY)
Solicit feedback on the information and presentation in the member handbook and online	Not complete	Complete	10/2018	Complete	10/2018
Evaluate the need for revisions and additional steps.	Not complete	Complete	12/2018	Complete	12/2018