

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

Instructions:

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

A. Project or program short title: [1a, e, 6a](#)

B. Primary component addressed: [Access](#)

- i. Secondary component addressed: Health information technology
- ii. Additional component(s) addressed: Access-Timeliness

C. Primary subcomponent addressed: [Access: Availability of services](#)

- i. Additional subcomponent(s) addressed: HIT-HIE

D. Activities and monitoring for performance improvement:

Activity 1 description: Access Complaint Tracking and Improvement

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Access Reporting capability has been expanded to a database that allows users to expand the complaint data field to provide comprehensive information about the specific complaint. Provider Services receives report monthly. Beyond reporting, however, the Provider Services team also takes a proactive and intentional approach to working with providers on access, including: regular monitoring of capacity reports, monthly monitoring of next available appointment, and, in the case of outpatient mental health, requiring providers to submit a monthly access report.

Activity 1 progress (optional data, run charts, etc.): There have been no complaints related to provider access for the 1st 2 quarters of 2018.

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|-------------------------|---|-----------------------|-------------------------|--------------------------|----------------------------|
| Access complaint | Report is generated but | Access Reporting | Expand reporting | 12/31/2018 | Expand reporting | 12/31/2018 |

| | | | | | | |
|--|------------------------------------|--|--|--|--|--|
| report is sent to Provider Services to assess providers with repeated access issues; number of complaints only | only contains number of complaints | capability has been expanded to a database that allows users to expand the complaint data field to provide comprehensive information about the specific complaint. | capabilities to include more detail about complaint and identification of unmet gaps in care for meaningful intervention | | capabilities to include more detail about complaint and identification of unmet gaps in care for meaningful intervention | |
|--|------------------------------------|--|--|--|--|--|

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: None

Activity 2 description: Improve availability of dental services by enabling PCP request for dental outreach: CPCCO has implemented an electronic form on its provider portal website whereby a medical provider can request their patient receive outreach and care coordination by the dental plan. Each morning at 6:00am, forms submitted during the day before are compiled into a spreadsheet, the members’ DCO is added, and the spreadsheet is sent to the CareOregon dental team. The next morning, the dental team divides the list by DCO and sends the applicable member information to each dental plan. The dental plan then conducts outreach to their members and schedules dental appointments.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Eight provider groups were identified for training and implementation of the e-form. One provider group has received training and has implemented the use of e-form.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|------------------------|---|--|-------------------------|--|----------------------------|
| Provider groups identified, trained and implement use of the form | 0 | 13 PCPs trained | # PCPs trained target TBD by 3/31/2018 | 6/30/2018 | # PCPs trained target TBD by 3/31/2018 | 12/31/2018 |
| Monthly monitoring to determine number and percentage of medical providers using the form. | Not currently Reviewed | 5 PCPs using the form (5/13=38.5%) | Add text here. | Add text here. | Review monthly | 6/30/2018 |

Challenges in progressing toward target or benchmark: Staffing changes during the year provided challenges in training sites.

Strategies to overcome challenges: The CPCCO team met to further clarify and identify staff roles and responsibilities and provide additional structure around the provider training program.

- A. **Project or program short title:** 1a, 13
- B. **Primary component addressed:** Access
 - i. Secondary component addressed: Value-based payment models
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Access: Availability of services
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: In 2018, our goal is to spread CPCCO’s multi-disciplinary MAT approach to at least one clinic in each CPCCO county. We have providers interested and are working towards implementation.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): In 2018, we have spread MAT to all three counties (Clatsop, Columbia, and Tillamook) and we are working to support these new programs with technical assistance (from Pain Management Improvement Team and Andrew Mendenhall at Central City) and our new payment model. In addition, MAT was a large focus of our April 2018 Opioid Summit, with 5 different talks (keynote and breakout) on the topic.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|--------------------|---|---|-------------------------|---|----------------------------|
| Claims review | 100 members served | 63 members served to date | Each new prescriber panel up to 40 patients | 12/31/2018 | 1 participating practice in each county | 12/31/2018 |

Challenges in progressing toward target or benchmark: Each time we spread the model it is different and has focused us to adapt the pathway for payment. Payment looks different if clinic is a primary care or if they partner with a community mental health provider. In addition, having adequate behavioral health coverage has been a challenge for our organizations. In the past integrated model coverage was not necessary as interventions were brief but with MAT a coverage arrangement has proven necessary.

Strategies to overcome challenges: Working to simplify our payment pathway to allow for more flexibility as we spread, and work with programs in our region to have contingency plans if BH is not available.

- A. **Project or program short title:** 7, 13, 1c
- B. **Primary component addressed:** Integration of care (physical, behavioral and oral health)
 - i. Secondary component addressed: Value-based payment models
 - ii. Additional component(s) addressed: Add text here

C. Primary subcomponent addressed: [Access: Quality and appropriateness of care furnished to all members](#)

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

D. Activities and monitoring for performance improvement:

Activity 1 description: Support clinics through technical assistance to maximize the behavioral health integration model and be eligible for the PMPM payment that has been implemented.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): We have had 2 new clinics join in the BH PMPM as well as funded new FTE at systems that have been participating in the BH PMPM but are adding staff to existing staff or starting the service for the first time. Reporting targets of population reach have been established for the remainder of 2018 that will begin to impact PMPM payment based on performance beginning in 2019.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|-----------|--|---|-------------------------|----------------------------|----------------------------|
| Number of clinics participating in APM | 5 clinics | 8 clinics representing 7 systems to be contracted as of 07/01/18 | Increase number of clinics participating/eligible for payment program by 2, to reach 80% of CPCCO members served. | 12 /31/2018 | # of clinics participating | 12/31/2018 |

Challenges in progressing toward target or benchmark: One challenge has been the hiring of new staff which triggers eligibility for the BH PMPM. The service is just brand new to some clinics in our network so that is a barrier to development and eligibility. We have also had a larger system that wasn't previously contracted that has now contracted for the PMPM payment. The reason for previously declining even though they were eligible is unknown.

Strategies to overcome challenges: Continued socialization of behavioral health being a routine part of primary care at all network facing meetings has helped to advertise funding as well as normalize the quality payment and development of the service.

Activity 2 description-: Continue to support BHC integration via: one-to-one clinic technical assistance, peer-to-peer monthly meetings, participating in the CPCCO primary care learning collaborative (PC3), and clinic to clinic learnings

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): The monthly Behavioral Health (BH) Peer to Peer learning collaboratives have been received very well by all involved. The peer-to-peer support decreases their isolation concerns and best practices are incorporated/valued. The inclusion of the BHC's with the PC3 integrates the clinicians more effectively with their PC leadership and peers. Great cross-pollination opportunities occur.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|--------------------------------|---|-------------------------------|-------------------------|--------------------------|----------------------------|
| Monthly monitoring | 2-3 clinic interactions /month | 4-5 clinic interactions per month | 3-5 clinic interactions/month | 12/31/2018 | Review monthly | 12/31/2018 |

Challenges in progressing toward target or benchmark: A primary challenge is scheduling with busy people in primary care. Both operational staff as well as BHC clinical staff have barriers in their ability to block time and be available to meet and discuss ongoing quality improvement activities. Depending on the organization, it is also a barrier to get both BHC and operational staff in the same meeting.

Strategies to overcome challenges: The primary strategy to increase monthly contacts is to combine our regular practice coaching visits with behavioral health focused visits so that we are integrated in our network facing TA. We have also established standing meetings with clinics to avoid delays in scheduling and opportunities to discuss current work. Phone calls and emails have been another strategy to help keep sharing timely information that doesn't impact either travel time or clinic scheduling.

A. Project or program short title: 1a, 9, 7, 1c

B. Primary component addressed: Access

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

C. Primary subcomponent addressed: Access: Availability of services

- i. Additional subcomponent(s) addressed: Quality and appropriateness

D. Activities and monitoring for performance improvement:

Activity 1 description: Provide technical assistance and supports to CCMH, based on CPCCO's deep working relationship and knowledge of primary care practices, workflows and challenges.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): CCMH has achieved CCBHC certification. The certification requires that 20 hours of primary care a week will be provided on-site. A monthly integration meeting has been convened to support planning for this new service. A recruitment has been opened to staff this program.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|--------------------------|---|---|-----------------------------------|---|-----------------------------------|
| Claims review | No current bidirectional | Facility space is secured. Currently recruiting for | Availability of primary care appointments | 6/30/18 Not met. Anticipate | 3% improvement in engagement with primary | 6/30/18 Not met. Anticipate |

| | | | | | | |
|--|--|------------------------|---------------------------|---------------------|---------------------------|---------------------|
| | integration in the CPCCO service area. | primary care provider. | within CCMH. Staff hired. | meeting by 10/30/18 | care for SPMI population. | meeting by 10/30/18 |
|--|--|------------------------|---------------------------|---------------------|---------------------------|---------------------|

Challenges in progressing toward target or benchmark: Significant learning curve to integrate the two different systems, cultures etc. Recruiting for primary care staff is challenging.

Strategies to overcome challenges: Monthly integration learning collaborative convened. TA offered. GOBHI recruiter will support staff acquisition.

A. Project or program short title: 1c

B. Primary component addressed: Access

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

C. Primary subcomponent addressed: Access: Quality and appropriateness of care furnished to all members

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

D. Activities and monitoring for performance improvement:

Activity 1 description: Reduce number of chronic users and MED for CPCCO members.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): On track to meet goal of 30% reduction in members with opioid doses >50 MED mg/day, currently had a 20% reduction through Q2. In addition, we are seeing a steady increase in naloxone co-prescribing. The strategy includes a number of tactics, including:

- Opioid community campaign to bolster wellness centers:
 - Community Education Campaign
 - Billboards in Seaside and Scappoose
 - Radio ads in all three counties
 - Advertising Wellness Clinic services for patients with chronic pain
 - Posters for clinics and pharmacies advertising medication disposal locations
- Pain Management Improvement Team

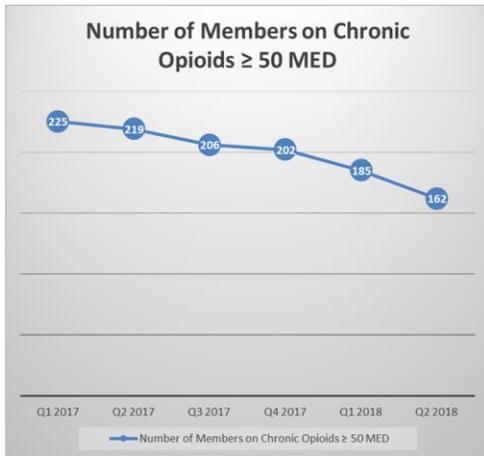


- CMH and Rinehart have hosted kick off meetings with the PMIT group
- Developing workplans to improve prescribing, identify policy gaps, and connect to additional clinical

and training resources

- **Oregon Conference on Opioid, Pain, and Addiction Treatment:** May 17-19
- **2018 Northwest Opioid and Substance Use Summit:** April 23 and 24th
- Northwest Regional Substance Use Steering Committee – County Listening Sessions
 - Held listening sessions in each county to identify current services, barriers to treatment, and gaps in services
 - Resource lists made for each county to be distributed at the Substance Abuse Summit
 - County workgroups to continue to meet and develop strategies and workplans
- Individualized provider plans for top prescribers
- Plan for patients >90MED

Activity 1 progress (optional data, run charts, etc.): See chart below; note that we have seen a 60% decrease since 2015.



| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|---|---|---------------------------------------|-------------------------|---------------------------------------|----------------------------|
| Pharmacy claims | Quarter 4 2017 members over 50 MED was 202. | Q1 2018: 185 (8% decr) Q2 2018: 162 (19.8% decr) | 30% reduction in members over 50 MED. | 12/31/18 | 30% reduction in members over 50 MED. | 12/31/18 |

Challenges in progressing toward target or benchmark: Many of our top prescribers of opioids in the region are small, single-provider clinics that the CCO does not regularly engage with in terms of quality improvement. Because these clinics do not participate in quality metrics or other CCO initiatives, the CCO has limited leverage when requesting providers to more thoroughly assess risk, reduce opioid doses, or taper patients off of inappropriate medications.

Strategies to overcome challenges: The CCO recently developed a small clinic strategy to better engage these individual providers. We have set up in-person meetings with these clinics to discuss CCO initiatives, including appropriate opioid prescribing, and will be offering technical support for upskilling around tapering opioids, recognizing and treating opioid use disorder, and alternative treatments for pain available in our region.

Project or program short title: 7, 1c

A. Primary component addressed: [Integration of care \(physical, behavioral and oral health\)](#)

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

B. Primary subcomponent addressed: [Access: Quality and appropriateness of care furnished to all members](#)

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

C. Activities and monitoring for performance improvement:

Activity 1 description: Train additional sites; work with existing sites to improve workflows.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Two sites have been identified for training and implementation of First Tooth.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|-----------------|---|-----------------------|-------------------------|--------------------------|----------------------------|
| Training plan; number of sites trained and successfully implemented | 3 sites trained | 2 sites identified | Add text here. | Add text here. | 6 sites trained | 12/31/2018 |

Challenges in progressing toward target or benchmark: Some network providers have indicated competing priorities and insufficient capacity to implement the First Tooth program.

Strategies to overcome challenges: CPCCO will work with interested network providers to better explain the partnership and support offered by the CCO in launching the First Tooth program.

Activity 2 description: Analyze claims data monthly to determine number and percentage of children receiving oral health services in primary care.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): An integration dashboard has been developed. After allowing for claims run out, CPCCO measured their 2017 final performance of children receiving oral health services in primary care at 4.2% (187/4500).

Activity 2 progress (optional data, run charts, etc.): At this point in the year in 2017, CPCCO was at 2.4% (98/4157) - in 2018 we are currently at 4.2% (173/4036). See updated data below for additional information.

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|----------------------------|--|-----------------------|-------------------------|-----------------------------|----------------------------|
| Monthly data of services provided; integration dashboard developed | TBD pending claims run out | Integration dashboard created Baseline = 4.2% 2018 Year End Target = 7.2% Current rate (Jan-June claims) = 4.2% | Add text here. | Add text here. | 3% increase over 2017 final | 12/31/2018 |

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: Add text here

- A. **Project or program short title:** 7, 1e
- B. **Primary component addressed:** Integration of care (physical, behavioral and oral health)
 - i. Secondary component addressed: Access
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Access: Timely access
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Upskill prenatal partners on the importance of oral health during pregnancy; assist in workflow development

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): CPCCO has identified three sites for training.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|-----------------|---|-----------------------|-------------------------|--------------------------|----------------------------|
| Training plan; number of sites trained and successfully implemented | 0 sites trained | 3 sites identified | Add text here. | Add text here. | 2 sites trained | 12/31/2018 |

Challenges in progressing toward target or benchmark: Creating a marketing strategy and promotion plan for the prenatal provider training took longer than expected.

Strategies to overcome challenges: CPCCO developed a marketing strategy: Branded the program “Two Bright Smiles,” created a pamphlet for members, created a 20-minute curriculum for providers. These materials were then presented to “First Steps” prenatal provider partners. Three of these partners have been identified to participate in the training and implementation.

Activity 2 description: Analyze claims data monthly to determine number and percentage of pregnant members who completed a dental visit during the nine months prior to delivery.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): An integration dashboard has been developed. After allowing for claims run out, CPCCO measured their 2017 final performance of pregnant members who completed a dental visit during the nine months prior to delivery at 37.1% (160/431) - in 2018, we are currently at 29.6% (56/189).

Activity 2 progress (optional data, run charts, etc.): At this point in the year in 2017, CPCCO was at 29.5% (54/183) - in 2018 we are currently at 29.6% (56/189). See updated data below for additional information.

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|----------------------------|--|-----------------------|-------------------------|-----------------------------|----------------------------|
| Monthly data of services provided; integration dashboard developed | TBD pending claims run out | Integration dashboard created Baseline = 37.1% 2018 Year End Target = 40.1% Current rate (Jan-June claims) = 29.6%. | | Add text here. | 3% increase over 2017 final | 12/31/2018 |

Challenges in progressing toward target or benchmark: Until more prenatal providers are upskilled in the importance of dental during pregnancy, and until pregnancy status information is shared between health disciplines more timely, it will be challenging to meet our goal of a 3% increase over the prior year’s performance.

Strategies to overcome challenges: Plans to share First Steps enrollment information with the member’s DCO for care coordination and dental appointment scheduling are underway. Also, a \$15-member incentive gift card is now available for enrollees of the First Steps program who complete a dental visit during their pregnancy.

A. **Project or program short title:** [5a, 1a](#)

B. **Primary component addressed:** [Health equity](#)

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

C. **Primary subcomponent addressed:** [Access: Availability of services](#)

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

D. **Activities and monitoring for performance improvement:**

Activity 1 description: Ensure all services are encountered and received by OHA.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): During the first half of 2018, the OHA School-based Dental Sealant Program provided CPCCO with one list of children who received sealants in school. That list was encountered by CPCCO staff.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|--------------------|---|-----------------------|-------------------------|------------------------------------|----------------------------|
| Bi-annual encountering and data submission | 0 reports Received | 1 report received and encountered to date | Add text here. | Add text here. | 2 reports received and encountered | 12/31/2018 |

Challenges in progressing toward target or benchmark: None.

Strategies to overcome challenges: Add text here

- A. **Project or program short title:** [1a, 1e, 7](#)
- B. **Primary component addressed:** [Access](#)
 - i. Secondary component addressed: Integration of care (physical, behavioral and oral health)
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** [Access: Availability of services](#)
 - i. Additional subcomponent(s) addressed: Access: Timely access
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Work with DCOs on strategies to increase utilization of the mobile dental home.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): CPCCO has worked closely with ODS to ensure the mobile dental home is available and open for business each week. If the MTI van is not available, ODS provides their mobile van so schedules are not disrupted and members are seen. In addition, DCOs have sent letters to members informing them of the mobile dental home, its location, hours of operation and available services. The Dental Quality Committee reviews utilization reports on a quarterly basis.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|------------------------|--|-----------------------|-------------------------|--------------------------|----------------------------|
| Quarterly utilization reviewed by DCOs | Not currently Reviewed | The Dental Quality Committee reviews utilization reports on a quarterly basis. Q1 utilization = 24 Q2 utilization = 42 | Add text here. | Add text here. | Review quarterly | 4/30/2018 MET |

Challenges in progressing toward target or benchmark: Add text here

Strategies to overcome challenges: Add text here

- A. **Project or program short title:** [6a, 12, 1c](#)
- B. **Primary component addressed:** [Health information technology](#)
 - i. Secondary component addressed: Utilization review
 - ii. Additional component(s) addressed: Add text here

C. Primary subcomponent addressed: [Access: Quality and appropriateness of care furnished to all members](#)

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

D. Activities and monitoring for performance improvement:

Activity 1 description: Work with the DCOs to reduce the number of members returning to the ED for non-traumatic dental issues through outreach and care coordination.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): CPCCO’s delegated dental plan partners have all implemented PreManage and receive notifications for their members going to the ED for non-traumatic dental issues. They have all also implemented a care coordination process whereby each member who goes to the ED for dental issues receives outreach, care coordination and support in scheduling a dental visit.

Activity 1 progress (optional data, run charts, etc.): After allowing for claims run out, CPCCO measured their 2017 final performance of members returning to the ED for non-traumatic dental issues at 13.9% (17/122) - in 2018, we are currently at 9.8% (8/82). [Lower is better]

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|------------------------|--|-----------------------|-------------------------|---------------------------|----------------------------|
| Monthly monitoring of ED data; updated dashboards. | TBD upon claims Runout | Baseline = 13.9% 2018 Target = 11.8% Current rate = 9.8% | Add text here. | Add text here. | 5% decrease from baseline | 12/31/2018 |

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: Add text here

Activity 2 description: Work with the DCOs to increase the number of members who complete a dental appointment within 30-days of the ED visit for non-traumatic dental issue.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): CPCCO’s delegated dental plan partners have all implemented PreManage and receive notifications for their members going to the ED for non-traumatic dental issues. They have all also implemented a care coordination process whereby each member who goes to the ED for dental issues receives outreach, care coordination and support in scheduling a dental visit.

Activity 2 progress (optional data, run charts, etc.): After allowing for claims run out, CPCCO measured their 2017 final performance of members completing a dental visit within 30 days of their ED for non-traumatic dental issues at 47.3% (69/146) - in 2018, we are currently at 34.1% (31/91).

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|------------------------|---|-----------------------|-------------------------|---------------------------|----------------------------|
| Monthly PreManage reports cross-referenced to subsequent dental visits | TBD upon claims Runout | Baseline = 47.3% 2018 Target = 50.3% Current rate = 34.1% | Add text here. | Add text here. | 3% increase over baseline | 12/31/2018 |

Challenges in progressing toward target or benchmark: The measure takes many months for the data to be available to reconcile – 30-days post ED visit are allowed for the dental visit, plus claims submission and processing time, can add 3 to 4 months before the metric status can be determined. (i.e., members are added to the denominator after an ED visit, but 90-120 days may pass before the claim (numerator) is received)

Strategies to overcome challenges: Data will be validated after the measurement year ends.

- A. **Project or program short title:** 7, 1a, 1e, 12
- B. **Primary component addressed:** Integration of care (physical, behavioral and oral health)
 - i. Secondary component addressed: Access
 - ii. Additional component(s) addressed: Utilization review
- C. **Primary subcomponent addressed:** Access: Availability of services
 - i. Additional subcomponent(s) addressed: Access: Timely access
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Ensure DCOs and their provider networks are aware of contracts. Monitor the number of claims received – track and trend utilization patterns to identify and manage variation as required.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): CPCCO’s dental plan partners are aware of CPCCO’s in-office dental anesthesia contracts. Data on in-office sedation and hospital dentistry is readily available and being reviewed for variations/trends.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|------------------------|---|-----------------------|-------------------------|--------------------------|----------------------------|
| Quarterly utilization reports reviewed | Not currently Reviewed | In-office dental anesthesia and hospital-based dental anesthesia data available and | Add text here. | Add text here. | Reviewed quarterly | 12/31/2018 |

| | | | | | | |
|--|--|---------------------|--|--|--|--|
| | | reviewed for trends | | | | |
|--|--|---------------------|--|--|--|--|

Challenges in progressing toward target or benchmark: None.

Strategies to overcome challenges: Add text here

- A. **Project or program short title:** 7, 1c
- B. **Primary component addressed:** Integration of care (physical, behavioral and oral health)
 - i. Secondary component addressed: Choose an item.
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Access: Quality and appropriateness of care furnished to all members
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Develop dental specific opioid intervention toolkit

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): A literature review was conducted. A workgroup was formed which includes staff from various CCOs and DCOs, led by the CareOregon/CPCCO/JCC Executive Dental Director. The workgroup has developed a DCO-branded draft document containing dental provider prescribing recommendations.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|-----------------------|---|-----------------------|-------------------------|--------------------------|----------------------------|
| Toolkit developed | Toolkit not Available | Brochure containing dental-specific opioid info and prescribing recommendations drafted | Add text here. | Add text here. | Toolkit available | 6/30/2018 |

Challenges in progressing toward target or benchmark: Upcoming update to the OHA dental prescribing guidelines.

Strategies to overcome challenges:

Activity 2 description: Collect and analyze pharmacy data; provide necessary data to DCOs so that they can work with their contracted dentists and dental practices to reduce opioid prescribing

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): 2018 pharmacy claims data has not yet been analyzed for dental provider prescribing, but will be once the toolkit is completed.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|------------------------|--|-----------------------|-------------------------|--|----------------------------|
| Quarterly report analyzed; providers identified for intervention | Not currently analyzed | Report has been developed. Data will be pulled, analyzed and providers identified once toolkit is completed. | Add text here. | Add text here. | Report analyzed and disseminated quarterly | 6/30/2018 |

Challenges in progressing toward target or benchmark: Completion of toolkit delayed.

Strategies to overcome challenges: Add text here

- A. **Project or program short title:** 1b
- B. **Primary component addressed:** Access
 - i. Secondary component addressed: Choose an item.
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Access: Cultural considerations
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Chart review of 200 members who had visits and were identified by OHA as limited English Proficiency (LEP) patients.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Chart review was completed for 100 patients at Tillamook County Community Health Center (TCCHC). We provided our panel coordinator who is embedded at TCCHC a list of patients we knew had been seen in last 12 months at the organization and were identified as LEP by OHA records. The panel coordinator reviewed the last visit of the patient to determine; language of patient, if interpreter was used, and if interpreter is certified. TCCHC has certified interpreters on staff and being an FQHC they have comprehensive language access for their patients. The chart review result show:

- All OHA LEP designated patients were correctly identified as LEP
- Only 1 patient did not have an interpreter
 - Patient had a special dialect of Spanish the staff did not speak and the interpreter line did not provide
- Only two of the patients used CPCCO interpreter service, the rest of the 97 patients had an interpreter that was employed by the organization.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|----------|---|-----------------------|-------------------------|--|----------------------------|
| Chart Review | TBD | 100 Chart review complete | Add text here. | Add text here. | 50% improvement in offered interpreter | 12/2018 |

Challenges in progressing toward target or benchmark: Would like to complete an additional chart review at another clinic however resources to chart review are limited.

Strategies to overcome challenges: We will offer some time from the panel coordinator to complete chart review so the clinic staff do not need to complete.

- A. **Project or program short title:** 1c, 3
- B. **Primary component addressed:** Access
 - i. Secondary component addressed: Grievance and appeal system
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Access: Quality and appropriateness of care furnished to all members
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description-Scott Zahlmann: Panel Coordinator Program

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Outreach and scrubbing is going well and is reflected in goals. Time spent upskilling and engaging clinics on metric work, with some success, despite conflicting priorities.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---------------------------|--|-----------------------|-------------------------|--------------------------|----------------------------|
| Documentation is made in all relevant clinical and claims based systems: Gaps are closed by appointment completion with proper coding or if what was scrubbed for was completed with proper | No program-no gaps closed | 1-1-2016-6-30-2018 929 gaps closed through outreach and scrubbing 154 gaps closed per month between an average of 2 Panel Coordinators | Add text here. | Add text here. | 200 gaps closed/month | 12/2018 |

| | | | | | | |
|--------|--|--|--|--|--|--|
| coding | | | | | | |
|--------|--|--|--|--|--|--|

Challenges in progressing toward target or benchmark: Large patient load is distributed between two panel coordinators, with a significant amount of work with of unengaged members. The panel coordinators also support multiple improvement projects, not just outreach and scrubbing.

Strategies to overcome challenges: Focused prioritization, use 4th quarter push momentum, and continue unengaged outreach in order to close more gaps.

A. Project or program short title: 1d

B. Primary component addressed: Access

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

C. Primary subcomponent addressed: Access: Second opinions

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

D. Activities and monitoring for performance improvement:

Activity 1 description: Monitor second opinions via grievance process

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): A second opinion by a qualified healthcare professional is available with or without an authorization based on the CPCCO authorization guidelines posted on the CPCCO website. CPCCO arranges for second opinions when providers are unavailable or inadequate to meet a member’s medical need as indicated by the member and/or their provider. The CCO member handbook addresses second opinions. There are no limitations on how many “2nd” opinions a member can obtain. Usually these are office visits and would follow our published authorization rules regarding specialist’s visits. The PCP would usually coordinate any 2nd opinions. Quality assurance staff members track member complaints of all types. The CO QA supervisor monitors the complaints and identifies patterns and trends. Complaint thresholds are established and if they are exceeded, complaints are referred to a Peer Review committee. Peer Review can recommend corrective action or intervention by network relations associates to help resolve issues.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|---|---|------------------------------|-------------------------|------------------------------|----------------------------|
| Regular grievance Reports | Complaints related to second opinions = 0 | No complaints related to access to second opinions. | Maintain current performance | 12/31/2018 | Maintain current performance | 12/31/2018 |

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: na

A. **Project or program short title:** 3, 1c

B. **Primary component addressed:** Grievance and appeal system

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

C. **Primary subcomponent addressed:** Access: Quality and appropriateness of care furnished to all members

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

D. **Activities and monitoring for performance improvement:**

Activity 1 description: Overturned Appeal Process Improvement

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): The UM and Appeals team continues to meet monthly to assess overturn rates. For the purpose of this analysis, the baseline of 36% from 2017 will be used. In 2018, denials of prior authorizations have increased by 43%, which has contributed to an increase in overturns by increasing appeals. We have made the following observations:

- More appeals are being driven by vendors, device companies, pharmaceutical companies and hospital systems. They are on a template allowing providers to just sign. Some go so far as to have very firm language asking this appeal be reviewed by specialists
- Due to higher scrutiny and overturns by ALJ and Maximus we are looking closely at appeals we know may be controversial to assess if it makes more sense to approve rather than invest the needed resources to have the appeal reviewed by the external entities
- Overturns with no new information are generally due to appeals staff finding clinical information that may have been missed during the PA process or they catch a clinical clue to dig a bit further finding medical information to support the overturn; 75% of appeals are submitted with appropriate documentation and 28% are overturned after no additional documentation is submitted.
- We are working with IS to build a Web Application that will allow us to get more meaningful data that will allow us to do deeper trending and be able to identify issues at the provider level

This work remains a priority to determine what process improvements and documentation review are required within the PA teams to decrease overturn rates.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|--|---|---------------------------------|-------------------------|---------------------------|----------------------------|
| Overturned rates are reviewed monthly by the QA Operations Manager, and the appeals and Prior | Baseline is TBD; it is unclear if driver of overturns are front-end (lack of documentation) or back-end) | Baseline: Overturn rate 2017 = 36%; 75% of appeals are submitted with appropriate documentation and 28% are | Identify baseline and benchmark | 5/2018 | Meet benchmark identified | 12/31/2018 |

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|---|--|---|--|--|--|--|
| <p>Authorization teams meet bi-monthly to assess workflow, challenges, and look for efficiencies. On a monthly basis, Prior Authorization staff, HPQA and Medical Directors review specific cases for discussion.</p> | | <p>overturned after no additional documentation is submitted. Benchmark will be established once new web application provides clearer data.</p> | | | | |
|---|--|---|--|--|--|--|

Challenges in progressing toward target or benchmark: None; this work has been appropriately prioritized

Strategies to overcome challenges: na

- A. **Project or program short title:** 5a, 5b, 2, 6b, 1b, 1c
- B. **Primary component addressed:** Health equity
 - i. Secondary component addressed: CLAS standards and provider network
 - ii. Additional component(s) addressed: 1b: Access-Cultural Considerations; 6b-HIT: Analytics
- C. **Primary subcomponent addressed:** Health Equity: Cultural competence
 - i. Additional subcomponent(s) addressed: 1c: Quality & Appropriateness of Care
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Implement use of the Equity Lens across CPCCO programs and services via the CPCCO strategic planning process

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Advanced Equity Plan with CPCCO Board of Directors, specifically: created Board-level policies on volunteer/workforce diversity, Minority/Women/Small Employer contracting, and partnerships with LEP and other organizations representing diverse communities. Also building out an equity plan to improve service-user voice in clinic and CPCCO services.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---------------------------------------|----------------------------------|---|-----------------------|-------------------------|---|----------------------------|
| Monitoring of 2017-2018 Health Equity | Equity Lens still in development | Equity Lens shared at BOD level. | | Add text here. | 30% of strategic plans will utilize the equity lens | 1/31/2018 |

| | | | | | | |
|--|--|--|----------------|----------------|--|--|
| and Diversity Work Plan | | | | | | |
| Documented evidence of equity lens in project and program evaluation | Equity Lens still in development and not routinely applied to project evaluation | See above. Will use Lens in Board strategic plan refresh in Nov. 2018. | Add text here. | Add text here. | Equity Lens will be incorporated into evaluation framework of performance improvement projects | 7/31/2018 Not met. Will complete by 12/31/18. |

Challenges in progressing toward target or benchmark: Competing work priorities.

Strategies to overcome challenges: Building this work into the strategic plan for 2019-22.

A. Activity 2 description: Complete Language Accessibility Improvement Plan

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): This work is progressing well. An initial draft of a comprehensive Language Access Policy and Procedure has been drafted and is being refined to ensure that the policy is applicable to internal health plan staff, in addition to the many staff embedded in clinics.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|--|--|---|-------------------------|--|----------------------------|
| Monitoring of 2017- 2018 Health Equity and Diversity Work Plan | Effective and compliant policies and procedures related to availability of interpreter services, but no formal assessment process in place | Targeted action steps completed: -Form Language Access Improvement Committee -Conduct Language Accessibility Assessment -Conduct Value Stream Map of member language access experience | -Form Language Access Improvement Committee -Conduct Language Accessibility Assessment -Conduct Value Stream Map of member language access experience | Complete by 6/30/2018 | Objectives, Measures, Strategies written for Language Access Plan with specific plans for top 4 non- English languages | 12/30/2018 |

Activity 3 description: Identify healthcare disparities using data, metrics, and continuous quality improvement (also TQS Component 1c, 6b)

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): An inventory was taken of provider dashboards and then each dashboard was assessed to determine whether race, ethnicity and language data. There are two provider dashboards that were identified during

the inventory. The first is a dashboard that allows the CCO and its clinical partners to monitor their progress towards the CCO metrics. This dashboard now has a page that allows each metric to be split by race/ethnicity, language and a variety of other demographics. The second dashboard allows the CCO and clinics to monitor chronic opioid prescribing. This dashboard does not currently have a feature that allows for analysis by race, ethnicity and language.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|----------|---|---|-------------------------|---|----------------------------|
| Monitoring COBI Dashboards to confirm utilization of race and ethnicity data | 0% | 50% | Disaggregate healthcare data by race, ethnicity, and language and provide data on 100% of provider dashboards | Complete by 3/31/2018 | Disaggregate healthcare data by race, ethnicity, and language and provide data on 100% of provider dashboards | Complete by 3/31/2018 |

Challenges in progressing toward target or benchmark: The opioid dashboard was created in response to the statewide performance improvement project focused on chronic opioid prescribing. The statewide PIP is set to change focus in 2019 to acute opioid prescribing. The metric that will need to be monitored for this PIP has not yet been finalized. We have not wanted to invest effort in redesigning our dashboard to include race, ethnicity and language data and then redesign again to accommodate the new PIP metric. In addition, the literature shows that opioid overuse is largely a problem for white Americans. In fact, it is believed that being a racial or ethnic minority has actually served as a protective factor against opioid over prescription and addiction. While it certainly would not be harmful to include this information in an opioid dashboard, we don't anticipate that its inclusion will unearth any disparities that impact these vulnerable groups.

Strategies to overcome challenges: The new PIP metric will be finalized soon at which point we will begin redesigning the opioid dashboard to also include the additional information.

Project or program short title: 4

Primary component addressed: Fraud, waste and abuse

Secondary component addressed:

Additional component(s) addressed:

Primary subcomponent addressed:

Additional subcomponent(s) addressed:

Activities and monitoring for performance improvement:

Activity 1 description: Monitor 'Verification of Medical Services' letter response rates. See attached OHP Verification of Services Policy and Procedure.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): As of 21 September, 2018 we have received back 137 responses out of 472 OHP Verification of Services Letters sent. This is a response rate of 29%. Additionally, we have created new letters for readability and understanding by the member, and have changed the letters to reflect the CPCCO logo instead of the CareOregon logo.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|----------------------------|---|----------------------------|-------------------------|------------------------------|----------------------------|
| 'Verification of Medical Services' letter response rates annually. | 22% Response Rate (annual) | 29% Response Rate as of September 2018 | 25% Response Rate (annual) | 06/2018 | > 25% Response Rate (annual) | 12/2018 |

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: N/A

- A. **Project or program short title:** 6a
- B. **Primary component addressed:** Health information technology
 - i. Secondary component addressed: Choose an item.
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** HIT: Health information exchange
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Use data from Acuere to improve chronic disease dashboard

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): The chronic disease dashboard was redesigned and relaunched in June 2018. All OCHIN clinics received dashboard in Q2 and Q3 of this year. Several other clinics also were able to receive dashboards in Q3 based on supplemental data that was submitted to the CCO.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|------------|---|-----------------------|-------------------------|--------------------------|----------------------------|
| Number of OCHIN clinics that receive monthly chronic disease dashboards that | 0 out of 4 | 4 out of 4. | Add text here. | Add text here. | 4 out of 4 | 12/31/2018 |

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|---|--|--|--|--|--|--|
| integrate their HER clinical data with CCO claims & pharmacy data | | | | | | |
|---|--|--|--|--|--|--|

Challenges in progressing toward target or benchmark: none

Strategies to overcome challenges: N/A

Project or program short title: 6b

E. Primary component addressed: Health information technology

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

F. Primary subcomponent addressed: HIT: Analytics

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

G. Activities and monitoring for performance improvement:

Activity 1 description: Develop risk segmentation analytics tool

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): The data set and algorithm was re-run manually in June of 2018. The IS department continues to build out the infrastructure for automatic updating and list management and is still on target for a go-live date of January 1, 2019. In the meantime, a work group in CPCCO has formed to begin the process of developing internal workflows. Work continues in validation via our network partners and our own internal chart reviews. Training has begun with the CPCCO Population Health Portfolio Manager who will become the internal expert regarding population segmentation. Flags have been developed indicating the segment into which an identified member falls and is now uploaded into Premanage to again beta test work flows and validate the data set. Training materials are currently being developed for training all internal and external staff and stakeholders.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|-------------------------|---|----------------------------|
| Completion of the segmentation analytics tool | The analytics tool is in a beta testing phase | Progress but full functionality not expected until late fall. | Fully functioning tool available to CCO for ongoing use | 1/31/2018 | Fully functioning tool available to CCO for ongoing use | 6/30/2018 |

Challenges in progressing toward target or benchmark: The IS build for such a tool is quite large and requires hours of developer time. This project is one among many IS projects and there is potential it will become deprioritized as demands increase for other projects.

Strategies to overcome challenges: Consistent communication with IS and leadership explaining the importance of this work.

Project or program short title: 6c

Primary component addressed: Health information technology

Secondary component addressed: Choose an item.

Additional component(s) addressed: Add text here

Primary subcomponent addressed: HIT: Patient engagement

Additional subcomponent(s) addressed: Add text here

Activities and monitoring for performance improvement:

Activity 1 description: Implement Member Portal: provide and receive member information

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): In partnership with HealthTrio, the Member Portal was designed and developed and has met basic functionality requirements. With this foundation, there are rich opportunities to drive member engagement while building a communication structure vital to our core business.

Future opportunities include:

- An interactive vehicle to provide access to many health and wellness resources and self-management tools
- A platform for members and providers to communicate with one another within a secure environment
- An on-line mechanism for members to initiate and complete their own administrative needs (e.g., generating ID cards, change of address, etc.)
- Reduction in some administrative burden and costs (e.g., fewer customer service inquiries, decrease in postage, etc.)

An easy way to “push” useful information to members such as screening reminders, health and wellness events, potential incentive opportunities, etc.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|------------------------|---|-------------------------------------|-------------------------|-------------------------------------|----------------------------|
| Member Portal Steering Committee Progress Reports | Portal not implemented | The Member Portal functionality as of June 29, 2018 provides members with information about: <ul style="list-style-type: none"> • Benefits and Eligibility • Claims and Authorizations • Medication Profile • Navigation Links to Resources | Portal implemented: Desktop version | 7/2018 | Portal implemented: Desktop version | 7/2018 |

| | | | | | | |
|---------------|----|--|-------------------|---------------------|-------------------|-----------------------|
| | | <ul style="list-style-type: none"> • Provider & Dental Directories • Pharmacy Formulary • Oregon One System • Medicare Over the Counter Benefit Portal • Secure Messaging • ROI Form <p>Current portal capabilities also include:</p> <ul style="list-style-type: none"> • The ability to create custom forms for surveys and incentives • Customized communication to members based on age, sex, conditions, etc., and outreach capability • Mass communications to members enrolled in the portal • Medication interactions, access to HealthWise for managing medical conditions • Customizable branding | | | | |
| Adoption Rate | 0% | <p>The following Success Factors will be evaluated within 6 months of “go-live.”</p> <ul style="list-style-type: none"> • Meet and/or exceed member satisfaction rating (≥4 on 5 point scale) for | 10% Adoption rate | 6 months postlaunch | 15% Adoption rate | 12 months post-launch |

| | | | | | | |
|--|--|---|--|--|--|--|
| | | 70% of respondents <ul style="list-style-type: none"> • Achieve 30% adoption rate (1 member/1 sign-on in 1st year) • Achieve 30% paperless opt-in rate of members using portal • Less than 0.01% downtime due to elements within CO control • Reduction in Call Volume | | | | |
|--|--|---|--|--|--|--|

Challenges in progressing toward target or benchmark: During the functional testing period, several items have been identified as areas of opportunities to improve. These opportunities are not seen as barriers that would impede the ultimate “Full” launch of our member portal. They are being given more development resources to consider what the best end results can and should be for our member portal.

- ID Card: We are working on automating the member ID card request through the portal – This is still in development
- Benefits/Enrollment: Accumulators and limits for services do not show (For Medicare) – Teams are determining if this functionality is needed at this time
- Member Information: No preferred language shown – Looking to identify the steps needed to include this information as a future portal enhancement

Strategies to overcome challenges: Following the 6/29/18 Production build, member feedback will be solicited using our current CAC and Member Engagement Coordination Committee. Member feedback will help inform priorities and additional opportunities to improve the portal’s look, feel, and overall functionality.

A Portal Support Model was developed comprised of a Steering Group and combined Provider and Member Portal Workgroup Committee. This operating structure will support completion of remaining work to the full portal “go-live” date and will remain in place for ongoing development.

We are planning on using the 4th quarter of 2018 for more member portal discovery and targeting the 1st quarter of 2019 for “Full “member portal launch.

- A. **Project or program short title:** 7, 1a
- B. **Primary component addressed:** Integration of care (physical, behavioral and oral health)
 - i. Secondary component addressed: Access
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Access: Availability of services
 - i. Additional subcomponent(s) addressed: Add text here

D. Activities and monitoring for performance improvement:

Activity 1 description: Review annual goals and metric work plans at each PC3 meeting (every other month). Work with clinics to include BH providers.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): The monthly Behavioral Health (BH) Peer-to-Peer learning collaboratives have been received very well by all involved. The peer-to-peer support decreases their isolation concerns and best practices are incorporated/valued. The inclusion of the BHC’s with the PC3 integrates the clinicians more effectively with their PC leadership and peers. Great cross-pollination opportunities occur.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---------------------------------------|---------------------------------|---|--|-------------------------|--------------------------|----------------------------|
| PC3 Annual Goal and Metric Work Plans | 2017 annual goal and work plans | The monthly Behavioral Health (BH) Peer to Peer learning collaboratives have been received very well by all involved. The peer-to-peer support decreases their isolation concerns and best practices are incorporated and valued. The inclusion of the BHC’s with the PC3 integrates the clinicians more effectively with their PC leadership and peers. Great cross-pollination opportunities occur. | Each clinic has one work plan or goal that includes BH as a stakeholder. | 12/31/2018 | Add text here. | 12/31/2018 |

Challenges in progressing toward target or benchmark: Challenge is getting clinical (BHC) and non-clinical staff in the same room together to work on operational improvements. BHCs are both a necessary resource with a high patient and provider demand for their presence, yet are not often included in quality improvement activities at the clinic. There is still a need to create and prioritize improved workflows with BHC’s and PCP’s within the context of the Primary Care Clinic setting.

Strategies to overcome challenges: Continued need for additional BH referral sources.

- A. **Project or program short title:** 8, 9
- B. **Primary component addressed:** Patient-centered primary care home
 - i. Secondary component addressed: Severe and persistent mental illness
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Choose an item.
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Develop primary care delivery system infrastructure in 3-5 identified clinics across the CCO service area. Complete training and technical assistance in the following areas: population management techniques, panel management, identification of gaps in care, EHR utilization, increasing care coordination programs, team based care, enhanced access.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): To incentivize PCPCH participation in our clinics we have added this as a requirement to our APM models. As a part of this we have created a system that rewards higher PCPCH tier having different APM tracks with higher rates for PCPCH tier 4 and above. This has led to clinics reaching out for technical assistance on specific PCPCH tier requirements to reach new payment levels. A majority of the technical assistance has focused on population management with risk stratification and care coordination with high risk members.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|---|---|-----------------------|-------------------------|--------------------------------------|----------------------------|
| PCPCH reporting | Number of members assigned to state recognized PCPCHs: 83.7% Number of CAP requests for clinical input from PC3: 0 | 87.2% | Add text here. | Add text here. | 90% of members are enrolled in PCPCH | 01/2018 |

Challenges in progressing toward target or benchmark: Changes in PCPCH tier and changes in ownership of organizations.

Strategies to overcome challenges: Work with Adventist to complete enrollment on Vernonia clinic by end of 2018. Reach out to smaller clinics to see if technical assistance would help with application.

- A. **Project or program short title:** 10
- B. **Primary component addressed:** Social determinants of health
 - i. Secondary component addressed: Choose an item.
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Choose an item.
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Through a participatory action process, collect narratives that focus on service user voice/member perspective of community vitality and their perception of “ideal future” related to the social determinants of health and health care system needs

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Workshop held in June that included health plan member, community partners and internal representatives of CO departments to plan and give input to the design of the instrument used for the survey.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|---------------------------|--|-----------------------|-------------------------|---|----------------------------|
| Progress on workplan | N/A as this is a new plan | Community advisory council members, internal staff associated with CPCCO and community stakeholders participated in a workshop that informed the development of the story collection instrument. | Add text here. | Add text here. | Narrative story collection/tool instrument completed. a)2000 stories collected regionally. b) qualitative and quantitative data collected, evaluated. c)action items identified for the CHP. | 12/31/2018 |

Challenges in progressing toward target or benchmark: Large geographic region to work in and many stakeholders/community partners making it difficult to get key participants together in one group to share this project with them, do a shared process.

Strategies to overcome challenges: Information and feedback disseminated through community advisory councils and with community partners through a pilot project testing the instrument in July 2018.

Activity 2 description: Develop and implement the process and criteria for CPCCO funding to support community health worker certification in the service area including CPCCO community health worker policy for billing, payment and clinical documentation related to covered community health worker services.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): CHW certification process, job descriptions and billing, payment and clinical documentation have been identified.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|-------------------------------------|---|--|--|-------------------------|---|----------------------------|
| Number of CHWs certified and placed | Certification process developed through OSU for CHW in CPCCO service region | External organization/CCO has been identified as a resource for implementing this type of worker who can submit claims/document services | CHW has approved status through CPCCO for documenting services and approved process of PCP oversight of work/treatment planning. | 10/2018 | Process identified for CHW to receive oversight from RN and to have supervision of activities including training to document in EHR all activities. | 2/2019 |

Challenges in progressing toward target or benchmark: Transferring external process into internal policies and procedures

Strategies to overcome challenges: Consulting with external organizations that have implemented CHW policies and procedures.

Activity 3 description: Assemble and evaluate findings on health needs and health disparities from community partners or previous assessments including the leading causes of chronic disease, injury and death in the CPCCO regional service area.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): Funding approved for primary data collection using narrative story survey process and SenseMaker software. Participatory process for survey instrument design implemented by conducting a one day workshop in late June 2018.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|--|--|-----------------------|-------------------------|--|----------------------------|
| Progress on workplan | CPCCO starting process of shared regional health assessment in its three counties. | Survey Instrument design implemented. Secondary data indicator template design created. | Add text here. | Add text here. | Completed regional health needs assessment and regional health improvement plan that is aligned with key community stakeholders. | 6/2019. |

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: na

- A. **Project or program short title:** 11, 9, 7, 12
- B. **Primary component addressed:** Special health care needs
 - i. Secondary component addressed: Severe and persistent mental illness
 - ii. Additional component(s) addressed: Integration, Utilization Review
- C. **Primary subcomponent addressed:** Choose an item.
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Our overall goal is to decrease ED and Inpatient over-utilization while increasing primary under-utilization (PCP, MH, SUD treatment) for people with a behavioral health diagnosis. Our current goal is to define the BH cohort with high acute utilization and this cohort’s current baseline acute and primary utilization rates

- 1) Define BH cohort with High acute utilization
- 2) Define this cohort’s current (baseline) acute (ED, Inpatient) utilization rate
- 3) Define this cohort’s current (baseline) primary (PCP, MH, SUD) engagement rate

Short term or Long term

Update? Yes No

We have determined that the initial cohort of focus will be those in the “Rising Risk” category of our population segmentation, with 1 more ED visit in the previous six months. This data was refreshed in July and will not be refreshed again until January, and then on a monthly basis. We have chosen this population segmentation as we believe focused preventive work can support our long-term goals for improved outcomes in BH driven acute utilization. We will begin to use this data to evaluate across our network in Q1 of 2019 when we have updated monthly information.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--------------------------------|----------|---|-----------------------|-------------------------|--------------------------|----------------------------|
| Create cohort | TBD | Cohort has been defined as the Rising Risk | Cohort defined | Q2 2018 | TBD | TBD |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | segment and is in development for ongoing reporting. | | | | |
|--|--|--|--|--|--|--|

Challenges in progressing toward target or benchmark: The biggest barrier here is the lack of analyst time both to update the population segmentation work and to refresh this cohort on a routine basis.

Strategies to overcome challenges: We are hopeful that this will improve during the end of 2018 into 2019 as the data is automatically refreshed.

- A. **Project or program short title:** 12
- B. **Primary component addressed:** Utilization review
 - i. Secondary component addressed: Choose an item.
 - ii. Additional component(s) addressed: Add text here
- C. **Primary subcomponent addressed:** Choose an item.
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Quarterly UM Monitoring

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Reporting of UM activities, trends, and strategies occurs on a regular basis.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|------------|---|-----------------------|-------------------------|--------------------------|----------------------------|
| UM Monitoring occurs quarterly and is reported at CPCCO Board | 2x in 2017 | Current for Q1 2018, Q2 2018 | Add text here. | Add text here. | Maintain | 12/31/2018 |

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: na

- A. **Project or program short title:** 13, 12, 1a
- B. **Primary component addressed:** Value-based payment models
 - i. Secondary component addressed: Access
 - ii. Additional component(s) addressed: Utilization Management
- C. **Primary subcomponent addressed:** Access: Availability of services
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: CPCCO funds a robust Primary Care Behavioral Health program through an alternative payment methodology. Clinics are required to identify and target a specific subpopulation such as children with ADHD, adults with depression, etc. and report on identified interventions.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): CPCCO is now contracted to report on a population reach of CPCCO members who have received a behavioral health service within the last rolling 12 months. The contracting timeframe from 07/01/18-12/31/18 will bring CPCCO in line with the other 2 lines of Care Oregon business for behavioral health PMPM. (JCC and HSO/Metro). This will be an exercise in reporting and data capture for CPCCO clinics with behavioral health services in primary care. Although there is not a payment change implication for this short contracting cycle, based on performance, it will be implemented as of 01/01/19 to be in line with the cross-regional Care Oregon behavioral health PMPM program. Many of our larger clinics/systems are already practiced at this new metric definition so it should be fairly seamless (OHSU, Coastal/Yakima, Legacy, Providence). We anticipate that Columbia Memorial will struggle in data capture and reporting that is not specific to behavioral health as they have been working to improve their reporting capabilities. It is also new to have Providence Seaside join into the behavioral health PMPM which they have been historically eligible for but declined until now in this region. (Providence a has participated in Jackson Care Connect).

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|--------------------------|--|-----------------------|-------------------------|--------------------------|----------------------------|
| Clinics are evaluated on population reach, and adherence to the model through analysis of the encounter data and annual site visit. Clinics are provided ongoing technical assistance and coaching based on analysis. | 5% (Tier 1)/12% (Tier 2) | Clinics have been contracted in to start payment as of 07/01/18 with a new measurement of population reach that includes a 12 month look back. 07/01/18-12/31/18 payment cycle does not have a payment change implication for performance yet but will start to as of 01/01/19 if targets of 5% or | Add text here. | Add text here. | 20% | 12/2019 |

| | | | | | | |
|--|--|------------------|--|--|--|--|
| | | 12% are not met. | | | | |
|--|--|------------------|--|--|--|--|

Challenges in progressing toward target or benchmark: Challenges are not related to accomplishing contracting goals, but in ongoing data capture and reporting.

Strategies to overcome challenges: Ongoing technical support to participating clinics.

Activity 2 description: CPCCO introduced a performance accountability measure with financial implications in its 2018 contractual agreements with its delegated dental plan partners. The measure specifically addresses increasing the percentage of adult and child members who receive a dental service during the year. Tying performance accountability to payment allows Columbia Pacific CCO to work with its dental plan partners to improve access to both preventive and restorative dental services.

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Dental dashboards have been developed and APAC data is analyzed monthly. CPCCO is actively partnering with its DCOs on community-based events and care coordination/navigation work.

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

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|--|--|---|-----------------------|-------------------------|--|----------------------------|
| Analyze claims data monthly to determine number and percentage of individual members assigned and seen by dental plan partners. Work with DCOs on strategies to improve access, outreach and strategies to increase utilization. | 2017 utilization rate pending claims run-out | Baseline = 37.6% YTD (Jan-June claims data) = 25.1%. | Add text here. | Add text here. | 3% increase over 2017 final; segregated by child and adult | 12/31/2018 |

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: Add text here