

Health Share of Oregon

Transformation and Quality Strategy

March 2019



Health Share of Oregon

**Health Share of Oregon
Transformation and Quality Strategy**

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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 management review:

Quality Program Structure

The Quality Committee of the Health Share Board of Directors oversees the quality, credentialing and compliance programs, and the oversight of delegated entities. The Quality Committee receives quarterly reports from management on grievances and appeals, quality incentive metric performance, and performance improvement projects. The Committee also receives regular updates regarding delegation oversight and functions performed by delegated entities related to the quality program. The Quality Committee is responsible for ensuring that Health Share has an effective quality program that addresses contractual obligations and meets the goals, objectives and components of the Transformation and Quality Strategy.

Day-to-day operation of the quality program is delegated to management by the Quality Committee. The Chief Operating Officer is accountable for the quality program which is managed by the Director Compliance and Quality Assurance. The Quality Committee receives regular reports from senior management on all aspects of the quality program.

The executive team charters the Delegation Oversight Committee (DOC) which ensures that Health Share remains accountable for and compliant with contractual and regulatory requirements through oversight of delegation of core administrative and management functions. The DOC is chaired by the Chief Operating Officer and its membership includes the Chief Information Officer, Director Compliance and Quality Assurance, Director Contracting and Network Management, Director Behavioral Health, Senior Financial Accountant, Quality Assurance Specialists, Senior Data Quality Analyst and Health Systems Integration Manager. The DOC reviews pre-delegation assessments, and findings of annual reviews and on-going monitoring of delegated entities, and identifies areas of non-compliance requiring corrective action. The DOC provides regular reports to the Quality Committee of delegation oversight activities.

Grievance and appeal system: Health Share members have access to a robust grievance system for response to grievances and appeals, as well as contested case hearings. Delegated entities are required to have a comprehensive grievance system that meets all federal and state contractual and regulatory requirements. Delegated entities submit quarterly grievance reports, which are aggregated for submission to the Oregon Health Authority. Health Share analyzes the aggregated data to ensure the quality and experience of care by members, as well as to identify opportunities for improvement. Quarterly analyses of grievances are reported to the Delegation Oversight Committee and the Quality Committee.

Utilization review: Utilization review is a function delegated to health plans and overseen by Health Share staff through annual reviews and on-going monitoring. Through delegation oversight Health Share assures appropriate structures and mechanisms are used by health plans to conduct utilization review, including monitoring over- and under-utilization of

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services. Annual reports submitted by the health plans are reviewed, and trend analysis is conducted to identify any disparities in utilization. In addition, through Health Share Bridge, Health Share's enterprise data warehouse and analytics solution, we are able to determine utilization rates for various services broken out by specific demographic groups and sub-populations, providing an overarching view of how our members are accessing services.

- 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):

The founding member organizations of Health Share include health systems, provider organizations, and county governments in the tri-county region, each with a long history of serving Oregon Health Plan Medicaid enrollees. The founding organizations are Adventist Health, CareOregon, Central City Concern, Clackamas County, Kaiser Permanente Northwest/Kaiser Foundation Health Plan, Legacy Health, Multnomah County, Oregon Health & Science University, Providence Health & Services/Providence Health Alliance, Tuality Healthcare/Tuality Health Alliance, and Washington County. Each of the founding members has a seat on Health Share's Board of Directors, along with elected directors from mental health, substance use disorders, primary care and oral health, as well as the community at large. The Community Advisory Council has an appointed liaison to the Board. The Board of Directors sets the strategic direction for Health Share.

Health Share subcontracts with a number of delegated entities, including twelve health plans: behavioral health (Clackamas, Multnomah and Washington Counties); dental health (Advantage, CareOregon, Kaiser, ODS and Willamette); and physical health (CareOregon, Kaiser, Providence and Tuality). The health plans are fully financially at risk for the populations enrolled with them, manage benefits, authorize services, conduct utilization review and utilization management, provide care coordination and care management, contract with provider networks, and pay claims. All delegated entities are required to have a comprehensive grievance system; to participate in Health Share's quality program; and to ensure members have access to appropriate services and benefits.

Due to Health Share's delegated business model, we have instituted a comprehensive committee and workgroup structure to support engagement with health plan operations. These groups, with representation from health plans, work with Health Share management and staff to develop and manage quality and transformation activities. Health Share operations provide a foundation for implementing the quality strategy and managing the quality program in concert with health plans.

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

Both the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHP) are integral components of Health Share's strategic planning process for transformation and quality. The Community Advisory Council (Council) oversees the development of the CHNA and CHP. The Council includes community and board engagement processes to ensure alignment and community input in strategic priorities and strategies. The strategic priorities and strategies outlined in the CHP then informs our population health and health care system service plan. Our Community Advisory Council completed a new CHNA in 2018 and are actively working on developing a new CHP in 2019. Once approved by the Board of Directors, Health Share staff will work with the Council to ensure the activities of the CHP are aligned with and incorporated into Health Share's strategic initiatives, quality improvement efforts and regional Social Determinants of Health investments. The Council appoints a liaison who sits on the Board of Directors and has input into Health Share's strategic objectives identified by the Board, including those identified in the CHP.

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

Founded by cross-sector organizations, Health Share naturally engages with multiple community partners in carrying out transformational initiatives. These partners include Early Learning Hubs, Local Public and Mental Health Authorities, school based health centers, patient centered primary care and other medical home practices, specialty care practices, mental health and substance use disorder providers, and multiple community-based organizations. Through these efforts and partnerships, Health Share: works regionally to develop and implement an equitable health care delivery model that integrates behavioral, oral and physical health care; applies an equity lens to identify and address inequities in services, policies, practices, and procedures; and addresses the social determinants of health through supporting collaboration between the health care system and the community.

Examples of current cross-sector partnerships:

- Launched **Kindergarten Readiness Network** with 60 participating organizations and 5 co-funders: Social Venture Partners, United Way of Columbia Willamette, Providence Children's Health, Oregon Community Foundation and Early Learning Multnomah (representing the tri-county Hubs)
- Funded **DHS Medicaid Liaison** position in Multnomah County and expanded role to Clackamas and Washington Counties
- Facilitated expansion of **Help Me Grow**, a national model linking families of children at risk for developmental and behavioral issues to a centralized, triaged menu of resources
- Convened **Opiates Data Group** to identify regional MAT targets

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- Advanced **local public health authority** partnership, co-creating and funding an initiative to improve immunization rates in children and address “immunization hesitancy”
- Expanded **Health Share Bridge** applications, data view, users and better data delivery model
- Hosted **All Together Regional Convening**, a day-long conference with 3 panel discussions, 6 breakout sessions and 16 poster presentations; more than 60 presenters and 230 attendees; with a focus on advancing equity, paying differently for integrated care, and care integration through clinical innovation, data sharing and measurement

Health Share also committed to new strategic investments for community impact:

- **Behavioral Health** Strategic Investment
- **Regional Community Health Network** investment through Project Access NOW
- Approved 2nd year of \$3.3M investment in the **Oregon Community Health Worker Association** following successful 1st year investment
- **Doula workforce** development and technical skills investment

B. Review and approval of TQS

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

In 2017, Health Share formed a Transformation and Quality Committee charged with oversight of the TQS. However, we found that structure to be duplicative of other meeting and communication structures. Its last meeting was in April 2018. A core group of Health Share managers is now accountable for the development, review and adaptation of the TQS, with input from staff as well as from partner organizations. The group meets on an ad hoc, informal basis. The Quality Committee of the Health Share Board of Directors receives regular updates on various components of the quality program and transformational work reflected in the TQS b Health Share management. This includes quarterly reports on the achievement of the quality incentive metrics, the status of performance improvement projects, and a grievance system analysis, and periodic updates on strategic initiatives approved by the Board that are components of the TQS. Rather than considering the TQS as a separate process and body of work, we view it as an integral component of a broader set of initiatives and projects directed toward achieving the Triple Aim.

C. OPTIONAL

- i. Describe any additional CCO characteristics (for example, geographic area, membership numbers, overall CCO strategy) that are relevant to explaining the context of your TQS:

As of March 2019, Health Share serves more than 310,000 members in the tri-county region of Clackamas, Multnomah and Washington Counties. We operate through a collaboration of health plans, health systems, delivery systems, providers and community partners. Given our business model, the Transformation and Quality Strategy reflects work being done by our partners as well as strategic initiatives implemented and managed by Health Share staff.

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The strategic objectives adopted by the Health Share Board of Directors for 2018 – 2020 are known collectively as Ready + Resilient. With Ready + Resilient, Health Share is creating a long-term roadmap to support the wellbeing of children, families and communities through prevention, support for recovery, and focused investment in health equity. The components of Ready + Resilient are:

Share Health – Health Share’s equity first approach prioritizes eliminating health disparities for future generations. Our members face significant disparities in health and health care. An equity first approach means all of our strategies and tactics in Ready + Resilient include explicit efforts to eliminate these disparities and ensure that everyone has access to high quality health care.

Support Recovery – Health Share’s goal is that people are able to access quality mental health and substance use services delivered by a trauma-informed workforce when and where they need them. People’s health is impacted by what has happened to them, and nowhere is this clearer than through the trauma and disparities we see in our state’s opioid and mental health crises. These significant community-wide challenges require a coordinated approach that starts by addressing the fragmentation, under-investment, and inequities that have plagued Oregon’s behavioral health system. Health Share’s efforts begin with: strengthening the behavioral health workforce, improving the substance use disorder system of care, and improving the availability of information across care settings.

Start Strong – Health Share’s goal is that children are ready for kindergarten, and families are connected to the health and social resources they need to thrive. Children will have a strong start to life when we build a prevention-focused system of care that connects health care, community partners and caregivers. We know that when we invest in early life health, we prevent bigger issues down the road. We also know that every child’s needs are different, and many children are falling through the cracks of the current fragmented system. Together with community partners, we are working to build resilience and give every child the best possible start through three main strategies: improving the quality and quantity of screening for women and children in health care and community settings, building and enhancing clinical and community interventions and referral systems, and improving systems of care for populations with complex needs.

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Health Share of Oregon Transformation and Quality Strategy Summary of Projects and Components	
Projects	Components
Increasing Access to Behavioral Health Services	Access: Availability of Services Access: Timely Grievance and Appeal System Integration of Care Value-based Payment Models
Expanding Access to Culturally Specific Traditional Health Workers	Access: Cultural Considerations Health Equity: Cultural Competency
Partnering with Public Health on Vaccine Hesitancy	Access: Quality and Appropriateness of Care Furnished to All Members
Oversight Monitoring of Provision of Second Opinions	Access: Second Opinions Grievance and Appeal System
Spreading Best Practices for Providing Culturally and Linguistically Appropriate Care	CLAS Standards and Provider Network Health Equity: Cultural Competence
Making Disparities Data Actionable	Health Equity: Data Health Equity: Cultural Competence
Advancing Equity, Diversity and Inclusion	Health Equity: Cultural Competence
Connecting Behavioral Health Providers to HIE	Health Information Technology: Health Information Exchange
Health Share Bridge and Data Governance	Health Information Technology: Analytics
Increasing Patient Engagement through HIT	Health Information Technology: Patient Engagement
Comprehensive Diabetes Strategy	Integration of Care
Supporting Access to PCPCHs and Other Integrated Health Homes	Patient-Centered Primary Care Home
Reducing Unnecessary Emergency Department Utilization in Members with Serious and Persistent Mental Illness	Severe and Persistent Mental Illness Health Information Technology: Health Information Exchange Utilization Review
Aligning Resources to Invest in Social Determinants of Health	Social Determinants of Health
Supporting Access to Care for Vulnerable Populations	Special Health Care Needs

Section 2: Transformation and Quality Program Details

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

A. **Project or program short title:** Access Project 1: Increasing Access to Behavioral Health Services

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

B. **Primary component addressed:** Access

- i. Secondary component addressed: Grievance and appeal system
- ii. Additional component(s) addressed: Integration of Care, Value-based Payment
- iii. If *Integration of Care* component chosen, check all that apply:
 Behavioral health integration Oral health integration

C. **Primary subcomponent addressed:** Access: Availability of services

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

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

Health Share oversees the grievance and appeal system in coordination with delegated entities. Each delegated entity is required to have a comprehensive grievance system, which Health Share monitors through delegation oversight and review of quarterly grievance reports submitted by delegates. The analysis of grievance data submitted by delegates has consistently shown the highest category of grievances being related to access to services. With a 52% increase in membership in February 2018, Health Share was particularly interested in ensuring that transferring members had timely access to needed services. A statistical analysis of engagement patterns across populations given historical utilization was conducted in the third quarter of 2018. The results of the analysis identified a need to focus on access to behavioral health services for both adults and children.

Additionally, Health Share and its partners identified a specific need to improve access to specialty behavioral health services for children. Increasing access through pediatric primary care providers to address lower acuity behavioral health needs was identified as a potential solution to improve access. Payment for specialty behavioral health in primary care was identified as a barrier to a more fully integrated care delivery model.

E. **Project or program brief narrative description:**

To increase access to behavioral health services, Health Share has implemented two projects. Improved access reporting was implemented with all of Health Share's outpatient behavioral health providers in December 2018. Access reporting is now part of a program of incentives for providers to increase access while continuing to ensure retention of members in services. Providers are assessed on a variety of measures, resulting in a composite score of their overall performance, which is linked to a value-based payment.

In November 2018, Health Share launched an initiative that allows a set of identified primary care providers to bill for specialty behavioral health services delivered by licensed behavioral health clinicians in a primary care setting. The early results of that initiative are promising, and Health Share is exploring expanding to additional primary care providers. The longer term goal is to move away from a fee-for-service payment model to a case rate or other alternate payment methodology supportive of an integrated model of care for children's behavioral health services in primary care.

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Activities and monitoring for performance improvement:

Activity 1 description: Enhanced access reporting requirement with all outpatient behavioral health providers

Short term or Long term

Monitoring activity 1 for improvement: Monthly review of submitted access reports

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
88% of providers submitting monthly access reports	92% of providers submitting monthly access reports	07/2019	96% of providers submitting monthly access reports	12/2019

Activity 2 description: Payment for specialty behavioral health care in primary care for children

Short term or Long term

Monitoring activity 2 for improvement: Monthly review of utilization and financial model effectiveness

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
7 primary care providers in defined clinics receiving payment for specialty behavioral health services	15 primary care providers in defined clinics receiving payment for specialty behavioral health services	06/2019	20 primary care providers in defined clinics receiving payment for specialty behavioral health services	12/2019

A. Project or program short title: [Access Project 2: Expanding Access to Culturally Specific Traditional Health Workers](#)

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

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

- iv. Secondary component addressed: Health equity
- v. Additional component(s) addressed:
- vi. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Access: Cultural considerations](#)

- ii. Additional subcomponent(s) addressed: [Health Equity: Cultural Competency](#)

D. Background and rationale/justification:

Expanding availability of Traditional Health Workers (THWs) is a key strategy to increasing member access to culturally and linguistically appropriate supports. However, barriers to a stable, sustainable THW workforce in the tri-county region continue to be experienced. These barriers include lack of stable employment, most notably for community-based THWs, and the lack of infrastructure including sustainable payment models and Health Information Technology to track efforts and outcomes for some of the THW worker types. Following a 2017 investment in infrastructure development of the Oregon Community Health Workers Association (ORCHWA), Health Share continues to provide oversight to

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ensure the success of the investment and the sustainability of the infrastructure developed. Health Share is working to address the need for culturally specific peers specifically within the Latinx community and peers who work with individuals with severe and persistent mental illness by investing in culturally specific curriculum development and training of more Latinx peers. Health Share is investing in doula of color workforce development through contracting with stakeholders to increase knowledge of how to create and advance sustainable businesses/business collaboratives, as well as identify best practices for maternity care teams to work with community-based doulas. Access to doulas has been shown to increase mother/baby bonding and improve health outcomes for women and children of color, as well as reduce cesarean section rates and associated costs.

E. Project or program brief narrative description:

Health Share is investing in a variety of efforts to address some of the barriers to increased utilization of community-based THWs, including community health workers, peers and doulas, to improve health outcomes for members by promoting delivery of services to members in a culturally competent manner.

F. Activities and monitoring for performance improvement:

Activity 1 description: Increase infrastructure to support effective utilization of community-based community health workers

Short term or Long term

Monitoring activity 1 for improvement: Quarterly reports from ORCHWA on infrastructure development

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Reports received quarterly	Infrastructure development continues as contractually specified	12/2019	Next steps for investment identified	12/2019

Activity 2 description: Invest in local peer run organization to support peer training and education and workforce development

Short term or Long term

Monitoring activity 2 for improvement: Initial funding dispersed in Q3 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Conversations about funding in process	Contract secured and funds dispersed	10/2019	Trainings provided, evaluated, and attendance documented	12/2019

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Activity 3 description: Increasing access to doulas of color in the Tri-County region

Short term or Long term

Monitoring activity 3 for improvement: Secure contracts in Q1 2019; develop training curriculum by end of Q4 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
1 of 2 contracts secured; curriculum development in process	All contracts secured	06/2019	Curriculum developed and at least one class conducted	12/2019

Project or program short title: [Access Project 3: Partnering with Public Health on Vaccine Hesitancy](#)

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

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

- vii. Secondary component addressed: [Choose an item.](#)
- viii. Additional component(s) addressed: [Add text here](#)
- ix. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

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

- iii. Additional subcomponent(s) addressed: [Add text here](#)

C. Background and rationale/justification:

Immunization status is an important aspect of early life health for all children. Absence of needed vaccinations is often an indication of barriers to accessing routine preventive pediatric care, so a focus on childhood immunizations is really a focus on improving families' access to and engagement with primary care for the first two years of life. This builds a strong foundation to ensure children's health and development is being effectively monitored as they prepare for kindergarten at age five.

D. Project or program brief narrative description:

Health Share has partnered with the three public health departments in our region to develop and implement a Vaccine Hesitancy Community Mobilization Campaign. Health Share funds these collective efforts which will include: a multi-faceted community mobilization initiative addressing community perception and behavior towards vaccination that is informed by parents/families, health care providers and public health partners; efforts to increase provider participation in AFIX program model; and advancing policies to support vaccination.

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E. Activities and monitoring for performance improvement:

Activity 1 description: Launch a behavior change communications campaign targeting families with children under age two to encourage them to get or keep their children up-to-date on immunizations

Short term or Long term

Monitoring activity 1 for improvement: Communications campaign implemented by end of Q1 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Landing page developed and digital ads in production	Landing page developed and digital ads launched	04/2019	Full campaign launched	06/2019

Activity 2 description: Launch a tri-county implementation group to work on community mobilization initiative on vaccine hesitancy that will identify key populations to focus on based on disparities in vaccination rates

Short term or Long term

Monitoring activity 2 for improvement: Tri-county implementation group launched by end of Q1 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Contract and plans in place for launch	Planning group for campaign launched	04/2019	Community Mobilization campaign developed using community input	12/2020

Activity 3 description: Secure a contract with a marketing firm to engage key stakeholders (parents/families and health care providers) to develop content for community mobilization initiative

Short term or Long term

Monitoring activity 3 for improvement: Completion of contract by end of Q2 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Contract negotiations occurring	Clear scope of work developed	05/2019	Contract secured	07/2019

Activity 4 description: Work with health plan partners to develop strategies to increase provider participation in AFIX program to improve immunization service delivery

Short term or Long term

Monitoring activity 4 for improvement: Strategies identified by end of Q4 2019; implemented in 2020

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Work has not started	Convene a workgroup to develop a plan	06/2019	Strategies identified to increase provider participation in AFIX	December 31, 2019

A. Project or program short title: [Access Project 4: Oversight Monitoring of Provision of Second Opinions](#)

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

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

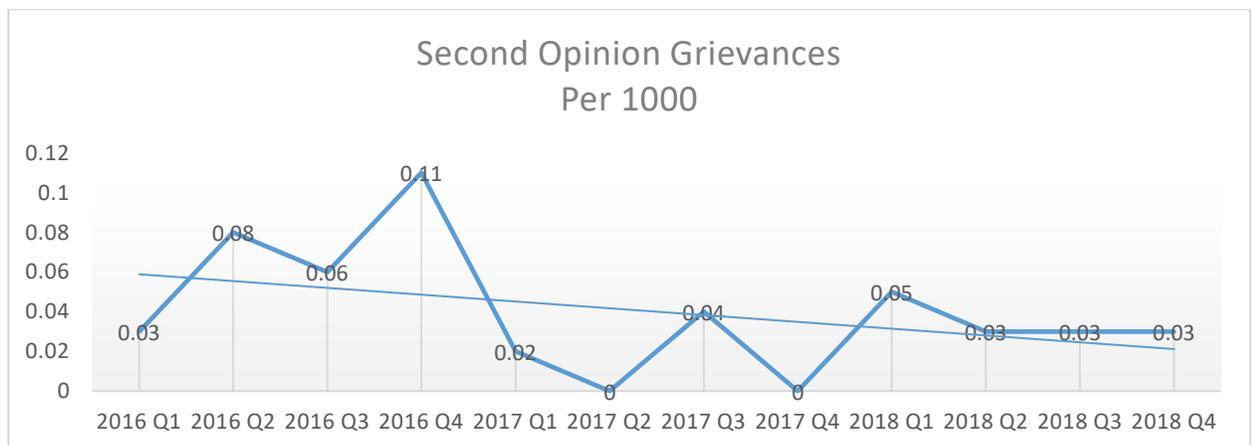
- x. Secondary component addressed: Grievance and appeal system
- xi. Additional component(s) addressed: [Add text here](#)
- xii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Access: Second opinions](#)

- iv. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Health Share is contractually obligated to ensure members have access to second opinions, and to inform them of their right to request a second opinion at no cost to the member. This information is communicated to Health Share members through the Member Handbook. Member access to second opinions is a delegated function to subcontracted health plans. Delegated entities provide seamless access to care including second opinions, and do not require prior authorizations for members to receive a second opinion. As a result, it is not possible to distinguish a service provided related to a second opinion from any other service through review of claims. Health Share monitors the availability of second opinions through the delegation oversight process. Through the continued monitoring of the grievance system, Health Share is confident that members are able to obtain second opinions when indicated for health care reasons. With a range of 0.03 to 0.11 grievances per 1000 related to second opinions over the past 12 quarters, the trend line continued to go down in 2018. Grievances related to second opinions have all been resolved to the member’s satisfaction.



E. Project or program brief narrative description:

Availability of second opinions is a responsibility of delegated health plans. Health Share monitors the provision of second opinions through the analysis of grievances and appeals.

F. Activities and monitoring for performance improvement:

Activity 1 description: Monitor availability of second opinions through grievance system analysis

Short term or Long term

Monitoring activity 1 for improvement: Review of quarterly grievance system reports for changes in grievances related to second opinions

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
0.03 to 0.11 grievances per 1,000 related to second opinions	No increase in grievances per 1,000 related to second opinions	12/2019	No increase in grievances per 1,000 related to second opinions	12/2020

A. Project or program short title: [CLAS Standards and Provider Network Project 1: Spreading Best Practices for Providing Culturally and Linguistically Appropriate Care](#)

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

B. Primary component addressed: [CLAS standards and provider network](#)

- xiii. Secondary component addressed: Health equity
- xiv. Additional component(s) addressed: [Add text here](#)
- xv. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Health Equity: Cultural competence](#)

- v. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Health Share facilitates the Cultural Competency and Health Equity (CHEW) workgroup, made up of health plan representatives. The group focuses on ensuring provision of culturally and linguistically appropriate health care services through implementation of the CLAS standards. The CHEW workgroup uses a learning collaborative format in recognition that many health plan partners are already employing best practices in this area. The learning collaborative supports sharing of knowledge and joint creation of solutions to ensure provision of culturally and linguistically appropriate health care services.

E. Project or program brief narrative description:

Continue to convene key staff within our health plan partners that are charged with advancing equity and CLAS standards. Work with this group to develop and implement an approach to assessing and improving system level policies and procedures to address CLAS standards with a specific focus on CCO 2.0 requirements related to CLAS.

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F. Activities and monitoring for performance improvement:

Activity 1 description: Develop a process to assess health plan compliance and identify areas for improvement related to advancing CLAS standards in provider networks

Short term or Long term

Monitoring activity 1 for improvement: Process to be developed by Q3 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
CHEW group is meeting to outline overall goals	Membership revisited and recruited	07/2019	Process for health plan CLAS assessment developed	10/2019

Activity 2 description: Implement CLAS standard assessment on two specific focus areas and develop recommendations for compliance and best practices

Short term or Long term

Monitoring activity 2 for improvement: Review of assessment conducted

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Not started	Assessment of health plans on CLAS standards conducted	06/2020	2 CLAS standard focus areas selected	12/2020

A. Project or program short title: [Health Equity Project 1: Making Disparities Data Actionable](#)

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

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

- xvi. Secondary component addressed: [Choose an item.](#)
- xvii. Additional component(s) addressed: [Add text here](#)
- xviii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Health Equity: Data](#)

- vi. Additional subcomponent(s) addressed: [Health Equity: Cultural Competency](#)

D. Background and rationale/justification:

Health Share continues to be committed to improving our capacity to address health disparities and to use data to drive our improvement initiatives and community investments. Some of our early work included developing a standard and robust process to stratify data and metrics by race, ethnicity and language. Most recently, the newly completed Community Health Needs Assessment (CHNA) prioritized equity and included a data analytics approach that centered on marginalized communities. In developing the CHNA, the Healthy Columbia Willamette Collaborative performed a comprehensive study of data, drawing from Medicaid/CCO claims data and population health data, enhanced with qualitative

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data from online surveys, listening sessions and community engagement projects. Health Share is using the findings of the CHNA as well as drawing on the early work in stratifying data as the basis for the next iteration of ensuring data is driving our work towards health equity. Longer term, the intention is to incorporate data from the Delivery System Network analysis and other provider-centered measures to incorporate health service capacity.

E. Project or program brief narrative description:

Health Share has created a framework for understanding disparities faced by the communities and populations represented in our membership. We are developing dashboards that include performance related to incentive metrics, certain access markers, cost and utilization, with an initial focus on early life health. Our goal is to create community profiles using this dashboard template to better understand the disparities faced by specific communities. In this way, we are not comparing marginalized communities against each other, but rather looking within a community to better understand their experience. We will then take these community profiles and work with key stakeholders of that community to make meaning out of the data and brainstorm possible solutions.

F. Activities and monitoring for performance improvement:

Activity 1 description: Finalize Access and Engagement Early Life Health Dashboard template

Short term or Long term

Monitoring activity 1 for improvement: Conduct user testing and publish in Health Share Bridge in Q2 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Dashboard template in development	Dashboard completed	Q2/2019	Dashboard published in Bridge	Q2/2019

Activity 2 description: Pilot Access and Engagement Early Life Health Dashboard for at least two marginalized populations

Short term or Long term

Monitoring activity 2 for improvement: Conduct user testing and publish in Health Bridge in Q2 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Dashboard pilots in development	Pilot completed for two populations	Q2/2019	Dashboard published in Bridge	Q2/2019

Project or program short title: [Health Equity Project 2: Advancing Diversity, Equity and Inclusion \(DEI\)](#)

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

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

- xix. Secondary component addressed: [Choose an item.](#)
- xx. Additional component(s) addressed: [Add text here](#)
- xxi. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

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B. Primary subcomponent addressed: Health Equity: Cultural competence

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

C. Background and rationale/justification:

Health Share implemented an internal equity training series for staff in 2015 with the goal of embedding equitable practices across the organization. Quarterly all staff equity training continues with the training schedule expanding to include DEI coaching and intensive equity and inclusion trainings for the Health Share Leadership Team and Executive Team (expanded training to begin once a new CEO is hired.) The intensive training of Leadership and Executive Teams serve to deepen knowledge of staff and maximize initiatives that decrease disparities in member health outcomes while creating a healthy and inclusive internal organizational culture. Over the past two years, the Health Equity and Engagement Team has received many requests for equity related technical assistance from a wide variety of stakeholders, including health plans, delivery systems, and community partners. Accordingly, the Team has provided some ad hoc stakeholder support and is working to assess capacity and explore strategies to meet existing community need.

D. Project or program brief narrative description:

Health Share strives to provide services that are culturally responsive and honoring, relevant and linguistically accessible. Technical Assistance to partners, health plans and providers build skill sets to increase provision of aforementioned services delivery. The Equity and Engagement Team is building out a menu of options to provide technical assistance ranging from review of member/community engagement materials to staff training on health equity and barriers marginalized communities face in accessing health related services.

E. Activities and monitoring for performance improvement:

Activity 1 description: Create and implement a yearly equity and inclusion training plan for all staff

Short term or Long term

Monitoring activity 1 for improvement: Quarterly trainings provided for all staff in 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Current annual training plan is active	Create a new curriculum outline	08/ 2019	New training curriculum launched	01/ 2020

Activity 2 description: Provide technical assistance on health equity related topics to stakeholders to support advancement of culturally responsive and linguistically accessible services

Short term or Long term

Monitoring activity 2 for improvement: Develop process to assess stakeholder requests for health equity TA and identify necessary staff resources and capacity to support requested TQ by Q4 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
In process, draft forms and process developed	Finalize forms and process and pilot with at least one group	08/ 2019	Finalize process and forms and promote to partners	12/ 2019

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Activity 3 description: Develop an action plan to advance intensive equity and inclusion practices for leadership and executives of Health Share

Short term or Long term

Monitoring activity 3 for improvement: Timeline for implementation of action plan dependent on hiring of new CEO

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Scope of work developed but on pause until new CEO is hired	CEO hired and contract for training secured	10/2020	Trainings conducted and evaluated	12/2021

A. Project or program short title: [Health Information Technology Project 1: Connecting Behavioral Health Providers to HIE](#)

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

B. Primary component addressed: [Health information technology](#)

- xxii. Secondary component addressed: [Choose an item.](#)
- xxiii. Additional component(s) addressed: [Add text here](#)
- xxiv. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [HIT: Health information exchange](#)

- viii. Additional subcomponent(s) addressed:

D. Background and rationale/justification:

Health Share understands and supports the value of Health Information Exchange to support the sharing of clinical information among disparate health care information systems to provide safe, timely, efficient, effective and patient-centered care. HIE can support enhanced care coordination through communication between providers, leading to improved outcomes.

E. Project or program brief narrative description:

Health Share is engaging with OHA and behavioral health providers in the region to promote the adoption of a Health Information Exchange. This will include a multi-year roll-out of HIE technology with the goal of enabling the physical health system to get more timely information related to their members who are being served in specialty behavioral health care, addressing a current gap in our region. Broadly, the goal is to increase the number of behavioral health providers connected to an HIE.

F. Activities and monitoring for performance improvement:

Activity 1 description: Work with Reliance HIE and OHA to explore opportunities for HIE implementation and support; identify interested behavioral health provider(s) to pilot connection and use of HIE

Short term or Long term

Monitoring activity 1 for improvement: Add text here

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
No functional HIE in region	Multiple pilot sites identified and engaged in HIE	12/2019	All large behavioral health providers have active HIE supporting integration and care planning	12/2022

A. Project or program short title: [Health Information Technology Project 2: Health Share Bridge and Data Governance](#)

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

B. Primary component addressed: [Health information technology](#)

- xxv. Secondary component addressed: [Choose an item.](#)
- xxvi. Additional component(s) addressed: [Add text here](#)
- xxvii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [HIT: Analytics](#)

- ix. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Health Share Bridge is a web-based analytics platform designed to help Health Share staff and partners translate raw data collected across community health systems into usable information to advise care transformation strategies, performance monitoring and cross-sector coordination. A key component of Bridge is the reporting software, which allows users to work interactively with the Enterprise Data Warehouse to create reports and dashboards of information tailored to their individual needs and uses. A primary use of the analytics platform is the achievement of the quality incentive metrics. Additionally, the analytics solution supports partner strategic objectives related to population management, integration of services and development of alternative payment methodologies.

E. Project or program brief narrative description:

A Data Governance Committee, made up of executive and senior leadership, was established in 2018 and meets quarterly to prioritize data and analytic needs for the organization, including prioritization of measures and new dashboards.

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F. Activities and monitoring for performance improvement:

Activity 1 description: Align requests for data and analytics solutions with resources available and with strategic and operational priorities

Short term or Long term

Monitoring activity 1 for improvement: Review and prioritize analytics requests at quarterly Data Governance Committee meetings

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Active analytics platform and process for reviewing and prioritizing analytics requests	Identified enhancements to analytics platform based on review and prioritization of requests	12/2019	Implementation of enhancements and incorporation of more measures in the data warehouse to meet identified analytics needs	Ongoing

A. Project or program short title: [Health Information Technology Project 3: Increasing Patient Engagement Through HIT](#)

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

B. Primary component addressed: [Health information technology](#)

- xxviii. Secondary component addressed: [Choose an item.](#)
- xxix. Additional component(s) addressed: [Add text here](#)
- xxx. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [HIT: Patient engagement](#)

- x. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

In 2018, Health Share allocated a portion of its 2016 performance measure funds for enhanced communication efforts targeting enrollment, renewal and hard-to-reach metrics. Through three “behavior change” campaigns, Health Share looked to improve performance on the Effective Contraception Use and Adolescent Well Care Visit metrics, as well as focus on de-stigmatizing mental health support. Each campaign leveraged several tactics, including digital, social, radio, and print ads. To track, measure and optimize the digital portion of each campaign, we measured Search Engine Marketing (ad targeting based on search engine key words), total impressions (number of times an ad appeared on screen), as well as click-through-rates (each time someone clicked on an ad) and compared them to national averages.

Click-Through Rate (CTR) National Averages

- Display: 0.08%
- Social Media: 0.3%
- Search Engine Marketing: 1.51%

Effective Contraception Use

(June – July 2018)

- Total Impressions: 8,386,973
- Display: 0.18% CTR
- Social Media: 0.44% CTR
- Search Engine Marketing: 3.7% CTR

Adolescent Well Care Visits

(September – November 2018)

- Total Impressions: 5,550,947
- Display: 0.07% CTR
- Social Media: 0.47% CTR
- Search Engine Marketing: 3.53% CTR

Anti-Stigma Campaign

(September – December 2018)

- Total Impressions: 4,728,926
- Display: 0.08% CTR
- Social Media: 0.55% CTR
- Search Engine Marketing: 3.71% CTR

Building off the success of these digital campaigns, Health Share evaluated the effectiveness of our website as a resource for member engagement. Research shows that the member pages of Health Share’s website are accessed on mobile devices more than 50% of the time, so a mobile-friendly website is critical. Health Share will use website and search analytics to evaluate utilization of member pages on Health Share’s updated website compared to the former website.

E. Project or program brief narrative description:

Health Share engaged communications consultants to develop a mobile-friendly website that allows members to more easily navigate the health plans, covered services, and benefits offered through Health Share. Given that nearly one in ten Health Share members note Spanish as their primary language, Health Share also transcreated the website in Spanish. Transcreation offers superior language access to members by avoiding the pitfalls of direct translation, such as idioms that do not translate.

F. Activities and monitoring for performance improvement:

Activity 1 description: Monitoring performance of new website launched in December 2018

Short term or Long term

Monitoring activity 1 for improvement: Quarterly reports of website and search analytics, including mobile device usage

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Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Old Website Google Analytics (as of Nov. 2018) <ul style="list-style-type: none"> • Bounce Rate: 87.2% • Pages per visit: 1.2 • Avg. visit duration: 00:22 seconds • Goal conversion rate (how often users complete specific actions, e.g. visit certain pages): 0.71% 	New Website Google Analytics (as of Mar. 2019) <ul style="list-style-type: none"> • Bounce Rate: 46.5% • Pages per visit: 2.4 • Avg. visit duration: 02:24 seconds • Goal conversion rate: 135.6% 	03/2019	Begin monitoring analytics based on mobile or desktop usage and set targets/analytic goals for new site	12/2019

A. Project or program short title: [Integration of Care Project 1: Comprehensive Diabetes Strategy](#)

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

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

- xxxi. Secondary component addressed: [Choose an item.](#)
- xxxii. Additional component(s) addressed: [Add text here](#)
- xxxiii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- xi. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

In 2018, 35,000 Health Share adult members had a diabetes diagnosis, a disproportionate number of whom were racial and ethnic minorities. These diabetes diagnoses directly led to over 5,700 inpatient stays and nearly 2,300 ED visits that year. Evidence shows that diabetes puts individuals at an increased risk for an array of oral health and physical health complications, including serious gum disease, heart disease, and stroke. It is also known that individuals with behavioral health diagnoses are at an increased risk for developing diabetes, and that an individuals' mental health plays an important role in their ability to manage their co-occurring diabetes. The diabetes control quality metric has been challenging for Health Share to meet, and there has been widespread interest across health plan clinical and operational leadership to invest in innovative approaches to improve performance on this metric. With the addition of the oral health evaluation for adults with diabetes metric and the inclusion of the Diabetes Prevention Program as a covered benefit in 2019, there is increased awareness of the need for a comprehensive strategy to address diabetes in our members.

E. Project or program brief narrative description:

Health Share is using a portion of 2106 incentive metric funds to support integration of care for members with diabetes and improve performance on the diabetes control metric. One project was

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funded in 2018 and additional projects are under consideration for funding in 2019. These projects will form the backbone of a comprehensive diabetes strategy.

Activities and monitoring for performance improvement:

Activity 1 description: Fund integrated diabetes initiatives with established metrics for outcomes and performance

Short term or Long term

Monitoring activity 1 for improvement: Review of quarterly contractual reports and metrics

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Initial Diabetes Integration Project funded and contract signed	Additional diabetes integration projects identified and contracts signed	06/2019	All funded diabetes integration projects underway and submitting contractually required reports and metrics	09/2019

Activity 2 description: Work with partners to develop a comprehensive diabetes strategy

Short term or Long term

Monitoring activity 2 for improvement: Completion of a strategy and funding to support it

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Some key stakeholders identified and engaged	All key stakeholders identified and engaged; draft proposal for strategy and funding complete	09/2019	Board signs off on investment in comprehensive diabetes strategy	Strategy funded by 12/2019 for implementation in 2020

A. Project or program short title: [Patient-Centered Primary Care Homes Project 1: Supporting Access to PCPCHs and Other Integrated Health Homes](#)

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

B. Primary component addressed: [Patient-centered primary care home](#)

xxxiv. Secondary component addressed: Value-based payment models

xxxv. Additional component(s) addressed: [Health Information Technology: HIE](#)

xxxvi. If *Integration of Care* component chosen, check all that apply:

Behavioral health integration Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

xii. Additional subcomponent(s) addressed: [Add text here](#)

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D. Background and rationale/justification:

Health Share’s partners contract with Patient-Centered Primary Care Homes (PCPCHs) across the region, including federally qualified health centers, school-based health centers, and other safety net providers. Health Share has consistently had a high percentage of members who receive care at a PCPCH. As of the end of 2018, 97% of Health Share’s members were assigned to a PCPCH of any tier, representing nearly 303,000 members. Health Share’s performance on the CCO Incentive Metric, which more heavily weights PCPCHs at higher tiers, is currently at 75%, well above the 2019 benchmark of 68%. Plan partners have also taken the opportunity to improve member access and quality of care through technical assistance and payment models to support multi-disciplinary team-based care. Community Health Workers, upskilled Medical Assistants, and RNs are key components of multidisciplinary teams in PCPCHs that extend care to members. Plan partners are also working with PCPCHs on risk stratification and population segmentation approaches that utilize both health plan and clinical data to proactively identify and support members with complex needs using platforms such as PreManage.

E. Project or program brief narrative description:

Health Share and partners support the development and use of Patient-Centered Primary Care Homes (PCPCH), Certified Community Behavioral Health Centers (CCBHCs), and other forms of medical home models that provide integrated, coordinated care. Health Share has funded Advanced Primary Care models with Centers for Medicare and Medicaid Innovation funds as well as quality incentive metric funds. Most recently, Health Share provided funding and technical assistance for the development of Advanced Primary Care homes to provide coordinated support for children in foster care. Additionally, several of Health Share’s partners participate in CPC+ to support multi-payer primary care transformation. Sustainability for team-based care comes through alternative payment models that allow provider to increase funding through the achievement of quality outcomes.

F. Activities and monitoring for performance improvement:

Activity 1 description: Track the number of Health Share members assigned to a PCPCH

Short term or Long term

Monitoring activity 1 for improvement: Quarterly review of performance on the PCPCH incentive metric

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
70%	75%	12/2018	80%	12/2019

Activity 2 description: Explore opportunities to ensure CCBHCs remain a sustainable part of Health Share’s delivery system

Short term or Long term

Monitoring activity 2 for improvement: Conversations are underway with CCBHCs on funding models

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Funding for CCBHC is uncertain	Funding is identified for CCBHCs	04/2019	Funding is secured for CCBHCs	06/2019

A. Project or program short title: [Severe and Persistent Mental Illness Project 1: Reducing Unnecessary Emergency Department Utilization in Members with SPMI](#)

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

B. Primary component addressed: [Severe and persistent mental illness](#)

- xxxvii. Secondary component addressed: Utilization review
- xxxviii. Additional component(s) addressed: [Add text here](#)
- xxxix. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [HIT: Health information exchange](#)

- xiii. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

With the inception of the ED-MI incentive metric, Health Share formed a workgroup to complete an extensive data analysis to understand the population and patterns of utilization. The analysis found that 22% of adult Health Share members had a qualifying mental health condition for the ED-MI incentive metric. ED utilization for this cohort was three times higher than for adults without a qualifying mental health condition. Many of these individuals had been engaged in specialty behavioral health services, and the remainder were connected to primary care. Only 2% had no outpatient engagement. Most community mental health providers had a mix of clients with both low and high ED visit rates; 54% of members with the highest ED rates were served by two provider organizations.

E. Project or program brief narrative description:

One strategy identified by the workgroup is to target highest utilizers of emergency departments who have authorizations for mental health services with Cascadia Behavioral Healthcare and LifeWorks. Both Cascadia and LifeWorks operate CCBHCs, use The Collective Platform and have existing strategies to reduce emergency department utilization in the populations they serve. Initial activities identified include developing Platform workflows to identify members recently seen in an ED; develop standards for care plans in Platform; identify workflows for linking behavioral health clinics with primary care clinics with high member overlap to encourage coordination of care; and build relationships between behavioral and physical health when care coordination and system navigation needs are present. An ED-MI Metric Coordinator was hired by the behavioral health plans to evaluate the current state of adoption of The Collective Platform by providers, and to provide education to interested providers.

F. Activities and monitoring for performance improvement:

Activity 1 description: Expand use of The Collective Platform and optimize workflows for providers and plans

Short term or Long term

Monitoring activity 1 for improvement: Promote use of The Collective Platform by specialty behavioral health providers serving adult members

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
TBD	Offer access to The Collective Platform to all providers	12/2019	TBD, establish benchmark percentage of	TBD

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	serving adult members		providers who are using The Collective Platform	
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Project or program short title: [Social Determinants of Health Project 1: Aligning Resources to Invest in Social Determinants of Health](#)

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

A. Primary component addressed: [Social determinants of health](#)

- xl. Secondary component addressed: [Choose an item.](#)
- xli. Additional component(s) addressed: [Add text here](#)
- xlii. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

B. Primary subcomponent addressed: [Choose an item.](#)

- xiv. Additional subcomponent(s) addressed: [Add text here](#)

C. Background and rationale/justification:

Health Share collaborates with a number of partners to address Social Determinants of Health (SDoH), including Early Learning Hubs, the Local Public Health Authorities and housing services. This includes developing strong partnerships with Early Learning Hubs to improve health and education outcomes for children. Health Share also works in partnership with our Community Advisory Council on the development and oversight of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHP). Health Share is a participant in the Healthy Columbia Willamette Collaborate (HCWC) a coalition comprised of 15 hospital systems, four county health departments and the CCO. The HCWC works collaboratively to produce a regional CHNA that each participant uses as a foundation for their organizational CHNA. All of these efforts combine to create a platform for aligning resources and efforts towards addressing SDoH for our region.

D. Project or program brief narrative description:

Health Share continues to focus our efforts on developing a comprehensive Community Health improvement Plan (CHP) to help guide our decisions, investments and actions related to improving community health. This year will include a large focus on the Social Determinants of Health. Additionally, we are actively working on creating a vehicle to align our numerous health system partners in order to maximize our collective impact on addressing SDoH for our region.

E. Activities and monitoring for performance improvement:

Activity 1 description: Partner with Community Advisory Council to produce a CHP that addresses SDoH

Short term or Long term

Monitoring activity 1 for improvement: CHP completed in Q3 2019

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
CHP development in process.	CHP strategies drafted for approval	07/2019	CHP completed and approved by Health Share Board	08/2019

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Activity 2 description: In partnership with health systems and Board of Directors, identify a convener and process for reaching regional alignment on investments in SDoH

Short term or Long term

Monitoring activity 2 for improvement: Process completed by Q4 2019, implemented in 2020

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Group is meeting to determine convener	Agree on need for regional convener	03/2019	Convener identified with clear scope and roles.	12/2019

A. Project or program short title: [Special Health Care Needs Project 1: Supporting Access to Care for Vulnerable Populations](#)

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

B. Primary component addressed: [Special health care needs](#)

- xliii. Secondary component addressed: [Choose an item.](#)
- xliv. Additional component(s) addressed: [Add text here](#)
- xlv. If *Integration of Care* component chosen, check all that apply:
 - Behavioral health integration
 - Oral health integration

C. Primary subcomponent addressed: [Choose an item.](#)

- xv. Additional subcomponent(s) addressed: [Add text here](#)

D. Background and rationale/justification:

Health Share has identified two sub-populations of members with special health care needs for particular focus: individuals with substance use disorders who would benefit from increased access to Medication Assisted Treatment (MAT) and children in foster care who participate in the Relational health, Academic, Psychological, Intellectual, Development (RAPID) assessment process.

Opioid use disorder (OUD) presents a serious risk for morbidity and mortality and is impacting Health Share members at a growing rate. The percent of Health Share members with a primary OUD diagnosis increased by 28% from 2014 to 2016. Approximately 7,000 Health Share members were diagnosed with an OUD in 2016 and 2017. Expanding access to MAT was selected as a PIP because 1) MAT is an important part of an effective response to OUD, and 2) the process of expanding MAT services presents several quality improvement opportunities. The MAT PIP puts additional specific focus on the implementation and expansion of interventions to increase MAT services for people with OUD.

According to the National Survey of Children’s Health, almost half of all children in foster care have had four or more Adverse Childhood Experiences (ACEs). While removal from traumatic situations is critical in ensuring a child’s immediate safety, this alone does not heal the impacts of the experienced trauma. Intentional, responsive and trauma-informed intervention is necessary to foster resilience and strengthened protective factors in foster children. Health Share’s work with children in foster care started with efforts on the CCO incentive metric requiring physical, mental, and dental health assessments for children entering foster care. The dynamics of the metric, along with the social and system complexity involved, proved challenging for our partner plans. Our partner plans agreed to a

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centralized Foster Care Navigator position at Health Share to help coordinate DHS assessment metric efforts, act as a liaison with the Child Welfare System, and identify and capitalize on system improvement opportunities. The work of the Foster Care Navigator has led to several initiatives within Health Share:

- The design and implementation of foster care medical homes, which address the unique needs of children in foster care and incorporate best practice recommendations.
- The funding of a Medical Liaison position within DHS
- The development of a partnership between DHS and Mindsights, a local psychological assessment firm who developed a relational health, academic, psychological, intellectual, developmental (RAPID) assessment process for children entering foster care.

E. Project or program brief narrative description:

MAT has demonstrated success as part of treatment in reducing heroin use and prescription opioid misuse. MAT services can help decrease fatal and non-fatal overdoses, reduce transmission of infectious disease, increase treatment retention, and improve social functioning. MAT is often unavailable to those in need of it because of inadequate funding for treatment programs and a lack of qualified providers who can deliver these therapies. Health Share is already closely involved with the expansion of MAT services among behavioral health providers, and plans are also underway to expand MAT among primary care providers. A data workgroup with multiple partners was convened to develop a definition of high MAT engagement and to track utilization and costs across the OUD population.

Children in foster care are enrolled in OHP coverage through the SCF rate category, which is used as a proxy to identify foster children in Health Share’s data. There are currently approximately 3,000 members in this rate category, representing 3-4% of the total Health Share youth population. Currently all children aged one year and older who have a new Multnomah County DHS cases are referred for a RAPID assessment. This PIP was chosen both for the importance of this work and for the opportunities for quality improvement that have and will arise during implementation of the process. The improvement work focuses on connecting youth to behavioral health services that the RAPID recommends and ensuring that the youth’s primary care provider (PCP) receives the assessment results. The RAPID quality improvement workgroup developed a proposed workflow to increase the number of children receiving an authorization for behavioral health services following a recommendation from the RAPID assessment. The result was an improvement from a baseline of 33% to 60% of children receiving referrals in Q4 2018.

F. Activities and monitoring for performance improvement:

Activity 1 description: MAT Expansion PIP

Short term or Long term

Monitoring activity 1 for improvement: Quarterly PIP reports of members with a primary OUD diagnosis receiving MAT services

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
56%	TBD	TBD	85%	12/20201

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Activity 2 description: Foster Care RAPID PIP

Short term or Long term

Monitoring activity 2 for improvement: Quarterly PIP reports of the effectiveness of specialized assessments for youth entering foster care

Baseline or current state	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
60%	TBD	TBD	75% of youth with a behavioral health recommendation receive an authorization within 30 days	12/2021