

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:

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): Expansion of reporting capabilities is wrapped into the project to expand the “pivot table” for appeals and is on track. Beyond reporting, however, the Provider Services team 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 sent to	Report is generated but only contains	Reporting capability unchanged but	Expand reporting capabilities to	12/31/2018	Expand reporting capabilities to	12/31/2018

Provider Services to assess providers with repeated access issues; number of complaints only	number of complaints	monitoring methods have expanded.	include more detail about complaint and identification of unmet gaps in care for meaningful intervention		include more detail about complaint and identification of unmet gaps in care for meaningful intervention	
--	----------------------	-----------------------------------	--	--	--	--

Challenges in progressing toward target or benchmark: Adequate IS resources for prioritization

Strategies to overcome challenges: Implementing alternative access monitoring methodologies. Provider Services team 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 2 description: Improve availability of dental services by enabling PCP request for dental outreach: Jackson Care Connect 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): Three provider groups were identified for training and implementation of the e-form. One group has received training, yet they have yet to implement use of the 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 form	0	3 PCPs trained	TBD PCPs trained	6/30/2018	X PCPs trained	12/31/2018
Monthly monitoring to determine number and percentage of medical providers using the form.	Not currently Reviewed	0 PCPs using the form (0/3=0%).	Add text here.	Add text here.	Review monthly	6/30/2018

Challenges in progressing toward target or benchmark: Staffing changes at clinics and JCC during the year provided challenges in identifying and training sites.

Strategies to overcome challenges: New staff has onboarded and additional sites have been identified for training in October and November 2018. Supplemental technical assistance and support is being provided to the site that received training, yet has not implemented.

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: Panel Coordinator Program

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): The Panel Coordinator position is new to JCC in 2018 and is modeled after the CareOregon program. The Panel Coordinators at JCC are part of the CO team and have had shared onboarding with this more experienced team. The Panel coordinator program has shown in other regions to provide improved access, quality and equity for members assuring both quality and appropriateness of care is furnished to all members. This work is in the early stages of implementation but has had significant impact to date. Outreach and chart scrubbing are going well as reflected in goals. There has been considerable 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 PreManage, PopIntel, QNXT, Clinic EMRs: Gaps are closed by appointment completion with proper coding or if what was scrubbed for was completed with proper coding	0 gaps closed/month (no program)	1-1-2016-6-30-2018 755 gaps closed through outreach and scrubbing 125 gaps closed per month between an average of 3Panel Coordinators.	300 gaps closed/month	12/2018	300 gaps closed/month	12/2018

Challenges in progressing toward target or benchmark: Staff turnover, Staff out on leave, new staff, spreading program, and learning roles. Specifically, clinics have needed frequent follow up to reassess the right person at the clinic level is there in support of the panel coordinator.

Strategies to overcome challenges: Initial training, assessment and retraining with specific focus on areas of need, revised onboarding schedule, staff retention strategy, process for spreading program to new clinics. Despite the challenges the panel coordinator performance has exceeded expectations and a second FQHC clinic system has requested a panel coordinator when initially they felt they could do this work on their own.

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 JCC authorization guidelines posted on the JCC website. JCC 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: While no current challenges exist the QA team continues to monitor performance and evaluate for efficiencies in process and program.

- 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 to 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	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	Identify baseline and benchmark	5/2018	Meet benchmark identified	12/31/2018

<p>Prior 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>and 28% are 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: This work has been appropriately prioritized within our IT/IS teams and QA teams. Challenges include capturing adequate information at first review and improving review process efficiencies.

Strategies to overcome challenges: 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 **Activity 2 description:** Construct Appeals Pivot Table

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): It was determined that a pivot table is inadequate for this level of analysis, so we have developed a web application to more effectively support tis data need. The initial data has been moved to a data warehouse for testing. Tableau has been identified as the tool for pulling the Appeals information from the data warehouse into usable data & reporting. We expect the tool to be implemented and in production by the end of September 2018.

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)
Is pivot table constructed and in use?	No	We expect the tool to be implemented and in production by the end of September 2018.	Yes	December 2017	Yes	9/2018

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: na

- A. **Project or program short title:** 4
- B. **Primary component addressed:** Fraud, waste and abuse *Choose an item.*
 - 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: 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 JCC 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: Add text here

Strategies to overcome challenges: Add text here

- A. **Project or program short title:** 5a, 5b, 1b, 2
- B. **Primary component addressed:** Health equity
 - i. Secondary component addressed: CLAS standards and provider network
 - ii. Additional component(s) addressed: Subcomponents: 6b-HIT: Analytics; Health Equity: Data; Access: Cultural Considerations
- 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 JCC programs and services via the JCC strategic planning process

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Both the CareOregon and the Jackson Care Connect equity committees have been actively working to prioritize this work. JCC is not engaging in a specific strategic planning process in 2018, but is building goals for 2019 that will incorporate the equity lens.

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)
Documented evidence of equity lens in project and program evaluation	Equity Lens still in development and not routinely applied to project evaluation	Equity lens developed and shared with CareOregon senior leadership team for implementation	Equity Lens brought to Quality Management Committee for committee education	3/1/2018	Equity Lens will be incorporated into evaluation framework of performance improvement projects	7/31/2018

Challenges in progressing toward target or benchmark: There are many pressing work requirements on staff and it can be challenging to orient everyone to the importance of prioritizing equity, diversity, and inclusion in their project planning or evaluation.

Strategies to overcome challenges: Jackson Care Connect’s EDI committee has focused on staff development through trainings, brown bag lunches, and is now working on EDI questions in all hiring interview questions. The JCC board is also beginning a journey to build EDI awareness, with the board governance committee acting as a lead. This helps to build awareness within staff and board of the priority our organization places on improving equity among our members.

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	Effective and compliant	Targeted action steps completed:	-Form Language Access Improvement	Complete by 6/30/2018	Objectives, Measures,	12/30/2018

and Diversity Work Plan	policies and procedures related to availability of interpreter services, but no formal assessment process in place	-Form Language Access Improvement Committee -Conduct Language Accessibility Assessment -Conduct Value Stream Map of member language access experience	Committee -Conduct Language Accessibility Assessment -Conduct Value Stream Map of member language access experience		Strategies written for Language Access Plan with specific plans for top 4 non- English languages	
-------------------------	--	---	---	--	--	--

Challenges in progressing toward target or benchmark: None currently. We are in initial stages and predict challenges to arise as we move into development and implementation phases.

Strategies to overcome challenges: na

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.): 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 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 it's 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.

- A. **Project or program short title:** 6a PreManage Adoption and Implementation
- B. **Primary component addressed:** Health information technology
 - i. Secondary component addressed: Utilization review
 - ii. Additional component(s) addressed: 1c-Quality and appropriateness of care
- 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: Convene and engage local PreManage Steering Committee to include leadership from critical network partners: mental health and addiction service providers, hospital partners and ED Directors, our top 5 clinic systems, and Collective Medical Technologies (CMT) on a quarterly basis to increase adoption and spread of platform as well as standardization of workflows.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Leadership from 8 network partners (including both hospitals) has been engaged and is committed to meeting quarterly as part of a Cross-system Care Coordination Steering Committee. First meeting 7/26/18.

Activity 1 progress (optional data, run charts, etc.): All 8 network partners have agreed to develop Action Plans to address IP and BH-driven utilization, to date 3 have presented their plans at JCC CAP. The remaining will present during quarter 3, and these efforts will be integrated into the community PreManage workflow standards.

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 that have operationalized PreManage.	Providence has implemented PreManage in local clinics that provide case management services.	In addition to Providence, Rogue Community Health and La Clinica are live, although not yet using the platform.	Columbia Care, Addictions Recovery Center, La Clinica, Rogue Community Health and Asante Physicians Partners will be live on PreManage.	By 9/30/18	Partners are receiving notifications and working in concert managing needs of population of focus	12/31/2018

Key tasks for high utilizers before, during and after ED visits will be developed and adopted by above partners.	No current community agreement on roles and responsibilities to manage high utilizers.	Plan in place for workgroups representing 8 organizations to meet monthly to develop standard workflows for addressing the needs of OHA MH Disparity population.	Determine participants for workgroup(s) to work through before, during and after high utilizer ED visit.	9/30/18	Roles and responsibilities of partners to address high ED utilization have been developed and adopted (see attached).	12/31/2018
--	--	--	--	---------	---	------------

Challenges in progressing toward target or benchmark: The primary challenges remain competing priorities and platforms. Asante Physician Partner (APP) clinic system is not considering implementing PreManage at this time. Local ED physicians have not been consistently willing to review and consider Care Recommendations.

Strategies to overcome challenges: Leadership from 8 network partners (including both hospitals) has been engaged by JCC Leadership and is committed to meeting quarterly as part of a Cross-system Care Coordination Steering Committee. First meeting 7/26/18.

We have engaged (APP) leadership to participate in the Steering Committee to contribute to community-wide workflows that maximize care coordination, despite their delay in PreManage implementation.

Leading physicians from both local EDs have agreed to participate in a workgroup to develop community standards for Care Recommendations, and to hold their staff accountable for reviewing.

Activity 2 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 2 progress (narrative): JCC’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, JCC measured their 2017 final performance of members returning to the ED for non-traumatic dental issues at 15.4% (45/292) - in 2018, we are currently at 11.6% (19/164). [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 = 15.4% 2018 Target = 13.1% Current rate = 11.6%	Add text here.	Add text here.	15% decrease from baseline	12/31/2018

Challenges in progressing toward target or benchmark: None. DCO care management programs existed so this work required cross organizational connectivity with process development and an HIE solution through PreManage. With CO Dental convening JCC regional DCOs the work progressed well.

Strategies to overcome challenges: Add text here

Activity 3 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 3 progress (narrative): JCC’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 3 progress (optional data, run charts, etc.): After allowing for claims run out, JCC measured their 2017 final performance of members completing a dental visit within 30 days of their ED for non-traumatic dental issues at 49.6% (177/357) - in 2018, we are currently at 33.0% (62/188).

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 crossreferenced to subsequent dental visits	TBD upon claims runout	Baseline = 49.6% 2018 Target = 52.6% Current rate = 33.0%	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. (ie. 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.

Project or program short title: 6b

A. **Primary component addressed:** Health information technology

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

B. **Primary subcomponent addressed:** HIT: Analytics

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

C. **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 JCC 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 JCC Population Health Portfolio Manager who will become the internal expert regarding population segmentation. Flags have been developed indicating the segment into which a particular 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. With IS staff turnover, this program will need to be placed on an extended timeline. .

Strategies to overcome challenges: Consistent communication with CareOregon IS and leadership to support the creation of a new timeline to meet this goal is underway. In the meantime, work is progressing at the clinic level using the initial data sets.

Activity 2 description: Data Aggregator

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): This project is enterprise-wide across all of CareOregon, and JCC participates as a member of the “Voice of the Customer” team. To date, JCC has provided input on the following:

- Oversight to support the consistent and timely delivery of meaningful and actionable content for internal and external customers
- Socializing and communicating VOC decisions downward and outward
- Promotion of improved customer engagement practices
- Identification, prioritization and approval of user requirements gathering processes, tools and trainings, as well as key VOC roles
- Recommendations for policies impacting UI and reporting
- Identification, prioritization and approval of QI/QA efforts for UI and reporting

This input informed the development of a core platform configuration, identification of data sources, and the scope of implementation. As the platform is rolled out, JCC will provide further input and testing as a customer.

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

How activity will be monitored	Baseline	Progress to date (current status or data point)	Target / future state	Target met by (MM/YYYY)	Benchmark / future state	Benchmark met by (MM/YYYY)
Project Plan TBD	No aggregator	See narrative	Implementation Date Q1 2019	Add text here.	Implementation Date Q1 2019	Add text here.

Challenges in progressing toward target or benchmark: This is a highly complex project of which JCC plays a part but is managed by CareOregon IS. The execution and implementation are not within JCC control, but JCC can influence the build.

Strategies to overcome challenges: Active participation by JCC Executive.

- A. **Project or program short title:** 6c
- 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: Patient engagement
 - i. Additional subcomponent(s) addressed: Add text here
- D. **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	Portal not	The Member Portal functionality	Portal implemented:	7/2018	Portal implemented:	7/2018

<p>Committee Progress Reports</p>	<p>implemented</p>	<p>as of June 29, 2018 provides members with information about:</p> <ul style="list-style-type: none"> • Benefits and Eligibility • Claims and Authorizations • Medication Profile • Navigation Links to Resources • 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 	<p>Desktop version</p>		<p>Desktop version</p>	
-----------------------------------	--------------------	---	------------------------	--	------------------------	--

		<ul style="list-style-type: none"> • 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 70% of respondents • 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 	10% Adoption rate	6 months postlaunch	15% Adoption rate	12 months post-launch

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
- 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:** Choose an item.
 - i. Additional subcomponent(s) addressed: Add text here
- D. **Activities and monitoring for performance improvement:**

Activity 1 description: Jackson Care Connect is training primary care providers in First Tooth, a curriculum that includes an oral assessment, fluoride varnish application, anticipatory guidance and dental home referral. Technical assistance is provided in advance of and subsequent to the training. By providing basic oral health screenings and fluoride varnish in the medical office, children receive earlier and more frequent oral health care. The referral to a dental home allows for improved quality and appropriateness of care in the dental office.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Three sites have been identified for training and implementation of First Tooth. One site has been trained.

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	3 additional sites identified; 1 trained.	Add text here.	Add text here.	5 sites trained	12/31/2018

Challenges in progressing toward target or benchmark: None. We are on track to train by benchmark date. In addition we will be monitoring performance for the use and billing of First Tooth going forward.

Strategies to overcome challenges: Add text here

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, JCC measured their 2017 final performance of children receiving oral health services in primary care at 14.1% (751/5324).

Activity 2 progress (optional data, run charts, etc.): At this point in the year in 2017, JCC was at 8.6% (423/4924) - in 2018 we are currently at 8.9% (441/4969). 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 = 14.1% 2018 Year End Target = 19.1% Current rate (Jan-June claims) = 8.9%	Add text here.	Add text here.	5% increase over 2017 final	12/31/2018

Challenges in progressing toward target or benchmark: None. Creating the analysis to show dental integration has gone smoothly. The data shows we are not yet meeting the target, however the trainings to integrate oral health into primary care have just begun and we expect these numbers to increase over time.

Strategies to overcome challenges: Continue with planned First Tooth Trainings.

Activity 3 description: Jackson Care Connect will develop a program to collect, analyze and reduce opioid prescribing by contracted dentists; Develop intervention toolkit to reduce opioid prescribing by contracted dentists

Short term or Long term

Update? Yes No

Activity 3 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 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)
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 has slowed our progress as we will wait to create tool kit until OHA guidelines have been integrated into the current work.

Strategies to overcome challenges: Resume work after update is released.

Activity 4 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 4 progress (narrative): 2018 pharmacy claims data has not yet been analyzed for dental provider prescribing, but will be once the toolkit is completed.

Activity 4 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: Await integration of OHA guidelines into toolkit and resume analysis.

A. **Project or program short title:** 8

B. **Primary component addressed:** Patient-centered primary care home

- 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: Assess network data for non PCPCH clinics unengaged JCC members. Determine data integrity, validity and volume of patients affected. Use this analysis to inform creation of a preferential assignment policy/process.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Activity 1 Progress: We have taken the entire JCC PCP network data and evaluated for non PCPCH clinics with unengaged members. Engagement rates have inherent errors due to assignment process, member churn, and a small amount due to members changing PCP frequently. We have found approximately 700 members who are assigned to non PCPCH clinics who have not been seen in the last 12 months.

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)
Creation of analysis	No analysis performed on unengaged JCC members in non PCPCH clinics	Analysis performed	Analysis performed	8/2018	Preferential assignment process developed	12/2018

Challenges in progressing toward target or benchmark: Data analysis shows we have a small (<1% of total membership) but significant number of members who are not receiving optimal PCP care. We would like to create a reassignment policy to support engagement, patient choice and optimal care. Challenges include: reassignment policy requires JCC/CO staff design and JCC committee and BOD input, as well as JCC stakeholder input and buy in for the process. In addition, CO will need to reconfigure the assignments in its system and identify barriers and timeline for this.

Strategies to overcome challenges: Strategies to overcome challenges:

- 1) JCC/CO staff will create draft proposal for reassignment
- 2) JCC/CO will bring draft to JCC committees and BOD for input
- 3) JCC/CO staff will investigate impact to configure this reassignment within CO systems
- 4) JCC/CO staff will bring modified proposal to JCC committees and BOD for input and buy in.
- 5) CO will adopt reassignment proposal and reassign pts

Next 3 months will include 1 and 2.

A. **Project or program short title:** 9

B. **Primary component addressed:** Severe and persistent mental illness

- i. Secondary component addressed: Integration of care (physical, behavioral and oral health)
- ii. Additional component(s) addressed: SUD – specifically high-risk users

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: Identify three (3) primary care clinics with the largest JCC SPMI population (including Birch Grove Clinic).

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): We have identified three clinics to focus on specifically for enhanced coordination with ColumbiaCare Services (CCS), our adult specialty Mental Health provider. The three clinics are Birch Grove, Rogue Community Health Medford Clinic, and Asante Physician Partners Black Oak. We have ensured an MOU between La Clinica Birch Grove and ColumbiaCare that allows for information sharing, and a specific CCS case manager with Birch Grove clients on their caseload who will be on site daily and participating in huddles and some patient appointments to

improve the health outcomes for those members. Initial meetings have also taken place between JCC, Rogue Community Health and CCS to discuss a similar model.

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)
monthly	1 of 3 clinics identified	3 clinics identified.	3 clinics identified	Q2 2018	3 clinics engaged in decreasing ED utilization for SPMI	Q3 2018

Challenges in progressing toward target or benchmark: The bandwidth of the provider organizations is challenging, however the enthusiasm and intention are present. Also bridging the MH and Primary Care language and culture is more challenging than anticipated.

Strategies to overcome challenges: JCC will continue to take a lead role to ensure these activities move forward. We are also facilitating some case sharing to help each provider understand the boundaries of the other. PreManage work groups are also in support of this cross organizational work continuing forward (see previous progress reports).

Activity 2 description: Improve referral path (information exchange, work flows, communication) to specialty MH (Columbia Care, JCMH) and SUD services (ARC).

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Currently there is an MOU between Birch Grove and Columbia Care that includes elements of the referral pathways, opportunities for bidirectional communication, and information sharing. There has been an MOU in place historically between Birch Grove and Addictions Recovery Center and On Track, both SUD providers, that includes referral pathways to co-located peer support and engagement into treatment.

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)
monthly	undocumented referral process	Documented process that can be replicated with other clinics once it goes through several PDSA cycles.	clear and documented referral process	Q3 2018	Define quality improvement process for improving referrals	Q4 2018

Challenges in progressing toward target or benchmark: Developing the information sharing limitations and processes took some time to get the right professionals involved.

Strategies to overcome challenges: Working with privacy officers in both settings was critical to finalizing the MOU.

Activity 3 description: Match OHA SPMI cohort to CareOregon population segmentation cohorts for further analysis of appropriate interventions.

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): This was done once for a subset of the population, and is a static list right now as the tool will not be updated again until January.

Activity 3 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)
monthly	Unknown intersection between OHA SPMI cohort and CO populations segmentation cohorts	This was tested with one cohort thus far.	OHA SPMI population will be matched to the population segmentation cohorts	Q3 2018	use of OHA data matched to CO data will allow analysis of best interventions	Q4 2018

Challenges in progressing toward target or benchmark: We have a limited capacity of data analysts, and both of the staff working on this process are leaving the organization. It will now take time to get new staff up to speed and able to complete this work.

Strategies to overcome challenges: We are looking at what can be automated before the current staff leave, and then what can be managed by other staff until those positions are filled. This will delay our ability to implement.

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: Oral health Education and Integration: “Two Bright Smiles” class will be held once per quarter in 2018, focusing on oral health during pregnancy, identifying, and preventing early childhood caries, and how to navigate the oral health benefits.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): Because dental care and oral health education are critical during pregnancy and early childhood, early childhood caries is the most common disease in children with more than 51 million school hours missed each year due to dental issues. It is concerning that our data consistently demonstrates low utilization of oral health services for pregnant members as well as members age 0-5. We also know that children from lower income households have higher decay rates and twice the rampant decay rate. In response, a dental curriculum has been developed to offer to members through our Starting Strong Program, an incentive based program for members who are pregnant and/or have babies up to their 4th birthday. Eligible families earn “vouchers” for completing health-promoting activities. Once earned, the vouchers can be redeemed at the Starting Strong “store” for items to help support the family in caring for the baby or having safe and healthy practices within the home. As the voucher incentive program has proved an effective way to engage eligible members in these activities over the last 3 years, we are employing the voucher program to encourage participation in this newly developed oral health class (Two Bright Smiles).

Activity 1 progress (optional data, run charts, etc.): Our goal is to increase utilization of dental services by 5% for pregnant members and for children 0-5. This will be achieved through offering and incentivizing a class that provides information on both oral health practices and system navigation. Through increasing knowledge of the critical importance of these services, as well as how to navigate and access services, we believe we can improve the oral health of these target populations.

Jackson Care Connect	Jan-June 2017	Jan-June 2018	% Improvement
Any Dental Service			
0-5	39.0%	41.2%	2.2%
Pregnant	32.2%	35.2%	3.0%

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 families that complete this course in 2018	0	2 classes have been held and a total of 8 families attended.	15 families attend and complete class	6/30/2018	40 families attend and complete class	12/31/18
Curriculum adjusted based on evaluation by participants	Participant survey to be developed	Survey was developed (class evaluation) and distributed to all attendees.	Survey developed and administered to participants	6/30/2018	Curriculum has been modified and/or adjusted based on participant feedback	12/31/2018

Challenges in progressing toward target or benchmark: For the first class, there were multiple challenges getting the text and email invites out. This was corrected prior to the second class by providing more specific directions to IT. Both classes were held in the AM, and feedback from the class evaluations, while very positive regarding content and value, suggested a different time of day would be easier for most families. Finally, it became apparent that serving more than 4 families at a time with young children present would not be conducive to a successful class.

Strategies to overcome challenges: Given what we have learned to date, the class will be capped at 4 families and offered in the afternoon. We recognize that we cannot realistically reach the 40 families we originally targeted, so have strategized a complementary strategy to achieve our targets. Currently, our Starting Strong Specialist is working with parents one-on-one to ensure they know how to navigate the dental benefit and offering to put their information into the dental portal, ensuring they will be contacted directly by their DCO to be scheduled for services. If this intervention does not seem to be effective in reaching our target (5% increase), she let will them know she is entering their information in the portal unless they elect to opt out. Between the Two Bright Smiles class and direct referrals to the DCO, we feel confident we can achieve our target.

- 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: Rogue Retreat will be doing a Self Sufficiency Outcome Assessment Score for each person in any level of housing services. This score is averaged and uses 15 assessment domains. Rogue Retreat will report the most recent average assessment score for each JCC participant each month.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): In 2018 we have contracted with Rogue Retreat to pay for case management while tracking best Self Sufficiency scores. It is our hypothesis that member scores will trend upward through stable living situations and case management services.

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)
Rogue Retreat tracking average Self Sufficiency Outcome Assessments	TBD	Scores are tracked on 100% of JCC members.	Baseline established	July 2018	TBD	July 2018

Challenges in progressing toward target or benchmark: Getting buy in from Rogue Retreat staff to adopt shared platform to document data.

Strategies to overcome challenges: We were able to provide a demo of the information they can access through the designated platform, and this benefit offset their workflow concerns.

Activity 2 description: JCC will set baseline ED and Inpatient utilization measurements and will track utilization while in the Rogue Retreat programs. Because of claims lag this will happen at the earliest mid year 2018 and Jan 2019 to evaluate the impact on utilization for this SDOH program

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): Lack of adequate housing and homelessness has been shown in multiple studies to impact health outcomes and cost. Jackson County has experienced significant lack of affordable housing with vacancy rates in the 1-2% range.

Activity 2 progress (optional data, run charts, etc.): We have a list of 170 individuals who moved into Rogue Retreat between 9/7/2014 and 3/31/2018 and have had JCC coverage at some point in time.

70 members meet the criteria for comparing pre- and post-program engagement costs:

Cost/utilization measure	PMPM rate before move-in date	PMPM rate after move-in date	Percent change
Medical costs	\$787.02	\$367.10	53%
Pharmacy costs	\$37.28	\$34.05	9%
Inpatient visits	0.011	0.010	5%
Emergency department visits	0.16	0.08	53%
Primary care visits	0.49	0.49	0%

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)
ED and Inpt Utilization	TBD	1) There was a 53% decrease in medical costs 2) There was a 9% decrease in pharmacy costs 3) There was a 5% decrease in inpatient visits (2015 and 2016 enrollees had 0 IP visits in 6 months prior to move-in date) 4) There was a 53% decrease in emergency department visits 5) There was no change in primary care visits.	Baseline established	Jan 2018	TBD	TBD

Challenges in progressing toward target or benchmark: The main barrier is the recognition that member needs far outpace funding resources.

Strategies to overcome challenges: In lieu of additional funding, we are working closely with Rogue Retreat staff to offer in-kind support through staff trainings and by connecting them to community resources that can leverage current available resources.

- A. **Project or program short title:** 11
- B. **Primary component addressed:** [Special health care needs](#)
 - i. Secondary component addressed: Integration of care (physical, behavioral and oral health)
 - 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: The HRS will pilot the opportunity for direct referrals to his caseload with two clinic systems. Once working smoothly, he will spread to our other two major clinic systems.

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): JCC’s Health Resilience Specialist (HRS) is a Qualified Mental Health Professional (QMHP) and Certified Alcohol/Drug Counselor (CADC) with decades of experience working directly in the community with vulnerable populations. The role of the HRS is to reduce ED and inpatient stays by connecting some of our most vulnerable members to appropriate community support services to improve their health. Ultimately, the goal is for members to learn long term coping skills to manage their health. Our goal in this project has been for our HRS to receive direct referrals from external partners when the support needed exceeds what can be offered through the patients’ medical homes. Data has demonstrated that much acute care utilization is generated by unmet behavioral health needs, and it is our hypothesis that offering this level of support can impact this utilization and better support our most vulnerable members.

Activity 1 progress (optional data, run charts, etc.): Conversations held with our network partners to initiate this workflow have developed pathways that have proved foundational to JCC’s 3rd quarter restructure (formation of a Regional Care Team). In addition, this process has deepened partnerships with behavioral health consultants, nurse case managers, and clinic managers, which has increased collaboration and decreased gaps in care. Moving forward, we are focusing our resources on the Rising Risk, those members who have the highest probability of generating acute care utilization in the near future, rather than intervening reactively, with those who may be less impactable.

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)
Network partners will directly refer high risk members in	No direct referrals are received from network partners.	Our HRS is consistently receiving referrals from one clinic and from another	2 clinic systems are referring high risk members directly to JCC’s HRS.	4/30/2018	4 clinic systems are referring high risk members directly to JCC’s HRS.	12/31/2018

need of support to JCC's HRS.		external partner (Mercy Flights, with Paramedics who support JCC members transitioning out of IP stays).				
% of HRS caseload engaged through external partner referrals.	None of HRS caseload is engaged through external partner referrals.	Generally, the HRS is receiving 33-50% of his referrals from external sources.	5% of HRS caseload is engaged through external partner referrals.	12/31/2018	5% of HRS caseload is engaged through external partner referrals.	12/31/2018

Challenges in progressing toward target or benchmark: One of our designated clinic systems was not able to partner effectively due to internal issues and challenges.

Strategies to overcome challenges: JCC is now having monthly Leadership Meetings with this clinic system, and through this process we are beginning to partner effectively and build trust.

A. **Project or program short title:** 12

B. **Primary component addressed:** Utilization review

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

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: Define BH cohort with High acute utilization

Short term or Long term

Update? Yes No

Activity 1 progress (narrative): 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. In the interim we have evaluated our membership through claims data to identify a population with either MH, SUD or both who have not seen a PCP in the last 12 months. We did this in conjunction with AllCare CCO and La Clinica Birch Grove Clinic (a PCPCH clinic with co-located MH and SUD staff to help us determine the need for growth of this clinic setting). We found approximately 1750 members between JCC and AllCare who have MH, SUD or both and have not engaged in PCP in the last 12 months. We are using this interim data to support the creation of a model of care in Birch Grove, preparing for staff additions and relocation to support growth to serve this population. We will apply this knowledge to other settings when we have the population segmentation data available to us in Q1 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)
Create cohort	TBD	Cohort has been defined as the Rising Risk segment and is in development for ongoing reporting. Interim evaluation of unengaged MH/SUD members has been performed for JCC and AllCare CCOs	Cohort defined	Q2 2018	TBD	TBD

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.

Activity 2 description: Define this cohort’s current (baseline) acute (ED, Inpatient) utilization rate

Short term or Long term

Update? Yes No

Activity 2 progress (narrative): We have not made progress in this area to date. However, we have done an interim evaluation based on total claims (not population segmentation analysis) to determine the engagement of JCC and AllCare members with MH, SUD or both as mentioned above.

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)
Define cohort’s baseline acute utilization rate	TBD	No progress to date	Baseline defined	July 2018	TBD	TBD

Challenges in progressing toward target or benchmark: This work has been stalled due to lack of analyst time and analyst turnover.

Strategies to overcome challenges: We anticipate having a new analyst on board in the next month to pick up this work and continue our forward progress.

Activity 3 description: Define this cohort’s current (baseline) primary (PCP, MH, SUD) engagement rate

Short term or Long term

Update? Yes No

Activity 3 progress (narrative): See above

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)
Define cohort's baseline primary engagement rate	TBD	No progress to date.	Baseline defined	July 2018	TBD	TBD

Challenges in progressing toward target or benchmark: This work has been stalled due to lack of analyst time and analyst turnover.

Strategies to overcome challenges: We anticipate having a new analyst on board in the next month to pick up this work and continue our forward progress.

- 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): The JCC Network & Quality Subcommittee of the Board reviews UM data monthly.

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)
UM Monitoring occurs quarterly	2x in 2017	The JCC Network & Quality	4x in 2018	12/2018	4x in 2018	12/2018

and is reported at QMC		Subcommittee of the Board reviews UM data monthly.				
------------------------	--	--	--	--	--	--

Challenges in progressing toward target or benchmark: None

Strategies to overcome challenges: na

A. Project or program short title: 13

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: JCC 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): Clinics engaged in our Primary Care Behavioral Health Integration (PCBHI) APM showed significant improvement in reach during the last reporting period when they were able to retain or hire new BH staff. 20 clinics in 5 clinic systems participated in our PCBHI APM. 5 of the 20 clinics were not able to hire or retain a BH staff during the reporting period. Of the remaining 15 clinics 2 clinics in 2 systems were not able to capture the data. The total number of clinics unable to meet the PCBHI APM target for reach was 7 of 20. For the remaining 13 clinics the target for reach in our APMs was 5% or 12% depending on tier. For clinics in tier 1 (5% target for reach) who met the target 7 clinics had a range of reach performance between 8-26%. The clinics in tier 2 (12% target for reach) had a range for reach performance of 5-41%, with 3 clinics in 1 system meeting the tier 2 target of >12% (22-41%). The remaining 3 clinics (from one system) did not meet the tier 2 target of 12% (5-9%). Overall regardless of tier the performance of clinics who made their targets was 5-41% reach. One clinic system (4 clinics) in particular had very high reach scores of 22-41%. See below for data by clinic system

The target we set by Dec 2019 is 20% reach for those clinics participating in the PCBHI APM. We are currently assessing performance and will be making recommendations for increasing reach targets in our next contracts for the PCBHI APM. We have found that value based payments with quality targets such as PCBHI APM are highly effective when modeled after best practice and combined with technical assistance. Current clinic performance shows variable adoption of best practice, staffing and data challenges, and different developmental stages of the work. Not unusual for the early years of adoption.

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)	See narrative. Performance range by clinic system (% reach by BHC): Clinic system 1: 22-41% Clinic system 2: 5-19% Clinic system 3: 14% Clinic system 4: no data due to staff turnover of BHCs ; Clinic system 5: lost BHC in 3 of 8 clinic systems; other clinics 1-20%.	20%	12/2019	20%	12/2019

Challenges in progressing toward target or benchmark: Retaining and hiring qualified BH clinicians continues to be a challenge for some clinic systems in southern Oregon. Many clinicians come right out of training and may or may not have clinic support or their own interest in providing Primary care behavioral health model. Clinics who have experienced BH staff already or supported models tend to retain BH staff. Clinics with high reach percentages have innovated ways to connect with patients and have both buy-in from their PCP team *and* do not wait for warm hand-offs from PCPs to connect with patients. Clinic systems who are more PCP centric in their models have lower reach %. Data capture tends to be problematic until clinics develop BH staff documentation templates and schedule templates.

Strategies to overcome challenges: JCC (and all CareOregon CCOs) have PCBHI APMs and BH Innovation Specialists who bring learning sessions (1:1 at the elbow technical assistance) and learning collaboratives to help bring technical assistance to clinics and have shared peer learning. Readiness assessments before hiring BH staff are encouraged as is supervisory and program development leadership roles in the clinics. We have seen clinic performance improvements with these over time.

Activity 2 description: Jackson Care Connect 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 Jackson Care Connect 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): We are continuing to monitor utilization of dental services by 2 age cohorts (kids and adults). DCOs are striving towards targets and are aware of the financial implication of performance.

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

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	Adult = 21.9 Child = 37.9 Overall = 29.2	Add text here.	Add text here.	3 percentage point increase over 2017 final; segregated by child and adult	12/31/2018

Challenges in progressing toward target or benchmark: Dental partners continue to create access strategies and engage members for oral health; CCO continues to monitor monthly and convene the dental partners to develop collaborative strategies for engagement.

Strategies to overcome challenges: For sealants: a member incentive for members on the sealant gap list has been implemented for Q4. In discussion with the dental plan partners for onsite oral health services as part of the Starting Strong Program (JCC’s maternity and young pediatric initiative and storefront).