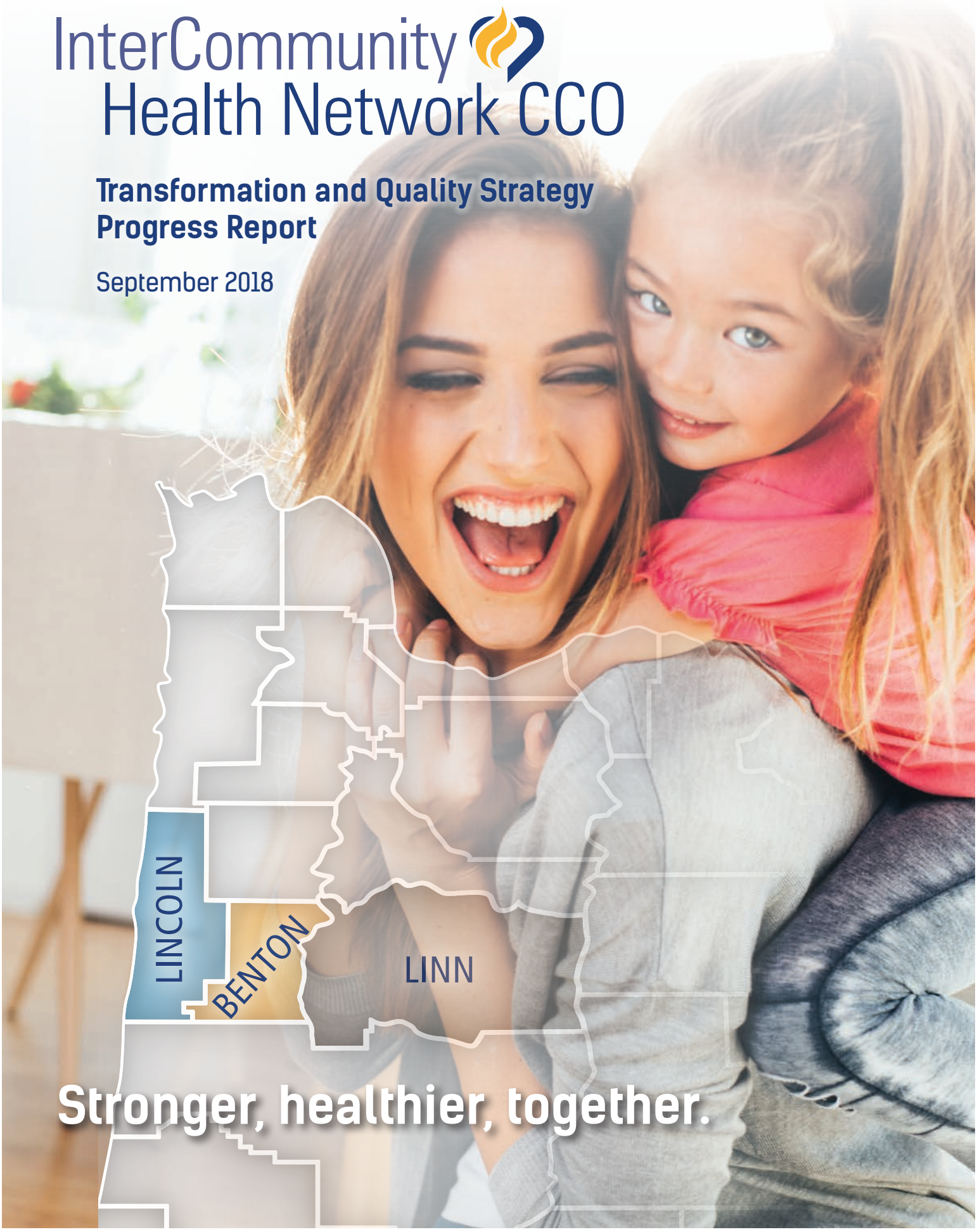
# InterCommunity Health Network CCO

## Transformation and Quality Strategy Progress Report

September 2018




**Stronger, healthier, together.**

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A. **#01:** Care Coordination Trainings
B. **Primary component addressed:** Access
   i. Additional component(s) addressed: Members with complex and special health care needs.

C. **Primary subcomponent addressed:** Access: Cultural considerations
D. **Activities and monitoring for performance improvement:**

**Activity 1 description**: Use evidence-based materials and established training and subject matter experts to create and implement cultural awareness training curricula.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** Healthcare guides' Medical Management orientation checklist has been updated to more properly reflect their role and responsibilities within the Department and Samaritan Health Plans. This includes training on our Intensive Case Management Policy, care coordination efforts with our behavioral health team, community resource guides and collaboration with our care management partners.

A new checklist was created to incorporate out-of-Department trainings including the following: Motivational Interviewing, Mental Health First Aid (adult and child) and Trauma informed training. Both of the current healthcare guides have taken at least one of the MH first aid trainings, motivational interviewing and trauma informed training. As new healthcare guides are hired on, they will also be required to complete these core competency trainings.

| 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 series developed. | Informal and on the job training exists. | Orientation checklist revised and will be implemented with new hires August 2018.<br>Training checklist created and will be implemented with new hires August 2018. | Program staff become experts in advocating for and improving health outcomes for members with special health care needs. | 1/2019 | Highly effective skilled staff advocates and improves outcomes for members with special health care needs. | 6/2019 |
| Staff trainings completed. | Initial training to be held throughout the year as curricula developed. | Two health care guides have completed Trauma Informed and Mental Health First Aid training June 2018. | Training available for health plan staff. | 6/2019 | Add text here. | Add text here. |

**Challenges in progressing toward target or benchmark:** Samaritan Health Services does not provide other trainings identified as crucial for the healthcare guides, such as Adverse Childhood Experiences (ACEs), the culture of poverty, health equity and health disparities. Online resources exist, yet formal training is not currently available. Our Trauma Informed Training (currently self-paced with video recording of training provided and handouts) does incorporate ACEs however is not an in-depth focus.

**Strategies to overcome challenges:** Developing partnerships through Delivery System Transformation workgroups including Universal Care coordination and Health Equity workgroups. This includes identifying opportunities for training with partners, such as Linn Benton Healthy Equity Alliance.

Meeting with Traditional Health Workers Director to determine if healthcare guides can incorporate THW training into their curricula.

A. **#02:** PHM Cohort Development
B. **Primary component addressed**: Access
    i. Secondary component addressed: Utilization review

C. **Primary subcomponent addressed**: Access: Quality and appropriateness of care furnished to all members
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Develop data set
☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** Review of data sets relevant to this TQS component is underway. Inventory is being created by collaborating with other health plan departments to determine current data available and future capabilities. Meeting with multiple internal stakeholders scheduled for Q3. As well, review of analytics software and platforms began in Q2.

| 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) |
|---|---|---|---|---|---|---|
| Population health data set developed to include social determinants of health. | Data exists in disparate sources. | Identification of departmental data sets June 2018. | Comprehensive population health data and risk tools identify population with special health needs. | 1/2019 | Data and tools manage access for members with complex and special health needs. | 6/2019 |

**Challenges in progressing toward target or benchmark:** Data exists in disparate sources. Social Determinants of Health data not readily available. No current catalog of data sets within department. Competing priorities for other departments delayed our abilities to meet and collaborate.

**Strategies to overcome challenges:** Director level meeting scheduled to review current state of data sets. Departmental Operations Coordinator assigned project to provide catalog of data sets and recommendations for next steps by mid Q4.

**Activity 2 description**: Develop processes and tools to accurately segment and risk stratify population to identify members with special and complex health care needs. Develop workflow and processes to apply criteria and access benchmarks to population. Establish consensus on data use with stakeholders.

☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 2 progress (narrative):** N/A

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|---|---|
| Apply utilization criteria and tools to population health data to analyze appropriateness of care and determine access benchmarks. Establish consensus on data use with key stakeholders. | Data and tools exist. Processes and workflows must be established for data to be useful for health care team. Multiple sources and data sets must be combined. | No significant update. | Data and tools are used to monitor and evaluate quality and appropriateness of care. Consensus achieved from key stakeholders. | 6/2019 | Access and quality and appropriateness of care is demonstrated through data and reports. Reports are shared and used by the health care team to ensure quality. | 12/2019 |

**Challenges in progressing toward target or benchmark:** Unable to work on this activity without comprehensive population data sets available.

**Strategies to overcome challenges:** Activity 1 is priority within department and has a project plan associated to deliver actionable data sets by end of Q4.

**Activity 3 description**: Data and tools are used effectively to monitor access, quality and the appropriateness of care.

☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 3 progress (narrative):** N/A

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|---|---|
| Data and UM tools are used effectively to monitor and | Not available. | No significant update. | Data and tools vetted by stakeholders and effective for use. | 6/2019 | Effective use of data and UM tools demonstrate access to | Add text here. |

| | | | | | | |
|---|---|---|---|---|---|---|
| improve quality and appropriateness of care. | | | | | quality and appropriate care. | |

**Challenges in progressing toward target or benchmark:** Unable to work on this activity without comprehensive population data sets available.

**Strategies to overcome challenges:** Activity 1 is priority within department and has a project plan associated to deliver actionable data sets by end of Q4.

A. **#03:** Second Opinions
B. **Primary component addressed**: Health equity
   i. Secondary component addressed: Access
   ii. Additional component(s) addressed: Second opinions

C. **Primary subcomponent addressed:** Choose an item.
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Track and trend utilization of second opinions to ensure timeliness of requests, and to determine the average length of time it takes in the process of the request being received until a decision is made and communicated to the member/provider.

☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 1 progress (narrative):** Unable to establish baseline.

| 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) |
|---|---|---|---|---|---|---|
| Analysis of data | Baseline | See challenges below. | TBD | 1/2017 – 12/2017 | TBD | Baseline rate for 2017 |
| Analysis of data | Current state | N/A | TBD | Quarterly, 2018 | TBD | Quarterly |

**Challenges in progressing toward target or benchmark:** Initial attempts to develop data were not successful as IHN-CCO does not require authorizations for second opinions and there is no coding for such. So there isn't a mechanism to capture second opinion requests.

**Strategies to overcome challenges:** Reevaluating project scope and approach for 2019. Member and provider education will be a primary focus.

A. **#04:** Health Equity in the Workforce
B. **Primary component addressed**: CLAS standards and provider network
   i. Secondary component addressed: Health equity

C. **Primary subcomponent addressed**: Health Equity: Cultural competence
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Develop training plan for IHN-CCO Health Equity Workgroup, IHN-CCO staff, IHN-CCO providers, and other community stakeholders based on the CLAS framework.

☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 1 progress (narrative):** N/A

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|---|---|
| Plan is developed. | No current plan. | In progress. | Plan is developed. | 12/2018 | Plan is developed. | 12/2018 |
| Plan is approved and adopted. | No current plan. | In progress. | Plan is approved and adopted. | 3/2019 | Plan is approved and developed. | 3/2019 |

**Challenges in progressing toward target or benchmark:** No significant challenges to date. Plan is in development and on track to meet benchmark.

**Strategies to overcome challenges:** No strategies necessary, plan is on track.

**Activity 2 description**: Collect demographic data (race, ethnicity) on current IHN-CCO provider workforce.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 2 progress (narrative):** Researching whether the demographic data is collected on the IHN-CCO provider workforce is in progress. There are many organizations and private practitioners that are a part of the provider network.

| 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) |
|---|---|---|---|---|---|---|
| Research whether demographic data is collected on IHN-CCO provider workforce. | Unknown. | See challenges below. | Determination is in progress. | 4/2018 | Determination is made. | ~~5/2018~~ 3/2019 (Date change and long-term activity). |
| Determine plan for data collection. | No current plan. | Changed date due to reassessment. | Plan is developed. | ~~7/2018~~ 6/2019 (Date change and long-term activity). | Plan is developed. | ~~7/2018~~ 6/2019 (Date change and long-term activity). |

**Challenges in progressing toward target or benchmark:** Due to there not being a standard for workforce demographic data collection among organizations, this research is going slower than predicted.

Other barriers include the differences in types of data collection as well as how to obtain aggregate demographic data.

**Strategies to overcome challenges:** Establish relationships with key organizations and associated key personnel in order to build trust and pursue the goal of working together on data collection.

**Activity 3 description**: Evaluate and establish baseline regarding provider diversity. Dependent on available data, may include physicians, THWs, physician assistants, nurses, management, and/or other providers.

☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 3 progress (narrative):** N/A

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|---|---|
| Evaluation completed. | No current plan | In progress. | Plan is developed. | 12/2018 | Plan is developed. | 12/2018 |
| Establish baseline percentage of providers by race/ethnicity and language. | Unknown | In progress. | Baseline established. | 3/2019 | Baseline established. | 3/2019 |

**Challenges in progressing toward target or benchmark:** While this data may be collected among all organizations in some way, it is not standard. Some organizations or types of providers have only race/ethnicity demographic information available.

Another challenge is that some organizations often develop barriers that hinder information sharing and collaboration.

**Strategies to overcome challenges:** Suggestion to organizations to utilize OHA's REAL D form to standardize the demographic information collected.

Delegating individuals familiar with each organization to find a contact able to assist with data collection regarding provider demographics.

A. **#05:** Grievances and Appeals
B. **Primary component addressed**: Grievance and appeal system
C. **Primary subcomponent addressed**: Access: Quality and appropriateness of care furnished to all members
    i. Additional subcomponent(s) addressed: Timely access and Cultural Considerations

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

**Activity 1 description**: Track, trend, and analyze grievances according to OHA categories.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** A deep dive into the IHN grievance categories for the first half of 2018 (January – June 2018) was completed. There was a 32.5% decrease in the grievance rate in the 2nd Qtr vs the 1st Qtr of 2018; a 15.7% decrease in appeals was also seen in the 2nd Qtr vs the 1st Qtr 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) |
|---|---|---|---|---|---|---|
| Quarterly reports; detailing grievance/appeals, presented at QIC and QMC meetings. | Baseline | Appeals and Grievances continue to be analyzed each quarter for the top categories of dissatisfaction. Each quarter the results are shared with the Quality Improvement Committee (QIC) and Quality Management Committee (QMC), as previously described in the March 2018 submission. The 2018 rates will be calculated and reported in the March 2019 TQS submission. | 2017 rates: Grievances: 8.32 per 1000 Appeals: 8.2 per 1000 | 12/2018 | N/A | TBD |

**Challenges in progressing toward target or benchmark:** No challenges will report when benchmark has been established.

**Strategies to overcome challenges:** Current efforts are working. We intend to continue to monitor trends for further opportunities.

A. **#06:** IHN-CCO FWA Letter Project
B. **Primary component addressed**: Fraud, waste and abuse
C. **Primary subcomponent addressed**: Choose an item.
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Monitor COS response rate.
• See FWA Analysis: Attachment 12 in original submission.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** The 2018 Q1 and Q2 COS letters have been mailed to IHN-CCO members. 700 letters were mailed in each quarter – 672 to English-speaking members and 28 to Spanish-speaking members. The response rates across the two quarters varied by 3.7% which is a change from last year when the rates varied by 1% across quarters. Q3 letters are scheduled to be sent during the first week of October.

**Activity 1 progress (optional data, run charts, etc.):**
**2018 Quarter 1** – 221 letters returned out of 700 = 31.6%
**2018 Quarter 2** – 195 letters returned out of 700 = 27.9%
**2018 Total** (as of 9/7/2018) – 416/1400 = 29.7%

| 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) |
|---|---|---|---|---|---|---|
| COS response rate per Quarter. | 32% | **29.7%** | 35% | 3/2018 | ≥38% | 3/2019 |

**Challenges in progressing toward target or benchmark:** None experienced.

**Strategies to overcome challenges:** N/A

**Activity 2 description**: Increase outreach to Spanish-speaking membership.
• See initial analysis.
• Revise current process for COS.
☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 2 progress (narrative):** Following the TQS project submission, the percentage of COS sent to Spanish-speaking households was increased from 2% to 4%. This increased the amount to 28 letters out of the 700 sent out each quarter. The response rates across the two quarters varied by 3.5% but overall response rates, as compared to 2017 rates, increased by at least 15.3% when compared to 2017 Q4 data.

**Activity 2 progress (optional data, run charts, etc.):**
**2018 Quarter 1** – 9 letters returned out of 28 = 32.1%
**2018 Quarter 2** – 8 letters returned out of 28 = 28.6%
**2018 Total** (as of 9/7/2018) – 17/56 = 30.3%

| 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) |
|---|---|---|---|---|---|---|
| Spanish-language COS response rate per quarter. | 15% | **30.3%** | ≥20% | 3/2018 | ≥25% | 3/2019 |

**Challenges in progressing toward target or benchmark:** No challenges have been reported reaching the target.

**Strategies to overcome challenges:** N/A

A. **#07:** SNP Population Assessment
B. **Primary component addressed**: Health equity
   i. Secondary component addressed: Social determinants of health

C. **Primary subcomponent addressed**: Choose an item.
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Create report utilizing enrollment and claims data to properly review and characterize SNP membership. The report will be evaluated on a quarterly basis to determine approaches and interventions needed to assist SNP membership.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** Report request submitted to Analytics department. Analyst assigned to request, multiple meetings have taken place to evaluate options in creating report. Agreed upon CMS's Chronic Conditions Warehouse algorithms to identify a robust assessment of chronic conditions. Team assigned to SNP MOC population assessment began evaluation of opportunities and data sources to include Social Determinants of Health within the assessment. Evaluation includes information from the Health Risk Assessment (HRA) responses as well as the Long-Term Community Services and Supports (LTSS) data file received from our Senior and Disability Services partner.

| 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) |
|---|---|---|---|---|---|---|
| Develop report criteria for population assessment. Establish whole person data set. | Multiple data sets and disparate sources of data without consistent criteria. | Chronic Conditions Warehouse algorithms used in report development March 2018.<br>Draft population assessment provided to SNP MOC Subcommittee and workgroup members scheduled July 2018 through September 2018. | Year over year comparison reports. | 7/2018 | Reports are useful for identifying issues impacting health equity. | 3/2019 |
| Metrics created to measure success in | Metrics and population | SNP MOC workgroup aligning SNP | SNP Model of Care (MOC) Subcommittee | 12/2018 | Reports identify most effective interventions | 12/2019 |

| | | | | | | |
|---|---|---|---|---|---|---|
| interventions based on SNP population data. | assessment data exists, not used to assess unique issues or aspects of health equity. | MOC goals for 2019 with projected completion December 2018 for Subcommittee to approve metrics and submit to CMS January 2019. | establishes metrics to measure the effectiveness of interventions and potential health equity barriers. | | and barriers to health equity are addressed. | |

**Challenges in progressing toward target or benchmark:** Creating report parameters takes time as there are multiple factors to consider as well as competing priorities. We currently have a lot of data and it is overwhelming to analyze. Achieving consensus through SNP MOC workgroup members and subcommittee to realign goals and metrics has been delayed due to not yet having full population assessment to inform decisions.

**Strategies to overcome challenges:** Preliminary population assessment review scheduled for Q3 with various internal stakeholders. Once review is complete, report requirements will be agreed upon and report will be completed for quarterly review. Report will then be provided to SNP MOC workgroup and subcommittee to inform realignment of goals and metrics for SNP population.

A. **#08:** Interpreter Services
B. **Primary component addressed:** Health equity
C. **Primary subcomponent addressed:** Health Equity: Cultural competence
D. **Activities and monitoring for performance improvement:**

**Activity 1 description**: Plan will develop a documented monitoring plan for interpreter and translation services.
☒ Short term or ☐ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** IHN-CCO is working to create a monitoring process for our provider network to ensure that this service is being provided to members. Internally IHN-CCO has a process in place to review calls coming into Health Plans. We review a portion of these calls to ensure non-English speaking members were offered an interpreter. This monitoring is being conducted monthly.

| 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) |
|---|---|---|---|---|---|---|
| Through our Quality Improvement Committee. | Baseline | Internal monitoring in place. Network monitoring in development. | TBD | TBD | TBD | TBD |

**Challenges in progressing toward target or benchmark:** Monitoring activities for the network require lengthy development time.

**Strategies to overcome challenges:** Time and training will be necessary to implement this program successfully.

A. **#09:** RHIC HIT SDoH
B. **Primary component addressed**: Health information technology
   i. Secondary component addressed: Social determinants of health

C. **Primary subcomponent addressed**: HIT: Health information exchange
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: The Collective Impact Model is utilized by RHIC to build information-sharing relationships. The short and long-term plans for information expansion include:
☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** Significant progress was made during the reporting period for the five targets in Activity 1. Four out of five targets were met enabling new Health Information Exchange services. Of the five targets, connection to Veteran's Administration, Prescription Drug Monitoring Program and Evaluation of the need for an EDIE/PreManage Connection were met. Substantial progress was made on the remaining two targets.

| 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) |
|---|---|---|---|---|---|---|
| Veterans Administration | Development in progress. | Complete | In production ingesting data from Veterans Administration. | 4/2018 | Data available for view by RHIC participants. | ~~6/2018~~ 04/2018 (Benchmark met) |
| Prescription Drug Monitoring Program (PDMP) Implementation | Development in progress. | Complete | In production ingesting data from Oregon's Prescription Database. | 6/2018 | Data available for view by RHIC participants. | ~~7/2018~~ 04/2018 (Benchmark met) |
| Developmental, Ages & Stages Questionnaire (ASQ), Screening Program. | Development in progress. | Development complete, program ready to launch, awaiting agreed upon launch date pending Early Learning Hub approval. | In production ingesting data from Early Learning Hub program partners. | 4/2018 (NEW target met by date: 3/2018) | ASQ developmental screenings available in RHIC for pediatrician/ primary care provider review. | ~~7/2018~~ 12/2018 (Date pushed) |
| Immunization Gap Awareness Program. | Development in progress. | Mock-up software coding complete. | In production ingesting data from existing data partners and Alert Immunization Information | 4/2018 (NEW target met by date: 6/2019) | Data available for view by RHIC participants. | ~~7/2018~~ 12/2019 (Date pushed) |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | System (IIS). | | | |
| Evaluate the need for EDIE/ PreManage Connection. | In progress. | Analysis complete. | Evaluation is completed. | 7/2018 | Determine next steps; if appropriate make recommendation and gain approval to moving forward to onboarding and implementation. | 10/2018 |

**Challenges in progressing toward target or benchmark:** Resource constraints are a major factor in achieving the remaining two targets. The need to appropriately evaluate the need for the EDIE/PreManage connection took precedence over Immunization Gap Awareness Program and the roll out of the Developmental, Ages & Stages Questionnaire (ASQ) Screening Program is a work in progress with our partner. Many of the partners were engaged in grant writing activities which has elongated the launch process.

**Strategies to overcome challenges:** The Immunization Gap Awareness Program within HIE will need to be re-prioritized within the technology roadmap with other initiatives that are high priority. A strategy to reach an agreed upon launch date for the Developmental, Ages & Stages Questionnaire (ASQ) Screening Program is currently being evaluated.

**Activity 2 description**: Develop social determinants of health data model in HIE

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 2 progress (narrative):** The evaluation of existing community data sets, technology resources to meet social determinants of health needs in our community was meaningful and substantial. The data collected will help us determine the extent of the technology need. The evaluation not only included the community need, but included current platform capabilities and what resource investments were needed if applicable.

| 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) |
|---|---|---|---|---|---|---|
| Evaluation of existing community data sets, technology or lack thereof around Social Determinants of Health. | In progress. | Evaluation of existing community data sets in progress. Technology needs are generally understood. | Define gaps in intake process, data sets and technology that RHIC can fulfill. | 12/2018 | Development work to meet gaps. | ~~TBD~~ 12/2018 (Updated date) |

**Challenges in progressing toward target or benchmark:** Narrowing down the list of data needs to cover the biggest challenge areas has been difficult.

**Strategies to overcome challenges:** Strategies to overcome the growing list of data needs is currently being evaluated.

A. **#10:** RHIC Data for VBP

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

i. Secondary component addressed: Value-based payment models

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

i. Additional subcomponent(s) addressed: HIT: Health Information Exchange

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

**Activity 1 description**: Qualify appropriate IHN-CCO measures and data needs.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** Worked to identify and prioritize 3 CCO Measures. Once identified, defined data modeling attributes. Data Quality Assurance was determined ahead of schedule with barriers that will be addressed in a later section.

| 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) |
|---|---|---|---|---|---|---|
| CCO Measures identified, prioritized for data modeling attributes. | 3 CCO Measures have been identified as priority.<br><br>(updated value) | Prioritized 3 CCO Measures:<br><br>• Hypertension<br>• Diabetes<br>• Depression | Data models built & tested. | 6/2018 | Data Quality Assurance. | 12/2018 |
| Remaining CCO metric data needs will be evaluated. | CCO measures identified. | Current CCO 1.0 measures identified. | Data models built & tested. | 1/2019 | Data Quality Assurance. | 1/2019 |

**Challenges in progressing toward target or benchmark:** During the Data model build and test phase of the activity, the lack of subject matter expertise necessary to define appropriate business rules and subsequent technical logic presented a major challenge. Staff turnover and expansion has been identified as a key barrier and opportunity for progress. Staffing challenges have been identified and prioritized as expansion for 2019.

**Strategies to overcome challenges:** Seeking an NCQA certified vendor to define metric denominators and numerators as specifications vary depending on the experience of person(s) interpreting measure specifications.

**Activity 2 description**: Assessment of provider, case management, care coordination, value-based payment model data needs.

☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 2 progress (narrative):** Long range target goal activity will begin in accordance with target due dates.

| 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) |
|---|---|---|---|---|---|---|
| Assessment of provider data reporting needs. | No assessments have been done. | Assessments are in progress. | Draft assessment developed. | 12/2018 | Assessments completed. | 12/2019 |
| Design a solution based on provider data reporting assessment needs. | No design exists. | Future activity. | Solution designed, tested. | TBD | Solution implemented. | TBD |
| Assessment of case management data reporting needs. | No assessments have been done. | Currently being assessed. | Draft assessment developed. | 12/2018 | Assessments completed. | 12/2019 |
| Design a solution based on case management data reporting assessment needs. | No design exists. | Future activity. | Solution designed, tested. | TBD | Solution implemented. | TBD |
| Assessment of care coordination data reporting needs. | No assessments have been done. | May be a duplicate of above. Will assess as the true need in a future activity. | Draft assessment developed. | 12/2018 | Assessments completed. | 12/2019 |
| Design a solution based on care coordination data reporting assessment needs. | No design exists. | Future activity. | Solution designed, tested. | TBD | Solution implemented. | TBD |
| Assessment of value-based payment model data needs. | No assessments have been done. | Future activity as resources free up. | Draft assessment developed. | 12/2018 | Assessments completed. | 12/2019 |
| Design a solution based on value-based payment model data assessment needs. | No design exists. | Future activity. | Solution designed, tested. | TBD | Solution implemented. | TBD |

**Challenges in progressing toward target or benchmark:** No major challenges have been identified to date. As assessments are worked on through the end of the year any challenges that are identified will be documented.

**Strategies to overcome challenges:** Barriers documented in the assessments will be addressed as they are identified.

A. **#11:** RHIC Member Engagement
B. **Primary component addressed**: Health information technology
   i. Secondary component addressed: Patient-centered primary care home
   ii. Additional component(s) addressed: Health equity and data

C. **Primary subcomponent addressed**: HIT: Patient engagement
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Evaluate and understand patient centered and community centered Health Information Technology (or lack thereof) efforts that can align and complement each other using Health Information Exchange.

☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 1 progress (narrative):** Long range project goals – activities will begin at the appropriate time to meet target dates.

| 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) |
|---|---|---|---|---|---|---|
| Identify and document current provider engagement activities; including CHIP efforts. | Currently no understanding of these activities. | Future activity. | Create a gap analysis to determine where we need to be on provider engagement. | 7/2019 | Define target for where we want to be on provider engagement near term and future. | 12/2019 |
| Create a gap analysis to determine where we need to be on patient engagement. | Further analysis needed for planning. | Future activity. | Prioritize the gap findings to create action plans to address the gaps for patient engagement. | 7/2019 | Execute action plans to fill the gaps to increase patient engagement. | 12/2019 |
| Identify and document current patient engagement activities; including CHIP efforts. | Currently no understanding of these activities. | Future activity. | Create a gap analysis to determine where we need to be on patient engagement. | 7/2020 | Define target for where we want to be on patient engagement near term and future. | 12/2020 |

**Challenges in progressing toward target or benchmark:** No real barriers were identified. Efforts were focused on completing the shorter-term activities to meet target dates.

**Strategies to overcome challenges:** Completion of short term activities will lead into the more long-range targets.

A. **#12:** Children's SDoH and ACEs Screening
B. **Primary component addressed**: Integration of care (physical, behavioral and oral health)
   i. Secondary component addressed: Social determinants of health

C. **Primary subcomponent addressed**: Choose an item.
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Develop a screening tool for pediatric SDoH and have it integrated into Epic, the clinic's Electronic Health Record (EHR).

☒ Short term or ☐ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** Project coordinator spoke with families after visits to assess readability, acceptability, and understanding of the questions and modifications were made as needed. Initial tool revised 3 times based on patient/ family feedback. Worked with Epic (SHS's Electronic Health Record system) team to integrate Adverse Childhood Experiences (ACEs) and Social Determinants of Health (SDoH) questions into Epic. Final tool defined and implemented at designated visits with use of SDOH (See Attachment 1: SDoH Screening Tool) and Center for Youth Wellness (CYW) ACE Questionnaire (ACE-Q) screening tools. Screening tool is fully developed and integrated into Epic.

| 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) |
|---|---|---|---|---|---|---|
| Screening tool is developed. | No current tool. | Final paper screening tool defined and developed. | Screening tool is developed. | 3/2018 | Screening tool is developed. | 3/2018 |
| Integrate the screening tool into Epic. | No current tool. | Screening tool is integrated into Epic. | Screening tool is integrated. | 6/2018 | Screening tool is Integrated. | 6/2018 |

**Challenges in progressing toward target or benchmark:** The initial screening tool was not working for clinic staff with SDoH and ACEs combined. Difficulties with time limitations as well as the personal nature of the ACEs screening and the SDoH screening caused conversations to be limited instead of helpful for the parent, teen, or parent of the teen.

**Strategies to overcome challenges:** A separate screening tool created for SDoH and utilization of the CYW screening tool used for ACEs (change in activity). Still fully integrated into Epic.

**Activity 2 description**: Develop and implement a clinic workflow integrating the screening tool. Workflow: Screening tool is used at well child checks. Positive screens are referred to the CHW or social worker based on the results of the screening. Follow up with the patients/families who had positive screens at various intervals to determine if the issues identified were addressed and if they believe that there has been an impact on the health and wellbeing of the child/children/family.

☒ Short term or ☐ Long term

Update? Yes ☒ No ☐

**Activity 2 progress (narrative):** Clinic workflow outlined and implemented, modifications made as needed, team has agreed on workflow.

| 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) |
|---|---|---|---|---|---|---|
| Workflow is developed. | No current workflow. | Workflow is developed. | Workflow is developed. | 6/2018 | Workflow is developed. | 6/2018 |
| Workflow is integrated. | No current workflow. | Workflow is integrated. | Workflow is integrated. | 9/2018 | Workflow is integrated. | 9/2018 |

**Challenges in progressing toward target or benchmark:** Workflow required adjustment by the clinic for the ACEs portion. ACEs could not be used to screen at all visits as hoped for, due to time limitations in the busy pediatric clinic (change in activity).

**Strategies to overcome challenges:** Developed workflow for ACEs screening for new "concerning behavior and mental health" visits (change in activity). Specific flowsheet screenings for SDOH and for ACEs (parent of child, teen, and parent of teen) in Epic and integrated into provider notes. See Attachment 2: SDoH and ACEs Screening Workflow.

**Activity 3 description**: Screen a pediatricians' selected well child checks using the screening tool. Create and use tracking system to track the ACEs and SDoH scores.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 3 progress (narrative):** Rather than one provider, all clinic providers are screening SDoH at new visits, 15-month Well Child Checks (WCCs), and annual WCCs from 2 years and up (change in activity). This is a great expansion from the goal of one provider.

| 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 tracking system. | No current system. | System is created. | System is created. | 6/2018 | System is created. | 6/2018 |
| Implement tracking system. | No current system. | System is implemented. | System is implemented. | 9/2018 | System is implemented. | 9/2018 |
| Eligible well child checks are screened. | 0% | Data not yet available for the 2 different codes used | 50% | 12/2018 | 95% | 6/2019 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | clinic wide, with all providers screening new visits and well-child checks for SDoH. | | | | |

**Challenges in progressing toward target or benchmark:** Tracking system not consistently utilized by staff.

**Strategies to overcome challenges:** Plan, Do, Study, Act (PDSA) Cycle being utilized to address the concern of inconsistent, or lack of, coding screening visits. This is in progress.

**Activity 4 description**: Identify families in need and provide connection to resources.

☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 4 progress (narrative):** N/A

| How activity will be monitored | Baseline | Progress to date (current status or data point) | Target / future state | Target met by (MM/YYYY) | Benchmark / future state | Benchmark met by (MM/YYYY) |
|---|---|---|---|---|---|---|
| Track the ACE scores of children screened. | 0% | Tracking system in place, not being used consistently. PDSA in place to work towards consist future use. | 100% | 9/2018 | 100% | 9/2018 |
| Track the families in need of the various services after the SDoH screening. | 0% | Tracking system in place, not being used consistently. PDSA in place to work towards consist future use. | 100% | 9/2018 | 100% | 9/2018 |
| Provide connection to resources for children with an ACEs score greater than 1 and children with a positive SDoH screen. | 0% | Connections occurring, data evaluation in progress. | 50% | 12/2018 | 80% | 6/2019 |

**Challenges in progressing toward target or benchmark:** Tracking system in place, not being used consistently.

It has been realized that parents often struggle with their children's behaviors and proper, appropriate parenting skills can reduce parental stress, reduce the risk of child abuse, and help develop resilient children.

**Strategies to overcome challenges:** PDSA in place to work towards consist future use of tracking system.

To help connect parents to resources, all clinic staff are being trained on basic parenting skills to model for parents. The CHW and SW attended *Making Parenting a Pleasure* Training and will offer parenting assistance in the clinic beginning in July 2018.

A. **#13:** Support Services for SMI Post Discharge
B. **Primary component addressed**: Severe and persistent mental illness
   i. Secondary component addressed: Access

C. **Primary subcomponent addressed**: Access: Availability of services
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Establish SPMI registry and baseline. Determine criteria e.g., SPMI diagnosis for registry. Run claims data against registry to establish baseline. Determine how many members are receiving supportive services. Determine performance targets.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** We regularly track members receiving Psychiatric Inpatient services as part of our Utilization Management procedure. We defined the SPMI population using the state-wide diagnoses listed for Individuals Experiencing Mental Illness included in the OHA Performance Metric Disparity Measure and regularly track individuals who receive Psychiatric Inpatient services thru our Utilization Management process. We determined the code sets to be used in the identification of follow-up services and will include the Social Determinants of Health which have impacted the member. We are in the process of having our first report run to create our registry of individuals who have experienced mental illness discharged from Good Samaritan Regional Medical Center and the services provided to them 30 days post discharge. Once received, we will review this data during our Behavioral Health Quality Committee (BHQC) to determine utilization patterns and understand service trends. We are working with a consultant who will advise the BHQC in identifying over and under-utilization and best practices to ensure that our members receive the appropriate services.

| 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 SPMI diagnosis and criterial for registry. | No registry exists. | Completed | Registry complete and process established to maintain quality. | 5/2018 | Set targets based on registry. | 7/2018 |
| Run queries to identify population | Aggregate reports exist. | In progress. | Clear picture of the population | 9/2018 | County providers can identify and | 9/2019 |

| | | | | | | |
|---|---|---|---|---|---|---|
| by county. | | | and subpopulations. | | track SPMI population to ensure service capacity and access needs are met. | |
| Establish process to ensure accuracy of registry and process for regular review and maintenance. | Quarterly meetings established. | In progress. The Behavioral Health Quality which meets monthly will be our review body. | Review registries at quarterly meetings. | 9/2018 | Accurate registry and process established to continually update and verify accuracy. | 12/2018 |

**Challenges in progressing toward target or benchmark:** Agreement on the right criteria and sources of data to create the report necessary to begin our data review.

**Strategies to overcome challenges:** We identified the data needed and looked at other reports and best practices to collate disparate data sources.

**Activity 2 description**: Identify services, set performance targets and monitoring system.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 2 progress (narrative):** We determined the code sets to be included in the identification of follow-up services. We utilized the code set available on OHA's Behavioral Health Fee Schedule and will include the social determinants of health which have impacted the member. We have not yet set our performance targets for improving outcomes or monitoring our system but will proceed once the data is reviewed thru the Behavioral Health Quality Committee (BHQC) with the help of our consultant.

| 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) |
|---|---|---|---|---|---|---|
| Establish services to be included in access measurement. This will be applied to the registry. | Establish baseline period 09/2016 – 09/2017. Quality assurance and vet data. | Completed | Based on historical performance, set improvement targets. | 9/2018 | Performance reports used to identify issues and improve access/performance/health outcomes. | 1/2019 |
| Evaluate access and services with county mental health partners. | Reports are inconsistent and lack sufficient detail. | In progress. | Begin using reports at county BH provider meetings. | 1/2019 | Effectively monitor service, access and capacity. | 1/2019 |

**Challenges in progressing toward target or benchmark:** Refining the report request so that we receive meaningful data that will allow us to assess whether appropriate services are provided.

**Strategies to overcome challenges:** We have worked with a consultant to determine the data that will provide us with the information needed to determine utilization patterns. We have submitted our data request.

A. **#14:** ICTs
B. **Primary component addressed**: Social determinants of health
   i. Secondary component addressed: Special health care needs

C. **Primary subcomponent addressed**: Choose an item.
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: ICT meetings will be convened at least one time per quarter. Meetings will be documented through minutes and each member will have a person-centered plan of support completed. IHN-CCO will be responsible for sharing documentation with members of the ICT. Tracking will occur through IHN-CCO's system of record.
☐ Short term or ☐ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** We have been very successful in convening ongoing ICT meetings. We have one scheduled each month with our LTSS partner as well as have 'ad-hoc' ICTs throughout the month. In Q1 and Q2 we conducted 9 ICT meetings. Each meeting had minutes and an action plan created. Documentation of the meetings were saved in a departmental shared drive and send out via secure email to the ICT members. As well all action items assigned to Samaritan Health Plans (SHP) health care guides and behavioral care managers were documented within our system of record customer service and case management modules. A simple tracking sheet was developed in Microsoft Excel to track all ICTs which will provide department opportunity to evaluate trend in unmet and met needs, repeat issues and success in action steps.

| 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 around social and health disparities established. | Training is informal and there is inconsistent understanding among care team members. | Training checklist created and integrated into Orientation checklist for new hires August 2018. | Awareness and knowledge of social and health disparities inform care team in developing person-centered interventions. | 1/2019 | Effective teams Ensure seamless and person-centered care. | 6/2019 |
| Number of ICT person-centered care plans. | Need to establish a tracking system. | Preliminary tracking system created within shared folder on network drive June 2018. | Tracking system is established. | 6/2018 | Tracking system used to monitor and track outcomes. | 6/2019 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Increase ICT meetings. | Need to establish recurring meetings. | Monthly ICTs have been established May 2018. | Interdisciplinary Care Team meets regularly. | 6/2018 | Consistent meetings established. | 6/2019 |

**Challenges in progressing toward target or benchmark:** Samaritan Health Services does not provide other trainings identified as crucial for the healthcare guides, such as Adverse Childhood Experiences (ACEs), the culture of poverty, health equity and health disparities. Online resources exist that incorporate ACEs e.g. our Trauma Informed Training (currently self-paced with video recording of training provided and handouts.) Since existing training lacks an in-depth focus on ACEs, we cannot say that formal training is available.

Our system of record is not configured to record all ICT work. Duplicate documentation in system of record (Customer Service and Case Management module) ICT minutes, secure emails and Excel tracking can result in lack of standardized information to review and report on.

**Strategies to overcome challenges:** Developing partnerships through Delivery System Transformation workgroups including Universal Care coordination and Health Equity workgroups. This includes identifying opportunities for training with partners, such as Linn Benton Healthy Equity Alliance.

Meeting with Traditional Health Workers Director to determine if healthcare guides can incorporate THW training into their curricula.

A Care Management 90-day project plan will be created which will include action to create standardized documentation for ICTs.

A. **#15:** SOC
B. **Primary component addressed**: Special health care needs
C. **Primary subcomponent addressed**: Choose an item.
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Develop a Regional Executive Council. See SOC Governance Structure Chart: Attachment 14.
☒ Short term or ☐ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** The Regional System of Care Executive Council has met 6 times so far this year. Membership includes regional and statewide Executive Leadership from child serving systems, youth and family representatives, and Portland State University Consultants. The Council's focus has been to familiarize and formalize the functions of a Regional System of Care Executive Council and develop communication flow with the System of Care Regional Advisory Committee. The Council is meeting in the same location and immediately after the Regional Advisory Committee to allow for communication and transparency. The Council decided to set its agenda based on barriers and issues identified through child and family teams, local System of Care governance structures, and the Regional Advisory Committee that cross two or more systems and at least 2 of the 3 counties. Additionally, the Council has decided to have a larger System of Care focus that includes services and supports to all children and families in our region and not solely focus on IHN-CCO members, the Medicaid system, or Wraparound.

| 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) |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Establish membership. | Community partners have been identified. | Membership has been established. | Invites are sent out. | 2/2018 | Membership established. | 1/2019 |
| Meet at least quarterly. | First meeting 02/2018. | Meeting established for the 1st Friday of each month. | Determine best day or date to meet. | 3/2018 | Invites sent out through 2019. | 4/2018 |
| Develop Charter. | Draft has been developed. | Charter draft is being reviewed by the Executive Council. | Charter finalized. | 7/2018 | Charter finalized. | 7/2018 |
| Develop governance structure. | Draft has been developed. | Regional governance structure has been finalized. | Governance structure finalized. | 7/2018 | Governance structure finalized. | 7/2018 |

**Challenges in progressing toward target or benchmark:** The Council has reviewed and discussed a draft agenda but has chosen to delay decisions on the charter until there is some normalization in the Council process. Youth and young adult membership needs to be increased.

**Strategies to overcome challenges:** Some key decisions have been made on the Councils function and decision making. A revised charter will be presented to the Council before the end of the year. We are actively working with Youth ERA, the Advisory Committee, and local systems to increase youth involvement.

**Activity 2 description**: Barrier reporting form.

☒ Short term or ☐ Long term

Update? Yes ☒ No ☐

**Activity 2 progress (narrative):** A barrier submission form and process has been developed and regional reporting has occurred focused on Wraparound. However; the Council decided to take on a broader System of Care focus than Wraparound, IHN-CCO members, and the Medicaid program. A workgroup of the Council was formed to develop process to get information across service systems and all children/youth and families in our region. The draft process was presented to the Council on September 7, 2018. Because the process and focus are much broader and inclusive of a full System of Care additional time will be needed to test and fully implement the process.

**Activity 2 progress (optional data, run charts, etc.):** See Attachment 3: SOC Communication Flow and Barrier Submission Forms flow chart.

| **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)** |
|---|---|---|---|---|---|---|
| Develop and test a barrier submission form process. | Draft form in process. | Form has been developed and tested, the collection and reporting process is being revised. | Finalize form. | 2/2018 | Using form. | 7/2018 |

**Challenges in progressing toward target or benchmark:** The SOC Executive Council requested to establish a workgroup to review the barrier submission form and consult on the barrier submission form. A workgroup met twice and developed a revised process. Process was approved by the SOC Advisory Committee and needs to be approved by the Executive Council in October.

**Strategies to overcome challenges:** Created a workgroup and developed a process with broad support.

**Activity 3 description**: Trends identifying regional barriers and gaps.
☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 3 progress (narrative):** Barrier submission forms were submitted and analyzed by the Regional System of Care Advisory Council and 3 areas of focus for the Executive Council were identified. The Council made the decision to focus on system problem solving on the issue of care coordination between systems and levels of care. The Council is also focused on developing a fully inclusive System of Care approach to the regional child and youth service and support system.

| 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) |
|---|---|---|---|---|---|---|
| Develop trend reporting process. | Draft needs to be developed. | The Council is deciding on a quarterly reporting format and data set. | Development of tools. | 7/2018 | Trend reports are submitted to the Regional Executive Council. | ~~12/2018~~ 03/2019 (change in date and long term) |

**Challenges in progressing toward target or benchmark:** A broader System of Care focus that is more inclusive than a narrow focus of Wraparound and Medicaid has increased the complexity. We are working closely with the Council to make sure there is buy in and a willingness to dedicate local resources to the process.

**Strategies to overcome challenges:** Building broad support of SOC local and regional governance structure through regular communication inside and outside of established meeting times.

**Activity 4 description**: Prioritize to seek regional solutions
☐ Short term or ☒ Long term

Update? Yes ☐ No ☒

**Activity 4 progress (narrative):** Work in progress.

| 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) |
|---|---|---|---|---|---|---|
| Establish best practices for the region. | Waiting until Trends reporting tools are developed. | Work in progress. | Evaluate | TBD | Implement | TBD |

**Challenges in progressing toward target or benchmark:** Work in progress.

**Strategies to overcome challenges:** Work in progress.

A. **#16:** Aligning services to best meet the needs of our Members Experiencing Mental Illness
B. **Primary component addressed**: Utilization review
   i. Secondary component addressed: Severe and persistent mental illness

C. **Primary subcomponent addressed**: Choose an item.
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: Meta-analysis of BH utilization metrics and garner support and consensus around performance metrics that will detect over and under-utilization of services.

☐ Short term or ☒ Long term

Update? Yes ☒ No☐

**Activity 1 progress (narrative):** With the support of our Behavioral Health Quality Committee (BHQC) we have developed the list of diagnoses codes to be used in defining our SPMI population. The list of diagnosis is consistent with those diagnosis contained in OHA Performance Metric Disparity Measure – Emergency Department Utilization for Individuals experiencing mental illness. We have identified the CPT code set to be used to determine the services provided to these members and requested a report to provide us data. Once the data is received, the BHQC will use this information to evaluate access to services and determine opportunities for improvement. IHN-CCO is working with a consultant who will advise the BHQC in methods to evaluate our system and determine over and under-utilization to ensure that our members receive the appropriate services. ED utilization patterns for our Members Experiencing Mental Illness were reviewed with our BHQC and we are beginning a "deeper dive" to look at Social Determinants of Health, most specifically homelessness.

| 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) |
|---|---|---|---|---|---|---|
| Research, inventory and analysis. Establish governance through Behavioral Health Quality Committee. | Measures and metrics exist. There has not been a collaborative process among providers to establish utilization metrics around SPMI population, nor is there agreement on definition and criteria for SPMI population. | Completed | Consensus on measures and metrics. | 12/2018 | Measures and metrics in place and available for use to identify population, access to services and quality and appropriateness of care for SPMI population. | Add text here. |
| Metrics and utilization | There is not consensus around metrics. | Completed | Consensus around utilization | 9/2018 | Consensus metrics show appropriate | 6/2019 |

| | | | | | | |
|---|---|---|---|---|---|---|
| criteria established. | | | metrics. | | utilization of services. | |
| Quarterly meeting with BH providers. | Meetings established. | In progress. | BH providers review utilization of services for SPMI population. | 9/2018 | Improved outcomes through identification of population and use of performance metrics. | 12/2019 |

**Challenges in progressing toward target or benchmark:** Developing timely and actionable data to identify behavioral health utilization patterns that will allow us to assess whether appropriate services are provided. Multiple reports are needed to accurately identify the population as well as services. We have a great deal of data and progress is cumbersome to validate data from disparate sources and collate to established criteria and standards.

**Strategies to overcome challenges:** We are working with a consultant and have reviewed report criteria initial data pulls to determine the best ways to use available data to provide information on utilization patterns. We have recently refined our criteria and submitted several report requests for development. We are bringing stakeholders together 10/12/18 to develop shared understanding of utilization patterns so relevant action plans can be established.

A. **#17:** Value-Based Payment Model IN THE PCPCH
B. **Primary component addressed**: Value-based payment models
   i. Secondary component addressed: Patient-centered primary care home

C. **Primary subcomponent addressed**: Choose an item.
D. **Activities and monitoring for performance improvement**:

**Activity 1 description**: IHN-CCO will continue to promote more advanced value-based payment arrangements with its contracted PCPCHs that include more robust risk stratification criteria for determining PMPM payments, and nominal risk sharing components where providers share in the savings and the loss, if applicable.

☐ Short term or ☒ Long term

Update? Yes ☒ No ☐

**Activity 1 progress (narrative):** IHN-CCO hosted a "How to Become a 5 Star PCPCH" in July 2018 and made it available to all PCPCH's. IHN-CCO has continued to promote more advanced value-based payment arrangements with its PCPCH's and has added another clinic to the list of capitation agreements. 63% of our membership is assigned to a PCPCH with a Value-based payment arrangement that includes risk and quality components. Beginning 1/1/19, we will have added on an additional PCPCH to our capitation plus P4P VBP models.

| 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 and Annual reporting on quality metric targets where | Current State: 0% met | Qtr 1: 64% of clinics in a P4P agreement are on track to meet 65% performance by | 100% of all contracted PCPCH's meet at least 65% of overall performance. | 04/2018, 07/2018, 10/2018, and 04/2019 | Performance will have increased year over year (YoY) on an overall PCPCH scale. | 01/2019 |

| | | | | | | |
|---|---|---|---|---|---|---|
| payments are at risk.<br>Annual assessment of current Case Management Fees (CMF) payments. | | the end of the year.<br>Qtr 2: 78% of clinics in a P4P are on track to meet 65% performance by the end of the year. | | | | |
| Quarterly reporting on progress made in adapting risk stratification criteria.<br>Quarterly reporting on model development progress and negotiation status with PCPCHs.<br>Annual evaluation of current value-based payment model outcomes. | Current State:<br>PMPM + P4P: 12.5%<br>FFS + CMF + PFP: 22%<br>FFS + PFP: 60% | Have added on another clinic to a capitated arrangement, which, beginning 1/1/19: PMPM + P4P = 13%. | Increase capitation agreements by 60%.<br>Increase nominal risk sharing agreements by 60%. | 1/2019 | 70% of PCPCHs will receive capitation payments with a Pay for Performance agreement, and shared risk agreement based on cost savings or loss. | 1/2020 |

**Challenges in progressing toward target or benchmark:** Smaller PCPCH practices are still struggling to make "filling gaps" related to metrics a priority. Not having all electronic health record data readily available makes it difficult to calculate metric performance and ask that clinics mine their EHR's. Some clinic traditional billing systems are challenging to work with in developing capitation arrangements. Since clinics still have to bill as if they are in a FFS arrangement, and have to reconcile their bill in their system, understanding how to apply an amount in a capitated arrangement is challenging. Getting the non-traditional type of services that are being delivered to our members in a capitated arrangement (whole person care/medical home approach) through to the State via encounter data is challenging at a code, provider type and covered service level.

**Strategies to overcome challenges:** Making our HIE more robust so that it replaces clinics having to mine their data, and minimizes the gaps in care, and instead makes the data readily extractable. This is a work in progress and a priority for IHN-CCO. Continuing to engage with our practices, including having the billing offices at the table, so that any challenges can be worked through as a group to make the move towards capitation a smooth one. This is also a work in progress.

Patient Name:

## MidValley Children's Clinic Social Screening Questionnaire Child

**Nuestra meta en la Clínica de Niños MidValley es proveer el mejor cuidado posible para su hijo/a y familia. A veces la gente tiene necesidades o preocupaciones que pueden ser estresantes y afectan la salud propia o la salud de los miembros de la familia. Lo siguiente son algunos de los problemas que a usted y a su familia podrá preocuparles o este causando estrés en el hogar. Por favor piense en los últimos seis meces e indique si usted tiene alguna preocupación o estrés por cada uno de los siguientes problemas:**

| | | | |
|---|---|---|---|
|  | 1. ¿En los últimos 12 meses, usted o su hijo/a han comido menos de lo que piensan que deberían por falta de dinero para comprar comida? | ❑ Sí | ❑No |
|  | 2. ¿Está preocupado que en los próximos dos meses no tendrá un hogar estable donde usted es el dueño, renta, o puede quedarse? | ❑ Sí | ❑No |
|  | 3. ¿En los últimos 12 meses la compañía de servicios públicos (es decir luz o agua) a desconectado sus servicios por no pagar la factura? | ❑ Sí | ❑No |
|  | 4. ¿En los últimos 12 meses, hubo una ocasión en la cual usted o su hijo/a tuvo necesidad de ver a un doctor o dentista, pero no pudo por el costo? | ❑ Sí | ❑No |
|  | 5. ¿En los últimos seis meses, usted o su hijo/a no pudieron recibir cuidado de salud o dental por falta de transporte? | ❑ Sí | ❑No |
|  | 6. ¿Problemas para encontrar cuidado de niños le hacen difícil trabajar o estudiar? | ❑ Sí | ❑No |

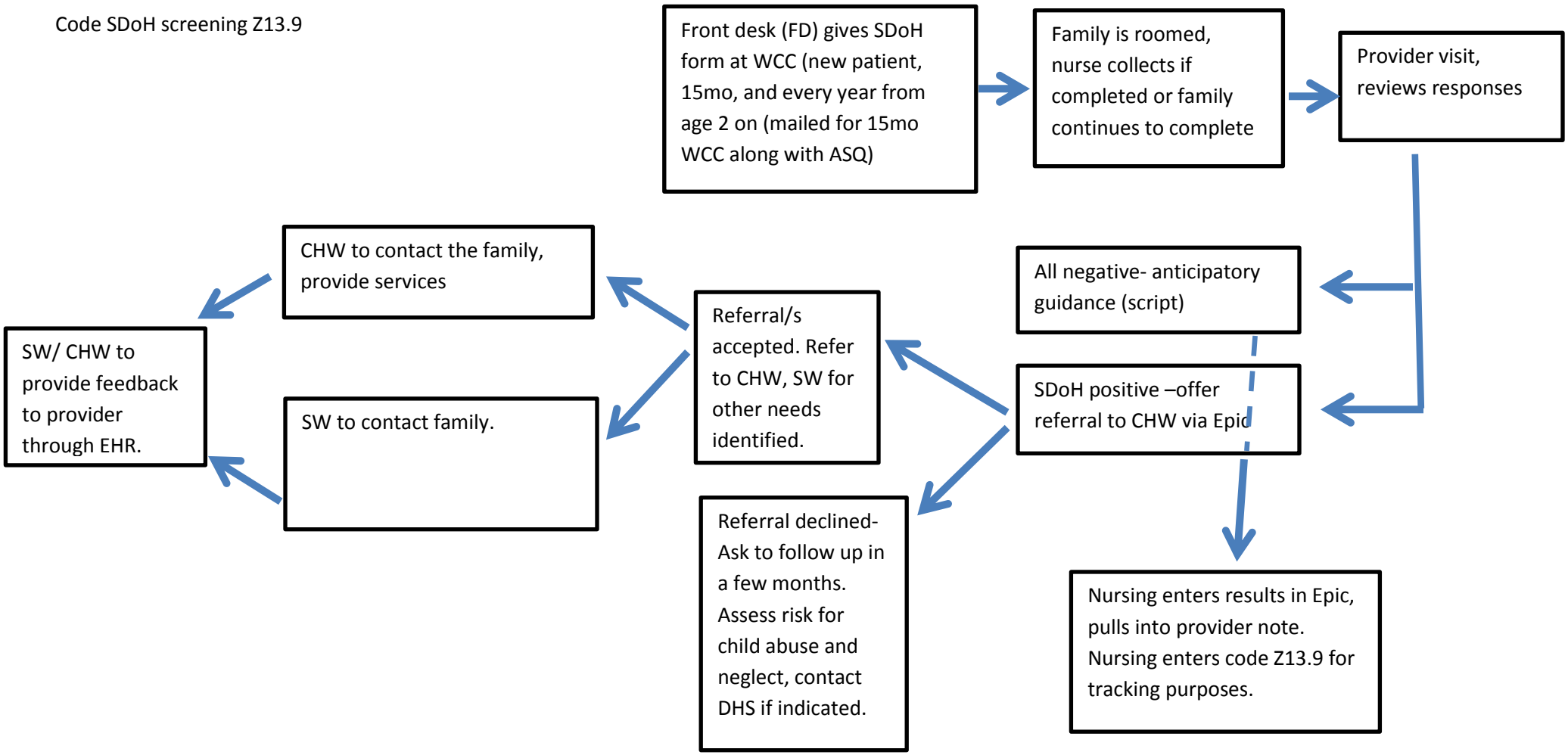
| Patient Name: |
|---|
| |

## MidValley Children's Clinic Social Screening Questionnaire Child

**Our goal at MidValley Children's Clinic is to provide the best possible care to your child and family. Sometimes people have needs or concerns that can be stressful and affect their own or their family members' health. Following are some issues you and your family may be concerned about or that cause stress at home. Please think about the past 6 months and indicate if you have had a concern or stress for each of the following issues:**

| | | | |
|---|---|---|---|
|  | 1. In the last 12 months, did you or your child ever eat less than you felt you should because there wasn't enough money for food? | ❑Yes | ❑No |
|  | 2. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as a part of a household? | ❑Yes | ❑No |
|  | 3. In the past year, has the utility company shut off your service for not paying your bills? | ❑Yes | ❑No |
|  | 4. In the last 12 months, was there a time when you or your child needed to see a doctor or dentist but could not because of cost? | ❑Yes | ❑No |
|  | 5. In the last six months, have you or your child ever had to go without health care or dental care because you didn't have a way to get there? | ❑Yes | ❑No |
|  | 6. Do problems getting child care make it difficult for you to work or study? | ❑Yes | ❑No |

## Attachment 2 Project #12: SDoH and ACEs Screening Workflow



1. Front desk to mail forms for scheduled visit for behavior concerns. If family does not have forms for visit, front desk hands out appropriate forms (0-12 year ACE-Q Child, 12-18 ACE-Q Teen Self Report and ACE-Q Teen for parent)

2. Front desk to state "We have a form for you to fill that will help the provider understand how you (to a teen)/ your child is doing. There are some personal questions that screen for health risks due to exposure to stress. Write down the total number in the box. Your provider will go over any questions you have."

3. Patient is roomed, if forms are completed, nursing puts in door cubby. If not, family continues to complete forms.

4. Provider sees patient (refer to scripts in Center for Youth Wellness User guide), reviews scores, anticipatory guidance or referral. Can use **.mvbehavioral** template. If you would like to just add the scores into your note, you can use **.acesscreeningresults.**

5. If ACE score 0 or 1-3 without symptoms, provide anticipatory guidance

   If ACE score 0-3 with symptoms or score ≥4, counsel regarding impact of ACEs. Refer to appropriate resource. May include **.mvaces** in discharge instructions.

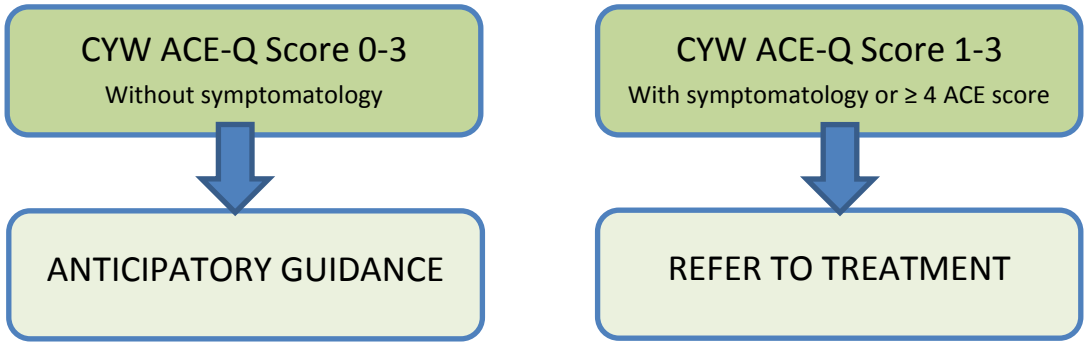
6. Provider gives form back to nursing to enter score.

7. Nursing enters score in ACE-Q MVCC doc flowsheet. Score entered is aggregate score, not individual lines. Nursing enters code Z02.9 for tracking purposes.

8. Provider refreshes note to update entered information.

ACE-Q child 0-12 years  ACE-Q Teen Self Report and ACE-Q Teen 12-18 years

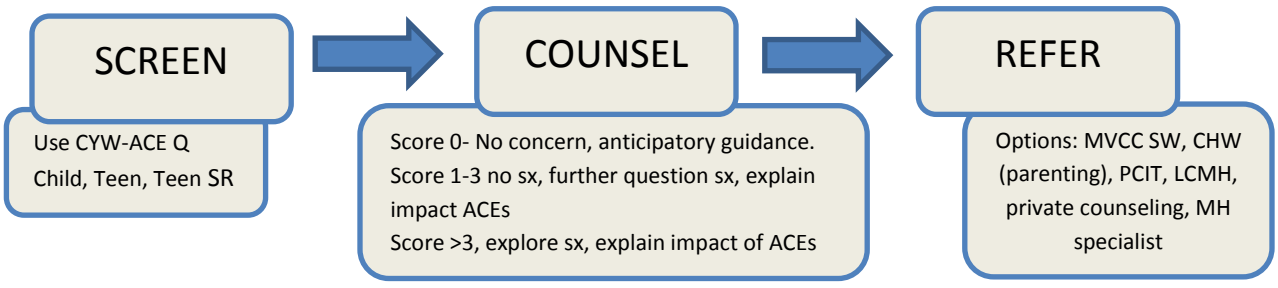
CYW ACE-Q Scoring  (Score is combined for Section 1 and Section 2) .



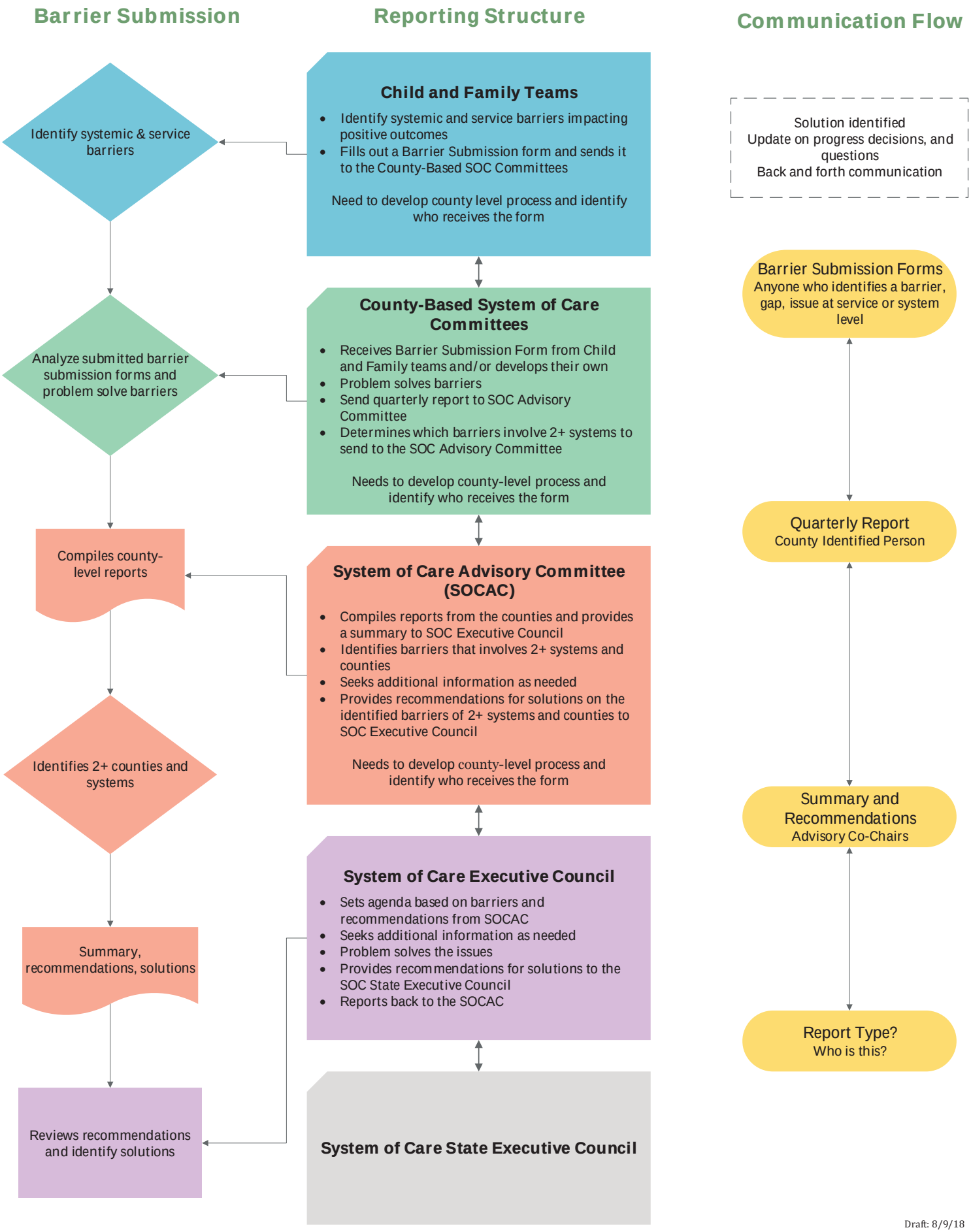

RELEVANT SYMPTOMATOLOGY .

| | | |
|---|---|---|
| Sleep Disturbance | Poor control of chronic disease | Restricted affect/ numbing |
| Weight gain or loss | Developmental regression | High risk behavior in teens |
| Failure to thrive | School failure/absenteeism | Depression |
| Enuresis, encopresis | Aggression | Anxiety |
| Constipation | Poor impulse control | Interpersonal conflict |
| Hair loss | Frequent crying | Unexplained somatic complaints (such as HA, abdominal pain) |

ACEs SCREENING PROCESS .



# Linn, Benton, Lincoln System of Care (SOC) Communication Structure




Draft: 8/9/18