

Quality Improvement Strategy Initial Submission: Expectations and Content Requirements

To earn the achievement value associated with the Project Toolkit milestone “Completion and approval of quality improvement plan (QIP) (due DY 3, Q2)”, the ACH will submit a quality improvement strategy. ACHs may leverage content from prior semi-annual report or implementation plan submissions to the extent it is responsive to the expectations and content requirements below. The quality improvement strategy should not exceed 10 pages in length, and ACHs may determine the format to convey this information.

The ACH must submit a quality improvement strategy detailing:

- **Expectations and responsibilities for partnering providers in continuous quality improvement**
 - Are expectations and responsibilities for partnering providers unified across provider types? To what extent do expectations and responsibilities differ for traditional and non-traditional Medicaid providers?
- **Regional framework for supporting partnering providers’ quality improvement processes**
 - How are quality improvement activities structured in the region?
 - How does the ACH support partnering providers’ quality improvement processes?
- **Monitoring transformation efforts by understanding partnering providers’ progress and connecting with resources and technical assistance**
 - Based on the premise of continuous quality improvement, what methods does the ACH use to track progress within Medicaid transformation activities?
 - At what frequency are these methods deployed?
 - What kinds of information are partnering providers submitting to the ACH? What format, and what frequency?
- **Support of partnering providers in making necessary adjustments to optimize transformation approaches**
 - If the ACH identifies a need for course correction or adjustment to implemented transformation approaches, how does the ACH communicate this need with partnering providers? What is the process by which the ACH works with partnering providers to make the necessary adjustments?
 - If partnering providers identify a need for course correction or adjustment to implemented transformation approaches, how do partnering providers communicate this need with the ACH? How do partnering providers communicate any supports they require from the ACH?
- **Disseminating successful transformation approaches and lessons learned across ACH partnering providers, and potentially across ACHs**
 - What mechanisms does the ACH use to synthesize and share successful transformation approaches and lessons learned? At what frequency does this dissemination occur?

Quality Improvement Strategy Semi-Annual Reporting: Expectations and Content Requirements

The ACH must submit quality improvement strategy updates on a semi-annual basis to keep HCA and the Independent Assessor apprised of quality improvement activities and findings.

Starting with the third semi-annual report (SAR 3), the SAR template will include a field for updates related to quality improvement strategy findings for the reporting period. ACHs may determine the format to convey this information. See SAR guidance document for SAR 3 for expectations and content requirements.

BHT QIP Draft Outline

QIP due July 31, 2019

Partnering Provider Expectations

BHT divided our Partnering Providers into two Learning Cohorts –January and August– based on their readiness to implement Transformation Plans. The January Cohort entered into contract with BHT in DY3 Q1 and began implementation in Q2, while the August Cohort is taking advantage of additional supports before going into contract with BHT for Transformation activities in DY3 Q3. Both Cohorts follow the same framework for QI, though on different timelines and some variation in types and levels of support.

Both Cohorts have the expectation of creating specific aim statements and related milestones for Transformation activities that will be directly tied to incentive payments laid out in their 2019-2020 contracts. The Transformation Plan contract expectations are the same for both group – two aims per project area, 3-5 milestones per aim, as well as a selection of four Pay-for-Achievement (P4A) measures. P4A measures are selected from a menu of options developed by BHT staff, consultants, Provider Champions Council, and stakeholders. These measures all reflect activities that BHT sees crucial for Transformation success. (See Attachment A) Aims and milestones are meant to be implemented between date of contract until September 2020. BHT will repeat this contracting process annually, with Partnering Providers developing milestones through September 2021 in the next round and picking additional P4A measures to complete on top of their initial four. Developing contracts based on very specific aims and activities helps insure transparency of expectations between BHT and our Partnering Providers. The annual cycle gives BHT the chance to evaluate and reset with each Partnering Provider based on how projects are progressing, and the environment is changing. BHT provided trainings and individual support on creating clear and realistic aim statements, as well as opportunities to talk to consultants to give TA on Plans.

These Plans also require the identification of a Transformation Manager, who serves as the main point of contact between the organization and BHT, and a description of QI capacity and plan. When reviewing this section for approval, BHT is looking to see that there is staff capacity available and dedicated to monitoring and reporting on Transformation projects as expected from BHT, and that the organization has an internal framework for QI in place or under development. All of our contracted January Cohort Partnering Providers met this expectation in their Plans.

Outside of finalizing Plans into contracts, BHT laid out additional expectations for our Partnering Providers to participate in support and TA activities through our Learning Cohorts. The August Cohort had the

requirement of attending monthly trainings selected to support readiness for Transformation Plan development and implementation. Meetings can be attended in-person or remotely through live-stream. All meetings are also recorded and put on our website for future use. In June, the August Cohort organizations participated in required 1-on-1 workshops regarding their revised Transformation Plans. BHT and consultants will work with these organizations to revise the Plans to contract readiness. January Cohort was required to attend approximately half of the monthly training based on identified topics/areas of TA need. BHT paid out participation dollars to Partnering Providers for attending each of the required trainings, to offset the cost of staff time and transportation for these all-day meetings. Partnering Providers who could not attend due to an excused absence were able to watch the recorded sessions and complete homework in order to still be eligible for payment. Resources and materials from all of these trainings are hosted in a virtual library on the BHT website:

<http://www.betterhealthtogether.org/learning-cohorts>

BHT has also made a TA Bank available to both Learning Cohort groups. This “bank” of subject matter experts is available to help Partnering Providers with questions related to completing and implementing their Transformation Plans. Partnering Providers can request technical assistance (TA) using an online form. Topic areas include registries & tracking tools, organizational development (change management, growth management, org culture), workflow, and other on request.

Given their criticalness to success of Medicaid Transformation in our region, we have also offered more intensive 1-on-1 TA assistance through the UW AIMS Center to our four largest volume providers. Three of the four are participating. The fourth opted out because they are already working closely with UW experts on improvement initiatives. Learning Action Networks (LAN) are a virtual 3-month training series provided by the UW AIMS Center. They worked with teams both individually and as a group to help each participating organization refine or clarify their program development strategies for whole-person care, plan effective staffing and team composition, develop and test work flows, and plan a sustainable program under new managed care requirements. The first LAN was made up of six selected August Cohort Partnering Providers, based on volume. This was by invitation but not required. We anticipate conducting as many as two additional LANs in 2019.

BHT has also been offering Lunch & Learns, a colleague-to-colleague learning series based on topics of subject expertise from Partnering Providers. Topics scheduled so far include “Collaborative Care Billing” and “Recovery Model of Mental Health Treatment”, with more anticipated in Q3 & Q4.

All of BHT’s Partnering Providers have a BHT staff member assigned to them who is responsible for a monthly check-in. Staff members conducting check-ins are all at a Senior Program Manager level or above. Check-in topics vary depending on what activities are happening each month, but staff members always touch base on progress with Transformation milestones and if there are any TA needs.

BHT has created an abundance of opportunity for shared learning through the Collaborative and Learning Cohort Structure. Each of the Learning Cohort trainings included time for breakout discussions among attendees. Lunch & Learns have featured rotating Partnering Providers organizations who have a skillset to share. Spokane Collaborative meetings include built-in networking time.

Partner Reporting and Monitoring

Partnering Provider reporting requirements. Partnering Providers have both informal and formal reporting requirements that provide BHT staff with the information needed to identify successes and share lessons learned, or to offer support when Transformation projects are encountering obstacles. These include:

1. An informal check-in between each Partnering Provider and their assigned BHT staff member at least every other month. Usually conducted by phone, these check-ins cover current status of the Partnering Provider's Transformation work, what's going well, and any significant difficulties. If a Partnering Provider expects to need course correction, they can communicate it in these check-ins, or anytime by email or phone to their assigned BHT staff member. Brief notes from these conversations—including any BHT actions or responses—are stored in a shared file and reviewed then discussed as a group among BHT staff once per quarter to inform ACH-wide quality improvement plans.
2. Formal reporting on Transformation Plan progress every 6 months, alongside required data collection for Pay-for-Reporting metrics. For each of the project-specific Transformation Plan milestones that Partnering Providers have set for themselves (see the Partner Expectations section above), Partnering Providers will report current status as one of:
 - Milestone complete / achieved
 - Milestone in progress – on track to achieve
 - Milestone in progress but at risk
 - Not started / no action or missed

If the milestone is at risk or no action has been taken, Partnering Providers will be asked to outline their plans for addressing the gaps or mitigating problems, and to indicate any specific areas where BHT assistance is needed. For each Partnering Provider, BHT will create a summary report based on semi-annual reporting showing what proportion of their milestones are complete or on track, vs. at risk or not started. If 25% or more of milestones are at risk, BHT staff will follow up directly with the Partnering Provider to offer assistance with the mitigation plan. And, following the same procedure as for the informal check-ins, BHT staff will meet as a group to review each Partnering Provider's progress and develop ACH-wide quality improvement strategies.

For BHT's Pay-for-Achievement measures, Partnering Providers will report data and/or progress every six months according to the specifications for the four measures they have selected (See Attachment E).

Beyond contract milestones and P4A measures, BHT's semi-annual reporting process will ask Partnering Providers to comment on the overall progress of their Transformation work, any consistent barriers across projects, and any lessons learned or good ideas to share with others. BHT will also track MCO contracting relationships among its Partnering Providers, and partners' work with other ACH regions.

Tracking progress at the ACH level. BHT uses Medicaid and WA All-Payer Claims Database data and a variety of other sources to monitor Transformation progress at the regional level. In addition to HCA's Healthier Washington Dashboard, BHT contracts with Providence CORE to provide a suite of monitoring reports that cover the pay-for-performance (P4P) measures relevant to BHT's selected projects, Medicaid and MCO enrollment trends, population demographics and select health care utilization markers by payer, and additional quality measures such as potentially preventable hospitalizations (AHRQ's Prevention Quality Indicators). For P4P measures, the monitoring reports include an estimated 'number needed to reach target' to inform BHT's quality improvement plans and communication to Partnering

Providers, and a proxy Achievement Value calculation based on latest available data to assist BHT with financial projections.

Non-Traditional Providers

To date, Learning Cohort activities and Transformation Plan contracts have been for traditional Medicaid Providers in primary care and behavioral health settings. BHT is currently exploring duplicating this framework for social determinant of health and other key partners who are non-traditional providers. Because collaboration between social service partners and traditional Medicaid providers is so vital for whole-person care, BHT sees that it is important to steward social determinant of health partners towards success in VBP environments alongside traditional partners. BHT is in the process of developing Pay-for-Achievement measures for social determinant of health partners in the same framework as the measures our primary care and behavioral health Partnering Providers selected. We expect to structure a Learning Cohort for social determinant of health in 2020 that includes trainings related to building successful partnerships with medical and behavioral health providers, trauma informed care, success in value-based billing, and more. Partners in this Learning Cohort will also complete Transformation Plans with aims, milestones, and P4A measures.