

## North Central ACH QIS Overview

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The North Central ACH's quality improvement strategy (QIS) is based on both a capacity building and oversight framework. First and foremost, NCACH is offering training, technical assistance, and tools that promote and support a culture of quality improvement across our network of funded partners. Through regular reporting and other feedback loops, our intent is to get an ongoing temperature check on what transformation approaches are working well, what transformation approaches have stalled and why, and ways NCACH might support partnering providers with the resources they need to successfully implement practice improvements. The following sections describe how NCACH has structured and tailored its QIS framework for specific types of funded partners given their unique contributions to our project portfolio. Across the board, however, NCACH is messaging that measurement and reporting is a facet of quality improvement. In other words, reports -- while an expectation under MOUs -- are less about compliance and much more about learning and improvement. As much as possible, NCACH staff promote peer sharing across our network of providers in order to accelerate learning and improvement.

### Whole Person Care Collaborative

The Whole Person Care Collaborative (WPCC) Learning Community includes all major outpatient providers in our region, including 17 primary and behavioral health care providers. These clinical providers (i.e. "traditional Medicaid providers") are contributing to all six of our selected projects, with an emphasis on bi-directional integration and chronic disease management.

### Tailored QI Expectations and Framework

In order to promote continuous quality improvement, all WPCC Learning Community members were required to submit an organization-level change plan. The change plan has eight sections including one for each of our six selected projects, as well as a section on access and social determinants of health. The template's structure mirrors the Institute for Health Improvement (IHI) model for improvement in that providers must articulate aims, measures, and select from a collection of drivers and tactics to guide quality improvement processes in all eight areas. The intention is for tests of change and work to be completed at the site level.

To support quality improvement processes and successful implementation of change plans for WPCC Learning Community, NCACH is offering topic-specific trainings for WPCC members (e.g. empanelment, access, bi-directional integration) as well as more general capacity building workshops. To date, NCACH has offered two Quality Improvement (QI) workshops (2-day in-person format) and also offered the content as a 3-part webinar series which was recorded and posted to our WPCC member portal. A total of about 75 participants participated in these QI trainings, representing 15 of our 17 WPCC providers. Because some of our providers are new to QI while others have a mature and robust QI culture, our trainings are designed to reinforce existing QI infrastructure and/or build new capacity across our provider network.

### Monitoring and Support

NCACH is tracking WPCC progress using both structured and organic feedback loops. WPCC Learning Community providers submit quarterly progress reports on their change plans. Providers are asked to report the status of specific drivers they selected (e.g. Not Started, Planning, Testing, Limited Implementation, Spread, Fully Implemented, Fully Implemented But With Gaps). They also share a very brief narrative of successes, challenges, and next steps for each topic. This qualitative information is complemented by quarterly measure reporting for the measures they selected. Our portal is designed to accept entry of numerators and denominators for measures that a practice wants to improve. The system calculates the actual measure based on the numerator and denominator and then allows the practice to view a dashboard of measures over time so that progress toward improvement can be monitored. In the spirit of transparency, all member organizations can view one another's measure results.

NCACH staff harvest quarterly reports to identify training and resources that might help where providers are stuck. For example, providers must answer a *Next Steps* question articulating what they will focus on in the near future to build on their work, as well as assistance/resources that could help break down existing barriers. One of the contractors NCACH partners with acts as the WPCC's *Improvement Advisor* by analyzing progress report data to feed the whole of the project and always listening for root cause of symptoms at the clinic/practice level. NCACH staff glean information from ongoing conversations with NCACH's two practice facilitators (who are tasked with assisting clinics on the ground with PDSA cycles and other needs) and through annual site visits. NCACH specifically contracted with Qualis Health aka Comagine, to provide HIT assistance to WPCC partners. Support options include comprehensive assessments (covering workflows, submitting data to the Clinical Data Repository, sending patient reminders, patient registries, clinical decision support tools, clinical quality measure reporting), HIT coaching on optimizing EHR reports to support quality improvement, or more targeted HIT TA using more complex queries or programming to extract the right data from EHRs.

### Sharing Successes and Lessons Learned

In addition to helping NCACH understand where providers need additional supports, various progress indicators help NCACH understand successes and lessons learned that can be highlighted and shared across the network to accelerate change. NCACH built in a peer sharing section to monthly WPCC meeting agendas for providers to showcase a specific issue or success. In terms of Quality Improvement capacity building, NCACH promotes continuous learning through a *QI Affinity Group* welcoming all WPCC members that have a shared interest in sharing and learning as it relates to improvement and change. This group holds monthly zoom meetings to explore specific topics and share lessons learned; recent topics included building a high quality improvement team, patient and family involvement in improvement, and value stream mapping.

## Transitional Care and Diversion Intervention Workgroup

Transitional Care and Diversion Intervention (TCDI) Workgroup funding supports transformation efforts and practice improvements for acute care providers in our region, including hospitals and EMS partners. These clinical providers (i.e. “traditional Medicaid providers”) are contributing to our transitional care and diversion intervention projects.

### Tailored QI Expectations and Framework

In order to promote continuous quality improvement, all hospital partners receiving TCDI funding were asked to complete and submit an Improvement Charter and measurement spreadsheet articulating their aims, measures and change ideas. To support quality improvement processes and successful implementation of their change ideas, these partners are currently participating in a four-part webinar series focused on quality improvement. The webinars cover improvement theory, the Model for Improvement, measurement for improvement, developing improvement teams, testing changes using PDSA cycles, and more. Content and examples are tailored to the work of TCDI partners. Some partners also chose to participate in a training that NCACH coordinated with Collective Medical Technologies focused on optimizing the EDie platform to improve workflows.

QI expectations for EMS partners are structured differently. NCACH has tasked a regional emergency care council to coordinate and work directly with 10 EMS partners on assessments, workplans, and training that will contribute to our diversion intervention project. Efforts are designed to reduce non-acute transports to Emergency Departments, reduce the number of 911 calls that result in no transport, and to reduce hospital readmissions. In addition, there is an emphasis on enhancing collection and standardization of EMS data across our region, which will go a long way towards promoting continuous quality improvement. This has included offering regional trainings in certified ambulance documentation training as an initial step in improving data collection across providers.

### Monitoring and Support

NCACH is tracking the progress of partners receiving TCDI funding using both structured and informal feedback loops. The convening agency for EMS partners is responsible for submitting quarterly reports outlining successes, challenges, trainings offered. Hospital partners are expected to submit a brief semi-annual reports outlining their progress and barriers. NCACH is also asking that hospitals submit their measurement spreadsheet on a quarterly basis. NCACH released a short measurement guide underscoring the intent behind reporting on quarterly metrics, and outlining available technical assistance including QI webinars and/or HIT assistance from Comagine Health formerly known as Qualis Health (where EHR reports could be optimized to support quality improvement.) NCACH also scheduled one-on-one conversations following the first round of reporting to provide positive and constructive feedback on their narratives, charters and measures. NCACH staff continue to evaluate reports and share feedback with partners after each round of reports. Information gleaned from reports and conversations is shaping our support strategy and informing needed adjustments on a routine basis. For example, the QI webinar series NCACH is offering is directly responsive to challenges partners conveyed after submitting their first semi-annual report.

### Sharing Successes and Lessons Learned

Hospital partners are asked to join regular meetings of our TCDI Workgroup, which is now meeting every other month. Hospital partner updates are built in to the agenda to promote sharing of best practice processes and opportunities for improvement. Peer sharing is also encouraged during the QI webinar series. The convening agency for EMS partners is expected to review partner progress on implementation plans on a quarterly basis, and to work with NCACH to coordinate peer information sharing and learning activities to support and accelerate practice transformation efforts.

### Opioid Workgroup

Opioid Workgroup funding is supporting the work of both clinical and non-clinical partners (i.e. traditional and non-traditional Medicaid providers) as it relates to our opioid project, with an emphasis on prevention, overdose prevention, and recovery efforts. Note that Opioid Use Disorder (OUD) treatment efforts are coordinated through the WPCC via clinical providers' change plans (*see above*).

### Tailored QI Expectations and Framework

Since opioid partners and projects vary widely, a flexible narrative template was provided to partners to report on implementation progress and outcomes, including a description of milestones achieved, successes, barriers and challenges encountered, and lessons learned. Partners are encouraged to articulate project specific metrics in their applications and submit results as part of their reporting requirements. Quality improvement processes for partners receiving Opioid Workgroup funding are not as structured given their variable approaches, but reporting questions are designed to promote reflection and improvement.

### Monitoring and Support

NCACH is tracking the progress of partners receiving Opioid Workgroup funding by listening to interim verbal reports and reviewing final written reports. Due to the "rapid-cycle" nature of the Opioid Workgroup's funding model, NCACH originally expected final reports after 6 months. Based on partner feedback, the reporting time frame was increased to one year to give funded partners a longer glide path to adjust to unanticipated barriers and delays. Along with the longer timeframe, NCACH implemented a Midterm Report focused on identifying barriers and challenges. NCACH staff will review these reports and provide support and facilitation where able in order to promote success of the projects.

### Sharing Successes and Lessons Learned

To promote peer sharing, all funded partners are expected to provide two verbal reports; one to the NCACH Regional Opioid Stakeholders Workgroup, and the other to a community partner gathering of their choosing. There is no set frequency to this dissemination of lessons learned.

## Pathways HUB Lead Agency

Unlike other ACHs, NCACH is not coordinating the Pathways HUB program itself, but rather supports an existing community-based organization, Action Health Partners (AHP), as it takes on this function. Given this unique arrangement, NCACH's quality improvement strategy is focused on supporting AHP's quality improvement efforts, and their capacity to support the quality improvement efforts of contracted Community Specialist Services Agency (CSSA).

### Tailored QI Expectations and Framework

NCACH has encouraged AHP to complete and share Plan Do Study Act (PDSA) cycles as they pilot and spread the Pathways HUB model in our region. Using the reports built into the Care Coordination Systems (CCS) platform, AHP reviews process metrics systematically in order to assess and improve program quality. For example, CCS reports can show engagement rates by Pathways Community Specialist or by client type, number of Pathways initiated and completed, and total time to close a "Pathway" (complete an outcome). AHP shares a high-level summary of process metrics and program updates with our Governing Board, on a monthly basis.

### Monitoring and Support

NCACH staff are closely monitoring the planning and implementation of the Pathways Community HUB based on deliverables spelled out in MOUs. NCACH has outlined robust monitoring expectations for AHP, including monthly reports at Governing Board meetings outlining key milestones and accomplishments. Early contract deliverables focused on infrastructure building (e.g. having written policies and procedures, signed contracts with Care Coordination Agencies, training completion) and are increasingly moving towards performance expectations around specific process and outcome metrics. In addition to written monthly status reports, NCACH project staff and AHP have bi-weekly check-ins by phone and quarterly in person meetings with AHP and NCACH leadership to discuss progress during the previous quarter, plans for the upcoming quarter, and highlight areas of needed support. The meetings and reports offer ongoing opportunities to discuss course correction, whether identified by the NCACH or AHP.

NCACH and AHP have already uncovered challenges since the Pathways Community HUB's launch Fall of 2018. Given NCACH's significant interest in ensuring this nascent program's successful launch and spread, NCACH is investing in evaluation activities led by the Center for Community Health and Evaluation (CCHE) to promote AHP's success. In the spirit of continuous improvement, NCACH is moving forward with a discrete formative evaluation drawing on stakeholder interviews to understand how to increase engagement rates and also explore the need to expand our target population. The summary report should provide more clarity about current challenges and offer recommendations that can shape AHP's path forward.

### Sharing Successes and Lessons Learned

AHP provides verbal updates at monthly Governing Board meetings; these include successes and lessons learned. AHP also participates in cross-ACH Pathways HUB meetings in order to learn from other regions implementing this program.

## Coalitions for Health Improvement

Coalitions for Health Improvement (CHIs) were formed in 2014 in each public health jurisdiction (Chelan-Douglas, Okanogan, and Grant) to engage a wide variety of provider partners and stakeholders in the work of the NCACH. NCACH recently tasked the CHIs to develop a community investment process to improve health and wellness through innovative and collaborative projects that address social determinants of health.

### Tailored QI Expectations and Framework

Quality improvement expectations and framework are currently under development.

### Monitoring and Support

While specific deliverables for funded partners will vary based on project applications, NCACH anticipates requiring periodic written and verbal reports from applicants. While under development, these may include a verbal presentation to select CHIs or Governing Board and written mid-project progress reports. In an effort to enhance the monitoring process, facilitate learning, and bolster improvement activities, NCACH is considering conducting mid-project site visits to funded partners. These visits would allow the NCACH to supply additional support and technical assistance, provide an opportunity to openly discuss and reflect on project successes and challenges, and help to identify opportunities for NCACH-supported capacity building efforts.

### Sharing Successes and Lessons Learned

Required verbal and written reports will provide CHI members and their peers, as well as the NCACH, the opportunity to learn about funded projects in motion, build relationships with other community partners, celebrate successes, and understand barriers to project implementation.

## Conclusion

NCACH views its role as a coordinator, facilitator, and capacity builder to promote the success of our funded providers. As projects and funded activities evolve, NCACH is intentionally building in feedback loops to identify any need for course correction or adjustment. As described above, NCACH's approach to QIS varies based on the unique engagement mechanisms with specific types of funded partners. QI expectations and framework are much more structured for "traditional" clinical providers (based on the Institute for Health Improvement (IHI) model for improvement), while non-traditional Medicaid providers are encouraged to learn and improve through more informal mechanisms.

Generally, all funded partners are expected to submit reports and share their work with community partners. When faced with delays and/or barriers, NCACH will schedule individual meetings with organizations to discuss challenges and provide recommendations on process improvement efforts the organization might consider. NCACH strives to provide tailored guidance on next steps, as well as helpful resources. If a change in timeline does not affect reporting requirements or the implementation of projects across NCACH's portfolio, NCACH will work with partners to re-evaluate and adjust timelines, update MOUs as needed, and ensure completion under new timelines. If additional technical assistance

is needed, NCACH will work with partners to identify consultants or resources that can meet their needs, while also determining whether these could benefit other organizations participating in the project (to take advantage of economies of scale). As described under the Pathways HUB section, NCACH views program evaluation as part of its quality improvement toolbox and is prepared to invest in evaluation activities to provide further insight into things that are working well and opportunities for improvement.