Olympic Community of Health Quality Improvement Strategy

Section 1:

1.1 Methods, frequency, and format used to track progress of Medicaid Transformation Project (MTP) activities

- **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?

The Olympic Community of Health (OCH) Quality Improvement Strategy (QIS) to monitor Implementation Partner progress and connect partners to resources and technical assistance employs a foundation of consistent inputs from all Implementation Partners and offers an array of tailored supports to ensure Implementation Partner progress. OCH monitors all Implementation Partners progress in MTP activities using four methods:

Method	**Qualitative reporting**	**Quantitative reporting**	**Site visits**	**Partner Voice**
Description	Part 1: Narrative response to open-ended questions related to change plan activities including equity and value-based purchasing. Part 2: Progress to date status updates on each outcome in implementation partner change plan. Status scale options: *not started, planning, testing, limited implementation, fully implemented, scaling and sustaining*	Intermediary metrics tied to HCA MTP pay for performance metrics serve as timely indicators to assess partner status, project performance and provide opportunities for quality improvement or other course corrections	OCH staff conduct site visits at partnering provider facilities to review data in submitted reports (qualitative and quantitative) and gain better understanding of successes and barriers and develop tailored plans to meet technical assistance and training needs of Implementation Partners	Partnering providers have frequent, real-time contact with OCH through ORCA and email and other overlapping participation in meetings, committees and community events
Frequency	Bi-annual	Bi-annual	Once per year; more as needed	As needed
Timeline	January, July	February, August	Conducted throughout year	Ongoing
Format	ORCA	ORCA	In person	Informal

Acronyms used in this table:

HCA – Health Care Authority, MTP – Medicaid Transformation Project, OCH – Olympic Community of Health, ORCA – Olympic Reporting and Community Activities

The four methods outlined above provide OCH with partner-level inputs which are synthesized to gain a comprehensive understanding of each partner's progress, successes, and barriers. Inputs are also used to develop tailored support to meet identified needs, in particular when delays or issues with project implementation arise. Additionally, all partner inputs are synthesized to assess overarching regional progress, successes, barriers, and needs which inform future OCH investments in training, technical assistance, and resources.

1.2 Expectations for traditional vs. non-traditional providers

- **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?

Both traditional and non-traditional providers are expected to participate in the reporting methods outlined in 1.1 above. One difference in responsibility between traditional and non-traditional providers is that non-traditional providers do not have a Quality Improvement (QI) requirement in their Change Plan while traditional providers are required to form a QI team and use QI methods to improve care and care delivery, as outlined by the following required Outcome in the Change Plan:

> "Form and maintain a diverse quality improvement (QI) team of clinical and administrative staff with protected time to examine and improve upon clinical outcomes, quality of care, and patient satisfaction."

OCH staff encourages non-traditional providers to develop QI methods and supports efforts to do so by providing technical assistance and resources. This is not required for non-traditional providers as historically this has not been common practice across non-traditional providers. Also, non-traditional providers typically have limited staff available to participate in traditional QI teams.

Evidence of QI practices by partnering providers is evaluated in biannual qualitative progress to date reporting and in conversation during the site visit(s); QI practices can also be discussed during informal communications.

1.3 Regional framework for supporting QI work

- **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?

The OCH QIS model (Figure 1) involves continuous QI informed by multiple formal quarterly and biannual inputs from partnering providers and other data sources including Managed Care Organizations (MCOs), All Payer Claims Database (APCD), and the Health Care Authority (HCA). The OCH approach to partnering provider management is embedded within this model; the approach is the same for both traditional and non-traditional Medicaid providers. As the

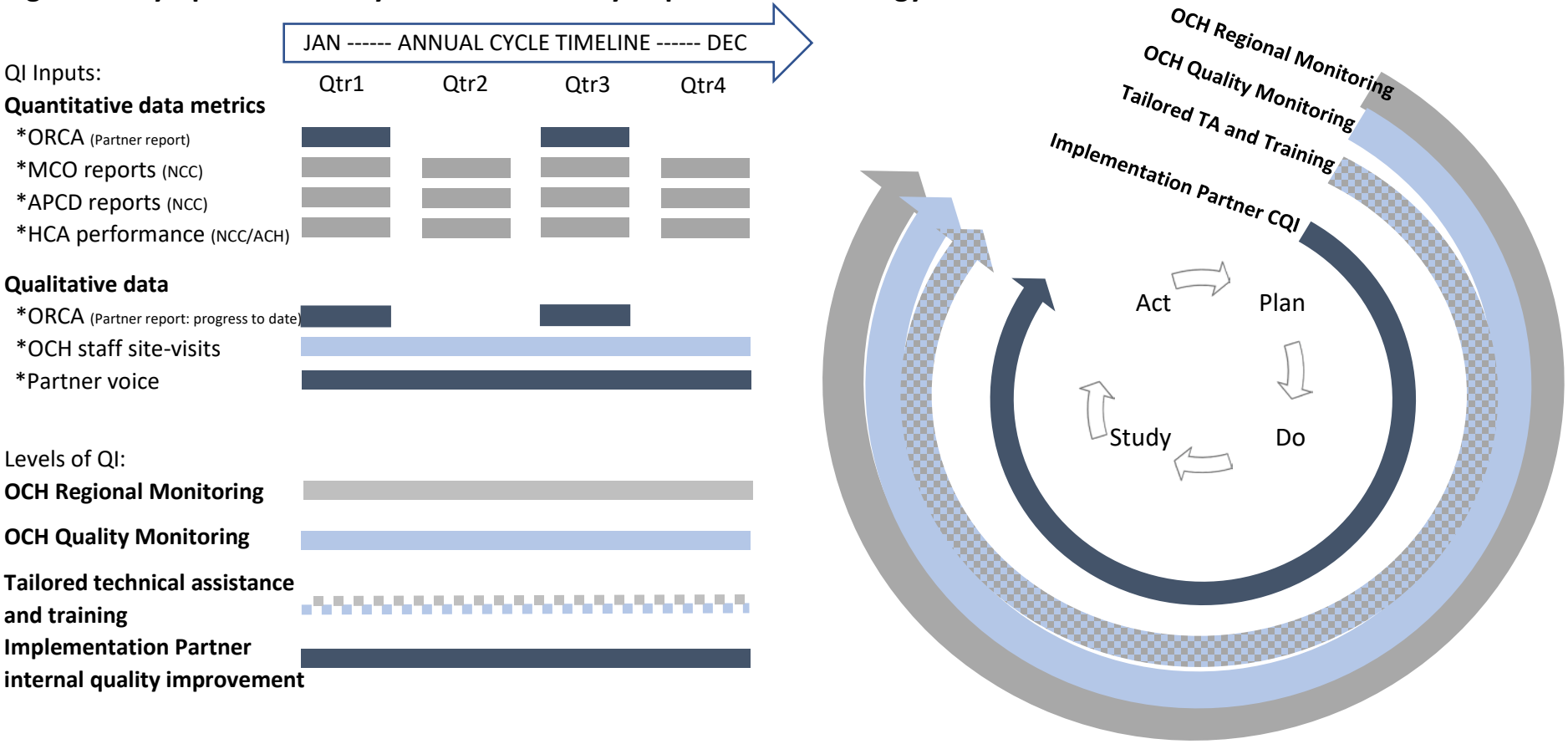
OCH region is relatively small, OCH also benefits from informal channels for ongoing, real-time connecting with partners and hear about successes and challenges (partner voice).

In Figure 1., the four concentric circles on the right depict three layers of cyclical quality improvement with responsibilities divided as follows:

- Outer grey circle is regional monitoring performed by the OCH and the Performance Measurement and Evaluation Committee (PMEC)
- Light blue circle is quality monitoring performed by OCH staff
- Grey/light blue circle is tailored technical assistance and training facilitated/coordinated by OCH staff
- Darker blue inner circle is continuous quality improvement performed and managed internally by each partnering provider. OCH confirms that partnering providers are engaging in their internal QI process regularly as this is a requirement in the change plan (see 1.2 above) but OCH does not oversee partnering providers' internal QI process.

The bars on the left of Figure 1 are color coded to show who is responsible for which element of the OCH QIS, and the timeline/frequency.

Figure 1. Olympic Community of Health: Quality Improvement Strategy v.2.0



APCD: All Payer Claims Database
CQI: Continuous Quality Improvement
HCA: Health Care Authority
MCO: Managed Care Organization
NCC: Natural Community of Care (geographic areas of Clallam, Jefferson and Kitsap counties)
ORCA: Olympic Reporting and Community Activities
PMEC: Performance Measurement and Evaluation Committee

Section 2:

2.1 Supporting partners

- **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?

Partnering providers and OCH staff are in frequent communication through emails, phone calls and overlapping participation in meetings, committees, and community events; additionally, partnering providers and OCH staff engage in formal one-on-one communications during at least one annual site visit. Communication of needed supports from the OCH can occur as part of a site visit or through any other formal or informal communication channel.

OCH staff and partnering providers review submitted quantitative and qualitative inputs and either can identify areas for course correction or adjustment based on these inputs. Partnering providers can use other internal mechanisms to identify needed course corrections/adjustments as well. Communication of those or other needed corrections/adjustments occurs in a site visit or through written communication. OCH supports partnering providers in making necessary course corrections/adjustments in the following ways:

- Provision of tailored or shared technical assistance or training by content area or geography to learn from experts and/or regional champions for peer learning and a train-the-trainer approach to support the spread of best practices (as outlined in "Stage 3 Scale and Sustain" tab in updated Implementation work plan workbook)
- Flexibility for Implementation Partners to reprioritize Change Plan activities to best suit pace, needs and opportunities of each individual organization
- Opportunity for Implementation Partners to revise the Change Plan on annual basis. Once a year in November, partnering providers are asked to reflect any changes in transformation approaches by amending the scope of their Change Plan by adding or subtracting non-required outcomes and tactics or amending timelines. Partnering providers must provide a written explanation to describe and communicate any such changes.

2.2 Disseminating Information

- **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?

OCH uses the following mechanisms to synthesize and disseminate successful transformation approaches and lessons learned:

- Implementation Partner inputs (qualitative and quantitative inputs and site visit summaries) are synthesized by OCH at least twice annually and shared with all partners at the summer regional and winter natural community of care convenings and with the Board of Directors
- Partner convenings (regional, summer and by natural community of care, winter) feature presentation and discussion of HCA pay for performance quantitative data and annual targets, partner success stories, and partner networking
- Facilitated convenings of partners by sector (primary care, behavioral health, integrated physical health/behavioral health, community-based organizations/social services, hospital) for peer to peer success stories and problem solving
- Facilitated trainings for partners by topic
- Partner spotlights are shared in monthly e-newsletters distributed to the OCH broad dissemination list
- Weekly community briefing email with includes upcoming meeting, events, resources, trainings and updates
- Community resource boards in ORCA with example policies, procedures, standards of practice, etc. available to partners