

Transformation Plan Initial Progress Report Template Cascade Health Alliance

This form is a pre-populated template for Cascade Health Alliance's Transformation Plan Benchmark Report requirement. Use of this form is not required, but the elements outlined below do represent the required elements for reporting for each Transformation Area. You are welcome to use your Innovator Agent to assist you in the completion of this report.

Please send your completed Transformation Plan Benchmark Report to the CCO Contract Administrator, David Fischer (DAVID.H.FISCHER@state.or.us) by no later than 5:00 pm on Friday, July 31, 2015.

Transformation Area 1: Integration of Care

Benchmark 1	Increase the number of Members in Service Area who have a diagnosis of Severe and Persistent Mental Illness (SPMI) conditions and a diagnosis of diabetes who had HgbA1C and LDL laboratory tests.
How Benchmark will be measured (Baseline to December 1, 2014)	CHA will have a 15% increase in the number of members with SPMI diagnosis and diabetes that receive HbA1c and LDL testing from the December 2012 baseline: HbA1c = 72.73% LDL-C= 72.73%.
Milestone(s) to be achieved as of July 31, 2014	Contractor attains 10% improvement over Baseline measurement.
Benchmark to be achieved as of December 1, 2015	Contractor attains 20% improvement over Baseline measurement.

1. a) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

Activity <i>(Action taken or being taken to achieve milestones or benchmarks)</i>		Outcome to Date	Process Improvements
1.	Exploring embedding a BH Provider in clinics.	We have embedded BH specialists in our two largest PCPCHs and are planning implementation in a third clinic.	Evaluate the fiscal impact of this activity. We would like to expand this program to the full network but that is still in the planning phase.
2.	Invite consultant from Transformation Center to assist with the integration concept.	Consultant will be on-site in September.	Invite stakeholders to join in the discussion.
3.	Klamath Basin Behavioral Health has hired a PCP liaison to assist in the care of SPMI patients.	Improved coordination with PCPs.	Propose this concept to the other BH providers

1. b) Please note whether benchmark(s) were met with a “yes” or “no” for each benchmark.

CHA has not met the benchmarks for this transformation area.

1. c) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

CHA has experienced hesitation from local stakeholders in implementing the integrated care concept. State funding for integration has ceased, and thus providers have been de-incentivized from the concept.

1. d) Describe any strategies you have developed to overcome these barriers and identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

Exploring putting BH provider in clinics. KBBH has hired a primary care physician liaison to provide information to physicians about SPMI patients. Dan Reece from the Transformation Center is coming to meet with CHA about overcoming barriers to BH integration.

1. e) How was the Community Advisory Council involved in the activities for this transformation area?

The CAC has identified chronic illness as a high level objective on the CHP. The CAC has been working on developing “Living Well with Chronic Disease” classes. Training for those classes will begin at the end of July.

1. f) How was the CAC informed of the outcomes for activities in this transformation area?

The CAC is updated during their monthly meetings.

Transformation Area 2: PCPCH

Benchmark 2	Increase the # of Members assigned to a recognized PCPCH clinics.
How Benchmark will be measured (Baseline to July 1, 2015)	<ul style="list-style-type: none"> • Contractor will measure the number of Members assigned to a recognized PCPCH at each tier level • Contractor will measure percentage of PCPs in contracted network reimbursed for PCPCH status per APM.
Milestone to be achieved as of December 2013	<p>December 2013 50+% of enrollees will be assigned to a PCPCH.</p> <p>Calendar year 2014 75% of enrollees will be assigned to a PCPCH.</p> <p>Calendar year 2015 100% of enrollees will be assigned to a PCPCH.</p> <p>CHA will meet the requirements of each year of the PCPCH-related Incentive Metric, rounds 1 and 2.</p> <p>100% of contracted PCPCH facilities in CHA’s area will be reimbursed at least for their PCPCH status per the Alternative Payment Methodology.</p>
Benchmark to be achieved as of December 1, 2015	<ul style="list-style-type: none"> • 100 % of Members will be assigned to a certified PCPCH at any tier level. • CONTRACTOR will have all PCPCH certified Providers contracted using

	consistent Alternative Payment Methodologies.
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2. a) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

Action Taken or Being Taken to Achieve Milestones or Benchmarks		Outcome to Date	Process Improvements
1.	One on one meetings with providers and clinic administration.	An Integration Task Force has been established and will meet on a monthly basis to discuss barriers and opportunities.	Offer provider and staff the opportunity to voice concerns. Task force members will be given action items at each meeting with the goal of identifying solutions to barriers.

2. b) Please note whether benchmark(s) were met with a “yes” or “no” for each benchmark.

CHA has not met the benchmarks for this transformation area.

2. c) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

When this Area of Transformation was developed there were financial incentives to become a PCPCH. These incentives have been eliminated, which shifted the clinic perspective: clinics are no longer interested in becoming PCPCHs because of the additional cost and no associated financial incentive.

2. d) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

The CHA team has met with providers to encourage them to become PCPCHs . In addition, CHA has modified our Alternate Payment Methodologies to only offer PCPCH’s the opportunity to earn those financial incentives for meeting the state’s improvement target.

2. e) How was the Community Advisory Council involved in the activities for this transformation area? The chairperson of the CAC is a physician at one of the PCPCHs. She has been very involved in discussions and understands the importance of PCPCHs.

The CAC Chair is an active participant in PCPCH development discussions and is supportive of the concept.

2. f) How was the CAC informed of the outcomes for activities in this transformation area? Informed as necessary by the chairperson.

The CAC chair updates the committee as necessary.

Transformation Area 3: Alternative Payment Methodologies

Benchmark 3	Reward successful Primary Care Providers (PCPs, PCPCH clinics) via a shared savings program, as measured by metrics improvement from 2011 benchmarks for assigned Members in the PCP/PCPCH clinics care.
How Benchmark will be measured (Baseline to July 1, 2014)	<p>January - March 2014 Determine degree of CCO compliance (“meeting at least 12.6 Metrics including EHR), and correcting any anomalous data affecting this compliance rate.</p> <p>April - June 2014 Develop reporting system to allocate the percentage of compliance with each Incentive Metric on a PCPCH or facility basis.</p> <p>July 2014 Disburse Metric Pool funds based on the developed APM, tracking for future comparison the relative contribution of the various PCPCHs/facilities to the overall success of the Metric program</p>
Milestone to be achieved as of July 1, 2014	CHA will develop policies that are approved by Committees and Directing Boards on Alternative Payment Methodologies to be piloted with Providers and

	recognized PCPCH clinics by July 1, 2014.
Benchmark to be achieved as of July 1, 2015	100 % of contracted providers will be a tier 1, 2 or 3 PCPCH clinics.

3. a) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Action Taken or Being Taken to Achieve Milestones or Benchmarks	Outcome to Date	Process Improvements
1.	CHA is developing a dashboard that will compare metrics performance by clinic.	Still in development.	Clinic to clinic competition will improve metrics performance.
2.	PCPCH development language was clarified in 2015-2017 Transformation Plan.	States a more realistic outcome for this area.	APM methodology may provide enough incentive to shift the financial concern for providers.

3. b) Please note whether benchmark(s) were met with a “yes” or “no” for each benchmark.

July 1, 2014 Benchmark: Yes, CHA distributed 2013 and 2014 incentive metric funds based on the Alternate Payment Methodology.

July 1, 2015 Benchmark: No. Due to the termination of state incentives, CHA has been unable to achieve this benchmark.

3. c) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

When this Area of Transformation was developed there were financial incentives to become a PCPCH. These incentives have been eliminated, which shifted the clinic perspective: clinics are no longer interested in becoming PCPCHs because of the additional cost and no associated financial incentive.

3. d) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

CHA is developing a dashboard that will report metric progress at the clinic level. This will provide a competitive challenge for each clinic to improve their stats. Additionally, CHA clarified language in 2015-2017 transformation plan to better address PCPCH development progress.

3. e) How was the Community Advisory Council involved in the activities for this transformation area?

The CAC has little involvement in APM's.

3. f) How was the CAC informed of the outcomes for activities in this transformation area?

The CAC has little involvement in APM's.

Transformation Area 4: Community Health Assessment and Community Health Improvement Plan

Benchmark 4	Continuing efforts to identify areas of health improvement in the Community Health Assessment and completion of a Community Health Improvement Plan (CHIP) for Klamath Falls and surrounding areas.
How Benchmark will be measured (Baseline to July 1, 2015)	Timely submission of the Community Health Needs Assessment and the Community Health Improvement Plan.
Milestone to be achieved as of July 1, 2014	<ol style="list-style-type: none"> 1. Selection of CAC member's by Jan. 31, 2014. 2. First CAC meeting by Feb. 2014. 3. Sept.1, 2015, the Community Health Improvement Plan will be developed and approved by CAC.
Benchmark to be achieved as of September 1, 2015	<ol style="list-style-type: none"> 1. Launch of "Healthy Klamath" website, completed in early 2013. 2. The CAC is being reconvened and members are being selected. First meeting will occur by Feb., 2014. 3. Quarterly meetings with all partners and stakeholders in developing the Community Health Improvement Plan. 4. CHIP completed and approved by CAC September 1, 2015.

4. a) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

Action Taken or Being Taken to Achieve Milestones or Benchmarks		Outcome to Date	Process Improvements
1.	CAC developed and meeting regularly.	Active input in CHA's improvement processes.	Considering increasing committee size to ensure robust participation from membership.
2.	Healthy Klamath Website launched.	Members are able to access understandable information about their health.	Consider using social media and other resources to promote the website to our membership.
3.	CHIP developed and submitted.	Provides CAC with an action plan.	Increased committee size will empower the CAC to be proactive on their initiatives.

4. b) Please note whether benchmark(s) were met with a "yes" or "no" for each benchmark.

Yes, each benchmark was met.

4. c) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

None

4. d) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

No barriers identified.

4. e) How was the Community Advisory Council involved in the activities for this transformation area?

The CAC worked diligently to complete the CHP prior to the deadline. The CHP was completed in 12/14 and the CHP Progress Report was submitted on 06/30/15.

5. f) How was the CAC informed of the outcomes for activities in this transformation area?

The CAC is an integral and active part of the CHIP and will be directly involved in many of the activities.

Transformation Area 5: EHR, HIE and meaningful use

Benchmark 5	Percentage of Participating Providers in Contractor’s network that participate in the Jefferson Health Information Exchange (JHIE) for information sharing across care Contractor’s provider settings.
How Benchmark will be measured (Baseline to July 1, 2015)	Measure the number of local contracted providers enrolled in JHIE from 01/01/2013 baseline.
Milestone to be achieved as of December 31, 2014	Contractor attains a 10% increase JHIE users sharing data across provider care settings as measured by the number of enrolled local providers.
Benchmark to be achieved as of July 1, 2015	Contractor attains a 20% increase over the Baseline of eligible JHIE users sharing data across care settings as measured by the number of enrolled local providers.

5. a) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

Action Taken or Being Taken to Achieve Milestones or Benchmarks		Outcome to Date	Process Improvements
1.	CHA invested in JHIE.	The program has not yet met expectations.	Regular meetings with JHIE staff to identify problems and recommend solutions.

5. b) Please note whether benchmark(s) were met with a “yes” or “no” for each benchmark.

No.

5. c) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

JHIE has experienced programmatic challenges that have delayed the milestones and benchmarks for this area.

5. d) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

CHA is participating in regular feedback meetings with JHIE to discuss problems and possible solutions.

5. e) How was the Community Advisory Council involved in the activities for this transformation area?

The CAC has no involvement in the JHIE area.

5. f) How was the CAC informed of the outcomes for activities in this transformation area?

The CAC has no involvement in the JHIE area.

Transformation Area 6: Communications, Outreach and Member Engagement

Benchmark 6	Cascade Health Alliance will encourage, explore and adopt policies and procedures that assist providers in communication, outreach, member engagement and those services are tailored to the cultural and linguistic needs of members with diverse backgrounds and values supporting the dignity of all members.
How Benchmark will be measured	Contractor will track activities of SLWC (and report to the CHA CAC), the

(Baseline to July 1, 2015)	dissemination and processing of surveys to provider facilities per transformation plan, and the hiring progress of THWs
Milestone to be achieved as of December 31, 2014	<ul style="list-style-type: none"> • Surveys sent and returned from provider offices, needs of providers and staffs documented. • Cultural Competency training program developed and available on CHA website by December 2014. • Training on cultural competence policies completed by July 2015. • Presentation and commentary on the SLWC GIS-mapping and healthcare disparities study and the recommended intervention set by the CHA community Advisory Committee by Fall, 2014. • THWs, as above.
Benchmark to be achieved as of July 1, 2015	<ul style="list-style-type: none"> • Surveys sent, reviewed and reported to the CAC and internal committee's/Board of findings July 2014. • Member materials available on website in Spanish and by audio. • Cultural competency policies and training materials available on CHA website and disseminated to all providers by December of 2014. • Development of a community wide intervention set as part of the SLWC program to address obesity, diabetes and other chronic health issues by overcoming barriers in culture, language and economic disparity by July, 2014. • At least 1-2 Spanish-speaking CHWs hired and in service by Fall, 2014.

6. a) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

	Action Taken or Being Taken to Achieve Milestones or Benchmarks	Outcome to Date	Process Improvements
1.	Invited Transformation Center consultant to provide member engagement training.	Training upcoming.	
2.	Member handbook is available online, in Spanish and in audio.	Improved access for our members.	NoAs, appeals, and NOARs still to be translated.

3.	Cultural Diversity Training offered on CHA website.	Option for providers who do not already have training in place.	Work to improve the percentage of participation.
4.	Additional THW (now CHW) hired. One CHW is Spanish speaking, another is a former CHA member.	Improved member experience. CHA adapts to the needs of the member.	

6. b) Please note whether benchmark(s) were met with a “yes” or “no” for each benchmark.

Yes, each benchmark was met.

6. c) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

Finding official certified translators.

6. d) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

CHA plans to use Transformation Technical Assistance funds to train staff and CAC members in member engagement.

CHWs are culturally appropriate, i.e., Spanish speaking, former Medicaid member, have had a chronic disease themselves.

6. e) How was the Community Advisory Council involved in the activities for this transformation area?

The CAC provides input on member materials.

7. f) How was the CAC informed of the outcomes for activities in this transformation area?

The CAC is informed of progress or concerns during their monthly CAC meetings.

Transformation Area 7: Meeting the culturally diverse needs of Members

Benchmark 7	Increase the number of PCP, PCPCH or specialist practice sites completing cultural diversity training programs.
How Benchmark will be measured (Baseline to July 1, 2015)	Cultural Diversity training completed by CHA’s contracted providers.
Milestone to be achieved as of December 31, 2014	Contracted providers engage in training related to cultural competencies and 50% complete the training by December 2014.
Benchmark to be achieved as of December 30, 2015	December 30, 2015: 80% of Providers have received training on cultural competence from CHA policy and the OE&I webinars that correlate with policies for cultural diversity.

7. a) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

Action Taken or Being Taken to Achieve Milestones or Benchmarks		Outcome to Date	Process Improvements
1.	Cultural Diversity Training is offered on CHAs website.	Increased training access to the providers.	Increase provider awareness of the online training. Baseline training data will be established which will provide CHA staff with information on which providers are lacking the training and what CHA can do to facilitate the process.
2.	Cultural Diversity Training is a segment of the annual Provider Training.	Increased training access to the providers.	Increase provider and staff attendance at annual training.

7. b) Please note whether benchmark(s) were met with a “yes” or “no” for each benchmark.

No.

7. c) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

CHA needs to increase provider engagement to ensure they are aware of the trainings available for them and their staff.

7. d) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

A provider participation survey was recently conducted, and included an option to request assistance with Cultural Diversity Training. Those requesting assistance will be given the resources to meet this requirement.

7. e) How was the Community Advisory Council involved in the activities for this transformation area?

The CAC has no involvement with provider training at this time.

8. f) How was the CAC informed of the outcomes for activities in this transformation area?

The CAC is notified in their monthly meetings as cultural diversity issues arise.

Transformation Area 8: Eliminating racial, ethnic and linguistic disparities

Benchmark 8	Data acquisition to allow mapping of sub-populations that are experiencing barriers to care on the basis of race, language or culture (including the “culture of poverty”, likely to be Klamath County’s largest at-risk cultural entity). Develop processes that will address the issues in the relevant groups, including the education of providers in the area, and the CHW cadre to break down the barriers to care that are identified.
How Benchmark will be measured (Baseline to July 1, 2015)	Collection of race, ethnicity and language data from PCPCH and OE&I. Collaborate with the Sky Lakes Wellness Center in its GIS-population and disparities study currently just getting underway. See prior Transformation Plan sections.

	Count the number of members of ethnic type 2013 and all consecutive years to identify penetration rates for PCP utilization, ED utilization.
Milestone to be achieved as of December 31, 2015	Contractor will have a THW cadre fully incorporated into the provider panel of the CCO and available to members who need assistance in navigating the health care system, by December 31, 2015.
Benchmark to be achieved as of December 31, 2015	Reduce the number of ED visits by members of the identified at-risk sub-populations by 20% by December 31, 2015. Increase the number of PCP and early prenatal visits by 20% in the at-risk sub-populations by 20% by December 31, 2015.

8. a) Please describe the actions taken or being taken to achieve milestones and/or benchmarks in this transformation area. For each activity, describe the outcome and any associated process improvements.

Action Taken or Being Taken to Achieve Milestones or Benchmarks		Outcome to Date	Process Improvements
1.	Member handbook is now available online in Spanish and audio. CHA website can be translated to 52 various languages.	Reduced racial, ethnic and linguistic disparities.	Translate NOAs, appeals and NOARs to Spanish.
2.	Spanish speaking CHW part of the CHW team.	Improved service to our Spanish speaking members.	Continue to hire diverse team members.

9. b) Please note whether benchmark(s) were met with a “yes” or “no” for each benchmark.
Yes.

8. c) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

Staffing shortages and lack of qualified translation contractors have hindered the progress of translating the NOAs, appeals and NOARs.

8. d) Describe any strategies you have developed to overcome these barriers. Identify any ways in which you have worked with OHA (including through your Innovator Agent or the learning collaborative) to develop these alternate strategies.

Products that require translation will most likely be sent to an out-of-state contractor.

8. e) How was the Community Advisory Council involved in the activities for this transformation area?

The CAC provides input on membership materials and member engagement.

8. f) How was the CAC informed of the outcomes for activities in this transformation area?

The CAC is updated during their monthly meetings.