FCI, Inc. (FCI) Transformation Plan Milestone Report

July 1, 2014

Please send your completed Transformation Plan Milestone Report to the CCO Contract Administrator, David Fisher (DAVID.H.FISCHER@dhsoha.state.or.us) by no later than 5:00 pm on July 1, 2014.

Transformation Area 1: Integration of Care

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

	Activity *(Action taken or being taken to achieve milestones)*	**Outcome to Date**	**Process Improvements**
1.	Collaborate with dental services Providers to determine appropriate risk analysis protocols and establish data collection process, by July 2014.	FCI continues to collaborate with providers to encourage risk assessment for dental caries. In an effort to address screening risks, FCI provides First Tooth training to primary care providers. Providers are trained how to assess the patient/members risk for dental caries and to take appropriate referral action to have the patient/member see a dentist for treatment. The data for this work is collected using dental-specific codes. In collecting the data, FCI will see how effective primary care dental screening and fluoride	FCI increased integration of dental care awareness into the Baby Care program. The Baby Care program team and the FCI dental hygienist work with members who are pregnant to ensure the member understands the availability of dental providers and importance of oral health during pregnancy. If a pregnant member has questions regarding their oral health, the dental hygienist helps address questions and assists in obtaining a dental home. When needed, oral health cases are established and followed through by the dental hygienist. All notes and communications are available to the program team. The case is closed when

		varnishing is in preventing dental decay in members 0-5 years of age. A decrease in dental decay and less use of hospital dentistry is the goal.	the oral health concerns of the member have been addressed to the members' satisfaction.
2.	Collaborate with dental services Providers to establish appropriate care management process, by July 2014.	FCI is committed to working with the dental provider to establish good oral health care for members. When members contact FCI regarding questions about oral health care, a request is entered in Vital and followed up by the dental hygienist. The dental hygienist contacts the member to discuss concerns and make notes accordingly in order to ensure concerns are shared with the appropriate dental office. The goal is to achieve the best care for the member in a timely manner.	FCI, in collaboration with the DCO's, has established a bi-weekly phone conference in which barriers to providing care are addressed and, together, a resolution is achieved. All of the dental care organizations are encouraged to participate in the phone conference. Items that may be discussed are assigning member to DCO's; changing providers frequently; the handling of NOA's; and, the hearing process for appeals. This phone conference is one method for ensuring good integration and quality health care for members.
3.	Offer SBIRT training to all contracted PCPs, by December 2013.	SBIRT training is currently available to all FCI contracted providers. Instructed by an FCI-hired consultant (Jim Winkle, OHSU), these trainings occur on a regular basis and foster implementation of SBIRT across the network. Twenty-five (25) sites have had training to-date. Most recently, trainings have focused on providers with adolescent patients. FCI is working closely with the Oregon Pediatric Society to develop adolescent population-specific SBIRT standards.	Extensive evaluation of provider implementation of SBIRT has occurred. Although many providers implemented SBIRT in 2013 immediately after training, claims data did not reflect this implementation for a variety of reasons. Clinic investigations identified root causes related to billing problems. Since then, claims data documentation of the process has improved.

1 b.) Please describe any barriers to achieving your milestones in this Transformation Area.

Care management integration between physical and dental health can be challenging due to FCI's subcontracted dental providers using different electronic systems. (2. Collaborate with dental services Providers to establish appropriate care management process)

SBIRT training has been well received, but the coding in the appropriate manner has been difficult to implement. (3. Offer SBIRT training to all contracted PCPs)

1 c.)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.

Increasing integration between FCI, members and subcontracted dental care organizations by hiring an FCI dental hygienist to serve as liaison between all stakeholder groups. (2.Collaborate with dental services Providers to establish appropriate care management process)

Delivery of ongoing training for providers on SBIRT billing and increasing communication between FCI and providers regarding claims data and. (3. Offer SBIRT training to all contracted PCPs)

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

FCI's Community Advisory Council receives regular updates on all FCI transformation activities.

1 e.) How was the CAC informed of the outcomes for activities in this transformation area? **See above.**

Transformation Area 2: PCPCH

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

Activity *(Action taken or being taken to achieve milestones)*		Outcome to Date	Process Improvements
1.	Identify barriers to clinics achieving Tier 3 status by October 2013.	FCI Medical Director and staff have conducted extensive outreach, training and assistance customized to individual provider/clinic/site needs. Based on June 2014 enrollment numbers, 74% of all FCI CCO members have been assigned to a Patient Centered Primary Care Home (PCPCH); and, 73% of all FCI CCO members have been assigned to a Tier 2 or Tier 3 level provider. FCI believes these results are impressive given the 100% increase in membership since December 31, 2013.	FCI will continue to work with providers/clinics/sites that have not achieved Tier 3 status.
2.	Implement payment model to contracted PCPs to encourage PCPCH status, by July 2014.	In April, 2013, fifteen (15) pediatric sites successfully transitioned to a payment model that rewarded PCPCH certification and stratified by tiers. All practices in this group not previously certified have been certified with several practices moving to higher tiers.	FCI has formed a committee that is looking at alternative payment and reimbursement strategies, including incentives or recognition of PCPCH status. Incentivizing pediatric practices to become PCPCH certified was very successful, and we are considering the same model across the network FCI is currently planning a new network-wide payment model for primary care in Jan. 2015. FCI is

			currently evaluating the pros/cons of PCPCH certification being one of the factors in the payment model.
3.	50 % of Members are assigned to a Tier 2 or Tier 3 PCPCH by July 1, 2015	FCI exceeded this benchmark as of Dec. 2013, well in advance of the July 1, 2015 deadline.	N/A

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

None at this time; FCI exceeded this benchmark 18 months in advance of the deadline. FCI will continue to work with those providers that are having difficulty achieving Tier 3 status.

1 c.)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.

OHA has provided support and training related to PCPCH certification which has helped FCI and its providers achieve significant success on this measure. FCI is currently in the process of hiring a practice support coach to assist remaining practices with PCPCH certification and practice transformation.

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

FCI's Community Advisory Council receives regular updates on all FCI transformation activities.

1 e.) How was the CAC informed of the outcomes for activities in this transformation area? **See above.**

Transformation Area 3: Alternative Payment Methodologies

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

Activity *(Action taken or being taken to achieve milestones)*		Outcome to Date	Process Improvements
1.	Develop a policy to consistently apply Alternative Payment Methodology to various Participating Providers, by July 2014.	FCI is currently in the process of developing alternative payment methodology options that will work for the different types of practices in our network. FCI currently supports multiple methodologies for primary care providers, including primary care capitation, shared savings, blended models, quality incentives and fee-for-service. The plan is to have standardized options prepared in advance of the 2015 contracting year.	N/A
2.	Review and assess Participating Provider contracts to determine if Alternative Payment Methodology is appropriate for that Provider type, by October 2013.	Many of FCI's primary care providers already participate in contracts that contain alternative payment methodologies. FCI has a long history of introducing innovative payment methodologies that encourage and reward the achievement of both cost savings and quality improvement. FCI is currently looking at expansion of these payment methodologies in contract renewals with existing providers, as well as new provider types.	As part of its committee work, FCI identified a need to have summary information regarding the number of participating providers relative to reimbursementmodels. This information will be used to further discussions of the committee and to track and monitor the impact of alternative payment methodologies. FCI has formed a committee that is looking at additional alternative payment and reimbursement strategies to further align provider incentives with the focus on

			measurable quality outcomes for members. FCI holds quarterly meetings with each contracted primary care group. These discussions include a ideas for alternate payment methodologies tied to cost savings and/or quality improvement.
3.	Survey Participating Providers to determine level of interest in accepting Alternative Payment Methodology, by December 2013.	See discussion above; level of interest has been assessed as part of FCI's quarterly meetings with contracted primary care groups. Additional work is being done in 2014 to assess interest of non-primary care providers. Providers are indeed interested in new payment methodologies that support medical home concepts and practices. FCI is currently meeting with different types of practices to develop new payment options.	See discussion above.

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

The FCI provider network represents a variety of primary care practice model (independent solo, independent groups, FQHC's, and system level practices). One payment methodology will not meet the needs of the various practice model. FCI is currently working with each of the groups to develop appropriate payment methods that will align the incentives for members, the practice, and the CCO in working together to achieve the triple aim.

1c.)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. **N/A**

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

FCI's Community Advisory Council receives regular updates on all FCI transformation activities.

1 e.) How was the CAC informed of the outcomes for activities in this transformation area? **See above.**

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

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

Activity *(Action taken or being taken to achieve milestones)*		Outcome to Date	Process Improvements
1.	Work with Community partners to gather data, by September 2013.	FCI's Council has used assessment data from the Healthy Columbia Willamette Collaborative, as well as internal FCI member, to inform the direction of FCI's Improvement Plan.	See discussion at left. Regional collaborative assessment efforts of this type are encouraged to avoid duplication.
2.	Review and assess data to develop a Community Health Assessment (CHA), by October 2013.	Representatives of the analytical team at Healthy Columbia Willamette Collaborative presented both the data and conclusions from the Collaborative's work to FCI staff and to FCI's Community Advisory Council.	FCI has participated in ongoing discussions with the Healthy Columbia Willamette Collaborative related to opportunities for improving the Collaborative's next assessment cycle.
3.	Present CHA to Community Advisory Council (CAC), by October 2013.	FCI's CAC has used the assessment data from the Healthy Columbia Willamette Collaborative, as well as internal FCI member, to inform the direction of FCI's Improvement Plan.	N/A
4.	Draft CHIP for CAC review, by October 2013.	FCI's Council created a workgroup of its members to draft the Improvement Plan. The workgroup met over ten times to develop the detail objectives and measures for inclusion in the Improvement Plan. The workgroup provided the full Council with monthly progress reports and received input from the	N/A

		full Council on future direction of the workgroup.	
5.	CAC adopt CHIP by December 2013.	In May 2014, FCI's Council adopted the Improvement Plan, based on workgroup's recommendations. The Improvement Plan was presented by the Council to FCI's Board of Directors on May 20, 2014. The Board unanimously approved the Improvement Plan as presented.	N/A

1 b.) Please describe any barriers to achieving your milestones in this Transformation Area.

N/A

1 c.)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.

FCI's Innovator Agent has provide crucial support and guidance to the Council and FamilyCare during this formative period.

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

See above.

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

See above.

Transformation Area 5: EHR, HIE and meaningful use

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

Activity *(Action taken or being taken to achieve milestones)*		Outcome to Date	Process Improvements
1.	Work with OHA to develop a statewide Health IT solution, by July 2014.	FCI is actively engaged with OHA through HITAG to develop statewide HIT solutions. Planning is in progress for a statewide electronic Provider Directory, the growth of Health Information Exchange services, and the electronic sharing and analysis of clinical quality metrics.	N/A
2.	Assess current Participating Provider use of Electronic Health Records via survey, by December 2013.	FCI developed and administered a 30 question survey to assess its participating providers use of EHR's and HIE. Per the survey, more than 80% of FCI network providers are currently using an EHR platform in clinical settings, and many of those are using their EHR to support compliance with Meaningful Use (MU) standards. The 80% adoption rate among FCI providers is one of the highest in the state.	N/A
3.	Identify barriers to Participating Provider use of Electronic Health Records and health information exchange (HIE), by December 2013.	Per the survey, approximately one third (39%) of the responding member practices plan to participate in health information exchange. The most common type of information exchange included participation in the State's ALERT Immunization Registry,	FCI will further review the reasons/barriers for the low level of intended sharing of clinical information with CCO's and the State using HIE to determine what interventions or assistance could be provided to increase actual sharing in the future.

		followed by HIE with hospitals. Of all responding member practices, only 15% stated that they were planning to share clinical information with CCOs and the State using HIE.	Feedback FCI has received indicates providers are challenged with connecting to payers/CCOs individually to share clinical data. A consolidated HIE service where providers and payers connect would minimize the technical and financial impact on providers.

1 b.) Please describe any barriers to achieving your milestones in this Transformation Area. **N/A**

1 c.)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. **N/A**

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

FCI's Community Advisory Council receives regular updates on all FCI transformation activities.

1 e.) How was the CAC informed of the outcomes for activities in this transformation area? **See above.**

Transformation Area 6: Communications, Outreach and Member Engagement

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

Activity *(Action taken or being taken to achieve milestones)*		Outcome to Date	Process Improvements
1.	Assess Medicaid portion of website to determine compliance with ADA requirements, by December 2013.	As a result of the review FCI: Made improvements in accessibility for visually impaired users whether they rely on screen readers or not. Ensured 12-point minimum font and implementing user-adjustable font scaling size across the entire site Deployed "skip to content" links, improving contrasts, and limiting use of unordered lists Will be adding configurable translation tool for languages other than English	FCI will conduct ongoing checks for ADA compliance, identifying and correcting any deficiencies periodically throughout the year.
2.	Conduct Member survey and review CHA to identify potential gaps in language or culturally-specific delivery of materials, by July 2014.	FCI has used the population data and community health information produced by the Healthy Columbia Willamette Collaborative, as well as internal FCI member data, to inform the design and distribution of culturally-specific education materials to	FCI will continue to find ways to fully integrate the Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, including the principal CLAS standard, to "provide effective, equitable,

		promote the self-management and the prevention and care of chronic conditions. The goal is to foster the skills needed to assist members in managing their own health. FCI has contracted with the Asian Health and Service Center to provide language translation services for materials needed for multiple Asian languages. This project serves as a model for collaborative partnerships in other diverse communities with the FCI service area.	understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

1 b.) Please describe any barriers to achieving your milestones in this Transformation Area. **N/A**

1 c.)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. **N/A**

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

FCI's Community Advisory Council receives regular updates on all FCI transformation activities.

1 e.) How was the CAC informed of the outcomes for activities in this transformation area? **See above.**

Transformation Area 7: Meeting the culturally diverse needs of Members

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

Activity *(Action taken or being taken to achieve milestones)*		**Outcome to Date**	**Process Improvements**
1.	Collect Member data on preferred language via survey, by December 2013.	FCI has been meeting with the state and other CCOs weekly to discuss ongoing Enrollment (834) barriers. One large barrier identified early on in the expansion period was the lack of Race/Ethnicity information from the 834s. FCI has been sending examples to providers for them to share with the state planned coordinator. The goal is to foster research into other ways to obtain this information. In the meantime, FCI has been working with community partners to record race and ethnicity information on site at community centers that has been confirmed by the members they. FCI is interested in working with the state to identify a process for exchanging information such that 834 eligibility files can be corrected at the source.	N/A
2.	Collect Participating Provider data on languages spoken, by December 2013.	See response above.	N/A
3.	Work with OHA to identify barriers to	See response above.	N/A

	providing race and ethnicity data on Member enrollment files, by December 2013.		

1 b.) Please describe any barriers to achieving your milestones in this Transformation Area. **See Above**

1 c.)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. **N/A**

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

FCI's Community Advisory Council receives regular updates on all FCI transformation activities.

1 e.) How was the CAC informed of the outcomes for activities in this transformation area? **See above.**

Transformation Area 8: Eliminating racial, ethnic and linguistic disparities

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

	Activity *(Action taken or being taken to achieve milestones)*	**Outcome to Date**	**Process Improvements**
1.	CHA will identify potential areas of disparity, based on race or ethnicity and linguistic needs, by July 2014.	FCI holds face-to-face meetings with primary care providers as well as specialists, facilities and DME providers. FCI's Provider Network Services Representatives regularly update information on languages spoken at each location as part of these meetings. FCI currently has provider agreements with physicians who personally speak languages other than English at fluency sufficient to provide medical services. Among these providers, non-English languages are available. Among those members requesting a language other than English, 93% request one of the languages spoken by our contracted providers. FCI makes contracted translation services available to serve the remaining portion of member needs for information in a language other than English.	Within a collaborative agreement signed in January, 2014, FCI, and the Asian Health and Services Center (AHSC) agreed to engage their respective expertise, and capabilities to implement quality and efficient, culturally and linguistically appropriate health care system navigation services delivered by AHSC to FCI's existing and newly enrolled Asian individuals and families who reside in the greater Portland Oregon area to reduce the negative impact of cultural and linguistic disparities amongst the Asian community. This project is intended to serve as a pilot project for application to other partnerships to promote health and address racial, ethnic and linguistic disparities within the FCI service area.

2.	Member survey identifies potential areas of disparity, based on race or ethnicity and linguistic needs, by December 2013.	FCI has been meeting with the state and other CCOs weekly to discuss ongoing Enrollment (834) barriers. One large barrier identified early on in the expansion period was the lack of Race/Ethnicity information on the 834s. FCI has been sending examples to their care providers to share with the state so they can research other ways to obtain this information. In the meantime, FCI has been working with community partners to record race and ethnicity information that has been confirmed by the members they serve in their community centers. There are future efforts to find ways that FCI can work with the state to send this information back so the 834 eligibility files can be corrected at the source.	Refer to Transformation Area 7: Meeting the culturally diverse needs of Members.

1 b.) Please describe any barriers to achieving your milestones in this Transformation Area. **See above.**

1 c.)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. **N/A**

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

FCI's Community Advisory Council receives regular updates on all FCI transformation activities.

1 e.) How was the CAC informed of the outcomes for activities in this transformation area? **See above.**