

Transformation Plan Initial Progress Report Template FamilyCare CCO

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

Transformation Area 1: Integration of Care

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.	<p>Baseline - Contractor collects information on physical and mental health care needs via Health Risk Assessment (HRA) for Members at risk of needing Covered Services, including those with severe and persistent mental illness.</p> <p>Measurement – the percentage of at risk Members who receive HRA, which includes information on dental care needs.</p>	<p>FCI’s Health Risk Assessment Policy and Procedure is intended to identify risk factors for vulnerable sub-populations through completion of an assessment in order to provide an individualized care plan essential for ongoing case management and to drive delivery of care for members with complex healthcare needs.</p> <p>FCI initiated the member/provider-centric,</p>	<p>FCI continues to refine the P²ORTs, multidisciplinary service coordination model. If a Member is identified as needing a higher level of service coordination by the HRA, a request is entered into Vital to have a Service Coordinator follow up with the member, or if it is an immediate physical, mental or dental health need then the call will be transferred directly to a Service Coordinator in the FCI Call Center. The P²ORT Care Managers (nurses) case manage members identified as having severe mental illness; complex, chronic, and</p>

		<p>multidisciplinary service delivery model titled Patient/Provider Oriented Resource Teams (P²ORTs) to address care deliver to members with complex healthcare needs. Each P²ORT Team is assigned to work with unique member and provider groups that FCI identifies based on region, practice specialty and/or member populations. Each skill-centered P²ORT Team includes: Member Navigators; Provider Navigators; Referral and Authorization Navigators; Referral Authorization Coordinators; Medical Reviewers; Care Managers; Service Coordinators; and, Behavioral Health and Addiction Specialists. To ensure effective communication and response to member and provider needs, the P²ORT team works together to better serve members needs in real time communication on the phone, in-person at provider sites and elsewhere as needed. Welcome calls are initiated for each new member. During</p>	<p>uncontrolled conditions or complex social needs.</p>
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		<p>the Welcome Calls the members are educated about their benefits (physical, dental and mental health); importance of scheduling a new patient appointment; verify receipt their ID card and member packet.</p>	
2.	<p>By July 2015, Contractor will offer Services Coordination for 80% of qualifying members' dental care needs.</p> <p>By July 2014, Contractor will collaborate with dental provider partners to establish appropriate care management process, by July 2014.</p>	<p>The FCI Dental Service Coordinator, a registered dental hygienist who serves the P²ORT Teams, works with the members and the dental plans to collaborate and coordinate dental treatment plans, upon request by the dental provider. The Coordinator contacts the dental plan and works with the dental plan to resolve any care needs to ensure a quality outcome for the members.</p>	N/A
3.	<p>Offer SBIRT training to all contracted PCPs, by December 2013.</p>	<p>Quality Specialists continued outreach and training on the SBIRT measure throughout 2014. During the quality visits this measure was addressed and discussed to ensure clinics understood the metric. During Q4 2014 Quality Specialists discussed the proposed change in the metric requirements to screen members down to the age of</p>	<p>Quality Specialists have discussed the importance of this metric and discovered that the majority of FCI contracted clinics have the infrastructure for screenings in their process flow as guided by their EHR. Screening rates have doubled over the year as they have identified the need to bill for this intervention.</p>

		12. OHA has released webinars on this topic for pediatric clinics and this information has been relayed to provider clinics.	
4.	<p>By July 2015, Contractor will collect information on 80% of qualifying member's dental care needs.</p> <p>By July 2014, Contractor will collaborate with dental provider partners to determine appropriate risk analysis protocols and establish data collection process.</p>	<p>FCI continues to refine methods to collect and utilizes majority member information to determine dental health risks to enhance dental care protocols. To date, using PH Tech dental claims information received from the dental plans, FCI is able to track the number of eligible pediatric members requiring and receiving dental sealants.</p>	<p>Performance Health Technology (PH Tech) is contracted by FCI to make claims management more efficient. FCI utilizes PH Tech web-based technology, software products and services.</p>

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

SBIRT - Providers understanding of billing practices and implementing EHR screens to guide providers through the proper questions, which initiates billing of the screening when positive.

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.

SBIRT – Training and support of providers utilizing their EHR and billing practices to meet the requirements of the metric.

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 1 d.) above.

Transformation Area 2: PCPCH

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.

Action Taken or Being Taken to Achieve Milestones or Benchmarks		Outcome to Date	Process Improvements
1.	Identify clinics in need of support in reaching the standards of the PCPCH program.	Extensive outreach, training and assistance provided by the PCPCH Practice Coach has occurred throughout the year. A template has been designed for use in identifying unique practice flows at the clinic which may need modification to meet the PCPCH program requirements. This allows for customized coaching for standard medical home practices within the clinics as identified by the program requirements. Practice coaching since July 2014 has resulted in new PCPCH recognition for clinics with 10,831 members assigned.	As the FCI network grows to accommodate the increase in membership, FCI will continue to work with clinics which are not PCPCH recognized or have not yet achieved Tier 3 status.
2.	Integrate practice coaching for clinics in need of implementing practice standards which align to the PCPCH program requirements.	FCI implemented practice coaching to support clinics in becoming PCPCH recognized. This coaching is a combination of support	N/A

		in understanding the technical specifications and identifying processes within the practice where modification results in compliance.	
3.	Implement payment model to contracted PCPs to encourage PCPCH status, by July 2014.	<p>FCI has formed a committee to review alternative payment and reimbursement strategies, including incentives or recognition of PCPCH status.</p> <p>In April, 2013, fifteen pediatric sites transitioned to a payment model that rewarded PCPCH certification and was stratified by tiers. All practices in this group that are not previously certified have now been certified, and several practices have moved to higher tiers.</p>	FCI is currently planning a network wide new payment model for primary care in January, 2015. FCI is currently evaluating the pros/cons of this being one of the factors in the payment model.
4.	50 % of Members are assigned to a Tier 2 or Tier 3 PCPCH by July 1, 2015	<p>FCI ensures members are assigned to the highest tier of PCPCH recognized clinics by auto-assigning members to these members first.</p> <p>This assignment methodology coupled with the coaching of increased clinics with PCPCH</p>	FCI will continue to assign members to PCPCH recognized clinics whenever they are open to new members.

		<p>recognition supports members in accessing care from a medical home.</p> <p>Based on December 2014 enrollment, 80% of all FCI CCO members were assigned to a PCPCH, with 79% of all FCI CCO members assigned to a Tier 2 or Tier 3 level provider.</p>	
5.	Coordinate care to ensure comprehensive care management in support of PCPCH recognized clinics	<p>FCI's service coordination (P²ORTs) works closely with providers to manage care for members with complex conditions. FCI actively collaborates and exchanges information with providers to ensure best practice standards are followed in the management of care reviews with PCPs and specialists.</p>	N/A

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

Providers understanding of quality metrics and the use of EHR systems and data to support the PCPCH program; FCI will continue to do practice coaching with providers new to the network without PCPCH recognition, or that are having difficulty achieving Tier 3 status.

2 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's providers achieve the above described level of success on this measure. Practice coaching for clinical processes has supported practice transformation and application to the PCPCH recognition program.

2 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.

2 e.) How was the CAC informed of the outcomes for activities in this transformation area? See 2 d.) above.

Transformation Area 3: Alternative Payment Methodologies

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.

	Action Taken or Being Taken to Achieve Milestones or Benchmarks	Outcome to Date	Process Improvements
1.	<p>The percentage of Participating Providers who accept Alternative Payment Methodology.</p> <p>Develop a policy to consistently apply Alternative Payment Methodology to various Participating Providers, by July 2014.</p>	<p>To date, 25% of FCO Providers have accepted alternative payment plans. The goal is to achieve 90-100% through the use of the 2015 contracts terms and agreements.</p> <p>Commencing in 2014 and continuing in 2015, FCI distributed contract amendments to incentivize providers who are able to meet quality metrics including Data Exchange, SBIRT, Adolescent Well Care, Developmental Screening, ER Utilization and others.</p>	N/A
2.	<p>Review and assess Participating Provider contracts to determine if Alternative Payment Methodology is appropriate for that Provider type, by October 2013.</p>	<p>FCI holds quarterly meetings with each contracted primary care group, and monthly meetings with many of the FQHC groups. These discussions include a review of alternate payment methodologies</p>	N/A

		<p>tied to cost savings and/or quality metrics and improvement.</p>	
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2 b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area.

Review and training of CCO quality metrics; Shared understanding how claims data and proper coding relates to quality metrics; in depth review of scheduling and member establishment and how it impacts quality metrics.

2 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.

Quality Specialists have begun meeting with clinics on a monthly or quarterly basis to review quality metrics, review changes to CCO specifications, and provide information on establishing care with each member in need of screenings.

2 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.

2 e.) How was the CAC informed of the outcomes for activities in this transformation area? See 2 d.) 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 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.	<p>Present CHA to Community Advisory Council (CAC), by October 2013.</p> <p>Draft CHIP for CAC review, by October 2013.</p> <p>CAC adopt CHIP by December 2013.</p>	<p>Presented and reviewed Community Health Improvement Plan (CHIP) work plan with Community Advisory Council which included discussions of an RFP process for projects in support of the CHIP.</p>	N/A
2.		<p>FCI staff is participating in ongoing discussions with the Healthy Willamette Columbia Collaborative partners related to opportunities for improving the next assessment cycle.</p>	N/A
3.		<p>FCI issued an RFP and accepted applications to implement grant programs with organizations serving the area's youth populations.</p> <p>Announcement of awards will be made in early 2015.</p>	N/A

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

2 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. N/A

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

All of the actions from above involved the Community Advisory Council directly or indirectly. The work plan for the CHIP follows the strategies to achieve the outcomes the Council members prescribed in the CHIP. The grant program is one of the main strategies of the CHIP. The desired outcomes and strategies of the CHIP necessitate the hiring of a CHIP Program Coordinator. Finally, the extension of retired Council members was deemed necessary for continuity of Council members who developed the CHIP and those overseeing the implementation.

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

FCI staff presented FCI's Council with a draft CHIP work plan at the December, 2014 Council meeting. The Council created the list of community-based organizations to send the request for proposal for the CHIP and served as on the Evaluation Panels.

FCI has request technical assistance in developing an enhanced feedback loop, which allow Council members to oversee the CHIP implementation as well as continue the health needs assessment process.

Transformation Area 5: EHR, HIE and meaningful use

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.

Action Taken or Being Taken to Achieve Milestones or Benchmarks		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. Health Information Exchange services continue to grow with the addition of OCHIN. Planning continues for a statewide electronic Provider Directory, the growth of Health Information Exchange services, and the electronic sharing and analysis of clinical quality metrics. A statewide RFP is under development to select a vendor to begin these projects in 2015.	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	N/A

		platform in clinical settings, and many of those are using their EHR to support compliance with Meaningful Use (MU) standards.	
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, 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. FCI has engaged with multiple physician groups on data exchange using established standards for data interchange. Use of an HIE in terms of DIRECT messaging is planned, however the value we are experiencing comes from exchange of actionable	N/A

		structured data that many HIEs do not yet enable.	
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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 1 d.) above.

Transformation Area 6: Communications, Outreach and Member Engagement

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.

Action Taken or Being Taken to Achieve Milestones or Benchmarks		Outcome to Date	Process Improvements
1.	Assess Medicaid portion of website to determine compliance with ADA requirements, by December 2013.	FCI continues to conduct periodic ongoing checks for ADA compliance, identifying and correcting any deficiencies.	N/A
2.	Conduct Member survey and review Community Health Assessment (CHA) to identify potential gaps in language or culturally-specific delivery of materials, by July 2014.	FCI continues with efforts to fully integrate the Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care into all written and oral communication; new employee orientation; provider education; and, community health initiatives with community based organizations and other partners.	N/A
3.	Members will have access to culturally-specific materials (such as the handbook, welcome letter and wellness materials) electronically on Contractor’s ADA compliant website.	Per OAR 410-141-3300, Member Educational Requirements, FCI provides <i>tag lines</i> in English and other languages spoken by substantial populations of	Planning is in progress to create a catalog/matrix of all Medicaid Member Materials for review, and revision based on readability scores; linguistic and cultural appropriateness; reviewed and approved by OHA according revised OAR

		<p>members, substantial means 35 or more households that speak the same language which no adult speaks English. This OAR is currently under revision and posted for comment, the new language may indicate “prevalent” language as 5% of the CCO’s total OHP enrollment or 1,000 of the CCO’s members.</p>	<p>regulations and requirements.</p>
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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 1 d.) above.

Transformation Area 7: Meeting the culturally diverse needs of Members

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.

	Action Taken or Being Taken to Achieve Milestones or Benchmarks	Outcome to Date	Process Improvements
1.	<p>Contractor is able to identify the race and ethnicity of a majority of Members and Participating Providers, in order to better assist Members in accessing appropriate health care providers.</p> <p>Collect Member data on preferred language via survey, by December 2013.</p>	<p>State-provided enrollment data was used to create a preferred language matrix to plan P²ORT Team service delivery and improvement; to connect Members with appropriate cultural and linguistic healthcare and social services; and, to determine appropriate language translation and written communication production.</p> <p>Language preference, in addition to the English preference (60.82%); other languages include Spanish (7.6%); Russian (1.31%); Vietnamese (.73%); Chinese, Somalia, Arabic, Korean, BUR, Farsi, Nepal languages account individually for less than 1% each.</p>	<p>Although state-provided enrollment data has greatly improved accuracy on language preference counts, the undetermined language preference still accounts for 27.67% of members. Continuing efforts will be discussed to understand and decrease this percentage.</p>

2.	Collect Participating Provider data on languages spoken, by December 2013.	FCI continues to increase the number of provider agreements with physicians who personally speak languages other than English at fluency sufficient to provide medical services.	N/A
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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.

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

2 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. 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 1 d.) above.

Transformation Area 8: Eliminating racial, ethnic and linguistic disparities

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.

<p>1.</p>	<p>Community Health Assessment will identify potential areas of disparity, based on race or ethnicity and linguistic needs, by July 2014.</p>	<p>FCI continues to acquire 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% of them 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.</p>	<p>N/A</p>
<p>2.</p>	<p>FCI is committed to supporting employee recruitment, training and development in ways that foster increased quality of care and access to care while taking every opportunity at every point of contact to advance health equity.</p>	<p>FCI appreciates that closing the gaps in healthcare outcomes for cultural and linguistically unique populations of FCI members includes having a</p>	<p>FCI will continue to monitor the ratio of member to employee diversity.</p> <p>Members: Caucasian, 50%; Hispanic, 20%; African-American, 7%; Asian, 5%; Native American, 1%.</p>

		<p>diverse workforce.</p> <p>Cultural and linguistic competence must be reflected in not only in interactions between our Providers and our Members, but also within a multicultural workforce which understands the people and communities served, and may be a member of those communities.</p>	<p>Employees: Caucasian, 69%; Hispanic, 9%; African-American, 10%; Asian, 7%; Native American, 3%.</p>
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2 b.) Please describe any barriers to achieving your milestones and/or benchmarks in this Transformation Area. N/A

2 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. 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 1 d.) above.