Quality Improvement Plan
Name: Colorado Community Health Alliance (CCHA)
RAE: Region 6
Date: February 1, 2019

1. Purpose/Mission Statement

Please describe your Organization's overall purpose/mission statement. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

CCHA's Mission Statement:
Colorado Community Health Alliance's overall goal is to support a coordinated, patient-centered model of care to better serve the needs of Health First Colorado Members, improve health and life outcomes and optimize resources in an effort to avoid duplication of services and reduce the cost of care.

2. Quality Program Leadership

Please list the individuals who are in your quality program. Please include their contact information. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

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3. Year Objectives/Top Priorities including a description of the techniques to improve performance, a description of the qualitative and quantitative impact the techniques had on quality and opportunities for improvement identified as well as newly identified opportunities for improvement

Accountable Care Collaborative (ACC) Performance Measures

CCHA is committed to improving the health outcomes of our most vulnerable populations. Our goal is to monitor and ensure the delivery of consistent, reliable, and integrated Physical Health (PH) and Behavioral Health (BH) services to Members so we can collectively achieve the Quadruple Aim goals that focus on population health, patient experience, per capita costs, and provider satisfaction. To achieve this we are using the Key Performance Indicators (KPIs) and the Behavioral Health Incentive Program as our measure of success. Below are descriptions of activities we are working on:

Key Performance Indicators:

- Create internal reports to track interventions, show performance by region and provider.
- Identify areas of opportunity (e.g. gender, race, and geographic area)
- Utilize practice transformation coaches to engage and educate Primary Care Medical Providers (PCMPs) on the ACC measures.
- Work with practices to improve practice operations, including process improvement, KPI workflows and planning, proper billing and coding, Member access, electronic health record assistance, systems training, data and analytics, and transition to Member-centered care.
- Identify and partner with community partners and leverage community resources to support Members.

Behavioral Health Incentive Measures:

- Partner with Community Mental Health Centers (CMHCs) and key providers to identify creative solutions that address gaps in care for the BH incentive performance measures.
- Partner with hospital systems to identify Members being discharged with behavioral health needs and connecting them to care coordination resources.
- Collaborate with our health neighborhood to support community programs to provide extended services and support at the local level
- Create an behavioral health model that reduces barriers to care and promotes integrated and whole person care
- Create behavioral health programs that focus on early identification, appropriate referral to ongoing care, and integrated behavioral and physical health services.
- Support Network Providers utilizing practice transformation coaches to improve workflows; offering expertise and resources to enhance performance and redesigning processes.

Population Health Management Plan:

CCHA's population health management plan was approved in November 2018 and CCHA is currently working to implement the interventions defined in the plan. The interventions were designed to uniquely engage Members to attain their individual goals and promote healthy behaviors.

The performance of CCHA's population health management plan interventions will be tracked using outcome and process measures. Some of the outcomes measures are KPIs and Behavioral Health Incentive measures set by the Department of Health Care Policy and Financing (HCPF), since these measures were designed to assess the overall delivery system.

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In order to achieve performance improvement, CCHA will implement a series of interventions such as:

- Analyze current needs and develop partnerships with other providers (e.g. hospitals), community organizations (e.g. schools), community based resources (e.g. food assistance) and other healthcare organizations within the region to address those needs.
- Engage and support individual providers, including CCHA's Accountable Care Network (ACN), in the implementation of interventions.
- Exchange data with partners to monitor performance and streamline interventions.
- Engage providers in quality improvement activities, such the usage of PDSA cycles, supporting the development of workflows, facilitating referrals when needed, and connecting providers and Members to available resources in the area.
- Evaluate the effectiveness of the interventions and identify opportunities for improvement.
- Increase and support the usage of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) among individual providers and CCHA's ACN. This will allow to incorporate early identification opportunities to intervene with users and prevent serious consequences.
- Track, trend, and analyze grievance and Quality of Care (QOC) data to ensure the safety of care and services rendered to our members is clinically appropriate.

Patient Safety and Quality:
CCHA's patient safety goals aim to promote safe clinical practices in all aspects of clinical care and service; to engage Members and providers concerning patient safety in all aspects of patient interaction; and to identify and implement system and process improvements that promote patient safety throughout the health plan and care delivery system. To achieve this CCHA is in the process of implementing the following:

Quality Management Committee (QMC):
Provides program direction and oversight to make sure CCHA operates as one combined entity that integrates clinical care, operations, management, and data systems. The QMC is the forum for interdepartmental participation and works to establish the long-term strategic vision for the Quality Management (QM) Program. This committee will evaluate the annual QI Program's overall effectiveness in the following areas:

- Member Satisfaction: establish a process to measure and monitor Member satisfaction.
- Monitor program performance, using the following tools:
    - KPI and BH measures
    - PIP activity and results
    - HSAG annual site audit results
    - Provider performance, including CCHA's Accountable Care Network
    - Grievances
    - Quality of Care Concerns
    - CCHA administrative and service performance

Member Grievances:
CCHA has a process in place to support Member grievances and/or complaints for any matter relating to our contract including a process to trend and track information, which is used to improve patient safety and quality, drive program improvement activities, modification, and development. CCHA's goals are:

- 90% timeframe compliance within initial 14 day review period
- 100% timeframe compliance within extended 15 day review period

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Quality of Care (QOC) Concerns:
CCHA has created a QOC process, which encourages timely and accurate submissions from our provider network and internal care management staff. In conjunction with CCHA's Medical Director, a severity level is assigned for each QOC and an investigation that supports the severity level is completed on all cases. All QOCs are tracked, trended, and reported to our QMC, which is then used to promote patient safety and quality, and inform credentialing processes, network training and program improvement activities. CCHA's goals are to:

- Identify areas requiring additional training around quality of care and patient safety issues based on trended events.
- Train and educate internal staff regarding QOCs, including: proper identification, submission, and reporting requirements.

Performance Improvement Projects (PIPs):
CCHA has chosen two PIPs, one for behavioral health and one for physical health based on the global topic of Access to Care provided by HCPF. The subtopic selected for the behavioral health PIP is referrals from primary care to behavioral health following a positive depression screening. The subtopic for the physical health PIP is well child visits. The selection of these topics was conducted based on an analysis of historical claims data available to CCHA.

CCHA researched each subtopic and outlined a framework, which includes the rationale of the selection, data analysis specific to the region, project teams, and the focus of the project. Currently, CCHA is working with HSAG on Phase I of the projects, which includes defining measurement periods, baselines, and the methodology for data collection.

Please fill out the following template for all projects that are associated with the programs listed in the gray boxes.

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Goal	Fiscal Year 2019 Project/Initiative	Targeted Completion Date	Status
Performance Improvement Projects			
Increase the percentage of Members who had a follow-up BH assessment visit within 30 days following a positive depression screening	Establish a narrowed scope of the project identifying the population, facility and/or provider location for the project implementation.	Upon pending approval of Modules 1 and 2	Modules 1 and 2 were resubmitted to HSAG for approval on December 21, 2018. Ongoing claims data collection.
Increase well visits in children attributed to Rocky Mountain Pediatrics between 15 – 18 years of age from [redacted]% to [redacted]%	Engage with practice to further develop and define the driver diagram. Initiate process to identify interventions. Develop a process map and failure mode and effects analysis of the process. Rank failure mode priorities. Determine interventions.	Upon pending approval of Modules 1 and 2	Modules 1 and 2 were resubmitted to HSAG for approval on December 28, 2018.
Performance Measurement Data Driven Projects			
Achieve Tier 1 goal for two of the seven KPIs	Engage with PCMPs and ACN providers in quality improvement processes. Partner with community organization to align efforts and processes to achieve KPI goals.	June 30, 2019	CCHA has established Practice Transformation teams with all PCMPS with >300 Members. CCHA holds monthly meetings to review KPI performance & develops plans to address performance. Real-time KPI dashboards were created to serve as a practice tool to outreach Members.

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Close performance gap by 10% from the baseline for two of the five BH incentive measures	Support Member's engagement in mental health services following a SUD diagnosis. Improve the health outcomes for adult and pediatric Members identified at risk for SUD. Support Member's engagement in mental health services following an inpatient admission. Support Member's engagement in mental health services following an Emergency Department (ED) visit for a SUD diagnosis. Support Member's engagement in mental health services following a positive depression screening. Support new foster care Member's engagement in mental health system.	June 30, 2019	CCHA created internal processes to obtain timely census data, developed workflows to trigger timely care coordination outreach upon discharge of Members after an ED visit or inpatient admission.
Member Experience of Care Improvement Driven Projects			
Monitor Member experience, perceptions, accessibility and adequacy of services within the Region (CG-CAHPS survey)	Support CG-CAHPS survey administration, assist in the development of strategies to increase Member participation.	June 30, 2019	Once results are received CCHA will share them with providers and use data to identify areas of improvement.
Monitor Member experience, perceptions, accessibility and adequacy of services within the Region (ECHO survey) for behavioral health.	Support HCPF in the development of strategies to increase Member participation.	June 30, 2019	CCHA has been working with HCPF in the development of strategies to increase Member participation. Once the results of the survey are received CCHA will share them with providers and use data to identify areas of improvement.

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90% of Member grievances will be completed within 14 business days	Member grievance completion provides an opportunity for increased Member satisfaction, identification of areas of improvement	Quarterly reporting, ongoing	Processes and workflows in place, reporting to HCPF on a quarterly basis.
100% of Member grievances will be completed within the extended 15 business days	Member grievance completion provides an opportunity for increased Member satisfaction, identification of areas of improvement	Quarterly reporting, ongoing	Processes and workflows in place, reporting to HCPF on a quarterly basis.
Under and Over Utilization of Services Projects			
Recruit at least 10 providers to serve as lock-in providers	Educate providers on what it means to be a lock-in provider, and offer technical assistance.	June 30, 2019	CCHA is working with FQHCs and other Accountable Care Network providers to serve as lock-in providers. Providers have requested more information on how the lock-in program will work. CCHA is working HCPF to get more information on the program
Complete successful outreach with 80% of Members on the quarterly COUP list.	Continue tracking and monitoring referrals made to community or behavioral health resources. CCHA will collaborate and align with HCPF on the Rx Review Program.	Quarterly	In Q1, CCHA was able to connect with 76% of Members from the EQ health list in 5337 outreach attempts. CCHA developed a workflow to connect with Members in the COUP list.
Enroll 40% of all Members (within the COUP list) who were successfully outreached in care coordination.	Continue tracking Members who get connected to care coordination services as a result of the COUP list.	Quarterly	During the first quarter of FY 2019, CCHA connected 34% of the Members (within the COUP list) to care coordination. CCHA continues refining its process to connect Members within the COUP list to care coordination.
Quality and Appropriateness of Care Furnished to Members with Special Health Care Needs Projects			

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Foster Care - Develop collaborative workflows with Department of Human Services (DHS).	Assign care coordination single-point-of–contact. Assess need for colocation. Participate in collaborative meetings with key stakeholders on complex cases.	June 30, 2019	CCHA is working with Boulder County and Jefferson County Human Services to start monthly complex case meetings that CCHA will facilitate. CCHA is currently in the planning stages with both DHS agencies and is drafting MOUs that will be signed by participating organizations.
Justice Involved – Collaborate with the Colorado Department of Corrections (CDOC), counties, and re-entry facilities to identify and support Members transitioning back to the community.	Coordinating effort with Parole Office and Community Corrections. Provide in-reach support to Members prior to release.	June 30, 2019	Intervention Community Corrections Services (ICCS) women's facility: CCHA has a Care Coordinator available on site every other week. Care Coordinator provides individual consultation, assessment, and resource referral to support transition to the community. Westminster Parole: CCHA has a Care Coordinator available every other week. Care Coordinator provides general Medicaid education for parole orientation, and individual consultation, assessment, and resource referral to support transition to the community. Colorado Department of Corrections (CDOC) video in-reach: Beginning in December 2018 and continuing monthly, Care Coordinator provides Medicaid education and re-entry support via a Polycom Video connection.
Quality of Care Concern (QOCC) Monitoring			
Initial and annual training of internal staff regarding the QOCC process	Support the timely and proper identification of potential QOCC issues.	March, 2019	Training sessions for UM and CC staff scheduled for January and February 2019.

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Investigate, analyze, track and trend QOCC issues and report to QMC	Identify and address QOCCs and use them to improve the quality of care offered to our Members.	Quarterly	Developed processes and monitoring is ongoing.
External Quality Review Driven Projects			
Obtain an overall met status during CCHA's Annual External Quality Review process	Ensure compliance Medicaid contract around these standards: coordination and continuity of care, Members rights and protections, Member information.	April 23-24, 2019	CCHA received the Site Visit tool and is preparing materials for the External Site Review.
Internal Advisory Committees and Learning Collaborative Strategies and Projects			
Create and utilize feedback from the Member Advisory Committee (MAC) to enhance services provided	Use direct Member input to inform and improve operations. Engage Members to identify short- and long-term opportunity areas for the Member engagement plan. Solicit the lived experience of Members to identify ways to most effectively engage Members in their health at the micro and macro levels while improving the Member experience.	June 30, 2019	CCHA formed a MAC and held two quarterly meetings with CCHA Members. Developed plan to implement a virtual MAC that will meet in addition to the in-person MAC.

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Create and utilize feedback from the Program Improvement Advisory Committee (PIAC) to enhance services provided	Solicit strategic and tactical input on CCHA processes and systems. Create aligned goals and outcomes across the Heath Neighborhood and Community. Review deliverables and performance data to identify opportunities for improvement. Present new initiatives implemented within CCHA. Discuss program policy changes and provide feedback. Review Member outreach materials. Identify barriers to participation in Health First Colorado.	Quarterly	Formed a Regional PIAC and established quarterly meetings. CCHA hosted two Regional PIAC meetings within the last six months. The next two meetings will be focused on reviewing priorities and developing an action plan to address the focus areas.