

Quality Improvement Plan  
Name: Northeast Health Partners (NHP)  
RAE: 2  
Date: September 30<sup>th</sup>, 2019

## I. Purpose and Mission Statement

### Organizational Purpose

Northeast Health Partners, LLC (NHP) is a locally-owned non-profit partnership contracted by the State to provide oversight of behavioral and physical health care for all Health First Colorado members attributed to Region 2. NHP is committed to the delivery of high quality, whole-person care that is associated with improved member satisfaction and provider experience as well as care which exhibits sound financial stewardship.

### Overall Quality Health Strategy Mission and Vision

It is the mission of Northeast Health Partner's Quality Division to support the organization's chosen prioritization of assuring high value service delivery, focusing on seamless, coordinated care for Health First Colorado Medicaid member and health care providers. In addition, the Division strives to support efforts to eliminate waste and fragmentation between service providers across the broader system.

NHP's Quality Division seeks to create a culture of quality which is grounded in the basic elements of the *Science of Improvement and Deming's Theory of Profound Knowledge*<sup>1</sup>. This will be evident as this Quality Improvement Plan is outlined and the structure of the NHP Quality Improvement program is described. The four basic tenets of Deming's classic theory suggest:

- 1) That in order to make an "improvement," it's critical to understand the properties of the system where the situation requiring improvement exists. Systems-thinking is required.
- 2) Systems all demonstrate variation and this variation drives our decision-making. Data is necessary to support our understanding of that variation. Making improvements cannot be separated from asking questions about that variation. Underlying causes need to be explained.
- 3) The "science of improvement" references that a change is a prediction that improvement will result. The more that the system is understood and the more that variation is explained (by data), the more accurate the prediction will be—meaning the more likely that the change will target the underlying issue, have impact and will last.
- 4) Having a fundamental understanding and appreciation of psychology—how people behave and interact in systems, why they resist change, how we overcome resistance, and so forth—is key in successful improvement efforts.

Simply stated, NHP is committed to framing its Quality Program and related work plan through the evidence-based lens of the *Science of Improvement*.

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<sup>1</sup> Langley, G.J. et al. (1996). *The Improvement Guide: A practical approach to enhancing organizational performance*. San Francisco: Jossey Bass.

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In alignment with the Department’s Quality Strategy, NHP maintains the commitment to transparency in measurement and reporting of key performance markers as well as the use of data in making change predictions and evaluating effectiveness of interventions.

**SWOT Analysis**

Fundamental to understanding an organization as a system with inherent strengths and weaknesses which exists within a broader system will offer the organization both opportunities for growth as well as threats to its viability, is the completion of an organizational SWOT analysis. An initial SWOT for NHP as a new RAE is presented below.

Figure 1 NHP SWOT Analysis--ACC II--Year 1

## NHP SWOT Analysis

NHP Strengths	NHP Weaknesses
<ul style="list-style-type: none"><li>• Locally owned</li><li>• Non-profit</li><li>• Longstanding, likeminded effort between partners to innovate and transform system</li><li>• Partners successful in series of several system changes</li><li>• ASO well known across mental health providers</li></ul>	<ul style="list-style-type: none"><li>• New partnership under ACC 2.0</li><li>• Matrixed infrastructure</li><li>• Adjustment of some historical BHO processes required in order to accommodate integrated administration</li></ul>
NHP Opportunities	NHP Threats
<ul style="list-style-type: none"><li>• Agility and nimbleness along with small size in membership makes great candidate for HCPF learnings/trialing newer ideas</li><li>• Key stakeholders open to, or in some cases, seeking out engagement</li><li>• Contract structure creates structure for using Science of Improvement framework to foster meaningful system change</li></ul>	<ul style="list-style-type: none"><li>• Larger, corporate insurance companies with more expansive resources</li><li>• Longstanding political rivalry between two anchor hospital systems often interferes and/or slows down system improvement</li><li>• Longstanding ideological challenge and misunderstanding between rural and urban health communities</li></ul>

**Current NHP Population Health Objectives**

- Use of care coordination to improve prevention and well visits
- Use of text message campaigns to increase prevention visits
- Use of CPAC for PCMP suicide training

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## II. NHP Quality Program Leadership

### **Program Leadership**

Listed below are the individuals who are involved in the NHP quality program.

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### **Northeast Health Partners Quality Improvement Committee (QIC)**

NHP has established a Quality/Performance Improvement Committee, co-chaired by NHP's Chief Clinical Officer. The Committee, made up of nearly 30 participants, formally launched in January 2019; monthly meetings have initially focused on stakeholder use of PROMETHEUS data to develop and execute initiatives focusing on top episode treatment areas for preventable complications. The group completed progression through milestone plans focusing on both Substance Use Disorder and also increasing Prenatal Engagement for Health First members. Pilot activity focusing on these areas are launching July 1<sup>st</sup>. A second Potentially Avoidable Complication (PAC) plan will need definition, stakeholder engagement and execution with finalization of planning wrapping up in September 2019. NHP is evaluating the outcomes of the first two quarters of QIC activity, looking for opportunities to enhance performance and increase efficiencies, with the intent to best leverage the contributions the stakeholders are able to offer. Challenges to meeting programmatic accountabilities faced by this group were primarily related to time available by participants for engagement and juggling how to try and best use their time to meet many competing needs. This having been said, so far, the group has continued to attend the meetings and engage in the work, repeatedly reporting that the forum is meaningful to them. Notation of this is being taken into consideration as the first six months of this committee's activity by NHP with consideration being given to the upcoming need to complete and execute additional PROMETHEUS-based work plans. Quality Improvement Utilization Management Meetings

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### Quality Improvement/ Utilization Management Meetings

In addition to the QIC meetings described above, regular meetings are conducted to assess a broader set of quality and utilization management review topics. Agenda items for these meetings include results from quality of care/provider audits and education, performance improvement projects, utilization management and monitoring of over and under-utilization trends, HCPF initiatives and updates, and KPI/behavioral health performance including analyses and strategies for improvement.

### **FY20 Work Plan Goals:**

#### *FY20 Work Plan Goals:*

- 1) Implement interventions to facilitate targeted and improved care for RAE members on the “impactable members” list. Efforts will include but are not limited to: monitoring of functional areas for progress, developing interim measures and recommend interventions to enhancing care
- 2) Monitor Key Performance Indicators (KPI's) and performance incentive measures with provider network to enhance understanding and improve performance on measures. Implement targeted interventions, where applicable.
  - 2A) Interventions on Performance Incentive Measures and Key performance Indicators will be developed, evaluated and revised based on provider performance.
- 3) Continue provider education regarding the Client Over-Utilization Program (COUP) as well as the potential to restrict the Member to either one medical provider and or one pharmacy.
  - 3A) In collaboration with the Care Coordination and Provider Relations Departments, implement the Lock-in program; continuing education and applicable interventions will be determined based upon program needs.
- 4) In collaboration with the Provider Relations Department and RAE leadership, explore opportunities to expand upon the existing practice transformation framework and associated initiatives.
- 5) Continue to conduct regularly scheduled documentation audits to ensure quality of care and/or that contractual obligations are being met.
- 6) 5A) Provider education and interventions will be determined based on audit results.

### **Quality Improvement Committee Membership:**

Membership of the Committee extends beyond representation from the four partners to include key stakeholders and contributors to overall RAE performance (see Figure 2). Membership of the paired Performance Improvement Advisory Committee is also expanding and is more specifically discussed in a subsequent section of this plan.

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Figure 2 Expanded Quality Improvement Committee membership

# NHP QI Committee Make-Up

*Quality leads from Region 2 Core Providers with decision-making authority*



The expanded membership of the NHP Quality Committee includes Beacon, NHP, Salud, Sunrise, North Range, Centennial, UCH, Banner, NCHA, and the County of Weld. We continue to solicit participants who can represent rural primary health care as well. The Committee is currently meeting on a monthly basis.

As NHP has received additional guidance from HCPF in areas such as using the PROMETHEUS tool for intervention design for potential avoidable cost reduction, or parallel Department programming such as the Hospital Transformation Program (HTP) and the Alternative Payment Methodology (APM) program, or the alignment of work between broader state initiatives such as the Colorado Opportunity Framework (COF), NHP is finding ways to take advantage of incorporating the “culture of quality” described earlier—systems thinking, understanding patterns of variation, using data and system’s thinking in increasing the likelihood of change initiative success, and application of basic principles of human behavior and change management in intervention development.

It is our observation based on) engagement with NHP providers and stakeholders that there is a variable level of exposure or expertise across the physical-behavioral-health neighborhood-continuum with the use of process improvement tools, or in some instances having access to basic data and reporting to support this activity. This has informed how we are approaching our Improvement Committee activity and in some instances, our engagement with broader stakeholder groups, such as the HTP forum.

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NHP is pursuing this general approach to intervention planning:

- Assemble key stakeholders.
- Inform data drill down as well as pursue Root Cause Analysis (RCA)—both in parallel process.
- Identify top Evidence-based strategies.
- Define both short term and long-term interventions.
- Establish lead indicators to inform of intervention progress. (It is anticipated that these will align with and point to Indicator and Incentive Measure performance)
- Follow indicators monthly.

Because this framework aligns with the process required for RAE Performance Improvement Projects (PIP), much of the work of the Quality Improvement Committee can be viewed as capitalizing on additional PIP opportunities beyond the two current formal PIPs required by the Department.

### **Performance Improvement Projects**

In collaboration with the Department, NHP selected two performance improvement projects (PIPs) that are detailed below. The intent of the PIPs is to have one PIP that addresses physical health and one PIP that addresses mental health. NHP had also established a PIP Task Group that meets on an as needed basis. The purpose of the PIP Task Group was to achieve a more focused, in-depth analysis of opportunities, barriers, ideas, and feedback related to the rapid cycle performance improvement projects and initiatives. The group's tasks consisted of analyzing PIP related data, identifying opportunities and barriers to improvement, examining the successes and challenges of interventions, and working toward the development of the new PIPs. The current PIPs are summarized below.

#### **Increasing Mental Healthcare Services after a Positive Depression Screening**

Beginning in July of 2019, NHP selected two new areas of focus for the rapid cycle PIP process. The study, was selected as a result of an assigned list of available topics by the State of Colorado's Department of Healthcare Policy and Financing (HCPF). This is a State initiative designed to achieve the overall goal of increasing mental healthcare services after a positive depression screening. The question NHP is seeking to answer is, do targeted interventions increase the percentage of Health First Colorado Members who receive a positive depression screening then complete a follow up mental health appointment within 30 days in a physical health or mental healthcare setting. This study question and methodology were approved by HSAG with the validation of rapid cycle pip modules one and two. This was what was considered a, "conditional pass" due to the limitations is gathering current PIP data. As a stipulation of the conditional pass, HCI will have to resubmit modules one and two in October of 2019 when 12 months of baseline data allows for the completion of modules one and two. At this point in the process there is no current data to share.

#### **Increasing Well Checks for Adult Members ages 21-64**

Also, beginning in July of 2019, NHP selected a second rapid cycle performance improvement project. This is also a State initiative designed to achieve the overall goal of increasing well checks for adult Health First Colorado Members who are between the ages of 21 to 64. The question NHP is seeking to answer is, do interventions increase the rate in which Health First Colorado Members who are between the ages of 21-64 receive an annual well check. This study question and methodology were approved by

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HSAG with the validation of rapid cycle pip modules one and two. At this point in the process there is no current data to share.

**Performance Improvement Advisory Committee (PIAC):**

Also to be noted and highlighted in this report is the expansion of our Regional PIAC activity. Beginning in January, focus was placed into seeking and recruiting representative membership for committed, voting participation. For those responding to email invitation to consider participation, personal visits were made to introduce the committee's purpose, relationship to the state structure, considerations for committing to participating and to answer any additional questions. A member Participant Guide was drafted to help support the dialogue and to use as a leave-behind. The exchanges also provided opportunities to gather feedback from participants for ways which NHP might make engaging in this important forum more accessible. Keeping the Health First member at the center of the work and discussion is a priority in this forum and it has become standard to devote a portion of the PIAC agenda, not only to a State PIAC update, but also to a "report out" written and presented by one of the Committee's Health First members. Every effort is made to keep the agenda development synchronized between NHP's high priority focus areas, Health First member "reports" as well as Quality Improvement Committee work effort areas. At its inception, the NHP Quality Improvement Committee stressed its interest in assuring that the "member voice" continued to remain front and center as its work progressed. A key objective of the NHP PIAC is to be able to provide that member voice and perspective to the QIC; as well as influence the broader RAE and state level understanding of the lived experience in any given topic of focus. Relative to the two earlier descriptions of challenges related to these "high impact areas" this areas primary challenge has been related to need for increased information-sharing and associated collateral development. Some of this is developmental and will continue to evolve as NHP enters into its second year, where we will have increased opportunity for using a variety of mechanisms to communicate updates and new information.

*Figure 3 Role and membership of the NHP PIAC*

# PIAC–QIC Communication Flow

*Here is the data or the scenario.  
How can we do this better?  
What should this look like?  
Advise the change.*



Health First Members  
PCMPs  
RAE Partners  
Beacon  
UCH Patient Experience Manager  
DHS (Weld, Logan)  
Oral Health  
HCPF

*Adding:*  
Member/Family Caregiver  
HN\*–Specialist  
HN–LTSS



*Here is the data, what do we see?  
Define/oversee/monitor the change.*



NHP  
North Range  
Sunrise  
Centennial  
Banner  
Weld PHD  
PCMP  
Beacon

Salud  
UCH  
NCHA  
Rural

*"Health Neighborhood"*



, We are continually recruiting to increase our participation for the NHP PIAC. We have recently recruited attendees from the caregiver, specialty provider, and oral health sectors.

## **Internal Administrative Quality Activity and Reporting:**

In addition to establishing the necessary framework to support provider and health system performance improvement, a critical role of the NHP Quality Division is to provide guidance and oversight for a number of legacy BHO functions—some of which require engagement of NHP’s behavioral health partner’s quality department team members. A number of these functions are designed to assure the continued adherence to federal and state regulations associated with the delivery of mental health benefit and services. A brief list of these functions include:

- 1) NHP CMHC Encounter Validation Review
- 2) NHP CMHC UM Review for IPN providers
- 3) NHP CMHC and IPN Oversight and Audit
- 4) NHP Quality of Care Process

## **Audits:**

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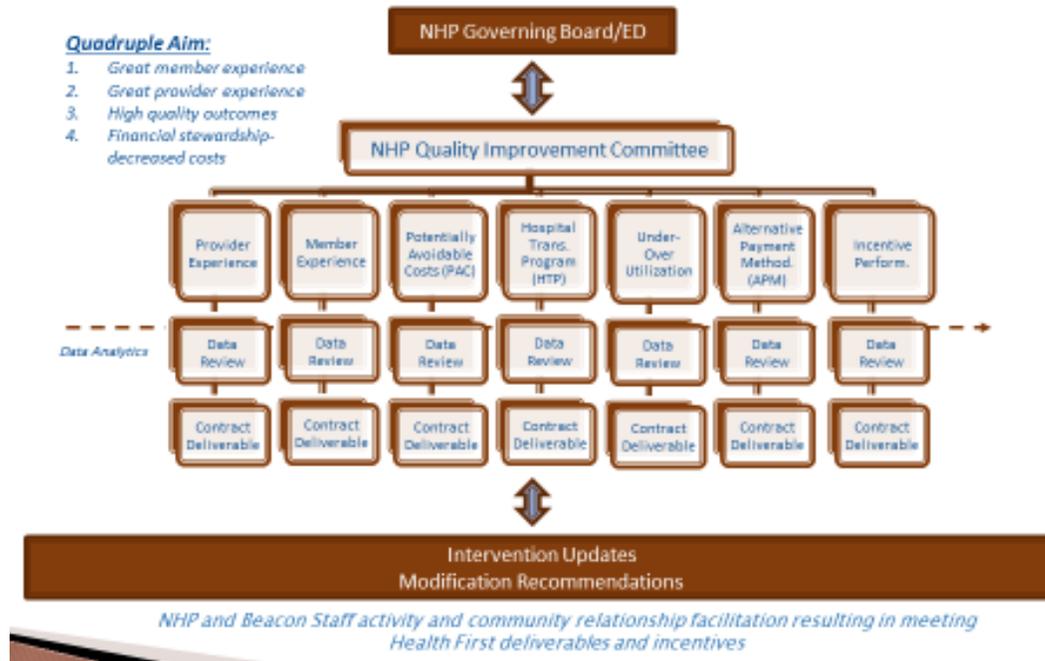
Beacon Health Options conducts random audits to evaluate quality of care and compliance with the Health First Colorado (Colorado's Medicaid Program) documentation rules. The purpose of these audits are to ensure that contracted providers are meeting the guidelines established for service provision. The Colorado Department of Healthcare Policy and Financing requires us to evaluate the quality of care our members receive and the supportive documentation for claims. Audits may also be completed to assure contractual compliance where needed. Examples of current audits include but not limited to:

- Substance Use Disorder and MAT
- Mental Health
- Inpatient
- Intensive Outpatient
- Residential Treatment Center
- Care Coordination

Provider education addressing documentation expectations and audit processes is offered in both group and individual formats.

*Figure 4 NHP QIC Organizing Framework and flow of reporting*

# NHP QIC Organizing Framework



Another critical piece to our “reporting/information flow” planning is the intentional incorporation of Program Improvement Advisory Committee (PIAC) conversations in informing the work of the Quality Improvement Committee. As illustrated in Figure 3, it is NHP’s intent that over time there is a synergy between the two different committees and eventually they will become mutually dependent on each other for insight and feedback. It is here that we are building in an assurance that improvement efforts are not designed without the individual’s (both Member and health neighborhood stakeholder) insights. As both committees are currently evolving and being expanded, there is an opportunity align the focus of the agenda’s more closely than in the past. Ideally, as the Quality Improvement Committee begins to address various change initiatives, we will have already gathered consumer input in the PIAC forum. As the QIC is evaluating change initiative effectiveness or making adjustments to a change initiative which is in progress, the consumer voice will have a presence. This will formally be accomplished by staging the agenda focus for both groups, such that the PIAC conversation regarding any given topic in advance of the Quality Improvement Committee.

When we consider macro-level report out planning, NHP fully recognizes the power which data transparency and public reporting of performance measures carries with it in driving improvement changes at both the provider and organization levels. We also anticipate the data sharing and public reporting requirements in the ACC Phase II contract will continue to increase over time. As such, we’ve begun the process of internally socializing associated concepts as well as planning for logistics which will come with publicly sharing organizational-level and provider-level performance data.

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Finally, in terms of reporting and use of data, as NHP is developing improvement interventions, it is building into its plan the inclusion of key HCPF data sets including these that will come to us through use of the PROMETHEUS tool, EPSDT CMS 416 results, CAHPs and ECHO results, and the provider level data available to us in the Data Analytics Portal (DAP) system. In the spirit of continuous improvement, we are also anticipating opportunity to use EQRO and PIP feedback from HSAG in making future program adjustments.

**III. 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.**

### **Long Term Goals**

Over the course of the next 2-4 years, the NHP Quality Division seeks to look beyond achieving short term Performance Incentive and Incentive Measure targets. In addition to high value service delivery marked by meeting these targets, the Quality Division has its sights set on impacting the broader system on behalf of its attributed membership and provider network. Over the next 2-4 years NHP intends to:

- Measurably improve, year over year, the Health First member experience.
- Measurably, year over year, improve the NHP provider network experience.
- Work to bring together a comprehensive Quality program that provides exceptional design and oversight of BH requirements along with health system transformation and redesign.
- Instill a “culture of quality” across its sphere of influence with the intent of joining with other stakeholders in the learning process and sharing of Quality Improvement best practices.
- Achieve transparency in performance measurement across key NHP stakeholders.
- Reduce potentially avoidable costs by improving management of chronic conditions and appropriate utilization of services

### **2019 Top Priorities**

Our initial strategy for the selection of Top Priorities in 2019 focused on narrowing intervention selections to those which would meet other parallel HCPF requirements, and support achieving our KPI/BHI performance targets. In 2019 NHP will focus on COUP Member Management (Overutilization), using Healthy Community hand-offs to both increase EPSDT screening rates for the pediatric population and more specifically, behavioral health assessments for the foster child population, broader stakeholder engagement in the areas of Substance Use Disorder, and Maternity care. We are anticipating that meeting local mental health service needs will surface to the top in many, if not most of the HTP forums which will likely require focused intervention in this area. Our plans for focusing on behavioral health compacting will both support that anticipated focus area as well as potentially spawn other related mental health service improvement work.

### **Special Populations: Over Utilization—the Chronic Over Utilization Population (COUP)**

Participation in COUP management strategies is highly detailed in the several care coordination and COUP reports which have been submitted to the Department over the course of the first contract year.

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At a high level, the process has evolved in its level of data collection as well as COUP member list data sharing—between the RAE and the care coordinating entities providing services across Region 2. NHP has achieved a level of efficiency in both its data analysis, reporting and bi-directional communication with care coordination.

Early in the development of the NHP Quality Plan, there was intent for developing a RAE-wide COUP protocol using a community-based collaborative approach. Because of similarity in local provider objectives, alignment with current services, and proportion of attributed membership associated with COUP affiliation, attention was directed toward the already-existing Opioid Safety Group, both visit structure and management process used in the Sunrise Community Health Organization. During the 3<sup>rd</sup> quarter, Sunrise Community Health had been evaluating and crafting early plans for establishing a “High Utilizer” integrated clinic service. Since that time, the organization made a business decision to use its Larimer County (Loveland-Region 1) location and local behavioral health partners to further grow the concept and implement pilot services. NHP has since needed to shift its focus in order to be able to still meet the objective for engaging the primary care network in participating as educated “lock-in” providers.

Recent analyses of the COUP list indicate four practices represent 63% of the attributed membership on the list. At the same time our key CMHC has been evaluating initiating “high utilizer” pilot services in Region 1 and there has been notable scrutiny in evaluating all care management activity through the lens of member “impactability,” Northeast Health Partners is mobilizing to work with its delegated care management entity, NCHA, to develop provider/practice training content addressing Clinic Management of the COUP Member. The training content is intended to support primary care provider staff: 1) Understanding of their contractual requirements for serving as a “lock-in” provider and what this translates into, according to HCPF 2) Understanding the structures established by the RAE which support the provider practice in serving as a lock-in provider, 3) Understand HCPF’s interpretation of “impactability”, 4) Gather feedback from providers for additional measures which would make their job of serving as a “lock-in” provider increasingly efficient. The content delivery will maximize the use of the Provider Network Committee meetings and Town Hall communication channels.

### **Special Populations: Foster Care Children**

Interest in working specifically on improving the process for accomplishing new foster child wellness screenings and behavioral health evaluation for the purpose of impacting NHP BHI performance was met with high levels of receptivity by Weld DHS foster program team leads. There had reports of historic difficulty in accomplishing getting the screenings completed. In part, this difficulty was due to access issues with primary care, but was also related to a persistent inability to arrive at a common understanding with local behavioral health partners and consensus on how to define timely and meaningful evaluation and planning.

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Meetings with the DHS team began in January and recurred as regularly as possible based on team member availability. The current process was identified, including where major gaps and or miscues existed. There was a collective belief that using care coordination to help smooth hand-offs, advocate on behalf of the member and foster family, interpret/navigate “the system,” and assure necessary services were arranged and delivered could be a very viable option.

NCHA, NHP’s delegated care management entity was brought into the dialogue and an idealized state, based on their access to making primary care and behavioral health visit arrangements, was defined. Sunrise Community Health Center was chosen as a preferred provider for this population, acknowledging that the health center is accountable for managing a very large number of NHP’s attributed membership. In addition, the health center’s pediatric clinic provides integrated behavioral health services and dental services. Care coordination through NHCA would allow NCHA to control scheduling and navigation of the visits—making the arranging and completion of the visits a much more streamlined process for the foster care families. Sunrise’s senior operational management joined the workgroup and guided planning for standardizing the patient flow through the Monfort Children’s Clinic. North Range behavioral health partners participated in the final two planning meetings and agreement was achieved for how foster children would be seen and evaluated, with additional assessment and planning provided as necessary. The new, standardized process launched on July 1<sup>st</sup>

Over the course of the 3<sup>rd</sup> and 4<sup>th</sup> quarters of SFY 2019, NHP has seen the greatest degree of impact and return on time investment in three separate areas of focus. Each area has required critical levels of engagement from its multi-stakeholder participants in order to be successful in accomplishing measurable work output. The three areas include: 1) The convening of a collaborative community workgroup to address local system difficulties in achieving timely assessments and screenings for newly placed foster children; 2) the convening of a broad-based NHP Quality/Performance Improvement Committee engaging owner-partners and leadership from two key hospital systems; 3) the expansion of the regional Performance Improvement Advisory Committee (PIAC) with the goal of gathering commitments for participation from across a broad cross-section of the Health Neighborhood, as illustrated in the Accountable Care Collaborative (ACC) contract.

Interest in working specifically on improving the process for accomplishing new foster child EPSDT screenings and behavioral health evaluations for the purpose of impacting NHP BHI performance was met with high levels of receptivity by Weld Department of Human Services (DHS) foster program team leads. There was a report of historic difficulties in getting these screenings accomplished, partly related to access issues with primary care, but also related to a persistent inability to arrive at a place of common understanding with local partners, and consensus on how timely and meaningful evaluation and planning was to be defined. Meetings with the DHS team began in January and recurred as regularly as possible based on team member availability. Current state process was identified, including where major gaps and or miscues existed. There was a collective belief that using care coordination to help smooth hand-offs, advocate on behalf of the member and foster family, interpret/navigate “the system,” and assure necessary services were arranged and delivered could be a very viable option. Northern Colorado Health Alliance (NCHA), NHP’s delegated care coordination entity was brought into the dialogue and an idealized state, based on their access to making primary care and behavioral health visit arrangements, was defined. Sunrise Community Health Center was chosen as a

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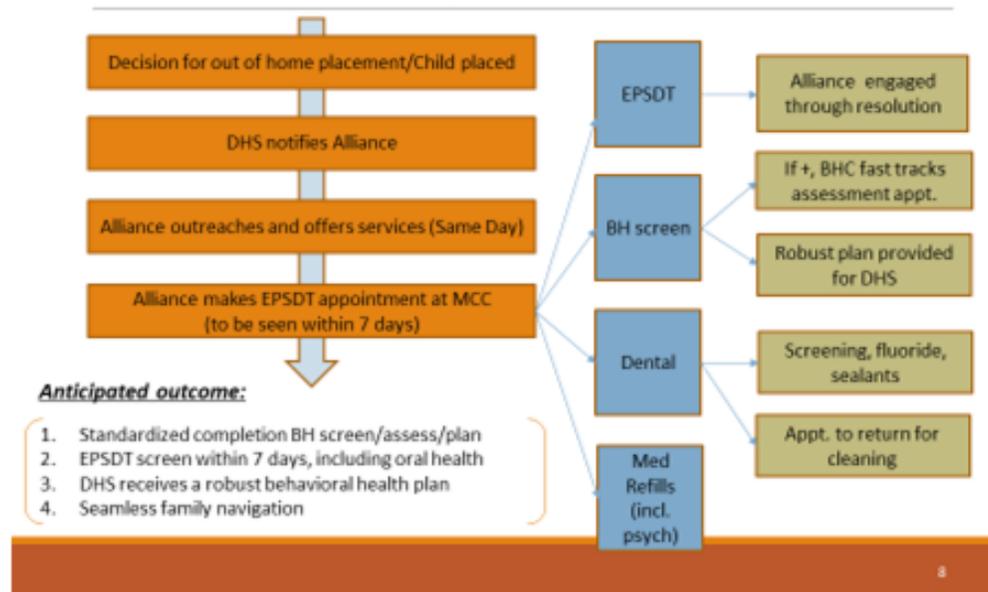
preferred provider for this population, acknowledging that the health center is accountable for managing a very large number of NHP's attributed membership. In addition, the health center's pediatric clinic provides integrated behavioral health services and dental services. Care coordination through NHCA would allow for NCHA control of scheduling and navigation of the visits—making the arranging and completion of the visits a much more streamlined process for the foster care families. Sunrise senior operational management joined the workgroup and guided the development of the planning details for standardizing the patient flow through the Monfort Children's Clinic (located within the Sunrise Community Health Center). North Range Behavioral Health partners participated in the planning meetings and agreement was achieved for how foster children would be seen and evaluated, with additional assessment and planning provided as necessary. The new, standardized process launched on July 1<sup>st</sup>. Pilot metrics (see graphic below) have been defined collaboratively by NHCA and NHP Quality with weekly data updates to be shared with Quality as the new process is used. The workgroup will check-in at the end of 1<sup>st</sup> Quarter SFY 2020. The primary challenges related to this workgroup's progress were primarily resolved once a formalized agreement for working together and sharing data was finalized. All of the workgroup participants had very tight calendars, but the level of motivation for seeing this process through to completion keep everyone engaged and returning to task. NHP is looking forward to observing the outcome of the planning and anticipates making adjustments over the next 2-3 quarters to improve the delivery of these services.

In addition to our involvement with Weld County DHS, NHP was previously participating in the quarterly HCPF/RAE/DHS Director Meeting in the northeast, however this meeting has been discontinued by the State. NHP continues to pursue BAA's with each DHS but have been unsuccessful to date. John (HCPF) and the County liaison at State continue to try to assist us with these efforts. NHP has worked closely with Morgan and Logan counties. NHP staff has also provided trainings to the State Child welfare directors meetings along with Gina Robinson and Jeff Helm. NHP attends and participates as a mandated partner in all counties who have an Interagency Oversight Group (IOG) under the Collaborative Management Program (CMP), those counties currently include Logan, Morgan, Lincoln, Kit Carson and Cheyenne. At the IOG meetings DHS is also a mandated partner and active participant in discussing the high risk, multi system involved youth who are served by the CMP organizations. For further details on the IOG meetings refer to the Community engagement spreadsheet submitted with the deliverable.

*Figure 5 Illustration of ideal state for organization-to-organization coordination and hand-offs*

### **Screening Model**

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**Broad Stakeholder engagement: PAC Interventions**

Our decision to broaden the Quality Improvement Committee has been validated as we’ve considered that we are unable to work through meaningful intervention development, testing, and evaluation without having key stakeholders at the table. From here we are able to answer critical questions, understand systems, trace patient movement between providers, and determine where breakdowns in communication or handing off exist.

**Broad Stakeholder engagement: HTP Participation**

Because we anticipate that there will be opportunity for engagement with the HTP communities beyond just being able to provide data in support of the transformation work that they are setting out to do, HTP activity lives within the purview of the Quality Improvement Committee and bears specific mention in this Plan. As much as possible, NHP is looking for opportunity to align its other program priorities with the local HTP efforts; in some instances, there may be an open invitation to provide local level input. First rounds of meetings occurred at the end of January. To some degree, NHP will be in a position to have to honor timelines for intervention completion as set by the individual hospital hosting the stakeholder group.

*Table 1 HTP program partners to date*

Northeast Health Partners Hospital Transformation Program Engagement
Colorado Plains Medical Center
Sterling Regional Medical Center
East Morgan County Hospital

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Haxtun Hospital
Keefe Memorial Hospital
Lincoln Community Hospital
Melissa Memorial Hospital
Sedgewick County Health Center
UCHealth
Wray Community District Hospital and Clinic
Yuma District Hospital

**Broad Stakeholder engagement: Care Compacts and Referral Arrangements**

NHP has observed that network primary care providers have found making compact arrangements to a difficult requirement to fulfill. Provider practices have described that specialty practices are either unfamiliar with the process, unable to provide the approval at the local level, or point blank unwilling to agree to a formalized referral arrangement for the care of Health First members. See Figure 7 for a summary of our 2019 strategies for addressing the need for making care compact arrangements. Initial planning conversations with the Northern Colorado Medical Society for enacting a peer-to-peer advisory model will be completed the first week of February. A timeline for implementation will be further defined at that time.

**V. High Level Project Plan**

Quality Improvement Plan  
 Name: Northeast Health Partners (NHP)  
 RAE: 2  
 Date: September 30<sup>th</sup>, 2019

Goal	Fiscal Year 2019 Project/Initiative	Targeted Completion Date	Status
<b>Performance Improvement Projects</b>			
Increase referrals to BH for positive depression screen	The current initiatives underway for the PIP is to find a narrowed focus provider who meets the minimum established requirements for this PIP. Once this partnership is formed, targeted goals for improvement as well as interventions will be formulated and implemented.	6/30/2019	Working through Module completion with HSAG
Increase percentage from 46.97% % to 49.67%	Well Visits: Males 21-64 at Salud	6/30/2020	
<b>Performance Measurement Data Driven Projects</b>			

<p>NHP continues to monitor performance on Key Performance Indicators and Performance Incentive measures. NHP continues to identify specific areas of focus for improvement (e.g., education, identify/prioritize improvement opportunities; develop interventions</p>	<p>Provider education and evaluation of updated KPIs; identify specific improvements on measures carried over from previous year. Estimate Q1 or Q2FY20 (department has not yet informed us of which KPIs will be updated.</p> <p>Implementation of FY20 PAC Plan following Department review and approval.        Estimated Oct-Nov 2019</p> <ul style="list-style-type: none"> <li>• Monitor clinical and service quality indicators</li> <li>• Identification of opportunities for improvement</li> <li>• Prioritization of opportunities to improve processes or outcomes of healthcare delivery that are based on risk assessment, ability to impact performance and resource availability</li> <li>• Identification of the affected population within the total membership</li> <li>• Performance relative to the baseline level is reviewed by the quality management committee</li> <li>• Thoughtful identification of interventions that are powerful enough to impact performance; and</li> <li>• Analysis of results are used to determine where performance is acceptable and, if not, the identification of current barriers to improving performance.</li> </ul> <p>Beacon Health Options shares the findings with its partners, staff and management team and stakeholders through regular updates, PIAC and other committee meetings.</p>	<p>Ongoing</p>	<p>NHP continues to work with our QI Committee to identify projects. Through committee and provider education efforts, we have received questions and feedback involving codes/methodology that have been passed on to the Department. Much of our initial work has been establishing relationships to increase knowledge, validate data, gain feedback on measures, performance challenges and interventions.</p> <p>The Prometheus tool brings key health resource data that has been valuable in understanding health care costs and population characteristics, as well as specific detail for intervention development.</p> <p>Recent receipt of baseline and performance data has created improved opportunities for engaging with providers to better quantify performance.</p> <p>Working with dental organizations to better address rural and frontier shortages is a current area of focus. Working with practices to support the development of care compacts, and foster care</p>
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			screening processes are current initiatives as well.
<b>Member Experience of Care Improvement Driven Projects</b>			
Surveys	<p>NHP worked in conjunction with HCPF to support the CAHPS survey.</p> <p>NHP is currently reformatted the member satisfaction survey on its website. The survey aims to collect information on member’s desire to improve their healthcare, perceptions of satisfaction and access issues for both physical health and behavioral healthcare services. NHP will examine survey data and implement targeted strategies where needed.</p> <p>The results of the ECHO survey were reviewed with NHP and MHC staff to identify areas of weak performance and to identify possible intervention to help with performance in specific categories. Specific plans will be finalized October 2019.</p>		
<b>Under and Over Utilization of Services Projects</b>			
Implement COUP education for providers and high volume Clinics	Define and scale best practice model	Q3 FY19	Completed Town Hall training; clinic training in development
<b>Quality and Appropriateness of Care Furnished to Members with Special Health Care Needs Projects</b>			

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	<p>NHP recognizes Health First Colorado’s definition of special health care needs as, “those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” For Members who require EPSDT services as well as those individuals with other identified disabilities, NHP requires an intake assessment to be conducted by a qualified, credentialed clinician. If a mental health issue is identified, treatment planning will include follow-up/intervention with the identified issue(s). NHP will provide referral assistance to members receiving diagnosis or treatment services not covered by the plan, but found to be needed as a result of conditions disclosed during the screening (assessment) and diagnosis process.</p> <p>Furthermore, we will conduct periodic audits of medical record documentation to ensure care is comprehensive, appropriate and effectively coordinated across providers.</p> <p>Our existing network includes psychologists and psychiatrists who can assist with the assessment of complex cases, such as Members who present with co-occurring disorders, including substance use disorders, medical problems, autism, developmental disabilities, or neurological conditions such as traumatic brain injuries. Members are offered choice about geographic service location, provider’s licensure type and clinical specialty, and treatment options. These practitioners are trained to offer appropriate treatment for</p>	5/2019	In progress; finalizing BAAs, gathering stakeholders
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	members who have special health care needs.		
<b>Quality of Care Concern Monitoring</b>			
QOC process for both BH and physical	Continuing to conduct regular and ongoing audits as well as the evaluation of identified quality of care issues. Also, continuing to monitor progress and conducting provider education on areas of low performance.		
<b>External Quality Review Driven Projects</b>			
EQRO	NHP underwent its first EQRO audit in March of 2019.		<p>HSAG conducted an audit for NHP covering the following categories:</p> <ul style="list-style-type: none"> <li>• Coordination and Continuity of Care</li> <li>• Member Information</li> <li>• Member Rights and Protections</li> <li>• EPSDT</li> </ul> <p>NHP scored 98% in this audit.</p>
<b>Internal Advisory Committees and Learning Collaboratives Strategies and Projects</b>			
QIC Expansion	Continue to broaden membership to engage community providers and establish Quality Improvement culture	10/2019	Initiated January 2019; progress continues as PAC initiatives progress

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<p>PIAC Expansion</p>	<p>The Regional PIAC comprises Members, family members, partners, providers, hospitals, community agencies and a variety of stakeholders who represent the populations of the region and local communities. The role of this committee is to guide and inform program administration, such as input into performance with a focus on KPIs, population health, program development, quality of care, and service. This committee serves the important function of vetting the annual Performance Improvement Plan, the Performance Improvement Project progress, possible performance improvement initiatives that will directly impact the quality of Member care, Member engagement or Member experience of care. Issues that might arise for discussion within the PIAC include but are not limited to: Member needs around medical care, transportation, community services such as food, peer support, financial assistance, clothing, and cultural and religious considerations.</p>		<p>Regional PIAC meetings for NHP are scheduled monthly. Meetings will be held throughout the year. Stakeholder participation in these meetings continues to grow.</p>
<p>Offer network or other Learning Collaborative or educational offerings to communicate RAE initiatives, changes, performance, quality improvement or other learning opportunities.</p>	<p>Bi-annual Learning Collaboratives BH Compacting SUD</p>	<p>5/2019 10/2019</p>	<p>NHP staff consistently attend the State Learning Collaborative meetings.</p>