



NORTHEAST
HEALTH PARTNERS, LLC

SFY20/21 Quality Plan

Northeast Health Partners, LLC

Executive Summary

Northeast Health Partners, LLC (NHP) is the Regional Accountable Entity (RAE) for Region 2. Representing 10 counties in the northeast part of Colorado, NHPs’ territory spans more than 20,000 square miles and includes more than 80,000 members. The region was founded by four provider organizations that serve the region – Sunrise Community Health, Salud Family Health Centers, North Range Behavioral Health, and Centennial Mental Health Center. NHP also utilizes Beacon Health Options as its contracted Administrative Services Organization (ASO).

The Quality Improvement (QI) program at NHP is responsible for programming and initiatives that work to improve health outcomes for Health First Colorado (Medicaid) members, as well as overall health care management. Working collaboratively with Beacon Health Options, QI programming spans across business intelligence, practice transformation, care coordination, and population health to ensure programmatic decision-making is data-driven, efficient, and aligned.

This plan is meant to serve as a blueprint for the NHP QI Program through state fiscal year (SFY) 2020/2021 (e.g., July 1, 2020 – June 30, 2021), including specific goals and activities that will be prioritized. Because the COVID-19 pandemic impacted so many aspects of healthcare, activities influenced by this impact are noted throughout the plan where applicable.

Quality Program Leadership

As noted in the Executive Summary of this report, NHP moved the Director of QI position in-house, with all other quality-related activities and support fulfilled by Beacon Health Options. The list below includes individuals across both organizations actively involved in the activities and operations of NHPs’ QI Department.

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SFY19/20 Accomplishments

As noted in NHPs’ SFY19/20 Quality Report, significant accomplishments were achieved across quality activities and initiatives. These included modifications in workflow that resulted in greater depth of analysis between NHP and Beacon Health Options, as well as strong performance across certain performance measures. A summary of these accomplishments is included in Figure 1 below.

Figure 1: NHPs’ Key Accomplishments from SFY19/20

Project	Accomplishment
Health Neighborhood KPI	Achieved Tier 2 goal of the Health Neighborhood KPI, and was the only RAE to meet its established goal.
BH Engagement KPI	Achieved Tier 2 goal.
Dental Visits KPI	Achieved Tier 2 goal.
Prenatal Engagement KPI	Achieved Tier 2 goal.
Potentially Avoidable Complications (PAC) KPI	Achieved all milestones associated with PAC work.
Extended Care Coordination Performance Pool	Scored the highest of all RAEs on the Extended Care Coordination (ECC) Performance Pool measure in SFY18/19 and SFY19/20.
QI and Population Health Committees	Utilized robust clinical representation from the region to inform strategy and analysis associated with KPIs.
COVID-19 KPIs and regional response	<ul style="list-style-type: none"> Assisted the region in expanding telehealth capacity. Achieved both KPIs that were established specific to COVID-19, including outreach and engagement to members identified as being at heightened risk for COVID-19 by the Department.

SFY20/21 Work Plan

Maintaining and expanding the accomplishments of SFY19/20 takes priority for NHPs' QI Program, as well as expanding the program in key areas that will help ensure better programming, efficiency, and data-driven decision-making. These specifics are included as NHPs' QI Work Plan for SFY20/21 below.

Project Title	SFY20/21 Goal and Activity	Targeted Completion Date
NHP Quality Programming: Committees		
Modify the quality-specific committee that serves as oversight to the NHP QI Program.	<ul style="list-style-type: none"> a. Establish a quality management committee to provide oversight of NHPs' QI Program initiatives by leadership roles throughout the region. b. Establish reporting to other regional committees (e.g., PIAC, Population Health). 	<ul style="list-style-type: none"> a. October 31, 2020 b. December 31, 2020
Regional Program Improvement Advisory Committee (PIAC)	<ul style="list-style-type: none"> a. Incorporate population health initiatives into the meeting content. b. Identify additional voting member who represents NHP membership. c. Identify co-chair from the community (provider or member). 	<ul style="list-style-type: none"> a. December 31, 2020 b. June 30, 2021 c. December 31, 2020
Performance Measures: Data & Reporting		
Telehealth impact	Calculate and standardize the regional reporting of telehealth services across performance measures.	December 31, 2020
Penetration rates	<ul style="list-style-type: none"> a. Continue performing at or above the current BH penetration rate of 20.6% b. Identify special populations for reporting on penetration rates, including foster care and individuals with Diabetes diagnoses. 	All activities: June 30, 2021
Medication Adherence (Performance Pool)	Develop internal calculations of medication adherence measures and identify three measures to target as part of the performance pool program.	December 31, 2020
Performance Measures: Goal Attainment & Performance Improvement		
Well Visits (KPI)	Conduct analysis on well visits to understand limitations in achieving the regional goal.	December 31, 2020
BH Engagement (KPI)	Continue performing at or above Tier 2 target.	June 30, 2021
Prenatal Engagement (KPI)	Continue performing at or above the Tier 2 target.	June 30, 2021
Dental Visits (KPI)	Continue performing at or above the Tier 2 target.	June 30, 2021
ED Visits (KPI)	Conduct analysis on ED visits to understand limitations in achieving the regional goal.	December 31, 2020
Health Neighborhood (KPI)	<ul style="list-style-type: none"> a. Continue to meet or exceed statewide performance on claims-based portion of measure. b. Increase the total number of care compacts, ensuring Tier 2 targets are met. 	All activities: June 30, 2021
Potentially Avoidable Complications (PAC) (KPI)	Achieve all milestones associated with the SFY20/21 PAC Plan.	June 30, 2021

Extended Care Coordination (Performance Pool)	Share quarterly performance with accountable entities (e.g., care coordination entities) and identify any barriers and opportunities as needed.	December 31, 2020
7-Day Follow-Up After and Inpatient Visit for Mental Health (BH Incentive)	Achieve the SFY19/20 goal of 66.05%. <ul style="list-style-type: none"> Due to a delay in measurement calculation, SFY20/21 goals for incentive measures will not be finalized until April 2021. Should internal calculations indicate goal attainment, a higher internal goal will be identified. 	June 30, 2021
BH Screen/Assessment for Members in Foster Care (BH Incentive)	Achieve the SFY 19/20 goal of 16.93%. <ul style="list-style-type: none"> Due to a delay in measurement calculation, SFY20/21 goals for incentive measures will not be finalized until April 2021. Should internal calculations indicate goal attainment, a higher internal goal will be identified. 	June 30, 2021
SUD Engagement (BH Incentive)	Meet or exceed the SFY 19/20 goal of 47.81%. <ul style="list-style-type: none"> Due to a delay in measurement calculation, SFY20/21 goals for incentive measures will not be finalized until April 2021. Should internal calculations indicate goal attainment, a higher internal goal will be identified. 	June 30, 2021
BH Follow-Up After a Positive Depression Screen in Primary Care (BH Incentive)	<ol style="list-style-type: none"> Increase the total volume of depression screens billed in primary care to meet or exceed the gate measure requirement of 7%. Assess and monitor follow-up performance as total volume of depression screens increase in the region. Assess barriers and opportunities for timely BH follow-up through the Performance Improvement Project (PIP). 	All activities: June 30, 2021
7-Day Follow-Up After an ED Visit for SUD (BH Incentive)	Meet or exceed the SFY19/20 goal of 39.56%. <ul style="list-style-type: none"> Due to a delay in measurement calculation, SFY20/21 goals for incentive measures will not be finalized until April 2021. Should internal calculations indicate goal attainment, a higher internal goal will be identified. 	June 30, 2021
Hospital Readmissions	Develop ongoing reporting for 7-, 30- and 90-day hospital readmissions.	June 30, 2021
Average Length of Stay (ALOS)	Develop ongoing reporting for average Length of Stay (ALOS)	June 30, 2021
Inpatient Utilization	Developing ongoing reporting for inpatient utilization.	June 30, 2021
Alternative Payment Model (APM)	Assist in practice transformation activities, regional learning collaboratives, and SFY21/22 measure selection.	All activities: June 30, 2021
Hospital Transformation Program (HTP)	Expand the role of QI in regional HTP efforts.	June 30, 2021

Performance Improvement Project (PIP)		
Depression Screens in Primary Care and Timely BH Follow-Up	Coordinate with all parties to increase the total number of depression screens billed in primary care and subsequent BH follow-up for positive screens.	Update in SFY20/21 Quality Report with work continuing into SFY21/22 due to 18-month PIP cycle.
411 Quality Improvement Project (QuIP)	Meet all project requirements associated with the 411 Quality Improvement Project (QuIP).	June 30, 2021
Compliance Monitoring		
External Quality Review Organization (EQRO) Audit	<ul style="list-style-type: none"> a. Finalize all CAP-related activities for the SFY19/20 EQRO audit. b. Comply with all site review activities for SFY20/21. 	<ul style="list-style-type: none"> a. December 31, 2020 b. June 30, 2021
Encounter Data Validation (411) Audit	Maintain or improve overread scores with HSAG.	Spring 2021
Delegation Oversight Audit	Oversee the quality of activities delegated to NHPs' contracted Administrative Service Organization (ASO), Beacon Health Options.	June 30, 2021
Care Coordination audits	<p>Work alongside Beacon Health Options' Director of Care Coordination to:</p> <ul style="list-style-type: none"> a. Establish policies/procedures to standardize auditing guidelines, scoring, frequency, and other internal review processes. b. Establish and standardize corrective action plan (CAP) process. c. Identify meaningful reporting and trending of performance. 	All activities: June 30, 2021
Behavioral Health Compliance Auditing	<ul style="list-style-type: none"> a. Update policies/procedures that standardize reporting and CAP-processes. b. Establish frequency, schedule, and conduct provider trainings. c. Incorporate information specific to the SUD expansion benefit into provider trainings. d. Track and trend performance to identify opportunities and training needs. 	All activities: June 30, 2021
Member & Family Experience		
Member Satisfaction Surveys (ECHO and CAHPS)	<ul style="list-style-type: none"> a. Meet or exceed satisfaction results from SFY19/20. b. Bring survey results to quality committees for additional input on any areas needing improvement. c. In the event one of the surveys indicates statistically significant decline in performance, develop resource or material for at least one area needing improvement. 	All activities: June 30, 2021

Grievances and Appeals	<ul style="list-style-type: none"> a. Continue reporting on grievances and appeals trends to quality and clinical leadership (at least quarterly). d. Utilize the Member Engagement Advisory Committee to ensure additional level of member experience is incorporated into quality activities. 	June 30, 2021
Quality of Care	<ul style="list-style-type: none"> a. Update policies/procedures for the Quality of Care Committee (QOCC). b. Trend concerns by provider and by category to address any observed patterns. c. Continue working with individual providers on corrective actions if a concern is substantiated. 	All activities: June 30, 2021
Network Adequacy and Availability		
Access to Care	Track and trend performance on Access to Care audits (including CAP reasons) and site reviews to identify opportunities and training needs.	June 30, 2021