Overview

Scoring process

OHA subject matter experts reviewed each project against the TQS guidance document for each component assigned to that project.

- Reviewers assigned a separate score of 0–3 for relevance, detail and feasibility.
- Relevance scores of zero mean the project did not meet the component-specific requirements; for these projects, detail and feasibility will automatically also score a zero.
- Relevance, detail and feasibility scores were summed for a total possible component score of 9.
- If a CCO submitted multiple projects for a component, scores were averaged to create a final component score.

How scores will be used

CCO scores will provide OHA with a snapshot of how well CCOs are doing in component areas. The scores will help OHA see what improvement is happening and identify areas of technical assistance needed across CCOs. Individual CCO scores and written assessments will be posted online.

How to use this feedback

This assessment should be used by the CCO to update TQS projects for 2022 TQS submission to ensure quality for members, including access and service utilization, while also continuing to push health system transformation to reduce health disparities across the CCO's service area.

Background

As part of a CCO quality program, the TQS includes health system transformation activities along with quality activities to drive toward the triple aim: better health, better care and lower cost. As part of 438.330 CFR, Quality Assessment Performance Improvement (QAPI), CCOs will submit the annual look-back across TQS components and provide analysis with a plan (that is, a TQS project) to improve each component area. The TQS highlights specific work a CCO plans to do in the coming year for the quality and transformation components. It is not a full catalog of the CCO's body of work addressing each component or full representation of the overall quality program a CCO should have in place.

Next steps

- **Feedback calls with OHA** – CCOs can request an optional call with OHA by emailing Transformation.Center@dhsoha.state.or.us. During the call, OHA will walk through this written assessment and answer any questions. Calls are available in June and July.
- **Resubmissions** – OHA will not be accepting resubmissions to ensure transparency across the original TQS submission and resulting written assessment. Feedback from the written assessment and feedback calls are intended to help CCOs focus on ways to improve projects and documentation in future submissions.
- **What will be posted** – OHA will post each CCO's entire TQS submission (sections 1, 2 and 3) — or redacted version, if approved by OHA — along with written assessment and scores no sooner than August 1.

CCO TQS assessment

Component scores

Average score	# of projects	Component
7	1	Access: Cultural Considerations
8	2	Access: Quality and Adequacy of Services
3	1	Access: Timely
7	1	Behavioral Health Integration
9	1	CLAS Standards
9	1	Grievances and Appeals System
6	1	Health Equity: Cultural Responsiveness
5	1	Health Equity: Data
8	1	Oral Health Integration
9	1	Patient-Centered Primary Care Home: Member Enrollment
9	1	Patient-Centered Primary Care Home: Tier Advancement
8	1	Severe and Persistent Mental Illness
8	1	Social Determinants of Health & Equity
4	1	Special Health Care Needs
7.5	2	Utilization Review
107.5		**TOTAL TQS SCORE**

Project scores and feedback

Project ID# 7: Reducing Preventable Emergency Department Visits

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	2	3	3	**8**
Utilization review	3	2	3	**8**

OHA review: (Access: quality and adequacy of services) There is a clear plan to monitor and improve quality and adequacy of services through targeted member outreach after inappropriate ED utilization. The project does not fully meet the component requirement as it does not address access needs based on anticipated member enrollment.

Overall good descriptions of project context and progress to date with updated targets/benchmarks that are relevant and achievable, as described.

(Utilization review) Project is fully realized with clear mechanisms to detect under- and over-utilization of services. Connecting participating providers with Tableau dashboards is a great use of technology and data. The processes of the ICC coordinator (soon-to-be team) are well defined.

OHA recommendations: (Access: quality and adequacy of services) Take into account access needs based on anticipated member enrollment.

(Utilization review) Since this is a continuing project and many aspects overlap with current PIP work, additional detail would be helpful to clarify the distinction between the PIP and the TQS-related efforts. Including reporting timelines for PIP efforts as a monitoring activity for Activity 1 does not seem to directly support the proposed TQS strategies of VBP and expanded access to ICC services.

Project ID# 9: Social Determinants of Health (PRAPARE) Screening for Intensive Care Coordination

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs	2	1	1	**4**

OHA review: This is a very relevant project with appropriate goals to improve care management by connecting members' health care to SDOH issues. The project does not meet the component requirements to clearly identify and monitor health outcomes for the prioritized population. Monitoring activities do not relate or have measurable monitoring outcomes related to health improvement or health outcomes as required of SHCN projects.

OHA recommendations: Move beyond exploration of ways to use the data and toward concrete tracking mechanisms. The project should clearly connect the improvement activities to monitoring and improving health outcome(s) for the defined SHCN population. Add specific activities that connect the PRAPARE assessment to specific goals and metrics for improving outcomes in the target population (how does addressing nutrition or housing impact specific goals for members?). Build a roadmap between the assessment and care goals, track outcomes based on successful navigation to SDOH supports.

Project ID# 40: South Coast Together – ACEs Training and Prevention

Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	3	2	3	**8**

OHA review: This is a well-designed project that appropriately pivoted during COVID-19 and reset targets within the pandemic context. The project did not provide sufficient detail with regards to the CCO role and member engagement in the development and continuation of the project.

OHA recommendations: Provide additional detail about the CCO role within the collaborative (for example, whether the CCO is on the steering committee) and how the CCO is continuing to fund project activities beyond the guidebook. Provide more detail on CCO member engagement during continuation of the project or member involvement in providing direction on future activities.

With regards to feasibility, consider what barriers may occur when requesting that trainees fund their own family café in the community moving forward.

Project ID# 42: Member Grievance System Improvements

Component	Relevance score	Detail score	Feasibility score	Combined score
Grievance and appeal system	3	3	3	**9**
Health equity: Data	2	1	2	**5**

OHA review: (Grievance and appeal system) Overall good description of the project that meets the component definition. The targets/benchmarks are updated and are both relevant and achievable, as described. The activities included should improve the highest area of complaints (provider related) and the addition of cultural sensitivity shows continued work in this area.

(Health equity: data) This is an appropriate project in which data is a tool to analyze access to grievance and appeal systems and to identify areas in the health care delivery system that need improvement, but the analysis of the issue is lacking. The stratification of the data resulting from this project could be groundbreaking; this is a good start to begin pushing transformation of the tracking and analysis within the grievance and appeal systems.

OHA recommendations: (Health equity: data) Provide a more in-depth analysis of the CCO's grievance and appeal systems. The CCO data used for analysis is limited (demographics/REALD is missing). As a result of the data stratification, this project may need to shift its goals and interventions to address newly identified areas for improvement. It is unclear how the CCO is defining "grievances related to culturally sensitivity," as it does not appear to include grievances among members with disabilities.

Project ID# 43: Oral Health Integration for Members with Diabetes

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	3	2	3	**8**
Utilization review	3	2	2	**7**

OHA review: (Oral health integration) Project clearly addresses oral health integration by providing essential oral health services to a vulnerable population in a primary/behavioral health setting. There is also a good rationale and context for the project, and the project goals are feasible in the current pandemic context. Detail is lacking in some of the activities, and there isn't enough rationale for some of the chosen targets/benchmarks.

(Utilization review) Fully relevant with clear prior year assessment. Without benchmarks set for all monitoring activities, it's not clear that the intention is to sustain the work to achieve the set targets.

OHA recommendations: (Oral health integration) Better detail the future state for materials in primary care offices, as well as the percent of offices included in the intervention. Provide rationale for target/benchmark percentages chosen for "adults with an oral examination" monitoring activity.

(Utilization review) Set benchmarks.

Project ID# 44: Community Collaborative – Initiation and Engagement in Alcohol or Other Drug Treatment

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Timely	1	1	1	**3**

OHA review: While the project mentions improving timely access, it does not meet the component requirements as there is no clear plan for how timely access to services will be improved. The details

provided are not sufficient to identify whether the activities are related to timely access. The lack of progress due to COVID-19 is understandable.

OHA recommendations: The project should have a clear plan for how timely access will be improved that references the time and distance standards being applied and how the project will monitor the provider network for timely and adequate access.

Consider what additional activities might be incorporated to meaningfully move the project forward prior to the potential in-person training in fall 2021. Clearly detail how the training activity will improve timely access.

Project ID# 45: Improve Language Services Access

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	1	3	3	**7**
CLAS standards	3	3	3	**9**
Health equity: Cultural responsiveness	2	2	2	**6**

OHA review: (Access: cultural considerations) Project includes sufficient rationale, but it does not meet the component requirements to 1) demonstrate how the cultural and linguistic needs of the target population are identified, and 2) outline member participation in the member's plan of care in the delivery of services in the most appropriate setting and in a manner that meets the member's unique needs. The activities themselves are promising, especially the local health care interpreter training program.

(CLAS) This is an excellent project that meets all the component requirements. Overall good descriptions of project context and progress to date with updated targets/benchmarks that are both relevant and achievable, as described.

(Health equity: cultural responsiveness) The project somewhat meets the component requirements with a clear demonstrated interest to improve the language access system and incorporates solid transformation efforts. The CAC participation and the potential addition of an interpreter service training make this project transformational. The project also aligns well with other related CCO contract requirements.

Overall, there is clear justification for the project with appropriate context and prior year analysis, and the activities are both appropriate and feasible.

OHA recommendations: (Access: cultural considerations) Clearly detail how the target population's cultural and linguistic needs are identified and how the member participates in their own plan of care.

(Health equity: cultural responsiveness) Consider how the project accounts for both state and federal laws regarding communication and accessibility when reviewing operational procedures that ensure Limited English Proficiency members are able to access language assistance services.

Consider addressing the provider network issues related to language access and reach out to culturally specific organizations as a source of information regarding best approaches to serving LEP members.

Project ID# 46: Roadmap to Improved Behavioral Health Access and Integration

Component	Relevance score	Detail score	Feasibility score	Combined score

Access: Quality and adequacy of services	2	3	3	**8**
Serious and persistent mental illness	2	2	2	**6**
Behavioral health integration	3	2	2	**7**

OHA review: (Access: quality and adequacy of services) The project demonstrates how claims reporting has provided a global picture of access to behavioral health services for members with an SPMI diagnosis. This is extremely helpful for improving access. The project does not address access needs based on anticipated member enrollment. Overall good descriptions of project context and progress to date with updated targets/benchmarks that are relevant and achievable, as described.

(Serious and persistent mental illness) This is a strong concept with clear process and goals, and great data sources. The project does not clearly support self-determination and patient-centeredness. While the project touched on "open clients" and broadening referral sources, it did not necessarily address alternatives to services through rigid concept of being open or not before services can be delivered in a client-centered modality.

(Behavioral health integration) The project fully meets the component requirements and includes a great data-driven approach. The activities address identified gaps.

OHA recommendations: (Access: Quality and adequacy of services) The project should take into account access needs based on anticipated member enrollment.

(Serious and persistent mental illness) The project should clearly support self-determination and patient-centeredness. Measuring increases in ACT services could be a strong added metric. The targets/benchmarks should be more clearly defined, specific and measurable. Include a clear rationale for expected improvement in the targets/benchmarks.

(Behavioral health integration) Use SMART (specific, measurable, achievable, relevant and time-bound) targets and benchmarks.

Project ID# (new): Patient-Centered Primary Care Home Advancement and Enrollment				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
PCPCH: Member enrollment	3	3	3	**9**
PCPCH: Tier advancement	3	3	3	**9**

OHA review: The project meets the component requirement for both PCPCH components, provides ample details, and includes activities and benchmarks/targets that are feasible and will make progress in addressing the identified gaps.