Announcements & Updates

Learning Activities, MOU, SUD Consent Management
Learning Activities

Motivational Interviewing Workshop, Oct. 9-10
  • Over capacity – 27 participants

QI Affinity Group, October 19th

Motivational Interviewing Train the Trainer, Feb 2019
  • Prerequisites
  • Application available on the portal
Learning Activities cont.

- Primary Care LAN, starts Tues. Oct 2\textsuperscript{nd}
  - 9 organizations have registered
- Behavioral Health LAN, starts Wed. Oct 3\textsuperscript{rd}
  - 7 organizations have registered

- Reminder: This activity is a pay for participation. “One representative from the team must attend a minimum of 80% of webinars... Attendance will only count if at least one member from the organization participates via video.”
Learning Activities Documents
Learning Activities Documents

When in the folder of your choice, subscribe by clicking on the link to be notified when new documents are uploaded.
What is Substance Use Disorder (SUD) Consent Management?

Substance Use Disorder Data (SUD) (n):
Data related to the treatment of use of alcohol or another substance that has resulted in health issues or problems at work, school, or home.

Consent Management (n):
A system, process or set of policies for allowing consumers and patients to determine what health information they are willing to permit their physical health and behavioral health care providers to access.

SUD Consent Management:

- Enables providers to **request consent management in a consistent manner**
- **Supports patient/client decision** to share data
- **Contributes to whole-health care** by facilitating a more comprehensive view of a patient’s care
- **Supports transparent decision-making**
- Promotes the **treatment of patient data** as an important **asset and tool**
- Promotes **provider understanding** as to when a request is needed and what can be shared
- **Mitigates unintended data usage & release**
Overview of the review and approval process

- **July**: Meeting to kick off Part 2 review and approval process
- **Aug – early October**: Review guidance as suggested by HCA, Provide feedback within the specified timeframes
- **Late Oct**: Incorporate feedback, iterate until approval received, Sign off from partner agencies, Publish guidance

Information from Health Care Authority
Change Plan Results and Next Steps

MOUs & Reporting
Portal & Measure Reporting

• MOU status
  • 100% returned

• Issues within the Change Plan – closed to edits

• Measure specifications were submitted on Friday

• Reporting portal is being created based on the specifications.
Reporting Mock Up

Change Status Drop-Down Options
- Not Started
- Planning
- Testing
- Limited Implementation
- Spread
- Fully Implemented
- Fully Implemented But With Gaps

Primary Driver
Secondary Driver
Reporting Mock Up

Practice Status – Summary of Successes
• “What are you most proud of? What driver/strategy had the most impact this quarter?”

Practice Status – Summary of Challenges
• “How were certain drivers/strategies challenging? What held you back this quarter?”

Next Steps
• “What will you focus on in the near future to build on your work? What kind of assistance/resources could help you break down existing barriers?”
Reporting Mock Up

Primary Driver

Secondary Driver

TA Provided

- Coaching by Quality Improvement Advisor
- Coaching by Faculty
- Learning Activity (e.g. LAN, Sprint, etc)
- Training – In Person (e.g. skills workshops, etc)
- Training – Webinar
- Training – Self-Paced Module
- Consult with peer/mentor/clinic
Change Plan Implementation - Coaching Activities

Summary of coaching activities, major themes, coaching network
Coaching

• In a time of transitional coaching...
• Coaching assessment – clear picture of site needs observed by the current coaches (Tina, Gwen and Kathy).
• Nicole Van Borkulo – Lead coach, help develop a coaching network moving forward.
• Major themes already assessed - Kathy
Leadership Development

Strategic discussion around alignment opportunities
Key Discussion Items

- Alignment opportunities
- What do we hope to accomplish together?
- Driving improvement
  - Role of transparency
- How might we improve.....
Alignment Opportunities

Internal Alignment

- Strategic Plan
- What senior leadership says
- What senior leadership does
- Projects/initiatives in which an organization participates
- QI system Internally
- WPCC opportunities

Internal Alignment

- Aligning
- Managerial Core Processes
  - Environmental Scan
  - Community Needs Assessment
  - Competitive Analyses
  - Organizational Benchmarking
  - Customer Knowledge

Vision
- 3-5 Strategic Plan
- 1 Year Operating Plan
- Annual Budget
- Improvement & Innovation Plans

Profound Knowledge Of Customers; Environment & Organization
Aligning Managerial Core Processes

- Environmental Scan
- Community Needs Assessment
- Competitive Analyses
- Organizational Benchmarking
- Customer Knowledge

Profound Knowledge of Customers; Environment & Organization

Vision

3-5 Strategic Plan

1 Year Operating Plan

Annual Budget

Improvement & Innovation Plans
External Alignment Opportunities

External

- National priorities
- State priorities
- Regional priorities
- WPCC priorities
- WPCC learning models and specific initiatives
What do we hope to accomplish together?

What do the data tell us?
# North Central ACH Pay for Performance (P4P) Measure Dashboard

**Measurement Period:** July 2016 – June 2017 (Q2 2017)

**Data Sources**

- Healthier Washington Data Dashboard & RDA Measure Decomposition Reports

## Measures and Performance

<table>
<thead>
<tr>
<th>Measure</th>
<th>Date</th>
<th>ACH Performance</th>
<th>Statewide Performance</th>
<th>Relative to State</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause Emergency Department Utilization (per 1,000 member months)</td>
<td>Q2 2017</td>
<td>37</td>
<td>50</td>
<td>↓</td>
</tr>
<tr>
<td>Antidepressant Medication Management – Acute</td>
<td>Q2 2017</td>
<td>47%</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>Antidepressant Medicaid Management – Continuation</td>
<td>Q2 2017</td>
<td>31%</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent Access to Primary Care (12-24 months)</td>
<td>Q2 2017</td>
<td>94%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent Access to Primary Care (2-6 years)</td>
<td>Q2 2017</td>
<td>87%</td>
<td>84%</td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent Access to Primary Care (7-11 years)</td>
<td>Q2 2017</td>
<td>93%</td>
<td>89%</td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent Access to Primary Care (12-19 years)</td>
<td>Q2 2017</td>
<td>88%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Diabetes Care: Eye Exam</td>
<td>Q2 2017</td>
<td>47%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Diabetes Care: HbA1c Testing</td>
<td>Q2 2017</td>
<td>88%</td>
<td>84%</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Diabetes Care: Medical Attention for Nephropathy</td>
<td>Q2 2017</td>
<td>89%</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Follow up after Discharge from ED for Alcohol or Other Drug Dependence (7 day)</td>
<td>Q2 2017</td>
<td>24%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Follow up after Discharge from ED for Alcohol or Other Drug Dependence (30 day)</td>
<td>Q2 2017</td>
<td>31%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Follow up after Discharge from ED for Mental Health (7 day)</td>
<td>Q2 2017</td>
<td>78%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Follow up after Discharge from ED for Mental Health (30 day)</td>
<td>Q2 2017</td>
<td>83%</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Follow up after Hospitalization for Mental Health (7 day)</td>
<td>Q2 2017</td>
<td>78%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Follow up after Hospitalization for Mental Health (30 day)</td>
<td>Q2 2017</td>
<td>88%</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Utilization (per 1,000 member months)</td>
<td>Q2 2017</td>
<td>57</td>
<td>65</td>
<td></td>
</tr>
</tbody>
</table>

**Legend**

- Lower rate indicates better performance
- **ACH performance is at or above statewide**
- **ACH performance is below statewide**
- **ACH is the lowest performing ACH region**

**Data Sources**

Data sources used include: Healthier Washington Data Dashboard & RDA Measure Decomposition Reports

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**May 2018**
## North Central ACH Pay for Performance (P4P) Measure Dashboard

**Measurement Period: July 2016 – June 2017 (Q2 2017)**

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</tr>
</thead>
<tbody>
<tr>
<td>Medication Management for People with Asthma</td>
<td>Q2 2017</td>
<td>25%</td>
<td>31%</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health Treatment Penetration</td>
<td>Q2 2017</td>
<td>44%</td>
<td>46%</td>
<td>-</td>
</tr>
<tr>
<td>Percent Homeless ↓</td>
<td>Q2 2017</td>
<td>3%</td>
<td>5%</td>
<td>-</td>
</tr>
<tr>
<td>Percent Arrested ↓</td>
<td>Q2 2017</td>
<td>7%</td>
<td>7%</td>
<td>-</td>
</tr>
<tr>
<td>Plan All-Cause Readmission ↓</td>
<td>Q2 2017</td>
<td>13%</td>
<td>14%</td>
<td>-</td>
</tr>
<tr>
<td>Substance Use Disorder Treatment Penetration</td>
<td>Q2 2017</td>
<td>22%</td>
<td>28%</td>
<td>-</td>
</tr>
<tr>
<td>Patients on High Dose Chronic Opioid Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients with Concurrent Opioid and Sedative Prescriptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statin Therapy for Patients with Cardiovascular Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder Treatment Penetration (Opioids)</td>
<td>Q2 2017</td>
<td>35%</td>
<td>45%</td>
<td>-</td>
</tr>
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</table>

*Data for these P4P measures are not yet available.*

### About P4P Measures

The first year ACHs will be held accountable for P4P measures is CY 2019. Performance in CY 2019 will be compared to baseline (CY 2017). Official ACH baseline performance will be calculated for CY 2017 (Jan – Dec). The state intends to release baseline results, official improvement targets, and benchmarks for P4P measures in October 2018. ACH performance reported here is preliminary.

Benchmarks for gap to goal measures will likely be based on the national Medicaid 90th percentile; ACHs must close the gap between baseline and benchmarks by 10%. Targets for improvement over self measures will be based on 1.9% improvement from baseline.

Future updates of the P4P Measure Dashboard will include official baseline and benchmarks / improvement targets. The P4P Measure Dashboard will be updated quarterly when possible; however, some measures are only available annually or semi-annually.
## Pay for Performance (P4P) Measure Dashboard

**Measurement Period:** July 2016 – June 2017 (Q2 2017)

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<tr>
<th>Measure</th>
<th>Chelan to State</th>
<th>Douglas to State</th>
<th>Grant to State</th>
<th>Okanogan to State</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-cause ED Utilization (per 1,000 member months) ▼</td>
<td><img src="Presence" alt="Chelan" /></td>
<td><img src="Absence" alt="Douglas" /></td>
<td><img src="Presence" alt="Grant" /></td>
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</tr>
</tbody>
</table>

▼ Lower rate indicates better performance

### County Performance

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Medicaid Enrollees</th>
<th>% of NCACH Medicaid population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chelan</td>
<td>25,975</td>
<td>27.5%</td>
</tr>
<tr>
<td>Douglas</td>
<td>13,627</td>
<td>14.4%</td>
</tr>
<tr>
<td>Grant</td>
<td>37,718</td>
<td>39.9%</td>
</tr>
<tr>
<td>Okanogan</td>
<td>17,139</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

### Legend

- ![Presence](#): County performance is at or above statewide
- ![Absence](#): County performance is below statewide

### Data Sources

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Driving Improvement-Lessons

- Alignment around common aims
- Measurement of relevant indicators that are the voice of the process
- Transparent sharing of measures
- Using measures to drive improvement
- Leadership connecting the dots