



***DRAFT***

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## **SoonerCare Quality Improvement Plan**

June 2018

## TABLE OF CONTENTS

Section 1 – Introduction .....	2
Section 2 – OHCA Quality Improvement Function .....	10
Section 3 – SFY 2019 Quality Measures.....	16
Section 4 – SFY 2019 Performance Improvement Projects .....	28
<i>Appendix – Performance Improvement Project Template.....</i>	<i>35</i>

## **SECTION 1: INTRODUCTION**

The Oklahoma Health Care Authority (OHCA) is the largest public purchaser of health care in the state. In State Fiscal Year (SFY) 2017, the OHCA's SoonerCare Program provided health coverage to over 988,000 Oklahomans and covered nearly 30,000 births, or close to 60 percent of births statewide.

The SoonerCare program operates as a coordinated, or managed care model; approximately 70 percent of SoonerCare members are aligned with, and receive services and care coordination through, a patient centered medical home.

The OHCA is committed as an organization to improving the health and quality of life of SoonerCare members. The OHCA's vision is to effect cultural and behavior changes resulting in healthier Oklahomans, a stable and coordinated provider network, a focus on preventive care and care coordination, and an outstanding agency fully funded because of its administrative excellence and clear contribution to health outcomes.

### ***A Foundation of Quality***

The OHCA has identified quality as part of its core mission since the agency's founding over two decades ago. The OHCA's original organizational structure included a dedicated Quality Assurance office responsible for "monitoring the performance of Title XIX providers against State standards"<sup>1</sup>.

The OHCA has significantly expanded the scope of its quality-related activities over the years to keep pace with state and federal requirements. The OHCA also has strived to incorporate best practices with respect to Medicaid coordinated/managed care into its quality-related activities.

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<sup>1</sup> Application to the Department of Health and Human Services for the Development of SoonerCare, December 1, 1994, page 23.

The formal Quality function is housed today within the Quality Assurance/Quality Improvement Department of the SoonerCare Medical Professional Services Division. The Department's responsibilities include<sup>2</sup>:

- Coordination and performance of Quality Assurance evaluations and monitoring of provider compliance across multiple OHCA benefit programs.
- Serving as the compliance evaluation unit for Patient Centered Medical Home (PCMH) providers, while developing partnerships with PCMH providers.
- Evaluation of all Oklahoma Health Care Authority (OHCA) complaints, specifically handling complaints for quality of care concerns, while referring others to the most appropriate department or agency.
- Oversight of the contracted Quality Improvement Organization (QIO) responsible for review of inpatient/outpatient services (i.e., medical necessity reviews).

In SFY 2017, the OHCA spent nearly \$1.3 million to perform these quality-related activities either directly, or through the external QIO. The OHCA also spent approximately \$5.5 million on other activities with a quality component, including peer review and survey/certification of health care facilities<sup>3</sup>.

These amounts, while significant, somewhat understate the OHCA's current resource commitment to quality. The agency considers quality and performance improvement to be a responsibility of all departments. There are staff performing oversight, reporting and performance improvement activities throughout the agency, all of whom are part of the OHCA's quality function in the broadest sense.

It is the OHCA's intent to build on the solid foundation established by the existing quality function through the initiatives outlined starting on the following page. The SFY 2019 Quality Improvement Plan will expand upon, but not supplant, the activities occurring today within the Quality function and throughout the organization.

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<sup>2</sup> OHCA Core Functions Detail Survey 2015, page 145.

<sup>3</sup> OHCA SFY 2017 Annual Report, page 15.

**Five-Year Strategic Plan & Healthy Oklahoma 2020**

The OHCA has developed a five-year strategic plan to guide the organization in fulfilling its vision. The OHCA also supports the state’s broader health priorities as defined in the Oklahoma Health Improvement Plan: Healthy Oklahoma 2020<sup>4</sup>.

The OHCA’s five-year strategic plan identifies agency goals and related “focus areas for analysis”, some of which apply to multiple goals:

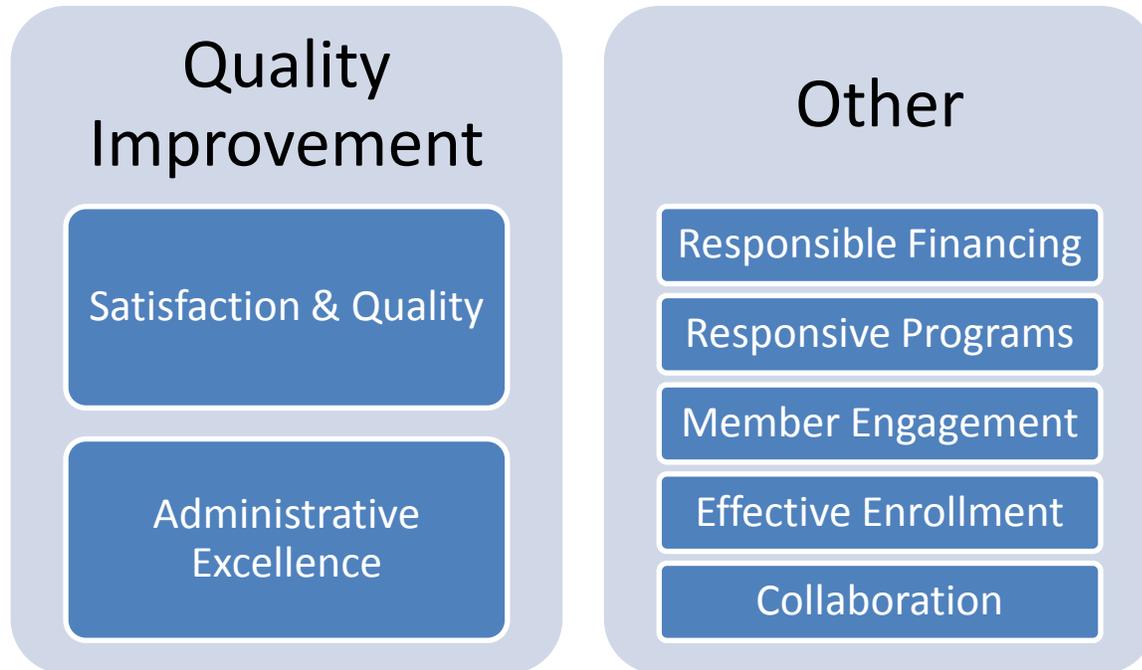
STRATEGIC PLAN GOAL	FOCUS AREA FOR ANALYSIS
<p><b>Responsible Financing:</b> Purchase cost-effective health care for members by maintaining appropriate rates that strengthen the state’s health care infrastructure.</p>	<p>▶▶ <i>Develop innovative legislative and budget approaches to improve the efficiency and effectiveness of OHCA programs, services, and administration.</i></p>
<p><b>Responsive Programs:</b> Develop and offer medically necessary benefits and services that meet the healthcare needs of our members.</p>	<p>▶▶ <i>Improve access to health care services for members in rural areas.</i></p> <p><i>Reduce disparities in health access and outcomes for minority groups in Oklahoma.</i></p> <p><i>Reduce disparities in health access and outcomes for individuals of different economic status in Oklahoma.</i></p>
<p><b>Member Engagement:</b> Inform and engage members about how their choices and behaviors affect their own health status and services.</p>	<p>▶▶ <i>Implement proven initiatives and approaches that effectively change the health-related behaviors of individuals.</i></p>
<p><b>Satisfaction and Quality:</b> Protect and improve member health and satisfaction with health care services, as well as ensuring quality.</p>	<p>▶▶ <i>Develop and implement a comprehensive, agency-wide clinical Quality Improvement plan that includes a coordinated, structural framework, action plans and key quality measures.</i></p>

<sup>4</sup> <http://ohip2020.com/>

STRATEGIC PLAN GOAL	FOCUS AREA FOR ANALYSIS
<p><b>Effective Enrollment:</b> Ensure that qualified individuals in Oklahoma receive health care coverage.</p>	<p>▶▶ <i>Improve access to health care services for members in rural areas.</i></p> <p><i>Reduce disparities in health access and outcomes for minority groups in Oklahoma.</i></p> <p><i>Reduce disparities in health access and outcomes for individuals of different economic status in Oklahoma.</i></p>
<p><b>Administrative Excellence:</b> Promote efficiency and innovation in the administration of the OHCA.</p>	<p>▶▶ <i>Develop and implement a comprehensive, agency-wide administrative Quality Improvement plan that includes a coordinated, structural framework, action plans and key quality measures.</i></p>
<p><b>Collaboration:</b> Foster collaboration among public and private individuals and entities to build a responsive health care system for Oklahoma.</p>	<p>▶▶ <i>Improve access to health care services for members in rural areas.</i></p> <p><i>Reduce disparities in health access and outcomes for minority groups in Oklahoma.</i></p> <p><i>Reduce disparities in health access and outcomes for individuals of different economic status in Oklahoma.</i></p>

Two of the strategic planning goals specifically target Quality Improvement, both within the agency and extending out to members, providers, public partners and other program stakeholders. These two goals – “Satisfaction and Quality” and “Administrative Excellence” are integral to the strategic plan but also are at the core of the OHCA’s Quality Improvement activities.

### ***OHCA Strategic Plan Components***



***OHCA Quality Improvement Plan – Purpose and Scope***

The purpose of the SFY 2019 OHCA Quality Improvement Plan is to define the structure and processes by which the agency, in conjunction with its partners, supports achievement of the two quality-related strategic plan goals. More specifically, the Quality Improvement Plan:

- Outlines the organizational structure and staffing for the OHCA’s dedicated Quality Improvement function;
- Describes the role of the dedicated Quality Improvement function in supporting OHCA departments to undertake Quality Improvement initiatives, including (where appropriate) in collaboration with other departments or external partners;
- Defines the process for selection of outcomes-based quality measures through which the agency and its departments will monitor progress in achieving OHCA Quality Improvement goals;
- Defines the process for development, approval, implementation and evaluation of Performance Improvement Projects (PIPs) through which departments will advance OHCA Quality Improvement goals;
- Describes the Quality Improvement function’s role in training OHCA employees as part of the agency’s commitment to fostering a culture of quality;

- Outlines the Quality Improvement function’s responsibility for reporting progress in achieving agency goals and communicating results to agency stakeholders; and
- Describes the process for updating the Quality Improvement Plan and its components.

The SFY 2019 Quality Improvement Plan serves as a “baseline” for OHCA Quality Improvement activities. Future Quality Improvement Plans will include data on performance at the agency level through longitudinal tracking of quality measures. Future Plans also will document PIP initiatives undertaken in the previous year and present information on outcomes.

### ***Development of the OHCA Quality Improvement Plan***

The OHCA, as an agency, has a long history of working to build a culture of quality and measuring adherence to quality standards. Traditionally, much of the OHCA’s activity, like that in other states, has been oriented toward quality assurance.

Quality assurance is an essential function, but one that focuses on ensuring the agency’s individual departments and partners (e.g., providers) are complying with existing program rules and standards. Quality improvement, as defined by the OHCA, builds upon, and extends beyond, traditional quality assurance activities.

Quality improvement shifts from a backward to forward-looking focus by moving beyond compliance with current standards to defining goals that exceed today’s performance and laying-out a process for achieving the goals and measuring progress toward their achievement.

## ***Moving from Quality Assurance to Quality Improvement***

Quality Assurance	Quality Improvement
Measuring Compliance (with contract, accreditation, state or federal standards)	Systematic and continuous process that leads to measurable improvement
Post-payment and reactive	Continuous and Proactive
Focus on individual providers, contracts, programs or rules	Focused on systems, outcomes, organizational and population health
Assigned to a “few”	Responsibility of all

Development of the Quality Improvement Plan occurred over a six-month period and involved a wide array of stakeholders. Agency executive staff and department directors provided input regarding:

- Existing practices;
- Opportunities for expanding Quality Improvement activities within the agency;
- Opportunities for partnering with public and provider stakeholders; and
- Options for reorganizing the quality function within the OHCA to support department activities.

The OHCA also addressed Quality Improvement with providers as part of broader discussions related to expanding care coordination for SoonerCare members and enhancing the agency’s patient centered medical home model.

### ***Quality Improvement Plan Content***

Section 2 of the Quality Improvement Plan presents the organizational structure, staffing model and scope-of-work for the new agency’s enhanced Quality Improvement function.

Section 3 presents agency-level quality goals and measures for clinical and administrative Quality Improvement.

Section 4 presents a template for development of Performance Improvement Projects to support OHCA Quality Improvement goals. These include PIPs within departments, as well as cross-departmental projects and projects undertaken in collaboration with program stakeholders.

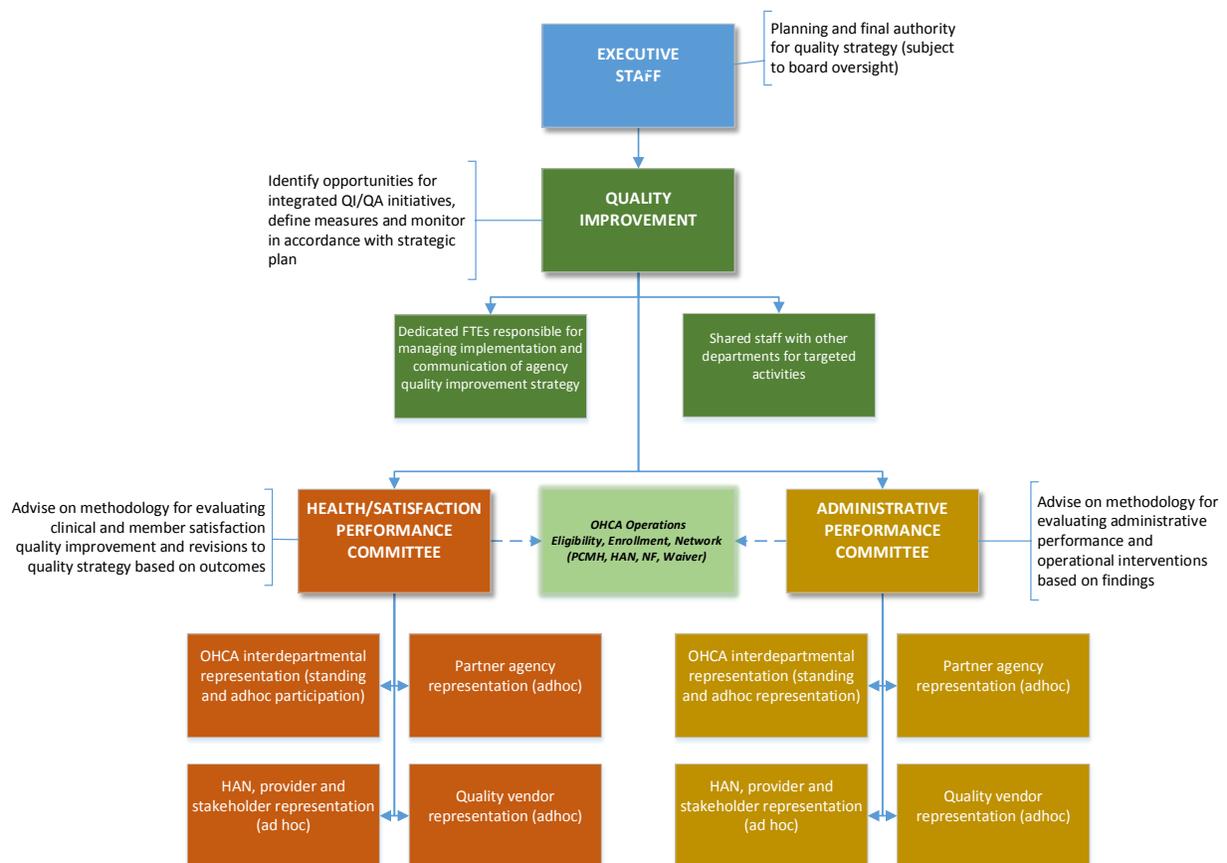
The SFY 2019 Quality Improvement Plan may be amended and updated periodically as PIPs are created and approved for implementation.

## SECTION 2: OHCA QUALITY IMPROVEMENT FUNCTION

### OHCA Quality Improvement Structure

The OHCA is establishing a dedicated Quality Improvement function to facilitate progress in achieving agency goals related to clinical quality/satisfaction and administrative excellence. The OHCA's Quality Improvement structure has been informed by best practices identified in states with Medicaid managed care programs like Oklahoma's that have a direct relationship with providers and are not reliant on contracts with third party, private health plans.

### OHCA Quality Improvement Organizational Chart



Quality improvement is an agency-wide responsibility. This is reflected in the OHCA Quality Improvement structure, which includes the following components:

- Executive Staff – responsible for establishing overall direction for the agency through the strategic plan, of which the Quality Improvement Plan is an integral part.
- Quality Improvement Department – responsible for managing the Quality Improvement process and supporting departmental activities, as described in greater detail below.
- OHCA Operational Departments – responsible for developing Performance Improvement Projects to address quality-related gaps/areas for improvement in support of agency-level goals/priorities. The Performance Improvement Projects are voluntary but every department is encouraged to have at least one project underway by the end of calendar year 2018.
- Quality Improvement Standing Committees – responsible for advising on selection and updating of agency quality measures and assisting in the design, approval and evaluation of Quality Improvement initiatives, including Performance Improvement Projects.
  - Health & Satisfaction (“Clinical”) Performance Committee – addresses initiatives, or portions of initiatives focused on clinical Quality Improvement and/or member/provider satisfaction with health care quality.
  - Administrative Performance Committee – addresses initiatives, or portions of initiatives focused on administrative excellence.

### ***Quality Improvement Function Responsibilities***

The OHCA Quality Improvement Department exists to support quality-related activities at all levels of the agency, from Executive Staff to individual departments.

Executive Staff establishes Quality Improvement goals and approves proposed initiatives with a budgetary impact. The Quality Improvement Department assists Executive Staff in communicating agency goals and priorities through the standing Quality Committees and assists departments and OHCA partners in advancing these goals/priorities.

The Quality Improvement Department's core function is to facilitate Quality Improvement activities throughout the OHCA, in accordance with the agency strategic plan and Quality Improvement goals. The Quality Improvement Department does not direct the work of other departments, but instead supports their efforts by doing the following:

1. Managing the activities of the standing clinical and administrative Quality Committees and ensuring they are effective platforms for the identification and cultivation of Quality Improvement initiatives in priority areas.
2. Facilitating selection of quality measures to be used by the agency to monitor overall performance, establishing baseline values and monitoring trends over time.
3. Assisting with development of potential Performance Improvement Projects identified by OHCA departments or a standing Quality Committee, in accordance with the process described in Section 4.
4. Facilitating final approval of proposed Performance Improvement Projects from Executive Staff, if applicable, due to a budget impact.
5. Assisting in the evaluation of Performance Improvement Projects and determining their impact, including by accounting for exogenous factors and/or other initiatives with overlapping target populations.
6. Supporting the development of a Patient Centered Medical Home (PCMH) Scorecard as part of any future PCMH redesign; supporting evaluation of Health Access Network (HAN) activities as part of any future expanded HAN care coordination model.
7. Conducting targeted training of OHCA employees on the definition and role of Quality Improvement within the agency and the purpose and process for development of PIPs.
8. Performing ad hoc data analysis at the request of departments to assist in performance monitoring and identification of potential quality issues that could serve as the basis for constructing a PIP.
9. Communicating the OHCA's Quality Improvement activities and progress within the agency and to external stakeholders, both through the QIP and other methods (e.g., website material, presentations/webinars etc.)
10. Updating the QIP on an annual basis, to document progress at the agency level with respect to key quality measures and to report PIP initiatives and outcomes.

**Quality Improvement Department Staffing**

The Quality Improvement Department is a mix of dedicated and shared staff<sup>5</sup>. Shared staff are full time employees located within other departments who participate in Quality Improvement Department activities on an as-needed basis in addition to carrying-out their other duties.

**QI Department Positions and Responsibilities**

Position	FTEs	Dedicated or Shared	Responsibilities
<b>QI Director</b>	1.0	Dedicated	<ul style="list-style-type: none"> <li>○ Oversees QI Department activities</li> <li>○ Responsible for implementation of QI Plan</li> <li>○ Chairs standing QI Administrative Performance Committee</li> <li>○ Serves on QI Clinical Performance Committee</li> </ul>
<b>QI Medical Director</b>	0.25	Shared	<ul style="list-style-type: none"> <li>○ Advises on all aspects of clinical quality</li> <li>○ Chairs standing QI Clinical Performance Committee</li> </ul>
<b>Performance Improvement Project Specialist</b>	1.0	Dedicated	<ul style="list-style-type: none"> <li>○ Develops and updates the OHCA-approved format for submission of PIPs</li> <li>○ Assists departments in developing PIPs, including selection of outcomes-based quality measures</li> <li>○ Oversees updating of QI Plan on a periodic basis to incorporate information on PIP outcomes</li> </ul>
<b>QI Analysis - Supervisor</b>	1.0	Dedicated	<ul style="list-style-type: none"> <li>○ Oversees development, updating and reporting of agency QI measures</li> <li>○ Assigns analyst FTEs to support Performance Improvement Projects</li> <li>○ Oversees and coordinates data analyst activities</li> </ul>
<b>QI Data Analysts<sup>6</sup></b>	TBD	Shared	<ul style="list-style-type: none"> <li>○ Support analysis of PIP outcomes-based quality measures within their</li> </ul>

<sup>5</sup> The staffing described in this section is subject to availability of funding (for dedicated staff) and the ability of other departments to make employees available to support Quality Improvement Department activities (for shared staff). Staffing can be phased-in over time, as funding permits.

<sup>6</sup> Departments providing shared staff resources identified separately.

Position	FTEs	Dedicated or Shared	Responsibilities
			departments and on behalf of other departments, when so assigned <ul style="list-style-type: none"> <li>○ Assist QI Analysis Supervisor in evaluation and reporting of agency QI measures</li> </ul>
<b>QI Training Specialist</b>	1.0	Dedicated	<ul style="list-style-type: none"> <li>○ Develops training curricula and materials for QI training activities</li> <li>○ Provides training in collaboration with OHCA Trainer within Administrative Services Department</li> </ul>
<b>Administrative Assistant</b>	1.0	Dedicated	<ul style="list-style-type: none"> <li>○ Supports QI Department Director and Specialists in performing their duties</li> </ul>

***Standing Committee Representation and Meeting Frequency***

The QI standing committees advise on the selection and updating of agency quality measures used to monitor progress in meeting Quality Improvement goals. The committees also are forums for development of possible interdepartmental and department-stakeholder Performance Improvement Projects, as well as review of proposed projects from individual departments.

The committees include both permanent representation from specific OHCA departments, as well as ad hoc representation from other departments and stakeholder groups, depending on the topics being addressed.

### ***QI Committees - Membership***

<b>Health/Satisfaction (Clinical) Performance Committee</b>	<b>Administrative Performance Committee</b>
<b>Chair – QI Medical Director</b>	<b>Chair – QI Department Director</b>
<b>Permanent Participants (Departments)</b> <ul style="list-style-type: none"> <li>○ Population Care Management</li> <li>○ Behavioral Health</li> <li>○ Focus on Excellence</li> <li>○ Pharmacy</li> <li>○ Insure Oklahoma</li> <li>○ Data Governance &amp; Analytics</li> </ul>	<b>Permanent Participants (Departments)</b> <ul style="list-style-type: none"> <li>○ Member Services</li> <li>○ Provider Services</li> <li>○ Program Integrity</li> <li>○ Insure Oklahoma</li> <li>○ Business Enterprises</li> <li>○ Administrative Services</li> <li>○ Data Governance &amp; Analytics</li> </ul>
<b>Ad Hoc Participants (examples)</b> <ul style="list-style-type: none"> <li>○ Department of Human Services</li> <li>○ Department of Mental Health &amp; Substance Abuse Services</li> <li>○ Health Access Networks</li> <li>○ Federally Qualified Health Centers</li> <li>○ Tribal providers</li> <li>○ University providers</li> </ul>	<b>Ad Hoc Participants (examples)</b> <ul style="list-style-type: none"> <li>○ Department of Human Services</li> <li>○ Department of Mental Health &amp; Substance Abuse Services</li> <li>○ Health Access Networks</li> <li>○ Federally Qualified Health Centers</li> <li>○ Tribal providers</li> </ul>

The committees meet as often as necessary, but no less frequently than once per quarter. The committees meet on the same day, when possible, to allow for joint consideration and discussion of any projects that have significant clinical and administrative components. The QI Department Director is responsible for organizing the meetings.

## SECTION 3 – QUALITY MEASURES

### *Introduction*

The OHCA monitors Quality Improvement at the agency level through quantitative measures selected for their relevance to agency goals. Specifically, the selected measures must meet the following criteria for inclusion:

- The measure addresses a feature of the SoonerCare program considered relevant to the agency's goals of:
  - Protecting and improving member health and satisfaction with health care services, as well as ensuring quality, and/or
  - Promoting efficiency and innovation in the administration of OHCA;
- Where applicable, the measure aligns with metrics being tracked in other initiatives supported by the OHCA, including the CMS Scorecard for state Medicaid agencies, Healthy Oklahoma 2020 and Comprehensive Primary Care Plus (CPC+); and
- For health and satisfaction measures, there is a validated methodology for calculating performance that does not rely on medical record data for accuracy (unless the measure is deemed a priority for other purposes, such as inclusion on the CMS Scorecard or alignment with existing agency initiatives).

The OHCA examined existing and proposed measures from an array of sources in developing a preliminary inventory of measures. Sources included, but were not limited to:

- OHCA CY 2017 CMS report on quality measures and CMS Scorecard
- OHCA SoonerHealth+ program quality measures for ABD members<sup>7</sup>
- OHCA DATE Consumer Assessment of Healthcare Providers and Systems report
- Healthy Oklahoma 2020 quality measures
- CPC+ quality measures
- OHCA SFY 2016 Service Efforts and Accomplishments Report
- 1915c waiver performance measure sets
- Health Home core measure set

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<sup>7</sup> The OHCA developed a preliminary schedule of quality measures for the SoonerHealth+ managed care program, under which ABD members were to be enrolled in capitated health plans. Although the program was not implemented, the inventory of quality measures remains valid as a tool for evaluating quality of care for this population.

- OHCA Patient Centered Medical Home SoonerExcel measures and proposed redesign measures<sup>8</sup>

The preliminary inventory of measures was reviewed with department representatives based on the criteria described above and their relevance to agency operations. The process yielded a subset of priority measures within the larger inventory. It is the agency's intent to track the entire inventory but to emphasize development of quality improvement initiatives that relate to the priority measures.

The lists are presented on two tables starting on the next page. The first table addresses health and satisfaction quality measures; the second addresses administrative measures. The health table is further stratified into discrete clinical categories and denotes the source for the measure specifications to be used in calculating the OHCA's rate (e.g., NCQA-HEDIS)<sup>9</sup>.

The lists include baseline and benchmark values. The baselines are Oklahoma values, where available; benchmarks are national values, where available. Where a baseline and/or national value is not available, or the agency already exceeds the national value, a proxy value will be established with input from the applicable Quality Committee.

The tables also include columns for identification of OHCA SFY 2019 goals for each measure and documentation of any approved Performance Improvement Projects intended to move the measure in the direction of the goal. The goals will be proposed by the Quality Improvement Department and reviewed by the applicable Quality Committee in the first quarter of SFY 2019; the associated Performance Improvement Projects will be added as they are approved for implementation.

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<sup>8</sup> The OHCA conducted outreach with SoonerCare providers in 2016 to review potential quality measures for an updated SoonerExcel schedule of incentive payments. The work was part of a larger initiative to redesign PCMH payment tiers. Although the work is not complete, the OHCA did obtain significant feedback from providers regarding the quality measures.

<sup>9</sup> Except where noted, administrative measures are OHCA-specific and will be calculated using methodologies established or approved by the Quality Improvement Department.

### Quality Improvement Plan – Health & Satisfaction Measure Set

Ref	Category	Measure & Source <sup>10</sup> <i>(in italics)</i>	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
1	Appropriateness of Care	Emergency department utilization (visits per 1,000 MM) - Ages 0 to 19 <i>(CMS Scorecard)</i>	↓	65.5	43.1		
2	Appropriateness of Care	Plan all-cause readmission rate <i>(NCQA-HEDIS)</i>	↓	29.0%	8.0%		
3	Behavioral Health	Depression screening for adolescents and adults <i>(NCQA-HEDIS)</i>	↑	N/A	N/A		
4	Behavioral Health	Engagement of alcohol and other drug dependence treatment <i>(CMS Scorecard)</i>	↑	5.1%	13.3%		
5	Behavioral Health	Follow-up after hospitalization for mental illness - 30 days - ages 6 to 20 <i>(CMS Scorecard)</i>	↑	49.4%	68.6%		
6	Behavioral Health	Follow-up after hospitalization for mental illness - 30 days - ages 21 to 64 <i>(CMS Scorecard)</i>	↑	37.8%	62.0%		
7	Behavioral	Follow-up after	↑	25.5%	44.7%		

<sup>10</sup> “CMS Report Card” refers to measures included the data set identified by CMS for tracking across all states. The OHCA will adhere to CMS-identified specifications (e.g., NCQA-HEDIS) in calculating rates. The specifications source for non-report card measures is either NCQA-HEDIS or CAHPS, as noted.

Ref	Category	Measure & Source <sup>10</sup> <i>(in italics)</i>	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
	Health	hospitalization for mental illness - 7 days - ages 6 to 20 <i>(CMS Scorecard)</i>					
8	Behavioral Health	Follow-up after hospitalization for mental illness - 7 days - ages 21 to 64 <i>(CMS Scorecard)</i>	↑	17.5%	37.2%		
9	Behavioral Health	Initiation of alcohol and other drug dependence treatment <i>(CMS Scorecard)</i>	↑	36.4%	35.2%		
10	Behavioral Health	Use of multiple concurrent antipsychotics in children and adolescents <i>(CMS Scorecard)</i>	↓	Data pending	2.7%		
11	Behavioral Health	Use of opioids at high dosage <i>(NCQA-HEDIS)</i>	↓	Data pending	N/A		
12	Chronic Care - Asthma	Medication management for people with asthma - 75 percent compliance <i>(CMS Scorecard)</i>	↑	Data pending	33.2%		
13	Chronic Care - Asthma	Use of appropriate medications for the treatment of asthma <i>(NCQA-HEDIS)</i>	↑	Data pending	83.9%		

Ref	Category	Measure & Source <sup>10</sup> <i>(in italics)</i>	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
14	Chronic Care – COPD	Use of spirometry testing in the assessment and diagnosis of COPD <i>(NCQA-HEDIS)</i>	↑	13.5% <sup>11</sup>	31.6%		
15	Chronic Care - Diabetes	Diabetes short-term complications admission rates <i>(CMS Scorecard)</i>	↓	24.2	18.3		
16	Chronic Care - Diabetes	Percentage of members who had HbA1c testing <i>(CMS Scorecard)</i>	↑	72.8%	83.9%		
17	Chronic Care - Diabetes	Percentage of members who had retinal eye exam performed <i>(NCQA-HEDIS)</i>	↑	28.0%	54.9%		
18	Chronic Care - Diabetes	Percentage of members who received medical attention for nephropathy <i>(NCQA-HEDIS)</i>	↑	53.1%	89.9%		
19	Chronic Care – Elderly	Potentially inappropriate medications for patients with history of falls <i>NCQA-HEDIS)</i>	↓	N/A	10.7%		
20	Chronic Care - Heart Failure	Hospital admissions with a principal diagnosis of heart failure <i>(CMS Scorecard)</i>	↓	23.1	15.8		
21	Chronic Care -	Controlling high blood	↑	N/A (CMS	62.1%		

<sup>11</sup> The OHCA examines this measure as part of the SoonerCare HMP evaluation. The Oklahoma percentage is for the subset of members aligned with a SoonerCare HMP practice facilitation provider (SFY 2017 data).

Ref	Category	Measure & Source <sup>10</sup> <i>(in italics)</i>	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
	Hypertension	pressure <i>(CMS Scorecard)</i>		Scorecard measure)			
22	Chronic Care – Medications	Annual monitoring for patients on persistent medications <i>(NCQA-HEDIS)</i>	↑	Data pending	84.1%		
23	Oral Health	Dental sealants for children ages 6 to 9 at elevated caries risk <i>(NCQA-HEDIS)</i>	↑	24.9%	23.4%		
24	Oral Health	Percentage of eligibles who received preventive dental services <i>(CMS Scorecard)</i>	↑	47.6%	48.2%		
25	Prenatal and Postpartum Care	Frequency of ongoing prenatal care (over 80 percent of expected) <i>(NCQA-HEDIS)</i>	↑	3.4%	50.7%		
26	Prenatal and Postpartum Care	Timeliness of prenatal care (without global codes) <i>(NCQA-HEDIS)</i>	↑	22.3%	67.1%		
27	Prenatal and Postpartum Care	Live births weighing less than 2,500 grams <i>(NCQA-HEDIS)</i>	↓	9.0%	8.5%		
28	Prenatal and Postpartum Care	Postpartum care rate (without global codes) <i>(CMS Scorecard)</i>	↑	21.8%	39.9%		
29	Prevention	Adolescent well-care visits <i>(CMS Scorecard)</i>	↑	23.2%	36.1%		
30	Prevention	Adult access to	↑	84.0%			

Ref	Category	Measure & Source <sup>10</sup> <i>(in italics)</i>	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
		preventive/ ambulatory health services <i>(NCQA-HEDIS)</i>					
31		Adult BMI assessment <i>(NCQA-HEDIS)</i>	↑	10.4%	12.2%		
32	Prevention	Breast cancer screening <i>(CMS Scorecard)</i>	↑	39.5%	50.0%		
33	Prevention	Cervical cancer screening <i>(CMS Scorecard)</i>	↑	42.3%	48.2%		
34	Prevention	Child and adolescent access to PCPs - ages 12 to 24 months <i>(CMS Scorecard)</i>	↑	96.1%	95.2%		
35	Prevention	Child and adolescent access to PCPs - ages 2 to 6 years <i>(NCQA-HEDIS)</i>	↑	90.0%	87.7%		
36	Prevention	Child and adolescent access to PCPs - ages 7 to 11 years <i>(NCQA-HEDIS)</i>	↑	92.0%	90.9%		
37	Prevention	Child and adolescent access to PCPs - ages 12 to 19 years <i>(NCQA-HEDIS)</i>	↑	92.8%	89.6%		
38	Prevention	Developmental screening in first three years of life <i>(CMS Scorecard)</i>	↑	16.4%	40.3%		
39	Prevention	Childhood immunization status by age 2 (combo 10)	↑	1.4%	58.7%		

Ref	Category	Measure & Source <sup>10</sup> <i>(in italics)</i>	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
		<i>(NCQA-HEDIS)</i>					
40	Prevention	Immunization for adolescents – HPV <i>(NCQA-HEDIS)</i>	↑	11.9%	14.5%		
41	Prevention	Immunization for adolescents - TPAD/TD <i>(CMS Scorecard)</i>	↑	32.5%	63.5%		
42	Prevention	Lead screening in children <i>(NCQA-HEDIS)</i>	↑	56.3%	67.6%		
43	Prevention	Well-child visits in first 15 months of life <i>(CMS Scorecard)</i>	↑	67.8%	58.9%		
44	Prevention	Well-child visits in the 3rd, 4th, 5th and 6th years of life <i>(CMS Scorecard)</i>	↑	56.5%	60.5%		
45	Prevention	Chlamydia screening in women - 16 to 20 <i>(NCQA-HEDIS)</i>	↑	55.2%	50.1%		
46	Prevention	Chlamydia screening in women - 21 to 24 <i>(NCQA-HEDIS)</i>	↑	62.1%	54.0%		
47	Prevention	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents -	↑	3.6%	5.7%		

Ref	Category	Measure & Source <sup>10</sup> <i>(in italics)</i>	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
		Body Mass Index Assessment for Children/Adolescents: Ages 3-17 <i>(NCQA-HEDIS)</i>					
48	Satisfaction - Care for Adults	Customer service <i>(CAHPS)</i>	↑	87.2%	88.7%		
49	Satisfaction - Care for Adults	How well doctors communicate <i>(CAHPS)</i>	↑	90.8%	92.2%		
50	Satisfaction - Care for Adults	Rating of health care <i>(CAHPS)</i>	↑	73.9%	75.5%		
51	Satisfaction - Care for Adults	Rating of health plan <i>(CAHPS)</i>	↑	67.3%	78.7%		
52	Satisfaction - Care for Adults	Rating of personal doctor <i>(CAHPS)</i>	↑	81.3%	82.1%		
53	Satisfaction - Care for Children	Getting needed care <i>(CAHPS)</i>	↑	81.1%	87.1%		
54	Satisfaction - Care for Children	How well doctors communicate <i>(CAHPS)</i>	↑	95.9%	94.8%		
55	Satisfaction - Care for Children	Rating of health care <i>(CAHPS)</i>	↑	84.2%	88.1%		
56	Satisfaction - Care for Children	Rating of health plan <i>(CAHPS)</i>	↑	87.4%	87.9%		
57	Satisfaction - Care for Children	Rating of personal doctor <i>(CAHPS)</i>	↑	87.8%	90.4%		

Ref	Category	Measure & Source <sup>10</sup> <i>(in italics)</i>	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
58	Satisfaction - Care for Children	Rating of specialist <i>(CAHPS)</i>	↑	81.0%	88.1%		

**Quality Improvement Plan – Administrative Measure Set**

Ref	Department	Measure	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
1	Population Care Management	ABD members actively engaged in care management	↑	TBD	N/A		
2	Population Care Management	ABD members graduated from care management	↑	TBD	N/A		
3	Population Care Management	Providers who have completed practice facilitation	↑	TBD	N/A		
4	Behavioral Health	Members aligned with a Health Home	↑	TBD	N/A		
5	Behavioral Health	Members with behavioral health diagnosis on PCMH claim who have one or more behavioral health visits (use BH screen instead as trigger, if available)	↑	TBD	N/A		
6	Member Services	First call resolution rate	↑	TBD	N/A		
7	Member Services	NEMT complaint volume	↓	TBD	N/A		
8	Member Services	Customer Service satisfaction (CAHPS)	↑	TBD	N/A		
9	Provider Services	Unduplicated PCMH providers	↑	TBD	N/A		
10	Provider Services	Member-to-provider ratio	↓	TBD	N/A		
11	Provider Services	PCMH providers in tier 3 (absolute and as percent)	↑	TBD	N/A		

Ref	Department	Measure	Desired Trend	Baseline (2017)	National Median	SFY 2019 Goal	Related PIP(s)
		of total)					
12	Provider Services	PCMH providers achieving 100% compliance on audit	↑	TBD	N/A		
13	Insure Oklahoma	First call resolution rate	↑	TBD	N/A		
14	Insure Oklahoma	Customer Service satisfaction (CAHPS [stratified] or dedicated survey)	↑	TBD	N/A		

## **SECTION 4: PERFORMANCE IMPROVEMENT PROJECTS**

### ***Introduction***

Performance Improvement Projects are the primary method for developing and implementing initiatives in support of OHCA Quality Improvement goals. PIPs can be developed at the individual department level or can be collaborations between multiple departments and/or OHCA departments and external stakeholder groups, such as Health Access Networks, university departments or partner agencies.

The OHCA Quality Improvement structure presented in Section 2 is designed to support departments in identifying potential PIPs and supporting their design, implementation and evaluation. Consistent with this objective, the OHCA has established a process for PIP development that emphasizes flexibility in design; the Quality Improvement structure is an aid and not a barrier to departments seeking to take action.

The OHCA views SFY 2019 as a transition year during which the agency, through the two Quality Improvement committees, will foster development of PIPs. (The committees also will catalogue existing PIPs and support evaluation of outcomes as part of formalizing the Quality Improvement process.)

Departments are encouraged, but not required, to develop at least one PIP in support of agency Quality Improvement goals in SFY 2019. The OHCA may mandate submission of PIP proposals to the Quality Improvement department in future years.

### ***Performance Improvement Project Guidelines***

Performance Improvement Projects can be clinical or non-clinical and can be developed in a manner that best supports the intent of the initiative, as long as the design adheres to basic guidelines, as defined by CMS for managed care programs. Pursuant to 42 CFR 438.330 (“QAPI Program”), these include:

- Measurement of performance using objective quality indicators;
- Implementation of interventions to achieve improvement in the access to, and quality of care;
- Evaluation of the effectiveness of the interventions based on PIP performance measures (quality indicators); and
- Planning and initiation of activities for increasing or sustaining improvement.

## ***Performance Improvement Project Development***

Performance Improvement Projects can be proposed by OHCA departments, the Quality Improvement Department or by individual Quality Committee members. To facilitate creation of PIP proposals, the OHCA has constructed a PIP template that contains the necessary design elements for an appropriately-structured project. The Quality Improvement Department is available to assist in the completion of the PIP template, if requested by a department or Committee member(s).

The PIP template<sup>12</sup> includes the following components:

1. Introduction – The introductory section is used to provide background on the issue being addressed by the PIP and to present baseline data that demonstrates the need for a PIP.
2. PIP Topic – This section is used to define the PIP and describe how the proposed intervention is expected to:
  - a. Improve quality with respect to baseline data; and
  - b. Support OHCA agency-level quality goals (as applicable).
3. PIP Population – This section defines the target population. This can include, but is not limited to:
  - a. Demographics (age, gender, race/ethnicity, language, place of residence);
  - b. Risk status (predictive model score, diagnosis, utilization history, family health history etc.); and
  - c. Structural or behavioral profile (access to particular services, utilization patterns etc.).
4. PIP Objective(s) and Performance Measures – This section outlines the specific objective(s) for the PIP and identifies the corresponding performance measures and analysis plan by which attainment of each PIP objective will be evaluated. The measures can include, but need not be limited to, the baseline data presented in the Introduction section. In presenting the performance measures, the proposal should:

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<sup>12</sup> PIP template has been informed by a “How to Manual for States” created for CMS by the Center for Health Care Strategies (the CHCS version is specific to oral health only).

- a. Identify the data sources for the measures (paid claims, surveys etc.);
  - b. Describe the data collection plan (monthly claims extracts; telephone surveys at prescribed intervals etc.);
  - c. Provide or outline the process for establishing baseline measures, including numerators and denominators (e.g., OHCA HEDIS measures; survey data to be collected from a representative sample etc.);
  - d. Outline the process for ongoing data collection (responsible parties for collection; frequency; analysis methodology); and
  - e. Establish a benchmark (goal) for each performance measure.
5. PIP Intervention – This section present details on the specific intervention(s) to occur under the PIP, including:
- a. Proposed action(s), both for implementation and ongoing intervention;
  - b. Responsible parties;
  - c. Frequency (if not continuous); and
  - d. Process for monitoring interventions to verify adherence to the PIP proposal.
6. PIP Findings – This section is not completed as part of the proposal but is reserved for use in documenting interim and final results in a summary form, for inclusion in future Quality Improvement Plans, as described below.

The Quality Improvement Plan appendix contains a PIP template. Future Quality Improvement Plans will include approved PIP proposals and findings. The Quality Improvement Department will assist in preparing detailed PIP results for reporting to the appropriate Quality Committee and communicating the results through the Quality Improvement Plan and other channels.

### ***Performance Improvement Project Approval***

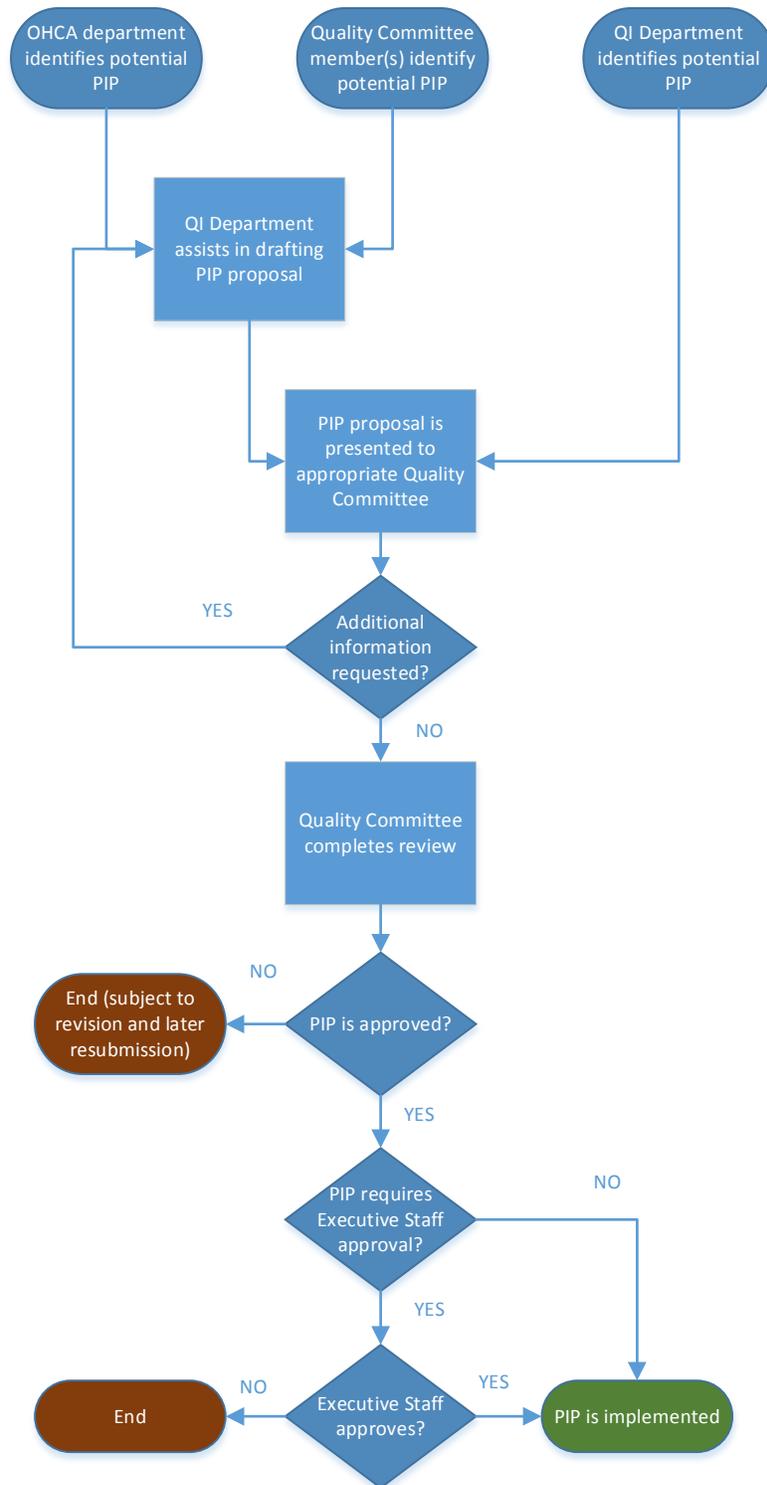
PIPs that originate within OHCA departments are shared with the Quality Improvement Department, which assists in finalizing the proposals. Regardless of where they originate, PIP proposals are presented to one of the Quality Committees for review, comment and approval. (Proposals with significant clinical and administrative components may be presented jointly to representatives of both Committees.)

If a PIP requires additional funding to be implemented, it must separately be submitted to Executive Staff for approval using an agency-prescribed process. The funding request typically

should be made after Committee approval, to ensure Executive Staff are reviewing the final concept.

The PIP approval process is illustrated in the flowchart presented on the following page.

## Performance Improvement Project – Approval Process



Examples of existing PIPs are summarized in the table on the following page<sup>13</sup>. The template for approval of future PIPs under the new QIP is included in the document Appendix. The table and appendix may be updated periodically during the year for reporting purposes.

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<sup>13</sup> These examples were identified during meetings with department representatives held in November 2017 and are not intended to be an exhaustive list of current activity.

**Performance Improvement Project – Summary of Approved Projects**  
*(Included for Illustration purposes. Table will be updated throughout SFY 2019 as appropriate)*

Ref	PIP Topic(s)	Lead Sponsor and Partners	Responsible Committee under QIP	Start Date
1	<b>Improve medication adherence for SoonerCare members with chronic conditions</b> The Pharmacy Department and OU College of Pharmacy seek to improve medication adherence among SoonerCare members with targeted chronic conditions (hypertension and diabetes) through quarterly mailings to members. The goal is to achieve an 80 percent compliance rate, as measured through paid claims data.	<b>LEAD:</b> OHCA Pharmacy Department (Nancy Nesser)  <b>PARTNER(S):</b> OU College of Pharmacy	Health & Satisfaction	In process
2	<b>HSI grant addressing opioid use and establishment of appropriate limits</b>	<b>LEAD:</b> OHCA Pharmacy Department (Nancy Nesser)	Health & Satisfaction	In process
3	<b>C-Section Reduction Initiative</b>	<b>LEAD:</b> Medical Professional Services (Jean Krieske)	Health & Satisfaction	In process
4				
5				

## ***QUALITY IMPROVEMENT PLAN APPENDIX – PIP TEMPLATE***

**Performance Improvement Project – Proposal Template**

SECTION	PIP TITLE	
<b>Submitted by</b>	<i>Identify Department(s) submitting PIP and name of Project Lead</i>	
<b>1 – Introduction</b>	<i>Provide background on the issue being addressed by your proposal and present baseline data that demonstrates the need for a PIP</i>	
<b>2 – PIP Topic</b>	<i>Define your PIP and describe how it will improve quality with respect to baseline values and support OHCA agency-level goals (as applicable)</i>	
<b>3 – PIP Population</b>	<i>Demographic Criteria</i>	
	<i>Risk Criteria</i>	
	<i>Structure Criteria</i>	
	<i>Behavioral Criteria</i>	
	<i>Other (create rows as needed)</i>	

SECTION	PIP TITLE	
<b>4a – PIP Objective 1</b> (Create additional objective blocks as needed – 4b ,4c etc.)	<i>Objective Description</i>	
<b>Performance Measure 1</b> (Create additional performance measure blocks as needed)	<i>Name and Source (e.g., HEDIS)</i>	
	Numerator	Denominator
	Baseline Period	Re-measurement Period
	Baseline Value	Benchmark (Goal)
	<i>Responsible parties and description of methodology for data collection (including frequency)</i>	
<b>5 – PIP Intervention</b>	<i>Describe the proposed actions to implement the PIP and for ongoing interventions. Identify the responsible parties and frequency of interventions</i>	
	<i>Identify the parties responsible for managing the intervention(s)</i>	
	<i>Specify the frequency of interventions (if intervention is continuous, enter “continuous”)</i>	
	<i>Describe the process for monitoring intervention(s) to ensure they are occurring in accordance with PIP design</i>	
<b>6 – PIP Findings</b>	<i>RESERVED (not for completion as part of proposal)</i>	