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**
9	1	Access: Cultural Considerations
7.5	2	Access: Quality and Adequacy of Services
6	1	Access: Timely
9	1	Behavioral Health Integration
8.75	4	CLAS Standards
7	1	Grievances and Appeals System
8	1	Health Equity: Cultural Responsiveness
9	2	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
7	1	Severe and Persistent Mental Illness
9	1	Social Determinants of Health & Equity
0	1	Special Health Care Needs
3	1	Utilization Review
109.3		**TOTAL TQS SCORE**

Project scores and feedback				
Project ID# 72: Baseline Assessment (Anonymous Consumer)				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Access: Cultural considerations	3	3	3	**9**
CLAS standards	3	3	3	**9**

OHA review: The project fully addresses both component requirements, is well detailed and is feasible, as described. If successful in changing network provider behavior, this CLAS standards project should be held out as a model for OHA and all other CCOs.

OHA recommendations: (Access: cultural considerations) Consider including total number of patients seen by each of the 12 clinics being surveyed. Future iterations of this project could include specific details about clinic improvement plans.

Project ID# 77: Oral Health Integration: Connecting Members with Diabetes to Oral Health Care				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Access: Timely	2	2	2	**6**
Oral health integration	3	2	3	**8**

OHA review: (Access: Timely) The project does not clearly address travel time and distance standards. It includes appropriate rationale, context and narrative.

(Oral health integration) Good details about the percentage of members served in the clinics targeted, but other activities and monitoring activities require more detail. Well-detailed context for COVID-19 demands, how that impacted project progress from the prior year, and a plan for moving progress forward in this year.

OHA recommendations: (Access: Timely) Address time and distance standards for oral health, specifically for the target population. Clarify whether using OHA standards for travel time and distance or provide a clear explanation and criteria for alternative standards.

(Oral health integration) Include additional details about the number and kinds of member-facing diabetes materials CPCCO will develop and distribute. Also consider whether continued focus on COVID-19 will be a barrier to move the plan forward.

Project ID# 67: Interpreter Training

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
Health equity: Cultural responsiveness	3	2	3	8

OHA review: The project fully addresses requirements for both components and is feasible as described. Bringing a HCI training to the area and scholarships are both great ideas, and this is an exemplary CLAS standards project. This reviewer looks forward to seeing the results of 2021 activities, especially around alternative payments.

OHA recommendations: (Health equity: cultural responsiveness) Provide additional details about the contracted language access services and the percent of interpreters that are qualified/certified health care interpreters. Consider whether the CCO sets the expectation that language providers use qualified/certified HCIs.

Project ID# 73: Improved access to grievances and appeals for members with Limited English Proficiency

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	2	8
Grievance and appeal system	2	2	3	7
Health equity: Data	3	3	3	9

OHA review: (CLAS and health equity: data) The project fully addresses requirements for both components, is well detailed, and the activities and benchmarks targets are somewhat to mostly feasible, as described. This project is a good example of going beyond compliance to work toward optimal member experience.

(Grievance and appeal system) This project is a step in the right direction to remove barriers and ensure members are able to exercise their rights to use the grievance system.

OHA recommendations: (CLAS standards) Include additional goals for this project. For example, there is currently only one focus group being considered, while at least two would likely be feasible and would improve the focus group impact on the project.

(Grievance and appeal system) Provide additional clarifying detail throughout the project. For example, the prior year assessment references studying dual eligible members, while the project appears to apply to a broader population. The 2019 CareOregon study is also lacking details about how they arrived at the data indicating a higher number of LEP members, and how they might have or have not had access to or been given culturally and linguistically appropriate instructions on how to file a grievance.

Project ID# 74: Equity Data Guidelines

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
Health equity: Data	3	3	3	9

OHA review: The project fully addresses requirements for both components, is well detailed and is feasible, as described. The staff training on how to use data to support equity work is centered in quality and equity and has the potential to be transformational. The inclusion of network providers is also key.

Project ID# 78: PCPCH Supports

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 fully addresses requirements for both PCPCH components, is well detailed and is feasible as described.

Project ID# 79: SPMI – Regional Care Team

Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	3	2	2	7

OHA review: Overall, this project is a strong concept with good service improvement goals.

OHA recommendations: Clarify what is meant by "ED disparity", as that could refer to ED utilization, ED use for mental health emergencies instead of primary care or community services, or another factor. While identifying numbers of referrals is a good start, consider what intervention can be added that was mentioned in the identification of population such as housing, needed but missed health care services, etc.

Project ID# 90: Trauma Informed Network

Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	3	3	3	9

OHA review: The project fully addresses the component requirements, is well detailed and is feasible, as described. The CCO has self-identified opportunities to improve member engagement, given challenges to date, which aligns well with the intent of the TQS and the SDOH-E component.

Strengths include project adjustments due to COVID; overlaying impact of racism onto trauma-informed work; including Spanish translation in activities to allow for greater community participation; recognition that relational work takes more time, especially within a virtual context; and demonstration of project as driven from community need.

Project ID# 70: Improving SUD Access: MAT Collaborative and County-Level Coordination

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	3	3	2	**8**
Behavioral health integration	3	3	3	**9**
Utilization review	1	1	1	**3**

OHA review: (Access: quality and adequacy of services) The project clearly describes a plan to improve access and address key factors of realized access. Good level of detail. Details for targets and benchmarks are directly correlated with reduction in substance use. The SUD Taskforce information and goals are a clear strength of this project.

(Behavioral health integration) The project fully addresses the component requirements, is well detailed and is feasible as described. The project identifies clear gaps and proposes activities that will address the gaps.

(Utilization review) Project as written does not directly address how utilization management in this area improves quality of care, aside from the specific services of MAT. Component background is only specific to the MAT project. Only shows two charts with no analysis. Limited project scope for over- and under-utilization.

OHA recommendations: (Access: quality and adequacy of services) Incorporate the activities added for 2021 into the benchmark data.

(Utilization review) Incorporate details and activities to address missing pieces noted above.

Project ID# 64: ABA Providers

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	3	2	2	**7**
Special health care needs	0	N/A	N/A	**0**

OHA review: (Access: Quality and adequacy of services) The project describes a plan to improve access, addresses access needs of enrolled members, and addresses key factors of realized access by focusing on implementing a community-based ABA provider program. The project is somewhat feasible as described.

(Special health care needs) This project does not meet the SHCN component-specific requirements for TQS. Project is missing strategies to improve long-term health outcomes and only focuses on access-related monitoring activities.

OHA recommendations: (Access: quality and adequacy of services) Include more specific utilization data, such as age ranges for youth needing these services in each area. Include monitoring activity information about Columbia County, such as wait times for ABA services not exceeding two weeks of initial authorization.

(Special health care needs) Address component-specific requirements for SHCN in TQS guidance to ensure the project is appropriate as a SHCN project.