2023 Transformation and Quality Strategy (TQS):

Serious and Persistent Mental Illness (SPMI)

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Oregon Health Authority

Housekeeping

- Please keep yourself on mute when you're not speaking.
- Type questions into the chat at any time.
- This webinar is being recorded. The slides and recording will be available on the Transformation Center TQS TA webpage.

Agenda

- TQS background
- Component overview and definitions
- Component requirements and scoring criteria
- Opportunities for improvement
- CCO example walk-through
- Q&A

TQS background

TQS foundational principles

The TQS addresses three key principles:

1. Meet relevant CFR, OAR, 1115 waiver and CCO contractual requirements
2. Pushes health transformation through alignment with quality and innovation
3. Decrease administrative burden

Why do the work

Efficiency
is doing things right;

Effectiveness
is doing the *right* things.

– Peter Drucker

2023 TQS components

Project needs to meet the requirements for each component assigned to it.

1	Behavioral Health Integration	**8**	PCPCH: Tier Advancement
2	CLAS Standards	**9**	Serious and Persistent Mental Illness (SPMI)
3	Grievance and Appeal System	**10**	Social Determinants of Health & Equity (SDOH-E)
4	Health Equity: Data	**11**	Special Health Care Needs (SHCN): Full Benefit Dual Eligible Population
5	Health Equity: Cultural Responsiveness	**12**	SHCN: Non-duals Medicaid Population
6	Oral Health Integration	**13**	Utilization Review
7	Patient-Centered Primary Care Home (PCPCH): Member Enrollment		

Access components removed from prior year.

2023 SPMI overview and definitions

SPMI, Why focus on it, Why in TQS

Overview of SPMI definitions

Definition references

- Behavioral Health Quality and Performance Improvement Plan (BHQPIP) with is the continuing version of the Oregon Performance Plan
- Choice Model Contract
- OAR 309-019-0225(24)

Diagnoses on the more serious and persistent spectrum

- Schizophrenia
- Major depressive disorder
- Bipolar disorder
- Anxiety, limited to
  - Obsessive compulsive disorder (OCD)
  - Post traumatic stress disorder (PTSD)
- Schizotypal personality disorder
- Borderline personality disorder

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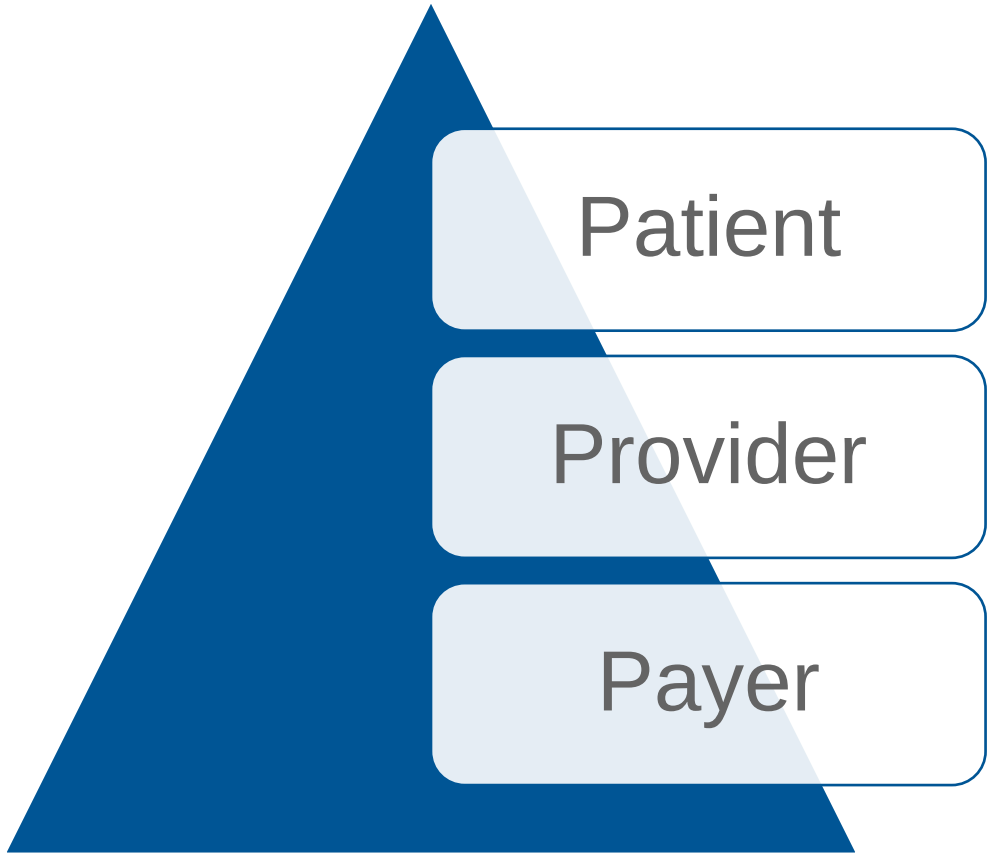
Purpose of focusing on SPMI in TQS

Bolstering care coordination between these elements to impact **patient outcomes**



Why SPMI in the TQS?

Behavioral Health Quality and Performance Improvement Plan (BHQPIP)

- Continuation of the Oregon Performance Plan and OHA's agreement with the United States Department of Justice (USDOJ)
- Identifies the rights of individuals with SPMI to live as integrated as possible within the community

Services needs to be active with this population

- Passive responses to the SPMI population leads to recurring destabilizations and higher costs
- Responsibility for civil rights

2023 SPMI requirements and scoring criteria

https://www.oregon.gov/oha/HPA/dsi-tc/Documents/TQS-Guidance-Document.pdf (TQS Component 12, pages 23-24)

SPMI projects must do all of the following:

1. Improve an aspect of care coordination demonstrating a thorough understanding of effects of SPMI on:
   - Individual functioning
   - Access to care
   - Utilization of services
2. Support self-determination and be person-centered
3. Demonstrate commitment to providing services in the most integrated setting
   "Levels of Care" is a system-centric reference that needs to change to a client-centric reference of "integrated setting"
4. Include a report of aggregate data indicating:
   - The number of members identified
   - Methods used
5. Be informed by social determinants of health
6. Focus on improving patient outcomes

References for developing SPMI projects

Behavioral Health Quality and Performance Improvement Plan (BHQPIP)

- https://www.oregon.gov/oha/HSD/BHP/Pages/BHQPIP.aspx

Your own policies and procedures for behavioral health need to include:

- Care monitoring, treatment plan and designated person for coordination
- Care coordination and case management based on the 1915(i) assessment and Person-Centered Service Plan & Home and Community-based Services (HCBS)
- Supported employment using the Individual Placement and Support (IPS) model
- Intervention plan for those with two or more readmissions to either emergency departments or acute care psychiatric facilities within a 6-month period

References of OARs and CFR on page 24 in TQS Guidance Document

- Be sure to know these references and regulations that guide these elements

SPMI Scoring Component

2023 TQS Scoring Criteria

https://www.oregon.gov/oha/HPA/dsi-tc/Documents/TQS-Scoring-Criteria.pdf

2023 TQS Scoring Criteria

Score of 0 = 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. If a project scores a zero for a component, the CCO will not have the opportunity to resubmit a corrected version and the zero score will be included with the total component and total TQS score.

Score of 1 = Very limited relevance, very limited to not detailed, and very limited feasibility

Score of 2 = Somewhat relevant, somewhat detailed, and limited feasibility

Score of 3 = Fully relevant, fully detailed, and mostly to fully feasible

Relevance **(component specific)**	Project fully addresses the component-specific requirements, as demonstrated by the criteria below.
Detail **(all components)**	**No additional details** or clarity are needed in description, prior year assessment, project context, activities, targets or benchmarks. This includes the following: - A detailed **prior year assessment of the component area** (broader than the specific project) - **Sufficient justification** for why the the project was selected in the project context - For continued projects, the **progress to date** is sufficiently detailed with updates to both activities and targets/benchmarks - Use of **REALD and SOGI data**, or use of REALD and plan for using SOGI data, to identify and address disparities - **Population** for the intervention is clearly defined
Feasibility **(all components)**	Activities, targets, benchmarks and data sources are **mostly to fully feasible** (capable of being carried out) as described, and SMART (specific, measurable, achievable, relevant, time-bound) objectives are utilized. - If continued project: activities and targets/benchmarks are updated OR explained why not. - Activities directly relate to the TQS components selected. - Activities likely to make progress in addressing the gaps identified. - Activities demonstrate meaningful CCO actions throughout the year. - Adequate number of activities to move the project forward in a reasonable time. - Targets/benchmarks are SMART: specific, measurable, achievable, relevant, time-bound

Severe and Persistent Mental Illness	**1**	Project demonstrates plan to improve an area of poor performance in care coordination for members with SPMI, which reflects a thorough understanding of the effects of SPMI on individual functioning, access to care, and utilization of services.
	2	Project clearly supports self-determination and patient-centeredness.
	3	Project demonstrates clear commitment to providing services in the most integrated setting.
	4	Project includes a report of aggregate data indicating the number of members identified and methods used.
	5	Project is clearly informed by social determinants of health.
	6	Project focuses on improving patient outcomes.

Opportunities for improvement

Topics of SPMI projects 2022 and Measurability

Opportunities: SPMI topics from 2022

Increases and decreases	Process improvement
✓Over utilization 1. Emergency Department care coordination, follow-up (3 & 7 day) ✓ Under utilization 1. Direct access to care, such as PCP and specialty care, ACT 2. Pharmacy integration for SPMI and diabetes 3. Behavioral health access and integration 4. Supported Employment strengthening 5. Clubhouse and integration of peer supports within the healthcare system	✓Processes 1. Health care integration, regional care teams, communications 2. Psychiatric transitions tracking 3. Improve and standardize care coordination 4. Care coordination from one level of care to another (Warm Handoff) 5. Use of THW with community integrated risk reduction 6. Behavioral health neighborhood

Opportunities: SPMI measurements

Feedback from 2022 TQS review of SPMI population interventions:

1. Largely a measurement from baseline for direct change, such as
   - ✓ ED utilization addressed through care coordination and follow-ups
   - ✓ Increase physical health stabilization

2. Some middle goals for stair-step changes
   - ✓ Numbers of engagements from care coordination
     - Baselines have improved but still very general or “to be determined” which makes demonstrating a change has occurred difficult to do
     - Statistical difference of p=<0.05 still not being used, only a difference of numbers which could or could not be statistically significant

Be sure to have both long-term and intermediate goals

Tips for strong SPMI projects

Recommend measuring smaller steps of progress that are still significant

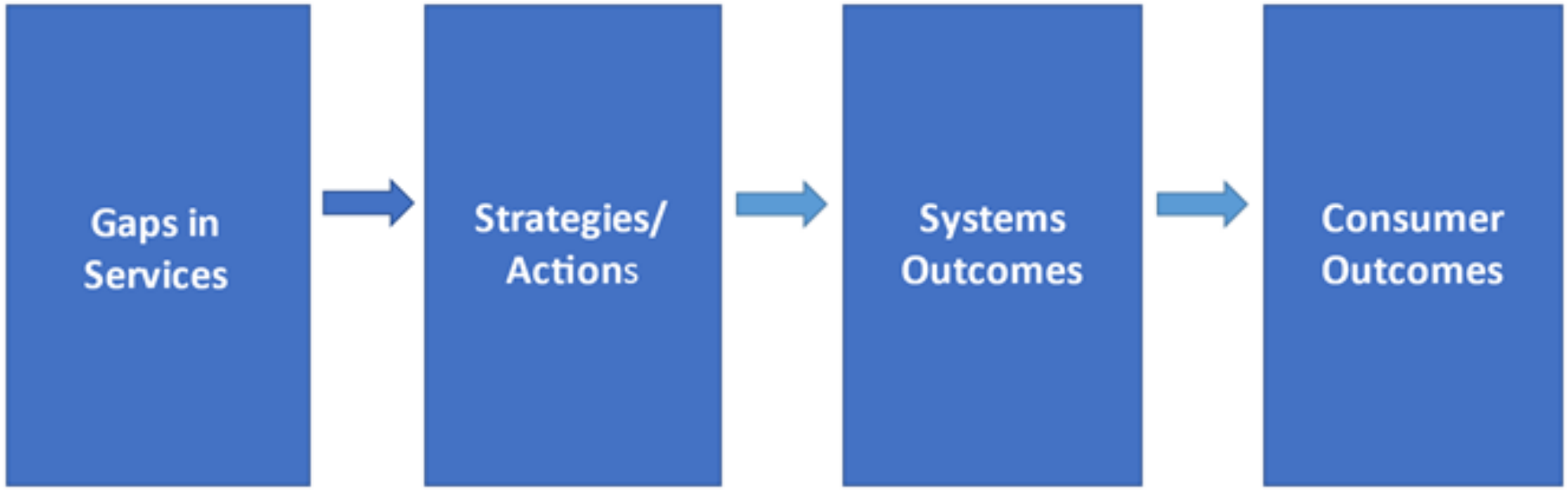
- **Identify a statistical change of p=<0.05**
  - Monitor related indicators as others are reduced or increased
  - Explore how this is done through your analytics team members and online resources for calculating P Values (where P stands for Probability)
    - https://www.simplypsychology.org/p-value.html
- **Recommend**
  - Sensitive dashboard measurements to identify significance
  - Developing large change through confirmed step-by-step processes
    - Such as meeting 5% before achieving 10% difference

Tips for strong SPMI projects (cont.)

Recommendations to refine services

- **SPMI is more than merely having a listed diagnosis**
  - Serious and persistent spectrum in the listed categories
  - Needs to have an element of psychosis to cognitive processes
- **Aid and Assist population is not only forensic but also CCO members**
  - Could need same services as other SPMI groups, such as Civil & PSRB
- **Care coordination between settings**
  - Especially transitions from hospital settings to community settings when there is a mix of physical and behavioral health
  - Collaboration between: 1) CCO ICCs, 2) Choice ENCCs, 3) Aid & Assist Coordinators

Guiding Logic Model



Measurability
Definition & Examples of Outputs vs Outcomes

Output	Outcome
Incidence – number of new cases of disease	Disease registry (system level outcome)
Prevalence of disease (new & old cases)	Decreasing or keeping prevalence stable
Increased adherence to medication through pharmacy coordination	Decreased healthcare cost through service-delivery innovation (systems outcome) & increased access to medication (consumer outcome)
Examples	**Examples**
Increased numbers of care coordination services/events	Stabilization of physical & behavioral symptoms
Medication filled/refills	Decreased AbA1c values (consumer outcome)

CCO example walk-through

Themes of Challenges and Successes based on specific CCOs

Themes of Challenges

Goal: Improve and standardize communication between primary and behavioral health

- Challenges in showing improvement did not appear to be identified
  - Solutions should be highlighted based on analysis
- Copying / pasting from last year and not editing
  - Goals to be accomplished within the year's plan and beyond, not last year's dates
- Measurability is vague or too global
  - Developing a survey to identify contact info and system adequacy is a reasonable step, however, this function does not improve / standardize communications between primary and behavioral health
    - Measurement focus on completion of surveys by PCP and specialty clinics, and may be relying on self report of communication instead of measured outputs and outcomes
  - Use of a task force and a pilot projects to test out ideas and refine approach would lead to solutions for communication outputs and outcomes

Themes of Successes

Goal: Meeting physical health needs of behavioral health population

- Definitions are precise
    - Specific population (SPMI and SUD) with Type 1 or 2 diabetes hospitalizations
    - Challenges with accessing medicine; Solution of pharmacy care coordination developed by a task force and implementing through a pilot
- Reasonable goals
    - 10% decrease in medical costs; 1% decrease in the average HbA1c compared to a baseline of 11.6 in the previous year
- Using cost savings to fund continued improvement and performance payments
    - Cost of health claims currently vs savings through medication access
    - Development of a Value-Based Payment (VBP) for pharmacists by PMPM

2022 TQS technical assistance

Guidance documents: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

Webinar series (October–December)

- ✓ Webinars include general and component-specific lessons learned, changes for the coming year and time for CCOs to ask OHA SMEs questions.
- ✓ Focus: Utilization review/MEPP; SPMI; SHCN; REALD data; SMARTIE goals

Office hours (November–March)

- ✓ Allows CCOs to ask questions as they develop and finalize their TQS submissions.
- ✓ Offered monthly (first Thursdays).

Feedback on sample project (February)

- ✓ Each CCO may submit one project for feedback prior to final submission (due Feb. 15).

Written and oral feedback for each CCO (early summer)

- ✓ Feedback on strengths and weaknesses in documentation or structure of CCO health transformation and quality work.
- ✓ Written assessment with scores; required 60-minute call with OHA.

Q & A

Resources

OHA SPMI lead: Michael Oyster: Michael.W.Oyster@dhsoha.state.or.us

OHA TQS leads:

- ✓ Lisa Bui: Lisa.T.Bui@dhsoha.state.or.us
- ✓ Anona Gund: Anona.E.Gund@dhsoha.state.or.us
- ✓ Carrie Williamson: Carrie.Williamson2@dhsoha.state.or.us
- ✓ Tiffany Reagan: Tiffany.T.Reagan@dhsoha.state.or.us

All TQS resources, including the templates, guidance document, and technical assistance schedule are available on the **Transformation Center website**: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

The templates and guidance document are also cross-posted on the **CCO Contract Forms page**: www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx

Thank You

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