

Department of Vermont Health Access  
Reporting Template

ACO Name                      OneCare Vermont  
Reporting Period:            2020  
Version:                        FINAL  
Report Name:                Quality Management and Improvement Work Plan

Work Plan/Activity#	Scope and Population	Functional Area	Person Responsible	Planned Activity Name	Goals/Measurable Objectives/Performance Metrics	Data Source	Data Collection Methodology	Reporting Frequency	Status (FROM Q4 2019)
Quality Assurance Activities									
Quality Assurance Activity: Inter-Rater Reliability (IRR)	OCV clinical, quality, and operations staff	Clinical Unit; Operations Unit	Quality Measurement Program Coordinator	Inter-Rater Reliability Training	<b>Aim:</b> To conduct high quality, consistent medical record review for annual quality measurement data collection process <b>Goal:</b> OCV will achieve >90% accuracy on chart audit, based on 5% sample per abstractor <b>Measure:</b> % compliance with measure specifications <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• Provide ongoing staff training in quality measures</li><li>• Review EMR documentation</li><li>• Conduct IRR testing, review results, and educate team members on any issues identified</li><li>• Conduct regular team huddles to review changes and discuss data collection strategies</li><li>• Monitor progress of data collection and report to team members and senior leadership</li></ul>	Medical records; REDCap entries; quality measures specifications	Quality Measurement Specialist administers and scores IRR test, and implements follow up/trainings as needed	Annually	<b>Activity:</b> <b>Results:</b>
Quality Assurance Activity: QA Testing	OCV clinical, quality, and operations staff	Analytics Unit; Clinical Unit; Operations Unit	Quality Measurement Program Coordinator; Information Analyst	QA Testing	<b>Aim:</b> To conduct high quality, consistent medical record review for annual quality measurement data collection process <b>Goal:</b> OCV will achieve >95% accuracy on QA audit <b>Measure:</b> % compliance with measure specifications <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• Provide ongoing staff training in using REDCap accurately</li><li>• Review quality collections data collection system specifications (e.g. REDCap)</li><li>• Conduct weekly QA audits during the data collection period, review results, and educate team members on any issues identified</li><li>• Monitor progress of data collection and report to team members and senior leadership</li></ul>	Informatics' Team's QA test checks; REDCap database; Clinical Unit-created materials	Run QA performance audits during the quality collections process	Annually	<b>Activity:</b> <b>Results:</b>
Quality Assurance Activity: Compliance Audit	Selected patients for selected quality measures	Clinical Unit; Quality Unit; Compliance Officer	Quality Measurement Program Coordinator	Compliance Audit	<b>Aim:</b> To conduct high quality, consistent medical record review for annual quality measurement data collection process <b>Goals:</b> a) OCV will submit 100% of required data on time for each payer program; b) OCV will demonstrate ≥95% accuracy in medical record review as demonstrated through a compliance audit <b>Measures:</b> a) % of completed clinical data submitted to each payer b) completion of a compliance audit with ≥95% accuracy on all measures tested <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• Identify a subset of measures that are considered higher risk for variation (e.g. new measures, measures with changes in specifications)</li><li>• Review operational definitions of measures and any specifications/ parameters programmed in the data collection software</li><li>• Identify a sample of measures to test</li><li>• Conduct a compliance audit, report findings, evaluate opportunities for improvement</li><li>• Share findings with senior leadership</li><li>• Develop performance improvement plan</li><li>• Provide ongoing education to OCV abstractors</li></ul>	REDCap data collection tool, Quality Measure Specifications; OCV TINs' medical records; Quality Collections data sets	Collect medical record and other documentation as needed to support data submitted for selected patients	Annually	<b>Activity:</b> <b>Results:</b>

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Performance Measurement									
Performance Measurement: Clinical Data Abstraction	Selected patients for selected quality measures	Clinical Unit; Analytics Unit; Operations Unit	Quality Measurement Program Coordinator	Data Abstraction from Medical Records	<b>Aim:</b> To conduct high quality, consistent medical record review for annual quality measurement data collection process <b>Goal:</b> Complete data will be submitted to each payer on time <b>Measure:</b> a) % complete medical record data documented in REDCap data collection tool; b) % of data files delivered to payer on time <b>Key Strategies:</b> <ul style="list-style-type: none"><li>Acquire current specifications for payer(s) quality measures</li><li>Training staff in current measures and specifications</li><li>Program data collection software (e.g. REDcap) and train staff</li><li>Conduct QA activities (described above) to promote high quality data abstraction</li><li>Conduct regular team huddles throughout the abstraction period, with Clinical, Operations, and Analytics staff to monitor progress, identify challenges, modify data collection strategies, and provide an open forum for questions and clarifications</li><li>Report progress and outcomes weekly to OCV senior leadership</li></ul>	REDCap data collection tool, OCV TINs' medical records	Abstract medical record and other documentation as needed to support quality measure data submitted for selected patients	Annually	Activity: Results:
Performance Measurement: Claims Data Analysis	Selected patients for selected quality measures	Analytics Unit	Information Analyst	Claims Data	<b>Aim:</b> To conduct high quality, consistent analysis of claims data for annual quality measurement data collection process <b>Goal:</b> Complete claims data will be submitted from each payer on time <b>Measure:</b> a) % complete claims data prepared by each payer; b) % of data files delivered from each payer on time <b>Key Strategies:</b> <ul style="list-style-type: none"><li>Collaborate with Payers to obtain necessary data files and resolve any discrepancies</li><li>Write programming code to accurately abstract and analyze data</li><li>Conduct QA checks on programming code and analyses conducted</li><li>Use measure steward specifications to code REDCap to meet measure specifications.</li></ul>	Claims files from payer programs	Analysis of claims data provided by payers to meet data abstraction specifications	Annually	Activity: Results:
Performance Measurement: Patient Experience Survey Data Analysis	Standardized CAHPS methodology, set by the GMCB.	Quality Unit; Analytics Unit	Quality Measurement Program Coordinator; Information Analyst	Patient Experience Survey Data	<b>Aim:</b> To assess beneficiaries experience of care through a standardized data collection process <b>Goal:</b> Patient surveys will be conducted annually to assess patients' experience of care using standardized data collection tools and processes <b>Measure:</b> % network participants collecting patient experience of care data <b>Key Strategies:</b> <ul style="list-style-type: none"><li>Identify appropriate standardized patient experience of care surveys</li><li>Collaborate with the Blueprint for Health and its vendors to develop the sampling methodology and project work plan</li><li>Assist Blueprint for Health vendor in conducting practice recruitment strategies</li><li>Provide education and training to network participants on the patient experience of care survey results and opportunities for improvement</li></ul>	Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, Press Ganey surveys	Randomized patient survey	Annually	Activity: Results:
Performance Measurement: Performance Dashboard	All attributed OCV lives	Analytics Unit	QI Specialist	Performance Dashboard Reports	<b>Aim:</b> Provide OCV leadership and network participants with timely and accurate data on trends in utilization, cost, and quality for each payer program <b>Goal:</b> Provide OCV leaders and network participants with a consistent and reliable view of key metrics reflecting network performance including performance against goals and/or prior periods. <b>Measure:</b> a) % of time the Performance Dashboard report is reviewed by OCV leadership; b) % of time the Performance Dashboard report is disseminated to network participants <b>Key Strategies:</b> <ul style="list-style-type: none"><li>Analytics team prepares the Performance Dashboard report monthly, including internal QA check</li><li>The Performance Dashboard report is reviewed by OCV leadership at monthly URC meetings and requests for changes/updates are made to the analytics team</li><li>Monthly Performance Dashboard reports are disseminated to network participants through the secure OCV Portal, at OCV Board of Managers meetings, via email to Regional Clinical Representatives and through relevant clinical governance committee meetings</li><li>OCV staff share the Performance Dashboard report monthly with providers and HSA leadership</li></ul>	WorkBenchOne; OCV Utilization Review Committee meeting minutes; OCV Board of Managers minutes; log of Performance Dashboard reports posted to OCV Portal	Analysis of monthly utilization, cost, and quality data that are synthesized into a brief report for key audiences	Monthly	Activity: Results:
Performance Measurement: Quality Scorecards by Payer	selected patients for selected quality measures	Analytics Unit	Information Analyst	Quality Scorecards	<b>Aim:</b> Provide OCV leadership and network participants with final results of annual quality measure performance for clinical, claims, and patient experience data sets <b>Goal:</b> Provide OCV leaders and network participants with consistent and reliable view of key metrics reflecting network performance including performance against benchmarks and/or prior periods. <b>Measure:</b> Share completed quality scorecards for each payer program <b>Key Strategies:</b> <ul style="list-style-type: none"><li>Analytics team prepares the annual quality scorecards and specific talking points</li><li>Analytics team prepares HSA-specific quality scorecards</li><li>Analytics team trains clinical unit on quality scorecard results</li><li>Clinical and Analytics teams disseminate scorecard results to OCV leadership, clinical governance committees, RCRs, HSA leaders, and network participants</li><li>OCV clinical committees explore opportunities for improvement and possible clinical priority areas for future years</li></ul>	Final data sets from clinical, claims, and patient experience surveys, payer's quality reporting results plus established benchmarks	Analyze and organize payers' quality reporting results data quality improvement projects that affect OCV beneficiaries	Annually	Activity: Results:

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Performance Improvement									
Performance Improvement: Community Collaboratives, Accountable Communities for Health and Regional Clinical Representative Support	Communities choose projects from OCV's Clinical Quality Advisory Council (CQAC) priority list	Clinical Unit	QI Specialist	Community Collaboratives	<b>Aim:</b> Community Collaboratives (CC) and Accountable Communities for Health (ACH) bring leaders together to make decisions at the community-level to improve healthcare and patient experience in their communities <b>Goal:</b> RCRs and other actively practicing providers advise the OCV CQAC, and collaborate with other Health Service Areas, to identify and share best practices across the OCV Network <b>Measure:</b> 2 or more performance improvement initiatives implemented in each HSA <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• Each HSA in the OCV Network has a functioning Community Collaborative and/or ACH that meets monthly.</li><li>• OCV will identify a clinician in each HSA to serve as a Regional Clinical Representative; s/he will be asked to serve on the Community Collaborative and/or ACH meetings</li><li>• Participants will each have an equitable voice at the table</li><li>• Each Community Collaborative and ACH maintains a Charter describing the scope and charge of the group and a list of voting members</li><li>• Community Collaborative and ACH minutes are recorded, voted on and posted for members review</li><li>• OCV staff facilitate review of data, sharing of information from OCV (e.g. quality measures, change packages, educational opportunities), and tracking of QI project progress</li></ul>	WorkBench One, Care Navigator, benchmark data, PDSA cycles	Specific per project	Quarterly	<b>Activity:</b> <b>Results:</b>
Performance Improvement: Quality Committees - Clinical Quality Advisory Committee (CQAC) and Utilization Review Committee (URC)	Clinical and quality subject matter experts from across the OCV participant network	Clinical Unit, Quality Unit, Analytics Unit	QI Specialist	CQAC and URC	<b>Aim:</b> Achieve the triple aim of Population Health Management through continuous and systematic evaluation of the quality of the programs, evaluation of data, processes, and initiatives of the ACO <b>Goal:</b> Present on QI initiatives in each HSA and choose evidence-based best practices to be shared across the OCV network by RCRs and other physician representatives. <b>Measure:</b> Quality scorecard <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• The CQAC will oversee QI activities of the ACO including review of quality measures collection, evaluation of annual quality results and recommendations on performance improvement opportunities</li><li>• URC provide strategic oversight of data collection and review to support work of ACO to meet Triple Aim</li><li>• URC directs the development and leads internal and external data literacy trainings to be carried out in multiple modalities</li><li>• The CQAC will identify and promote QI training opportunities and resources</li><li>• The CQAC will facilitate engagement of the participant network in QI priority areas, in collaboration with the Utilization Review Committee</li><li>• Collaborate with key state-wide stakeholders, such as Blueprint, VDH, SASH</li></ul>	Annual Quality Measures data sets & payer benchmarks; Performance Dashboard report; WorkBenchOne, Care Navigator	Specific per project	Quarterly	<b>Activity:</b> <b>Results:</b>
Performance Improvement: Access to mental health and substance abuse services	Medicare and Medicaid beneficiaries at two SASH (support and services at home) sites in Burlington: Cathedral Square and Thayer House	Clinical Unit	QI Specialist	Pilot of MH clinician from HowardCenter embedded with the two SASH sites	<b>Aim:</b> Support a unified vision of providing high-quality, patient-centered, community-based care services in an integrated delivery system to achieve optimal patient health outcomes within subsidized congregate housing sites in Chittenden County <b>Goal:</b> Improve access and utilization of mental health and substance abuse (MHSA) services by residents of SASH communities <b>Measures:</b> Six measures - Improve access to mental health services; engaged patients have a coordinated team involving MH clinician on site; Reduce avoidable ED visits; Increase patient satisfaction; Demonstrate stabilization in MHSA symptoms/screens; Increase access to primary care and/or utilization of primary care <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• Fund a full time MH clinician through Howard Center to support pilot at two SASH communities</li><li>• Engage with SASH staff to promote use of the pilot clinician by staff and make referrals</li><li>• Measure rates of referrals, days between referral and first contact by pilot clinician, and number of patients/residents engaged with pilot clinician</li><li>• Hold semi-annual meetings between SASH, HowardCenter and OneCare Vermont to track progress towards goals and discuss opportunities for improvement and/or barriers to work</li><li>• Draft narrative report with recommendations in 2021</li><li>• Develop Network Success story on pilot outcomes</li></ul>	HowardCenter medical record, SASH electronic record (PHL); patient satisfaction forms; quarterly updates/narratives from pilot clinician	Data collection and reporting by the pilot staff: SASH and HowardCenter	Ongoing, at least annually	<b>Activity:</b> <b>Results:</b>

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Performance Improvement: Improving tobacco screening and cessation intervention - Asthma and COPD	COPD and Asthma: pediatric and adult populations across network	Clinical Unit; Quality Unit; Analytics Unit	QI Specialist	Chronic Condition Learning Collaborative on COPD and Asthma	<b>Aim:</b> To prevent and reduce impact of asthma and COPD through improved screening and referral to cessation treatment <b>Goal:</b> Improve rate of patients 18+ who were screened for tobacco use at least 1 time in 24 months and if identified to be a tobacco user received cessation intervention by 5% from participating practices' baseline. <b>Measure:</b> Monitoring of these measures will be done through the Asthma and COPD Learning Collaborative using the above goal as a measure, through the 9 months of the Learning Collaborative. There will also be a check in on progress 6 months after the conclusion of the Learning Collaborative. <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• Collaborate with VDH, Blueprint, UVMMC SME's and other stakeholders to create a Learning Collaborative curriculum to support the goals.</li><li>• Work with partners to design the QI project strategies.</li><li>• Use data to drive change and improvement.</li><li>• Connect with CQAC regarding the work of the Learning Collaborative and advance QI initiatives through the OCV Network.</li><li>• Identify and disseminate evidence-based best practices across the Network.</li><li>• Work with individual primary care family and internal medicine practices on measurement and improvement.</li><li>• Disseminate a Network Success Story at the end of the project period.</li></ul>	Medical record review; WorkBenchOne	Quarterly data collection to monitor progress of teams in Learning Collaborative; WorkBenchOne; annual quality measures data collection (winter 2021)	Quarterly	<b>Activity:</b> <b>Results:</b>
Performance Improvement: Clinical Priorities WorkbenchOne Application	OCV Network Providers	Clinical Unit; Quality Unit; Analytics Unit	Population Health Analyst	Development and education on new Clinical Priorities WorkbenchOne Application	<b>Aim:</b> Support the work of CQAC and Network Providers to meet the Clinical Priorities with a targeted WorkbenchOne app <b>Goal:</b> Deliver and train on WorkbenchOne app in 2020 <b>Measures:</b> Create Application; Train Regional Clinical Representatives in the app and train them on how to train others (at least one training at CQAC); Train Network Providers on how to use the app (count of trainings) <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• Work with CMO around development of app</li><li>• Engage with RCRs around app development and roll out to Network Providers</li><li>• Engage with Network Providers around the application education and use.</li></ul>	Claims	WorkBenchOne	Monthly	<b>Activity:</b> <b>Results:</b>
Performance Improvement: Clinical Education	Vermont provider community	Clinical Unit	Clinical Education Coordinator	Interdisciplinary Grand Rounds; other educational opportunities	<b>Aim:</b> Disseminate education on relevant clinical topics to interdisciplinary provider types in Vermont <b>Goal:</b> Host educational opportunities presenting subject matter experts on relevant topics to improve population health <b>Measures:</b> Number of session types available, ways to access content, number of sessions per year <b>Key Strategies:</b> <ul style="list-style-type: none"><li>• Develop content with CMOs and SMEs</li><li>• Engage network to participate</li><li>• Offer CMEs for session participation</li></ul>	Clinical education sessions provided	Track number of clinical education sessions provided	Quarterly	<b>Activity:</b> <b>Results:</b>