

Project Name: Data Transparency Project

Project Sponsor: Laurie Francis, OPCA Senior Director of Clinic Operations and Quality

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Project Summary

- **Project Description**

This project charter will cover the specifics of the OPCA's Data Transparency Project, a collaborative effort between Oregon's CHCs and the OPCA to share clinic data among OPCA and within each of the clinic's identified groups.

- **Business Case** – “Why is this project important?”

Payment for care is migrating more and more toward value. The Bureau of Primary Healthcare, CMS, and Oregon's Medicaid program have undergone unabated transformation in recent years. As advocates for healthcare reform continue to push for more accountable payment models where outcomes are incentivized and improvement encouraged, models such as the state's PCMH recognition program (PCPCH) and Coordinated Care Organizations have developed. Additionally, as the emphasis on performance quality and performance continues, and as funding opportunities for clinics become increasingly based on performance indicators and quality metrics, a thorough understanding of best practices around data and measurement will be imperative in each clinic's ability to demonstrate their value as a health center.

The Data Transparency Project is a collaboration between the OPCA and Oregon's FQHCs to review and improve on a set of jointly-determined outcome measures. By sharing data transparently with other clinics, not only will our clinics progress more quickly when attempting to improve clinic outcomes among specified groups, but participating clinics will also have the opportunity to learn from each other and avoid operating in silos as they work to implement the same practices and improve the same outcomes.

Reasons for this project at a glance: Benefits for clinics and OPCA include:

- ***Sharing of Best Practices*** – By sharing workflows and what has or has not worked at each clinic, clinics can avoid “reinventing the wheel” by learning from each other's experiences.
- ***Connections across organizations*** – By having access to performance data across specified groups, OPCA can help “pair” clinics and encourage collaboration across workgroups with organizations that have similar populations and may face similar barriers to improvement.
- ***Additional quality improvement support from OPCA*** – By participating in this collaborative, clinics receive hands-on support from OPCA on how to improve their workflows and use data to drive improvement.
- ***Data expertise and assistance*** – Clinic QI staff will receive support primarily from OPCA's Data Team, which has hands-on experience with helping CHC staff improve outcomes. OPCA's Data Team has extensive experience in analyzing clinic workflows, using QI tools, and utilizing data and measurement to drive improvement.
- ***Improved understanding around data and measurement*** – OPCA plans to understand in detail the measurement strategies of each clinic, as well as how data is captured and communicated to staff. By having these conversations with clinics, we hope to come to a deeper level of understanding of not only the barriers to capturing data but also how each clinic defines and generates the measures selected for the Data Transparency Project.
- ***Forum for discussion around future measurement*** – The Data Transparency Project presents as an opportunity for clinic leadership and its staff to begin conversations about what measures would be valuable to incorporate into future state incentive programs and initiatives.

- **Project Goal** – “What do we plan to accomplish, and by when?”

The goals for this project include the following:

- All participating clinics to report data quarterly on measures selected by clinic leadership.
 - On an ongoing basis, share data among defined data transparency groups to achieve greater connections and
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improved understanding of data and shared practices. All of Oregon’s FQHCs will deliver increasingly effective, efficient services such that the populations they serve will have better outcomes in a cost-contained setting with highly engaged patients and staff.

- All clinics will strive to achieve benchmarks for CCO incentive measures selected as part of the Data Transparency Project. For measures in which a CCO benchmark has not been identified, the groups will strive to reach HRSA National Quality benchmarks if applicable.
- CHC clinic workgroups and leadership to form a “collective voice” and bring it to the table regarding future CCO incentive measures, as well as other measurement strategies developed by the Oregon Health Authority.

• **Project Scope – Included** – *“What work is included as part of this project?”*

- Reporting of measures selected by clinic leadership
- Development of deliverables and a data measurement strategy for the project
- Scheduled discussions of future measures and other needs for CCO incentives with clinic leadership
- Hosting quarterly data/QI review, learning & sharing, and measurement & improvement calls with clinic workgroups and clinic leadership
- Project will include workgroups at each clinic, as well as two groups in which calls are held. Each clinic workgroup will be assigned to a call group (group A or B).

• **Project Scope – Excluded** – *“What work is NOT included as part of this project?”*

- Reporting on measures not identified by this project
- TA needs identified by groups but not directly related to the objective of the Data Transparency Project (OPCA will track other topics discussed that are no directly related to the project but may need additional TA support from OPCA liaisons)

• **Strategic Plan** – *“What parts of the strategic plan is this project associated with?”*

OPCA’s strategic plan:

- By 2017, Oregon CHCs will meet or exceed the benchmarks set for the CCO/Utilization/Cost metrics and will measure at least one meaningful “upstream” measure
- By 2017, Oregon CHCs will be leaders in addressing social determinants of health
- By 2017, assure that vulnerable populations continue to have timely access to a sustainable health home at CHCs
- By 2017, Oregon CHCs are highly effective and valued organizations in the community (as perceived by internal and external customers).

Project Plan

• **Project Team Members** – *“Who is involved in this project, and what will they be doing?”*

Laurie Francis, *OPCA Senior Director of Clinic Operations and Quality*

- **Role:** Work with clinic leadership to review progress of their organization’s process on each measure and discuss additional measures or changes to measures selected for workgroups.

Krista Collins, *OPCA Performance Improvement Manager*

- **Role:** Oversee collection of data from clinics, create project deliverables, maintain Data Transparency collaboration website, and provide TA assistance to clinics or refer clinics to other resources within the OPCA for hands-on training.

OPCA’s Data Team

- **Role:** Partner with OPCA’s TA team and CHC teams to offer technical support and training.

Clinic leadership (CEOs/Managers of sites)

- **Role:** Review outcomes and collaborate with clinic QI/data staff at organization as-needed, assign staff for QI/Data workgroups, participate in quarterly data transparency calls, and commit to 3% improvement in pursuit of strategic plan goals.

Clinic QI/Data staff (workgroups)

- **Role:** Work with OPCA's Data Team to report measures, re-design workflows with clinic staff, participate in monthly Data Transparency Project group calls, report measurements to clinic leadership and managers, and share best practices of measurement process/clinic workflows within each group of clinics and across groups (with permission).

- **Communication Plan** – *“How and when will we communicate to others about this project?”*

- Quarterly calls with clinic leadership to include data-driven, strategic level discussions, as well as upstream concepts, such as value-based pay and social determinants of health
- Monthly calls with clinic QI/Data workgroups to include Data/QI Reviews, Learning & Sharing Sessions and Measurement and Improvement Calls
- Collaborative website for clinics with updates
- Project charter – to be posted on collaborative website to provide overview of project, purpose and roles of project team members

- **Project Risk and Response** – *“What problems might we face during this project, and what will we do about them?”*

Clinics unable to pull data from EMR systems for identified measures

Plan: OPCA's Data Team to conduct thorough assessment of current clinic capabilities. OPCA to help clinics find HIT support, support connections with HCCN as appropriate, and offer training as described in deliverables.

No progression/improvement in measures over time as a group:

Plan: OPCA's Data Team to visit where possible, pull in OPCA liaison, and invite to FTF trainings. OPCA Senior Director of Clinic Operations and Quality to engage CHC EDs in a conversation as appropriate to refocus on improvement.

Change in focus – selected measures no longer relevant for clinics

Plan: Changes will occur out of discussions with OPCA and CHC leadership around changing environmental pressures and new understanding of leverage points. OPCA understands that as clinics improve or as new measures are incorporated into the CCO incentive lists that the focus for clinics may change in regards to these measures. OPCA will routinely revisit the measures selected for the workgroups with clinic leadership, and if discussions suggest that there is a desire to report more measures or alter the measures that the workgroups are currently reporting, OPCA will send out a poll for members to vote on current measures and new measures, with majority rule deciding any alterations.

Multiple sites – Concern about resources for multiple sites participating in collaborative

Plan: Given that many organizations vary in size and the number of sites, OPCA understands if only one of the sites (e.g. a pilot site) at a multi-clinic organization is able to participate in this initiative initially. We strongly encourage that, as the project continues to progress, that larger organizations begin to involve multiple sites in the Data Transparency Project.

Clinic meets CCO incentive measure benchmarks ahead of schedule

Plan: Clinics that meet the state's indicated benchmarks for the CCO incentive measures reported as part of this collaboration are encouraged to share best practices and workflows within their clinic. As mentioned above, any changes to the measures selected for the workgroups will be made via a vote and decided by the majority rule.

Clinics uninterested in participating in collaborative/do not find the collaborative useful/do not attend calls

Plan: OPCA plans to solicit ongoing feedback from both clinic QI/Data workgroups and leadership on the success of the project. The expectation is that the Data Transparency Project will be a shared learning experience for both the OPCA and clinics – clinic workgroups will be especially encouraged to offer suggestions on how the OPCA may

want to improve the structure of the data transparency groups. In the event that a specified group has low attendance, OPCA will determine if workgroups should be combined.

Project Protocol

- **Project Deliverables** – *“What tool(s) will be created as part of this project?”*
 - Project charter
 - Project timeline
 - Collaboration website
 - Presentations and data reports for review
 - QI tools, as appropriate
 - Data Transparency Project workgroup feedback surveys

 - **Improvement and Satisfaction** – *“How will we know that staff/clinics are satisfied with this project and its outcome?”*
 - After each Data/QI call, OPCA’s Data Team will send out a survey to clinic QI/Data workgroups to assess satisfaction with the Data Transparency Project. This brief survey will help the OPCA gauge the success of the Data Transparency Project and identify additional technical assistance needs.
 - OPCA’s Data Team will conduct a 6-month retrospective with clinic QI/data groups on the monthly calls.
 - “Data Check”: OPCA’s Data Team will routinely assess with the clinic leadership as well as QI workgroups the current measures selected as part of this project.
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