SHIP Project Management Dashboard

Prepared for the Idaho Healthcare Coalition

Grant Year 2 Quarter 2

The SHIP Project Management (PM) Dashboard is an interim tool prepared for the Idaho Healthcare Coalition on a quarterly basis to monitor the SHIP success measures.

Project Implementation Updates

- Three SHIP goal success measures rely on an attribution report to be provided by HealthTech Solutions. The report is not available at this time, therefore there is no data to report for Goal 1 measures 9 and 10 and Goal 2, measure 2.
- The quarterly target for measure 4 of Goal 2 is 0 hospitals, but there are 8 hospitals that are connected to IHDE. Similarly for Goal 3, measure 3 the quarterly target is 0, but there are actually 28 clinics that have established protocols for referral and follow up.
- CHWs and CHEMS personnel are currently enrolled in training, and training will be completed in December.

SHIP Success Measures

Goal 1	100%	96%	100%	100%					100%	ND	ND
	QT = 100	QT = 55	QT = 55	QT = 55	AT = 550	AT = 550	AT = 55	AT = 55	QT = 18	QT = 275k	QT = 275k
Goal 2	100%		ND								
	QT = 55		QT = 275k		AT = 55				QT = 0		
Goal 3											
	AT = 7		AT = 55		QT = 0				QT = 0		
Goal 4											
	QT = 0		AT = 6		AT = 16		SAT = 0		QT = 0		QT = 0
Goal 5									ND		
	AT = 0			AT = 55					QT = 7		
Goal 6											
	AT = 4			AT = 275k					AT = 20%		
Goal 7											
	AT = TBD						AT = TBD				

- SHIP success measure is not reported.
- SHIP success measure is on target (≥90% of target).
- SHIP success measure is slightly off target (between 75% and 89% of target).
- SHIP success measure is not on target (<75% of target).

QT = Quarterly Target (Q1=Apr 30, Q2=July 31, Q3=Oct 31, Q4=Jan 31)
AT = Annual Target (Jan 31)
SAT = Semiannual Target (Q2=July 31, Q4=Jan 31)
ND = No Data

Please refer to the SHIP Operational Plan and project charters for details regarding all quarterly, semiannual, and annual accountability targets.

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SHIP Success Measures by Goal

Goal 1 Measurements: PCMH Transformation		
1	**Q**	Cumulative # (%) of primary care clinics that submit an interest survey to participate in a SHIP cohort. Model Test Target: 270.
2	**Q**	Cumulative # (%) of primary care clinics selected for a SHIP cohort that have completed a PCMH readiness assessment and a Transformation Plan. Model Test Target: 165.
3	**Q**	Cumulative # (%) of targeted primary care clinics selected for a SHIP cohort. Model Test Target: 165.
4	**Q**	Cumulative # (%) of primary care clinics selected for a SHIP cohort, of the total primary care clinics in Idaho. Model Test Target: 165.
5	**A**	Cumulative # (%) of targeted providers participating in primary care clinics selected for a SHIP cohort. Model Test Target: 1,650.
6	**A**	Cumulative # (%) of providers in primary care clinics selected for a SHIP cohort, of the total number of primary care providers in Idaho. Model Test Target: 1,650.
7	**A**	Cumulative # (%) of primary care clinics selected for a SHIP cohort receiving an initial transformation incentive payment and achieving technical support benchmarks for retaining the payment. Model Test Target: 165.
8	**A**	Cumulative # (%) of primary care clinics selected for a SHIP cohort that achieve their transformation goals as specified in their Transformation Plan. Model Test Target: 165.
9	**Q**	Cumulative # (%) of primary care clinics selected for a SHIP cohort that achieve national PCMH recognition/ accreditation. Model Test Target: 165.
10	**Q**	Cumulative # (%) of Idahoans who enroll in a primary care clinic selected for a SHIP cohort (of total state population). Model Test Target: 825,000.
11	**Q**	Cumulative # (%) of Idahoans who enroll in a primary care clinic selected for a SHIP cohort (of target population). Model Test Target: 825,000.
Goal 2 Measurements: Electronic Health Records (EHRs)		
1	**Q**	Cumulative # (%) of primary care practices selected for a SHIP cohort with EHR systems that support HIE connectivity. Model Test Target: 165.
2	**Q**	Cumulative # (%) of Idahoans who enroll in a primary care practice selected for a SHIP cohort that have an EHR that is connected to HIE. Model Test Target: 825,000.
3	**A**	Cumulative # (%) of primary care practices selected for a SHIP cohort with an active connection to the HIE and sharing/receiving HIE transactions for care coordination. Model Test Target: 165.
4	**Q**	Cumulative # (%) of hospitals connected to the HIE and sharing data for care coordination. Model Test Target: 21.
Goal 3 Measurements: Regional Collaboratives (RCs)		
1	**A**	Cumulative # of RCs established and providing regional quality improvement guidance and working with PHDs to integrate the Medical-Health Neighborhood. Model Test Target: 7.
2	**A**	Cumulative # of primary care practices selected for a SHIP cohort that receive assistance through regional SHIP PHD team. Model Test Target: 165.
3	**Q**	Cumulative # of primary care practices selected for a SHIP cohort who have established protocols for referrals and follow-up communications with service providers in their Medical-Health Neighborhood. Model Test Target: 165.
4	**Q**	Cumulative # of patients enrolled in a primary care practice selected for a SHIP cohort whose health needs are coordinated across their local Medical-Health Neighborhood, as needed. Model Test Target: 825,000.
Goal 4 Measurements: Virtual PCMHs		
1	**Q**	Cumulative # (%) of Virtual PCMHs established in rural communities following assessment of need. Model Test Target: 50.
2	**A**	Cumulative # (%) of regional CHEMS programs established. Model Test Target: 13.
3	**A**	Cumulative # (%) of CHEMS program personnel trained for Virtual PCMH coordination. Model Test Target: 35.
4	**SA**	Cumulative # (%) of new community health workers trained for Virtual PCMH coordination. Model Test Target: 125.
5	**Q**	Cumulative # (%) of continuing education conferences held for CHW and CHEMS Virtual PCMH staff. Model Test Target: 2.
6	**Q**	Cumulative # of designated Virtual PCMH practices that routinely use telehealth tools to provide specialty and behavioral services to rural patients. Model Test Target: 36.
Goal 5 Measurements: Data Analytics		
1	**A**	Cumulative # (%) of primary care practices selected for a SHIP cohort with access to the analytics system and dashboard reporting. Model Test Target: 165 by 2020.
2	**A**	Cumulative # (%) of primary care practices selected for a SHIP cohort that are meeting the clinical quality reporting requirements for their cohort. Model Test Target: 165.
3	**Q**	Cumulative # (%) of RCs provided a report of PCMH clinic CQM performance data. Model Test Target: 7.
Goal 6 Measurements: Alternative Payment Reimbursement Models		
1	**A**	Count of payers representing at least 80% of the beneficiary population that adopt new reimbursement models. Model Test Target: 4.
2	**A**	Count of beneficiaries attributed to all providers for purposes of alternative reimbursement payments from SHIP participating payers. Model Test Target: 825,000.
3	**A**	Percentage of payments made in non-fee-for-service arrangements compared to the total payments made by SHIP participating payers. Model Test Target 80%.
Goal 7 Measurements: Lower Costs		
1	**A**	Total population-based PMPM index, defined as the total cost of care divided by the population risk score. Model Test Target: TBD.
2	**A**	Annual financial analysis indicates cost savings and positive ROI. Model Test Target: 197%.