



# PROJECT CHARTER

**GOAL 5: Build a statewide system for collecting, analyzing, and reporting quality and outcome data at the PCMH, regional, and state levels.**

Version 6.0 – FINAL

## Summary

<b>Mercer Lead</b>	David Shadick
<b>SHIP Staff</b>	Casey Moyer
<b>Key Participants</b>	Clinical Quality Measures Workgroup, Population Health Workgroup, Regional Health Collaboratives (RCs), Population Health Workgroup, Idaho Medical Home Collaborative (IMHC), Behavioral Health/Primary Health Integration Workgroup, Idaho Healthcare Coalition (IHC), Office of the Attorney General, Idaho Public Health Districts, Idaho Health Data Exchange (IHDE), Idaho Department of Health and Welfare (IDHW), Patient Centered Medical Home (PCMH) Performance Reporting Training and Technical Assistance Contractor, IHDE Expansion and Connections Contractor, Data Collection and Analytics Contractor.
<b>IHC Charge</b>	Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level, and statewide.

## Success Measures

Success Measures	SHIP Desired Outcomes	Measurement																																				
1.	<ul style="list-style-type: none"> <li>Build a statewide data analytics system that tracks progress on selected quality measures at the individual patient level, regional level, and statewide.</li> </ul>	<ul style="list-style-type: none"> <li>Cumulative (CUM) # (%) of designated PCMH (sites) with access from the Data Analytics Vendor to the analytics system that provides dashboards and reporting. Model Test Target: 165 PCMHs by 2020 (60 prepared to report on identified measures in Model Test Year 2; 120 in Model Test Year 3; and 165 in 2019).</li> <li>Numerator: Number and % of</li> </ul>	<table border="1"> <thead> <tr> <th>YR</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>1</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>2</td> <td>15</td> <td>30</td> <td>45</td> <td>60</td> </tr> <tr> <td>3</td> <td>65</td> <td>85</td> <td>95</td> <td>110</td> </tr> <tr> <td>4*</td> <td>135</td> <td>150</td> <td>165</td> <td>165</td> </tr> </tbody> </table>	YR	Q1	Q2	Q3	Q4	Pre	-	-	-	-	1	-	-	-	-	2	15	30	45	60	3	65	85	95	110	4*	135	150	165	165	*Reporting run out required through 1 year post Model Test Year 3				
YR	Q1	Q2	Q3	Q4																																		
Pre	-	-	-	-																																		
1	-	-	-	-																																		
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Success Measures	SHIP Desired Outcomes	Measurement																									
		<p>PCMHs that have access to data analytics system.</p> <ul style="list-style-type: none"> <li>Denominator: Quarterly targets as shown in the table on the right.</li> <li>Data Source: PCMH reporting (or Data Analytics Vendor reporting).</li> </ul>																									
2.	<ul style="list-style-type: none"> <li>Identification of statewide measures for targeted performance reporting at PCMH level.</li> </ul>	<ul style="list-style-type: none"> <li>CUM # (%) of quality measures that are reported by all PCMH practices. Model Test Target: 16 by model test year 3.</li> <li>Numerator: Number of identified measures reported by PCMHs.</li> <li>Denominator: Quarterly targets as shown in the table on the right.</li> <li>Data Source Data Analytics Vendor reporting.</li> </ul>																									
		<table border="1"> <thead> <tr> <th>YR</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Pre</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>1</td> <td>-</td> <td>-</td> <td>-</td> <td>4</td> </tr> <tr> <td>2</td> <td>-</td> <td>-</td> <td>-</td> <td>10</td> </tr> <tr> <td>3</td> <td>16</td> <td>16</td> <td>16</td> <td>16</td> </tr> </tbody> </table>	YR	Q1	Q2	Q3	Q4	Pre	-	-	-	-	1	-	-	-	4	2	-	-	-	10	3	16	16	16	16
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1	-	-	-	4																							
2	-	-	-	10																							
3	16	16	16	16																							
3.	<ul style="list-style-type: none"> <li>Data collection and analytics for targeted performance reporting to support quality improvement efforts.</li> </ul>	<ul style="list-style-type: none"> <li>CUM # (%) of designated PCMH practices that receive community health needs assessment results from an RC. (Results may guide PCMH quality improvement initiatives.) <i>Model Test Target: 165.</i></li> <li>Numerator: Number of PCMHs that receive community health needs assessment results from an RC.</li> <li>Denominator: Quarterly targets as shown in the table on the right.</li> <li>Data Source: PCMH and PHD reporting.</li> </ul>																									
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### Planned Scope

Deliverable 1	Result, Product, or Service	Description	Owner	Impacted Parties
	<ul style="list-style-type: none"> <li>Reports to analyze identified clinical quality measures.</li> <li>Periodic reporting that compares quality and cost data against a baseline and for each subsequent year throughout the Model Test.</li> </ul>	<ul style="list-style-type: none"> <li>Create and track regular reports that assess quality and cost improvements across all levels (patient, clinic, county, region, and statewide).</li> </ul>	<ul style="list-style-type: none"> <li>CQM Workgroup</li> <li>PHW</li> <li>HIT Workgroup</li> <li>IHDE</li> <li>SHIP staff.</li> <li>SHIP Statewide Evaluator.</li> </ul>	<ul style="list-style-type: none"> <li>IHC</li> <li>CMMI</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> 01/01/2016			<b>End:</b> 12/31/2016
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	<ul style="list-style-type: none"> <li>Identify cost and quality performance measures at the patient, regional and statewide levels.</li> <li>Determine method and process for data collection and collection roles and responsibilities.</li> <li>Test data collection process.</li> <li>Refine process as necessary.</li> <li>Determine point in time for capturing data.</li> <li>Design reports and reporting schedule.</li> <li>Define plan of action for hospitals/PCMHs that refuse/fail to report data or that report unacceptable levels.</li> <li>Collect data.</li> <li>Execute reports.</li> <li>Analyze results.</li> <li>Implement plans of action for failure to report data or reporting data that does not meet quality standards, as needed.</li> </ul>			<ul style="list-style-type: none"> <li>01/06/2016</li> <li>01/15/2016</li> <li>02/15/2016</li> <li>02/19/2016</li> <li>02/29/2016</li> <li>03/15/2016</li> <li>03/01/2016</li> <li>03/15/2016</li> <li>03/11/2016</li> <li>03/25/2016</li> <li>04/01/2016</li> </ul>

3

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	<ul style="list-style-type: none"> <li>Execute follow up activities, as needed.</li> </ul>			<ul style="list-style-type: none"> <li>04/15/2016</li> </ul>
<b>Deliverable 2</b>	<b>Result, Product, or Service</b>	<b>Description</b>	<b>Owner</b>	<b>Impacted Parties</b>
	<ul style="list-style-type: none"> <li>Identify ongoing evaluation and tracking of performance metrics for community health needs assessment results to monitor improvement of:                             <ul style="list-style-type: none"> <li>Care of the patient population at the practice level.</li> <li>Population health at the regional level.</li> <li>Overall statewide performance.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Create and track agreed upon performance metrics for community health needs assessment results among all SHIP workgroups.</li> </ul>	<ul style="list-style-type: none"> <li>CQM Workgroup</li> <li>PHW</li> <li>HIT Workgroup</li> <li>IHDE</li> <li>SHIP staff</li> </ul>	<ul style="list-style-type: none"> <li>IHC</li> <li>CMMI</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> 01/01/2016			<b>End:</b> 12/31/2016
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	<ul style="list-style-type: none"> <li>Identify performance metrics for tracking and ongoing evaluation of improvements in patient care, regional population health, and overall statewide performance based on the PCMHs response to community health needs assessment results provided by the RCs.</li> <li>Obtain consensus on performance metrics among all SHIP workgroups.</li> <li>Document performance metrics.</li> <li>Document milestones for Model Test Years 1–3.</li> <li>Establish method for monitoring performance against milestones.</li> <li>Define data collection method and collection roles and responsibilities.</li> <li>Test data collection process.</li> <li>Refine process as necessary.</li> <li>Determine point in time for capturing data.</li> </ul>			<ul style="list-style-type: none"> <li>01/8/16</li> <li>01/22/2016</li> <li>01/25/2016</li> <li>02/01/2016</li> <li>02/19/2016</li> <li>03/04/2016</li> <li>03/14/2016</li> <li>03/14/2016</li> <li>03/27/2016</li> </ul>



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- Design report and reporting schedule. • 04/15/2016
- Collect data. • 04/22/2016
- Execute reports. • 04/22/2016
- Analyze results. • 04/29/2016
- Define plan of corrective action for failure to meet established milestone(s). • 05/06/2016
- Implement plans of corrective action, as needed. • 05/27/2016
- Execute follow up activities, as needed. • 06/10/2016

Deliverable 3	Result, Product, or Service	Description	Owner	Impacted Parties
	<ul style="list-style-type: none"> <li>• Ensure Data Analytics vendor is reaching their contractual and educational access requirements for PCMHs.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing monitoring of Data Analytics vendor contract milestones.</li> </ul>	<ul style="list-style-type: none"> <li>• Data Analytics Vendor</li> <li>• SHIP staff</li> </ul>	<ul style="list-style-type: none"> <li>• IHC</li> <li>• HIT Workgroup</li> </ul>
<b>Est. Timeframe</b>	<b>Start:</b> 01/01/2016			<b>End:</b> 12/31/2016
<b>Milestones</b>	<b>Event</b>			<b>Target Date</b>
	<ul style="list-style-type: none"> <li>• Identify contractual milestones. • 01/22/2016</li> <li>• Establish method for monitoring the Data Analytics vendor performance against milestones. • 01/25/2016</li> <li>• Define data collection method and collection roles and responsibilities. • 02/01/2016</li> <li>• Test data collection process. • 02/19/2016</li> <li>• Refine process as necessary. • 02/29/2016</li> <li>• Determine point in time for capturing data. • 03/14/2016</li> <li>• Design report and reporting schedule. • 03/21/2016</li> <li>• Define plan of action for vendor failure to meet contractual milestone(s). • 03/27/2016</li> <li>• Collect data. • 04/15/2016</li> <li>• Execute reports. • 04/22/2016</li> <li>• Analyze results. • 04/29/2016</li> <li>• Implement plans of action for vendor failure. • 05/13/2016</li> </ul>			

- Execute follow up activities, as needed.

• 05/20/2016

### Project Risks, Assumptions, and Dependencies

Risk Identification	Event	Likelihood	Seriousness	Potential Mitigation
	1. Statewide HIT contractors not in place by selected deadlines.	L	M	• Hire additional resources or outsource monitoring activities.
	2. Workgroup approval of metrics that track performance at all levels is not timely.	M	M	• Clinical Quality and Population Health Workgroups make final decisions on performance measures.
	3. Data Analytics vendor not in place by selected deadline.	M	M	• HIT workgroup monitoring of vendor selection process.
	4. IDHW lacks resources to conduct monitoring of Data Analysis vendor.	M	M	• Restructure responsibilities of IDHW SHIP Team to allow for monitoring of activities.
	5. State lacks resources to collect and report data.	L	M	• HIT workgroup monitoring of vendor selection process.
<b>Assumptions</b>	• Success Measures established for Goal 2 will also support Goal 5, and measurement activities do not need to be replicated for Goal 5.			

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<b>Dependencies and Constraints</b>	<p>Dependencies:</p> <ul style="list-style-type: none"> <li>• Identification and definition of Data Analysis vendor contractual performance goals.</li> <li>• IMHC’s ability to monitor the vendor’s performance.</li> <li>• Adequacy of technical assistance to support PCMH reporting.</li> <li>• Quality of the community health needs assessments from the RCs and capability of the PCMHs to use results to guide QI initiatives.</li> <li>• Timeliness of Goal 2 activities (to improve care coordination through use of electronic health records) that also support Goal 5 (build a statewide data analytics system).</li> </ul> <p>Constraints:</p> <ul style="list-style-type: none"> <li>• Time</li> <li>• Resources</li> <li>• Cost</li> </ul>
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### Project Reporting and Scope Changes

Changes to scope must be reflected at the Workgroup Charter level as approved by the IHC after review by SHIP team.

### Version Information

<b>Authors</b>	David Shadick	<b>Date</b>	10/21/2015
<b>Reviewers</b>	Casey Moyer	<b>Date</b>	10/22/2015

### Final Acceptance

<b>Name/Signature</b>	<b>Title</b>	<b>Date</b>	<b>Approved via Email</b>
Cynthia York	SHIP Administrator	11/23/2015	☒
Katie Falls	Mercer Lead	11/23/2015	☒



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