



Request for Applications

Transformation Community Benefit Initiative Reinvestments

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Application Deadline: January 31, 2019

Background:

Thanks to successful efforts in 2017 to improve quality, Eastern Oregon Coordinated Care Organization (EOCCO) met 14 of the 17 CCO incentive measures. This is enabling the Board of Directors to reinvest approximately \$1,200,000 in 2019 in innovative projects to support better health, better health care, and lower costs for EOCCO members and their communities.

EOCCO announces the availability of investments for projects that focus on challenging issues facing EOCCO. This year's program will focus on two areas:

1. Opt-In Projects to address adolescent well care visits, colorectal cancer screening, reducing emergency department visits, quality improvement and population health management, and clinical and claims data integration.
2. Applications to continue successful 2017 or 2018 EOCCO funded projects that focus on one or more incentive measures the county is having trouble meeting and that do not overlap with the above Opt-In opportunities.

Program Areas:

1. Opt-In Projects

Project	Funding Amount Available Per Grantee	Description
Adolescent Well Care Visits	Up to \$40,000	Efforts to increase Adolescent Well Care (AWC) visits through well-orchestrated community events, such as weekend AWC clinic events and in-school and community health fairs with onsite AWC visits.
Colorectal Cancer Screening	Up to \$20,000	Participate in a FIT direct mail campaign run by EOCCO. Clinic responsibilities include scrubbing lists, lab coordination, customizing mailing materials and working closely with EOCCO project staff and with the FIT direct mail vendor.
Emergency Department Utilization	Up to \$50,000	Interventions to reduce ED utilization for physical health visits based on baseline county-level 2017 data.
Quality Improvement and Population Health Management	Up to \$30,000	Participate in monthly technical assistance meetings to implement quality improvement and population health management strategies to improve clinic workflows focused on hypertension or diabetes. Additional measures may include cigarette smoking prevalence, SBIRT, adolescent weight, or Effective Contraceptive Use. Projects should include use of

		Arcadia Analytics or an alternative method to build and prepare registries for daily use for population health management.
Clinical and Claims Data Integration	Up to \$30,000	This project is intended to reduce the barriers for clinics to connect to Arcadia and ensure clean and complete data are available for incentive measure reporting.

Additional details on the Opt-In Projects are provided in **Appendix 2**, including application requirements, funding information, and eligible organizations.

2. Continuing Current Projects- Grants up to \$50,000

Funding is available to organizations proposing to continue successful, previously funded 2017 and 2018 EOCCO projects. To be funded under this category applicants must provide sufficient evidence (quantitative and qualitative) that their current project is having the desired impact on their selected incentive measure(s). The incentive measures must be ones that the county is still struggling to meet. Additionally, projects cannot overlap with Opt-In project areas, must be programmatically and financially distinct from all other 2019 applications, and must include a sustainability plan for after funding ends.

Eligible Organizations for Continuing Projects: Previously funded grantees from 2017 or 2018.

Application Instructions:

Requirements for all Applications:

1. Proposals that are not fully described or are otherwise incomplete may be returned to the applicant.
2. Proposals that substantially overlap in purpose and budget will not be considered for funding. A committee appointed by the EOCCO Board will make the final funding decisions, subject to approval by the EOCCO Board.
3. Support from the CBI program can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative. Grantees will be required to request decreasing amounts of funds over time and funds for such positions will not be provided beyond three grant cycles unless applicants can document the position is directly related to successful performance on EOCCO initiatives.

Submission Process:

1. **Application Forms:** To request EOCCO reinvestment funds, please follow the directions in this Request for Applications (RFA). Applications should include the Application Coversheet, a Project Narrative covering all questions described in the RFA for the opportunity selected, a Budget and a Budget Justification, and any required Letters of Commitment.
2. **Submission:** Send your full application in a **single** PDF to Sankirtana Danner at danners@ohsu.edu and Anne King at kinga@ohsu.edu **by 5 pm PDT on January 31, 2019.**

Important Note: You will receive an email indicating that your application has been received. If you do not receive that email within 24 hours, please contact Sankirtana or Anne.

3. **Timeline:** Applicants should hear about the status of their requests in March 2019. The earliest start date for projects is March 15, 2019 and all projects should end by March 14, 2020.
4. **Technical Assistance:** OHSU staff members are available to answer questions and to provide feedback on your project design and evaluation plan. Please contact Sankirtana Danner danners@ohsu.edu or Anne King kinga@ohsu.edu and they will provide help or find the best person to provide assistance.

Transformation Community Benefit Initiative Application Coversheet

Name of Applicant Organization: _____

Project Director (person who will be responsible for the overall project):

Name: _____

Title: _____

Organization: _____

Address: _____

Phone Number: _____ Email: _____

Name of Organization to Receive and Manage Funds:

Organization Name: _____

Address: _____

Name of Employee Managing Funds: _____

Phone Number: _____ Email: _____

Funding Opportunity to which the Applicant is Applying (check one):

___ Adolescent Well Care Visit Event	___ Clinical and Claims Data Integration
___ Colorectal Cancer Screening	___ Emergency Department Utilization
___ Continuing a Current Project	___ QI/PHM for Hypertension and Diabetes

Total Amount Requested (note funding limits): \$ _____

Project Title:

Start Date: / / **End Date:** / /

Project Summary (do not exceed space below):

Signatures:

I hereby certify that this proposal is fully approved by our organization for submission to the EOCCO. The statements contained in this application are true and complete to the best of my knowledge and the applicant accepts as a condition of the grant the obligation to comply with all applicable state and federal requirements, policies, standards, and regulations.

Signature of Organization Official:

Name: _____ Date: _____

Phone: _____ Email: _____

Application Questions for Opt-In Projects

If you are applying to participate in an Opt-In project, please submit the Application Cover Sheet, a Project Narrative answering the questions listed below, a Budget and a Budget Justification, and any required Letters of Commitment (**Appendix 3**) using the following guidelines and templates. Project Narratives may be **up to 5 pages**.

For the Project Narrative, Questions A-H should be answered by all applicants to Opt-In projects. Questions I-M are specific to each project and should be answered by those applicants applying to that project.

Application Questions for All Projects

- A.** Provide a detailed description of the project plan, including:
- Project goals
 - Targeted incentive measures
 - A detailed description of the planned activities
 - A detailed timeline of activities
- B.** Describe the data you will collect to measure success of your project and how you will obtain the data.
Note: If funded, you will be required to report on these data on interim progress reports and a year-end final report. Applicants must report on the **number of EOCCO and non-EOCCO members served**.
- C.** Complete the table below, including baseline data and goals you will use to measure success.

Note: This table has been revised from prior years. Please be sure to include actual available baseline data and create goals that take into account available data (See **Appendix 4**), such as your county's prior year rate, the numerator and denominator of patients if available, EOCCO targets, and the estimated number of members needed to reach the EOCCO target. Baseline data should be the prior year's final rate for the target population.

Targeted Metric	Activity Planned	Metrics	
EXAMPLE: <i>Dental sealants</i>	<i>AWC event with onsite dental sealant services</i>	<u>Baseline</u> <i>20/150 (number of kids who received sealants last year out of number eligible)</i>	<u>Goal</u> <i>75/150 (number of kids you aim to receive sealants this year out of number eligible)</i>
		<u>Baseline</u>	<u>Goal</u>
		<u>Baseline</u>	<u>Goal</u>
		<u>Baseline</u>	<u>Goal</u>

- D.** Please list each member of the project team, their organization, and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
- E.** Describe the level of leadership support for this project within your organization. How will your leadership ensure that your organization follows through with the project?

- F. What could cause your organization to have trouble with the project and how could you reduce this risk?
- G. Please list the organizations involved in your project and submit a Letter of Commitment from each collaborating organization.
- H. Describe a detailed plan for sustaining this effort once the project ends.

Opt-In Project Additional Questions

I. Adolescent Well Care Event

- I. Describe your proposed event, a plan for developing and staffing the event, how you will use data and conduct outreach to identify and communicate with adolescents needing AWC visits and their parents/guardians, and utilizing incentives and other strategies to encourage AWC completion.
- II. Which services will be provided at your event?
 - a. Describe how you will provide these services, including who will provide the services.
 - b. Describe how you will bill EOCCO for the services and who will bill for them.
 - c. Submit a Letter of Commitment from any organization that is listed as providing services and/or billing for them.
- III. This year there will be bonus dollars available to grantees whose events result in increased rates for 18-21 year olds (see **Appendix 2**). If you plan to target 18-21 year olds, please discuss how you will conduct targeted outreach to this specific age group and what you plan to do to build their awareness of the importance of an annual physical. Also discuss any aspects of your event that will be specifically geared toward this age group.
- IV. How will you collect the required metrics, including overall attendance at the event and number of services provided to EOCCO and non-EOCCO participants?

J. Colorectal Cancer Screening

- I. Which clinic(s) will participate in this project (include the names of any clinics which will follow the proposed project plan under the leadership of the primary applicant and whose patients will be mailed a FIT for this project)?
 - a. How many EOCCO patients aged 50-75 are in each participating clinic?
 - a. Include a Letter of Commitment from each participating clinic, confirming their commitment to the use of FITs and following the proposed project plan.
- II. Which FIT will be used for the project (Hemosure or OC-Auto)?
- III. How will the clinic(s) place orders for the FITs?
- IV. Which lab will be used to process the FITs? Include the following:
 - a. A letter of commitment from the lab ensuring that the lab will process the FITs for all clinics included in the proposal and will be able to do so for the duration of the project period. Note that if the OC-Auto test will be used, a special processing unit is required and the lab must verify in the letter that they can process this test.
 - b. Describe any information the lab will need in order to process the tests and how that information will be provided to the lab.
 - c. Describe the workflow for FITs to reach the lab, including whether the FITs will be returned to the clinic and then routed to the lab, or be sent directly to the lab. If sent to the clinic first, describe the staffing and workflow to ensure the kits reach the lab.
- V. How will patients receive results and follow up if needed.

- VI. Describe how your team will develop clinic-centered patient materials, including patient letters/reminders and education to increase response rate.

K. Emergency Department Utilization

- I. Thoroughly describe the planned evidence-based intervention to reduce Emergency Department utilization for physical health visits.
- II. Describe the population you intend to focus on, including their physical and mental health and social determinants characteristics. Include the number of EOCCO patients anticipated to be included in the cohort.
- III. Describe the usual care that is provided to this cohort and what you intend to change/add to that care. Include who will provide the services.
- IV. Describe any integration of services with partnering organizations to address patient access barriers.
 - b. Any partnering organization must submit a Letter of Commitment.
- V. If the proposal requests a continuation of a program that has received prior EOCCO funding, describe new progress since submission of the final report.
- VI. How will your project:
 - c. Identify and track a cohort of patients (using EDIE, PreManage, Arcadia, or similar program)
 - d. Track patients through the life of the project.
 - e. Determine utilization data of hospital services (emergency department, observation, inpatient) for the cohort at baseline (12 month lookback), 6 months, and 12 months from the start of the intervention.
 - f. Report on utilization by time of day, weekend, and holiday visits (if possible).

L. Quality Improvement and Population Health Management

- I. Which incentive measure will you start with to begin your quality improvement work? Will you target additional incentive measures, and if so which ones?
- II. What is the estimated number of EOCCO patients who will be reached by this project?
- III. What is/are the proposed workflow(s) for your identified incentive measure(s)?
- IV. What training and/or resources do you plan to provide to ensure all parties are able to complete their assigned roles and report screening data?
- V. Which registry will be used for this project (Arcadia or another)?
- VI. Summarize your current level/stage of connection with the registry and any work done thus far to implement use of this registry into regular clinical workflows.
- VII. If using a registry other than Arcadia, describe the registry tool and discuss any prior experience using the selected tool for population health management.
- VIII. If you are in the process of implementing the registry, but are not fully connected, provide a reasonable timeline for completing connection and implementation of your proposed project plan.

M. Clinical and Claims Data Integration

- I. Describe how you propose to implement this project in your clinic, including plans to work with Arcadia on the initial data connection, the validation questionnaire, workflow implementation for measures not currently being tracked, and outreach to patients to complete missing data elements.
- II. Describe how you will validate your data once the connection to Arcadia is made to ensure that it is “clean.”

- III. Describe plans to maintain your connection to Arcadia and maintain validated data once the grant funds are expended.
- IV. Describe plans to provide training and/or continuous staff engagement of Arcadia into current clinic workflows.

Application Questions for Continuing Current Projects

If you are applying for funds to continue a 2017 or 2018 project, please submit an Application Cover Sheet, a Project Narrative answering the questions listed below, a Budget and a Budget Justification, and Letters of Commitment using the following guidelines and templates.

Please note the application instructions concerning funding for ongoing positions: Support from the CBI program can be used to establish new roles within a community that are substantially devoted to improving the health and health care of EOCCO members. These positions should not be primarily administrative. Grantees will be required to request decreasing amounts of funds over time and funds for such positions will not be provided beyond three grant cycles unless applicants can document the position is directly related to successful performance on EOCCO initiatives.

Project Narrative (up to 5 pages)

Please follow the instructions below to complete your project narrative, providing complete answers to each question.

- A. Provide a detailed description of the project plan, including:
 - I. Project goals
 - II. Targeted incentive measures
 - III. A detailed description of the planned activities
 - IV. A detailed timeline of activities
- B. Describe the outcomes and data from your 2017/2018 project that supports continuing this effort in 2019. What has made this incentive measure or measures difficult for your county to improve?
- C. What changes do you plan to make to your project compared to 2017/2018 and what has led you to these changes?
- D. Describe the data you will collect to measure success of your project and how you will obtain the data.
Note: If funded, you will be required to report on these data on interim progress reports and a year-end final report. Applicants must report on the **number of EOCCO and non-EOCCO members served**.
- E. Complete the table below, including baseline data and goals you will use to measure success.
Note: This table has been revised from prior years. Please be sure to include actual available baseline data and create goals that take into account available data, such as your county's prior year rate, the numerator and denominator of patients if available, EOCCO targets, and the estimated number of members needed to reach the EOCCO target. Baseline data should be the prior year's final rate for the target population.

Targeted Metric	Activity Planned	Metrics	
EXAMPLE: <i>Dental sealants</i>	<i>AWC event with onsite dental sealant services</i>	<u>Baseline</u> <i>20/150 (number of kids who received sealants last year out of number eligible)</i>	<u>Goal</u> <i>75/150 (number of kids you aim to receive sealants this year out of number eligible)</i>
		<u>Baseline</u>	<u>Goal</u>
		<u>Baseline</u>	<u>Goal</u>

		<u>Baseline</u>	<u>Goal</u>
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- F.** Please list each member of the project team, their organization, and thoroughly describe their roles and responsibilities on the project. All activities that are proposed in Question A should be represented.
- G.** Describe the level of leadership support for this project within your organization. How will your leadership ensure that your organization follows through with the project?
- H.** What could cause your organization to have trouble with the project and how could you reduce this risk?
- I.** Please list the organizations involved in your project and submit a Letter of Commitment from each collaborating organization.
- J.** Describe a detailed plan for sustaining this effort once the project ends.

Appendix 1: Budget Template

Please use the template below for your budget. Funded activities may include, but are not limited to: personnel, travel expenses, meetings and supplies and consultants. Indirect costs are capped at 10%. Non-project related indirect expenses, funds for capital expenditures (e.g. major non-technology equipment, building renovations) and costs related to enhancing reimbursements or supporting state-covered services cannot be funded through these grants. For Opt-In Projects you may not request more funding than the amount offered.

Start date of project: _____

End date of project: _____

Budget Table

Budget							
Personnel:						In-Kind Cash Contribution	In-Kind non-Cash Contribution
Name	Role	FTE	Salary Requested	Benefits Requested	Total Requested		
Equipment and Supplies:							
Name of Item	Description				Total Requested		
Travel:							
Location	Description				Total Requested		
Other Expenses:							
Name of Item	Description				Total Requested		
GRAND TOTAL					\$		

Budget Justification

Please provide a narrative budget justification detailing the costs included in your budget. If in-kind contributions are budgeted, please provide a list of the source of each contribution, the name of the organization providing it and whether the donation is in cash or non-cash (e.g. labor, etc.)

Appendix 2: Opt-In Project Descriptions

Adolescent Well Care Visits Event

Purpose

The American Academy of Pediatrics Bright Futures recommends that all children aged 11-21 receive annual well care (AWC) visits, a standard with which Oregon CCO policies align. Annual well care visits provide a key opportunity to screen for potential health conditions and support continued health education and development. Thanks to strong efforts by organizations and clinics in Eastern Oregon, particularly through the grant program, EOCCO exceeded their target for this measure in 2017 with a final rate of 37.8%. Despite this overall success, 18-21 year olds remain a difficult population to engage in wellness visits.

The Oregon Health Authority has identified a number of barriers to meeting the AWC target, including the need for a cultural shift that prioritizes AWC visits, missed opportunities to conduct AWC visits, and ensuring that clinic and school-based health center workflows are optimized and coordinated to ensure these visits take place. Prior EOCCO grant projects have addressed this measure through health fairs; coordination with school-based health centers; use of community health workers for patient education and outreach; and reducing barriers by offering evening appointments or transportation assistance. Based off of previously successful AWC efforts, the 2018 grant cycle included strong efforts by grantees to conduct AWC visits during well-orchestrated events, such as weekend AWC clinic events and in-school and community health fairs with onsite AWC visits. Successful projects incorporated targeted outreach to adolescents and their families, convenience and incentives. This proposal will allow local groups to develop or continue a plan for increasing AWC visits through targeted outreach and AWC events.

Project Plan

Summary

Applicants should propose a project to hold an event designed to help boost the community's AWC visits in a short time frame and include targeted outreach to EOCCO members to encourage attendance. Examples of such events include:

- AWCs during a community health fair
- School-based AWC fair
- Clinic-based weekend or weeknight AWC event
- Events focused on 18-21 year old population

Adolescent Well Care Events (AWC) are defined as discreet events where existing or locum tenens clinicians provide AWC visits for EOCCO members and submit claims for the service to EOCCO. An AWC event should be designed to substantially add to the existing number of AWC visit slots within the community rather than shifting existing slots to the event. AWC events must include substantial individualized outreach to families of youth not currently up to date on their AWC visits. Events should also include other preventative incentive measure and early detection activities for EOCCO youth.

Applicants interested in specifically targeting 18-21 year olds are encouraged to consider re-branding AWC visits as "annual physicals," or similar terminology, and crafting outreach and activities that are appropriate to this older age group. Refer to the EOCCO Incentive Measure Reference Guide for correct codes for this population and contact EOCCO for questions.

Applicants should describe their plan for the following components:

- Developing and staffing the event. Projects may include innovative staffing strategies such as multi-clinic collaborative events or hiring locum tenens physicians or other clinicians during a discrete period of time during which AWC visits will take place (e.g. a weekend AWC “event.”).
- Project plans must include an outreach plan prior to the event, including mailings and phone calls to EOCCO members due for an AWC visit. For example, in prior years grantees budgeted staff time to call patients due for a visit.
- Applicants must include plans for post-event contact to EOCCO members who did not attend the event and are still due for an AWC visit.
- Applications may also describe use of incentives and other strategies to encourage AWC completion.

Services

- **Required:** Applicants must include AWC services, and targeted outreach by mail and phone before and after the event.
- **Optional:** Grantees are encouraged to include dental sealants, effective contraceptive use, SBIRT, immunizations, and clinical quality measures such as cigarette smoking prevalence, depression screening, and weight assessment and counseling.
 - Additional funding will be provided for inclusion of dental sealants and/or effective contraceptive use.

Billing and documentation

- Applicants should provide a plan for billing for the AWC visit and any other proposed services.
- Applicants should describe how they will ensure that completion of AWC and any other proposed services for EOCCO members will be communicated to the members’ primary care provider (PCP) if the PCP was not the provider who conducted the visit.

Participants

Applicants and collaborators may include: clinics, hospitals, health departments, school-based health centers, and local Community Advisory Councils.

Applicant Requirements

- Project plans must offer at least AWC visits and targeted outreach by phone and mail to EOCCO members.
- Participating organizations must agree to bill EOCCO for services provided during the event. Please refer to the Incentive Measure Billing Reference Guide.
- Documented collaboration and commitment from providers for the planned services must be included in the application, including a description of workflows within the project plan and **letters of commitment** from any organizations which demonstrate commitment to offering services. Proposals that lack this documentation, particularly letters of commitment, will not be funded.
- Applicants will be required to report data on progress and final reports as applicable to the proposal, including:
 - Overall EOCCO member attendance
 - Overall non-EOCCO member attendance
 - Number of EOCCO members contacted by mail to inform about the event
 - Number of EOCCO members contacted by phone to inform about the event

- Number of EOCCO members who received AWC visits and other proposed services at the event
 - Number of non-EOCCO members who received AWC visits and other proposed services at the event
 - Number of EOCCO members contacted by mail after the event
 - Number of EOCCO members contacted by phone after the event
 - Number EOCCO members scheduled and completed AWC visits and other proposed services after the event
- Applicants should review the OHA Guidance on the proposed incentive measures to ensure the planned event has the desired impact: <http://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx>
 - Detailed plan for sustaining this activity once funding has ended

Funding

Base Funding

Funding amounts will be based on the number of EOCCO members in the targeted population size, as follows:

- Under 100: \$5000
- 101-300: \$5000- \$15,000
- 301-1000: \$15,000-\$25,000
- Over 1000: up to \$30,000

Additional Funding

Applicants may request an additional \$5000 per incentive measure if including dental sealants and/or effective contraception.

Bonus

Grantees whose events result in an increase in their county's AWC rates will be eligible for bonus payments. These bonus payments will be based off of county-level 2019 final rates. Payment will be disbursed after 2019 rates are final, will not be subject to reporting, and may be used for activities of the grantee's choice.

- Bonuses for increasing the county AWC rate for 18-21 year olds by 5% higher than 2018 will be based on the overall AWC population for the county as follows:
 - Under 100: \$3,750
 - 101-300: \$7,500
 - 301-1000: \$11,250
 - Over 1000: \$15,000
- Bonus for increasing the county AWC rate for 12-17 year olds by 5% higher than 2018 will be based on the overall AWC population for the county as follows:
 - Under 100: \$2,500
 - 101-300: \$5,000
 - 301-1000: \$7,500
 - Over 1000: \$10,000

Metrics:

- Adolescent Well Care
- Dental Sealants
- Effective Contraceptive Use

- SBIRT
- Immunizations
- Depression Screening
- Weight Assessment and Counseling

Colorectal Cancer Screening

Purpose

According to the 2015 Oregon Health Authority report on the state of colorectal cancer (CRC) screening, approximately 36% of Oregonians in the recommended age range are not obtaining screening as recommended, despite the fact that routine screening can result in early cancer diagnosis and reduce the chance of death. The gap in cancer screening of all types, including for CRC, is wider in rural and low income areas. EOCCO has had considerable difficulty meeting the benchmark for CRC screening. In the meantime, our benchmark targets increase each year.

The purpose of this proposed project is to increase CRC screening rates among EOCCO members to ensure targets are met by implementing a centralized FIT (Fecal Immunochemical Test) mailing program and patient-centered outreach to reduce barriers to screening. Previous EOCCO grant funded projects addressing the CRC measure have included efforts such as distributing FOBT kits at health fairs, mailing FITs from a clinic, and clinic staff calling patients in need of screening. While many of these efforts have shown positive outcomes, there have been challenges, including low returns of completed tests to the clinic, extensive time involved for clinic staff to manage outreach, and concerns about sustainability. This proposal focuses on FIT, as it has been shown to be a preferred (and sensitive) method of screening in low income communities. A centralized direct mail program that includes patient outreach and mail and telephone reminders will aim to address the aforementioned barriers, including low return rates and clinic staff burden. An additional patient educational outreach component will serve to address misconceptions and lack of knowledge about CRC screening and FITs, in particular.

Project Plan

Centralized FIT Mailing and Follow up Calls: This project will implement the use of a centralized vendor to mail Hemosure or OC-Auto FITs to EOCCO patients who are due for CRC screening according to US Preventive Task Force recommendations. Clinics may choose which type of test (Hemosure or OC-Auto) they wish to use. EOCCO representatives will produce a list of patients eligible for screening by clinic, and work with clinics to finalize this listing. Clinics will work with the vendor to ensure that the outreach materials are clinic-centered (e.g. use of mailings with clinic letterhead and physician signatures). A designated representative from EOCCO will lead the coordination between the clinic and vendor on a regular basis. FIT tests will be returned to the patient's clinic for routing to the laboratory of the clinic's choice, or directly to the laboratory. Follow up calls may be provided by the vendor centrally or by the clinic.

Patient Educational Outreach: To address the barriers around patient willingness to complete CRC screening, this project will also include coordination with local community advisory councils (LCAC), patient and family advisory councils (PFAC), or other community partners, to support the creation of patient-centered and culturally appropriate educational materials to increase awareness of the FIT option and willingness to complete the test. Additionally, this educational outreach component will address awareness and willingness of the need for follow up colonoscopy after abnormal FITs. The method of outreach will be proposed by the applicant, but could include posters, flyers, newspaper articles, advertisements, social media, or other means.

Participants

Participants of this project will include:

- An EOCCO representative: This individual will be responsible for generating clinic-level lists of eligible patients based on claims data and serve as the liaison between participating clinics and the selected vendor.
- Clinic point of contact: This individual and their implementation team from the clinic will be responsible for working with the EOCCO representative to review the list of eligible patients. The point of contact will also manage customization of patient materials and provide logos/letterhead to ensure that direct mail materials are

clinic-centered. They will also develop a process to coordinate follow up colonoscopies for abnormal FIT screening results

- LCAC, PFAC, or other community partner(s): Will work with the clinic partner to create culturally appropriate patient education materials to promote completion of screening FITs and potential follow up colonoscopy.
- FIT Mailing Vendor (contracted by EOCCO): Mail FITs to eligible patients and complete reminder mailings and centralized calls on behalf of the provider.

Applicant Requirements

Applicants must identify which lab will process FITs (or specify if testing will be done in house), include a description of the workflow in the application, and include a letter of commitment from the lab that they will process tests.

Funding

- New applicants (those who did not participate in previous grant cycles): \$20,000
- Prior applicants (those who participated in previous grant cycles): \$15,000
- Budgets guidance:
 - EOCCO will pay for the following and thus they do not need to be included in proposed budgets:
 - FITs, if the grantee does not work with a laboratory that provides them free of charge
 - Postage and printing costs for patient mailers pre- and post-FIT mailing (1 mailing before FIT send and 1 mailing after FIT send)
 - Vendor-conducted reminder phone calls after FIT mailing (1 phone call after mailing)
 - Applicants may consider include the following:
 - Staff time for scrubbing patient lists
 - Staff time for attending planning meetings with EOCCO
 - Staff time for patient outreach, (if applicant chooses to conduct patient phone calls, rather than through the vendor,) or if applicants wishes to conduct additional phone call reminders
 - Additional mailers beyond 1 mailing before FIT send and 1 mailing after FIT send
 - Materials that will be presented in clinics or community fairs to promote CRC screening (fliers, Nolan the Colon)
 - Incentives for completed FITs

Metrics

- Colorectal cancer screening

Emergency Department Utilization & Emergency Department Utilization for Members with Mental Illness

Purpose

Helping patients get care “at the right time and in the right place” is core to the CCO Incentive Measure Ambulatory Care: Emergency Department utilization and the disparity incentive measure for members with mental illness. Past EOCCO-funded projects have successfully reduced inappropriate use of emergency departments by increasing access to same-day primary care visits, developing shared 24-hour call services across small rural clinics, and embedding traditional healthcare workers and behavioral health workers into emergency and primary care settings.

Evidence suggests that factors contributing to inappropriate emergency department utilization by adults include: difficulty accessing primary care, challenges setting up appointments, longer waiting periods for appointments, and shorter business hours of primary care clinics. (Carret, 2009) Frequent emergency department utilization is driven by patient characteristics (low socioeconomic status, higher disease burden, younger age) and system characteristics (lack of access, lack of coordination across providers, insufficient mechanisms to ensure patients have annual checkups, convenience compared to alternatives). (Hudon C, 2016) (Uscher-Pines, 2013)

Patients with mental illness have higher rates of preventable health conditions than the general population and significantly higher ED utilization (OHA 2017). Pain diagnoses in the ED are prevalent. Nine of the top 15 primary diagnoses for Oregon Medicaid members with mental illness were pain related, including chest pain, headache, abdominal pain, low back pain, migraine and epigastric pain. (OHA 2017)

Both the ED Utilization and the ED Utilization for Members with Mental Illness incentive measures target physical health visits to the ED that do not result in an inpatient encounter. Mental health or chemical dependency visits are excluded.

Project Plan

Applicants should propose a population-based, evidence-supported intervention to reduce inappropriate Emergency Department utilization for physical health visits. Projects should identify and follow a population of EOCCO patients, apply an evidence-based intervention, and measure and report the results. Applicants are encouraged to include in their projects:

1. Collaborations between hospitals, behavioral health providers and/or primary care clinics to expand access to primary care and reduce barriers to care in appropriate settings.
2. Interventions that target patients with mental health/behavioral health needs, particularly around pain diagnoses.
3. Use of community health workers for care coordination and patient education.
4. Use of telehealth services for low acuity complaints presenting in the ED.

Projects that include integration of services of partnering organizations to address patient access barriers are encouraged.

Participants

Applicants may include: hospitals, primary care and behavioral health organizations

Applicant Requirements

Participating organizations must use EDIE, PreManage, Arcadia or similar program to help identify a cohort of EOCCO patients to include in the intervention, to track these patients throughout the life of the project, and report baseline

utilization (12 month lookback) and change in utilization at 6 and 12 months. The intervention should be designed to last 12 months.

Funding: Up to \$50,000 may be requested.

Metrics

Required metrics include utilization of hospital and primary care services (outpatient, emergency department, observation, inpatient) for the cohort at baseline (12-month look-back), 6 months, and 12 months. Applicants are encouraged to report on utilization by time of day, weekend, and holiday visits.

Quality Improvement and Population Health Management

Purpose

This Opt-In project is intended to support the application of quality improvement (QI) and population health management (PHM) tools to improve health outcomes in a high-risk or chronic disease patient population. This project will leverage clinical data using a PHM tool like Arcadia to target redesign of clinical workflows and care processes to increase measure outcomes.

This project will provide support for clinics that meet one of the following:

- 1) Clinics currently working with Arcadia
- 2) Clinics proposing an alternative registry to Arcadia

The project aims to support mapping processes for measure(s), identify opportunities for improvement or change, and design new, more effective processes. Funded clinics will start with QI improvement related to performance of one measure, and will then add additional measures for improvement once workflows have been tested and are in place. This project will also provide monthly technical assistance for grantees to implement QI methods and strategies focused on hypertension and diabetes.

Applicants should review the OHA guidance on the incentive measures:

[Controlling Hypertension](#)

[Diabetes: HbA1c Poor Control](#)

Project Plan

Applicants will participate in monthly technical assistance meetings to implement QI and PHM strategies to improve clinic workflows focused on one or more incentive measures. Applicants must first focus on either hypertension and/or diabetes and then any of the following measures: cigarette smoking prevalence, alcohol and drug misuse (SBIRT), weight assessment and counseling for nutrition and physical activity, or effective contraceptive use. Projects should include use of Arcadia Analytics or an alternative method to build and prepare registries for daily use for PHM. Using a variety of QI tools and methods, clinics may choose to establish new or use existing workflows to test and implement small strategies to redesign care processes and increase measure outcomes.

Additional resources:

<http://www.arcadiasolutions.com/>

[IHI Whiteboard: Flowchart part 1](#)

[IHI Whiteboard: Flowchart part 2](#)

Metrics

While **Controlling Hypertension** and **Diabetes: HbA1c Poor Control** are the primary targets for this proposal, other measures to include are:

- Alcohol and Drug Misuse (SBIRT)
- Cigarette Smoking Prevalence
- Effective Contraceptive Use
- Weight Assessment and Counseling for Nutrition and Physical Activity

Participants

Eligible participants include primary care practices or health systems. Partnerships with public health departments and community mental health providers are encouraged to the extent possible.

Funding

Funding will be based on EOCCO panel size

- Under 500 – \$5,000
- 501-1000 – \$5,001-\$10,000
- 1001-2000 –\$10,001- \$20,000
- Over 2K –\$20,001- \$30,000

Applicant Requirements

- Clinics that have implemented Arcadia Analytics are encouraged to apply. For clinics that wish to use alternate registries, please describe the registry tool and discuss any prior experience using the selected tool for QI methods.
- Applicants must identify your clinical QI team and practice staff that can get the work done, for example: a primary contact, clinician champion, a representative from the front office, and a representative from the back office.
- QI teams must participate in monthly technical assistance meetings lead by an EOCCO representative.
- Applicants must provide a detailed plan including proposed Incentive Measures and targeted workflows.
- Applicants will be required to report data on progress and final reports as applicable to the proposal, including baseline and change.

Clinical and Claims Data Integration

Purpose

EOCCO has engaged Arcadia to implement an analytics platform that integrates clinical and claims data and provides tools to help clinics manage quality and improve population health. Arcadia Analytics will be provided to primary care practices allowing practices to view practice performance, understand cost and utilization, and manage patient outreach across the integrated data set. For example, practices should be able to identify patients with quality measure and clinical care gaps in real time.

The contract with Arcadia provides for assistance with backend connection to EHR data, data aggregation, data validation and training. The Arcadia Data Analytics Platform provides a data dashboard of up to 200+ quality measures, cost and utilization analyses, and patient risk and management tools.

The implementation of Arcadia across EOCCO will greatly facilitate incentive measure data reporting to the state for clinical measures and should help EOCCO achieve metrics related to claims data. However, as many currently funded EOCCO grantees who are engaging in data cleaning have discovered, clinical datasets, particularly for measures not previously reported, often contain errors and missing data. This project would provide support for clinics to implement work flows for measures not currently being tracked within the EHR, to conduct outreach to obtain missing data and to clean data for all clinical incentive measures listed below.

Project Plan

This project would provide support for clinics that agree to connect to Arcadia within the first 5 months of 2019. Funds would be made available for clinics to hire temporary staff or increase hours of current staff to work with Arcadia staff on the initial connection, conduct data cleaning, implement workflows for measures not currently being tracked, telephone patients to obtain missing data and otherwise validate clinical data connected to Arcadia.

Participants

Eligible participants include EOCCO-contracted primary care clinics with 400 or more EOCCO members.

Applicant Requirements

Grantees are expected as part of the project to clean and complete their data for the incentive metrics listed under “Metrics” below.

Funding

Up to \$30,000 per clinic. Payment will be made in increments (example: for a \$30,000 grant, payments may consist of \$3,000 for up-front costs, \$15,000 once connection is made for staffing and a \$12,000 bonus for completion and quality check.)

Metrics

- Cigarette Smoking Prevalence
- Controlling Hypertension
- Diabetes: HbA1c Poor Control
- Alcohol and Drug Misuse (SBIRT)
- Cigarette Smoking Prevalence
- Effective Contraceptive Use
- Weight Assessment and Counseling for Nutrition and Physical Activity

Appendix 3: Letter of Commitment Template

Agreement to Participate in EOCCO Project

Dear *Name of project director*,

We look forward to participating in the *Project Name* starting *date* and ending *date*.

Our organization agrees to *describe what the collaborating organization is expected to do including any staff responsibilities*.

We understand that we will receive *list any funds being provided to the collaborating organization*.

Thank you for including us in this important project.

Sincerely,

Signature

Name spelled out

Organization name

Email address

Phone number

Appendix 4: EOCCO 2017 Incentive Measure Performance by County



Progress Report- County Summary 2017 Final Results

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure Compliance Rate

County	Adolescent Well Care Visits	Childhood Immunizations	Colorectal Cancer Screening	Dental Sealants	Developmental Screening	Effective Contraceptive Use	Ambulatory Care & ED Utilization	Alcohol and Drug Misuse
Baker	33.1%	84.0%	41.7%	29.1%	69.1%	54.6%	51.1	11.0%
Gilliam	50.0%	85.7%	29.6%	32.2%	50.0%	30.3%	37.3	8.4%
Grant	29.8%	66.7%	25.1%	40.6%	43.3%	44.1%	63.0	5.3%
Harney	36.5%	79.2%	48.4%	42.5%	90.0%	51.3%	45.8	17.2%
Lake	36.4%	77.3%	45.1%	32.1%	39.7%	56.9%	40.1	18.1%
Malheur	36.7%	82.4%	43.6%	23.0%	84.0%	47.0%	55.7	13.4%
Morrow	46.2%	68.8%	40.5%	24.4%	43.6%	49.6%	50.0	24.0%
Sherman	42.2%	50.0%	41.9%	30.4%	62.5%	33.3%	32.1	17.8%
Umatilla	39.5%	79.1%	44.1%	24.0%	47.2%	49.1%	53.6	15.1%
Union	39.0%	66.7%	39.1%	17.8%	82.8%	48.2%	62.8	21.7%
Wallowa	47.9%	78.3%	53.7%	16.8%	80.0%	44.7%	30.7	7.6%
Wheeler	24.0%	50.0%	41.0%	62.5%	80.0%	63.3%	35.1	38.5%
EOCCO Rate	38.6%	77.3%	42.7%	24.6%	62.8%	49.0%	53.1	15.3%
EOCCO 2017 Target Rate	37.3%	72.9%	43.9%	20.0%	57.3%	48.1%	51.8	15.0%

Numerator/Denominator Counts

County	Adolescent Well Care Visits	Childhood Immunizations	Colorectal Cancer Screening	Dental Sealants	Developmental Screening	Effective Contraceptive Use	Ambulatory Care & ED Utilization	Alcohol and Drug Misuse
Baker	145/438	42/50	149/357	173/595	123/178	219/401	2283/44668	235/2142
Gilliam	17/34	6/7	8/27	19/59	6/12	10/33	147/3937	17/202
Grant	57/191	14/21	42/167	78/192	26/60	67/152	1095/17379	50/936
Harney	69/189	19/24	92/190	99/233	99/110	100/195	1004/21899	127/739
Lake	67/184	17/22	78/173	72/224	31/78	99/174	809/20197	138/764
Malheur	489/1334	136/165	252/578	397/1728	488/581	439/935	6130/110109	670/5001
Morrow	180/390	44/64	68/168	109/447	92/211	117/236	1547/30927	284/1185
Sherman	19/45	1/2	13/31	14/46	5/8	10/30	125/3898	37/208
Umatilla	942/2384	258/326	482/1094	725/3027	532/1126	833/1697	11127/207517	1290/8521
Union	299/767	64/96	149/381	179/1007	280/338	326/677	4394/69962	655/3020
Wallowa	90/188	18/23	102/190	40/238	52/65	68/152	593/19302	83/1088
Wheeler	6/25	1/2	16/39	20/32	12/15	19/30	115/3278	77/200
Total	2380/6169	620/802	1451/3395	1925/7828	1746/2782	2307/4712	29369/553073	3663/24006



Progress Report- Baker County

2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	33.1%	145/438	18
Childhood Immunizations	72.9%	84.0%	42/50	-
Colorectal Cancer Screening	43.9%	41.7%	149/357	8
Dental Sealants	20.0%	29.1%	173/595	-
Developmental Screening	57.3%	69.1%	123/178	-
Effective Contraceptive Use	48.1%	54.6%	219/401	-
Ambulatory Care & ED Utilization	51.8	51.11	2283/44668	
Alcohol and Drug Misuse	15.0%	11.0%	235/2142	86

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



Progress Report- Gilliam County 2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	50.0%	17/34	-
Childhood Immunizations	72.9%	85.7%	6/7	-
Colorectal Cancer Screening	43.9%	29.6%	8/27	4
Dental Sealants	20.0%	32.2%	19/59	-
Developmental Screening	57.3%	50.0%	6/12	1
Effective Contraceptive Use	48.1%	30.3%	10/33	6
Ambulatory Care & ED Utilization	51.8	37.34	147/3937	
Alcohol and Drug Misuse	15.0%	8.4%	17/202	13

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



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Progress Report- Grant County

2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	29.8%	57/191	14
Childhood Immunizations	72.9%	66.7%	14/21	1
Colorectal Cancer Screening	43.9%	25.1%	42/167	31
Dental Sealants	20.0%	40.6%	78/192	-
Developmental Screening	57.3%	43.3%	26/60	8
Effective Contraceptive Use	48.1%	44.1%	67/152	6
Ambulatory Care & ED Utilization	51.8	63.01	1095/17379	
Alcohol and Drug Misuse	15.0%	5.3%	50/936	90

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



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Progress Report- Harney County
2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	36.5%	69/189	1
Childhood Immunizations	72.9%	79.2%	19/24	-
Colorectal Cancer Screening	43.9%	48.4%	92/190	-
Dental Sealants	20.0%	42.5%	99/233	-
Developmental Screening	57.3%	90.0%	99/110	-
Effective Contraceptive Use	48.1%	51.3%	100/195	-
Ambulatory Care & ED Utilization	51.8	45.85	1004/21899	-
Alcohol and Drug Misuse	15.0%	17.2%	127/739	-

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



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Progress Report- Lake County

2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	36.4%	67/184	2
Childhood Immunizations	72.9%	77.3%	17/22	-
Colorectal Cancer Screening	43.9%	45.1%	78/173	-
Dental Sealants	20.0%	32.1%	72/224	-
Developmental Screening	57.3%	39.7%	31/78	14
Effective Contraceptive Use	48.1%	56.9%	99/174	-
Ambulatory Care & ED Utilization	51.8	40.06	809/20197	
Alcohol and Drug Misuse	15.0%	18.1%	138/764	-

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



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Progress Report- Malheur County 2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	36.7%	489/1334	9
Childhood Immunizations	72.9%	82.4%	136/165	-
Colorectal Cancer Screening	43.9%	43.6%	252/578	2
Dental Sealants	20.0%	23.0%	397/1728	-
Developmental Screening	57.3%	84.0%	488/581	-
Effective Contraceptive Use	48.1%	47.0%	439/935	11
Ambulatory Care & ED Utilization	51.8	55.67	6130/110109	
Alcohol and Drug Misuse	15.0%	13.4%	670/5001	80

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



Progress Report- Morrow County 2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	46.2%	180/390	-
Childhood Immunizations	72.9%	68.8%	44/64	3
Colorectal Cancer Screening	43.9%	40.5%	68/168	6
Dental Sealants	20.0%	24.4%	109/447	-
Developmental Screening	57.3%	43.6%	92/211	29
Effective Contraceptive Use	48.1%	49.6%	117/236	-
Ambulatory Care & ED Utilization	51.8	50.02	1547/30927	
Alcohol and Drug Misuse	15.0%	24.0%	284/1185	-

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



Progress Report- Sherman County

2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	42.2%	19/45	-
Childhood Immunizations	72.9%	50.0%	1/2	1
Colorectal Cancer Screening	43.9%	41.9%	13/31	1
Dental Sealants	20.0%	30.4%	14/46	-
Developmental Screening	57.3%	62.5%	5/8	-
Effective Contraceptive Use	48.1%	33.3%	10/30	4
Ambulatory Care & ED Utilization	51.8	32.07	125/3898	
Alcohol and Drug Misuse	15.0%	17.8%	37/208	-

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



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Progress Report- Umatilla County

2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	39.5%	942/2384	-
Childhood Immunizations	72.9%	79.1%	258/326	-
Colorectal Cancer Screening	43.9%	44.1%	482/1094	-
Dental Sealants	20.0%	24.0%	725/3027	-
Developmental Screening	57.3%	47.2%	532/1126	113
Effective Contraceptive Use	48.1%	49.1%	833/1697	-
Ambulatory Care & ED Utilization	51.8	53.62	11127/207517	
Alcohol and Drug Misuse	15.0%	15.1%	1290/8521	-

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



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Progress Report- Union County

2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	39.0%	299/767	-
Childhood Immunizations	72.9%	66.7%	64/96	6
Colorectal Cancer Screening	43.9%	39.1%	149/381	18
Dental Sealants	20.0%	17.8%	179/1007	22
Developmental Screening	57.3%	82.8%	280/338	-
Effective Contraceptive Use	48.1%	48.2%	326/677	-
Ambulatory Care & ED Utilization	51.8	62.81	4394/69962	
Alcohol and Drug Misuse	15.0%	21.7%	655/3020	-

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



Progress Report- Wallowa County

2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	47.9%	90/188	-
Childhood Immunizations	72.9%	78.3%	18/23	-
Colorectal Cancer Screening	43.9%	53.7%	102/190	-
Dental Sealants	20.0%	16.8%	40/238	8
Developmental Screening	57.3%	80.0%	52/65	-
Effective Contraceptive Use	48.1%	44.7%	68/152	5
Ambulatory Care & ED Utilization	51.8	30.72	593/19302	
Alcohol and Drug Misuse	15.0%	7.6%	83/1088	80

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*



Progress Report- Wheeler County 2017 Progress

Current Reporting Period: Services Incurred 1/1/2017-12/31/2017 as of 3/31/2018

Prior Reporting Period: Services Incurred 1/1/2017-12/31/2016 as of 3/31/2017

Measure	2017 Target	Rate	Numerator/ Denominator	Member count needed to meet target*
Adolescent Well Care Visits	37.3%	24.0%	6/25	3
Childhood Immunizations	72.9%	50.0%	1/2	1
Colorectal Cancer Screening	43.9%	41.0%	16/39	1
Dental Sealants	20.0%	62.5%	20/32	-
Developmental Screening	57.3%	80.0%	12/15	-
Effective Contraceptive Use	48.1%	63.3%	19/30	-
Ambulatory Care & ED Utilization	51.8	35.08	115/3278	
Alcohol and Drug Misuse	15.0%	38.5%	77/200	-

**For all measures except ED Utilization, this represents the estimated number of additional members needed in the numerator to meet the target.*