



**Medicaid Transformation
Accountable Communities of Health**

Quality Improvement Strategy Guidance

Last updated 01/30/2019

BACKGROUND

This guidance document is intended to support the ACH in developing the quality improvement strategy for their region. It conveys HCA's expectations for continuous quality improvement in Medicaid Transformation and information the ACH must share in its regional quality improvement strategy to fulfill the Project Toolkit milestone.

ACHs, in collaboration with partnering providers, are expected to define and oversee a regional strategy for **continuous quality improvement** across their transformation portfolio. The ACH **quality improvement strategy** should support partnering providers in establishing and engaging in **quality improvement processes** and define a feedback loop for partnering providers to report to the ACHs on transformation progress.

TERMINOLOGY

Continuous quality improvement refers to the **overall** expectation in Medicaid Transformation. It consists of the systematic and continuous actions that lead to improvement in health care processes and outcomes, and achievement of desired outcomes.

The **quality improvement strategy** is defined at an ACH level. Each ACH is responsible for defining a framework for and oversight of a regional quality improvement strategy for the ACH's transformation portfolio. The quality improvement strategy consists of:

- Defining and communicating expectations and responsibilities for partnering providers in continuous quality improvement;
- Establishing a regional framework for supporting quality improvement processes by partnering providers;
- Monitoring transformation approaches by understanding partnering providers' progress and connecting with resources and technical assistance;
- Supporting partnering providers in making necessary adjustments to optimize transformation approaches; and
- Disseminating successful transformation approaches and lessons learned across ACH partnering providers, and potentially across ACHs.

A **quality improvement process** is defined at a partnering provider level. A quality improvement process may be deployed at a partnering provider organization or site level, whichever is most appropriate for the particular partnering provider. Partnering providers may have already established quality improvement processes and these processes could be reinforced by ACH resources or supports. A quality improvement process consists of:

- Identifying aims
- Defining measures
- Tracking data on defined measures to assess transformation approaches
- Adjusting transformation approaches
- Reporting progress and developments to the ACH

HCA does not expect ACHs to define nor drive partnering provider level quality improvement processes. Similarly, HCA does not require the ACH submit granular data generated as part of partnering provider quality improvement processes.

HCA does expect ACHs to convey, via semi-annual reporting, what transformation approaches are working well, what transformation approaches have stalled and why, and how the ACH is supporting partnering providers with the resources they need to successfully implement, monitor and sustain transformation approaches.

QUALITY IMPROVEMENT STRATEGY: EXPECTATIONS AND CONTENT REQUIREMENTS

Instructions

Below is a list of HCA’s expectations and content requirements that the ACH must demonstrate in its quality improvement strategy initial submission. ACHs will earn achievement values and associated incentive payments for demonstrating fulfillment of expectations and content requirements.

Quality Improvement Strategy Initial Submission: Expectations and Content Requirements

To earn the achievement value associated with the Project Toolkit milestone “Completion and approval of quality improvement plan (QIP) (due DY 3, Q2)”, the ACH will submit a quality improvement strategy. ACHs may leverage content from prior semi-annual report or implementation plan submissions to the extent it is responsive to the expectations and content requirements below. The quality improvement strategy should not exceed 10 pages in length, and ACHs may determine the format to convey this information.

The ACH must submit a quality improvement strategy detailing:

- **Expectations and responsibilities for partnering providers in continuous quality improvement**
 - Are expectations and responsibilities for partnering providers unified across provider types? To what extent do expectations and responsibilities differ for traditional and non-traditional Medicaid providers?
- **Regional framework for supporting partnering providers’ quality improvement processes**
 - How are quality improvement activities structured in the region?
 - How does the ACH support partnering providers’ quality improvement processes?
- **Monitoring transformation efforts by understanding partnering providers’ progress and connecting with resources and technical assistance**

- Based on the premise of continuous quality improvement, what methods does the ACH use to track progress within Medicaid transformation activities?
- At what frequency are these methods deployed?
- What kinds of information are partnering providers submitting to the ACH? What format, and what frequency?
- **Support of partnering providers in making necessary adjustments to optimize transformation approaches**
 - If the ACH identifies a need for course correction or adjustment to implemented transformation approaches, how does the ACH communicate this need with partnering providers? What is the process by which the ACH works with partnering providers to make the necessary adjustments?
 - If partnering providers identify a need for course correction or adjustment to implemented transformation approaches, how do partnering providers communicate this need with the ACH? How do partnering providers communicate any supports they require from the ACH?
- **Disseminating successful transformation approaches and lessons learned across ACH partnering providers, and potentially across ACHs**
 - What mechanisms does the ACH use to synthesize and share successful transformation approaches and lessons learned? At what frequency does this dissemination occur?

Quality Improvement Strategy Semi-Annual Reporting: Expectations and Content Requirements

The ACH must submit quality improvement strategy updates on a semi-annual basis to keep HCA and the Independent Assessor apprised of quality improvement activities and findings.

Starting with the third semi-annual report (SAR 3), the SAR template will include a field for updates related to quality improvement strategy findings for the reporting period. ACHs may determine the format to convey this information. See SAR guidance document for SAR 3 for expectations and content requirements.

Submission

File Format and Naming Convention.

- **Quality Improvement Strategy Initial Submission:** Acceptable formats include Microsoft Excel or Word, and/or Adobe Acrobat. All submissions will be posted publicly to the [ACH submitted documents](#) webpage. Submission of supplemental materials is accepted and should be in an accepted file formats. Use the following naming convention:
 - Quality Improvement Strategy: ACH Name.QI Strategy.[submission date,

e.g. 7.31.19].

- Other supplemental materials: ACH Name.QI Strategy.Document Identifier.[submission date, e.g. 7.31.19].

Submission. Submissions are to be made through the Washington Collaboration, Performance, and Analytics System (WA CPAS), found in the folder path “ACH Directory/ Quality Improvement Strategy.”

Deadline.

- **The Quality Improvement Strategy Initial Submission is due July 31, 2019.**
- Submissions must be uploaded no later than **3pm PST on July 31, 2019**. Late submissions will not be accepted.

Questions. Questions regarding the Quality Improvement Strategy and the submission process should be directed to WADSRIP@mslc.com.