**HealthPAC System Improvement Deliverables FY 2021-22 (7/1/21-6/30/22) – Proposal**

| **Proposed Deliverables FY21-22** | **Proposed System Improvement Activities** |
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| **Equity** | 1. **Q1 (10/31/21):** provide written narrative on activities conducted to be able to report and address COVID-19 vaccination rates by race/ethnicity. Activities may include target outreach to high risk populations, reports to identify eligible patients, tools used to contact eligible patients, and other relevant activities. 2. **Q2 (1/31/22):**     1. submit COVID-19 vaccination rates among patients of the health center by race/ethnicity. CHCN and/or County submission of the data on behalf of the health centers will suffice.    2. in collaboration with County, identify a COVID-19 vaccination rate disparity for improvement and the improvement target. Both the measure and the target will be based on the baseline data. In the case that there is no race/ethnicity disparity, an alternative metric like language, another key demographic factor, or another equity metric can be determined. 3. **Q3 (4/30/22):** submit a completed PDSA based on a COVID-19 vaccination race/ethnicity or language disparity. CHCN submission of a joint learning collaborative completed PDSA form on behalf of health centers will suffice. 4. **By June 30, 2022:** reduce disparities in COVID-19 vaccination rates for sub-populations by the target determined in early 2022. |
| **COVID-19** | 1. **Q1 (10/31/21):**    1. submit PDSA on accessing and reporting COVID-19 vaccine data for health center patients. CHCN submission of a PDSA form reflecting collaboration among CHCN, the County, OCHIN, Epic and the health centers will suffice.    2. submit baseline: % adult active patients with a medical visit at the health center in the past 18 months who received at least one COVID-19 vaccine dose as of April 30, 2021. CHCN and/or County submission of the data on behalf of the health centers will suffice. 2. **Q2 (1/31/22):** improve COVID-19 vaccination rate from baseline by 5%. 3. **Qs 3-4:** report COVID-19 vaccination rate. |
| **Hepatitis C Treatment** | 1. **Q1 (10/31/21):**    1. provide a written narrative report on conducting population-level data review to assess treatment status of HCV RNA+ patients    2. in collaboration with the County, identify an improvement target for the measure: percentage of HCV RNA+ patients ever prescribed treatment (using existing treatment rate metric with numerator and denominator) based on FY2020-21 Q4 treatment rate. If a health center’s baseline exceeds the target, the goal will be to maintain performance within 5% of baseline or select an alternative metric, such as hepatitis B, HIV or TB screening, prevention or treatment. 2. **Q2 (1/31/22):**     1. submit PDSA on addressing barriers to hepatitis C treatment. CHCN submission of a collaborative PDSA form on behalf of health centers will suffice.    2. provide a written narrative on utilization of population management tools to support untreated patients to access care and treatment 3. **Between July 1, 2021 and June 30, 2022,**    1. report quarterly on current percentage of HCV RNA+ patients ever prescribed treatment (using existing treatment rate metric with numerator and denominator).    2. provide a written narrative on utilization of population management tools to support untreated patients to access care and treatment 4. **By June 30, 2022:** reduce gap between baseline and target by 10%. If the health center’s baseline exceeds target, then the goal will be to maintain performance within 5% of baseline or meet alternative goal identified in Q1 |
| **Behavioral Health** | 1. **Q1 (10/31/21):** provide written narrative on activities conducted to be able to report and increase adult screening rates for depression. Activities may include, but not be limited to: collecting workflows on screening implementation using Epic, and/or training providers on tracking and reporting screening rates. 2. **Q2 (1/31/22):**     1. submit baseline data for screening for depression and follow-up plan measure for ages 18 and older. CHCN submission of the data on behalf of the health centers will suffice.    2. in collaboration with County, identify an improvement target. 3. **Q3 (4/30/22):** submit a completed PDSA on improvement work related to specific measure. CHCN submission of a joint learning collaborative completed PDSA form on behalf of health centers will suffice. 4. **By June 30, 2022:** reduce gap between baseline and target by 10%. If the health center’s baseline exceeds target, then the goal will be to maintain performance within 5% of baseline. |
| **Transitions in Care** | 1. **Q1 (10/31/21):** report 30-day primary care visit engagement after adult medicine hospital discharge rate. 2. **Q2 (1/31/22):** submit a completed PDSA on improvement work related to transitions in care. CHCN submission of a joint learning collaborative completed PDSA form on behalf of health centers will suffice. 3. **Q3 (4/30/22):** report 30-day primary care visit engagement after adult medicine hospital discharge rate. 4. **By June 30, 2022:** reduce gap between baseline and target (65%) for 30-day primary care visit engagement after adult medicine hospital discharge by 10%. If the health center’s baseline exceeds target, then the goal will be to maintain performance within 5% of baseline. |

***MC 3.30.21***