AGENDA

Technical Advisory Panel of the Cooperative Agreement

Date & Time: November 18, 2019 from 10:00 a.m. to 4:00 p.m.
Location: Virginia Department of Health/Office of Emergency Medical Services
1041 Technology Park Drive, Glen Allen, Virginia 23059

Agenda Items	Presenter
Welcome & Introductions	Joe Hilbert
Approval of April 2, 2019 Draft Minutes	Mr. Hilbert
Overview of Active Supervision	Erik Bodin
Overview of the Metrics Workgroup	Brenden Rivenbark
Presentation of Proposed Quality Measures	Mr. Rivenbark
Discussion of Proposed Quality Measures	Panel Members
Break	
Presentation of Proposed Access Measures	Mr. Rivenbark
Discussion of Proposed Access Measures	Panel Members
Lunch	
Public Comment Period	
Presentation of Proposed Population Health Measures	Mr. Rivenbark
Discussion of Proposed Population Health Measures	Panel Members
Break	
Presentation of Proposed Reporting Structure/Timeline	Mr. Rivenbark
Discussion of Proposed Reporting Structure/Timeline	Panel Members
Presentation of Proposed Quarterly Update Templates	Mr. Rivenbark
Discussion of Proposed Quarterly Update Templates	Panel Members
Next Steps	Mr. Hilbert
Adjourn	

Members Participating by Videoconference:
Mr. Bobby Cassell
Mr. George Hunnicutt, Jr.

Videoconference Location:
Wise County Health Department
134 Roberts Avenue SW, Wise, Virginia 24293

Technical Advisory Panel of the Cooperative Agreement
Meeting Minutes
April 2, 2019 – 10:00 a.m.
James Madison Building
Mezzanine Conference Room
109 Governor Street
Richmond, Virginia 23218

Videoconference Location:
Wise County Health Department
134 Roberts Avenue SW
Wise, Virginia 24239

Members present: Joseph Hilbert (Virginia Department of Health "VDH"), Chair; Don Beatty (Virginia Bureau of Insurance); Dr. Ron Clark (Virginia Commonwealth University Health System); Dr. Jerry Blackwell (Ballad Health); Tom Eckstein (Arundel Metrics); Pete Knox (Peter Knox Consulting); Lynn Krutak (Ballad Health); Sarah Milder (Arundel Metrics); Sean Barden (Mary Washington Hospital); and Kevin Barger on behalf of Andy Randazzo (Anthem).

Members participating via videoconference: Bobby Cassell (consumer) and George Hunnicutt, Jr. (consumer).

Members absent: None

VDH staff present: Erik Bodin, Director, Division of COPN/ MCHIP/ Cooperative Agreement, Office of Licensure and Certification; Kevin Meyer, Cooperative Agreement Analyst, Division of COPN/MCHIP/ Cooperative Agreement, Office of Licensure and Certification; Dr. Carole Pratt, Senior Advisor and Confidential Assistant for Policy, Office of the Commissioner; Brenden Rivenbark, Senior Policy Analyst, Office of the Commissioner; and Lina Zimmerman, Cooperative Agreement Analyst, Division of COPN/ MCHIP/ Cooperative Agreement, Office of Licensure and Certification.

Tennessee Department of Health (TDH) staff present: Judi Knecht, Population Health Program Manager, Division of Health Planning

Tennessee Certificate of Public Advantage Monitor: Larry Fitzgerald

Virginia Office of the Attorney General: Amanda Lavin

Welcome and Introductions

Mr. Hilbert called the meeting to order at 10:00 a.m. He told the Technical Advisory Panel (TAP) that a quorum of members was present. Mr. Hilbert introduced himself and briefly described the role of the TAP. Mr. Hilbert asked each of the TAP members to introduce themselves. After the TAP members introduced themselves, Mr. Hilbert asked others in the room to introduce themselves as well.

Draft Policy on Electronic Participation in TAP Meetings

Mr. Hilbert directed the TAP members' attention to a copy of the draft policy allowing for and governing electronic participation in TAP meetings. Mr. Hilbert asked if there were any objections to electronic participation in TAP meetings. There were no objections to electronic participation in TAP meetings.

Approval of Draft Minutes

Mr. Hilbert directed the TAP members' attention to a copy of the draft minutes from the December 14, 2017 TAP meeting. He asked if any changes needed to be made to the draft minutes. No changes were requested. Ms. Krutak made a motion to adopt the draft minutes. Mr. Eckstein seconded the motion. The minutes were approved unanimously.

Overview of the Past Year

Mr. Bodin provided an overview of activity pertaining to the active supervision of the Cooperative Agreement since the TAP last met in December of 2017. Mr. Bodin included the following points in his overview:

- The Virginia State Health Commissioner (Commissioner) sent the measures and performance indicators that the TAP developed in 2017 to Ballad
- Ballad has submitted all six of their required plans to the States
- Some of these plans are still under review, but this was a tremendous amount of work from Ballad
- Ballad is planning to consolidate and restructure trauma services
- Condition 27 of the Virginia Order and Letter Authorizing A Cooperative Agreement (Virginia Order) requires a trauma services plan be submitted to the Commissioner
- VDH and TDH have been discussing the trauma consolidation with Ballad
- Ballad is also planning to make changes to neonatal intensive care centers
- TDH is reviewing this and VDH is watching this
- VDH & TDH are excited about Ballad's Accountable Care Community (ACC)
- Ballad has stepped in to reopen Lee County Hospital
  o Ballad plans to reopen Lee County Hospital as a Critical Access Hospital (CAH) operated by the Lee County Hospital Authority
- The States and Ballad have been working closely over the past year
  o Weekly calls between the TN and VA
  o Bi-weekly Ballad/TN/VA calls
  o Ms. Knecht from TDH is here with us today
  o VDH listened in on TN's Local Advisory Council's (LAC) public hearing
- May 15th is the states' first "deep dive" meeting in Johnson City
- The "deep dive" will be an opportunity for the states to review Ballad's process towards achieving their desired outcomes
- VDH has hired new staff to assist in the active supervision of the Cooperative Agreement
  o Lina Zimmerman, Cooperative Agreement Analyst (Richmond-based)

- Responsible for analyzing submissions from Ballad and complaints related to the Conditions of the Virginia Order
  - o Kevin Meyer, Cooperative Agreement Analyst (Pulaski-based)
    - "Boots on the ground"
    - Responsible for interfacing with local community members/leaders
    - Will work closely with Larry Fitzgerald, COPA Monitor
    - Will attend Southwest Virginia Health Authority (SWVHA) meetings
  - o TDH & VDH have been working closely with consultants:
    - Pete Knox (Pete Knox Consulting)
    - Tom Eckstein and Sarah Milder (Arundel Metrics)
  - o VDH is still working on completing an MOA with the SWVHA to formalize their role in the active and ongoing supervision of the Cooperative Agreement
    - VDH would like the SWVHA to have a similar role to the LAC in TN
    - Mr. Bodin and Jeff Mitchell will be meeting soon to finalize the MOA
  - o In the 2018 session of the Virginia General Assembly, a bill sponsored by Delegate Kilgore that allowed for increased reimbursement by Ballad of expenses incurred by VDH as part of active supervision of the Cooperative Agreement passed.
    - The Code of Virginia originally limited reimbursement to $75,000
    - Ballad can offer suggestions to reduce cost and expenses of active supervision
    - Pursuant to the Code of Virginia, the cost of VDH's active supervision of the Cooperative Agreement is at the sole discretion of the Commissioner.

After Mr. Bodin finished his overview of the year, Mr. Hilbert asked the TAP members if there were any questions for Mr. Bodin. There were no questions for Mr. Bodin.

<u>Overview of the Active Supervision Framework</u>

Mr. Hilbert reminded the TAP members that the Code of Virginia requires the Commissioner to actively supervise the Cooperative Agreement. Mr. Hilbert told the TAP members that performance indicators are extremely important in the active supervision process. He said VDH needs the TAP member's advice and input on how to incorporate performance indicators and measures into a larger framework to guide the active supervision process and to ensure that performance indicators and measures are used as effectively as possible.

Mr. Knox and Ms. Knecht guided the TAP through a PowerPoint presentation overview of the Active Supervision Framework. Mr. Knox and Ms. Knecht highlighted the following in their overview of the Active Supervision Framework:

- The TN Terms of Certification Governing the Certificate of Public Advantage Issued to Ballad Health (TOC) and the Virginia Order require Ballad to submit various plans and reports to the States for review.
- TDH and VDH have developed a framework to actively supervise the Cooperative Agreement.

- The framework is a data-centered approach to understanding performance improvement and progress toward the desired outcomes.
- The core concept of the Active Supervision Framework is the Plan Do Check Act (PDCA) continuous improvement model.
- The Active Supervision Framework includes five categories of measures:
    1. Tactical
    2. Spread and Scale
    3. Sub-Index Measures
    4. Leading Indicators
    5. Risk-based Population Indicators
    6. Health Equity Indicators
- Each measurement area serves an important purpose in a linked system of measures. The linked system of measures provides a valuable "line of sight" in the active supervision process.
- The Active Supervision Framework Reporting Process consists of "light dives," "deep dives," and "between dives."
- Objectives of "Light" Reporting:
    o Update on progress associated with Ballad's plans, strategies, and tactics
    o Update on barriers and successes
    o Update on the focus of work in the next reporting cycle
- Objectives of "Deep Dive" Reporting:
    o In-depth update
    o Overview of successes, areas of concern, and barriers
    o Provide a clean "line of sight"
    o Build confidence in Ballad's ability and capability to deliver results
- Objectives between reporting cycles:
    o Provide ongoing open communication
        ▪ Build trust
        ▪ Clarify roles and expectations
        ▪ Provide guidance
        ▪ Facilitate connections
- Cadence of the Reporting Process:
    o Light dives 1st and 3rd quarters
    o Deep dives 2nd and 4th quarters

Mr. Hilbert asked the TAP members if they had questions about the Active Supervision Framework.

Mr. Knox emphasized the importance of rhythm in the active supervision process. He said that the States were trying to reduce the burden of the monthly reporting by incorporating monthly reports into light and deep dives instead.

10-Minute Break

<u>Quarterly Quality Metrics Report</u>

Mr. Eckstein presented Ballad's February 2019 Monthly Quality Priority Metrics Report. Mr. Eckstein addressed the following points during his presentation:

- Quality metrics are collected continuously and reported monthly/quarterly
- Two groups of metrics:
    1. Quality Target Measures (17 items)
    2. Quality Priority Metrics (13 items)
- Various levels of reporting
    - System
    - State
    - Hospital
- Criteria
    - Comparison to baseline
    - Improvement overtime
- Items for discussion/ areas for improvement
    - Baseline compared to national norms
        - Are the baselines in the bottom quartile, middle, or top quartiles… relative to nationwide
    - Limitations to improvement
        - Difficult to continue to improve if you are almost perfect
    - "Freeze" data dates
        - When does Ballad freeze data?
    - Retirement of measures
        - Centers for Medicare and Medicaid Services (CMS) measures that are retired/replaced
    - Efficient data transfer
        - Data is submitted in PDF format currently
    - Indications of statistical significance
        - Statistical significance needs to be brought into the reports in some way
    - Need for monthly data
        - Ballad would like to provide quarterly data instead of monthly data
- Ballad's reports are "very well done."
    - Easy to read
    - Straightforward
    - Color coded
        - Green indicates improvement from baseline
- Looking for trends that last for multiple quarters and hospitals that are consistently better or worse than others
    - If better, duplicate best practices
    - If worse, need more information to understand why
- Quality Target Measures

- Strengths
  - Continuing improvement baseline to FY18
    - PSI 6
    - PSI 13
    - SSI-Hysterectomy
  - Improvement, with bumps or stagnation
    - PSI 9
    - PSI 11
    - PSI 12
    - PSI 15
    - CDIFF
- Challenges
  - Declined each period (FY18, Q1 FY19, Q2 FY19)
    - CAUTI
  - Declined, with bumps and stagnation
    - MRSA
    - CLABSI
    - SSI-Colon
- Quality Priority Metrics (System-wide)
  - Strengths
    - Communication
    - Median times in the emergency department
  - Challenges
    - Left without being seen
    - Sepsis in-house mortality
    - Levofloxacin day of therapy per 1,000 patient days
    - Sepsis management bundle
- Quality Priority Metrics (Virginia Hospitals)
  - Hospitals are difficult to compare
    - Variation may be due to differences in patient mixes (e.g. demographics, health status, underlying conditions, different procedures, different acuity levels etc.)
  - What is going on at Johnston Memorial? Some metrics are green and others are red.
  - Is 0 a value of 0 or data that is not available?

Mr. Hunnicutt asked how "rate" was defined. Mr. Eckstein said that it depends on the measure. Mr. Hunnicutt asked how "rate" was defined for PSI 8 (Hip Fractures). Ms. Krutak commented that PSIs are publically reported CMS data.

Break for Lunch

<u>Discussion of Metrics and Suggested Changes</u>

The TAP members discussed the advantages and disadvantages of Ballad reporting quality data on a monthly basis. Mr. Barden commented that there is a lot of "noise" in monthly data. Ms. Krutak commented that it is costly and time consuming to generate monthly reports.

Mr. Hilbert directed the TAP member's attention to a series of recommendations for quality program monitoring and reporting that Ballad recently provided to the States. Mr. Hilbert stated that he would like Dr. Blackwell or Ms. Krutak to walk the TAP members through those recommendations and take questions. Dr. Blackwell walked the TAP members through the recommendations.

Dr. Blackwell noted that most of Ballad's hospitals are small, rural hospitals so the "n" is very small for many measures. He also noted that Johnston Memorial Hospital is an outlier in this regard. He said that because the "n" is so small, many of these variables reported on a monthly basis have little to no value to someone practicing, especially in a rural location. Furthermore, he noted that reporting many of these variables on a monthly basis does not capture useful movement or trends in the data.

Mr. Barger noted that, from a quality prospective, there's too much noise in monthly data. He said Anthem reports metrics over a rolling 12 month period.

Dr. Blackwell noted that previously this information was reported at a hospital level, and that Ballad is trying to create a system of care with checks and balances. Ballad has established a clinical council that is enthusiastic about improving quality metrics.

Mr. Hilbert asked Dr. Blackwell what Ballad meant by "remove structural measures?" Mr. Eckstein said that those measures are checkmarks that Ballad has already met and therefore did not need to be reported monthly.

Mr. Barger asked if process measures that get retired will still be tracked internally by Ballad. Dr. Blackwell said that these measures would be monitored, just not reported as frequently.

Dr. Clark suggested that Ballad roll up numbers for hospital-acquired conditions. He commented that a rate is less relevant, especially to physicians, compared to knowing the number of patients. Dr. Clark also suggested documenting where Ballad is relevant to nationwide deciles or quartiles.

Dr. Blackwell commented that Ballad would like to do this as well, and that they are monitoring this internally already. He also noted that once you reach a certain percentile it is difficult to continue to improve.

Dr. Clark asked Dr. Blackwell if Ballad has system-wide priorities. Dr. Blackwell said "the generic answer is no" but noted that Ballad's clinical council had picked CDIFF. Since Ballad has seen improvement in CDIFF, the council is now turning its attention to CAUTI.

Mr. Eckstein asked the panel what method of reporting (monthly, rolling 12, or quarterly) was best for actively supervising the Cooperative Agreement. Mr. Knox suggested that Ballad and

the States get into a rhythm and sync the reporting cycle with the Active Supervision Framework.

Ms. Krutak noted that reporting monthly is an administrative burden for Ballad. Furthermore, she noted that Ballad's FY end is June 30th, and that Ballad would like reporting quarters to be consistent with FY quarters. She said Ballad's preference would be to report quality data quarterly and FYTD.

Ms. Knecht asked if monthly data would be available to if needed.

Ms. Krutak said that Ballad collects the data monthly, it just isn't useful to report monthly because of the noise. Dr. Blackwell added that reporting monthly was work that did not lead to improvement.

Ms. Knecht asked if the data would be posted on Ballad's website. She suggested that a press release could be helpful because the data is mostly positive.

Dr. Blackwell noted that even if 16 of 17 measures show improvement, individuals who are concerned with the quality of Ballad's care might focus on the one item that does not improve.

Mr. Eckstein suggested that an annual meeting be held to talk about PSI measures and make recommendations to the Commissioner.

Mr. Hilbert asked for a motion to adopt Ballad's recommendations as a block, with the exception that the recommendation to report quality metrics quarterly be removed from the block for separate consideration. Dr. Clark moved and Ms. Krutak seconded. The motion was approved unanimously.

Mr. Hilbert asked if there was a motion for recommendation to report quality metrics quarterly, integrated within the larger Active Supervision Framework. Mr. Eckstein moved and Mr. Knox seconded. The motion passed unanimously.

Mr. Hilbert noted that Dr. Clark's suggestions, (1) formatting that shows performance against target (e.g. top decile, or top quarter), (2) breaking the data down so that we can see VA hospitals performance instead of whole system, (3) aggregate roll up numbers instead of rates, and (4) something that demonstrates metrics that are of specific focus and activity would be included in the meeting minutes and the report of the TAP.

Mr. Hilbert told the TAP members that VDH is planning on convening another meeting of the TAP later this year, probably in mid-November. He added that some of these items could be resolved at that meeting.

Mr. Hilbert asked if there were questions or comments in response to Dr. Clark's suggestions. Dr. Blackwell commented that Dr. Clark's suggestions were great ideas and asked if the TAP needed to see Ballad as a top decile performer. After some discussion, the panel came to the consensus that the TAP wants to know whether or not Ballad is achieving the targets they have set for themselves. The TAP's role is not to measure the Cooperative Agreement based on whether or not Ballad reaches its aspirational goals.

Mr. Hilbert stated that the sentiment of the group seems to be to take the four items that Dr. Clark identified under advisement, to discuss them with Ballad between now and the next TAP meeting, and to identify one or more of these items to present to the TAP as a written recommendation. Mr. Hilbert stated that the panel had identified a series of suggestions/issues that will be included in the meeting minutes and the TAP report, with the intention of continuing to work on these suggestions and bringing written recommendations to the next TAP meeting.

Process and Output Measures

Ms. Zimmerman directed the TAP member's attention to Ballad's March 18, 2019 letter with proposed "line of sight" metrics. Ms. Zimmerman read Ballad's proposed "line of sight" metrics to the TAP.

Ms. Zimmerman noted that each of Ballad's six plans contained strategies intended to achieve long-term outcomes. Specifically, Ballad identified 31 strategies across their six plans. She explained that outputs are the amount of product/and or service that you intend to deliver and that outcomes are benefits of your activities. Ms. Zimmerman noted that not all of Ballad's plans/strategies were included in their March 18th letter. She emphasized that the States' believe additional process and output measures pertaining to all of Ballad's strategies are necessary to assess the extent to which and likelihood that Ballad's strategies will achieve the intended long-term outcomes.

Discussion of Process and Output Measures

Ms. Milder noted that a lot of Ballad's proposed "line of sight" metrics do not have denominators.

Mr. Eckstein asked what percentage of the plans/strategies were included in the March 18th letter. Mr. Hilbert stated that additional measures were needed for the population health, GME/HR, and HIE plans.

Mr. Knox noted that he would like to add equity to the proposed metrics (e.g. number of tele-stroke patients from SWVA). Mr. Knox also noted that most of the proposed metrics measure scale, but he would like to see measures of spread as well. For example, Mr. Knox would like to know how many care gaps Ballad has closed.

Ms. Krutak noted that these measures related to certain strategies within the plans and that there are other measures. She agreed that infrastructure measures were important and noted that the plans have milestones and spending requirements.

Mr. Hilbert asked if there were any additional questions or suggestions for Ms. Krutak or Dr. Blackwell. There were no additional questions or suggestions.

Mr. Hilbert asked the TAP members for a motion to adopt Ballad's proposed "line of sight" metrics from the March 18th letter with the understanding that there are gaps and that there would be further discussion between Ballad and the States and that some measures might exist elsewhere in the plans but not be identified as Category 2 measures.

Dr. Clark motioned and Mr. Beatty seconded the motion.

Mr. Hilbert asked the TAP if there was any discussion of the motion.

Mr. Knox and Dr. Clark noted that there should be a timeline/deadline to identify additional Category 2 measures. Dr. Clark added that the group should come to a consensus about what measures are currently missing.

Mr. Hilbert suggested that the motion to adopt the recommendations could be withdrawn and that Ballad's March 18th letter be included as an appendix to the TAP report with a recommendation to the Commissioner that VDH continue to work with Ballad to develop Category 2 Spread and Scale Measures.

Dr. Clark withdrew his motion.

Mr. Hilbert noted that the TAP would revisit these measures in November.

Next Steps

Mr. Hilbert asked if there were any additional comments or questions before the meeting adjourned. There were no additional comments or questions.

Adjourn

The meeting adjourned at approximately 2:30 p.m.

Ballad Health Certificate of Public Advantage and Cooperative Agreement

Metrics Proposal to the Technical Advisory Panel

November 18, 2019

Background

Pursuant to the Tennessee Terms of Certification Governing the Certificate of Public Advantage (COPA) and the Virginia Order and Letter Authorizing a Cooperative Agreement (CA), Ballad Health (Ballad) must submit to the Tennessee Department of Health (TDH) and the Virginia Department of Health (VDH) reports outlining the Ballad's performance on a multitude of access, quality, and population health measures. As Ballad's plans and strategies for improving the health of the population for which it serves have become more refined, so too has the need to realign the measures that must be submitted to the States to reflect Ballad's progress. Following the Technical Advisory Panel (TAP) meeting in April of 2019, it was determined that a Metrics Workgroup would be established. The purpose of the group is to ensure that the process, outcome, quality, access, and impact metrics Ballad reports to the States measure Ballad's commitments and plans to improve population health, children's health services, behavioral health services, rural health services, health information exchange, health research, and graduate medical education as well as the other terms and commitments agreed to between the States and Ballad.

Beginning in April of 2019, the Metrics Workgroup, comprised of staff from Ballad, TDH, and VDH, convened monthly to evaluate Ballad's commitments and plans to develop a more comprehensive measurement framework. Further, each respective entity convened internal working groups throughout the year to evaluate and provide feedback on the proposed metrics. The following document outlines, by plan and category, the measures and accompanying data sources, baseline data, data stewards, and reporting granularity that are proposed for inclusion in Ballad's quarterly and annual reports. Additionally, a reporting timeline and templates have been attached for the TAP's consideration.

Should the TAP issue recommendations regarding measures and frameworks that are subsequently approved by the Commissioner, Ballad will begin utilizing the quarterly update templates submitted in this proposal beginning the first quarter of Fiscal Year 2021, though it is recommended that Ballad begin incorporating the templates in the remaining Fiscal Year 2020 quarterly updates. Further, should this proposal be approved, the States will immediately begin working with Ballad to develop a template for Ballad's Quarterly Reports to be utilized in the first quarter of Fiscal Year 2021 and a template for the Ballad's Annual Report to be utilized in Ballad's 2020 Annual Report.

The Metrics Workgroup will continue to convene throughout 2020 to produce final line of sight documents for Ballad's plans. Further, the group will evaluate the metrics, measurement framework, and templates approved by the Commissioner to ensure that a clear line of sight exists between Ballad's plans, strategies, activities, outcome measures, and long-term impact measures. The group will also develop proposals on Ballad's annual improvement quality metrics, updates on potential retired quality metrics, and requests for revisions to the Peer Hospital Group for quality comparisons.

Quality, Access, and Miscellaneous Measures

Pursuant to the COPA/CA, Ballad Health is required to report on its population health, rural health, children's health, behavioral health, health information exchange, graduate medical education, and health research plans, activities, and associated spending commitments. Ballad also must report on quality, access, and other miscellaneous metrics. Quality and financial performance metrics are reported to the States quarterly. Additional reporting requirements include plans to close or repurpose facilities, plans to open or close service lines, and the COPA Compliance Officer's quarterly report.

To ensure Ballad's employees, regional employers, and community members are not negatively impacted as a result of COPA and CA, Ballad also is required to report miscellaneous measures to the States relating to employee health initiatives, employer health outreach, value-based contracting, and staffing ratios. Lastly, Ballad is required to report various metrics to the States that relate to regional access to quality healthcare services ranging from primary care access to geographic proximity to emergency and urgent care services. In reference to geographic access to services, Ballad has committed to submit a plan to the States that addresses Ballad's commitments in the event that the closure of a non-Ballad facility has an adverse effect on geographic access to emergency and urgent care services.

Ballad Health Cooperative Agreement
Quarterly Reporting Measures

Submitted to the States quarterly and annually
Improvement Quality Metrics to be Presented to the States during Bi-Annual In-Person Check In Meetings
States to provide feedback and request additional information during quarterly check in meetings

Category	Measure	Data Source	Data Steward	Data Type	Data Stratification	Baseline Year	Baseline	Publically Facing on Dashboard	Notes
Rural Quality-Inpatient	CDC-NSHN Annual Survey (Antibiotic Stewardship)	CDC-NSHN Annual Survey	Ballad Health	Monitoring	System Level By State By Facility (Acute Facilities)	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Care Transition: Patient reported they understood the purpose for taking their medication	Press Ganey	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities)	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	The VHHAF has a rural hospital HCAHPS dashboard that is updated annually.
	Care Transition/Patient Preference: Hospital Staff took my preferences and those of my family	Press Ganey	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities)	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Care Transition/Patient Preference: Patients reported-Quietness of the hospital environment	Press Ganey	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities)	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Falls Risk Assessment or Falls with Injury (NQF 0202)		Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities)	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
Rural Quality-Outpatient Patient Satisfaction	CG-CAHPS: In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	Press Ganey	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	CG-CAHPS: In the last 6 months, how often did this provider listen carefully to you?	Press Ganey	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	CG-CAHPS: In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Press Ganey	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	CG-CAHPS:Overall Provider Rating- On a scale from 1-10, with 10 being the highest likely, how likely would you refer your provider	Press Ganey	Ballad Health	Top Box Score % (Scale 9-10)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	CG-CAHPS: In the last 6 months, how often did this provider explain things in a way that was easy to understand?	Press Ganey	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Medication Reconciliation Post-Discharge (NQF 0097 USPSTF)	Balld Health EMR (outpatient/primary care)/ UDS	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	Most preventative/screening measures are NQF/HEDIS endorsed, or even reimbursable at a higher rate by health plans or Integrated Delivery Systems EX: HealthNet Most EMR's (Epic, Epic Lite, Cerner, Athena, eCW, etc. have already created templates/workflows(UDS) that will capture the measure, so long as the screening/counseling, is documented (that can be done via progress note, or a simple check-the-box, in the wellness visit/annual visit template)
Rural Quality-Outpatient Prevention	Tobacco Use: Screening and Cessation Intervention (USPSTF/ NQF 0028)	Balld Health EMR (outpatient/primary care)/ UDS	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	UDS= Universal Data Set
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (USPSTF/ NQF 0059)	Balld Health EMR (outpatient/primary care)/ UDS	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Screening for Clinical Depression and Follow-up Plan (USPSTF/ NQF 0418)	Balld Health EMR (outpatient/primary care)/ UDS	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Body Mass Index (BMI) Screening and Follow-up (USPSTF/0421)	Balld Health EMR (outpatient/primary care)/ UDS	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Controlling High Blood Pressure (USPSTF/ NQF 0018)	Balld Health EMR (outpatient/primary care)/ UDS	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	

Category	Measure	Source	Reporting Entity	Type	Reporting Level	Baseline	Target	Required	Notes
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (NQF 0024)	Balld Health EMR (outpatient/primary care)/ UDS	Ballad Health	Percent Reported Always (Include Numerator and Denominator)	System Level By State By Facility (Outpatient/Primary Care) w/ PCP NPI #	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
Quality-Patient Safety	Pressure Ulcer Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Iatrogenic Pneumothorax Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	Postoperative Hip Fracture Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	PSI 09 Perioperative Hemorrhage or Hematoma Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	PSI 10 Postoperative Physiologic and Metabolic Derangement Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	PSI 11 Postoperative Respiratory Failure Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	PSI 13 Postoperative Sepsis Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	PSI 14 Postoperative Wound Dehiscence Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	
	PSI 15 Accidental Puncture or Laceration Rate	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	*Quality data will be presented to the States quarterly using control charts, which will contain: • Monthly plotting of the metric values • Baseline reference lines for FY2017 with data continuing from baseline to present. • Control lines & measurements: What control lines and highlighted measures will best inform the states? • Indications of the median, 25th and 75th percentile of the metric among Peer Hospital Systems.
	Sep 1 – Sepsis Bundle	Premier	Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	*Control charts will be presented at the Health System level, state level, and at "reporting granularity" level.
	CLABSI	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	*When a "special-cause event", or a spike in adverse outcomes based on unpredictable environmental factors occurs, Ballad will notify the states and propose a mitigation strategy should one be necessary. *Every year, Ballad will propose three (3) performance measures for targeted Quality Improvement (QI) initiatives should such measure perform at below the 25th percentile of the national average and have the great impact on patient safety.
	CAUTI	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	States will approve targeted measures. For each metric, Ballad will present the following: • Logic: Why was the metric selected? • Measurement: How is the metric measured?
	SSI COLON Surgical Site Infection	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	• Historical Data*: Metric history, if proposed metric is outside of monitoring metrics • Improvement Strategies: What are Ballad's planned interventions and actions for improvement?
	SSI HYST Surgical Site Infection	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	• Goals: What are Ballad's implementation and improvement goals in the coming year? Goals should, at a minimum, represent an improvement from the 2017 baseline.
	MRSA	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	*Ballad will notify the states, within six (6) months, should any measure by Premier or Press Ganey be retired and convene a discussion by November 1 to determine which measure(s) should replace retired measure(s). *Data will be presented, and be easily accessible, on Ballad Health's website, TDH's website, and VDH's website.
	CDIFF	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	Ballad to submit by 2020 Annual Report Due Date	Ballad to submit by 2020 Annual Report Due Date	Yes	*States may request additional monitoring metrics to the Technical Advisory Panel (TAP) annually. *Peer Hospital Systems will be selected utilizing the following criteria: • Not-for-profit health system • Comparable net revenue • Aligned with Premier as quality partner
Quality-Mortality and	Readmission Rates for top 10 causes of readmissions	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type	2017		Yes	• Comparable bed size and number of hospitals • Consists of rural hospitals and similar services • Geographic location that could allow for a site visit • Utilizes EPIC Electronic Health Records • Is identified as a "Top Performer" by Premier *Must be documented

Category	Metric/Item	Source	Responsible	Type	Breakdown				Required	Notes
Readmission Metrics										*Preliminary Peer Hospital System Group • Aurora Health • Baptist Memorial Health Care Corporation • Carilion Clinic • Mercury Health • Texas Health • Unity Point Health * States or Ballad may propose revisions to the Peer Hospital System group to the Technical Advisory Panel (TAP) annually.
	Mortality Rates for Top 10 causes of mortality	Premier	Ballad Health	Rate	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
Quality-Patient Satisfaction	HCOMP1A P Patients who reported that their nurses "Always" communicated well	Press Ganey	Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
	HCOMP2A P Patients who reported that their doctors "Always" communicated well	Press Ganey	Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
	HCLEAN HSPAP Patients who reported that their room and bathroom were "Always" clean	Press Ganey	Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
	HCOMP7SA Patients who "Strongly Agree" they understood their care when they left the hospital	Press Ganey	Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
	HRECMND DY Patients who reported "YES", they would definitely recommend the hospital	Press Ganey	Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
Quality-Timely and Effective Care Metrics	ED-1b Average time patients spent in ED before they were admitted to the hospital as an inpatient	Premier	Ballad Health	Time-Minutes	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
	ED-2b Average time patients spent in the ED after the doctor decided to admit them before leaving the ED for their inpatient room	Premier	Ballad Health	Time-Minutes	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
	OP-18b Average time patients spent in the ED before leaving from the visit	Premier	Ballad Health	Time-Minutes	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
	OP-22 Percentage of patients who left the ED before being seen	Premier	Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
	OP-23 Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival	Premier	Ballad Health	Percent (Include Numerator and Denominator)	System Level By State By Facility (Acute Facilities) By Payer Type		2017		Yes	
Certificate of Public Advantage/ Cooperative Agreement Financial and Operational Updates	Deliverables Table with Item, Status (date submitted), and Applicable TOC/CA Requirements	Ballad Health Records	Ballad Health	Table	N/A	N/A	N/A		Yes	
	Any revisions to Ballad Health's Charity Care Policy Pursuant to TOC:4.03(e) /CA: 14 and 38	Ballad Health Records	Ballad Health	Narrative	N/A	N/A	N/A		No	
	Population Health and Social Responsibility Committee Meeting Summary (includes attendance) Pursuant to TOC:4.03(e), Exhibit G/ CA:35	Ballad Health Records	Ballad Health	Attachment	N/A	N/A	N/A		No	
	Balance Sheet	Ballad Health Records	Ballad Health	Attachment	N/A	N/A	N/A		No	
	Statements of Income	Ballad Health Records	Ballad Health	Attachment	N/A				No	
	Statement of Cash Flow	Ballad Health Records	Ballad Health	Attachment	N/A	N/A	N/A		No	
	Year-to-date internal spending report	Ballad Health Records	Ballad Health	Attachment	N/A	N/A	N/A		No	
	Grants Distributed	Ballad Health Records	Ballad Health	Narrative	N/A	N/A	N/A		No	
	Ancillary Services Offered by Competitors	Ballad Health Records	Ballad Health	Narrative	N/A	N/A	N/A		No	
	Post-Acute Services Offered by Competitors	Ballad Health Records	COPA Compliance Officer	Narrative	N/A	N/A	N/A		No	
	Any requirements or commitments outlined in the TOC or the Index which Ballad Health will not meet or anticipates it will not meet	COPA Compliance Officer	COPA Compliance Officer	Narrative	N/A	N/A	N/A		No	
	Compliance Officer Quarterly Report	COPA Compliance Officer	Ballad Health	Narrative	N/A	N/A	N/A		No	
	Status of any outstanding Cues, Corrective Actions, or other remedial actions - TOC: Exhibit G/ CA:16	Ballad Health Records	Ballad Health	Narrative	N/A	N/A	N/A		No	
	Facility/Service Line Closure Plans	Ballad Health	Ballad Health	Narrative	N/A	N/A	N/A		No	
	Facility/ Service Line Closure Progress	Ballad Health	Ballad Health	Narrative	N/A	N/A	N/A		No	
	Facility/ Service Line Opening Plans	Ballad Health	Ballad Health	Narrative	N/A	N/A	N/A		No	
	Facility/Service Line Opening Progress	Ballad Health	Ballad Health	Narrative	N/A	N/A	N/A		No	

Ballad Health Cooperative Agreement
Access Measures

Submitted to the States Annually

Measure	Definition	Data Source	Data Steward	Data Type	Data Stratification	Baseline Year	Baseline	Publically Facing on Dashboard	Notes
Population within 10 miles of an urgent care center	Population within 10 miles, from the geographic center of the census block, of an urgent care center. Urgent care centers may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area. In the event that a non-Ballad Health facility closure negatively impacts access, Ballad will submit an evaluation plan to the states.	Facility Addresses and ACS Census Data	Ballad Health	Percent	Population-weighted % of residents across all Census tracts that reside within 10 miles of an urgent care center	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	Develop Maps for Dashboard and Annual Reports. Develop narrative outlining requirements for services to remain in county. Ballad will submit an evaluation plan when non-Ballad facilities close.
Population within 10 miles of an urgent care center open nights and weekends	Population within 10 miles, from the geographic center of the census block, of an urgent care center open at least three (3) hours after 5pm Monday to Friday and open at least five (5) hours on Saturday and Sunday. Urgent care centers may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area. In the event that a non-Ballad Health facility closure negatively impacts access, Ballad will submit an evaluation plan to the states.	Facility Addresses and ACS Census Data	Ballad Health	Percent	Population-weighted % of residents across all Census tracts that reside within 10 miles of an urgent care center open nights and weekends	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Population within 10 miles of an urgent care facility or emergency department	Population within 10 miles, from the geographic center of the census block, of an urgent care facility or emergency department. Emergency department may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area. In the event that a non-Ballad Health facility closure negatively impacts access, Ballad will submit an evaluation plan to the states.	Facility Addresses and ACS Census Data	Ballad Health	Percent	Population-weighted % of residents across all Census tracts that reside within 10 miles of an urgent care facility or emergency department	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Population within 15 miles of an emergency department	Population within 15 miles, from the geographic center of the census block, of an emergency department. Emergency department may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area. In the event that a non-Ballad Health facility closure negatively impacts access, Ballad will submit an evaluation plan to the states.	Facility Addresses and ACS Census Data	Ballad Health	Percent	Population-weighted % of residents across all Census tracts that reside within 15 miles of an emergency department	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	Critical Access Hospitals must be 25 miles from the nearest 24/7 Emergency Department
Population within 15 miles of an acute care hospital	Population within 15 miles, from the geographic center of the census block, of an acute care hospital. Acute care hospital may be owned by Ballad Health or a competitor and may or may not be located in the geographic service area. In the event that a non-Ballad Health facility closure negatively impacts access, Ballad will submit an evaluation plan to the states.	Facility Addresses and ACS Census Data	Ballad Health	Percent	Population-weighted % of residents across all Census tracts that reside within 15 miles of an acute care hospital	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Pediatric Readiness of Emergency Department	Score of Ballad Health Emergency Departments on the National Pediatric Readiness Project Survey from the National EMSC Data Analysis Resource Center	National EMSC Data Analysis Resource Center	Ballad Health	Score	By Facility	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Access to Specialty Care	Average time to 3rd appointment for Ballad specialist	Ballad EMR	Ballad Health	Days	By Pediatric Specialty By Gerontologist By Specialty	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	Produce maps for annual report
	Sites providing specialty care	Ballad Health	Ballad Health	Count	By Pediatric Specialty By Genontologist By Specialty By County	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
	Population-weighted % of residents across all Census tracts that reside within 30 miles of a speciality care clinic	Facility Addresses and ACS Census Data	Ballad Health	Percent	By Specialty By State	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Access to Primary Care	Average time to 3rd appointment for Ballad PCP	Ballad EMR	Ballad Health	Days	By Pediatric PCPs By General Practices	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	Produce maps for annual report
	Sites providing primary care	Ballad Health	Ballad Health	Count	By Pediatric PCPs By General Practice By County	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
	Population-weighted % of residents across all Census tracts that reside within 20 miles of a primary care clinic	Facility Addresses and ACS Census Data	Ballad Health	Percent	By State	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Preventable Hospitalizations – Medicare	Number of discharges for ambulatory care-sensitive conditions per 1,000 Medicare enrollees	Inpatient Discharge Data	Ballad Health	Rate	By Zip Code of Residence	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Preventable Hospitalizations – Adults	Number of discharges for ambulatory care-sensitive conditions per 1,000 adults aged 18 years and older	Inpatient Discharge Data	Ballad Health	Rate	By Zip Code of Residence By Payer	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Screening – Breast Cancer	biennial screening mammography for women 50-74 years.	Ballad EMR	Ballad Health	Ballad to Populate	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Screening – Cervical Cancer	screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every 3 years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years.	Ballad EMR	Ballad Health	Ballad to Populate	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Screening – Colorectal Cancer	screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.	Ballad EMR	Ballad Health	Ballad to Populate	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Screening – Diabetes	Type 2 diabetes testing for all asymptomatic adults who are overweight or obese (BMI >25 or >23 in Asian Americans) and who have one or more diabetes risk factors, including: -Physical inactivity -First-degree relative with diabetes -High-risk race/ethnic group -Women who delivered a baby >9 pounds or were diagnosed with gestational diabetes -High-density lipoprotein cholesterol <35mg/dl +triglyceride >250mg/dL -Hypertension (>140/90 mm Hg or on therapy) -A1C >5.7%, impaired glucose tolerance (IGT) or impaired fasting glucose (IFG) on previous testing -Conditions associated with insulin resistance (eg, severe obesity, acanthosis nigricans, polycystic ovarian syndrome) -Cardiovascular disease history For all other patients, testing should begin at age 45 years. If results are normal, testing should be repeated at minimum of three year intervals with more frequent testing depending on initial testing results and risk status.	Ballad EMR	Ballad Health	Ballad to Populate	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	

Screening – Hypertension	screening for high blood pressure in adults 18 and over.	Ballad EMR	Ballad Health	Ballad to Populate	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Follow-Up After Hospitalization for Mental Illness (7 Days)	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner within (7) days post-discharge	Ballad Health EMR; NCQA The State of Health Care Quality Report	Ballad Health	Count and Percent	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Follow-Up After Hospitalization for Mental Illness (30 Days)	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner within (30) days post-discharge	Ballad Health EMR; NCQA The State of Health Care Quality Report	Ballad Health	Count and Percent	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Antidepressant Medication Management –Effective Acute Phase Treatment	Percentage of adults 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks)	Ballad Health EMR; NCQA The State of Health Care Quality Report	Ballad Health	Count and Percent	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Antidepressant Medication Management-Effective Continuation Phase Treatment	Percentage of adults aged 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 180 days (6 months)	Ballad Health EMR; NCQA The State of Health Care Quality Report	Ballad Health	Count and Percent	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
SBIRT Administration-Emergency Departments	Number of SBIRTS provided in Ballad Health Emergency Departments	Ballad Health EMR	Ballad Health	Count	By Facility	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
SBIRT Administration-Outpatient Facilities	Number of SBIRTS provided in Ballad Health Outpatient Facilities	Ballad Health EMR	Ballad Health	Count	By Facility	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Patient Satisfaction and Access Surveys	Ballad to Populate	Ballad to Populate	Ballad Health	Ballad to Populate	By Facility	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Patient Satisfaction and Access Survey – Response Report	Ballad to Populate	Ballad to Populate	Ballad Health	Ballad to Populate	By Facility	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	
Screening-Lung Cancer	annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.	Ballad Health EMR	Ballad Health	Ballad to Populate	By Zip Code of Residence By Payer Type	Ballad to submit in 2020 Annual Report	Ballad to submit in 2020 Annual Report	Yes, at the state level	

Legend
- Outputs/Leading Indicators
- Outcome Metrics
- Infant Measures
- CDC Resilience Model Categories
- Red missing

	STRATEGIES / ACTIVITIES		Year 1	Year 2	Year 3	Outputs	Year 4 Outcome Metrics	Year 5 Outputs	Year 5 Outcome Metrics	Year 6 Outputs	Year 6 Outcome Metrics	Year 7 Outputs	Year 7 Outcome Metrics	Year 8 Outputs	Year 8 Outcome Metrics	Year 9 Outputs	Year 9 Outcome Metrics	Year 10 Outputs	Year 10 Outcome Metrics	Years 11-15	Years 16-20

Population Health/STRONG Children and Families

Strategy areas include:
- Increase Birth Outcomes and STRONG Starts
- Increase Educational Readiness and Performance
- Increase healthy behaviors in children, youth and their support systems
- Develop population health infrastructure; Position Belief Health as a community health improvement organization; Enable community resources and sound health policy; Increase community understanding and response to at-risk children and families

Infrastructure and Capacity Development

Outcome Metrics columns (by year):
- Maternity Practices in Infant Nutrition and Care Survey Scores
- Breastfeeding Initiation; Early Prenatal Care
- Neonatal Abstinence Syndrome (NAS)
- Mothers who smoke during pregnancy
- Teen Births; Youth Tobacco Use
- Third Grade Reading Levels; Drug Deaths
- 8th Grade Math/English; Overweight/Obese Youth
- High School Graduation; Substance Use; Adult Obesity; Infant Mortality; Adult Smoking; Suicide

Years 16-20: Employment; Homelessness; Children in Poverty; Per Capita Income; Median Household Income; Leading causes of death and disease

Ballad Health Cooperative Agreement
Population Health Measures

Submitted to the States Annually and Reported during Quarterly Check In Meetings
*Stratified Data only to be reported in Annual Report

Category	Measure	Definition	Data Source	Data Steward	Data Type	Data Stratification*	Baseline Year	Baseline	Publically Facing on Dashboard	Notes
Output Measures		Output measures for Ballad's Population Health Improvement Strategies and Activities	Ballad Health	Ballad Health, Southwest Virginia and Northeast Tennessee Accountable Care Communities	Counts	N/A	2019	N/A	TBD	Ballad will report metrics on output measures during quarterly reporting meetings and in annual report.
Outcome	Maternity Practices in Infant Nutrition and Care Survey Scores	The CDC's national survey of Maternity Practices in Infant Nutrition and Care (mPINC) assesses maternity care practices and provides feedback to encourage hospitals to make improvements that better support breastfeeding. About every 2 years, CDC invites all hospitals across the country to complete the mPINC survey. The questions focus on specific parts of hospital maternity care that affect how babies are fed.	Center for Disease Control (CDC)	Ballad Health	Score	By Facility	Ballad to Populate	Ballad to Populate	Yes	Will appear on public dashboard in 2021.
	Breastfeeding Initiation	Percentage of live births in Ballad service area whose birth certificates report that baby is breastfed.	Vital Statistics	Virginia Department of Health, TN Department of Health	Percent	By County of Residence By Race	2020	TBD	Yes	Will appear on public dashboard in 2022.
	Mothers Who Smoke During Pregnancy	Percentage of mothers in Ballad service area who report smoking during pregnancy	Vital Statistics	Virginia Department of Health, TN Department of Health	Percent	By County of Residence By Race	2020	TBD	Yes	Will appear on public dashboard in 2024.
	Neonatal Abstinence Syndrome Births	Number of reported cases in Ballad service area with clinical signs of withdrawal, excluding mothers enrolled in MAT, per 1,000 live births	Inpatient Discharge Data	Virginia Department of Health, TN Department of Health	Rate	By County of Residence By Race	2020	TBD	Yes	Will appear on public dashboard in 2023.
	Overweight and Obese Children	Ballad to Populate	Virginia Youth Survey, TBD for TN	Virginia Department of Health, Virginia Department of Education	TBD	By County of Residence	2020	TBD	Yes	Will appear on public dashboard in 2027
	Kindergarten Readiness	Ballad to Populate	PALS Testing Scores, TBD for TN	Virginia Department of Education, TBD for TN	TBD	By County of Residence	2020	TBD	Yes	Will appear on public dashboard in 2024.
	Third Grade Reading Levels	Ballad to Populate	PALS Testing Scores, TBD for TN	Virginia Department of Education, TBD for TN	TBD	By County of Residence	2020	TBD	Yes	Will appear on public dashboard in 2026.
	8th Grade Math and English	Ballad to Populate	TBD	TBD	TBD	By County of Residence	2020	TBD	Yes	Will appear on public dashboard in 2027. *States will convene working group with DOEs to develop meaningful measure for proposal to the TAP in 2020.
	Teen Births	Rate of births per 1,000 females aged 15-19 years of age	Vital Statistics	Virginia Department of Health, TN Department of Health	Rate	By County of Residence	2020	TBD	Yes	Will appear on public dashboard in 2025.
	Drug Deaths	Deaths in Ballad service area attributed to a fentanyl, heroin, or prescription opioid overdose.	Vital Statistics	Virginia Department of Health, TN Department of Health	Count	By County of Residence	2020	TBD	Yes	Will appear on public dashboard in 2026.
	Youth Tobacco	Ballad to Populate	Virginia Youth Survey, TBD for TN	TBD	TBD	By County of Residence	2020	TBD	Yes	Will appear on public dashboard in 2025.
	Prenatal Care	Percent of births with adequate prenatal care, as measured using the Kotelchuck Index, Virginia, 2013-2017 The Kotelchuck Index is also called the Adequacy of Prenatal Care Utilization (APNCU) Index, uses the date of initiation of care and the number of prenatal visits from the time care began until the time of delivery.	Vital Statistics	Virginia Department of Health, TN Department of Health	Percent	By County of Residence By Race	2020	TBD	Yes	Will appear on public dashboard in 2022.
Impact	High School Graduation	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	Impact measures will be developed and outlined in partnership with researchers, the States, and other stakeholders.
	Substance Abuse	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	
	Adult Obesity	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	
	Infant Mortality	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	
	Adult Smoking	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	
	Suicide	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	
	Employment	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	
	Children in Poverty	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	
	Per Capita Income	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	
	Median Household Income	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes	

	Leading Causes of Death and Disease	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes
	Homelessness	To be developed in partnership with ETSU and other research entities in execution of Ballad's Longitudinal Study.	TBD	TBD	TBD	TBD	TBD	TBD	Yes
	Plan Spending	New dollars spent on Ballad Health's implementation of the population health plans, strategies, and activities. Investments must be spent from savings achieved by the merger, not through grants, donations, or other income streams received by Ballad.	Ballad Health	Ballad Health	Dollars	By Strategy	N/A	N/A	Yes

Ballad Health Cooperative Agreement Miscellaneous Measures

Submitted to the States Annually

Category	Measure	Data Source	Data Steward	Data Type	Data Stratification	Baseline Year	Baseline	Publicly Facing on Dashboard	Notes
Employee Health	BeWell Measure TBD	Ballad Health	Ballad Health	TBD	N/A	TBD	TBD	No	
	BeWell Measure TBD	Ballad Health	Ballad Health	TBD	N/A	TBD	TBD	No	
	BeWell Measure TBD	Ballad Health	Ballad Health	TBD	N/A	TBD	TBD	No	
Value-Based Contracting	Total Cost of Care measured by PMPM (4 VBC arrangements at ...	Ballad Health	Ballad Health	Dollars	By Contract Type	TBD	TBD	No	MSSP, Human MA, UHS MA, and Team Members
	Financial Impact (total financial impact not net)	Ballad Health	Ballad Health	Dollars	By Contract Type	TBD	TBD	No	
	Number of contracts in 5 different arrangement types according to VBC dashboard (shared-savings; hospital-based; full-risk, pay-for gap /care coordination and other)	Ballad Health	Ballad Health	Count	By Contract Type	TBD	TBD	No	
	Total lives in VBC arrangements	Ballad Health	Ballad Health	Count	By Contract Type	TBD	TBD	No	
	Number of Ballad Health Providers Participating in Virginia ARTS Program	Ballad Health	Ballad Health	Count	N/A	TBD	TBD	Yes	
Employer Health Outreach	Employers Engaged in Ballad Health Risk Assessments	Ballad Health's business health contracts	Ballad Health	Count	By State	TBD	TBD	Yes	
	Employers for which Ballad Provides On-Site Clinics	Ballad Health's business health contracts	Ballad Health	Count	By State	TBD	TBD	Yes	
	Employers for which Ballad Provides Vaccine Clinics	Ballad Health's business health contracts	Ballad Health	Count	By State	TBD	TBD	Yes	
	Employers with Health Coaching Services Provided by Ballad Health	Ballad Health's business health contracts	Ballad Health	Count	By State	TBD	TBD	Yes	
Staffing	Clinical FTE Counts	Ballad Health's human resource records	Ballad Health	Count	By Facility	TBD	TBD	No	
	Turnover-Team Members	Ballad Health's human resource records	Ballad Health	Count	By Facility	TBD	TBD	No	
	Turnover-Benefited RNs	Ballad Health's human resource records	Ballad Health	Count	By Facility	TBD	TBD	No	

Proposed Annual Performance Review and Data Submission Timeline

November 18, 2019
Cooperative Agreement TAP Meeting

Proposed Annual Performance Review and Data Submission Timeline

January 2020

Dedicated to the 3-year plans; review prior six-month performance (metrics and milestones); sufficient time to understand and share challenges/barriers/concerns and share/discuss solutions and activities for next 6 months; brief update on system activities

April 2020

With one quarter remaining in FY, focus on system performance with brief overview of status of plans (focusing on areas not on track)

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September 2020 Meeting

- **Quarterly Check In: Teleconference**
- FY2020 Q4 Quarterly Report Q&A
- Updates on Ballad's progress and barriers to implementing plans, strategies, and tactics.
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- Ballad will provide system updates
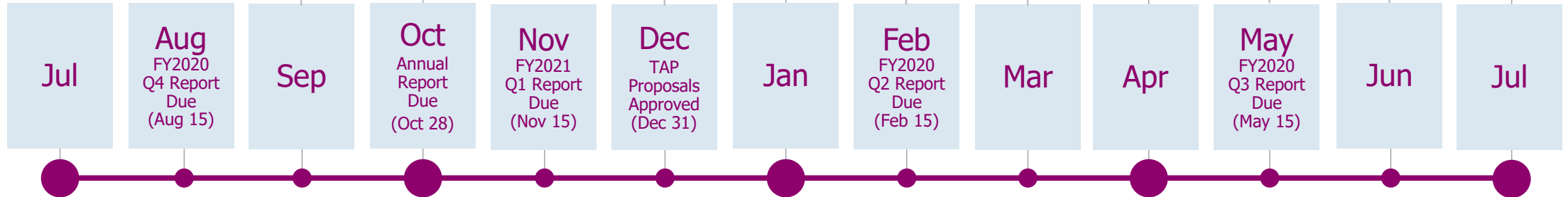
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March 2021 Meeting

- **Quarterly Check In: Teleconference**
- FY2021 Q2 Quarterly Report Q&A
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-Review Ballad's proposed quality improvement metrics
-Discuss retired metrics
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-Discuss revisions to the existing active supervision metrics

September 2020 & March 2021 Meetings

Proposed Annual Performance Review and Data Submission Timeline

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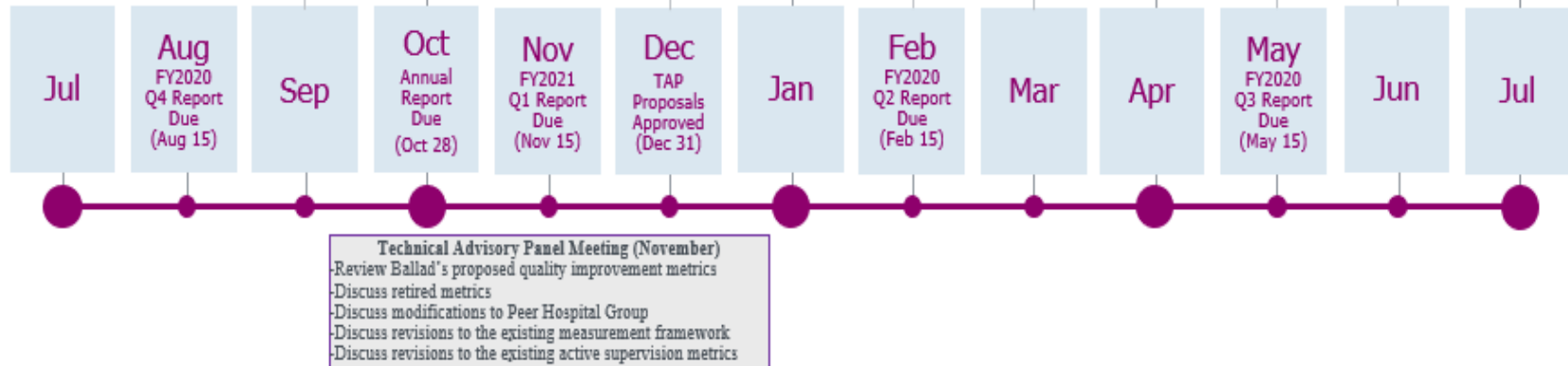- Ballad will provide system updates

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Proposed Annual Performance Review and Data Submission Timeline

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With one quarter remaining in FY, focus on system performance with brief overview of status of plans (focusing on areas not on track)

July 2020

Dedicated to the 3-year plans; review final plan performance on the plans for FY20 (% of unmet milestones, status of metrics); review implementation roadmaps for FY21 (new milestones and metrics); brief update on system activities

October 2020 Meeting

- **Quarterly Check In: Johnson City**
- FY2020 Q4 Quarterly Report Q&A
- Ballad will provide an in-depth system update, with a focus on FY2020 performance
- Annual Report preview
- Ballad will provide an update on three improvement quality metrics
- Update on plan implementation barriers
- ~~In-depth plan update~~
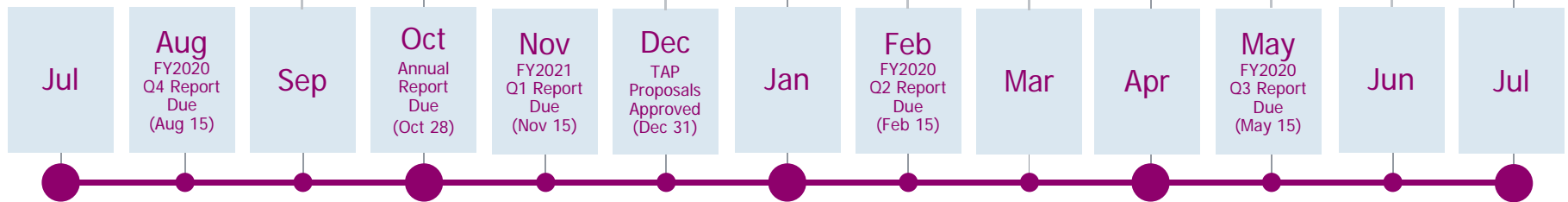
January 2021 Meeting

- **Quarterly Check In: Nashville**
- FY2021 Q1 Quarterly Report Q&A
- Annual Report Q&A
- Updates on Ballad's three improvement quality metrics
- Ballad will provide in-depth update on the plans, including review of 6-month performance (metrics, milestones, successes, and A3s for problem areas and barriers)
- Ballad will provide brief system performance updates

April 2021 Meeting

- **Quarterly Check In: Johnson City**
- FY2021 Q2 Quarterly Report Q&A
- Ballad will provide an in-depth system performance update for Q1-Q3
- Ballad will provide an update on three improvement quarterly metrics
- Update on plan implementation barriers
- ~~In-depth plan update~~

July 2021 Meeting

- **Quarterly Check In: Richmond**
- FY2021 Q3 Quarterly Report Q&A.
- Updates on Ballad's three improvement quality metrics
- Ballad will provide in-depth update on the plans, including review of Final FY21 performance (metrics, milestones, successes, and A3s for problem areas and barriers) as well as review of FY22 implementation roadmaps
- Ballad will provide brief system performance updates

| Jul | Aug
FY2020
Q4 Report
Due
(Aug 15) | Sep | Oct
Annual
Report
Due
(Oct 28) | Nov
FY2021
Q1 Report
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Quarterly Reports

- The States will provide feedback and ask questions pertaining to Ballad's most recent Quarterly Report at each quarterly meeting (September 2020, December 2020, March 2021, & June 2021)

- Questions will be submitted to Ballad a week in advance of the meeting

Data Submission Templates

- Ballad will utilize the following templates for Teleconferences
  - Ballad will populate the following columns:
    1. Current data point
    2. Accomplishments
    3. Challenges
    4. Plan for next 90 days

Population Health Plan Strategies

- Increase Birth Outcomes and STRONG Starts
- Increase Educational Readiness and Performance
- Increase healthy behaviors in children, youth, and their support systems to improve health and strengthen economic vitality
- Change social norms to support parents, families, and the community
  - Develop population health infrastructure within the health system and community
  - Position Ballad Health as a community health improvement organization
  - Enable community resources and sound health policy
  - Increase community understanding and response to at-risk children and families

Increase Birth Outcomes & STRONG Starts

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Increase contraceptive access to all women of child bearing age	Number of partners who provide contraceptives				
Enhance provider and facility practices to support breastfeeding	Number of VBC contracts that include breastfeeding initiation				
Increase maternal cessation programs	Number of partners who provide maternal cessation				
Increase lactation supports	Number of women in Ballad Health L&D that receive lactation consultation				
Increase VLARC provision with at-risk populations (incarcerated, addicted)	Number of partner sites providing VLARC to at-risk populations				
Increase provider practices using beset practice cessation counseling and referral	Number of providers receiving education/CME on best practice cessation counseling and referral				

To be Completed by Ballad

Increase Birth Outcomes & STRONG Starts

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Increase VLARC adoption at facilities immediately following NAS birth	Number of sites providing VLARC immediately following NAS birth				
Expand maternal MAT and other recovery programs	Number of maternal MAT/best practice maternal recovery sites				
Increase access to contraceptives for teens	Number of partner sites providing contraceptives to teens				
Expand best practice parent programming for healthy relationships/safe sex	Number of sites providing parenting education				
Leverage the 2 day postpartum pediatric visit to include maternal assessment	Number of providers trained to conduct maternal assessment				
Expand provider education on maternal mental health assessment	Number of maternal mental health education sessions				

Increase Birth Outcomes & STRONG Starts

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Ensure provider best practices on safe sleep education for patients	Number of safe sleep best practice provider communication/maternal and infant health communication sessions				
Increase prenatal programs/supports across facilities	Number of prenatal programs/supports provided by behavioral health facilities				
Increase VLARC provision in Labor and Delivery and first Post-partum environment	Number of sites providing VLARC in L&D setting an first post-partum				

Increase Educational Readiness & Performance

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Increase high quality childcare access	Number of childcare partners				
Increase parenting education on early childhood success	Number of sites providing parenting education				
Train and support childcare providers in best practice early childhood	Number of childcare partners				
Increase availability of reading mentors for children at-risk of not at grade level reading	Number of sites who provide reading mentorship				
Enhance early literacy programming across sectors (community, clinical, etc.)	Number of partners providing early literacy programming				
Support parents ability to serve as literacy mentors	Number of sites providing parent literacy programs				
Expand mentoring opportunities for all ages	Number of sites providing mentoring				

Increase Healthy Behaviors in Children, Youth, and their Support Systems to Improve Health and Strengthen Economic Vitality

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Expand best practice recovery sites and programming	Number of partners providing best practice recovery and programming				
Expand Narcan use	Number of partner sites providing/promoting Narcan				
Increase certified peer recovery specialist workforce and training programs	Number of internal certified peer recovery specialist and with partner sites				
Increase best practice adult cessation programs	Number of partner sites providing adult cessation programs				
Increase provider practices using best practice cessation counseling and referral	Number of providers coding counseling and referral to cessation internally				
Subsidize NRT and cessation medications	Number of partner sites providing NRT and subsidized medications				

Increase Healthy Behaviors in Children, Youth, and their Support Systems to Improve Health and Strengthen Economic Vitality

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Expand family nutrition counseling and education across sectors (business, education, healthcare, CBO/FBOs)	Number of partner sites providing nutrition programming to families				
Increase best practice nutrition programming in schools, after-school programs, and other child service community based organizations	Number of partner sites/schools providing best practice nutrition programming				
Expand physical activity programs in schools, after-school programs and other child service community based organizations	Number of partner sites/schools providing physical activity programming				

Change Social Norms to Support Parents, Families, and the Community

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Delivery System Design	Number of lives covered under VBC/CIN/HQEP				
Information System and Decision Support	Number of sites on EPIC				
Support the regional Accountable Care Community (ACC)	Number of community partners with signed contracts as ACC members				
Self management/develop personal skills	Number of team member support programs				
	Number of B well initiatives				
Support the Population Health Clinical Steering Committee	Number of providers in committee				

Change Social Norms to Support Parents, Families, and the Community

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Educational campaigns prevention of early initiation of sex and substance use, prenatal care in 1st trimester, breastfeeding benefits, safe sleep, maternal support, stigma reduction, social justice, community empowerment, early literacy, mentoring, substance use prevention, vaping, program availability and community programming	Number of educational campaigns lost				
Implement Project COMPASSion	Number of provider sites enrolled				
Implement Family Resource hub and spoke model	Launch pilot				
Increase ACEs and social risk assessments across sectors	Number of partners providing ACEs and/or social risk assessments				

Change Social Norms to Support Parents, Families, and the Community

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days
Strengthen Community Action	Number of RFP pilot sites				
Strengthen Community Action-Creation of Trauma Informed/Resilient Communities and Sites	Number of trauma aware trainings provided				
Build healthy public policy-second chance programs, food environment in schools, physical activity in schools, telehealth, barrier crimes, community paramedicine, etc.	Number of legislators/government officials engaged				
Advocate for breastfeeding friendly facilities	Number of breastfeeding friendly businesses and employers				

Rural Health Plan Strategies

- Expand access to primary care practices through additions of primary care physicians and mid-level providers to practices in counties of greatest need.

- Recruitment of physician specialists to meet rural access needs

- Implement team-based care models to support primary care providers, beginning with pilots in high need counties

- Develop and deploy virtual care services

- Coordinate preventative health care services

Rural Health Plan

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days

Children's Health Plan Strategies

- Develop Necessary Ballad Children's Health Services Infrastructure
- Establish ED Capabilities and Pediatric Specialty Centers in Kingsport and Bristol
- Develop Telemedicine and Rotating Specialty Clinics In Rural Hospitals
- Recruit and Retain Subspecialists
- Develop CRPC Designation at Niswonger Children's Hospital Recruitment of physician specialists to meet rural access needs

Children's Health Plan

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days

Behavioral Health Plan Strategies

- Develop Necessary Ballad Behavioral Health Services Infrastructure

- Achieve a high level of integration of Behavioral Health services into primary care (PCBHI)

- Expand Telebehavioral Health Options

- Supplement Existing Regional Crisis System

- Enhance and Expand Resources for Addiction Treatment

Behavioral Health Plan

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days

Health Information Exchange Plan Strategies

- Establish Ballad Health HIE Steering Committee

- Conduct Geographic Service Area Interoperability Research

- Identify Optimal Portfolio of Interoperability and Assemble Deployment Strategies

- Develop an HIE Recruitment and Support Plan

- Participate in ConnectVirginia's HIE and Other TN/VA Regulatory Programs

Health Information Exchange Plan

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days

Health Research and Graduate Medical Education Plan Strategies

- Establish the Tennessee/Virginia Regional Health Sciences Consortium

- Identify Targeted Hiring Needs to Build Research Capacity and Academic Growth

- Develop and Operationalize Consortium Research Infrastructure to Support Health Research in the Region

- Develop & Operationalize an Education and Training Infrastructure to Support the Region

Health Research and Graduate Medical Education Plan

Activity	Measure	Current Data Point	Accomplishments	Challenges	Plan for Next 90 Days

Ballad Health System Update

- Ballad to provide any additional System updates to the States

December 2020 & June 2021 Meetings

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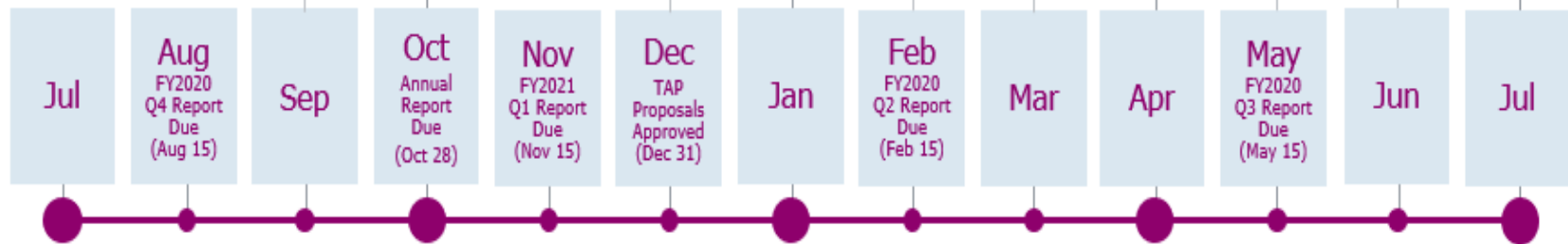- Ballad will provide system updates

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Annual Report (December 2020 Meeting)

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Quality Improvement Metrics

- Improvement Metric 1

- Improvement Metric 2

- Improvement Metric 3

Improvement Metric 1 Control Chart(s)

Improvement Metric 2 Control Chart(s)

Improvement Metric 3 Control Chart(s)

Quality Improvement Metrics

Metric	Accomplishments	Challenges	Plan for Next 180 Days
Improvement Metric 1			
Improvement Metric 2			
Improvement Metric 3			

Plan Update Reporting Plus A3(s) for Problem Metrics

A3 No. and Name	Team members (name & role)	Stakeholders (name & role)	Department	Organisation objective
	1.	1.		
	2.	2.		
Team Leader (name & 'phone ext)	3.	3.		**Start date & planned duration**
	4.	4.		

1. Clarify the problem

Is:

Is not:

Problem statement:

2. Breakdown the problem

3. Set the Target

1

2

4. Analyse the Root Cause

5. Develop Countermeasures

	Countermeasure	Impact on target
1		
2		

6. Implement Countermeasure

7. Monitor Results & Process

8. Standardise & Share Success

Ballad Health System Update

- Ballad to provide any additional System updates to the States