1. Discussion of quality and metrics in new statewide portal

Laura provided an overview of Oregon’s plans to adopt an on-line registration/data portal from NY state – called Compass by QTAC. Utah and one other state have also adopted this system, and Oregon’s plan is to have the system in place by August 2015. The portal allows for on-line searching and registration for available programs, data entry and reporting, and plans are underway to build on the ability to allow for billing. The portal will be a stand-alone website linked to the OHA website.

Laura indicated the Self-Management Network is forming an implementation workgroup to work closely on the roll-out and initial implementation of the new system, but is interested in having input from this workgroup on ways the system can assist with QA/fidelity needs. Information that NY’s system already includes supports data on workshops (numbers, locations, attendees, completers); leaders/instructors (annual activity); and workshop attendee demographics.

Some questions/concerns about the portal itself:

- Need for the portal to be available in Spanish and potentially other languages.
- Ensuring that the portal meets health literacy needs, especially for Medicaid or low-literate populations.
- Questions about how the portal has been used in NY in serving the Medicaid population – any lessons learned or experience they can share?

The group brainstormed other areas that would ideally be included to support QA/Fidelity:

a. Information on fidelity observation/checks – when a fidelity check was last completed; ability to pull a report for all leaders connected to a licensed organization showing who’s had a fidelity check, and who still needs one; ability to include issues/concerns to enable a coordinator to know what to
check on in a follow-up observation; ability to attach a copy of the completed fidelity checklist or other documents.
b. Ability to pull retention rates by organization, by workshop site, by leader – allowing organizations to learn what’s working best.
c. Tracking of referral sources (how people heard about the program they’re registering for). This would be helpful in knowing what referral sources are most helpful in successfully getting people into workshops – and/or which referral sources lead to the highest completion rates.
d. Any ability to collect action plans that could then be shared back to health systems?
e. For DPP, any ability to send healthcare providers periodic updates – letting them know an individual is enrolled, and then providing updates with weight loss info at 8 weeks, 16 weeks, and end of the year? This isn’t a requirement of the program, but is something healthcare providers would appreciate receiving and would be helpful to have.
f. Any ability to collect/report pre and post survey information? Eg self-reported physical activity levels or health?
g. Any ability to generate letters? This could include letters to healthcare providers notifying them of participants enrolled or completing programs, or letters to participants who’ve dropped out (asking for feedback on why) or completed programs.

2. Next steps

Lavinia and Don (and Lauren – not on call) volunteered to be part of the implementation workgroup that will be providing input and oversight as the new portal is started. This will ensure input on QA/fidelity needs and concerns.

After some discussion, the group agreed to put this QA/Fidelity/Metrics workgroup on hold for the time-being (at least through October), given the implementation workgroup focus that includes addressing of QA/fidelity, and some work the Leader Engagement workgroup is doing to address retention. Jennifer will update the workgroup participants if there are new developments, and the goal will be to reconvene the workgroup once some clear new needs are identified to be addressed.