## **PHMI All Stakeholder Updates**

February 16, 2023





## Welcome!

## Agenda

01	Welcome and PHMI Update	<b>10 mins</b> Nancy
02	Clinical Guidelines	<b>10 mins</b> Nancy
03	Implementation Grants	<b>10 mins</b> <i>Cody</i>
04	Building the Foundation Implementation	<b>25 mins</b> Katie
05	Technology Proof-of-Concept	<b>10 mins</b> Ed/Aisha

### **Initiative Update**

The PHMI aim is to advance the maturity of PHM capabilities for California Community Health Centers to support CalAIM and APM 2.0 and improve Medi-Cal quality measures. Current activities in service to this aim include the following.





# Clinical Guidelines

## **Clinical Guidelines Advisory Group Update**

**Objective:** Reach consensus on a set of clinical guidelines for adoption by the PHMI CHCs

- 1. Participation All CHCs participate in the workgroup as either a Primary or Secondary Reviewer
- 2. Measures of Focus The initial set of clinical guideline recommendations will support the set of 7 PHMI core measures which are aligned with APM measures
- 3. Selection of Guidelines for Review Review established clinical guidelines (e.g. Bright Futures, USPSTF, and KP guidelines)

## **Clinical Practice Guideline Recommendations | All-Reviewer Summary**

PHMI Measure	CGAG Recommended CPG	CPG Recommended Statement		
AWC	AAP/ Bright Futures	Conduct annual well child visits for persons 3-21 y/o		
Depression Screening	USPSTF	Complete a depression screening annually for persons 12 y/o+ (a specific screening questionnaire is not endorsed). Although USPSTF does not specify frequency, the group endorsed the recommendation to screen annually		
Timeliness of Prenatal Care	Kaiser Guidelines	Ensure a prenatal care visit occurs during the first trimester for pregnant persons		
Timeliness of Postpartum Care	ACOG	Conduct a postpartum visit in the first three weeks with a maternal care provider for persons who have delivered a live birth in any setting. After the initial assessment provide ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth		
Colorectal Cancer Screening	<u>USPSTF</u>	Conduct a colorectal cancer screening for persons 45-75 y/o, using any of the following screening modalities and timing: • High-sensitivity gFOBY or FIT every year • sDNA, 1-3 years • CT colonography, 5 years • Flexible sigmoidoscopy, 5 years • Flexible sigmoidoscopy, 10 years + FIT, every year • Colonoscopy, 10 years		
Controlling High Blood Pressure	Kaiser Guidelines	• In process		
Comprehensive Diabetes Care	TBD	In process		
Child WCV	TBD	• In process		



# Implementation Grants

## **Planning Grants Complete & Transitioning to Base Implementation Grants for CHCs**

Planning grants ended on 12/31/2022. The invitation to apply for the implementation grants were due by January 31st. The range for implementation grant dollars is \$480K - \$910K. The grant to adopt the PHM platform has a separate timeline and funding.

Planning Grants & Extended Planning Grants: 12/2021 - 12/2022

Outcomes achieved:

- Co-design of the PHMI solution set
- Completed baseline PHM capabilities assessment and technology deep dive
- Participated in the selection of Innovaccer platform and Proof of Concept testing
- Completed agile intervention testing through PDSAs
- Reported baseline data for PHMI core performance metrics

Implementation Grants: 3/2023 - 12/2025

Expected outcomes:

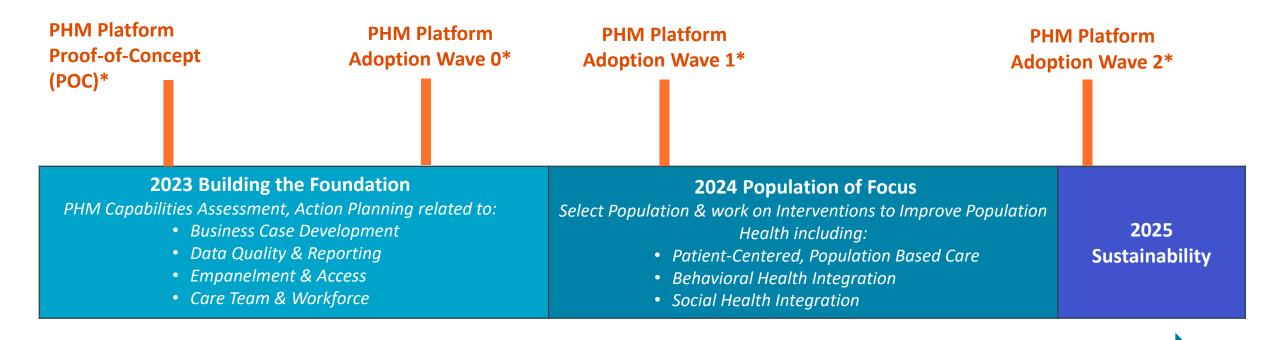
- Conduct full PHM capabilities assessment
- Work with Practice Coach and SMEs to initiate action plans
- Enhance CHC capabilities to acquire data, synthesize, and report on PHMI measures
- Build infrastructure to support and maintain empanelment
- Build care teams that support PHM
- Implement core interventions to support health of specific populations (e.g., children, maternity, adults w/high blood pressure etc.)
- Improve PHMI core measures

GRANT

# Implementation

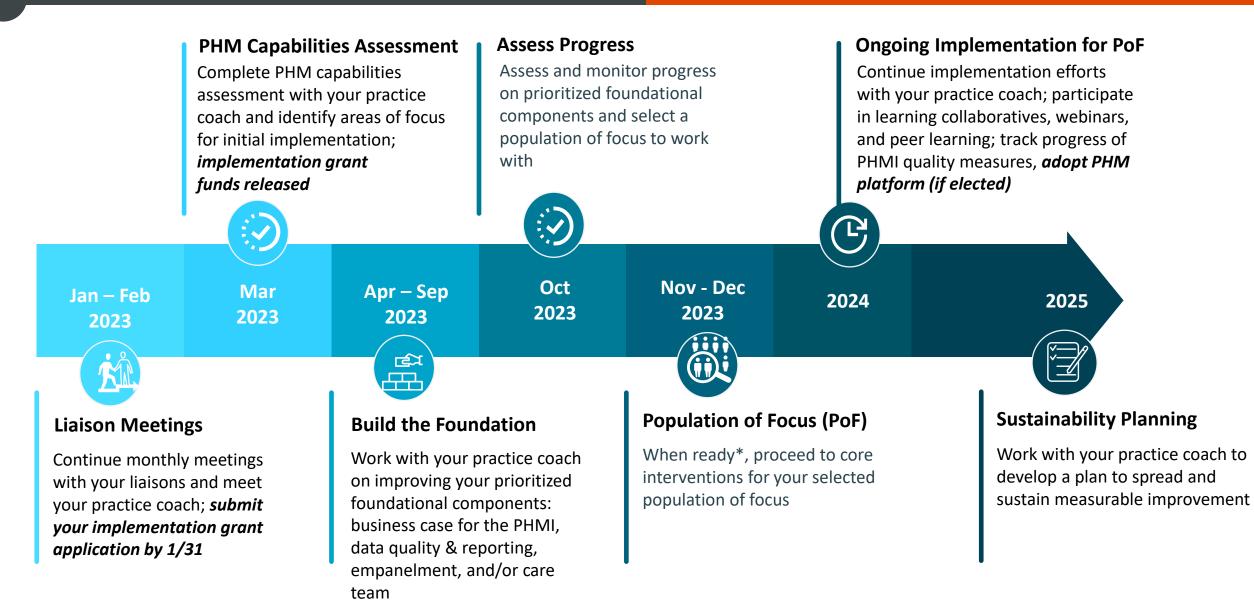
## **PHMI Implementation Timeline**

The following timeline represents the average sequence and timing of practice transformation and technology implementation milestones. Individual CHCs will focus initial implementation on the foundational components of population health management, and then implement core interventions for a selected population of focus.



Ongoing leadership & partner engagement through regional RAC/CHC roundtables, the All Stakeholder meeting, and the Stakeholder Advisory Committee

## **CHC Coaching & Technical Assistance Roadmap**



\*If you need more time to work on the foundational competencies, that's OK! Keep working on them!

### **PHM Capabilities Assessment**

PHM Capabilities Assessment An assessment administered every 6-8 months throughout the duration of the PHMI to evaluate a CHC's level of maturity in PHM capabilities

Completed with the CHC's assigned practice coach during a scheduled time

Why

What

How

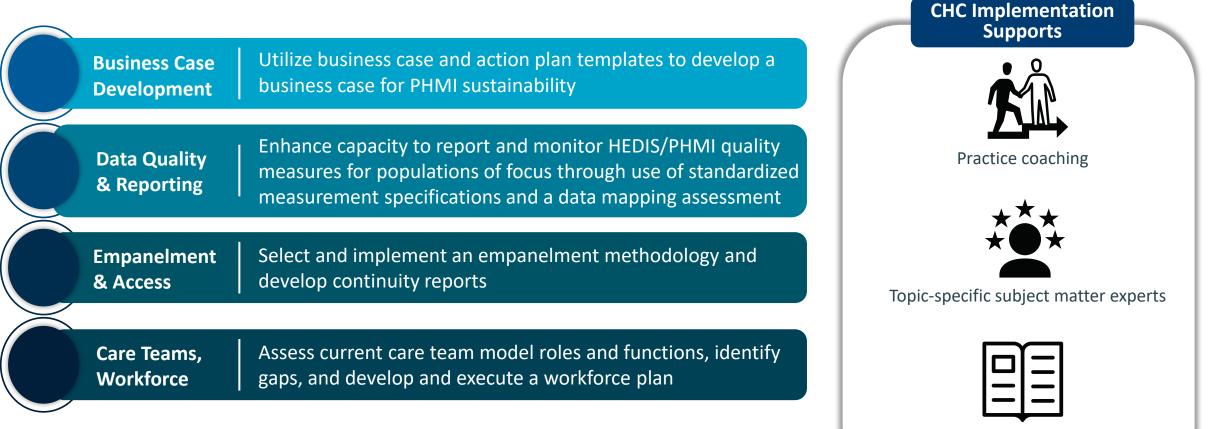
To identify areas of focus and develop an implementation plan to support maturation in PHM

#### Assessment Areas of Focus

- Leadership & Culture
- Business Model Development
- Data Quality & Reporting
- Empanelment & Access
- Care Teams & Workforce
- Patient-Centered, Population-Based Care
  - Clinical guidelines
  - Registries & care gap reports
  - Outreach & engagement
  - Pre-visit planning/reduce care gaps
  - $\circ$  Care coordination
- Behavioral Health Integration
- Social Health Screening & Evaluation

## **Building the Foundation**

In the Building the Foundation phase of implementation, CHCs will lay the groundwork necessary to effectively implement PHM for a selected population of focus. Building the foundation focuses on four competencies: business case development, data quality & reporting, empanelment & access, and care teams, workforce. CHCs will select competencies for focus where there is a combination of CHC priority and opportunity identified during the PHM capabilities assessment.

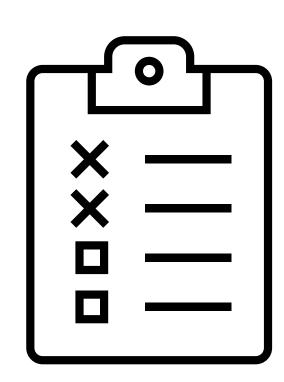


An implementation guide for each foundational competency



## Discussion

## **Poll Questions**

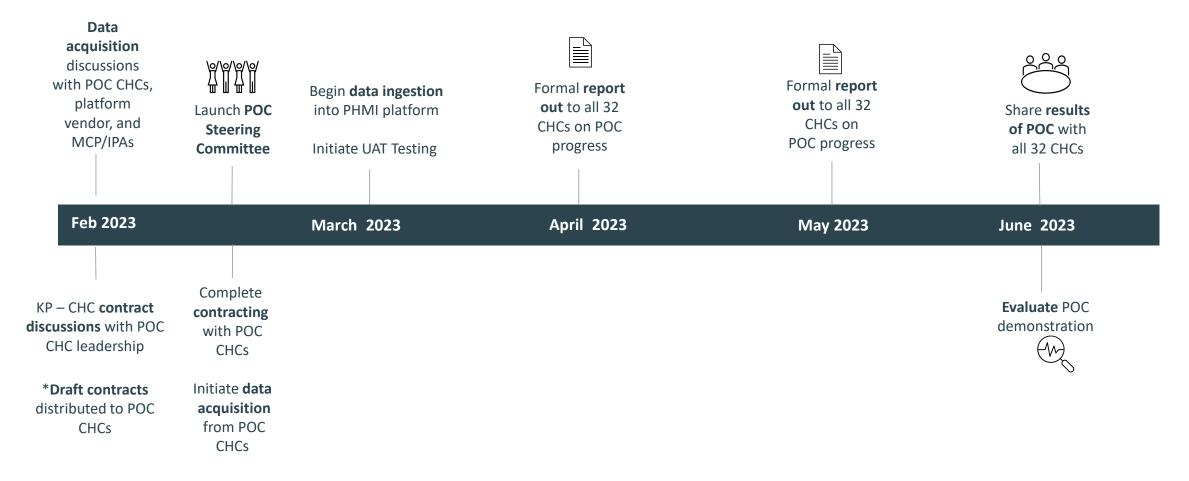




# Technology Update

## **PHMI Proof-of-Concept (POC) Timeline**

The PHMI Technology Team kicked off the POC this month in January 2023. With an 18-week duration, the POC will likely conclude in June 2023. CHCs are not required to adopt the PHMI platform to participate in PHMI



\*contingent on negotiation of KP – platform vendor agreement

Note: PHMI Platform vendor to provide more detailed implementation timeline

## **POC Steering Committee**

The POC Steering Committee will function as the governing body for POC. This Committee will oversee all stages of the POC and associated activities, serve as decision-making body regarding changes to the scope of work, and develop a sustainable governance model for full adoption of the PHM Platform.

#### What will a POC Steering Committee do?



Enable cross-functional engagement across stakeholder groups



Define scope, manage scope changes throughout execution, track & monitor deliverables



Establish structured meeting forums that drive alignment across Oversight & Execution teams



Establish clear lines of accountability across stakeholder groups



Setup tools that enable continuous monitoring of execution activities



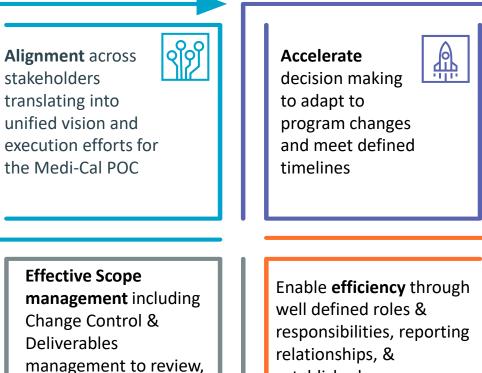
Define escalation pathways and communication protocols

#### How will it help achieve program success?

assess, & monitor

changes /

deliverables



established processes

## **PHMI Platform – Funding Support**

PHMI funding support is for the implementation period 2023 – 2025 and post implementation period 2026 – 2028. Funding is only for the health centers that choose to participate in the PHMI Platform Implementation.

Implementation Period 2023 – 2025	Post-Implementation Period 2026 – 2028
• 100% of KP program implementation support (PHMI technology team cost)	<ul> <li>100% of platform subscription fees (minimum 3 years post implementation)</li> </ul>
100% of Innovaccer implementation fees	• Will define a level of support for activities such as:
<ul> <li>100% of platform subscription fee costs during the implementation period</li> </ul>	<ul> <li>Vendor &amp; SLA management</li> <li>Contract management</li> <li>Platform upgrades/enhancements</li> <li>IT operational support (e.g., issue escalation and management, user provisioning and de- provisioning, etc.)</li> </ul>

#### **Benefits for Health Centers**

- Significant runway to transform operations through use of the PHMI platform
- Ease the burden of required investment to be APM ready

### **Next Steps**

- Next All Stakeholder Meeting
  - April 24<sup>th</sup>
- PHMI Newsletter Coming Soon
- Please send us feedback (post-meeting survey):
  - <u>https://healthmanagement.qualtrics.com/jfe/form/SV\_db74r2H27UyjH14</u>