PHMI All Stakeholder Updates

November 7, 2022

Coming together is a beginning, staying together is progress, and working together is success. – Henry Ford

Agenda

01	**Welcome and PHMI Update**	**5 mins** *Jennifer*
02	**PDSA: Findings & CHC Panel** - Clinica Sierra Vista - Comprehensive Community Health Center - Via Care Community Health Center	**25 mins** *Deena/Nancy*
03	**Implementation Strategy – Change Package**	**20 mins** *Elise/Jennifer*
04	**Proof of Concept (POC)**	**15 mins** *Aisha*
05	**PHMI Grants**	**15 mins** *Cody/Glenda*
06	**Survey & Next Steps**	**5 mins** *Jennifer*

PHMI Update

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.

- Convening the Stakeholder Advisory Committee
- Onboarding the PHMI Evaluator
- Finalizing Key Measures of Success
- Developing Baseline Data Collection Process
- Socializing the Implementation Strategy
- Completing PDSAs & Webinars
- **Current Activities**
- Contracting for Proof-of-Concept

Aligning Measures for Impact

These PHMI Quality Measures were developed and endorsed by DHCS to fulfill the expectation that the PHMI will prepare CHCs for APM and CalAIM by improving their population health management capabilities and achieving key Medi-Cal Program metrics and outcomes.

PHMI Core Quality Measures

Pediatric Prevention
- Child Immunization Status (CIS 10)
- Well Child Visits in first 30 months of life (first 15 months)

Behavioral Health
Depression Screening & Follow-Up for Adolescents and Adults

Maternity Care
Prenatal & Postpartum Care (Postpartum)

Adult Prevention & Management
- Colorectal Cancer Screening
- Comprehensive Diabetes Care: HbA1c Poor Control (>9%)
- Controlling High Blood Pressure

PDSAs

PDSA Executive Summary

CHC PDSA Participation and Next Steps

- *30 CHCs completed 38 PDSAs* from August 15 - September 30, 2022
- *38 total PDSAs were completed (23 did 1 PDSA, 6 CHCs did 2 PDSAs, 1 CHC did 3 PDSAs)*
- All *30 CHCs were highly engaged*
- *37* CHCs indicated that the PDSA Focus Areas aligned with their internal priorities

What's Next?
- Host 4 *PDSA webinars* on each Focus Area with PHMI Stakeholders
- Share results with Design Teams
- Learnings will *inform design of Implementation Guide, Coaching Approach, and Technology*

CHC Input: What Was Most Successful With This PDSA?

- **Empanelment:** "Understanding the importance of continuity reports and how it impacts care for patients"

- **Model of Care:** "Identifying roadblocks for completing a pre visit planning checklist. Through this PDSA, we were able to recognize gaps and implement a plan to help our staff"

- **Patient Engagement:** "Learning things about our services & patients that we need to address. This would have been overlooked had we not conducted this PDSA"

- *Social Health:* "Identifying patient needs and linking them to social needs & having the data to present to providers and care teams"

Focus Area	PDSA Name	# of PDSAs
Empanelment	*Initial Empanelment Method Selection, Initial Work to Right Size Panel, Use of Continuity Reports*	15
Model of Care	*Pre-Visit Planning Checklist, Post-Discharge Assessment, Postpartum Depression Screening*	9
Patient Engagement	*Patient Engagement Assessment, Outreach Call Script, Patient Satisfaction Survey*	8
Social Health	*Review & Expand Social Health (SH) Process, Enhance a CBO Referral Process, Plan a SH Screening*	6
Total PDSAs		**38**

CHC PDSA Panel Speakers

CHC Overview	Comprehensive Community Health Centers	Clinica Sierra Vista	Via Care Community Health Center
Panel Speakers	**Raymond Retirado**, VP of Quality and Clinical Programs **Ani Keshishian,** QI Manager	**Jesenia Nevarez,** Director of Quality & Population Health Management **Noemi Zarate,** *Director of Informatics and Applications*	**Franklin Gonzalez,** Chief Administrative Officer **Lourdes Olivares,** Chief Operating Officer
PDSA Topic	1. **Testing the Use of a Pre-Visit Planning Checklist**	1. **Initial Empanelment Method Selection** 2. Testing a Post-Discharge Assessment	1. **Review & Expand Social Health Process** 2. Testing an Outreach Call Script 3. Initial Empanelment Method Selection
Panel Questions	1. How did you test the PDSA and what was the most valuable part of conducting the PDSA? 2. What was the most challenging part of the PDSA? What could have been done differently? 3. Did participating in the PDSA ready your CHC for PHMI Practice Transformation in 2023? How?		

What We Learned: Core Takeaways

CHC Engagement

- **PHMI Implementation:** *Most CHCs are ready to start implementation work!*
- **Highly Engaged:** *Sites were engaged with many completing more than 1 PDSA (attending multiple meetings, and sharing results with staff)*

PHMI Interventions

- **Value of PDSAs:** *87% of CHCs stated the PDSA they worked on was extremely/very valuable*
- **Intervention Feedback:** CHCs provided *critical feedback for PHMI to improve coaching, tools, resources, and technology to support them*

IT Infrastructure

- **Technology:** *IT capabilities were a major barrier for most CHCs*
- **Barriers:** *Pulling reports, building out workflows in EHR, assuring good data*
- **Existing Technology:** *Opportunities to improve existed for CHCs with PHM platforms*

Coaching

- **Coach Support:** *100% of CHCs stated the coaching they received was "Above and Beyond What was Needed" or "Sufficient"*
- ***Coach Time***: *On average coaches estimated 4-15 hours of coaching support per CHC/PDSA*

CHC Staffing

- **Care Team Roles**: *Clarifying care team roles & assuring adequate staffing is fundamental*
- **High Performers:** *CHCs who had staffing in place were better able to engage*
- **Empanelment:** *Solutions to prevent provider turnover is critical to empanelment*

Sustainability

- **Plan for Sustainability Early:** *PDSAs did not address the concept of sustainability. Incorporating processes to sustain this work is critical to project success*

PDSAs – Upcoming Webinars

PDSA Webinars

- Model of Care: The recorded session can be found here.

- Social Health: 11/8 @ 3:00 pm

  - Register here.

- Empanelment: 11/28 @ 3:00 pm

  - Register here.

- Patient Engagement: 12/5 @ 9:00 am

  - Register here.

Implementation Strategy – Change Package

PHMI Implementation Strategy

PHMI Aim

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

Achieving PHMI Aim

PHMI Quality Measures & Populations of Focus

Foundational Competencies: Empanelment & Care Teams

Pediatrics
Child Immunizations
Well Child Visits (First 15 Months)

Maternity Care
Prenatal and Postpartum Care (Postpartum)

Behavioral Health
Depression Screening and Follow-up

Adults
Colorectal Cancer Screening
Controlling Hypertension
Controlling Diabetes

CHC Selects Population of Focus

Improving PHMI Quality Measures

PHMI Change Package for Population of Focus

Tailored interventions for selected population of focus

Integrated PHM platform to improve data sharing and to support data analytics and the reporting needs for empanelment and the selected population of focus

Implementation support via grant funding, practice coaching, staff trainings, and learning collaboratives supported by tools and resources

Care Delivery Model Implementation Approach

Foundational Competencies

Empanelment

- Select an empanelment methodology
- Develop empanelment reports to track continuity
- Optimize processes to monitor and maintain panels

Care Teams

- Engage leadership
- Identify PHMI-participating clinics/sites and care teams
- Define care team member roles and responsibilities

PHMI Core Interventions

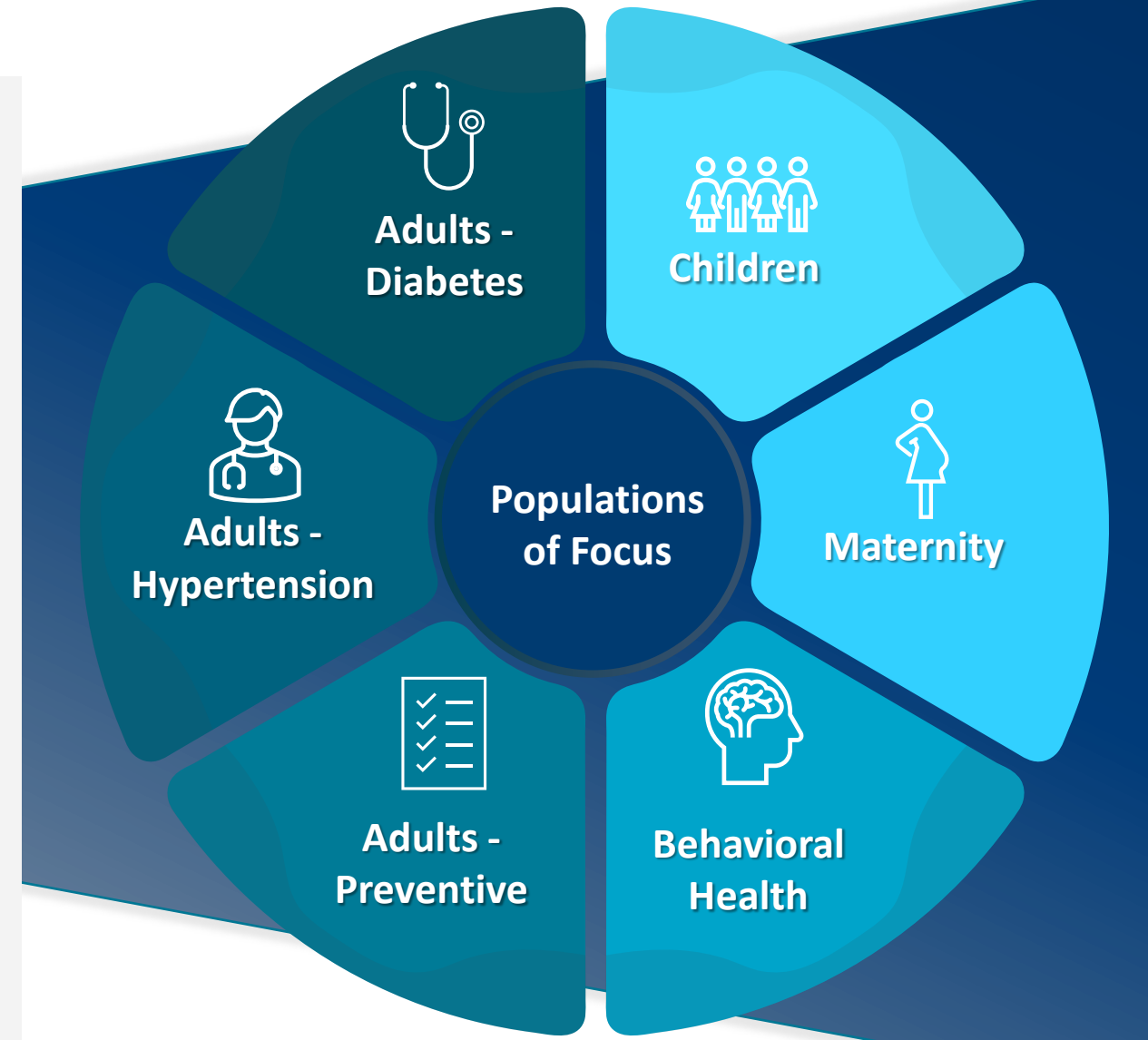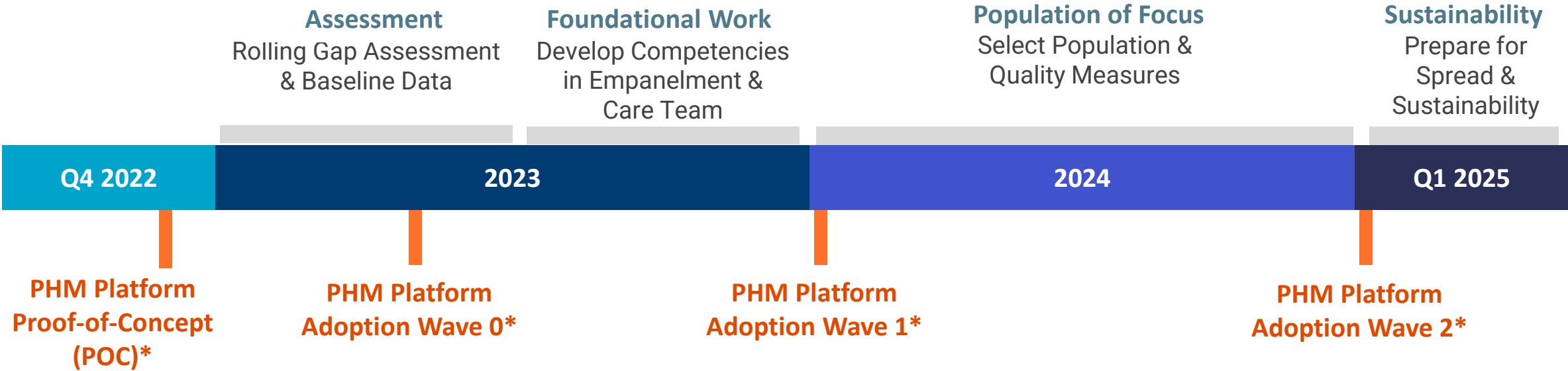|	
Adopt clinical guidelines	Develop standing orders
Conduct outreach and engagement activities	Develop pre-visit planning processes
Behavioral health screening and monitoring	Social health screening and intervention
Use of condition-specific registries & care gap reports	Closed loop referrals

Populations of Focus

- Adults - Diabetes
- Children
- Maternity
- Behavioral Health
- Adults - Preventive
- Adults - Hypertension

PHMI Implementation Sequencing

The following timeline represents the average sequence and timing of care delivery model and technology implementation milestones. The synchronization of care delivery practice transformation and PHM technology adoption will be coordinated with the practice transformation vendor.

Assessment
Rolling Gap Assessment & Baseline Data

Foundational Work
Develop Competencies in Empanelment & Care Team

Population of Focus
Select Population & Quality Measures

Sustainability
Prepare for Spread & Sustainability

Q4 2022	2023	2024	Q1 2025

PHM Platform Proof-of-Concept (POC)*

PHM Platform Adoption Wave 0*

**PHM Platform Adoption Wave 1***

PHM Platform Adoption Wave 2*

*Four CHCs are participating in the POC. CHC cohorts will adopt the PHM platform in Waves 0 – 2. The minimum viable product (MVP) for the PHM Platform will be available in Wave 0 with ongoing optimization throughout the implementation period.
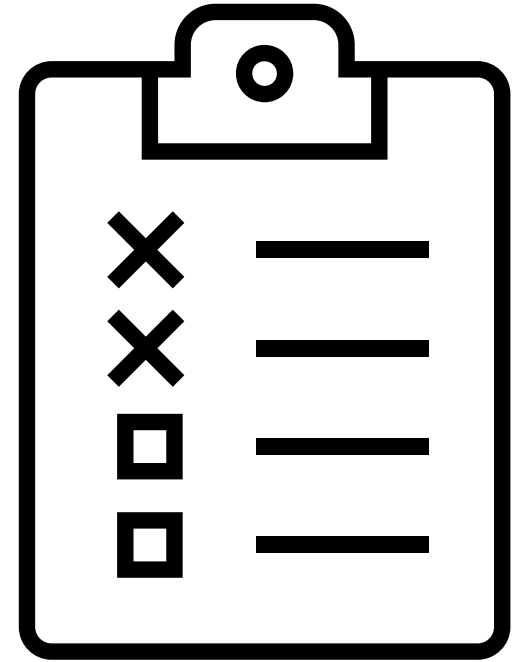
Discussion Question – Respond in Chat

Please use <u>chat</u> to answer:

- Are there other activities or competencies that you feel are important to add to the PHM Implementation Strategy?
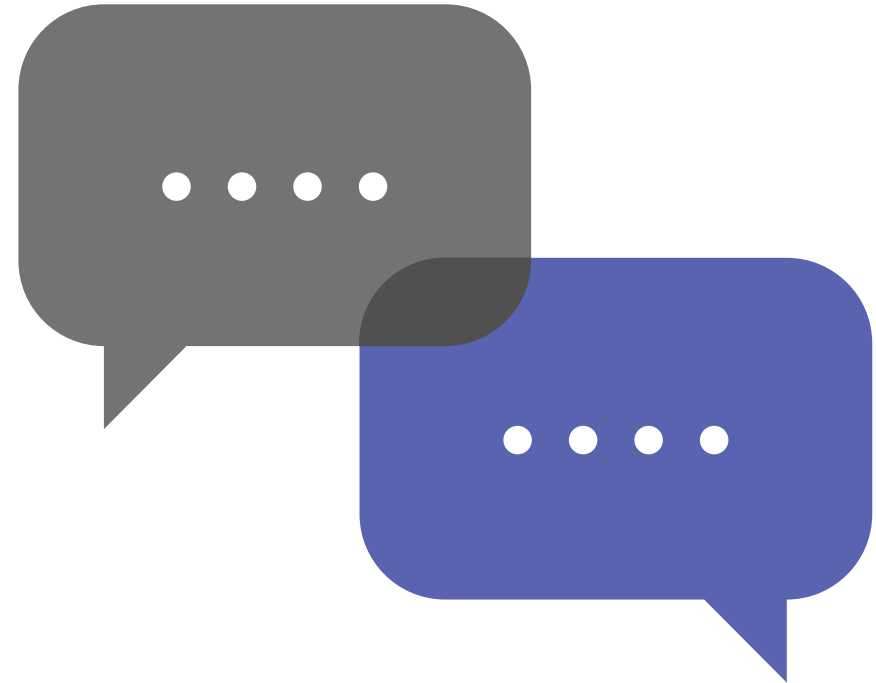
Poll Questions

Proof of Concept (POCs)

Proof-of-Concept (POC) Overview & Importance

The PHMI Technology Team is proceeding with a POC with platform to validate preliminary assumptions regarding platform's ability to meet Medi-Cal needs and identify implications for the broader PHMI tech implementation.

Proof-of-Concept (POC) Overview

- POC is **not full implementation**. The platform will not be used in your day-to-day workflow.

- Platform will ingest and process data for a **limited volume** of patients at CHCs

- Focus on **maternity care use cases** & testing functionality

- Implement defined platform functionality with **4 CHCs & 1 RAC**
    1. Omni Family Health,
    2. Open Door Health Services,
    3. East Valley Community Health Center
    4. Northeast Valley Health Corporation
    5. Redwood Community Health Coalition

- Deliver POC within a ~10+ week timeframe including monitoring of key outcomes and gathering CHC feedback

Why is the Proof-of-Concept (POC) Important?

The POC will:

- **Test platform** ability to deliver in relation PHMI initiative goals

- **Demonstrate** how platform can use real CHC data to illustrate platform functionality

- **Connect** to existing CHC data sources to understand how platform aggregates and harmonizes data

- **Evaluate** platform's ability to collaborate with other program stakeholders

- **Test program's** implementation approach / structure across stakeholder groups

Potential Data Sources for POC

Multiple data sources will be potentially connected during POC execution to test the full data integration capabilities of the PHMI Platform to develop a longitudinal patient record.

- **EMR Data -** Clinical data from CHCs EMR

- **Claims/Encounters Data (Utilization) -** Two years of historical payer claims/encounters data (837s) including medical and pharmacy claims

- **Eligibility Data** - Two years of historical eligibility data from payers

- **ADT Data** - Daily feed that includes admits, discharges and/or transfers of patients within an inpatient facility

- **Provider Roster File** - Provider Roster file for setting up the organizational hierarchy and ACL

- **CBO** – AuntBertha / FindHelp, if available

Based on data availability, we expect to **ingest data of ~15k patients** during the POC execution.

Background on POC Data Readiness

In order to deliver on the POC scope, the PHMI Technology Team needed to better understand current state of data at CHCs. Through ongoing engagement with platform, CHCs, RACs, and MCPs, the team aligned on approach to this conversation.

Where we were	Where we are now
Platform Limited claims/encounters and eligibility data may affect the quality measure and quality gap outputs for the POC. There will be no validation of PHMI Platform analytics outputs against payer reports.	**Platform** Ongoing contract negotiations and initial data acquisition discussions.
Managed Care Plans (MCPs) Initial engagement held to discuss access claims/encounters and eligibility data.	**Managed Care Plans (MCPs)** Re-engaging to accommodate deeper understanding of data elements needed for POC. ⭐ *We are here*
CHCs Working sessions over the summer to complete the K03 template, which enumerates external and internal data sources.	**CHCs** Continue conversation around POC readiness, focusing on current state of data.
RACs Ongoing engagement and updates.	**RACs** Ongoing engagement and updates.

PHMI Proof-of-Concept (POC) Milestones

The PHMI Technology Team anticipates starting the POC demonstration in mid-November 2022. With an 18-week duration, the POC will likely conclude in February 2023. **CHCs are <u>not</u> required to adopt the PHMI platform to participate in PHMI**

We are here

Data readiness discussions with POC CHCs, platform vendor, and KP

Launch **POC IT Governance** Group

Begin **data ingestion** into PHMI platform

Initiate **UAT Testing**

Formal **report out** to all 32 CHCs on POC progress

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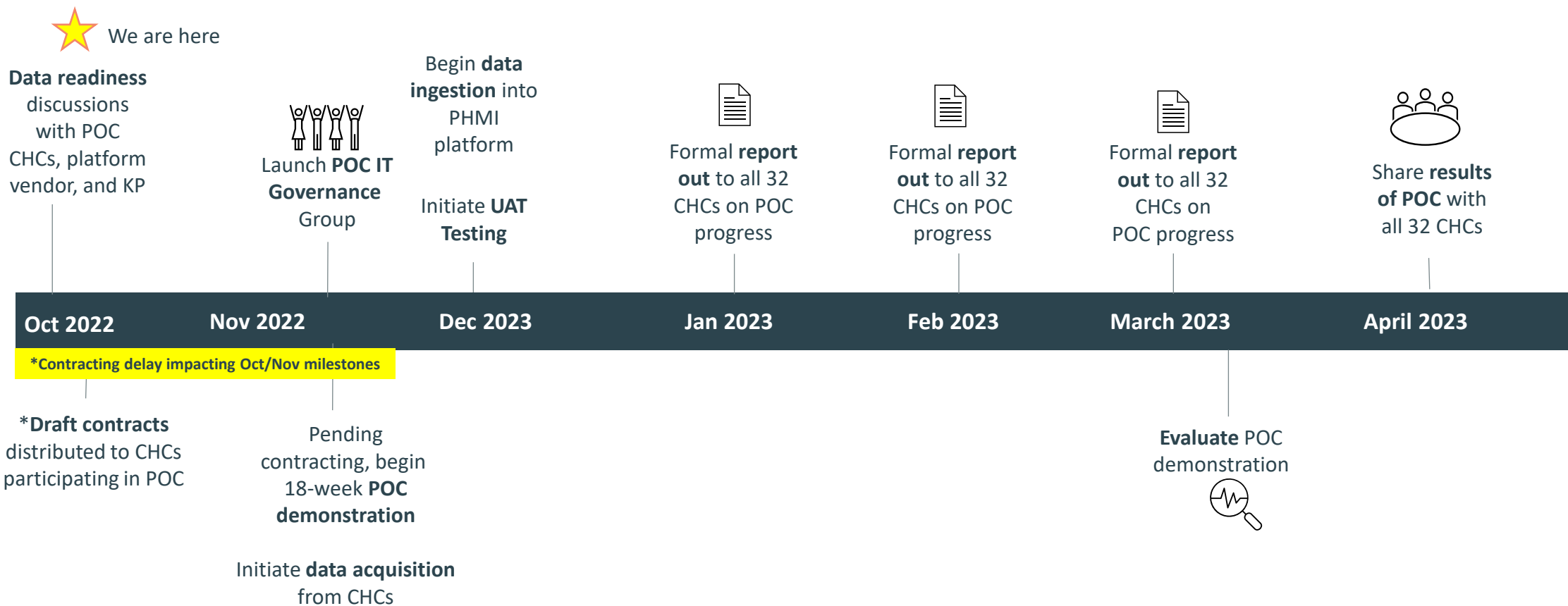
Formal **report out** to all 32 CHCs on POC progress

Share **results of POC** with all 32 CHCs

Oct 2022	Nov 2022	Dec 2023	Jan 2023	Feb 2023	March 2023	April 2023

*Contracting delay impacting Oct/Nov milestones

*Draft contracts distributed to CHCs participating in POC

Pending contracting, begin 18-week **POC demonstration**

Evaluate POC demonstration
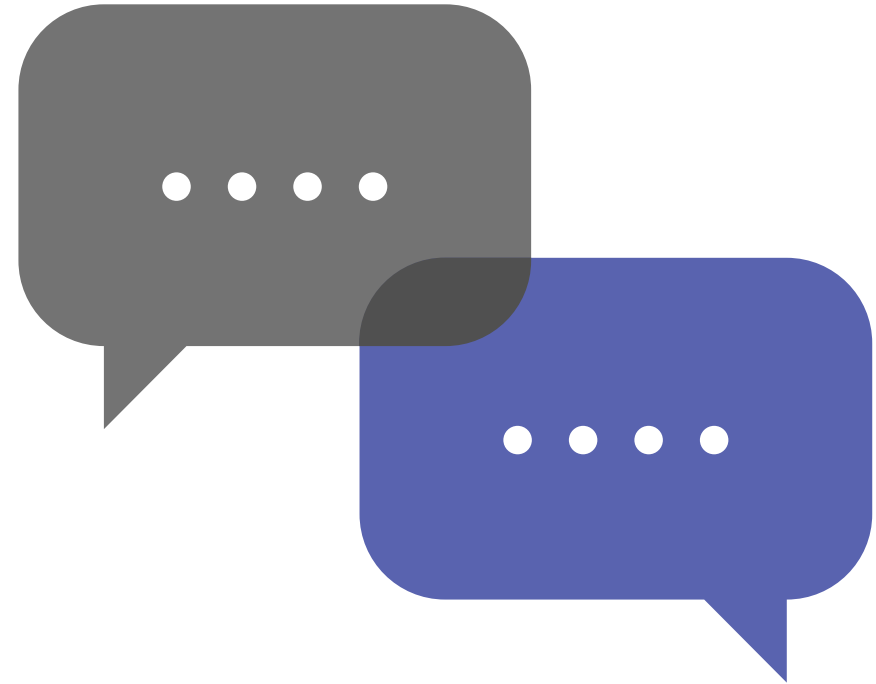
Initiate **data acquisition** from CHCs

Note: PHMI Platform vendor to provide more detailed implementation timeline

*contingent on negotiation of KP – platform vendor agreement

Discussion Question – Respond in Chat

Please use <u>chat</u> to answer:

- What findings from the POC share out will help you determine if your CHC would like to adopt the PHMI platform?

PHMI Grants

Planning Grant & Extension - Overview

Grant Period: 12/15/21 - 12/31/22	2021	2022			
	15-Dec	Q1	Q2	Q3	Q4
Grant Scope of Work Objectives:					
Co-design process, engage consistent group of 4-5 staff in planning and co-design efforts, provide feedback on the solutions produced by workgroups	██	██			
Complete PHM baseline capabilities assessment in its entirety to inform co-design and structure to implementation support	██	██			
Develop plan to engage in Phase 2 of PHM Initiative	██	██			
Actively participate in governance/oversight, design, and development meetings, and communication of PHM solutions back to CHC leadership and staff			██	██	
Actively participate in at least one PDSA/ test of change within the delivery model solutions sets or participate in the PHM technology vendor proof of concept			██		
Participate in review of and feedback on clinical guidelines to adopt and follow within the PHMI			██	██	
Provide baseline data for defined PHMI measurement set				██	
Assess your organizations needs and gaps for PHM technology.					██
Final report and expenditure report due by January 31, 2023 (templates will be provided in mid-December)					⭐

PHMI Implementation & Technology Grant Application Due Dates

Key Activities	Date	2023				2024			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Base Implementation Grants									
Grant Applications opens	**Jan 4**	▮							
Grant Information Session	**Jan 11-17**	▮							
Grant Applications Due (Along with Planning Grant Final report unless extension)	**Jan 31**	⭐							
Wave 0 Technology (optional and same timeline as base grant)		▮							
Wave 1 Technology Grant (2023)									
Grant Application Opens	**Oct 2**			▮					
Information Session	**Oct 9-12**			▮					
Grant Applications Due	**Oct 30**			⭐					
Wave 2 Technology Grant (2024)									
Grant Application Opens	**June 3**						▮		
Information Session	**June 6-12**						▮		
Grant Applications Due	**June 30**						⭐		

Grant scope of work objectives: Currently being vetted with internal and external stakeholders (including CPCA and Clinic Consortia). The final grant scope of work will be available in December.

Grant and Funding FAQs

Question	Answer
What is grant funding "size" based on?	The grant funding is based on the total number of patients served by the CHC. Funding will also depend upon technology adoption.
Will any CHCs be funded? How competitive is this grant?	The intent is to fund all health centers that are ready to move forward with implementation and technology platform. It is not a competitive grants process.
Can the CHCs utilize the funding from PMHI for ongoing personnel support?	This is a project grant, not to be used for core support/ongoing personnel costs not directly related to the project.
What are parameters of next funding? What is likely amount?	The application invitations will be extended to all 32 health centers that successfully participate in the planning process and meet their current milestones.

Next Steps

- **Bi-Monthly Stakeholder Advisory Committee**
  - Convened 10/31, will meet again in January '23
- **Additional Meetings:**
  - All Stakeholder Meeting – Scheduling of 2023 in process
  - Continued monthly CHC engagement meeting in Q1 2023
  - Setting up Regional CHC Leadership Roundtable Meetings with the RACs, aiming to start in December
- **PDSA Webinars**
- **PHMI Newsletter –** *Coming Soon*

- **Please send us feedback (post-meeting survey):**
  - https://healthmanagement.qualtrics.com/jfe/form/SV_bk04XGEJigfCDoa