



# PHMI Stakeholder Advisory Committee



March 20, 2023



# Agenda

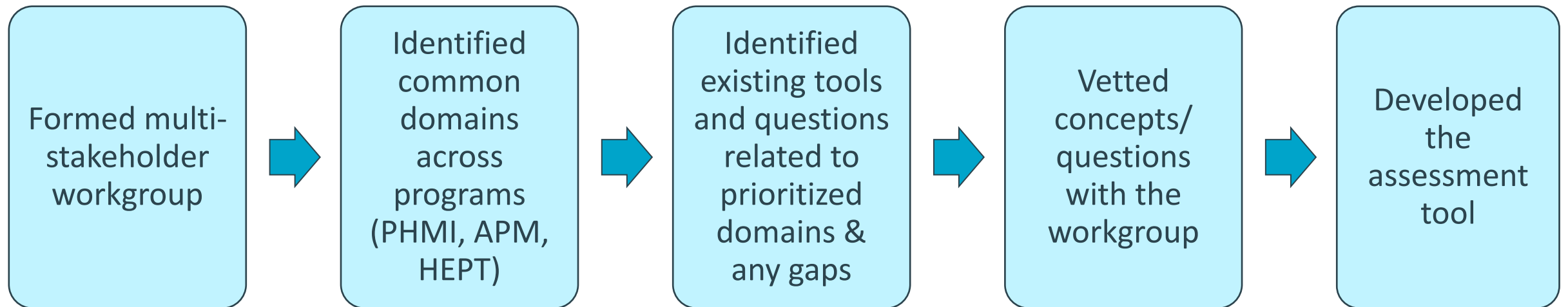
01	Welcome and Today's Agenda	<b>5 mins</b> <i>Bobbie</i>
02	DHCS Update on PHMI	<b>10 mins</b> <i>Palav &amp; Yoshi</i>
03	PHM Capabilities Assessment	<b>20 mins</b> <i>Maggie &amp; Katie</i>
04	Future Strategic Issues Discussion	<b>20 mins</b> <i>Bobbie &amp; Jason</i>
05	Practice Transformation Partner Update	<b>25 mins</b> <i>Elise</i>
06	Next Steps	<b>10 mins</b> <i>Bobbie</i>

# PHM Capabilities Assessment



# Development of the Population Health Management Capabilities Assessment Tool

*The PHMI, at the request of and in partnership with DHCS, formed a collaborative workgroup to develop a population health management capabilities assessment tool called the Population Health Management Capabilities Assessment Tool (PhmCAT). The PhmCAT is a multi-domain assessment that can be used to understand a CHC's current PHM competencies and identify strengths, opportunities for development, and prioritize focus areas. It was designed to support repeat administration to assess and understand change overtime.*



## Members

- Chairs:
  - Katie Coleman, Maggie Jones (KP/PHMI)
- Participants:
  - Cristina Almeida, Vivianna VanZandt (DHCS)
  - Cindy Keltner, Allie Budenz (CPCA)
  - Bob Moore, MD, Flora Maiki (Partnership HealthPlan of California)
  - Andi Martinez-Patterson (Alameda Health Consortium)
  - Robert Nocon, MD (University of Chicago/PHMI evaluation team)
  - Jennifer Sayles, MD, Josh Crouch, Nancy Kamp (KP/PHMI)

## Process

- Met four times between December 2022 and March 2023 to:
  - Agree on vision/scope of assessment
  - Review PHMI, APM, HEPT program goals & discuss common domains
  - Review concepts/items for each domain (split into two meetings)
  - Review final draft of assessment items with DHCS

# Overview of the Assessment



A multi-domain assessment used to understand CHC PHM competencies and identify strengths, opportunities for development, and prioritize focus areas.



Assessment findings will inform the level and type of implementation support delivered to each CHC.



Collaboration with DHCS and stakeholders to ensure applicability to state initiatives including Health Equity and Practice Transformation (HEPT) and APM 2.0 Pilot.



Pilot assessment with CHCs in the PHMI and other programs, identify learnings, and refine/evolve the assessment overtime

## Participating CHCs will use the assessment to:



Engage a multi-disciplinary team

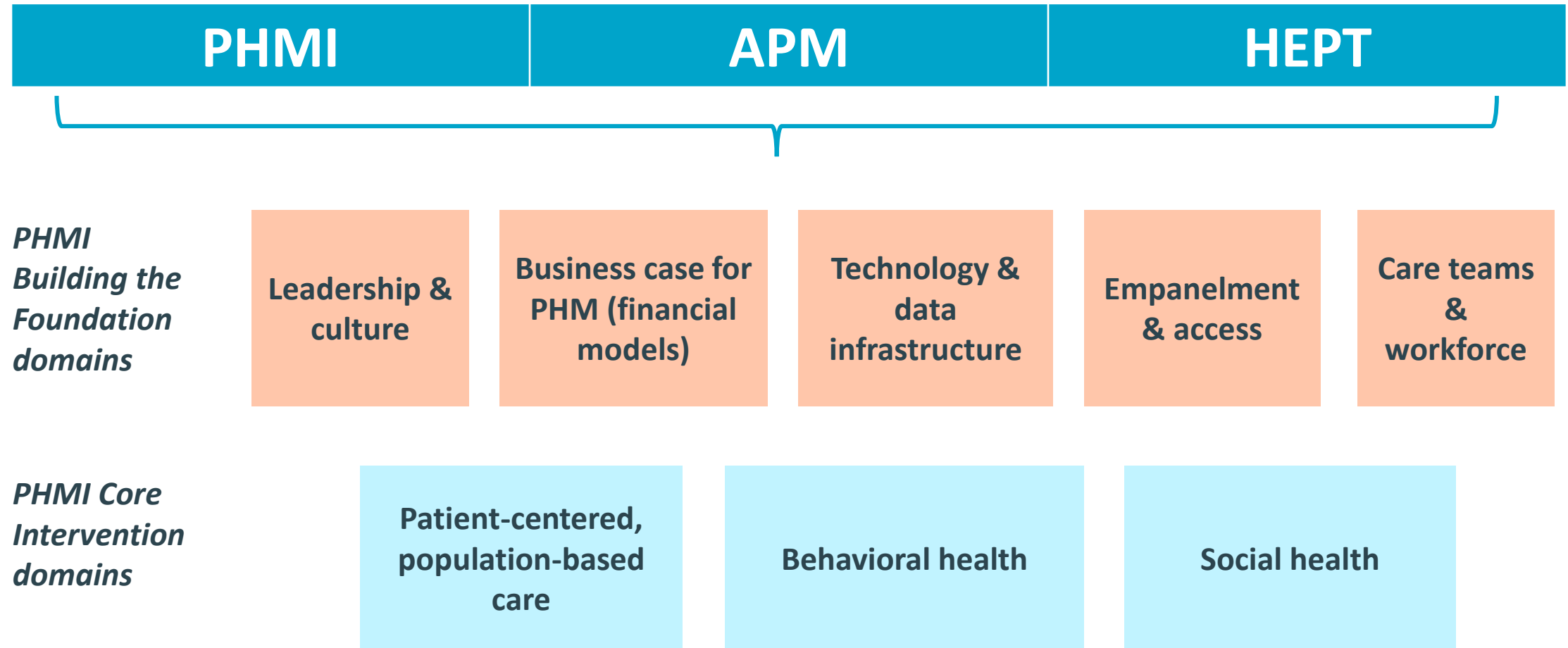


Reflect on current capabilities and practices



Inform priorities for the initiative and understand progress/changes overtime

# Shared Priorities Across CA Initiatives: A Common Assessment



**Equity & partnerships** were identified as areas of interest across multiple domains. Items were identified to ensure these concepts were embedded throughout the assessment.

# PhmCAT: Created from Established Tools in the Field

1. APM Assessment (CPCA) (*reviewed to inform domains*)
2. **NACHC Payment Reform Readiness Assessment Tool (National Association of Community Health Centers), 35 items**
3. **Patient-Centered Medical Home Assessment (PCMH-A) (Safety Net Medical Home Initiative), 36 items**
4. Practice Assessment Tool (PAT 2.0) (used for TCPI, CMS), 27 items (Primary care version)
5. **Primary Care Team Guide Assessment (Learning from Effective Ambulatory Practices Initiative), 24 items**
6. Integrated Certification Criteria Feasibility and Readiness Tool (Certified Community Behavioral Health Clinics (CCBHC)), 65 items
7. Provider and staff Perceptions of Integrated Care Survey (PSPIC), 21 items
8. **Adaptive Reserve, 39 items**
9. Organizational Readiness for Knowledge Translation in Healthcare Organizations (OR4KT), 59 items
10. **Cities of Opportunity (Equity) Capacity Checklist (National League of Cities), 40 items**
11. **Baseline Organizational Assessment for Equity Infrastructure (CA Dept of Public Health), 12 items**
12. **Analytics Capability Assessment (Center for Care Innovations), 13 items**
13. Change Process Capability Questionnaire (CPCQ)/DIAMOND, 87 factors, 25 strategies
14. Organizational Readiness for Implementing Change (ORIC), 16 items
15. **Building Blocks of Primary Care Assessment (BBPCA), 46 items**
16. **Measuring behavioral health integration in primary care, 58 items**
17. **National Academies' Integrating Social Care into the Delivery of Health Care (framework, not a specific tool)**

*Blue indicates an assessment from which the PhmCAT has selected or adapted items*



# Next Steps for Administering the PhmCAT

*The PhmCAT will initially be administered with the PHMI CHCs, and assessment data will be analyzed at the CHC and program levels.*

## Distribute Assessment

Identify multi-disciplinary team at each CHC & distribute assessment

## Analyze Data

Individual responses are analyzed and compiled into a report for the CHC

## Prioritize Areas of Work

Coach begins work with CHC PHMI team to set priorities for Building the Foundation



## Complete Assessment

Individual CHC team members complete the assessment

## Coach-Facilitated Review

Coach facilitates conversation with the CHC's PHMI team and reaches a consensus score for each item

## Consensus Reporting

KP creates a consensus report for each CHC with a comparison to the program average

# Future Strategic Issues Discussion



# Purpose and Value of Strategic Discussions

- Stimulate deep interactive thoughtful discussions at SAC meetings
- Small group to review a group of high level, strategic issues in a defined, tight group
- Small group will set-up discussions before each meeting and speak from experience, building trust and consensus.
- Topics must be relevant to all partner organizations in PHMI
- Topics will be decided by SAC and have potential for influence and impact on PHMI overall



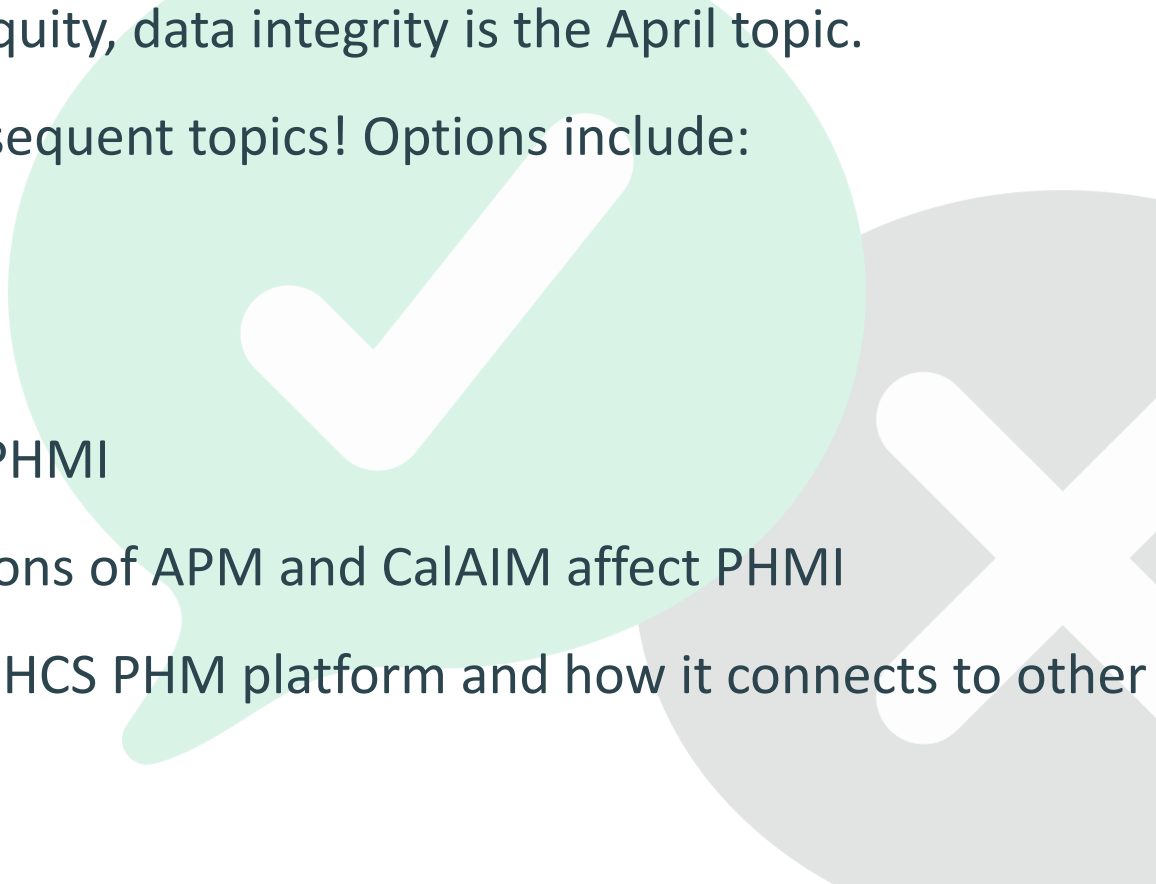
## Agreements of Participation

- If you participating on SAC and these strategic issues discussion groups, you have organizational influence
- Be willing to be provocative and respectful
- Be willing to be direct and honest about these important issues so that we can dig deep and understand perspectives of all partners
- Be willing to identify significant pain-point issues and be willing to work through possible solutions (not just complaints)
- Be productive in your comments
- Respect the diversity of background of PHMI, geographic regions and differences, partner roles and perspectives as we dig into issues deliberately
- Discussions will focus on PHMI-related issues cognizant that it's easy for 'scope creep' to occur given the many issues under discussion with DHCS



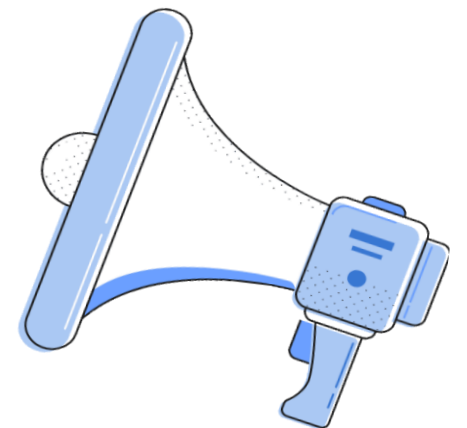
- Identify topic and participants for each small discussion/study group – need 1 KP, 1 CPCA, 2 MCPs, 2 CHCs, 1 DHCS representatives for each issue
  - Volunteers will change every topic as will discussion group leader
  - Study Topic/Group Lead will be a member of the SAC and fulfill one of the seats on the small group (Jason Cunningham, MD will serve as first lead)
- Each study group will meet 2-3 times in between SAC meetings with staff support to work on topic
- Study group will present results of deliberations to SAC for deeper/fuller discussion on key issues

## Identify Future Discussion Topics

- Data exchange, data sharing and equity, data integrity is the April topic.
  - We need your help to identify subsequent topics! Options include:
    - APM alignment
    - CalAIM supports and PHMI
    - KP/DHCS MOU and impact on PHMI
    - How will newer recommendations of APM and CalAIM affect PHMI
    - Value prop of Innovaccer and DHCS PHM platform and how it connects to other CHC/MCP IT strategies, etc.
    - Others?
- 

# Kicking off the First Discussion Group

- Call for participants!
  - 1 KP – Jennifer Sayles, MD
  - 1 CPCA – Cindy Keltner
  - 2 MCPs
  - 2 CHCs
    - Jason Cunningham, DO (April study group lead and CHC rep)
    - 1 spot remaining
  - 1 DHCS – Yoshi Laing, MD



# Practice Transformation Partner Update





# PHMI Practice Transformation Partner Functions

*The Partner Selection Process was initiated in July 2022 with the goal of identifying a practice transformation partner to provide implementation support for the PHMI delivery model and technology interventions for 32 CHCs. An RFI and RFP have been completed.*

## Practice Transformation Activities that Require Partner Support



### **Platform Implementation support**

Implementation of new PHM technology, including the development and implementation of integrated workflows that include operational support and staff training on use of data and reports to drive care.



### **Trainings & Learning Events**

Adapt the PHMI change package into a training curriculum, develop content, and deliver trainings via live and recorded webinars. Run regional and state-wide learning collaboratives to facilitate the sharing of best practices and create a learning network across CHCs.



### **Practice Coaching & Consulting Services**

Practice coaching to support the completion of the PHMI gap assessment and development of a tailored implementation action plan for each CHC. Monitor progress and outcomes and use learnings to inform strategies for CHCs. Provide subject matter expertise (includes SCPMG) across clinical, technology, data, and operational elements of the PHMI set of interventions that can provide individualized technical assistance for CHC-specific needs.

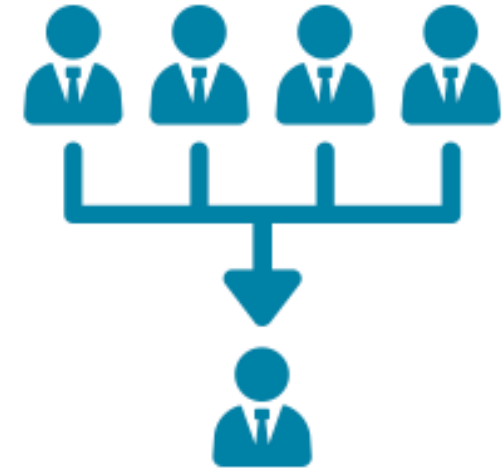


### **Coordinated Communication**

Coordinated communication to participating CHC's. Develop centralized repository to host toolkits, resources, and videos. Ensure approach aligns with PHMI team, PHM technology vendor, and evaluation team.

# PHMI Practice Transformation Partner Selection Process Overview

1. Practice Transformation Landscape Review
2. Request for Information (RFI)
3. Request for Proposal (RFP) ← We are here
4. Vendor Selection



## 9 Evaluators Representing

- CHCs
- Consortia
- CPCA
- DHCS
- KP

## 6 Major Evaluation Criteria

### Preparation and Program Approach

- Understand strengths and roles of lead organization and partner organizations
- Assure a coordinated approach to PM and communications strategy

### Content Expertise

- Assure deep content expertise in population health management

### Practice coaching

- Qualifications for coaching: CHC experience, expertise in areas aligned w PHMI work
- Model for coaching: intensity, balance of in-person versus virtual, flexibility
- Considerations: balance between opportunity to draw on existing coaches and assurance of high-quality coaches

### Technology

- Support for PHM platform adopters and non-adopters and ability to flex based on CHC current systems

### Values Alignment

- Flexible
- Equity focused

### Budget

- Fair and weighted toward supports directly impacting CHCs

# Evaluator Perspectives



What are important selection factors from various evaluator perspectives? DHCS, CPCA, RAC, CHC



# SAC Perspectives on Selection Priorities



Are we missing anything?



Are there any other considerations or priorities to keep in mind as we continue the selection process?

