

April 24, 2023





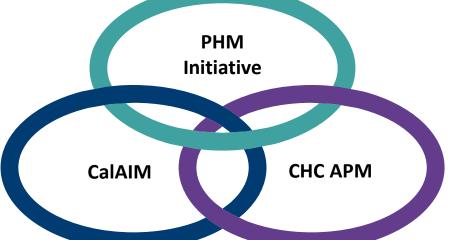
# **Agenda**

01	Welcome	<b>5 mins</b> <i>Jennifer</i>
02	DHCS Update	<b>10 mins</b> <i>Yoshi/David</i>
03	PHMI Progress & Updates	<b>30 mins</b> <i>Elise</i>
04	Technology & Proof-of-Concept (POC) Updates	15 mins Ed
05	Feedback & Next Steps	<b>5 mins</b> <i>Elise</i>



### **Contextualizing the PHM Initiative**

Medi-Cal PHM initiative supports the CalAIM vision of Medi-Cal delivery system transformation through population health management, with a focus on improving community health center PHM capabilities to achieve improved population outcomes and succeed in the new APM payment model.



#### California Advancing and Innovating Medi-Cal Waiver (CalAIM)

- Implements PHM policy and requirements for Medi-Cal delivery system, including standardized population assessment, tiering, and programs
- Promotes whole person care, including social determinants of health through new programs and benefits

## CHC Alternative Payment Methodology (APM) 2.0 Pilot

- Transition CHCs to payment model that provides flexibility in how care can be delivered
- Require new care model that focuses on PHM to succeed
- Improved cash flow and financial stability

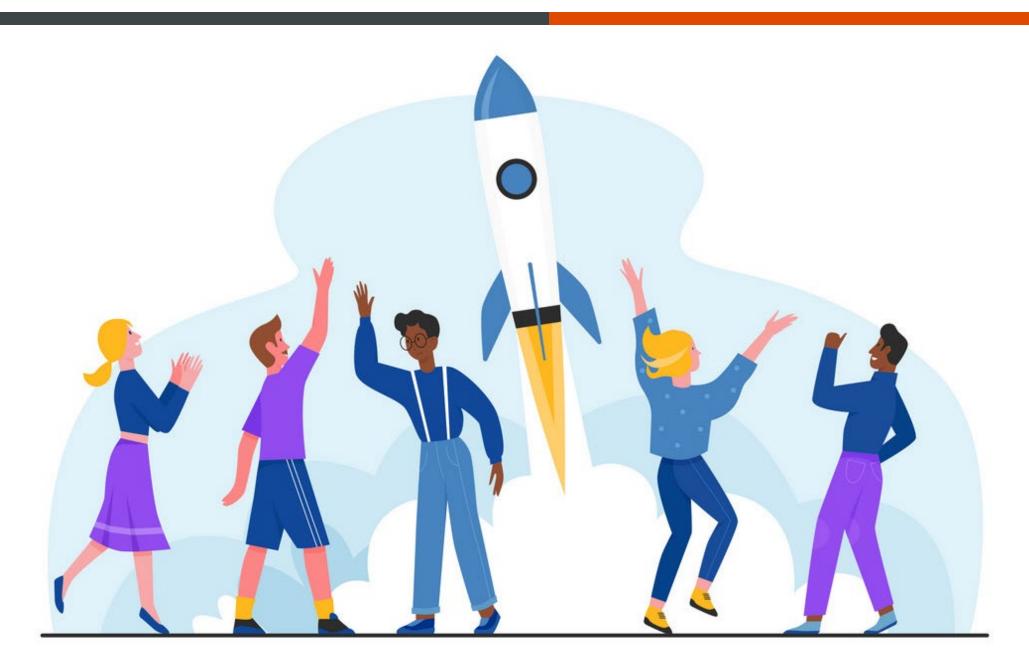
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#### **KP/DHCS/Health Centers Medi-Cal PHM Initiative**

- Achieve the CalAIM goals by advancing PHM at the provider level
- Co-Design and implement new PHM care model and enabling technology for CHCs to be successful in APM
- Improve CHC capability to monitor, track and address quality metrics and population outcomes
- Support CHC transformation efforts through focused curriculum design and coaching



## **Celebrating the Launch of Implementation**



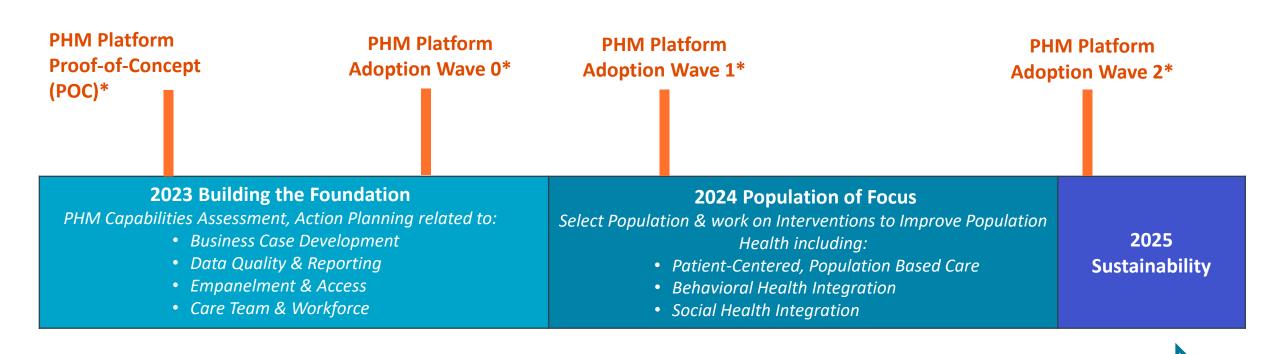
## **Initiative Update**

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.



## **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

## Implementation - Coach Meetings and PhmCAT

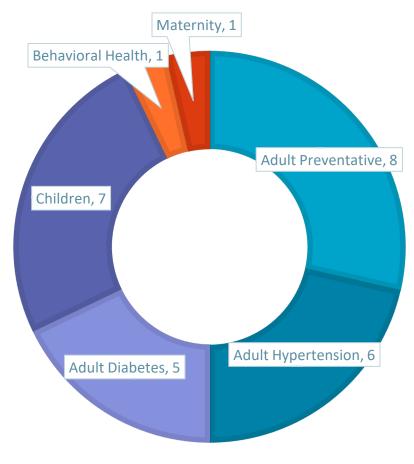
#### **CHC-Coach Orientation Meetings**

- All orientation meetings are complete (32 of 32)!
- Populations of Focus (PoF) have been identified for 28 CHCs
- Implementation Sites have been identified for 28 CHCs
- Next Step: in-person/onsite Coach-CHC meetings
  - 81% have been sched.; 75% sched. in first 2wks of May

#### <u>Population Health Management Capabilities Assessment Tool</u> (<u>PhmCAT</u>)

- Surveys have been distributed to about 400 individuals across all CHCs, and 254 individual PhmCAT survey responses have been received
- The response rates are over 50% and/or surveys have been closed for 69% of the CHCs
- There's still time to respond if your survey is not closed. Please encourage your team to respond, the information is valuable!
- Analysis of the responses is in process
- Next Step: Coaches will review responses during in-person meetings

### Populations of Focus Initial Identification



## **CHC Key Informant Interviews**

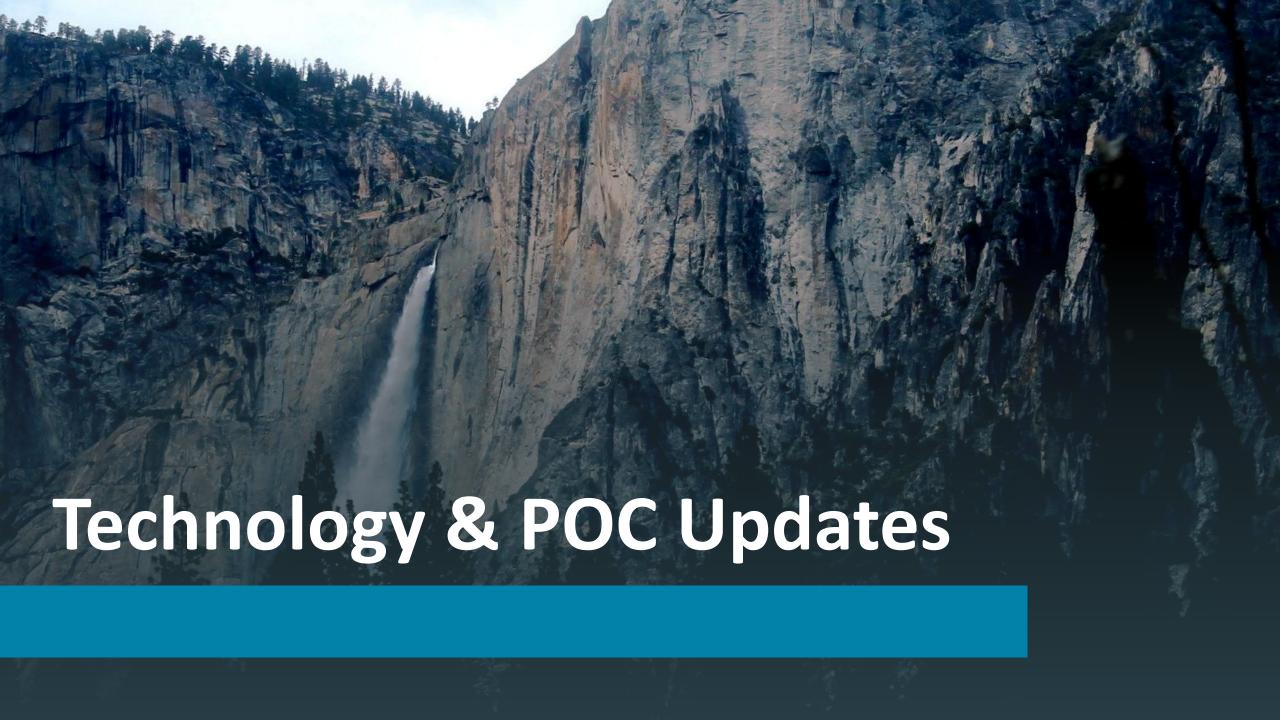
- Interviews were conducted with CEOs, CMOs, and CFOs from a diverse subset of CHCs (13 of 32) by Naomi Fuchs and Bobbie Wunsch over the past few months
- Purpose for the interviews were to learn about CHCs' experience with PHMI to date and where they see it helping to contribute to their population health models and improvement in patient care and outcomes moving forward
- The information gleaned through these interviews will help inform and build the content of PHMI work going forward
- Summary of feedback, ideas, and actions from this will be forthcoming.

#### **Some Key Informant Interview Topics:**

- Strengths of the PHMI Collaboration
- Challenges of PHMI Collaboration
- Use of Grant Funding
- Barriers to Achieving Population Health

- Perspectives on Data Analytics
   Platforms
- Perspectives on Innovaccer
- Perspectives on Policy & Advocacy
- CHC Engagement in PHMI





## PHMI POC Data Readiness – status of April 21, 2023

Data Types & Description		Open Door	EVCHC	NEVHC	OMNI
Clinical	Clinical data from CHCs EMR	Flat files from OCHIIN will be shared by CHC via SFTP by 4/21.	VPN Tunnel set up in progress, expected completion 4/21. Data from NextGen to be received via pull method.	CHC sent flat file from NextGen to IVR 4/7	CHC sent flat file from NextGen to IVR 4/7
ADT Events	Daily feed that includes admits, discharges and/or transfers of patients within an inpatient facility	Further discussion needed.	LANES will provide data once MOU and SOW have been established.	LANES will provide data once MOU and SOW have been established.	CommonWell/NextGen connectivity issue may be barrier.
Paid Claims	Two years of historical payer claims/encounters data (837s) including institutional, professional, and pharmacy claims	KP is scheduling discussion with Partnership Health Plan	MedPOINT preparing to send to CHC via SFTP	MedPOINT preparing to send to CHC via SFTP	HealthNet has agreed to send one-time paid claims file to Omni. Discussions with Kern in progress.
Provider Roster	Provider Roster file for setting up the organizational hierarchy and ACL	IVR reviewed analysis of report received with CHC 4/18	IVR reviewed analysis of report received with CHC 4/14	IVR reviewed analysis of report received with CHC 4/14	IVR reviewed analysis of report received with CHC 4/12
Eligibility	Two years of historical eligibility data from payers	Further discussion needed.	MedPOINT preparing to send to CHC via SFTP	Waiting for file from CHC	CHC sent to IVR 4/7

#### **Findings:**

- CHCs can provide three of the required data types: clinical, provider roster, and eligibility
- Reliant upon health plans, IPAs, and RACs to provide paid claims and national health exchange frameworks, HIEs (regional and hospital), and on occasion, EHRs to provide ADT feeds which, in turn, require agreements to be established

IVR = Innovaccer

## **Upcoming Proof-of-Concept (POC) Innovaccer Webinar**

- The PHMI Technology Team is planning a 2-part POC webinar series in May & June to:
  - Lay out the process and steps taken to choose Innovaccer for the POC,
  - Demo Innovaccer to share what modules and features will be in-scope for the POC, and
  - Ask what other features Innovaccer has in Q&A.

More information coming soon....

## **Feedback and Next Steps**

- Next All Stakeholder Meeting
  - June 26<sup>th</sup>

- Please send us feedback (post-meeting survey):
  - https://healthmanagement.qualtrics.com/jfe/form/SV 9BIcAsXwM7ybOvk
- Any additional questions? Please email: phm\_initiative@kp.org