PHMI Stakeholder Advisory Committee

May 22, 2023

Agenda

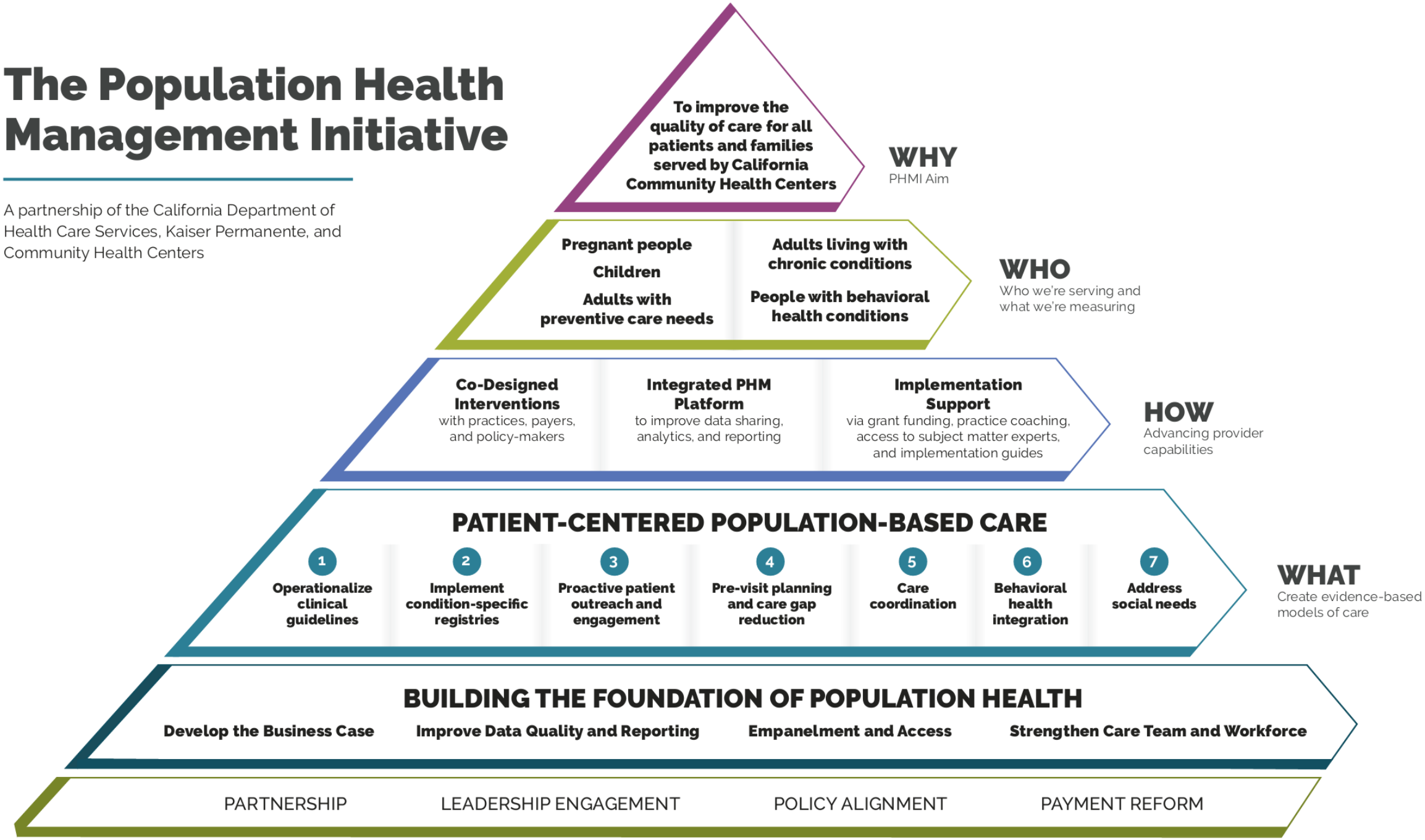
01	**Welcome and Today's Agenda**	**5 mins** *Bobbie*
02	**DHCS Update on PHMI**	**10 mins** *Palav, David & Yoshi*
03	**Implementation Updates:** • Coaching and assessment rollout • PT RFP vendor decision • POC update	**30 mins** *Elise, Ed, & CHCs*
04	**Baseline Data Summary**	**10 mins** *Jennifer*
05	**PHMI Strategic Planning Subgroup**	**30 mins** *Bobbie & Jason*
06	**Next Steps**	**10 mins** *Bobbie*

DHCS Update

Implementation Update

The Population Health Management Initiative

A partnership of the California Department of Health Care Services, Kaiser Permanente, and Community Health Centers



PHMI Implementation and CHC Engagement Update

PHMI practice coaches supported the administration of the Population Health Management Capabilities Assessment Tool (PhmCAT) to assess capabilities within each health center. Subsequent in-person meetings are being conducted to discuss PhmCAT results and identify focus areas within the Building the Foundation components.

Building the Foundation Components

Business Case *Data Quality & Reporting* *Empanelment* *Care Teams*

March 2023
CHCs completed orientation meetings with Coaches

April 2023
Coaches supported the administration of the PhmCAT to all 32 CHCs

May 2023
KP analyzes PhmCAT data; Coaches conduct onsite mtgs w/CHCs to review PhmCAT data and select focus areas

June 2023
Coaches connect CHCs with focus area SMEs and concentrated coaching begins

July 2023
CHCs submit second round of PHMI quality measures

The PHMI team is currently planning in-person/hybrid stakeholder engagement meetings:

- **Fall 2023 / Early 2024:** In-person/hybrid statewide PHMI convening
- **Summer and Fall 2023:** Regional meetings with RACs and CHC partners

Implementation Progress-To-Date (Data as of 5/16)

PhmCAT Response Rate of Required Team Members

23 CHCs have a response rate of **≥ 89%**
4 CHCs have a response rate of **78%**
5 CHCs have a response rate **≤ 67%**

Onsite Coach/CHC Meeting Completion

30 of 32

Remaining will be completed by June 9th

BtF Focus Area

Focus Area	# of CHCs
Care Teams	15
Empanelment	6
Proof-of-Concept	4
Business Case	2
Not Yet Identified	5

All 32 CHCs will concurrently work on data quality and reporting

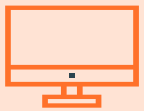
Initial PHMI Population of Focus

Pop of Focus	# of CHCs
Adults – Preventive	8
Children	7
Adults – Hypertension	6
Adults – Diabetes	5
Behavioral Health	2
Maternity	1
Not Yet Identified	3

Announcement: Implementation Partner Selected

Following a rigorous RFI and RFP process, a multi-stakeholder evaluation team recommended an organization to lead PHMI Implementation Support.

The scope for this organization will include:



Platform Implementation Support

Practice Coaching & Consulting Services

Trainings & Learning Events

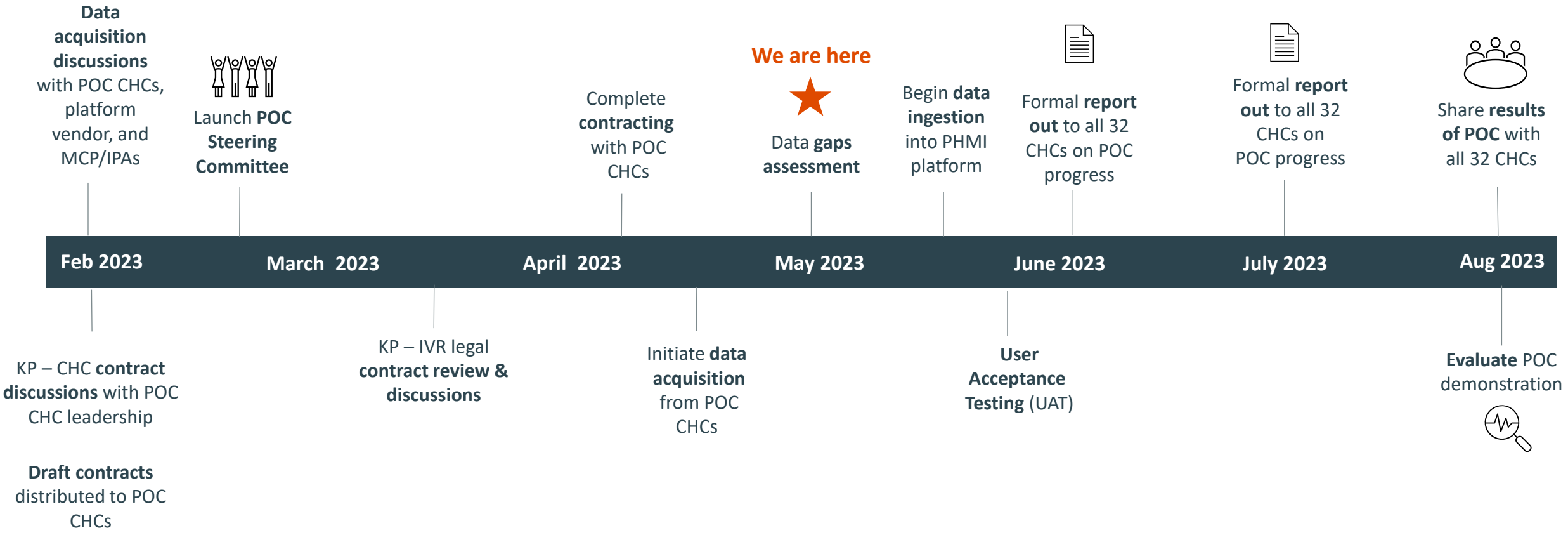
Coordinated Practice Transformation Communication

Overview of process:

- CHC driven process that included: CHCs, Consortia, CPCA, DHCS, PHMI
- Evaluation criteria: Preparation and program approach, content expertise, practice coaching, technology, values alignment, budget
- Sourcing is actively engaged in contract negotiations. Onboarding has already begun; full contract is targeted to begin in September 2023

PHMI POC Timeline

The PHMI Technology Team & Innovaccer began work around POC in January 2023. With an 18-week duration, the POC will likely conclude in August 2023. **CHCs are <u>not</u> required to adopt the PHMI platform to participate in the POC or PHMI**

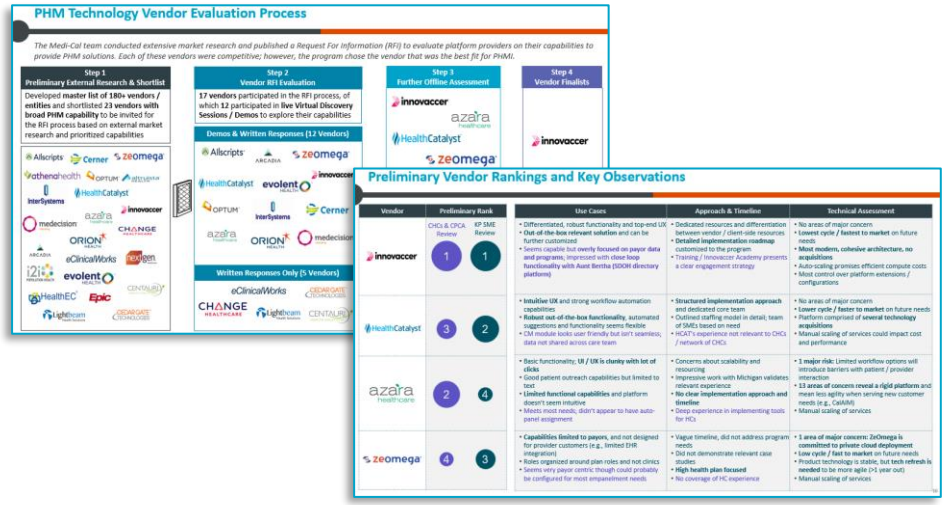


Note: PHMI Platform vendor to provide more detailed implementation timeline

PHMI Innovaccer Webinar Series

Why Innovaccer for PHMI?

Tuesday, May 16, 2023, 3:00-4:00PM PST



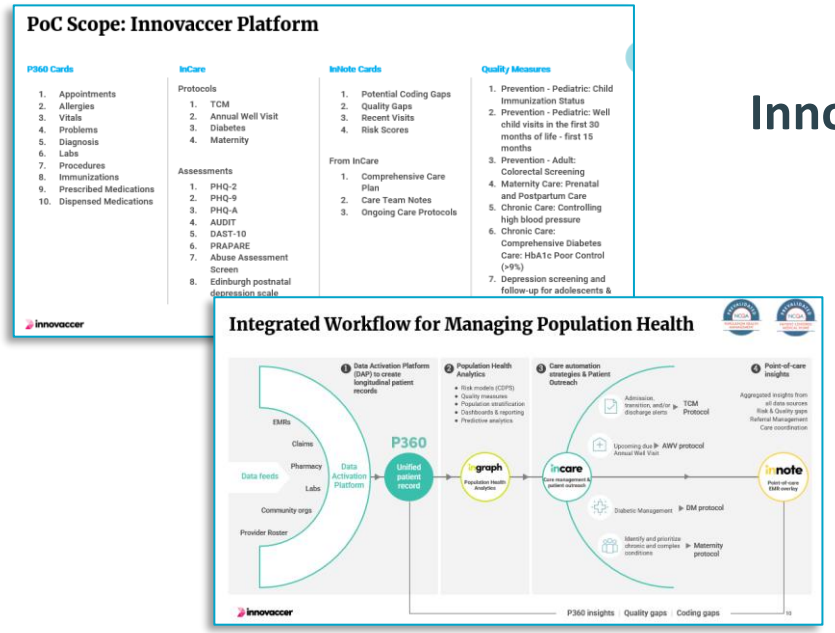
On May 16, the PHMI Technology Team delivered a webinar to all PHMI participants on why Innovaccer was selected as the PHM vendor of choice. A recording of the webinar will be available.

On May 23, the PHMI Technology Team and Innovaccer will provide a demonstration of Innovaccer to all PHMI participants that will include the modules applicable to the PHM Initiative. A recording of the webinar will be available.

Innovaccer Demonstration

Tuesday, May 23, 2023

2:00-3:00PM PST



Initial Performance Measure Data Collection (measurement year 2021)

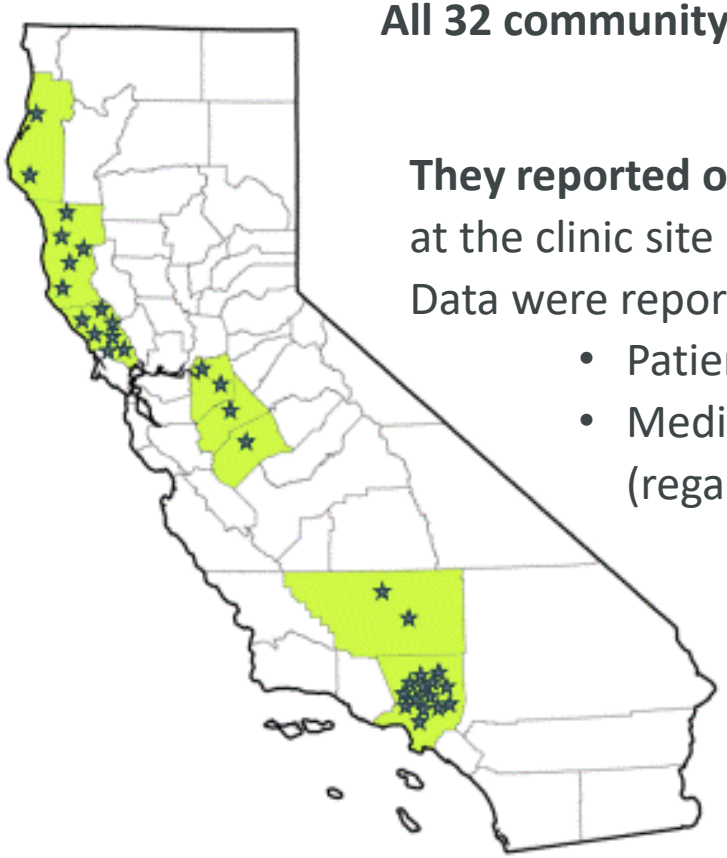
May 22, 2023

Presented by Jennifer Sayles

Center for Community Health and Evaluation

Maggie Jones, Director /// Maggie.E.Jones@kp.org

Overview of Data



All 32 community health centers (CHCs) submitted data reports for the measurement year 2021.

They reported on 7 core and 10 supplemental measures at the clinic site level, representing 149* clinic sites. Data were reported for two different populations:

- Patients who had a visit within the 12 months
- Medi-Cal managed care assigned members (regardless of whether they had a visit)

CHCs reported segmented data on the 7 core measures at the organization level. Data were segmented by:

- Race and ethnicity
- Line of business

Core measures:

Child Immunization Status (CIS 10)
Colorectal Cancer Screening
Comprehensive Diabetes Care: HbA1c Poor Control (>9%)
Controlling High Blood Pressure
Depression Screening/Follow-Up for Adolescents & Adults
Prenatal and Postpartum Care (Postpartum)
Well Child Visits in the first 30 months of life - first 15 months

Supplemental measures:

Adults' Access to Preventive/Ambulatory Health Services
Breast Cancer Screening
Cervical Cancer Screening
Child/Adolescent Well Care Visits
Depression Remission/Response for Adolescents & Adults
Immunization for Adolescents (Combo 2)
Postpartum Depression Screening and Follow Up
Prenatal & Postpartum Care (Timeliness of Prenatal Care)
Prenatal Depression Screening and Follow Up
Well Child Visits in first 30 months of life- 15-30 months

* Not all health centers submitted data for all their sites, so this number will change

CHCs were requested to provide data within 6 weeks of receiving the reporting template. This often meant that they provided what they were able to within the deadline, and many focused on leveraging existing reports.

Main Takeaways

There was significant variation in the extent to which CHCs were able to report data on these measures.

1. Across all measures, CHCs were able to **report more complete data for patients that had encounters vs. all MCP assigned patients**.

2. **The measures that most health centers were able to report included** child immunization status, colorectal cancer screening, diabetes poor control, controlling high blood pressure, and depression screening/follow-up.

3. The measures that the **fewest health centers were able to report** were adults' access to preventive/ambulatory care and maternal measures related to postpartum depression screening & follow-up, and prenatal depression screening & follow-up.

4. **Most health centers were able to report segmented data by clinic site and line of business.** Segmenting data by race and ethnicity was challenging for MCP assigned members

5. There was some **regional variation** in what measures CHCs were able to report.

Measures that health centers least frequently reported

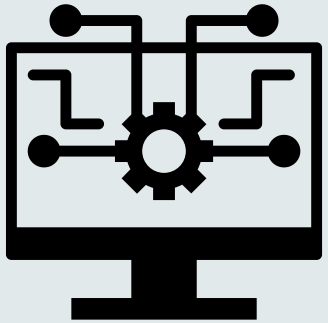
Across both populations, the fewest health centers reported data for the access to preventive services, postpartum depression screening, and prenatal depression screening measures.

Core measure	% of health centers that reported data for this measure for patients with a visit (N=32)	% of health centers that reported data for this measure for Medi-Cal managed care assigned members (N=32)
Child Immunization Status (CIS 10)	90.6%	84.4%
Colorectal Cancer Screening	96.9%	81.3%
Comprehensive Diabetes Care: HbA1c Poor Control (>9%)	100.0%	84.4%
Controlling High Blood Pressure	100.0%	84.4%
Depression Screening/Follow-Up for Adolescents & Adults	96.9%	46.9%
Prenatal and Postpartum Care (Postpartum)	59.4%	50.0%
Well Child Visits in the first 30 months of life - first 15 months only	75.0%	75.0%
Supplemental measure		
Adults' Access to Preventive/Ambulatory Health Services	37.5%	31.3%
Breast Cancer Screening	93.8%	78.1%
Cervical Cancer Screening	93.8%	78.1%
Child/Adolescent Well Care Visits	75.0%	78.1%
Depression Remission/ Response for Adolescents & Adults	90.6%	50.0%
Immunization for Adolescents (Combo 2)	71.9%	71.9%
Postpartum Depression Screening and Follow Up	43.8%	34.4%
Prenatal & Postpartum Care (Timeliness of Prenatal Care)	65.6%	50.0%
Prenatal Depression Screening and Follow Up	46.9%	34.4%
Well Child Visits in first 30 months of life- 15-30 months	62.5%	59.4%

Questions? Please contact Maggie.E.Jones@kp.org

Data Quality & Reporting Tools: Overview

Data Quality and Reporting tools were based on key findings from the initial data collection snd in consultation with CHCs, RACs and MCPs, on specific areas of need and pain points.



DQ&R Tools

- The tools are a menu of technical assistance that can be tailored to the specific CHC and used by the practice coach/subject matter experts working with the CHC to improve data quality and reporting
- Tools are designed to address 5 key areas related to data quality and reporting

1. **Understanding the Ask:** *resources to support an understanding of what the Data Reporting Tool is asking for and why*
2. **Programming/Running Measures:** *resources to support the calculation of Core HEDIS measures*
3. **Internal Data Integrity:** *resources to support the availability of clean and complete data*
4. **External Data Acquisition:** *resources to support identifying needed external data sources and connecting with the data*
5. **Data Validation:** *resources to support reviewing initial rates to determine reasonability and accuracy, reconciliation with MCPs*

Data Quality & Reporting Tools

1) Understanding the Ask	
1a. Data Reporting 101 Training Deck	A PPT deck that delineates the overall purpose and data reporting responsibility for a non-technical audience (provider and office staff); defines purpose and scope, a 101 of HEDIS and measures described in plain language, the basics of measure specifications and reporting.
1b. Specifications Manual	Provides specific guidance related to reporting; how to access the specifications *and* the value sets; general guidelines for reporting and understanding specifications; areas where specifications and PHMI reporting differ differ; external data sources.
2) Programming/Running Measures	
2a. Measure Calculation/ Reporting Processes	Step-by-step processes for how to run and/or calculate core measures. Processes would be based on an understanding of how CHCs are running the measures and the resources available to them (e.g., Relevant, Azara, manual); providing key steps/sequence for current state vs. future state.
3) Internal Data Integrity	
3a. Needed Standard Data Fields List	Defines and describes data fields need for each measure to allow CHCs to see where they need to have clean and complete standardized data to accurately pull core set measures, within fields that can be searched/calculated; including EHR specificity.
3b. Coding Playbook	Overall and for each core measure, key points, tips and steps needed to ensure completeness and accuracy of coding. Assessment, documentation and coding playbook.
3c. Standard Care Templates	Standard care templates embedded in the EHR help ensure all necessary components are captured within the visit and help alleviate issues with missing data (e.g., well child visit templates).
4) External Data Acquisition	
4a. Resources for Connecting with External Data Sources	For each type of external data source, providing resources to assist with connecting to the data. This could include specific contact information and information to support CHCs in the "ask," needed processes to follow, and/or best practices in obtaining the data, specific to each source. Resource will include common data formats, common issues, etc. to define what they're looking for from each source.
5) Data Validation	
5a. Process for Internal Data Validation	A process for data validation, describing key steps CHCs can perform to validate data. This process can include overall steps (e.g. validating eligible population and stratified populations) and steps specific to each core measure, as relevant.
5b. Validation of MCP data	The process can include an explanation of and steps for reconciliation of MCP reporting v. CHC reporting; using data they already have available.

Strategic Planning Workgroup

Overview of PHMI Strategic Planning Workgroup

***Purpose statement**: small planning group from the PHMI Stakeholder Advisory Committee (SAC) to review high level, strategic issues in a defined, tight group. and organize a discussion with SAC that reflects experience, trust and works towards a consensus on the topic. Topics must be relevant to all PHMI partners and have potential for influence/impact based on this group's discussions.*

SAC Participants*
Jason Cunningham (lead), WCHC
Bobbie Wunsch, PHMI
Jennifer Sayles, PHMI
Cindy Keltner, CPCA
David Tian, DHCS
Dipa Patolia, Health Net
Matthew Pirritano, LA Care
Katrina Miller Parrish, LA Care
Danielle Oryn, Aliados
Kim Wyard, NEVHC

*other quality staff joined from orgs throughout the meetings

Process:

- 4 meetings
- Focus on data exchange, data sharing and equity, data integrity, etc. as initial topic
- Deep dive discussions into organization specific data issues
- Narrowed to 2 potential focus topics to present to SAC

Identified Strategic Opportunities

The group identified a potential list of opportunities, and presented on each, and then narrowed that group by voting

List of potential opportunities:
1. Standardizing information shared between MCPs and CHCs, and vice-versa: Individual MCPS have their own processes for sharing information, such as: eligibility, HEDIS numerators/denominators, associated codes, etc., while CHCs share information back to MCPs in different processes/formats. How do we standardize how MCPs share and collect data with CHCs/Providers.
2. Standardizing supplemental data file format: NCQA standardizes HEDIS file requirements, but process, timing, data submissions, etc. are different across MCPs. NCQA future requirement won't allow chart review for HEDIS only electronic submissions
3. CHC data requirements: core CHC data requirements and staff skills needed population health/PHMI, and the different approaches for CHCs to meet core requirements
4. Data platform: how do you evaluate a data platform to make sure it meets the quality data requirements, and can be utilized to analyze CHC data and report accurately to payers?
5. Encounter data barriers: Data validation process between DHCS, MCPs, IPAs, CHCs, to identify data leakage • CHC issues with data matching with the DHCS data (wrap claims) and the MCPs (encounter data). • Data necessary for HEDIS and other measures should be captured in the encounter. Work outside of typical Provider visit difficult to capture.
6. Coding & Automation/Mapping: • Overall coding automation issues. Automating the CPT2 codes is a major challenge both because of technology/EHR and expertise at the health centers. • Standard phrases need to be switched to specific codes for HEDIS.
7. Role of intermediary in data flow: some regions have IPAs, RACs, etc. as data intermediaries

Identified Strategic Opportunities Narrowed & SAC Prep

The group voted and narrowed to the following recommended opportunities.

Recommended Opportunities:
Standardizing information shared between MCPs and CHCs, and vice-versa • Individual MCPS have their own processes for sharing information, such as: eligibility, HEDIS numerators/denominators, associated codes, etc., while CHCs share information back to MCPs in different processes/formats. How do we standardize how MCPs share and collect data with CHCs/Providers.
Encounter data barriers: Data validation process between DHCS, MCPs, IPAs, CHCs, to identify data leakage • CHC issues with data matching with the DHCS data (wrap claims) and the MCPs (encounter data). • Data necessary for HEDIS and other measures should be captured in the encounter. Work outside of typical Provider visit difficult to capture.

Discussion for SAC:

- What are the challenges?
- Who are the key stakeholders necessary for success?
  - Orgs to include: PHMI, DHCS, MCPs, IPAs, CHCs, RAC/HCCN, CPCA
  - Potentially: IHA

Proposed Next Steps for Strategic Planning Workgroup

Below are the proposed next steps for the strategic planning workgroup

Next Steps:

- Recommend keeping similar group to focus on these issues, but expand invitee list: Consortia rep, CPCA rep, all MCPs in PHMI, CHC IPA rep, 3-4 CHC, DHCS rep, PHMI reps.
- Meet twice monthly for 1 hour between now and July SAC meeting to offer specific ideas going forward
- Continue this group to guide next steps

Next SAC Meeting

- Next meeting: July 24, 2023
- Draft agenda options include:
  - Enhanced Specialty Access Update
  - Update on Strategic Planning Workgroup Data Discussions
  - Next Strategic Planning Topic Workgroup Start
  - PHMI website launch

Appendix

POC Data Gaps from the Technology Proof-of-Concept (POC) with Innovaccer

Gap Type	Examples	Resolution/Approach
Data gaps that can be quickly resolved by the CHCs	• Missing demographic data • Incorrect delimiters on output files to distinguish fields • Member ID not found on Encounters • Data dictionary not provided for the data	• CHCs working back to resolve and send back new extracts and data dictionaries.
Data gaps that have quick workarounds between IVR and CHCs	• Lack of Facility Details on Provider Roster • Lack of NPIs on Provider Roster and Payer Assignment	• In some cases, Providers are not assigned NPI's nor are they directly assigned to a given facility. Innovaccer will develop workarounds to ensure impacts are limited to the result sets. Default values will be assigned if needed in partnership with the CHCs
Data gaps that must be resolved end state and may require additional CHC/MCP development work	• Lack of Diagnosis, Procedure, LOINC values on Encounters • Absence of gender information from the Claims files • Absence of Payer, Plan, and Lab details	• Innovaccer will try to work around for the POC, however these gaps will limit the integration and completeness of the data within the application and Analytic algorithms and so must be resolved in the end state. This may require changes to the CHCs processes to completely capture key data, or association with other data to ensure completeness of the data set being sent over to Innovaccer

- *Note this list is still in progress. As shown in the previous slides, initial ingest of data is not complete for all the 4 CHC's.*
- *Note that Claims data from MedPOINT has a smaller set of data gaps per initial review*

Data Successes from the Technology Proof-of-Concept (POC) with Innovaccer

- Established a collaborative working relationship with IVR
- Established agreements to provide IVR with required data with all CHCs participating in the POC
- Confirmed expected systems and 3rd party sources of required data for each CHC
- Established weekly cadence with IVR and CHCs to collaboratively discuss and complete required data acquisition activities
- Collaboratively engaged with some 3rd parties to discuss and acquire desired data related to various CHCs (LANES, Partnership HealthPlan, HealthCare LA/MedPOINT, DHCS, etc.)
- Received sample data from most CHCs and some related 3rd parties spanning most required data types
- Completed detailed “data gap analysis” on sample data received and presented detailed reports of findings to each supplier
- Identified potential ways to mitigate some of the identified data gaps
- Most suppliers of data have or are actively addressing identified gaps and providing IVR with revised sample data files