

## PHMI Evaluation Preliminary Findings

August 2024

### Background & Goals

The three-year Population Health Management Initiative (PHMI) evaluation is led by the University of Chicago (UChicago) in partnership with the American Institutes for Research (AIR).

The goals are to: 1) determine if PHMI successfully improved the quality of care and patient outcomes in 32 community health centers (CHCs), 2) assess the impact on patients and participating CHCs, 3) identify facilitators and barriers to the improvement process, and 4) assess whether PHMI should be sustained and spread. This summary reflects progress through May 2024.

### Preliminary Findings

**PHMI Cohort has improved capabilities in 3 of 4 Building the Foundation domains: Data Quality & Reporting (DQ&R), Care Teams, and Business Case. There was no change in Empanelment.**

#### DQ&R



- PhmCAT responses showed significant improvements for the cohort in Technology & Data Infrastructure in 2023.
- CHCs reported that focus on DQ&R was beneficial and resulted in process improvements.
- Reports showed improved data quality capabilities as more CHCs meet standards for accuracy and completeness (75% reaching mid/high capacity as of Feb. 2024).
- Reports showed improved capacity to report on race & ethnicity, by decreasing the % of those with unknown race/ethnicity.

#### Care Teams



- PhmCAT responses showed significant improvements for the cohort in care teams and workforce in 2023.
- CHCs reported establishing care teams assigned a population of patients is one of their highest priority goals for PHMI.

#### Business Case



- PhmCAT responses showed significant improvement for the cohort in Business Case for Population Health Management in 2023.
- CHCs reported PHMI has helped them understand the business case, which they recognize as a challenging but necessary component of value-based payment.

#### Empanelment



- PhmCAT responses did not show a significant improvement for the cohort in Empanelment.
- Empanelment process measures on assignment & continuity also showed no cohort-level change.
- CHCs reported difficulties implementing and staffing an empanelment structure.