

Open Space Capture Sheets

SWLS PoF Breakouts

March 2025

The following images are the capture sheets that were collected during the Population of Focus Breakouts at the PHMI Statewide Learnings Session in March 2025. Information was collected during the Open Space discussions from participants.

Contents

Adult Prevention Breakout	2
Behavioral Health Breakout	7
Children Breakout	10
Chronic Conditions Breakout.....	19
Pregnant People Breakout	27

Round 2

Statewide Learning Session | March 6, 2025

Population of Focus: (circle 1) Children / People with behavioral health needs
Adults with chronic conditions / Adults with preventive care needs / Pregnant people

Open Space Topic: Barriers to Colorectal Cancer Screening
Discussion leader's name and CHC name: _____
Discussion leader's email: _____

3 discussion highlights:

- bulk orders with Cologuard every quarter, different insurance
- text & personal call reminders from health centers
- use outreach from Exact Science, co-branded
- have patients deliver to health center, both FIT & Cologuard make
- use transportation to pick up Kits, ECM visit
- use Exact Science portal to order, check status
- patient education - videos by text or in exam room, demos with playdough for FIT, with Kit for Cologuard
- FIT Kits given at visit in person with instructions

One action we might take to advance this:

Just an idea - we are NOT committing to doing this 😊

Men's Health events	20
Focus on 45-49 year olds	60
Target non-compliant 1st	20

Round 2

PHM
INITIATIVE

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Population of Focus: (circle 1) Children / People with behavioral health needs
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Open Space Topic: Access Issues
Discussion leader's name and CHC name: Leigh Stenberg, VMMA Health
Discussion leader's email: lstenberg@vmmaclinic.org

3 discussion highlights:

→ lack of space:

→ flip visits: Increase visits for provider, but doesn't decrease space issues. - well-child: no more than 2 kids @ a time.

→ next available: trying to convert pediatric visits to well-child visits.

→ human call 2 days prior
reduced no-show from 20 to 14%
→ front-desk calls and front-desk has the power to reschedule.

has anyone looked at:

By provider / # of patients / year ÷ # of visits.

empowerment = visits / year divided by average visits / year

→ are we looking at how many times a patient is seen by a provider

One action we might take to advance this: a year.

Just an idea - we are NOT committing to doing this 😊

having nurses and pharmacists take more flip visits to help increase access on provider schedules

→ is provider dependent → provider does have to step to a few minutes w/ patients

→ need to clearly define what a nursing visit w/ provider flip.

When there is really no solution, it is a high light of a systemic problem that others need to solve.

Round 2.

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Population of Focus: (circle 1) Children / People with behavioral health needs

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Open Space Topic: Approach to providers who only want to deal w/ urgent issues

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

Standing orders - for non-providers

All appt 20 min

team outreach approach

patient service coordinators over communication of goals - continuous -
mentrise visits - some work some don't, QIP outline to distribute
across the board: creating follow ups appt. Best practice talking kit
& giving to patient - documentation of giving kit (FIT)

Standardizing all visits - to complete Huddle sheets - proactively to increase
provider buy in. ? Provider issues with lack of supports for @ tests
IE: PEAKS, utilizing telehealth for needs. Having staff to
follow up on different tests. Added - Parent coach - Chubb visits -
well child exams. finding data for Best Practice QI monthly
meeting - Providers Required to attend. QI Champion Leader didn't
work - had to all be involved not supply providers - bring out collaboration -

One action we might take to advance this: Fact Based

Just an idea - we are NOT committing to doing this 😊

OB sections + Key results every Quarter with goals for providers.
intensive program for providers on patient experience -
QI Champion monthly for MA'S 50th / Quarter - PCL a measure
intensive for QI measure meetings - monthly / Quarterly -
Attitude before PCL

Round 2

Round ✓

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Open Space Topic: Provider Engagement

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

- warm-hand off
- shine a light on empanelment
- right adjustment for panels
- important to hire right people
- everyone needs to be held accountable, including providers
- How to engage providers to complete charts? 3 days business, disciplinary action
- Providers focusing on 1 thing during a visit and not bringing up care gaps to see barriers
- Eisner - main issue is the lack of accountable empanelment
- no time to go over care gaps since providers just met patients / lack of time
- Preventative care visits → high no-show rate
- hard to combine sick and preventative into one visit
- have technology to work for us for pre-visit planning

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

1. Standing orders → more addressing care gaps before providers come in

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Open Space Topic: Empowerment Strategies

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

Eisner Pilot: Test w/ blurb about mailed hit; f/u test msg. reminding pts. of process. Call back directed to QI Team. Focus on pts. not in in last yr.

Coloquard: Standard staff member coordinating process. Using non profit partner for outreach assistance. Currently staying aligned w/ Coloquard nec. w/flow. Considering EMR integration. Lack of interoperability concerns (apparently good w/ EPIC). No direct cost to clinic. Are there concerns w/ TPA alignment? Language support available & not a barrier.

Developing alerts/processes for mng. information/ results into problem list, & documented approach for

One action we might take to advance this: **full cycle outreach & close loop.**

Just an idea – we are NOT committing to doing this 😊

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Open Space Topic: Access Issues

Discussion leader's name and CHC name: UMMA HEALTH / CHRISTINA

Discussion leader's email: _____

3 discussion highlights: * finding for FIT kits annual employee detection program, small grants

* mobile clinic comes to sites to do mammograms a few day a week including weekend date to accommodate working pts

→ pts are comfortable w/ clinic site and wait times are not long

* Challenge w/ copay (sp?) due to lack of health plan buy-in

* Problem not w/ giving kits, but getting them returned

→ pts need visual guide plus trusted relationship with MA

* Pap smear - chart scrub → 10 pts due for pap → call to add to upcoming appt within 20 minute visit window

* Staff education through regular QI meetings (lead by QI manager) re: importance of pap smear, HEDIS, UDS

Pap Clinics / women's health w/ designated providers to fill that gap / warm hand-off

* prioritize what is important to patient

One action we might take to advance this:

Just an idea - we are NOT committing to doing this 😊

- generate a "missed opportunity" visual pie chart to providers / care teams

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Open Space Topic: *Approach to providers who only want to deal with urgent issues not preventive*

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

- continuity care visits with standing orders
- patient education & motivation, how to complete screenings?
- ^{videos} in exam rooms while waiting, ie how to do FIT
- show CQI measures by provider, (A, B, C)
- ^{less} access for annual wellness visits
- who does the work? MAs, CHWs

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

- provider champions
- all clinic huddle
- sharing provider data

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Open Space Topic:

Provider Engagement (Motivation Education)

Discussion leader's name and CHC name:

Alfred McGugin

Discussion leader's email:

3 discussion highlights:

- How to mitigate provider disengagement when the process for preventive measures is automated (Breast Cancer Screening and Colorectal cancer screening)
- Provider disengagement add more burden to support staff which affects support staff satisfaction
- Patients priorities are different than the clinic/providers compliance priorities

One action we might take to advance this:

Just an idea - we are NOT committing to doing this 😊

- Encourage providers to mention to patients that they are due for screening and for support staff to F/U and complete the screening.

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Open Space Topic: Cognitive Process Therapy

Discussion leader's name and CHC name: Michael

Discussion leader's email: mm202nglo@svchc.org

3 discussion highlights:

1. Evidence Based Model

- gauging where the pts at, taking the temp of the visit, having a collaborative treatment plan

2. BH Registry

- pts accessing these resources
- checking in on the pts who are not improving.

3. Remission

- if pts are not improving, what are we doing?

- what is the call back system (closing the loop)

One action we might take to advance this:

Just an idea - we are NOT committing to doing this

Research CPT and talk about implementation

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Population of Focus: (circle 1) Children / People with behavioral health needs
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Open Space Topic: recruit + retain BH

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

- defining what BH is
- support being provided
- & review of job description

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

re-writing job description with clarity
+ using terms applicants understand so you
get applicants who know what the work
~~entails~~ entails

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Population of Focus: (circle 1) Children People with behavioral health needs

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Open Space Topic: Including BH in closing care gap

Discussion leader's name and CHC name: DeEtte DeVille, West County HC

Discussion leader's email: ddeville@wchealth.org

3 discussion highlights:

1. Having support staff manage scheduling, eligibility and care gap navigation helps to integrate
2. Adjusting the culture of "shared work" so BH providers see the value of giving up some of their time with the patient to talk about screenings and preventive medical care
3. Framing BH/med integration as whole person care so patients understand that all of our screenings are based in care and interest for them.

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

- Training for Staff - "whole person care"
- Prioritization of Care Gaps - allow BH to choose which care gaps to work on

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Open Space Topic: Outreach

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

- Visit flips office → WCC
- Patient incentives
- Early Start Outreach from health plans
- moonlighters
- patient engagement
- Information
- pre visit planning
- Commercial in waiting room
- immunization tools

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Open Space Topic: OUTREACH

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights: (DETAILED NOTES ON THE BACK)

✱ Using CHWs / CTAs to support attributed, not seen patients engagement

✱ PROACTIVE SCHEDULING WITH PATIENTS especially for well-child visits

- QI clinics → general clinics focused on specific campaigns, topics, & measures

- MCP supported engagement where an incentive is provided to patients due for a service/lab
→ HADN'T WORKED SUPER WELL COOP CALLS DIFFICULT

- Centralizing certain tests/services within specific groups

- KP program dedicated to improving FIT testing
 - Dedicated outreach team (5); more information available on the website

✱ Digestible outreach lists for those staff who are tasked to support patient engagement

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

Group began to expand beyond just children and talking about other populations / care gaps

OUTREACH METHODS

→ Proactive scheduling: doing multiple visits (eg 2, 3, 4)
at first visit

- Want each pt. with a follow-up
- Continuation calls & texts

↳ Challenge with this?

- No availability for acute visits
of provider-specific availability

- Focus on Well-child visits

↳ Only available up to 3-months

→ Text outreach / Call outreach

- Generate care gap lists for decentralized staff to conduct outreach

- Cancer Screening - clever outreach

"It's February, give yourself a Valentine's gift by committing to getting a vaccine / PAP."

→ Care gap clinics

↳ Who wants to support extra well-child clinics?

↳ Make outreach lists more digestible based on patient specific timelines

↳ still dealing with no-show visits or when patients do show-up, they don't understand why they are there.

- Improve scripting focused on communication
"Prevention", "

→ MCP engagement or other external outreach not integrated with (or ~~very~~ delayed)
to get results from outreach or tests

- CARE GAPS NOT SYNCED

- DATA CHALLENGES

Flu is the most difficult vax to keep up-to-date and others mentioned HPV

- Various campaigns to engage people into vaccines:
 - For HPV, shifting the language away from sexual health to cancer prevention
 - For ORAL VAX, get dentist engaged during those visits
 - Text-based campaigns that includes bitly short links videos or including provider names.
 - Recorded provider calls
 - Kids campaign with a fun mascot "Blu the Flu"

More collaboration with other departments

- Pharmacists educating/engaging patients in vaccines
- Co-locating nurses for vaccines at labs, radiology, or optom visits
- Leverage any encounter

Although vax hesitancy is increasing, there are ways to improve education

- Flyers on backs of doors

→

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Population of Focus: (circle 1) Children People with behavioral health needs
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Open Space Topic: Vaccine Hesitancy

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights: (MORE SYNTHESIZED ON BACK)

• Flu is the most difficult vaccine, HPV thereafter

- Shifting HPV communication away from sexual health to cancer prevention
- More effective in younger ages
- Disconnected with CDC guidelines, ^{recommend} instead of 11th 12th
- Trying text-based flu campaigns, doing oral vaks during dental
- Increasing vax hesitancy over the last few years
- Placing vaccine flyers on the back of doors to get patients
- Pharmacist could be considered a safer / more trusted than medical providers, have them engaged in the vaccine administration process.
- Need a provider sponsor these vaccine visits
- Co-staffing labs/radiology/optom with vaccine visits
- Getting them to come back is difficult
- Missing opportunities
- ★ Pharmtech needed @ visit to bill properly
- ★ Leveraged nurses to be part of the care team to ensure to support vaccine administration for non scheduled appts

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The group was really energized to try various campaigns they were not currently doing.

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Open Space Topic: Pre Visit Planning
Discussion leader's name and CHC name: Petaluma, Santa Rosa, Saban, North Valley Community
Discussion leader's email: _____

3 discussion highlights:

- * Clarify what is visit planning
- * How often and when?
- * SROSA/ does Huddle
petaluma North Valley
- * Pre visit scrubbing at Huddle
 - CARE GAPS.
 - specialty visit
 - labs
 - vaccines
 - referrals
- * North Valley does AM/PM based on provider schedule
each MA does their provider

Centralize &
Pediatric

* Saban uses Care Coordination to

One action we might take to advance this:

Just an idea - we are NOT committing to doing this 😊

scrubbing vaccine
outreach
standing orders
Schedule w/nurse

(~~scribble~~)

Health Educator - Assists w/ ASQ
in the Room.

MA RATIO: 1 provider to 2 MA @ North Valley and Saban.

Sabun Health.

* Target QI report for constant No show.
and use coordinator to contact
those patient to find out why?
~~what~~ offer transportation.
different appt time.

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Open Space Topic: Vaccine Hesitancy
Discussion leader's name and CHC name: Jared Friedman Saban Community Clinic
Discussion leader's email: jfriedman@sabancommunityclinic.org

3 discussion highlights:

- Trends related to specific vaccines, especially Flu
- Education is key. Consistent from all staff, talk about what is happening in the world, how it impacts others
- Offer vaccines at all visits to capture patients when they come
- Remind patients about getting vaccines in pregnancies
- Leverage resources from plans
- Ask patients where they get information from
- Bundle vaccines so that they get vaccines in time and multiples at once

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Discussion leader's email: jfriedman@sabancommunityclinic.org

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Open Space Topic: Patient Remote Monitoring

Discussion leader's name and CHC name: Raymond Retirado, Comprehensive Community Health Centers

Discussion leader's email: _____

3 discussion highlights:

- Gnojji - Remote Monitoring Platform
 - primarily DM platform
 - able to get reimbursement for services

- * Creating program criteria / guidelines
 - Setting up the patient for success
 -

- Engagement Barriers

- Patient involvement from clinical care team
- Patient education is key

- * Ensuring that senior leadership is committed to long term support.

- Sustainability Analysis

- identify that the medical industry is moving towards remote health.
- not rely solely on grants

- * Current political environment will create opportunities for remote health.

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

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Open Space Topic: Health Education

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

How is HE done? Designated role or responsibility of everyone?

Sierra: designated. barriers: assuring patients get there.

Asian: culturally appropriate resources from CBos/meals

Sierra: using Epic to ID closest resources for patients
(Compass Rose)

FIM: to create resources for PHU participants: looking for info
on what would be most useful

CDC website has free pt. videos; staff training. Million C's for
HTN

Everyone: need for culturally relevant resources
self management goal setting education for staff

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

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Open Space Topic:

Clinical Guidelines

Discussion leader's name and CHC name: Debra Cox OMni

Discussion leader's email: dcox@omnifamilyhealth.org

3 discussion highlights:

- Create process related to intention for guidelines
- What's important to "you"?

- Create a general pathway

- HIT some can provide help
with specific EHR order sets

MCC order number -
to avoid Rosetta tank issues
with labs

Sample P+P
on Patient Resources
for "how to do"
implementation

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

manually update CME guidelines

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Open Space Topic: Protocol + Procedures

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

- Challenge: - Standardized Set of Standing Orders Across sites
- Individual Providers have individual preferences --
how to find consensus on what should be
standing orders
 - Creating standard documentation templates for common
conditions
 - Tough to create Standing Orders that are within
scope of MA
 - Need to train MAs/^{front desk} on how to review chart to
follow standing order for prev. care guidelines (such as CRC or
Breast CA screening)

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

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Open Space Topic: _____

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

Standing orders : Patients see non-providers but orders are not completed.

- A1C
- Mammograms
- EHR has to be easy documentation
- push back from MAs (not qualified, not trained clinicians)
- push back from providers given regulations
- POCT for DM → improved, esp. for pts w/o A1C
- Incentives for screenings to both patients and providers
E.g. when pts meet their A1C goal
Medical team incentives instead of indiv. providers
- Kidney checks - standing orders for urine + labs
Incentives paid only when it's done.
Apply funds from P4P

One action we might take to advance this:

Just an idea – we are NOT committing to doing this 😊

- Discussed financial considerations
- Staff incentives : would be effective in CA

top of focus
Diabetes
HTN

- DM A1C
eGFR + lab
BP
Retinal
No foot exam
FOBT

Screening for standing orders
Has to be someone clinical
trained person.
Symptoms for mammograms

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Open Space Topic:

Resources

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

- o Current process handing off to resources
- o Find Help portal - housing, food, trained multiple individuals
 - can do closed loop referral.

Recio - Asian Pacific
Care coordinator

ECM

Anderson Valley
Case management follow up - Food bank
Bonaville. - bring

Migrant populations
Permanent farmworker population.

connecting to
food boxes

One action we might take to advance this:

Just an idea - we are NOT committing to doing this 😊

☐ North Coast +
Opportunities.

Project food box

☐ contracted
with health plans.

☐ weekly.

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Open Space Topic: Pre-visit planning

Discussion leader's name and CHC name: Yesenia Quintanilla ParkTree

Discussion leader's email: yesenia.quintanilla@parktreechc.org

3 discussion highlights:

1) successes: • leveraging technology (emr + other tools)
• communication w/ care teams¹²ⁱ

2) challenges: staffing shortages/issues (ratios)

One action we might take to advance this:

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Open Space Topic: Re-visit Planning

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

Front: eligibility, pt engagement platform, pre-visit survey (2-3 days in advance)
- reduce errors, high adoption over time
- empanelment check, network check

Back: toolkit for each event type, standardization across sites

① MAs linked with providers in pairs when possible, floats

② Efficient care gaps, pending orders

③ Staffing ratios, Prep and Flow MAs

~~bi-lingual staff are not~~

④ Medical leadership buy-in, cultural/linguistic concordance

⑤ Full team huddles, ~~goal~~ goal-setting

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Open Space Topic: CPSC

Discussion leader's name and CHC name: _____

Discussion leader's email: _____

3 discussion highlights:

- working on having shorter but more frequent appointments
-

One action we might take to advance this:

Just an idea - we are NOT committing to doing this 😊

- BH w/ pregnant people

ECM

Working on now to enroll patients who aren't eligible for CPSC.

What about the overlap?

ECM + CPSC teams will huddle. Try to have open communication between each team.

What about insured patients, but who are under insured? What can be done for them?

How can we find a way to bill those? Right now we're providing the service but we're eating the cost.

Topic two: Empaneling OB providers

Goal: improve continuity + completeness of care.

Who is watching these patients to make sure they aren't lost to follow up

Utilizing nurses

Issue: patients feel like they don't know their provider before their delivery

Issue: appointment slots were not getting utilized correctly. This caused patients to get scattered across different clinics

What data can be utilized to understand this problem?

Nurses: triage calls, result calls, and working towards NST. Working on making two week couplet visit a nurse flip visit

Working on making post partum visit a nurse visit. Also making result calls a collaborative, education, billed visit with the nurse and the provider

Initiation to care: positive pregnancy test. Introduced to CHW during OB welcoming visit.

Great opportunity to ask questions