PHM INITIATIVE

Outreach Protocol Affinity Group Session #3

May 20th, 2025

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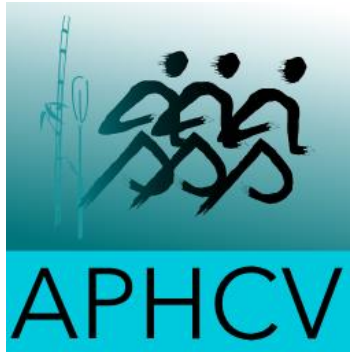
WELCOME EVERYONE!!



How Do We Want to Be In Community?

- **Join with computer and turn on your video**
- **Set the intention to be fully present.** This is the time for you to dive deep and fully take advantage of the wisdom in this room.
- **Be brief and succinct** when you share to make space for many thoughts/ideas.
- **Be open and honest.** Share what's not working as well as what is working!
- **Engaging patients can be challenging and creates vulnerability** for receiving information …. let's share what this is like as this evolves.
- **Relax and have fun.**

Session 3 Agenda

- Welcome, Agenda, and Learning Objectives
- Recap of Work to Date
- CHC Bright Spot: UMMA
- Small Group Discussions
- Polling
- Wrap Up and Next Steps

Affinity Group Learning Objectives

- **Advance your team's competency in implementing an outreach protocol to reach the foundational competency.**

Foundational Competency	Validation Criteria
Create an outreach protocol to reach and engage all attributed patients due for care	The center has a documented outreach approach for the PoF or evidence that an outreach approach exists (a workflow, de-identified list, etc)

Affinity Group Learning Objectives

- Exchange insights and experiences with peers on outreach strategies.
- Articulate the steps needed to create an effective outreach protocol
- Gain insights into promising outreach strategies from the field to inform your work.
- Learn how to use outreach strategies to address health inequities.
- Explore small, actionable change ideas that can be tested to build and document a robust outreach protocol

Recap of Work to Date

Recap of Work We've Done and What We've Learned Over the Last 3 months

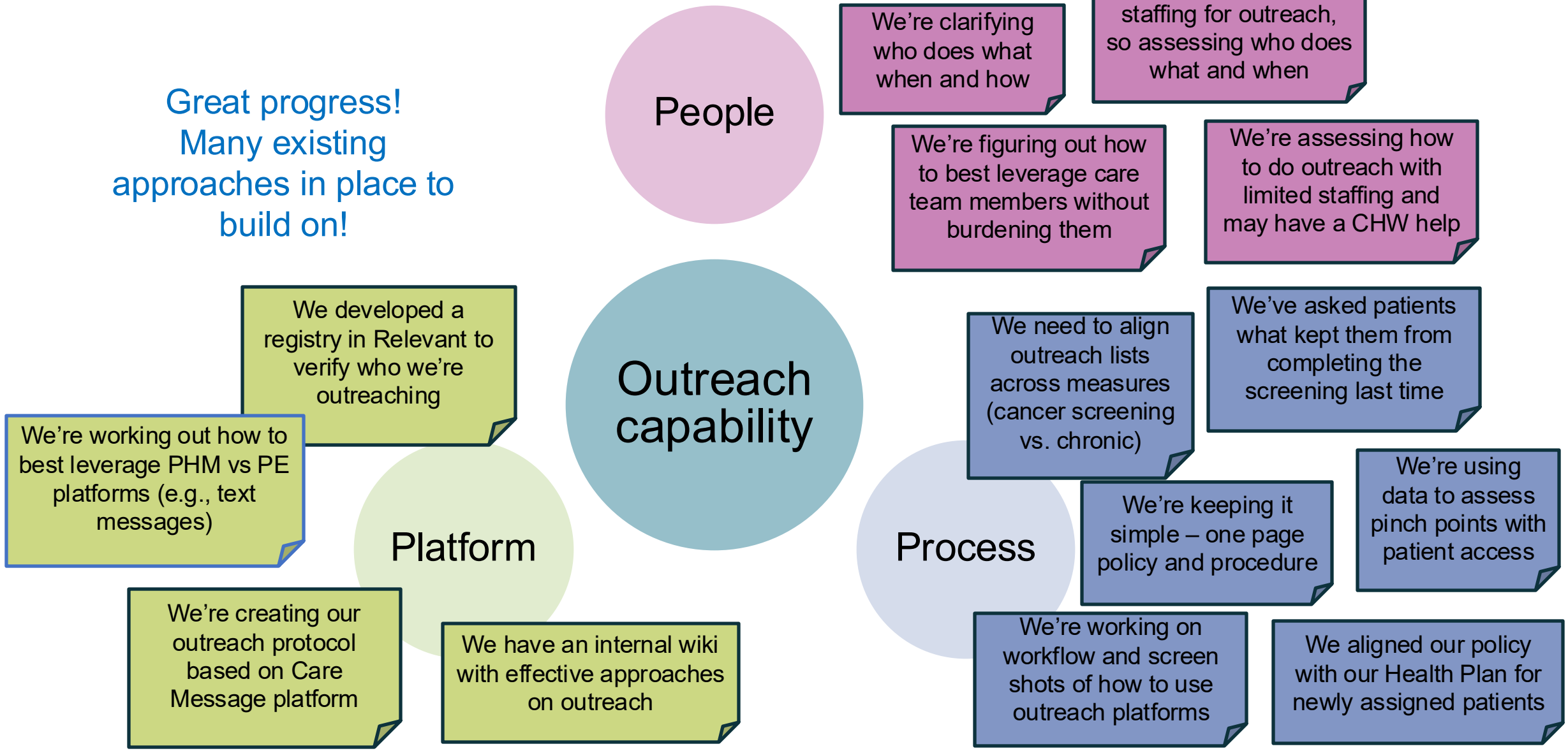
- **1st Session:**
  - Set the stage about outreach protocols in the current environment
  - Showcased work from Eisner Health
  - Facilitated a Miro board activity where we had CHCs identify their pain points for outreach
- **2nd Session:**
  - Long Valley Health presented about how they are using Relevant to identify patients for outreach and how they plan outreach campaigns.
  - CHCs went into breakout rooms to talk about tackling bad data or planning outreach campaigns.
- **3rd Session:**
  - Focus on outcome measurement in the context of PoF Outreach Strategies

Headlines from Session #2 Breakouts

1. Health centers are doing a lot with outreach (despite bad data and limited staffing resources)
2. Health centers have developed processes with strategies for outreach (text campaigns) and number/type of outreach attempts
3. There's opportunity to improve documentation of processes and clarification of staff responsibilities for outreach

Building outreach capability – where centers are at?

Great progress! Many existing approaches in place to build on!



CHC Bright Spot: UMMA

Planning Outreach Campaigns

Planning for outreach campaigns and prioritizing

- Priorities are aligned with annual QI plan and based on pop and need (segment by adult vs. child, separate measure lifecycles for outreach)

Which staff members or departments are involved?

Cleaning up the list of patients

- QI runs text outreach from Cozeva and/or i2i reports
- Meet with outreach staff to adjust how much outreach we can do based on provider capacity.

Conducting outreach

- Have a small team and try not to overload anyone. Conduct training to ensure consistency in approach.
  - Example: recent mammogram outreach campaign, focused on HCLA patients, Christine reviewed the list, confirms who completed mammos, ensures no other appts are scheduled with the patient Based on the final list, Jose sends out culturally/linguistic tailored message
- Send same day reminders for appts scheduled
  - Example: For adult wellness visits, do phone call, text and morning of text

Customizing outreach approaches

- With smaller subpops, have care team staff outreach so patient is more likely to respond.
  - Example: Well Child Visits (0-15 months, 15-30), have MA call to mom/dad since time sensitive (feasible since small pop, ~100)

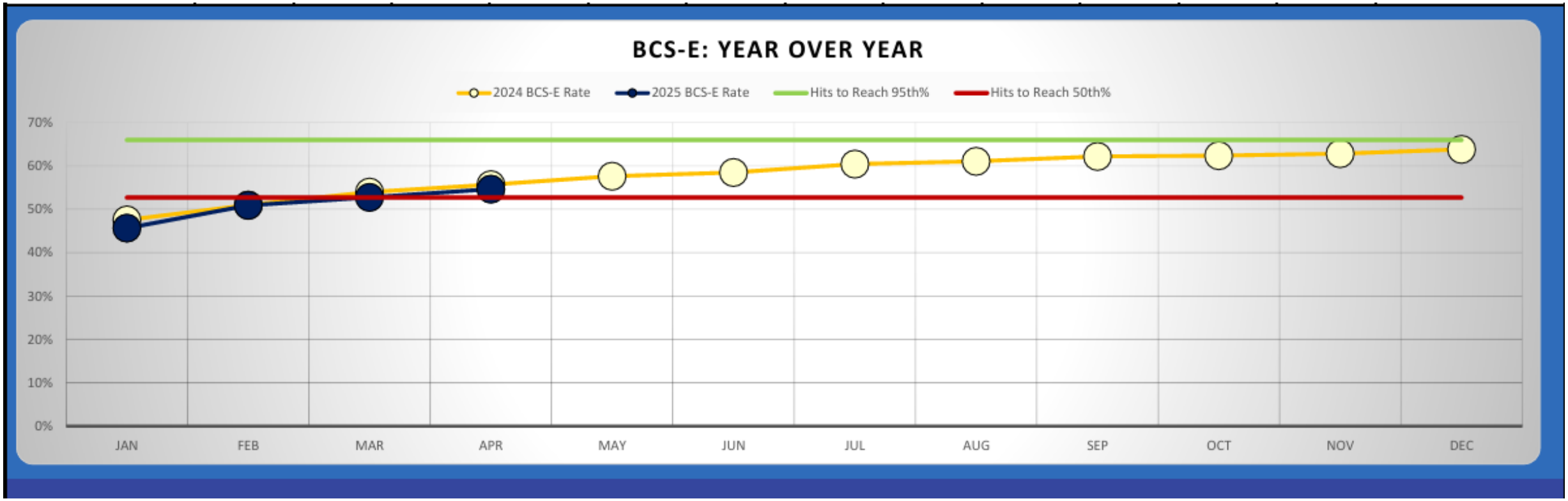
Assessing success of outreach campaigns

- Meet with care team to review completed list and identify barriers; Aim to do comprehensive outreach that is clinically and patient-centric.

Lessons Learned

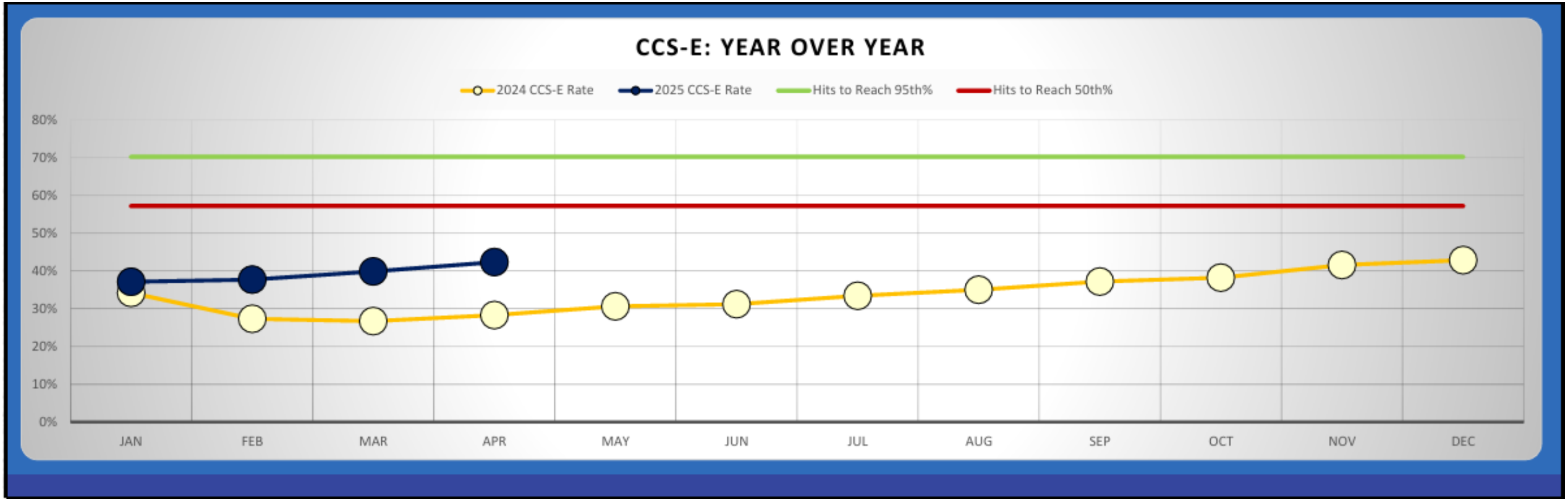
- Campaign text are not always effective,
  - COL, BCS, CCS, WCV have been a challenge with just a text message
  - Ask IPAs and health plans about incentives that can be offered and will put this in the campaign text. None for WCV have been helpful.

Progress to Date: Breast Cancer Screening



YTD progress in line with last year.
Already surpassed 50th %-tile, aiming for 95%-tile by EOY.

Progress to Date: Cervical Cancer Screening



YTD progress improved by 10%+ over last year.
Aiming for 50th %-tile by EOY.

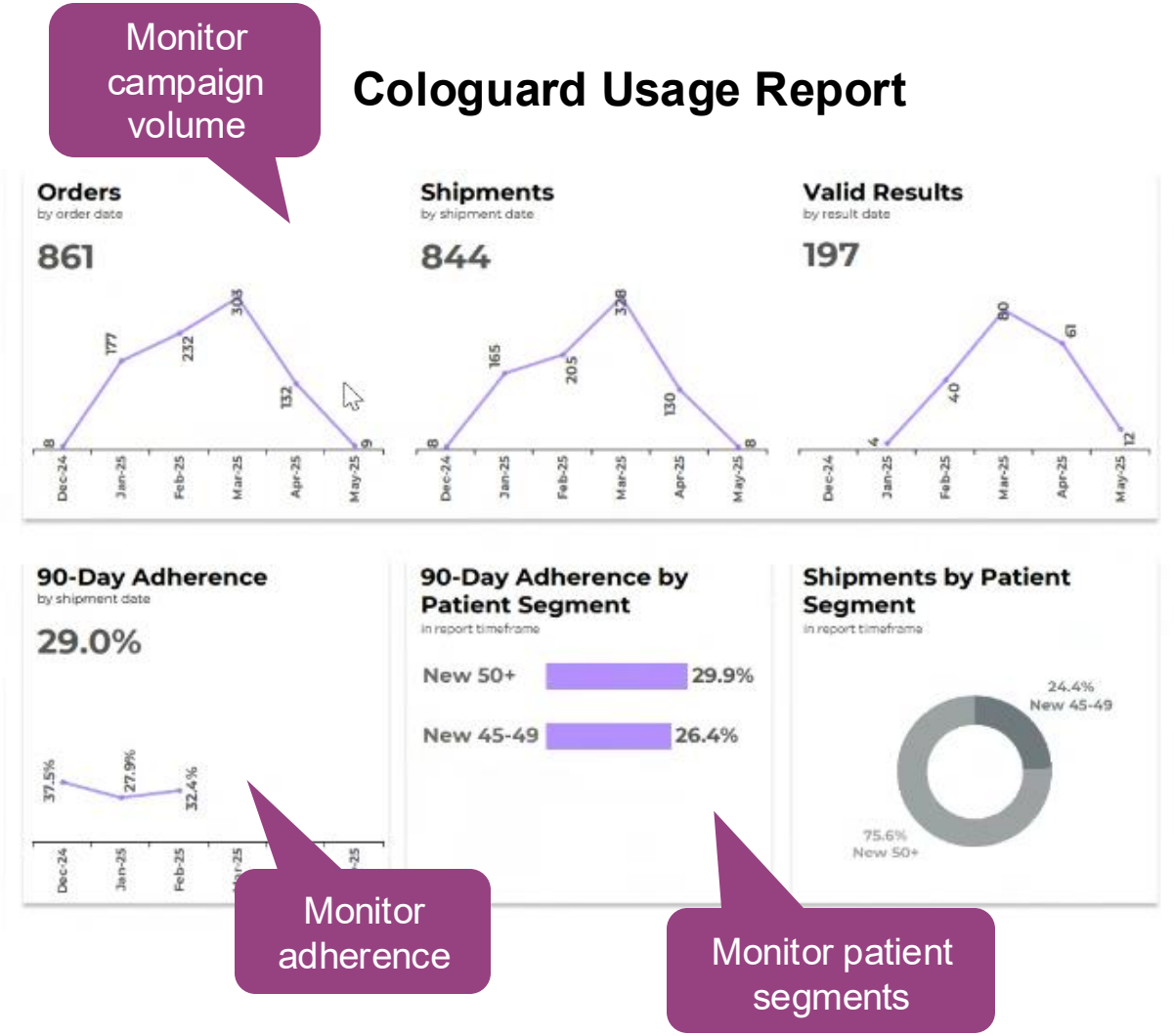
Example: Colorectal Cancer Screening Outreach Campaign

- Switched from FIT to Cologuard in January 2025
- This presented an opportunity for new outreach campaign since new screening is:
  - Efficient: FIT frequency is annual, Cologuard is every 3 years
  - Effective: FIT accuracy 79%, Cologuard 92%

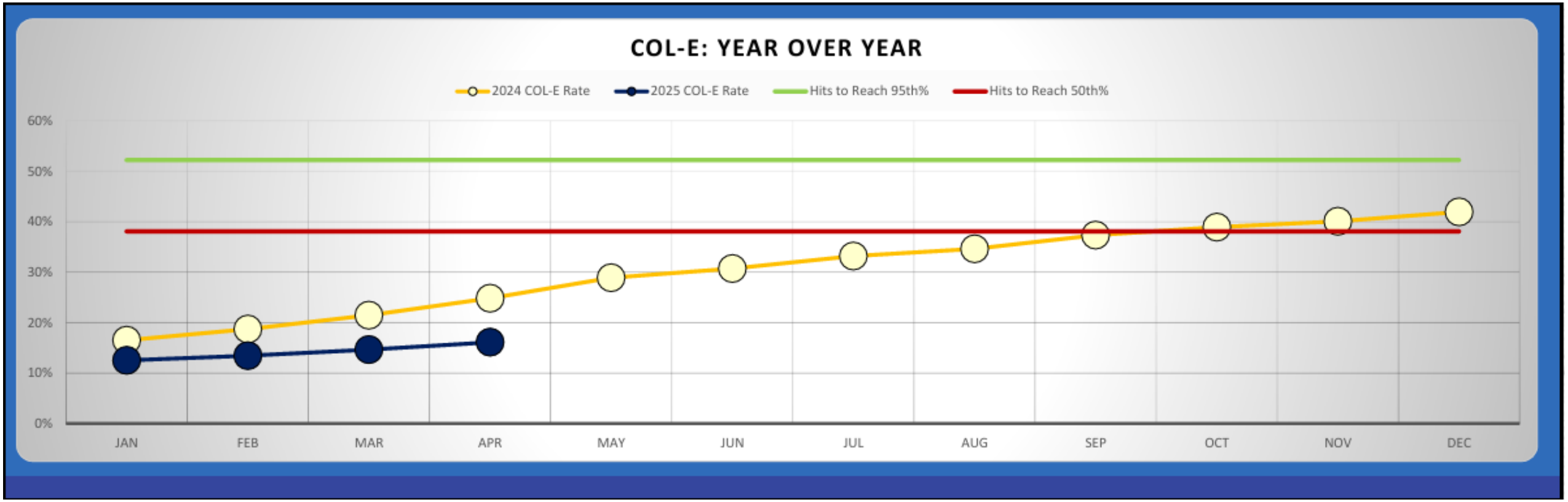
- Anticipated outreach volume
  - 2500-3500 patients per year eligible for screening (~200-300 per month)

- Campaign considerations
  - Cultural, language appropriate
  - Messaging (e.g. why Cologuard vs. FIT)
  - Provider, MA training
  - Patient follow-up
    - Currently 2 text messages, assessing additional follow-up needed
  - Making it easy for patients to return the kit
    - UPS, clinic drop off, assessing other options

Monitor campaign volume



Progress to Date: Colorectal Cancer Screening



YTD progress lower by 15% over last year due to switch from FIT to Cologuard.
Need to catch up by EOY to hit 50th %-tile.

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Small Group Discussions

Small Group Discussion Prompts

1. Provide your center name and your PHMI population of focus

2. For your PoF, what are your targeted outreach strategies and why? (If you have not initiated a PoF outreach strategy yet, tell us what you are considering and why?)

3. How are you tracking and measuring success?

4. What is one challenge in your PoF outreach strategy that you'd like your peers to help you with today?

Note: When we return from BO Rooms we will be asking you to respond to polling questions before we close out the session and series

Small Group Discussions

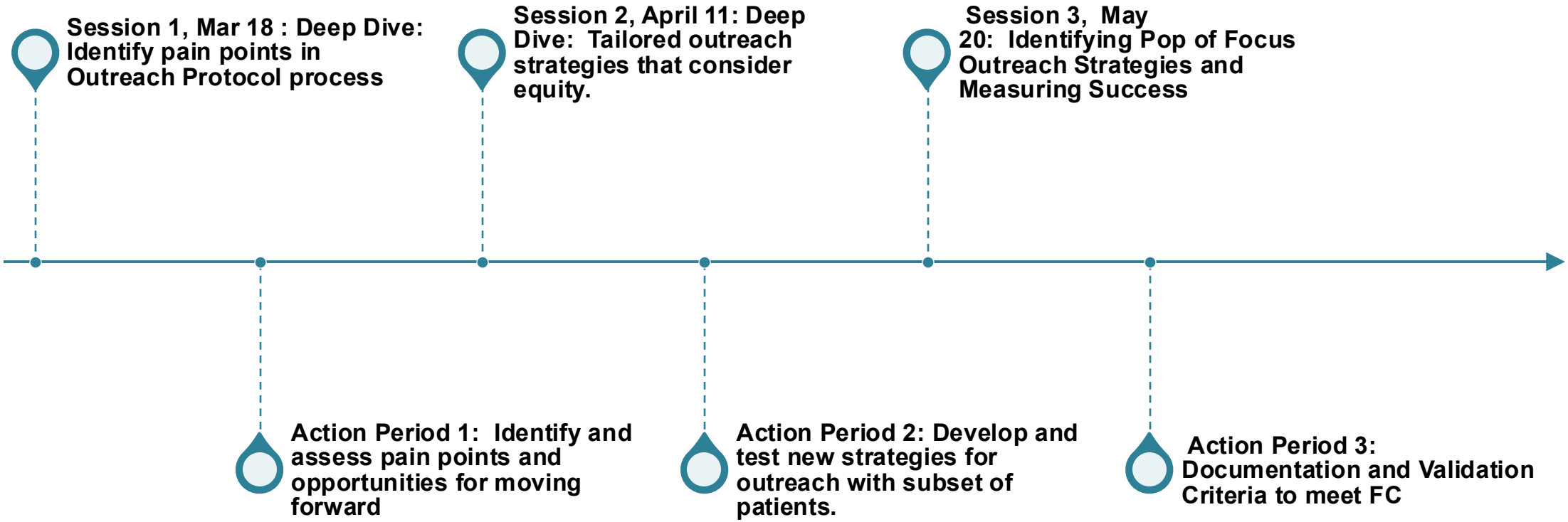
Room 1	Room 2	Room 3	Room 4	Room 5
Petaluma (Children)	CMC (Pregnant People)	Park Tree (Chronic Conditions)	Venice (Adult Preventive)	UMMA (Adult Preventive)
Golden Valley (Children)	Omni (Chronic Conditions)	APHCV (Chronic Conditions)	Long Valley (Adult Preventive)	Redwood Coast (Adult Preventive)
Santa Rosa (Children)	VHC (Chronic Conditions)	Anderson Valley (Chronic Conditions)	MCC (Adult Preventive)	Redwoods Rural (Adult Preventive)
Saban (Children)	Open Door (Pregnant People)			NEVHC (Adult Preventive)

Next Steps/Wrap Up

Evaluation Polling

- PHMI Affinity Groups are a three-month engagement that provides content, peer-to-peer learning and action periods where each CHC works with their coach to advance the foundational competency.
- Please take a couple of minutes to fill out the evaluation poll about the following statements for this affinity group.

Outreach Protocol Strategies and Implementation Timeline



Approaches that Lead to a Documented Outreach Protocol

Approaches Leading to a Documented Outreach Protocol
1. Accept that attributed patients are part of our patient population.
2. Develop understanding of the process by which patients are assigned to a center. Delineate roles between health center and health plans.
3. Establish process for ingesting the data, measures of data quality, and resolution approach for bad data.
4. Monitoring and managing the patient attribution process.
5. Organize/categorize attributed patients to tailor outreach strategies.
6. Establish Outreach Strategies that consider equity, financial incentives and PoF.
7. Document/Track Outreach as you attempt to reach patients.
8. Establish/Refine roles and responsibilities for outreach.
9. Establish process to circle back to health plans on resolution for those patients who have declined care.
10. Draft an outreach protocol and determine who will need to approve.
11. Establish an outreach dashboard to track progress & improvement.

Wrap Up & Next Steps

- SMEs are open to holding office hours on PHMI platforms. If you are interested in attending this, please type in the chatbox or let your coach know and they will reach out the SMEs.
- We learned so much from you over these last three months! Thank you for your time, dedication and service to those you serve.
- We will upload the slides and recording for this session on the Cohort Portal.
- Please continue working with your coaches to finish your foundational competency.