



Public Hospital Redesign and Incentives in Medi-Cal (PRIME) 5-Year PRIME Project Plan

Table of Contents

Table of Contents.....	2
General Instructions.....	3
Scoring	3
Section 1: PRIME Participating Entity Information.....	4
Section 2: Organizational and Community Landscape	5
Section 3: Executive Summary	8
Section 4: Project Selection.....	14
Section 4.1 -- Domain 1: Outpatient Delivery System Transformation and Prevention	15
Section 4.3 – Domain 3: Resource Utilization Efficiency	19
Section 5: Project Metrics and Reporting Requirements	22
Section 6: Data Integrity	23
Section 7: Learning Collaborative Participation.....	23
Section 8: Program Incentive Payment Amount.....	24
Section 9: Health Plan Contract (DPHs Only)	24
Section 10: Certification	25
Appendix- Infrastructure Building Process Measures.....	26

General Instructions

Thank you for your interest in the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program. Your response to this 5-Year PRIME Project Plan (“Plan”) will enable the Department of Healthcare Services (DHCS) to assess if your entity can meet the requirements specified in the waiver Special Terms and Conditions (STCs) and has the capacity to successfully participate in the PRIME program.

This 5-Year PRIME Project Plan is divided into 10 sections which are structured around the Medi-Cal 2020 Waiver’s [Special Terms and Conditions \(STCs\)](#). Additional information about the PRIME program requirements can be found in the PRIME Projects and Metrics Protocol ([Attachment Q](#)) and Funding Mechanics ([Attachment II](#)) of the STCs.

Scoring

This Plan will be scored on a “Pass/Fail” basis. The state will evaluate the responses to each section and determine if the response is sufficient to demonstrate that the applicant will be able to effectively implement the selected PRIME Projects while simultaneously conducting the regular business of operating the hospital system.

In the event that a response to a Plan section is not sufficient and fails to meet review criteria, the applicant will have an opportunity to revise the response(s) to meet the state’s satisfaction. Applicants will have three (3) days to complete the revisions upon receiving feedback from the state.

Please complete all sections in this 5-Year PRIME Project Plan, including the Appendix (the infrastructure-building process measure plan as applicable), and return to Tianna Morgan at PRIME@dhcs.ca.gov **no later than 5:00 p.m. on April 4, 2016.**

Section 1: PRIME Participating Entity Information

Healthcare System/Hospital Name

Mayers Memorial Hospital District

Healthcare System Designation(DPH or DMPH)

DMPH

Section 2: Organizational and Community Landscape

The purpose of this section is to provide DHCS with an understanding of the demographic makeup of the community the applicant serves, the target population that will benefit from the PRIME activities, and any other relevant information that will help inform the state's review of this Plan.

2.1 Community Background. *[No more than 400 words]*

Drawing on available data (e.g., DHCS, Office of Statewide Health Planning and Development, U.S. Census Bureau), summarize the healthcare needs and disparities that affect the health of your local community.

Mayers Memorial Hospital District (MMHD), a Critical Access Hospital (CAH) is located in Fall River Mills, CA. MMHD services North Eastern Shasta County, South Western Modoc County, and North Western Lassen County. The healthcare needs and disparities of our community are summarized below.

Physical Health. The most significant health issues facing our community include, Chronic Obstructive Pulmonary Disease (COPD), Heart Disease, and Cancer of Lung, Trachea and Bronchus

- *COPD: Shasta County has the highest COPD death rate in California at 37.5 per 100,000 population. Shasta County is slightly lower than the national death rate of 41.2 per 100,000*
- *Heart Disease: The leading cause of death in Shasta County is heart disease with 25.4% of all deaths. Shasta County is higher than the national death rate at 23.5%*
- *Cancer of the Lung, Trachea and Bronchus: 6.6% of all deaths in Shasta County can be contributed to cancer of the lung. Shasta County Cancer rates are 2.6% higher than that of the national rate of 4%*

Health Disparities. Access to healthcare for vulnerable populations is the greatest problem facing Eastern Shasta County residents. MMHD is a Disproportionate Share Hospital which means we provide care to a large portion of uninsured or underinsured patients and Medi-Cal beneficiaries. There is also a higher concentration of elderly people in S 18% Medical Service Study Area (MSSA) versus 11% State and persons with disabilities in this area, resulting in an increase in the need to address chronic conditions. MMHD is also a Health Physician Shortage Area and a Registered Nurse Shortage Area. The PRIME project will allow us to optimize our tracking of health disparities by utilizing technology to measure required metrics.

Behavioral Health. Though no solid data can be found for behavioral health issues, historical data from emergency room visits and mental health consults indicate that behavioral health issues, along with substance abuse, is a real concern for Eastern

Shasta County. Mental health services are extremely limited in this region. The clinic in our area does currently offer tele-behavioral consults, but more outreach is needed.

2.2 Population Served Description. *[No more than 250 words]*

Summarize the demographic make-up of the population included in your hospital's service area, including information about per capita income, age, race, ethnicity, primary language, etc.

Mayers Memorial Hospital District serves the population of Eastern Shasta County, Western Lassen County, and Southern Modoc County. The area is home to nearly 7,199 people (est. 2013).

Income. The average per capita income in Shasta County is \$36,141 and the median family income is \$44,774. Additionally, 41.3% of the population has income levels below 200% of the federal poverty level (FPL), with 14.1% living at or below the poverty line.

Race/Ethnicity and Language. The population of Mayers Memorial Hospital's Service District is 81.1% White, 8.6% Hispanic, 3.7% American Indian, 2.2% Asian, 0.2% African American, and 0.2% Pacific Islander. English is the primary language spoken in the service district, Spanish is the secondary language spoken.

Age. The population of the service district is slightly older than the state overall. The district provides healthcare services to all age groups. The community the district serves is made up 24.5% under the age of 18 (compared to 25.5% statewide), 57.4% 18-64 years of age (compared to 63.1% statewide), and 65 years or older at 18.1% (compared 11.4% statewide).

2.3 Health System Description. *[No more than 250 words]*

Describe the components of your healthcare system, including license category, bed size, number of clinics, specialties, payer mix, etc.

MMHD is a full service general acute care district hospital. We provide acute inpatient, outpatient, and emergency care as well as diagnostic services including respiratory services, imaging, and laboratory services. We also provide a suite of rehabilitation services including physical therapy, cardiac maintenance, and pulmonary rehabilitation.

Mayers Memorial Hospital District is currently licensed through the California Department of Public Health for 20 unspecified General Acute Care beds, 2 Perinatal beds and 99 Skilled Nursing (D/P).

In fiscal year 2015, MMHD's payer mix was: 42% Medicare, 38.9% Medi-Cal, 15% private insurance, and 4.1% private pay. In CY2015 MMHD had 466 acute inpatient discharges and 15,249 ambulatory care visits. The average length of stay for acute care was 3.04 days. Hospital beds has a 29% occupancy rate and staffed beds as a percentage of licensed beds was 46%

2.4 Baseline Data. *[No more than 300 words]*

Describe the current resources that your entity has in place to collect, report and monitor performance data and how these resources will support PRIME clinical quality reporting requirements. Please specify any anticipated limitations or barriers to meeting the PRIME reporting requirements and describe your proposed strategies to address these barriers.

MMHD's current Quality Assurance/Performance Improvement (QAPI) program and structure can accommodate this PRIME project and the data gathering, monitoring, and reporting required to be successful, with some modifications that will be made to facilitate additional reporting as required by this project.

Data Collection. We utilized our Quality E Measures module within our McKesson Paragon health information system to extract clinical quality measures in our efforts to report. We intend to continue to optimize and grow our internal data collection processes and software in an effort to automate reports as well as ensure accurate data.

Reporting. MMHD uses a comprehensive health information system to track quality and financial performance. In addition to our internal health information system we also use a subscription service titled McKesson Performance Benchmarks to monitor and track quality data. Quality data is reported monthly to our Board Quality Committee. However, a potential barrier is our ability to extract quality metrics from our current environment as the data is stored in multiple areas. As part of our infrastructure plan we intend to purchase quality software which will aid in our efforts in streamlining our data collection and reporting process.

Monitoring. Our Quality team reviews data collection processes and outcomes in an ongoing manner. We are working to establish a process to flag outliers and understand problem areas in an effort to develop targeted improvement strategies.

The most significant barrier to meeting the PRIME reporting requirements is the small size of our analytics team. We have one FTE who is responsible for all data collection and reporting. It will be challenging to incorporate the PRIME reporting activities into their existing responsibilities, so additional FTEs will be needed. In addition, an owner of the PRIME projects must be established to ensure continuity as we move forward through the milestones.

Section 3: Executive Summary

The objective of PRIME is to accelerate participating entities' efforts (as applicable), to change care delivery, to maximize healthcare value and to strengthen their ability to successfully perform under risk-based Alternative Payment Methodologies (APMs). This section of the Plan will be used to present each entity's overall goals and specific aims for PRIME. This section should also describe how these efforts will evolve over the course of the five years.

3.1 PRIME Project Abstract [No more than 600 words]

Please address the following components of the Abstract:

1. *Describe the goals* for your 5-year PRIME Plan;*

Note:

** Goals (generally 2-5) are general guidelines that explain what you want to achieve in your hospital or health system. They are usually medium- to long-term and represent program concepts such as "eliminate disparities." These goals may already be a part of your hospital or health system's strategic plan or similar document.*

Our PRIME project encompasses various goals that are focused on improving health in Eastern Shasta County as follows:

Goal 1: Improve Health Indicators for Eastern Shasta County

Through implementation of the PRIME project at MMHD we intend to improve performance on a number of health indicators for Eastern Shasta County. Among those indicators are reducing COPD and CHF exacerbations, increase blood pressure and cholesterol management, reduce hospital acquired Clostridium Difficile Colitis (C-diff), and avoidance of unnecessary antibiotic treatments.

Goal 2: Improve Access to Care

MMHD continues to strive to improve the health of our patients by providing evidence-based and patient centered care. We are the only hospital within a 75 mile range, which creates a need for us to closely work with our patients to achieve a healthier population. We intend to market our cardiac maintenance program to the community we serve through the use of direct mailing, social media, and print media. We intend to continue to provide quality care while actively working with patients to become more engaged in their own healthcare needs.

2. *List specific aims** for your work in PRIME that relate to achieving the stated goals;*

Note:

*** Specific aims (generally 2-5) relate to the goals but provide more detail on how the goals will be achieved.*

MMHD has two core aims for PRIME participation as follows:

Aim 1: Decrease unnecessary utilization of antibiotics

Our first aim is to promote the appropriate use of antibiotics through our Antimicrobial Stewardship program. It will decrease the spread of infections due to multidrug resistant organisms and reduce hospital associated Clostridium difficile.

AIM 2: Manage Specific Conditions and Populations

Our second aim is to identify and focus care coordination efforts on patients with cardiac risk factors such as hyper-tension and a history of smoking that will influence the health indicators mentioned above in our goals. Identification of those patients utilizing appropriate technology will be incorporated into our care coordination strategy. In addition, the infrastructure above will be utilized to identify and help manage the care of patients that suffer from health disparities within our community.

Aim 3: Stakeholder Buy-In

Our third aim is to gain stakeholder buy-in as we implement these changes through PRIME. We have multiple stakeholders in this project including patients, external clinic staff, primary care providers, and other agencies that support patients in obtaining resources, education, and healthcare. Engaging these stakeholders in the decision-making process as this project is delivered will help to ensure sustained health system transformation.

3. *Provide a statement of how the selected projects will support the identified goals and specific aims. Note that the narrative should connect the specific aims identified in Section 3.1.2 to the projects you select in Section 4. Each project does not require a specific statement. Instead, the narrative in the abstract is broadly linking projects to identified goals and specific aims;*

Mayers Memorial Hospital District selected 2 projects, listed below:

- 1.5 - Million Hearts Initiative
- 3.1 - Antimicrobial Stewardship Program

These projects directly correspond to our project aims and will enable us to develop the infrastructure needed to provide a higher level of care as well as work with our community health partners to reduce the cost of overall care.

4. *If more than one project is selected, describe how the projects will inter-relate to achieve system transformation (not applicable if only one project is selected); and*

The two projects chosen are interrelated in our efforts to improve the health of our community by providing a safer patient environment within the hospital setting as well as taking a proactive approach to reducing the need for hospitalization.

5. *Provide a succinct summary description of how your hospital or health system will be transformed at the end of the five years. Explain how this transformation should result in advances in clinical, population health, fiscal or other critical outcomes through PRIME.*

In five years Mayers Memorial will have the people and the training in place to assure a screening, referral and networking process to better deal cardiovascular disease and unnecessary use of antibiotics with an emphasis on reduction of C-diff. The PRIME program itself will provide the financial improvement that will fund our accomplishments in these areas. Being a frontier hospital we endeavor to do projects such as this but usually lack the overall funding to reach our aims.

3.2 Meeting Community Needs. [No more than 250 words]

Describe how your organization will address health needs at a local level as described in Section 2 of the Plan. The narrative should clearly link the projects you select in Section 4 with the community needs identified in your response to Section 2.1.

MMHD strives to continually meet the healthcare needs of the community we serve through various means, including exploring different initiatives to improve community health as well as providing avenues for meaningful patient feedback. The PRIME projects chosen will have a direct impact on our community's largest health disparities. The Million Hearts Initiative (project 1.5) seeks to combat the most significant health issues facing our community: Chronic Obstructive Pulmonary Disease (COPD), Heart Disease, and Cancer of Lung, Trachea and Bronchus.

Development of an Antimicrobial Stewardship Program will improve the quality and consistency of care. Having best practice standards for providers to use for

infections including our own local community's antibiogram, will help ensure that not only are the patients getting the right antibiotic for the proper organism, it will save community members from traveling out of the area for their care. The development of an Antimicrobial Stewardship Program will meet the community's needs by decreasing the overall cost of healthcare, improve the quality of the care they receive, help decrease broad spectrum antibiotic use, and hopefully decrease the antibiotic resistance

3.3 Infrastructure and Alignment with Organizational Goals. [No more than 250 words]

Describe the organizational infrastructure that exists or will be established for purposes of implementing PRIME (e.g., current strategic plan, goals related to quality improvement, monitoring/feedback mechanisms, data-driven decision-making practices).

MMHD's strategic plan focuses on providing excellent healthcare services to the community we serve. As a district hospital our Board members are elected public officials and serve the taxpayers of our district. Our Board members are very knowledgeable regarding the need to provide appropriate healthcare services to the community, access to healthcare and the need to reduce inappropriate utilization of the services. They are committed stakeholders and are actively engaged in oversight of the quality improvement and PRIME-related activities of our district.

As mentioned in the Appendices, the district will recruit, hire, and train a PRIME Project Coordinator in an effort to provide direct oversight of the project. It will be the responsibility of the PRIME Project Coordinator to report monthly to the Board of Directors, Administration, and Medical Staff ensuring appropriate monitoring and feedback.

3.4 Stakeholder Engagement. [No more than 200 words]

Describe plans for engaging with stakeholders and beneficiaries in the planning and implementation of PRIME projects. Describe how these activities will complement or augment existing patient engagement efforts.

During implementation of the PRIME project, MMHD will ensure that stakeholders and beneficiaries have multiple opportunities to be engaged in the project's planning and implementation.

MMHD has an established governance structure that will aid in our efforts to disseminate pertinent information to all stakeholders. We will continue to report at frequent intervals to the publically elected community members that make up our Board of Directors in an effort to keep the community apprised of our plan, progress, and eventual success of the projects.

MMHD will publish documents publically through the use of the district website in an effort to remain transparent throughout the project. We will keep all caregivers up to date with pertinent information in our regularly scheduled Medical Executive committee and hospital management team meetings. The PRIME coordinator will have the responsibility of regularly reporting on progress and metrics at the above mentioned meetings as well as directly to the Administrative staff.

Patients will be encouraged to provide feedback throughout the project through social media and the website. Patient satisfaction will be measured throughout the project, pre and post-implementation, in an effort to identify areas for improvement.

We also intend to engage stakeholders by holding semi-annual stakeholder meetings starting in year 2 of the program. We will advertise in the local print media as well as partner with the local clinics in an effort to disseminate dates and times of the stakeholder meetings which will be held within the district boundaries.

3.5 Cultural Competence and Addressing Health Disparities. [No more than 200 words]

Describe planned efforts to ensure cultural competency in implementing PRIME projects and the strategies to reduce healthcare disparities that will be adopted. Identify the resources that the entity has available for this purpose.

MMHD is focused on delivering high quality care to our diverse population. We continually orient our staff through the use of annual re-orientations and skills training in an effort to best serve our multi-lingual population.

While implementing the PRIME projects chosen we will continue to support these efforts, we will continue to translate educational materials into our identified threshold languages and provide real-time access to interpreter services as a complement to our provider's language capabilities, many of whom are bi-lingual. In addition, we intend to build on our existing outreach program to proactively engage our community in these efforts.

3.6 Sustainability. [No more than 150 words]

Provide a high-level description of the systematic approach for quality improvement and change management that your organization plans to use. The narrative should describe the specific components you have in place, or will implement as part of PRIME, which will enable you to sustain improvements after PRIME participation has ended.

MMHD participates in a number of quality improvement initiatives and programs including, Medicare Beneficiary Quality Improvement Project (MBQIP), Partnership

Health Plan of California quality initiatives for long-term care, Hospital Quality Institute *Engage* program, and HCAHPS. Through participation in these initiatives MMHD has gained experience that will be leveraged to sustain PRIME improvements.

The data will be collected, entered into the different entities as stated above, and the information that is returned will be used to drive change in the form of evidence related to patient outcomes. The data will drive the change of process and procedures. Staff will be informed of our data results in all levels staff roles at our facility. Our specific data will be presented at staff, Medical staff, and Board of Director meetings.

During the Prime project we will gain the necessary tools and experience creating a systemic approach in our efforts to develop and maintain a sustainable infrastructure including renewable policies and procedures and standardized care plans while being supported by the PRIME incentives. We will then apply our experience in establishing the program into maintaining the programs post PRIME involvement as well as creating culture within the facility and community to ensure the programs continue on well past the funding from the PRIME program. We also feel confident that the 2 programs we chose were needed within our district and will have great support from our local providers thus the referral patterns will stay constant.

Section 4: Project Selection

The PRIME Projects are organized into three Domains:

- Domain 1: Outpatient Delivery System Transformation and Prevention
- Domain 2: Targeted High Risk or High Cost Populations
- Domain 3: Resource Utilization Efficiency

The PRIME program will provide incentive payments to participating entities that commit to implementing 5-year projects within the PRIME domains and as further described in [Attachment II -- PRIME Program Funding and Mechanics Protocol](#). The required set of core metrics for each project is outlined in [Attachment Q: PRIME Projects and Metrics Protocol](#). The purpose of this section is for applicants to indicate which projects they will implement and to describe the approaches to implementation.

Selections must comply with the requirements of the STCs and the Attachments Q and II delineating the PRIME program protocols.

Designated Public Hospitals (DPHs) are required to implement projects from all three Domains. DPHs must select at least nine projects, of which six are specifically required:

- Select at least four projects from Domain 1 (Projects 1.1, 1.2, and 1.3 are required);
- Select at least four projects from Domain 2 (Projects 2.1, 2.2, and 2.3 are required); and,
- Select at least one project from Domain 3.

District/Municipal Public Hospitals (DMPHs) are required to select at least one project to implement. DMPHs may select their project(s) from any of the three Domains.

Instructions

For Sections 4.1 - 4.3, click the box(es) that correspond to the project(s) you will undertake. In addition, click the boxes that correspond to the core components you will adhere to in order to achieve the objectives of the project. Note that core components selected are not required; they are meant to guide project execution and serve as recommendations only.

Answer all of the questions below for each selected project. Provide narrative responses in the spaces marked "Insert response here":

1. *Summarize your approach to designing and implementing the project. Include a rationale for selecting the project and planned approach to implementation. [No more than 300 words]*
2. *Describe how the project will enable your entity to improve care for the specified population [No more than 250 words]*

3. ***For DMPHs (as applicable)***, indicate which project(s) your entity is selecting that will require infrastructure-building process measures and complete the supplemental document (Appendix) to identify and describe your proposed process measures.

For DMPHs requiring infrastructure building metrics that are approved in the PRIME Project Plan, 75% of PRIME funding for DY 11 will be based on the achievement of the approved DY 11 infrastructure building metrics through the final year-end report. Up to 40% of the total PRIME funding for DY12 will be based on the achievement of the approved DY 12 infrastructure building metrics through the mid-year and final year-end report. The proposed Process Measures should meet the following criteria:

- *Specific*
- *Measurable: Must be able to demonstrate progress throughout the duration of the process metric measurement period.*
- *Evidence-based: Measures should have a strong evidence-base that can linked process to outcomes.*

Section 4.1 -- Domain 1: Outpatient Delivery System Transformation and Prevention

☒ 1.5 – Million Hearts Initiative

Design and Implementation

Mayers Memorial Hospital selected the Million Hearts Initiative due to the overwhelming statistics that show cardiovascular disease is still the number one cause of death in Shasta County at 25.1% of all deaths. Our district is able to provide initial life saving services when patients present with a serious cardiac event. However, we lack the resources to provide specialized cardiac care in serious cardiac cases. By providing cardiac educational resources and preventative medicine to our patient base we hope to increase the cardiovascular health of our district, decrease the number of patients with cardiac events, and reduce the mortality rate associated with them.

Our planned implementation will include developing a baseline infrastructure in our efforts to create a screening, referral and networking process to identify those patients who could best benefit from preventative cardiac care and smoking cessation support. All progress will be monitored by staff as they promote individual stewardship of the patient's health with their input helping to drive their progress.

Patient Engagement

We intend to communicate with patients to ensure understanding of their cardiac health, the program and the importance of preventative measures. Daily, prior to their rehab routine, patients will have an open discussion with front line staff about their vital signs, hypertension status, medications & co-morbidities. This along with patient input on their treatment plan, exercise routines and progress through cardiac rehab will be the center focus for patient engagement. This is in an effort to maximize patient education, understanding and ownership of their hypertension to make lasting heart healthy lifestyle changes.

Patients identified as current smokers will also be engaged in an open discussion with frontline staff, focusing on the health risks of smoking, financial burden, what to expect when quitting, techniques/products that can help cope with withdrawal, as well as smoking cessation material with a variety of information and resources to help patients remain tobacco free.

Monitoring Equipment Access

Improving access to quality care and decrease disparities in the delivery of preventive services by providing free access to our cardiac maintenance exercise and monitoring equipment to easier promote a healthy active lifestyle.

Evidenced Based Protocols

Standardize the program using evidence based treatment methods, such as those recommended by the USPSTF and <http://smokefree.gov/>.

Quality Improvement

Continual performance feedback and rapid cycle improvement will be documented and reviewed with all patients by properly trained front line staff and senior leadership.

Care Coordination

All cardiac rehabilitation records and data will be presented to the patient to review at home and per their request, shared with their primary care physician, just as all patient demographics from the clinic will be requested prior to rehab enrollment to ensure a continuity of care exists between the physician & the hospital staff, and that a safe, effective care plans can be developed and maintained with the physicians input and oversight. Open communication with the patient and clinics will help us coordinate modification to the treatment plan when a change in the patient's status, vitals, medications or condition occurs. This will allow us to quickly adapt our treatment regimen, educate patients on any new medications or treatments and eliminate any confusion or misunderstandings for the patient. Patients will be contacted prior to rehabilitation enrollment to discuss the program, days and times they are available and answer and questions or concerns they may have. They will also be contacted prior to

any changes or modifications that may take place due to physician orders or unforeseen circumstance.

The target population of patients will consist of adults at least 18 years of age and 85 or younger that has been identified through physician referrals, inpatient or emergency cardiac/smoking screening as indicated by literature and history.

Improving Care at MMHD

With this program it is the goal of Mayers Memorial Hospital, its providers and staff to increase education about the patient’s cardiac condition. We will do this in a multitude of ways:

- a. Patients will be given free enrollment into our cardiac rehabilitation program, which entails, monitored exercising as well as daily medication, diet and hypertension education by our frontline staff. Thus giving patients a better understanding of their condition, a means to optimize their heart health and helping to prevent future cardiac complications.
- b. Patients’ blood pressure, heart rate and SPO2 will be monitored by licensed frontline staff, prior to, during and after exercise in an effort to trend patient data, demonstrate progress to the patient and help coordinate any changes that need to be addressed.
- c. Cardiovascular exercise treatment programs will be coordinated with patients, physicians and frontline staff in order to promote active lifestyles in an effort to reduce and prevent future hypertension occurrences.

This is in an ultimate goal to reduce and prevent cardiac complications, events and have patients take stewardship of their cardiac health, medications and overall wellbeing upon completion of the Initiative. Each patient will also be encouraged and empowered to improve their cardiac health while being fully engaged with the program through documentation of improvement, personal risk identifiers and personal goals created based on each patients cardiac/smoking history.

This project will require infrastructure measures. Please refer to the appendices below for measures and milestones.

Please mark the core components for this project that you intend to undertake:

Check, if applicable	Description of Core Components
Not Applicable	1.5.1 Collect or use preexisting baseline data on receipt and use of targeted preventive services, including any associated disparities related to race, ethnicity or language need.
Applicable	1.5.2 Implement processes to provide recommended clinical preventive

Check, if applicable	Description of Core Components
	services in line with national standards, including but not limited to the US Preventive Services Task Force (USPSTF) A and B Recommendations.
Applicable	1.5.3 Improve access to quality care and decrease disparities in the delivery of preventive services.
Applicable	1.5.4 Employ local, state and national resources, and methodologies for improving receipt of targeted preventive services, reducing associated disparities, and improving population health.
Not Applicable	1.5.5 Adopt and use certified electronic health record systems, including clinical decision supports and registry functionality to support provision of targeted preventive services. Use panel/population management approaches (e.g., in-reach, outreach) to reduce gaps in receipt of care.
Not Applicable	1.5.6 Based on patient need, identify community resources for patients to receive or enhance targeted services and create linkages with and connect/refer patients to community preventive resources, including those that address the social determinants of health, as appropriate.
Not Applicable	1.5.7 Implement a system for continual performance feedback and rapid cycle improvement that includes patients, front line staff and senior leadership. <ul style="list-style-type: none"> • Provide feedback to care teams around preventive service benchmarks and incentivize QI efforts.
Applicable	1.5.8 Encourage, foster, empower, and demonstrate patient engagement in the design and implementation of programs.

Please complete the summary chart:

	For DPHs	For DMPHs
Domain 1 Subtotal # of DPH-Required Projects:	3	0
Domain 1 Subtotal # of Optional Projects (Select At Least 1):		1
Domain 1 Total # of Projects:		1

Section 4.3 – Domain 3: Resource Utilization Efficiency

☒ 3.1 – Antibiotic Stewardship

Design and implementation

MMHD has chosen Antimicrobial Stewardship to improve patient outcomes by promoting the appropriate use of antibiotics. Our goal is to reduce microbial resistance, decrease the spread of infections caused by multidrug-resistant organisms and reduce hospital associated Clostridium difficile (C-diff) infections in our patient population. According to the CDC 20-50% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate, leading to serious side effects such as Clostridium difficile infection, and antibiotic resistant organisms. Our hospital based Antimicrobial Stewardship Programs will optimize treatment and reduce adverse events, improving patient care and patient outcomes.

MMHD has formed a sub-committee to develop a process for evaluating the judicious use of antibiotics. Our design will follow the recommendations of the CDC by following their “Checklist for Core Elements of Hospital Antibiotic Stewardship Programs.” Implementation will include: leadership support, accountability, and drug expertise, and educating necessary caregivers. MMHD will build CPOE order sets that will assist in providing clinical decision support in our efforts to reduce the ordering of unnecessary antibiotics.

MMHD will design our antimicrobial stewardship in an effort to first establish baseline data for the metric below using the National Healthcare Safety Network Antimicrobial Use Measures. Track and trend antibiotic use and provide practitioners with evidence based guidelines and education to assist in the following areas.

Avoidance of antibiotic treatment in adults with acute bronchitis:

We will design the stewardship to include a percentage of adults 18 through 64 years, tracked in DY12 as the PRIME target population with a diagnosis of bronchitis who were not prescribed or dispensed an antibiotic prescription on or 3 days after the episode.

Avoidance of antibiotics treatment for low colony count urinary cultures:

Implement protocols in an effort to ensure hospitalized individuals will not be unnecessarily treated with antibiotics for urine cultures that do not show bacterial levels consistent with infection.

Reduction of hospital acquired Clostridium difficile infections:

We will work to implement an acceptable Standardized infection ratio (SIR) of hospital-onset CDI Laboratory-identified events (LabID events) among all inpatients in the facility, excluding well-baby nurseries.

Prophylactic antibiotic discontinued at time of surgical closure:

Design and implement protocols and procedures to ensure surgical patients prophylactic antibiotics are discontinued at the time of surgical closure per CDC recommendations.

Improving Care at MMHD

PRIME will enable MMHD to accomplish several key elements to prevent spread of resistant organisms by reducing/eliminating the unnecessary use of antimicrobials. Unnecessary use encompasses 1) unneeded antibiotics 2) antibiotics given for an excessive duration and 3) antibiotics that don't treat the organism cultured. Poor antimicrobial stewardships lead to resistant organisms in the hospital and the community and place our patients at increased risk for C-diff infections.

Due to the range of interventions associated with this project, we expect the target population to include all patients receiving care at MMHD, adult, pediatric, inpatient and outpatient. All Medi-Cal patients will be part of the target population. For the purpose of this project neonates will be excluded. We intend to initiate this project in our outpatient surgery setting and will broaden the scope to include med-surg, swing ER and the outpatient medical area.

This project will require infrastructure measures. Please refer to the appendices below for measures and milestones.

Please mark the core components for this project that you intend to undertake:

Check, if applicable	Description of Core Components
Applicable	3.1.1 Utilize state and/or national resources to develop and implement an antibiotic stewardship program, such as the California Antimicrobial Stewardship Program Initiative , or the IHI-CDC 2012 Update “Antibiotic Stewardship Driver Diagram and Change Package.” ¹ <ul style="list-style-type: none">• Demonstrate engagement of patients in the design and implementation of the project.

¹ The Change Package notes: “We do not recommend that any facility attempt to implement all of the interventions at once. There are a large number of interventions outlined in the Change Package, and attempting to implement too many at one time will likely create huge challenges. Rather, the Change Package is meant to serve as a menu of options from which facilities can select specific interventions to improve antibiotic use.” (p. 1, Introduction).

Check, if applicable	Description of Core Components
Applicable	3.1.2 Develop antimicrobial stewardship policies and procedures.
Applicable	3.1.3 Participate in a learning collaborative or other program to share learnings, such as the “Spotlight on Antimicrobial Stewardship” programs offered by the California Antimicrobial Stewardship Program Initiative. ²
Applicable	3.1.4 Create standardized protocols for ordering and obtaining cultures and other diagnostic tests prior to initiating antibiotics.
Not Applicable	3.1.5 Develop a method for informing clinicians about unnecessary combinations of antibiotics.
Applicable	3.1.6 Based on published evidence, reduce total antimicrobial Days of Therapy (DOT) by providing standards and algorithms for recommended agents by disease type, focusing on short course regimens (e.g., 3-5 days of therapy for uncomplicated cystitis, 7 days for uncomplicated pyelonephritis, 5-7 days for uncomplicated non-diabetic cellulitis, 5-day therapy for community acquired pneumonia (CAP), 7-8 days for therapy for VAP or hospital acquired pneumonia).
Applicable	3.1.7 Develop evidence-based computerized provider order entry (CPOE) algorithms and associated clinician training, to support antibiotic stewardship choices during order entry. These could include approaches such as guidelines for duration of antibiotics, within drug class auto-switching for specific antibiotics and doses, or restriction of specific antibiotics at the point of ordering (e.g., broad spectrum agents).
Not Applicable	3.1.8 Implement stewardship rounds focusing on high yield drugs to promote de-escalation after the drugs are started, such as regular antibiotic rounds in the ICU.
Applicable	3.1.9 Improve diagnostic and de-escalation processes to reduce unnecessary antibiotic use based upon length of therapy or antibiotic spectrum, such as: <ul style="list-style-type: none"> • Procalcitonin as an antibiotic decision aid. • Timely step-down to oral antibiotic therapy to support early discharge from the hospital for acute infections. • Use of oral antibiotics for osteomyelitis to reduce prolonged IV exposures.

² Launched in February 2010, this statewide antimicrobial stewardship program expands use of evidenced-based guidelines to prevent and control infections and improve patient outcomes: [Click here to see this statistic's source webpage.](#)

Check, if applicable	Description of Core Components
Applicable	3.1.10 Evaluate the use of new diagnostic technologies for rapid delineation between viral and bacterial causes of common infections.
Applicable	3.1.11 Adopt the recently described "public commitment" strategy in outpatient clinics to encourage providers not to prescribe antibiotics for upper respiratory tract infections (URIs).
Not Applicable	3.1.12 Publish organization-wide provider level antibiotic prescribing dashboards with comparison to peers and benchmarks. Contribute system level data for a similar dashboard across all public health care systems.
Not Applicable	3.1.13 Implement a system a system for continual performance feedback and rapid cycle improvement that includes patients, front line staff and senior leadership.

Please complete the summary chart:

	For DPHs	For DMPHs
Domain 3 Subtotal # of Selected Projects (Select At Least 1):		1
Domain 3 Total # of Projects:		1

Section 5: Project Metrics and Reporting Requirements

Each project includes a required set of metrics, as specified in [Attachment Q: PRIME Project and Metrics Protocol](#). All of the metrics for the required and selected projects must be reported each demonstration year (DY) in compliance with [Attachment Q](#).

Participating entities must report and include baseline data for all relevant project metrics and will identify data sources, consolidating data from multiple inpatient and ambulatory systems, and including data on assigned lives reported from health plans reporting on this data semi-annually. Report submissions must include the numerator and denominator data for each of the metrics for which the entity is seeking payment under PRIME. A PRIME participating entity may provide estimates or reasonable

projections if particular data is unavailable due to circumstances beyond the PRIME entity's control, including data that is collected and maintained by an external entity, such as an MCP, which has not been provided to the participating PRIME entity in a timely and accurate manner.

DPHs are required to strengthen data and information sharing with MCPs under the PRIME. To support this requirement, DHCS will establish data and information sharing guidelines and/or mechanisms, which DPHs and DMPHs must follow, consistent with applicable state and federal data privacy and security law, to provide for timely sharing of beneficiary data, assessment, and treatment information, for purposes of identifying and treating the beneficiary for PRIME and Whole-Person Care (WPC). DPHs must demonstrate establishment of new and/or strengthened data and information sharing with MCPs during the demonstration. In particular, the following must occur: reporting of complete, accurate, reasonable and timely reporting of encounter data; sharing of treatment and assessment data for care coordination purposes; and, establishment of processes and infrastructure to support MCP achievement of quality improvement efforts when aligned with PRIME projects.

- I understand and accept the responsibilities and requirements for reporting on all metrics for required and selected projects

Section 6: Data Integrity

Each PRIME participating entity must establish and adhere to a data integrity policy throughout the execution of the PRIME Program. Participating entities must be able to verify that all fiscal, clinical, and quality improvement work for which a metric claim is reported. State and federal officials reserve the right to require additional substantiation or verification of any data claim or related documentation and may conduct periodic audits when indicated.

- I understand and accept the responsibilities and requirements for establishing and adhering to a data integrity policy.

Section 7: Learning Collaborative Participation

All PRIME participating entities are encouraged to actively participate in learning collaboratives that will be launched by DHCS or their designees for purposes of providing technical assistance and information exchange opportunities as PRIME implementation gets underway. At a minimum, each PRIME participating entity is required to participate in at least one face-to-face statewide learning collaborative per PRIME year. Please acknowledge your understanding and acceptance of this responsibility below.

- I understand and accept the responsibility to participate in-person at the annual statewide collaborative.

Section 8: Program Incentive Payment Amount

Please indicate the total computable PRIME incentive payment amount for this 5-year plan, consistent with the PRIME Funding and Mechanics Attachment:

Total computable 5-year PRIME plan incentive payment amount for:

- DY 11 \$ 1,500,000
- DY 12 \$ 1,500,000
- DY 13 \$ 1,500,000
- DY 14 \$ 1,350,000
- DY 15 \$ 1,147,500

Total 5-year PRIME plan incentive amount: \$ 6,997,500

Section 9: Health Plan Contract (DPHs Only)

DPHs are required to commit to contracting with at least one Medi-Cal managed care health plan (MCP) in the MCP service area that they operate using alternative payment methodologies (APMs) by January 1, 2018.

I understand and accept the responsibility to contract with at least one MCP in the service area that my DPH operates no later than January 1, 2018 using an APM.

Section 10: Certification

- I hereby certify that all information provided in this Plan is true and accurate to the best of my knowledge, and that this plan has been completed based on a thorough understanding of program participation requirements as specified in [Attachment Q](#) and [Attachment II](#) of the Waiver STCs.

Appendix- Infrastructure Building Process Measures

	Proposed Process Measures	Proposed Milestones	Applicable Project Numbers	Process Measure Start Date – End Date
1.	Develop understanding of PRIME Project Workforce needs	<ul style="list-style-type: none"> Develop workforce gap analysis to determine PRIME Personnel need Develop a work force plan 	1.5 & 3.1	01/01/2016-06/30/2016
2.	Conduct a software gap analysis	<ul style="list-style-type: none"> Conduct a gap analysis to better understand our current system and potential needs for desired system If needed research and vet viable solutions 	1.5 & 3.1	01/01/2016-06/30/2016
3.	Implement PRIME workforce strategy	<ul style="list-style-type: none"> As needed develop job descriptions As needed recruit needed staff As needed hire needed staff As needed train needed staff 	1.5 & 3.1	07/01/2016-12/31/2016
4.	Acquire the necessary technology to perform quality metrics extract	<ul style="list-style-type: none"> As needed procure technology Train staff and implement technology Assess areas for improvement and make necessary changes to technology system functionality Acquire necessary hardware devices to support identified opportunities for improvement 	1.5 & 3.1	07/01/2016-12/31/2016
5.	Adopt and implement cardiovascular health protocols	<ul style="list-style-type: none"> Research educational materials Present findings to Medical Staff and BOD Quality Adopt through policy cardiovascular health protocols Educate Medical Staff on newly approved policies 	1.5	07/01/2016 - 12/31/2016
6.	Adopt and implement Antibiotic Stewardship protocols	<ul style="list-style-type: none"> Research educational materials Present findings to Medical Staff and BOD Quality Adopt through policy Antimicrobial Stewardship protocols Educate Medical Staff 	3.1	07/01/2016 - 12/31/2016