POPULATION HEALTH MANAGEMENT (PHM) ADVISORY GROUP MEETING

October 11, 2023

Key Takeaways

During the discussion on the **Risk Stratification, Segmentation, and Tiering (RSST) Algorithm:**

- DHCS:
    - Defined the RSST approach as a statewide, transparent, standardized risk scoring mechanism and risk tiers to identify members who may benefit from broader services and interventions and to establish a uniform standard throughout the State of California. RSST is a key component of both the PHM Program and Service and will be fully deployed once the PHM Service goes live.
    - Introduced the RSST Work Group, a collective of nationally recognized experts in risk identification, algorithmic design, algorithmic bias, and health services research who are developing the RSST algorithm in conjunction with a Scientific Advisory Council (SciAC).
    - Provided a pre-decisional overview of the contextual design of the RSST algorithm, which will classify Medi-Cal members into one of three risk tiers: Low Risk, Medium-Rising Risk, or High Risk. Managed Care Plans (MCPs) will be required to conduct an assessment on all members assigned to the High Risk tier. In the context of the RSST algorithm, risk is the likelihood of a negative health event or outcome occurring to an individual. The algorithm will assign members to risk tiers based on their risk score in three domain areas, each with two sub-domains:
        - Risk of Adverse Events
            - Physical Health
            - Behavioral Health
        - Risk of Underutilization
            - Physical Health
            - Behavioral Health
        - Social Risk
            - Adverse Social Events
            - Underuse of Social Services

It will use a member's observed past data points to develop a risk estimate within a sub-domain in the next 12 months. In its first version, the algorithm will include outcomes and predictor variables for three populations:
    - Adults (Medi-Cal members ages 18+)
    - Pediatric (Medi-Cal members ages 4 months – 17 years)
    - Birthing (Medi-Cal members who are pregnant or up to 12 months postpartum; infants ages 0 – 3 months)
  - Outlined their approach to identifying predictor variables, which draws on three predictor domains: socio-demographic risk factors (encompassing geographic, demographic, and social factors); prior use/outcomes as risk factors (encompassing physical, behavioral, and social health); and transition events (both medical and non-medical).
  - Presented their approach to identifying adverse events and outcome measures, which are categorized by domain and sub-domain and will vary by population.
- PHM Advisory Group Members and Other Stakeholders:
  - Requested that Tribal providers be represented on the RSST Work Group or SciAC.
  - Asked if Healthy Places Index (HPI) data would be used as a geographic factor in socio-demographic risk.
  - Recommended the use of Homeless Management Information System (HMIS) data as DHCS refines their approach to identifying adverse events for the Adults population.
  - Asked why Seniors and People with Disabilities (SPDs) have not been pulled out separately from the Adults population.
  - Offered suggestions for additional social risk factors and requested an opportunity to review social risk factors for family and community prior to finalization.
  - Requested more information on the steps that DHCS is taking to ensure accuracy of demographic data and mitigate algorithmic bias.
  - Inquired whether 1) all predictor variable values and 2) all domain and sub-domain risk scores would be made visible to stakeholders for feedback.
  - Requested a more definitive timeline for the launch of the PHM Service.

During the discussion on **PHM Transitional Care Services: Policy Changes and Clarifications:**

- DHCS:
    - Defined care transitions as when a Medi-Cal member transfers from one setting or level of care to another and reaffirmed DHCS' goals for transitional care.
    - Reminded attendees that as of January 1, 2023, MCPs have been responsible for ensuring all transitional care services are complete for high-risk members, and that by January 1, 2024, MCPs will be required to ensure all transitional care services are complete for all members.
    - Acknowledged feedback received from MCPs requesting policy changes and further guidance for transitional care services (TCS) for the implementation period beginning January 1, 2024. In response to MCP feedback, DHCS made modifications to the TCS policy to clarify the TCS requirements for high-risk members, and establish a lighter-touch TCS model for lower-risk members, which:
        - Removes the single point of contact requirement and replaces it with an MCP dedicated team/phone number for member contact;
        - Emphasizes existing requirements for hospitals to coordinate discharge planning processes;
        - Highlights the importance of a follow-up primary care physician (PCP)/ambulatory visit within 30 days post-discharge;
        - Requires an MCP telephonic team be made available to all transitioning members for 30 days to support their TCS needs; and
        - Mandates that MCPs use all available data to identify newly eligible members for outreach and enrollment in Enhanced Care Management (ECM), Complex Care Management (CCM), and/or Community Supports (CS).
    - Asked what type of technical assistance from DHCS would be helpful to support the launch of TCS for all members.
    - Flagged the upcoming publication of the updated PHM Policy Guide, which will contain the revised TCS policy, in October, and MCP Contract Amendment A, which will reflect the latest TCS policy, in early 2024.
- PHM Advisory Group Members and Other Stakeholders:
    - Asked whether DHCS was considering a standardized social health screener across all discharging facilities for use in the discharge risk assessment.
    - Asked how to ensure care managers are aware of DHCS' expectations around TCS and the resources available to them.