



# Population Health Management (PHM) Advisory Group Meeting

May 31, 2022

## Key Takeaways

During the discussion on **Screening and Assessment**:

- PHM Advisory Group Members:
  - Discussed how and what kind of information from screening and assessment processes should be shared between MCPs and Providers and how to make this information useful, such as by making this data available at the point of care electronically in electronic health records (EHRs).
  - Requested more guidance from DHCS on data sharing standards.
  - Recommended that this data be shared with public health departments.
- DHCS clarified:
  - The Initial Health Appointment (IHA) [formerly referred to as the Individual Health Assessment] requirement will not be changing, but detailed requirements specified in the All Plan Letter (APL) will be dropped. The IHA will continue to be conducted by licensed medical providers. DHCS will monitor these visits through HEDIS measures.

During the discussion on **Population Needs Assessment (PNA) and PHM Strategy**:

- DHCS clarified:
  - The intent of the PNA is to conduct broader community engagement beyond MCPs' assigned membership. The goal is to tackle upstream determinants outside of the four walls of health care.
- PHM Advisory Group Members:
  - Supported integrating broader community engagement as part of the PNA.
  - Underscored that the PNA should be developed in collaboration with a range of stakeholders, including representation from counties, community-based organizations (CBOs), and public health as well as integrate physical health, mental health, and substance use disorder (SUD) perspectives. Also noted that this community collaboration should lead to accountability.
  - Suggested that the PNA should reflect population changes when members move between plans or change providers.
  - Supported aligning with NCQA requirements on population assessments and population health management strategy as well as other types of assessments (e.g., hospital community needs assessment, and local public health community health needs assessment) to reduce duplication.

During the discussion on **Transitional Care Services (TCS)**:

- PHM Advisory Group Members:
  - Discussed the challenges and opportunities with admission, discharge, transfer (ADT) feeds. They are not always available. They are limited in the usefulness of data as it does not include any clinical information that is needed to do care management.



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- Historically, there is poor coordination between hospitals, MCPs, medical groups, and PCPs and the roles and responsibilities have been murky for transitions of care.
- Recommended that MCPs should be getting hospital notifications when a member is discharged, in addition to PCPs. Many Whole Person Care (WPC) counties have been using Collective Medical Technologies (EDIE) for ADT notifications, which has worked well and could be scaled statewide.
- Noted that infrastructure is needed in general to support skilled nursing facility (SNF) transitions of care. Coordination with the California Department of Social Services (DSS), which regulates facilities, is also crucial. It is easier for plans to know when individuals are admitted to SNFs, but plans and PCPs almost never know when they are discharged.
- Articulated the need to streamline coordination for transitions, given there are multiple care managers/systems caring for the same member (e.g., behavioral health and enhanced care management [ECM] care managers). Advisory Group members recommended the need for one primary care manager who has long standing relationship with the member (e.g., for a member in ECM, the ECM care manager can serve as the care manager for TCS) and the sharing of contact information among care managers.

### During the discussion on **PHM Service, Risk Stratification and Segmentation (RSS) and Data Sources:**

- PHM Advisory Group Members:
  - Discussed challenges associated with collecting race/ethnicity info (e.g., members unwillingness to answer, language barriers, collection of multiple race/ethnicities, quality checks).
  - Discussed potentially adopting federal standards ([United States Core Data for Interoperability \(USCDI\)](#)) for data sharing; the use of zip code info and potentially a standardized tool; and best point of care strategies (e.g., using inpatient concurrent review nurses) to improve collection of race/ethnicity and sexual orientation and gender identity (SOGI) data.
- DHCS clarified:
  - PHM Service vendor selection will be announced in August 2022.
  - PHM Service will be able to collect a full range of gender identities as part of SOGI data collection efforts.