Population Health Management (PHM) Advisory Group Meeting

October 24, 2022

Key Takeaways

During the discussion on the **Member Story:**

- Health Plan of San Mateo (HPSM):
    - Shared how it identifies and addresses member needs prior to a crisis point using their risk stratification approach which stratifies members into one of three levels: high risk; emerging/moderate risk; or low risk/prevention and early intervention.
    - Shared an example of how HPSM's Integrated Care Management (ICM) team leveraged its risk stratification approach to reach out to an older member who was losing her housing to offer support and referrals, successfully linking the member to a Community Supports (CS) program and securing housing at a senior supportive housing community.

During the discussion on the **PHM Service Recap + Q&A:**

- DHCS:
    - Provided a brief overview of the PHM Service which will integrate data, support key population health functions, and provide users with access to PHM data.
    - Noted that DHCS had released a notice of intent to award, selecting Gainwell Technologies and a group of integrated partners to implement the PHM Service.
    - Emphasized that PHM Service functionalities will be phased in over time with an initial pilot phase anticipated to begin in January 2023.
    - Noted that PHM Advisory Group members may nominate interested entities as potential partners in the test launch phase of PHM Service implementation.
    - Affirmed that the PHM Service will include information on all Medi-Cal beneficiaries (i.e., those in fee-for-service Medi-Cal or managed care).
    - Noted that the PHM Service is not a health information exchange (HIE) and that the PHM Service will likely not connect to health information exchange organizations (HIOs) at time of launch, though DHCS will look for opportunities to establish such connections in future phases of implementation.
    - Noted that DHCS anticipates that data in the PHM Service will primarily leverage existing DHCS data at time of launch and that additional data will be made available in phases over time.
    - Noted that that the PHM Service is anticipated to protect data through clear provenance and data sourcing processes as well as strong role-based permissions.
    - Clarified that the long-term objective is for data exchange between the PHM Service and implementers to be bidirectional.

Key Takeaways

- ○ Noted that the PHM Service should not replace necessary stakeholder investments in data exchange capabilities (e.g., resources to support ADT notifications).
- ○ Clarified that there will be some required uses of the PHM Service [e.g., managed care plan use of outputs from the statewide risk stratification, segmentation and tiering (RSST) algorithms to inform care] but that much of its data and functionalities will be for optional use by authorized users.
- PHM Advisory Group Members:
  - ○ Recommended that DHCS define priority policy objectives and use those priorities to inform what PHM Service data and functionalities should be rolled-out first.
  - ○ Recommended that PHM Service data be made available at the point of care (e.g., in electronic health records) to the maximum extent possible, to improve usability.
  - ○ Recommended that the PHM Service make data available in user-friendly ways (e.g., in structure formats).
  - ○ Recommended a phased approach to implementation and a longer pilot period.

During the discussion on the **Risk Stratification, Segmentation, and Tiering (RSST) Recap + Discussion:**
- DHCS:
  - ○ Provided an overview of the framework for establishing statewide RSST algorithms in the PHM Service.
  - ○ Solicited nominations for the Scientific Advisory Council (SciAC), an advisory body which would be providing input on the development of the statewide algorithms.
  - ○ Noted that the RSST Work Group will be leading design of the statewide RSST approach, including developing definitions of risk and strategies to minimize bias.
  - ○ Requested PHM AG Member feedback on RSST discussion questions (slide 19 of the October 24, 2022 presentation).

During the discussion on the **Beneficiary Contact and Demographic Initiative (BCDI):**
- DHCS:
  - ○ Provided an overview of the BCDI initiative which aims to improve the means through which BCDI is collected, shared, and used.
  - ○ Provided an overview of the BCDI Stakeholder Work Group which will inform DHCS's efforts to improve the collection, sharing, and use of BCDI.
- PHM Advisory Group Members:
  - ○ Emphasized the importance of receiving accurate demographic information.

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- Recommended that efforts related to the collection of BCDI data elements align with existing federal standards.
- Recommended that Medi-Cal Rx data be considered as a source of highly accurate BCDI.
- Noted that counties and other stakeholders would benefit from training on how to best obtain BCDI from Medi-Cal enrollees.
- Raised "asset framing" as a concept to support member engagement and openness to sharing BCDI.
- Recommended that DHCS and stakeholders consider public relations campaigns to support member engagement and openness to sharing BCDI.