

Population Health Management (PHM) Advisory Group Meeting

April 26, 2022

10:30am-12:00pm

Agenda

Welcome and Member Introductions	35min
Role of the PHM Advisory Group: Purpose and Scope	5 min
Member Vignette	10 min
Overview and Discussion of Screening and Assessments	35 min
Close and Next Steps	5 min

DHCS and Manatt Facilitators

DHCS

- **Palav Babaria**, Deputy Director, Quality and Population Health Management
- **Susan Philip**, Deputy Director, Health Care Delivery and Systems (HCDS)
- **Bambi Cisneros**, Assistant Deputy Director, Managed Care, HCDS
- **Dana Durham**, Division Chief, Managed Care Quality and Monitoring Division (MCQMD)
- **Aita Romain**, Population Health Management
- **Ivan Mendoza**, Population Health Management

Manatt Health Facilitators

- **Sharon Woda**, Senior Managing Director
- **Natassia Rozario**, Senior Manager
- **Jonah Frohlich**, Senior Managing Director
- **Jen Eder**, Senior Manager

Member Introductions



CaAIM PHM Advisory Group Membership (1)

Stakeholder Type	Name	Organization
<i>Providers</i>	Tangerine Brigham	Alameda Health System
	Kathy Bristow	CommonSpirit Health
	Dr. Daniel Calac	Indian Health Council
	Dr. Laura Miller	Community Health Center Network
	Dr. Heyman Oo	Marin Community Clinics
	Al Rowlett	Turning Point Community Programs
	Bhumil Shah	Contra Costa County Health Services
	Dr. Sam Skootsky	UCLA Faculty Practice Group and Medical Group
	Dr. Kelvin Vu	Open Door Community Health Centers
<i>MCPs</i>	Rebecca Boyd Anderson	Partnership HealthPlan
	Dr. Tim Ho	Kaiser
	Dr. Dipa Patolia	Health Net/California Health and Wellness
	Elaine Sadocchi-Smith	LA Care Health Plan
	Dr. Amy Scribner	Health Plan of San Mateo
	Dr. Soham Shah	Kern Health Systems
	Dr. Takashi Wada	Inland Empire Health Plan

CaAIM PHM Advisory Group Membership (2)

Stakeholder Type	Name	Organization
Counties	Phebe Bell	Nevada County
	Dr. Gail Newel	Santa Cruz County
	Dr. Robert Oldham	Placer County
	Dr. Nina Park	Los Angeles County Department of Health Services
	Peter Shih	San Mateo County Health
	Susie Smith	San Francisco Human Services Agency
	Dr. Gary Tsai	Los Angeles County
Advocates	Katherine Haynes	California Health Care Foundation
	Anna Leach-Proffer	Disability Rights California
Community Organizations	Maria Lemus	Vision Y Compromiso
	Kim Lewis	National Health Law Program
	Dr. Amie Miller	CalMHSA
Government Agencies	Dr. Sarita Mohanty	The SCAN Foundation
	Dana Moore	California Department of Public Health
Foundations	Mike Odeh	Children Now
	Caroline Sanders	California Pan-Ethnic Health Network (CPEHN)

CalAIM PHM Advisory Group Member Introductions

What is at the top of your wish list for what you hope the PHM Program and Service will solve for or address?

Role of the PHM Advisory Group: Purpose and Scope

The slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple and magenta, spanning the width of the slide below the main title.

PHM Advisory Group: Context & Purpose

Context

- The PHM Program and PHM Service must be designed to meet the needs of members across the continuum of care.¹
- The PHM Program and Service will evolve over time and be dynamic to meet the goal of Medi-Cal members achieving longer, healthier, happier lives and reductions in disparities.
- Achieving these goals requires close collaboration and consultation with stakeholders actively implementing the PHM Program.

Purpose

- The PHM Advisory Group is comprised of cross-sector stakeholders that will provide feedback and make recommendations on the CalAIM PHM Program and the PHM Service.

1. [WIC Code §14184.204](#) also requires PHM Program components to be developed in consultation with the appropriate stakeholders.

Meeting Format & Expectations

Meeting Format & Expectations

- Meetings of the PHM Advisory Group are **open to the public**. Meeting materials will be posted after the meeting to the [DHCS PHM website](#).
- PHM Advisory Group Members and members of the public are invited to engage in today's meeting using the Zoom chat and Q&A features. Please submit questions via the Q&A box for review by DHCS staff and keep chat comments respectful and constructive.
- Additional questions and comments may be submitted to CalAIM@dhcs.ca.gov.

PHM Strategy & Roadmap Document – *For Public Comment*

On April 25th, DHCS released the draft PHM Strategy & Roadmap Document for public comment.

DHCS POPULATION HEALTH MANAGEMENT APPROACH AND 2023- 2024 ROADMAP

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I. Introduction

DHCS' ten-year vision for the Medi-Cal program is for all Medi-Cal Members to enjoy longer, healthier and happier lives. To accomplish this, DHCS is moving towards a whole-system, person-centered approach in which health care services are only one element of supporting better care for Members. Partnerships between Medi-Cal Managed Care (MCMC) plans and Medi-Cal Members, health care providers, counties, communities, public health agencies, schools and community based organizations (CBOs) are essential to preventing illness, supporting health care needs, addressing health care disparities, and reducing the impact of poor health. Launched in 2021, California Advancing and Innovating Medi-Cal (known as CalAIM) is California's long term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.

Purpose of Paper

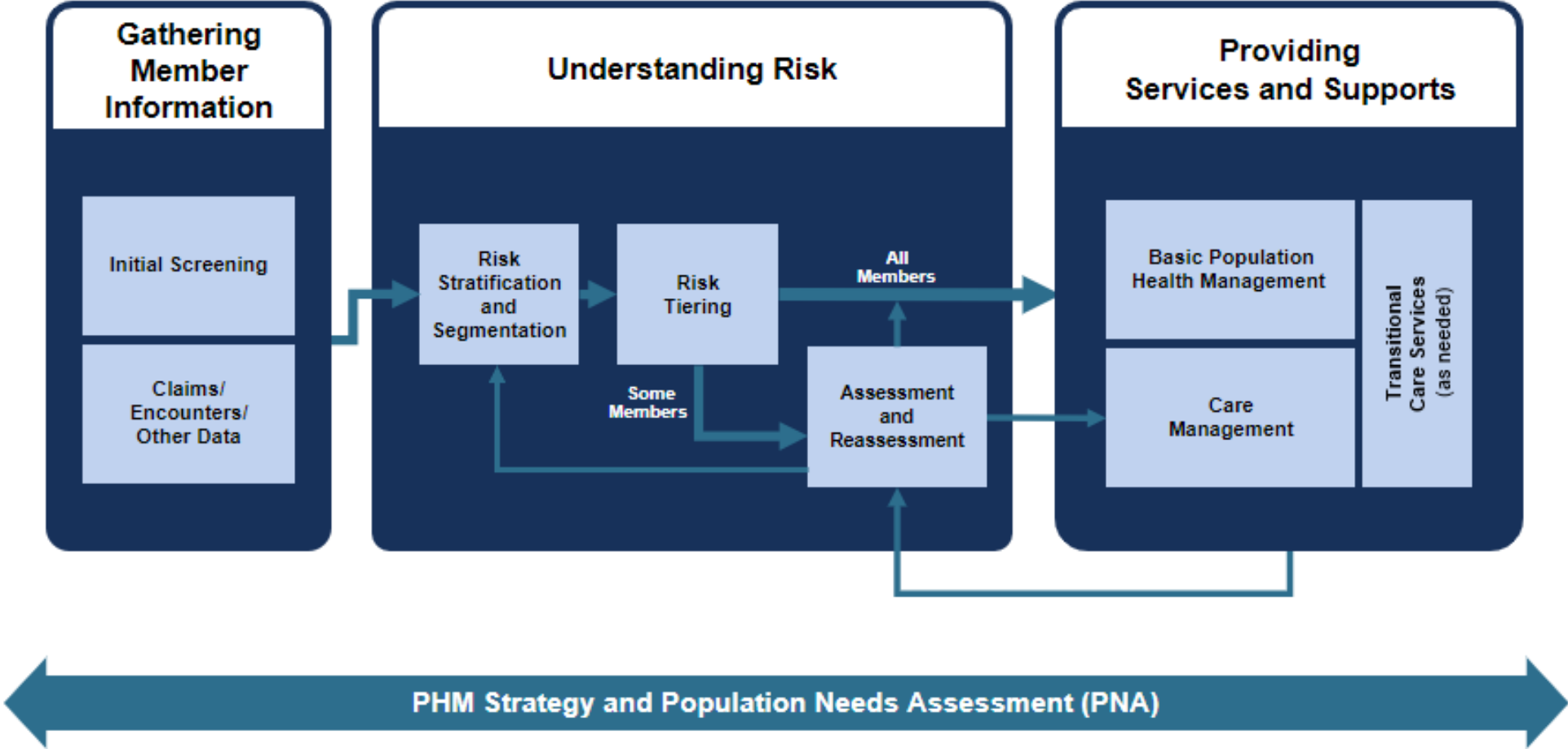
- ✓ Defines and describes the key PHM concepts and terminology that will be used by DHCS to support the implementation of the PHM Program in the coming years
- ✓ Sets out the “roadmap” for MCPs for 2023 and beyond
- ✓ Includes member goal vignettes to delineate member perspective on the “Why”
- ✓ Solicits stakeholder comments

Written public comments are requested by **8 a.m. PST, May 16, 2022**, and may be submitted to

CalAIM@dhcs.ca.gov

Member Vignette

Reminder: PHM FRAMEWORK



Member Vignette: PHM in Action

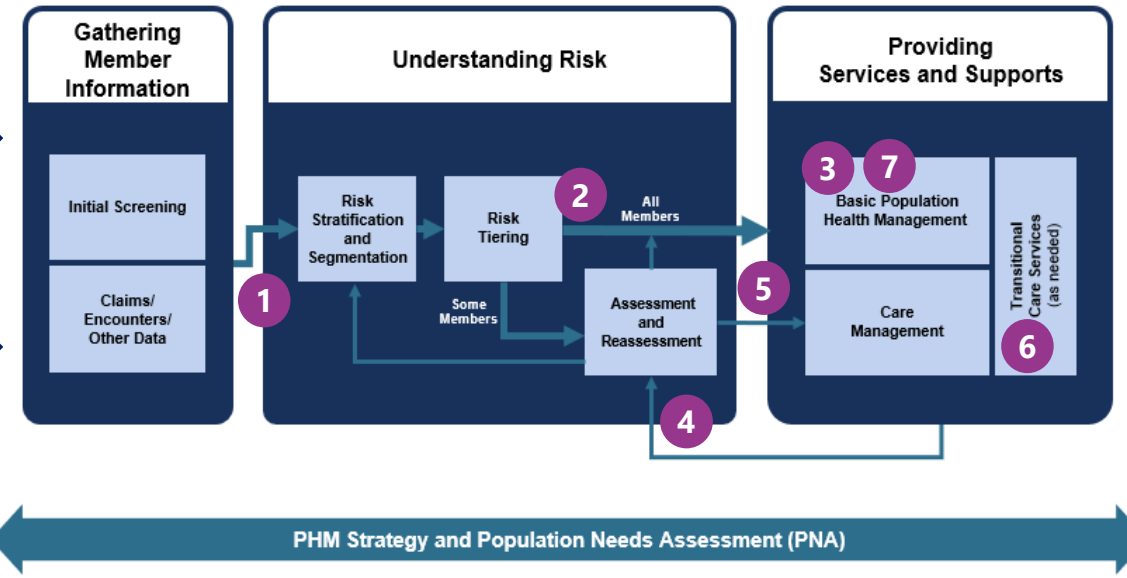
1 Linda has her first prenatal appointment; Her provider does a history and physical, diagnosing her with gestational diabetes. Her health plan receives the information.

2 A care coordinator from Linda's health plan reaches out and connects Linda to WIC services and a doula.

3 At 28 weeks, Linda is diagnosed with high blood pressure and depression, referred to high risk pregnancy specialist and is enrolled in CCM.

4 At 37 weeks pregnant, Linda is diagnosed with preeclampsia and admitted for labor induction. Supported by her doula, she delivers her healthy son, Jacob. Her CCM care manager helps with the transitions from hospital.

5 Linda's health conditions have resolved. Linda and Jacob receive dyadic services during Jacob's well child visits. Linda no longer needs support from CCM. Her plan continues to monitor and support her family through BPHM.



Overview and Discussion of Screening and Assessments

Screening and Assessment Goals and Definitions

Goals

- 1) Build trust and meaningfully engage with members;
- 2) Gather timely and accurate preferences/needs for all members in order to connect the member to services they need/want;
- 3) Gather and share data in a member-centered way that will enable plans to better target services and reduce bias;
- 4) Safeguard privacy; and
- 5) Improve health equity, reduce bias, and prevent stigma for individuals/groups who have been economically, socially, culturally, or racially marginalized.

Definitions

Screening is a brief process or questionnaire for examining the possible presence of a particular risk factor or problem, to determine whether a more in-depth assessment is needed for a specific area of concern.

Assessment is a more comprehensive process than screening, involving a set of questions for defining the nature of a risk factor or problem, determining the overall needs or health goals and priorities, and developing specific treatment recommendations for addressing the risk factor or problem. Health assessments can vary in length and scope.

Challenges with Current Screening and Assessment

Existing Challenges

Change is needed with respect to how member information is collected. Currently,

1. There's a high degree of **screening or assessment fatigue**.
2. Existing mechanisms are often **burdensome to members**.
3. Existing mechanisms **do not gather timely and accurate data** in a dynamic way.
4. Existing mechanisms are not **evidence-based**.
5. Existing data collected cannot be **shared across** the member's care teams or delivery systems.

Please put in the chat box other challenges associated with screening and assessment

Approach for Immediate Future: Streamlining Initial Screening and Assessments

Effective in 2023, DHCS is streamlining HIF/MET/ IHEBA/SHA and SPD HRA to eliminate duplication and burden and balance continuing federal, state, and NCQA requirements.*

HIF/MET

- Reduce duplication by clarifying that:
 - Information from initial screenings i.e., HIF/MET results should be **shared between MCPs and PCPs or other providers** serving the member.
 - MCPs may **delegate** HIF/MET to the provider level.
 - **Provider-led screenings** completed and shared back with the MCP within **90 days of enrollment** would fulfill the federal initial screening requirement.

IHEBA/SHA

- **Eliminate the existing IHEBA / SHA** mechanism while strengthening **primary care**.
- **Preserve protections** to ensure that:
 - For children, the elimination of the current IHEBA/SHAs will not affect requirements to cover Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings.
 - Initial Health Appointment will continue to be required and be measured via primary care visits, leveraging specific Managed Care Accountability Sets (MCAS) measures (infant and child/adolescent well-child visits and adult preventive visits).
 - MCPs should continue to hold network providers accountable for providing all preventive screenings for adults and children recommended by the United States Preventive Services Taskforce (USPSTF).

Approach for Immediate Future: Streamlining Initial Screening and Assessments

Effective in 2023, DHCS is streamlining HIF/MET/ IHEBA/SHA and SPD HRA to eliminate duplication and burden and balance continuing federal, state, and NCQA requirements.*

SPD HRA

- Eliminate the current **HRA process for SPDs** while maintaining protections for individuals with LTSS needs:
 - MCPs will be required to continue to use today's **standardized LTSS referral questions** contained in the APL 17-013 for select “high risk” members as defined in the existing SPD HRA requirements.
 - Similar to expectations for HIF/MET, to reduce duplication, **assessment results** should be shared between MCPs and PCPs/any other providers serving the member.
 - MCPs may **delegate** assessments to the provider level and assessment should be integrated with care and care management to the greatest extent possible.
 - *MCPs may, but are not required to, retain the use of their existing HRA tools.*

*Health Information Form (HIF)/Member Evaluation Tool (MET), Seniors and Persons with Disabilities (SPD) Health Risk Assessment (HRA), and Individual Health Education Behavior Assessment (IHEBA)/Staying Healthy Assessment (SHA)

Approach Over Time:

With use of the PHM Service

- The introduction of the PHM Service creates a new mechanism to further reduce duplication and member burden.
- Specifically, DHCS is exploring how the PHM Service can host screening and assessment functionalities that **pre-populate** relevant Member information previously collected from MCPs, providers and other entities.

Discussion: Streamlining Screening and Assessment



- » How would the proposed changes help **streamline existing screening and assessment processes** and **reduce member burden/build trust**? Do they promote the use of **evidence-based tools** and, if so, what are these tools? Are there potential gaps that DHCS should be mindful of?
- » Recognizing the powerful role of **primary care/trusted community providers**, how else may DHCS support member engagement with primary care and community providers to meet members where they are, in addition to the screening/assessment processes?
- » Regarding the **sharing of HIF/MET information** between MCPs and providers, what is the best form for this information to be shared? What types of information are the most important to share?
- » What are other ways to foster **member trust** and improve **member engagement**?

Discussion: Improving Processes via PHM Service

? **Over time, with use of the PHM Service:**

- » What information is important to share if **collected and made available to MCPs, providers, counties, tribes and others by DHCS via the PHM Service?**
- » How could the PHM Service **support primary care to gather accurate and meaningful information** (e.g., a pre-populated tool for initial screening) while reducing burden on members and primary care providers and staff?
- » How could the PHM Service help to **further streamline assessment processes?**



Note: *The PHM Service will be launched in two phases: (1) a test launch with multiple partners in January 2023; and (2) statewide launch in July 2023.*

Note: Given the new capabilities introduced by the PHM Service, DHCS is no longer pursuing the concept of the Individual Risk Assessment, which was first introduced in the original CalAIM proposal as a way to improve screening and assessment processes. The PHM Service is envisioned to support screening and assessment by intaking and reconciling information from disparate sources and making this information available to users.

Close and Next Steps

Upcoming PHM Program and Service Milestones

April

Late Spring

*Late Q2 /
Early Q3*

Q3 / Q4

Jan 1, 2023

July 2023

2022/2023 Milestones



Draft Strategy and Roadmap Paper released (elaborates on requirements in the Procurement, and describes 2023 requirements, including NCQA PHM)

Procurement solicitation for PHM Service released

Final Strategy and Roadmap Paper released

2023 PHM Program Requirements and Guidance for MCP 2023 PHM Readiness Submission released

MCP 2023 PHM Readiness Submission due to DHCS

PHM Program Go-Live

PHM Service Test Launch with Multiple Partners

PHM Service Go-Live for Statewide Launch and Scaling

Next Steps

- Advisory Group Members and members of the public are invited to **submit comments on the Draft PHM Roadmap and Strategy Document by 8 a.m. PST, May 16, 2022**. Written comments may be submitted to CalAIM@dhcs.ca.gov.
- Save the date for:
 - **An All-Comer Webinar focused on the PHM Service on May 23, 10 a.m. – 11 a.m.**
 - **The next meeting of the PHM Advisory Group on May 31, 2:00 p.m. – 3:30 p.m.**

For more information on Population Health Management in Medi-Cal, please visit the DHCS PHM website: <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>.

Please send questions to CalAIM@dhcs.ca.gov.