

# CalAIM Population Health Management Advisory Group Meeting

April 26<sup>th</sup>, 2023

# Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
  - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

# DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

# Today's Agenda

- **Reimagining the Population Needs Assessment: Vision and Current State**  
*(10 minutes)*
- **Panel Discussion on Value of Collaboration Within Existing Efforts**  
*(30 minutes)*
- **DHCS' Proposed Approach and Discussion With PHM Advisory Group**  
*(40 minutes)*
- **Next Steps**  
*(2 minutes)*

# **Re-imagining the Population Needs Assessment: An Opportunity for Stronger Collaboration**



# Context

- » DHCS launched the Population Health Management (PHM) Program in January 2023 as a cornerstone of Cal-AIM.
- » To support the success of the PHM Program and broader transformation efforts, DHCS is emphasizing the importance of re-designing MCP requirements for developing a **Population Needs Assessment (PNA)**.
  - The PNA has historically been the mechanism that MCPs use to identify the priority health and social needs of their members, including health disparities.
- » **Today, we'll present DHCS' vision and proposed approach for the re-designed PNA and solicit your feedback.**

# DHCS' Vision

**DHCS is reimagining a PNA that will:**



Promote deeper understanding of member needs, particularly social drivers of health (SDOH)



Reduce community fatigue



Advance upstream interventions that look beyond the four walls of health care



Strengthen a focus on equity by integrating more diverse sources of data



Deepen relationships between MCPs, public health and other local stakeholders



Support public health's response to emerging trends, especially in areas where MCPs can intervene by providing coverage, education, and outreach

***To achieve this vision, DHCS proposes a central requirement for MCPs to collaborate with Local Health Departments (LHDs).***

# Existing MCP Requirements

**MCPs must meet DHCS and NCQA requirements to assess the needs of their populations.**

## DHCS' PNA Requirements

- » For over 20 years, DHCS has required MCPs to conduct regular assessments of their membership.
- » These requirements were developed to ensure that MCPs **meet state and federal requirements** on:
  - *Cultural and linguistic needs*
  - *Health education needs*
  - *Performance metric standards*
  - *Data collection standards*
- » Under the most recent requirements (APL-19-011), the **PNA is an annual assessment**.

## NCQA Requirements

- » **All California MCPs are required to obtain full Health Plan Accreditation and Health Equity Accreditation with NCQA by January 1, 2026.**
- » As part of Health Plan Accreditation, **NCQA requires every plan to develop a PHM Strategy** that describes how the health plan will meet the needs of its members.
- » To inform the PHM Strategy, **health plans must conduct an annual population assessment** of member needs and characteristics.

*Note: NCQA does not use the acronym PNA*

# Existing Public Health and Hospital Requirements

- » Public health entities and non-profit hospitals have a long history of assessing community needs to motivate local action.
- » These assessments are referred to as “**Community Health Assessments (CHAs)**” or “**Community Health Needs Assessments (CHNAs)**”.
- » CHAs and CHNAs are accompanied by “**Community Health Implementation Plans (CHIPs)**.”

# Existing Public Health and Hospital Requirements

Because of their similar requirements and overlapping populations of focus, some LHDs and nonprofit hospitals collaborate on their assessments.

## Public Health Requirements:

- » Part of voluntary accreditation by Public Health Accreditation Board (**at least every 5 years**); some LHDs conduct **every 3 years**)
- » The 2022 Budget Act **requires LHJs to submit a “public health plan”** informed by a CHA/CHIP to California Department of Public Health (CDPH), by December 30, 2023, and by July 1 **every 3 years** thereafter.

## Nonprofit Hospital Requirements:

- » State and federal requirements to complete a CHNA and accompanying implementation plan/community benefits plan **every 3 years**

## Although CHA/CHNAs vary, they often:

- » Have **robust governance structures** that include CBOs, academic institutions, and other community leaders and stakeholders.
- » Implement documented best practices to gather **wide community input**.
- » Collect **diverse data sources**—including quantitative and qualitative data on various indicators (e.g., public health and prevention metrics, SDOH data, health disparity/equity measures)

# An Opportunity for Alignment

Given the overlaps among work being carried out across sectors, there is an opportunity to more closely align assessment processes.

<i>Sector</i>	<i>Medi-Cal MCPs</i>	<i>Local Health Depts</i>	<i>Non-profit Hospital</i>
<b>Requirement</b>	<b>PNA/PHM Strategy</b>	<b>CHA/CHIP</b>	<b>CHNA/CHIP/Community Benefit Plan</b>
<b>Authority</b>	<ul style="list-style-type: none"> <li>MCP contract + guidance</li> <li>NCQA requirements</li> </ul>	<ul style="list-style-type: none"> <li>PHAB voluntary accreditation standards</li> <li>CA: CA Budget Act of 2022</li> </ul>	<ul style="list-style-type: none"> <li>Federal: ACA, S. 501(r)(3) of IRS Code</li> <li>CA Health and Safety Code S. 127350</li> </ul>
<b>Timeline</b>	<ul style="list-style-type: none"> <li>DHCS: Currently annual–proposed move to multi-year</li> <li>NCQA: Annual</li> </ul>	<ul style="list-style-type: none"> <li>At least every 5 years (some LHDs conduct every 3 years)</li> </ul>	<ul style="list-style-type: none"> <li>Every 3 years</li> </ul>
<b>Jurisdiction</b>	<ul style="list-style-type: none"> <li>MCP member population</li> </ul>	<ul style="list-style-type: none"> <li>County</li> </ul>	<ul style="list-style-type: none"> <li>Community served by hospital</li> </ul>
<b>Data</b>	<ul style="list-style-type: none"> <li>Broad parameters and encouraged to use diverse data sources</li> </ul>		
<b>Stakeholders</b>	<ul style="list-style-type: none"> <li>Broad parameters and broad stakeholders input encouraged</li> </ul>		

# **Panel Discussion on Value of Collaboration Within Existing Efforts**



# Panel Discussion: Community Health Assessment Collaboratives

Today, we are joined by guest speakers for a panel discussion on existing areas of collaboration between California stakeholders on population assessments.

Name	Title	Organization
Peter Shih	Senior Manager of Delivery System Planning	San Mateo County Health, CHEAC Representative  
Esperanza Macias	Director of Policy & Communications; San Francisco Health Improvement Partnership (SFHIP) Co-Chair	Instituto Familiar de la Raza  
Alexander Mitra	Director of Community Health & Volunteer Services; SFHIP Co-Chair	Dignity Health  
Nishtha Patel	Special Programs Manager III, Health Services	Inland Empire Health Plan 

# **DHCS' Proposed Approach and Discussion With PHM Advisory Group**

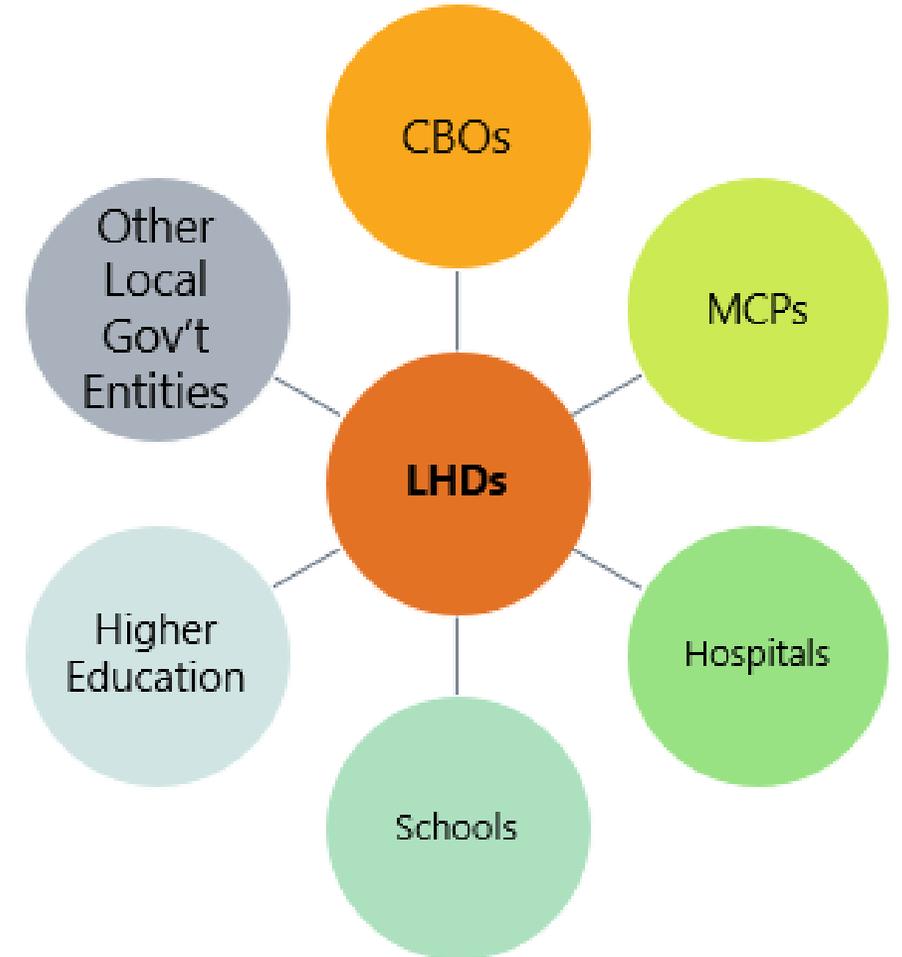


# DHCS' Proposed Approach

**DHCS proposes that starting in 2024, MCPs will fulfill their PNA requirement to DHCS by participating meaningfully in the collaborative CHA/CHIP processes already led by county LHDs.**

» **The proposed MCP CHA/CHIP participation requirement will apply wherever MCPs serve members.**

- *Where multiple MCPs serve the Medi-Cal population in a single county, all MCPs will be expected to participate in the single LHD CHA/CHIP process for that county.*
- *When an MCP has contracts in several counties, that MCP will participate in LHD CHA/CHIP processes for each county it serves.*



# DHCS' Proposed Approach

**The County LHD, in most cases, will serve as the anchor to align and integrate MCPs and other local partner assessments with County CHA/CHIP process within existing LHD CHA/CHIP timelines.**

## DHCS' Supporting Rationale

- » LHD assessments are focused on the overall population and environment of a county or city, not limited to people enrolled in Medi-Cal.
- » LHDs' CHAs/CHIPs often already have robust governance structures, gather community wide-input, and leverage diverse data sources.

**Supporting the anchors is key.** DHCS recognizes as anchors, LHDs themselves are likely to need additional support to continue to grow their CHAs/CHIPs and to integrate MCPs.

# DHCS' Proposed Approach

## Meaningful MCP participation could entail:

- » Providing MCP **data** on a de-identified basis (e.g., aggregated claims and encounter data, Healthcare Effectiveness Data and Information Set (HEDIS), and/or Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey data)
- » Participating or leading the **CHA/CHIP steering committee/decision-making body**
- » Participating in or leading one or more **CHA/CHIP work groups**
- » Exploring how to **meaningfully engage with tribal partners** in CHA/CHIP processes via MCP tribal liaisons
- » Providing **staff support** to core activities including project management and coordination, data analytics, stakeholder engagement, and writing and publishing of the CHA/CHIP report
- » Providing **funding** to support convenings, project management, and/or analytics
- » Collaborating with LHDs and other local leadership to develop **joint action plans** to address public health issues when MCPs have a role to contribute

# DHCS' Proposed Approach

## Future-state MCP deliverables will include:

### PNA

- » MCPs' PNA requirement *will be met through the publication of the LHD CHA/CHIP* itself in each county it serves.
- » MCPs will be expected to *publish all LHD CHAs/CHIPs in their areas of operation on their website* along with a brief description of how they participated in the CHA/CHIP process.

### PHM Strategy

- » MCPs will develop and *annually* update a *brief* PHM Strategy that is informed by their PNA and leverages components of NCQA's PHM Strategy deliverable.

### Note on NCQA:

Although DHCS' proposed approach does not modify NCQA requirements, it seeks to **reduce duplication** and **promote alignment** with NCQA while also ensuring that policy priorities specific to Medi-Cal PHM are addressed.

# DHCS' Proposed Approach

## **2023 PHM Strategy (pre-cursor to 2024 deliverable) will include:**

- » One SMART goal that involves collaboration with LHDs in counties where MCP operates (aligned with CQS Clinical Focus Areas & Bold Goals)
- » Description of how a MCP has started/will start to participate in LHD CHA/CHIP process
- » Attestation that a MCP has completed or will complete NCQA's PHM strategy and population assessment

# Discussion

- » What are the **benefits** of the proposed approach?
- » Recognizing that collaboration will take time and effort, the proposed approach attempts to mitigate some of the **challenges** involved. What else can be done?
- » Beyond MCPs, LHDs, and non-profit hospitals, what should the role of **other entities** be in the proposed approach?

# Next Steps

The image features the text "Next Steps" in a bold, dark blue font, centered in the upper half of the frame. Below the text, there are two thick, wavy lines that span the width of the image. The top line is a teal color, and the bottom line is a darker blue. Both lines have a slight curve, with the top line being higher in the center and the bottom line being lower in the center, creating a layered, wave-like effect.

# Next Steps & Upcoming Guidance

## » April/May:

- Concept paper detailing proposed approach for the modified PNA and new PHM Strategy deliverable for stakeholder review and feedback. See next slide for more details.
- A new, high-level APL on the PNA/PHM Strategy will supersede APL 19-011.

## » Q2

- Detailed 2023 PHM Strategy deliverable guidance will be published in PHM Policy Guide.

## » Q3

- 2023 PHM Strategy deliverable is due for MCPs.

**By end of year, more detailed guidance will be issued in the PHM Policy Guide.**

# Public Comment



DHCS will accept comments on the PNA concept paper through end of day, **May 19th, 2023**. Please email your comments to [PHMSection@dhcs.ca.gov](mailto:PHMSection@dhcs.ca.gov) with **subject line** "Comments on the PNA Concept Paper".