PHM Service All Comer Webinar

May 25, 2022

Transcript

Contents

Mario – 00:00:20 6

Mario – 00:00:35 6

Palav Babaria – 00:01:00 6

Palav Babaria – 00:01:17 6

Palav Babaria – 00:01:56 6

Palav Babaria – 00:02:13 7

Palav Babaria – 00:02:48 7

Palav Babaria – 00:03:21 7

Palav Babaria – 00:03:45 7

Palav Babaria – 00:03:55 8

Palav Babaria – 00:04:36 8

Palav Babaria – 00:04:57 8

Palav Babaria – 00:05:16 8

Palav Babaria – 00:05:33 8

Palav Babaria – 00:05:56 9

Palav Babaria – 00:06:15 9

Palav Babaria – 00:06:31 9

Palav Babaria – 00:06:58 9

Palav Babaria – 00:07:31 9

Palav Babaria – 00:08:04 10

Palav Babaria – 00:08:30 10

Palav Babaria – 00:09:07 10

Palav Babaria – 00:09:29 10

Palav Babaria – 00:10:01 11

Palav Babaria – 00:10:24 11

Palav Babaria – 00:10:42 11

Palav Babaria – 00:11:16 11

Palav Babaria – 00:11:48 12

Palav Babaria – 00:12:09 12

PHM Service All Comer Webinar

May 25, 2022

Transcript

Palav Babaria – 00:12:27 12
Palav Babaria – 00:13:26 12
Palav Babaria – 00:13:38 12
Palav Babaria – 00:13:55 13
Palav Babaria – 00:14:23 13
Palav Babaria – 00:14:38 13
Palav Babaria – 00:14:51 13
Palav Babaria – 00:15:19 13
Palav Babaria – 00:15:46 14
Palav Babaria – 00:16:02 14
Palav Babaria – 00:16:31 14
Palav Babaria – 00:16:51 14
Palav Babaria – 00:17:22 14
Palav Babaria – 00:17:35 15
Palav Babaria – 00:18:00 15
Palav Babaria – 00:18:17 15
Palav Babaria – 00:19:02 15
Palav Babaria – 00:19:25 15
Palav Babaria – 00:19:41 16
Palav Babaria – 00:19:57 16
Palav Babaria – 00:20:36 16
Palav Babaria – 00:21:09 16
Palav Babaria – 00:21:33 16
Palav Babaria – 00:21:51 17
Palav Babaria – 00:22:36 17
Palav Babaria – 00:22:59 17
Palav Babaria – 00:23:43 18
Palav Babaria – 00:24:12 18
Palav Babaria – 00:24:37 18
Palav Babaria – 00:25:09 18

Transcript

Palav Babaria – 00:25:24 18
Palav Babaria – 00:25:48 19
Palav Babaria – 00:26:00 19
Palav Babaria – 00:26:22 19
Palav Babaria – 00:26:51 19
Palav Babaria – 00:27:29 19
Palav Babaria – 00:27:56 20
Palav Babaria – 00:28:14 20
Palav Babaria – 00:29:05 20
Palav Babaria – 00:29:25 20
Palav Babaria – 00:29:45 20
Palav Babaria – 00:30:12 21
Jonah Frohlich – 00:30:26 21
Jonah Frohlich – 00:31:07 21
Jonah Frohlich – 00:31:53 22
Jonah Frohlich – 00:32:51 22
Palav Babaria – 00:33:19 22
Jonah Frohlich – 00:33:41 22
Palav Babaria – 00:33:41 22
Jonah Frohlich – 00:33:58 22
Jonah Frohlich – 00:34:31 23
Palav Babaria – 00:34:45 23
Palav Babaria – 00:35:01 23
Palav Babaria – 00:35:39 23
Jonah Frohlich – 00:36:02 23
Jonah Frohlich – 00:36:21 24
Palav Babaria – 00:36:43 24
Palav Babaria – 00:37:14 24
Palav Babaria – 00:37:34 24
Jonah Frohlich – 00:38:15 25

Transcript

Palav Babaria – 00:38:52 25
Palav Babaria – 00:39:23 25
Jonah Frohlich – 00:39:50 25
Jonah Frohlich – 00:40:10 26
Jonah Frohlich – 00:41:00 26
Palav Babaria – 00:41:24 26
Palav Babaria – 00:41:40 26
Palav Babaria – 00:42:14 27
Jonah Frohlich – 00:42:54 27
Palav Babaria – 00:43:17 27
Jonah Frohlich – 00:43:39 27
Palav Babaria – 00:43:57 28
Jonah Frohlich – 00:44:36 28
Palav Babaria – 00:44:59 28
Palav Babaria – 00:45:35 28
Palav Babaria – 00:46:01 29
Jonah Frohlich – 00:46:32 29
Palav Babaria – 00:46:56 29
Palav Babaria – 00:47:22 29
Palav Babaria – 00:47:44 30
Jonah Frohlich – 00:48:11 30
Palav Babaria – 00:48:43 30
Palav Babaria – 00:49:02 30
Palav Babaria – 00:49:25 31
Jonah Frohlich – 00:50:20 31
Palav Babaria – 00:51:01 31
Palav Babaria – 00:51:23 32
Palav Babaria – 00:52:05 32
Palav Babaria – 00:52:29 32
Jonah Frohlich – 00:53:09 33

Transcript

Palav Babaria – 00:53:37 ... 33
Palav Babaria – 00:53:53 ... 33
Jonah Frohlich – 00:54:19 ... 33
Palav Babaria – 00:54:39 ... 33
Palav Babaria – 00:55:11 ... 34
Jonah Frohlich – 00:55:31 ... 34
Jonah Frohlich – 00:56:22 ... 34
Jonah Frohlich – 00:56:35 ... 34
Jonah Frohlich – 00:57:17 ... 35
Palav Babaria – 00:57:39 ... 35
Jonah Frohlich – 00:57:44 ... 35
Palav Babaria – 00:58:06 ... 35
Jonah Frohlich – 00:58:29 ... 35
Palav Babaria – 00:58:57 ... 35
Jonah Frohlich – 00:59:19 ... 35
Palav Babaria – 00:59:31 ... 35
Mario – 00:59:36 ... 35
Palav Babaria – 00:59:36 ... 35

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 1	Mario – 00:00:20	Hello and welcome. My name is Mario, and I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the Q&A. We encourage you to submit written questions at any time using the Q&A.
Slide 1	Mario – 00:00:35	The chat panel will also be available for comments and feedback. During today's event live closed captioning will be available in English and Spanish. You can find the link in the Chatfield. With that, I'd like to introduce Dr. Palav Babaria, chief quality officer and deputy director of quality and population health management at DHCS.
Slide 1	Palav Babaria – 00:01:00	Good morning, everyone. Thank you so much for joining us. Really excited to present an overview of our population health management service, which many of you may be aware is a new initiative that the department is undertaking as a part of our broader efforts on population health management.
Slide 2	Palav Babaria – 00:01:17	We can go to the next slide. So this is a brief overview of the agenda this morning. We will be doing some just level setting around the PHM program and PHM service overviews. If this is your first time joining us for this topic, we'll be devoting the bulk of our meeting to overviewing what the key capabilities are of the PHM service that we will be procuring and launching at the state level. As well as walking through a few user vignettes, so that people can really start to understand how we envision this service being used to improve member care and outcomes by a host of different user types.
Slide 2	Palav Babaria – 00:01:56	We'll then review our timeline and expectations of the service, and then leave some robust time for Q&A. So please, as you're going through a few have questions that you want to raise, you can put them in the Q&A field, and we are also maintaining an open chat. Go to the next slide.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 3	Palav Babaria – 00:02:13	So you'll be hearing from myself. I am obviously the chief quality officer and deputy director for quality and population health management and leading the population health management work on behalf of DHCS, as well as Aita Romain, who is our population health management manager. Kelli Mendenhall from DHCS, who is a health program specialist in population health management, and Dr. David Tian who's our new Medi-Cal consultant in population health management. We'll also be supported by some of our Manatt colleagues, Sharon Woda and Jonah Frohlich. Go to the next slide.
Slide 4	Palav Babaria – 00:02:48	So before we kick off into population health management, I'm going to do our public service announcement on behalf of the department. As most of you are aware, during the COVID-19 public health emergency based off of federal guidance, we DHCS have stopped doing all redeterminations for Medi-Cal enrollees. That means during the entirety of the public health emergency, once people joined Medi-Cal they stayed on Medi-Cal, even if they potentially have had changes to their income or have other sources of insurance now.
Slide 4	Palav Babaria – 00:03:21	As the public health emergency comes to an end, which we don't know exactly what the date for this will be, we know that we have to do the unwinding and start to redetermine all of the people who are on Medi-Cal as we normally would've done in an annual process. It is anticipated that across the nation but also in our state that millions of Medi-Cal beneficiaries may lose their coverage.
Slide 4	Palav Babaria – 00:03:45	Our number one goal is obviously to identify other sources of coverage, whether that is through Covered California or employer sponsored insurance for our members.

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 4	Palav Babaria – 00:03:55	One of the biggest challenges is we have not necessarily updated beneficiary contact information during the last few years of the public health emergency. So it is going to take a village and a real critical partnership with each and every one of you and your networks to make sure that all of our beneficiaries know that this process will be starting, probably sometime in the upcoming months, and reach out to their local eligibility officers, update their beneficiary contact information, and look out for that redetermination package, so that we can help assist them in either renewing their Medi-Cal or transitioning to more appropriate healthcare coverage.
Slide 4	Palav Babaria – 00:04:36	There's links that are in this presentation so that you can sign up to receive updates as the department receives them for when this redetermination and unwinding will occur, as well as sign up to be a coverage ambassador, and really help spread the word on social media with your networks about this process that is coming up. And go to the next slide.
Slide 5	Palav Babaria – 00:04:57	So phase one, which is what we're in right now, is we are trying to just get the word out that this process is happening. It hasn't happened for a few years, so folks may have forgotten about it. And we really, like I said, what to get the word out broadly, because the information that we may have on file for beneficiaries may or may not still be accurate.
Slide 5	Palav Babaria – 00:05:16	We know there was a lot of movement during the public health emergency, people have changed their counties of residents, they've changed their phone numbers. And we want to make sure that everyone who is eligible to stay on Medi-Cal can stay on Medi-Cal, and everyone who is not can be transitioned to other types of coverage.
Slide 5	Palav Babaria – 00:05:33	Phase two, which once we get the notification from CMS, will launch 60 days prior to the termination of the COVID-19 public health emergency. And people will need to watch out for renewal packets in the mail. We don't know exactly when this date is yet, but if you sign up for those updates, you will receive them from the department. Go to the next slide.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 6-7	Palav Babaria – 00:05:56	Okay. So thank you all for listening to that PSA. And we're going to kick off into the main topic of this All-Comers webinar. We can go to the next slide. So for those of you who may be joining us for the first time, as a part of CalAIM, a cornerstone of the CalAIM transformation is the population health management program.
Slide 7	Palav Babaria – 00:06:15	And this is really a standardized statewide approach where managed care plans are going to really understand and be responsive to community needs, and work within a common statewide framework to improve outcomes and reduce disparities.
Slide 7	Palav Babaria – 00:06:31	We really envision population health management to help us shift our system from a reactive system where members and individuals show up to their provider's offices when they're ill or when they need something, to a much more holistic, whole person, whole system approach that truly understands the needs of each and every single member, and can meet those needs in a variety of ways, including in community-based settings.
Slide 7-8	Palav Babaria – 00:06:58	Beginning in 2023, all managed care plans will be required to meet the national committee for quality assurance population health management standards. In addition to these standards, DHCS is also rolling out additional population health management program requirements for all managed care plans, Medi-Cal managed care plans. Many of those go live in January of 2023, others will be phased in over the course of 2023 and 2024. We can go to the next slide.
Slide 8	Palav Babaria – 00:07:31	So the population health management service is a really exciting parallel program that is really going to support the population health management program. The goal of the service is to procure at the state level, a technological vendor that's going to offer a whole system person-centered service delivery to Medi-Cal members that really drive the quadruple aim, improving patient experience, improving population health, reducing cost, and improving the work life of healthcare providers.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 8	Palav Babaria – 00:08:04	The vision is that we really need data to help support all of these transformative changes that we are discussing. And that data, if we are truly going to provide whole person care, cannot be just Medi-Cal data or just claims data, and really needs to incorporate behavioral health information, social services information, and tie together the social safety net that cares for so many of our Medi-Cal health members.
Slide 8	Palav Babaria – 00:08:30	So the goal of the service itself is to really support DHCS's vision for standardized robust population health management across each and every single county in our state, to integrate data from disparate sources, and most importantly, to allow multi-party access so that this data is not just available to those of us working at DHCS, but is made available to everyone who is caring for Medi-Cal members. And it is also to really aggregate and link that data across a variety of different data types. As we'll be talking about later today.
Slide 8	Palav Babaria – 00:09:07	I will note that we envision the PHM service is going to evolve over time. This is one of the most ambitious projects that we have undertaken, and it will take time to really leverage its full potential, and its potential will change as we have other initiatives across the state that are going live to support data exchange. Go to the next slide.
Slide 9	Palav Babaria – 00:09:29	So this slide I really wanted to just start with a member of vignette. What does this mean for an actual individual member? So as I'm walking through what these steps are, I'll just highlight that everything in yellow is an element of population health management that relies on data and relies on data from different sources. So as we're going through, I will ask you all to help brainstorm, what are those elements of data that you need to care for Medi-Cal members or that would make population health management much more robust?

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 9	Palav Babaria – 00:10:01	So in this scenario, we're going to talk about a Medi-Cal member named Linda. Linda has her first prenatal appointment. And her provider does a history and physical, and diagnosis her with diabetes and food insecurity. Because of the information that her provider is documented in the electronic health record, her health plan receives that information about her new diagnoses.
Slide 9	Palav Babaria – 00:10:24	Based on the information from the provider, a care coordinator from Linda's health plan, then reaches out and connects Linda to WIC services, which she wasn't aware she was eligible for with her prenatal condition, and to a Spanish-speaking doula who can support her throughout her pregnancy.
Slide 9	Palav Babaria – 00:10:42	At 28 weeks, unfortunately, Linda is diagnosed with high blood pressure and depression, and is referred to a high-risk pregnancy specialist and a mental health provider. Her plan also receives the information from these diagnoses and is able to identify that Linda is now high risk and enroll her in the plan based complex care management program. Her complex care manager then ensures that she connects with a high-risk OB who's in our network, and also has a Spanish-speaking mental health provider to continue to support her for her behavioral health needs.
Slide 9	Palav Babaria – 00:11:16	At 37 weeks of pregnancy, Linda's diagnosed with preeclampsia and admitted to the hospital for labor induction. Supported by her doula, she delivers her healthy son, Jacob, and her complex care manager helps her with the transitions home from the hospital at discharge. Very fortunately Linda's health conditions have resolved after a few weeks at home, and Linda and Jacob continue to receive diet services during their outpatient primary care visits with Jacob's new pediatrician.

VISUAL	SPEAKER — TIME	AUDIO
Slide 9	Palav Babaria – 00:11:48	Linda has fully recovered from all of her prenatal conditions and her depression is in remission. She no longer needs support from her complex care manager. And now that she's low risk, her plan continues to monitor and support her family through basic population health management. Go to the next slide.
Slide 10	Palav Babaria – 00:12:09	So I hope as we go through and we dig deep into these vignettes that we will all keep in mind sort of the journey of Linda and what we can do at various points in that healthcare journey, to really make sure that we are intervening early and often to truly achieve the vision of population health management.
Slide 10-11	Palav Babaria – 00:12:27	So now we're going to walk through what we envision the key capabilities of the population health management service to be. Go to the next slide. So first and foremost, the PHM service is really designed to be all encompassing so that it can meet the needs of multiple different programs, organizations, and individuals who are supporting Medi-Cal members. So we know at the center of this is the PHM service, but we envision the data from the service and the service itself to be leveraged by providers, by local social service partners, by local county partners, by DHCS, by Medi-Cal members themselves who will be able to log in and use the portal and its functionality and access their data by other state departments and agencies, as well as managed care and other delivery systems that are also caring for our members. We can go to the next slide.
Slide 12	Palav Babaria – 00:13:26	So the description of the services, and we can dig into this more as we get into the vignettes. So we believe the service is going to do a lot. It may not all be available at day one, but ultimately this is where we hope to get to.
Slide 12	Palav Babaria – 00:13:38	But the service is going to streamline intake and screening and assessment. We know that our members have screening fatigue, that we ask them often the same repetitive questions across multiple settings, because we do not have the data aggregation and exchange capabilities that we need.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 13	Palav Babaria – 00:13:55	So we envision that the population health management service will become that repository, where independent of where a member answers a question or an assessment, whether that is on the Medi-Cal application, in their provider's office or with their health plan, that the service can bring all of that information together and share it with individuals who are caring for the members so that they only have to ask questions for which we are missing data and do not have to repetitively screen members.
Slide 13	Palav Babaria – 00:14:23	We also envision it to have an enterprise relationship management, which really means that we can exchange information, match members, make sure that we are bringing all the information together across different social sectors, which is really difficult today.
Slide 13	Palav Babaria – 00:14:38	We also envision that playing a care coordination role so that we can track referrals and see what programs members are enrolled in, or what programs members may be eligible for and not yet enrolled in.
Slide 13	Palav Babaria – 00:14:51	Obviously there's advanced data and analytics where we'll be setting up dashboards so that we can look at what the health of our communities are at the community level, at the county level, at the managed care plan level and at the state level, and really see where we have gaps, where we have health disparities based off of geography, race, ethnicity, other demographics, and then really use that data in a real time way to inform our policy and programs at the state and local level.
Slide 13	Palav Babaria – 00:15:19	There will also be core population health management functions, so that we have registries and surveillance for chronic diseases, gaps in care reports for preventative measures and screenings that have been missed or have not been provided. We will be performing risk stratification and segmentation at the state level, so that we can really compare what the unique needs and risks are of our communities from area to area across the state.

VISUAL	SPEAKER — TIME	AUDIO
Slide 13	Palav Babaria – 00:15:46	It's also going to be responsible for a lot of quality performance management and reporting, so that we can really look at this as a way to monitor the efficacy of our population health management program under CalAIM and see how we are doing across the state.
Slide 13	Palav Babaria – 00:16:02	There's also going to be a significant beneficiary stakeholder engagement process. As mentioned, Medi-Cal members themselves will have access to this portal, will be able to use it for key functions such as updating their contact information, completing assessments, completing screenings and other demographic information. It will also be health education for members, and this will be a way for them to view their own personal Medi-Cal data for which they are obviously the owners.
Slide 13	Palav Babaria – 00:16:31	Obviously, there is a huge regulation and compliance piece. All of the information within the population health management service needs to meet HIPAA requirements, confidentiality requirements, needs to require member consent and follow all state and federal regulations around privacy and consent.
Slide 13	Palav Babaria – 00:16:51	And then there are core business support services of how the data's going to come in, how the data will be matched, how we will integrate data from other departments, make sure it's connected to the right member, how we will leverage our DHCS enterprise data warehouse for this service, as well as consumer facing interfaces such as a call center, tech support so that if people need help with their passwords or logging into the system that all of that is available. Go to the next slide.
Slide 13	Palav Babaria – 00:17:22	So now we're going to dig into some of the user vignettes, because I know I just talked a lot at you, and a lot of what I've said may or may not make sense unless we're actually seeing it in action. We can go to the next slide.

VISUAL	SPEAKER — TIME	AUDIO
Slide 14	Palav Babaria – 00:17:35	So the PHM service is really intended to help stakeholders at all levels meet CalAIM's goals and objectives. So we're going to go through three vignettes of how we envision this service being used in real time to help support goals. These are obviously not the only functionalities of the PHM service, but three key ones that we think are really essential and hoping to launch sooner rather than later.
Slide 14	Palav Babaria – 00:18:00	The first will be screening and assessments, care coordination and linkage. Then we'll talk a little bit more about risk stratification and segmentation, and then third we'll focus on members and how we envision them interfacing with this service. We can go to the next slide.
Slide 15	Palav Babaria – 00:18:17	So scenario number one, Shawna comes to her prenatal appointment at a federally qualified health center for her scheduled 24-week gestational diabetes screening. So at the FQHC, the staff complete a social needs screening, which many of our federally qualified health centers are using today in current state. This screening tool however has pre-populated fields that reflect real time information. So the PHM service has been able to give the information that we already have on this member from a variety of other sources and pre-populate this so that staff at that FQHC only need to ask the missing questions and don't need to ask Shawna the same six questions that she is already answered in numerous other locations.
Slide 15	Palav Babaria – 00:19:02	The system flags that Shawna is not currently receiving WIC or CalFresh benefits. On the food insecurities screening, Shawna also discloses that she's having difficulty accessing healthy, nutritious food for herself and her family. At that point of care with those flags already in the system, the FQHC staff are able to help Shawna apply for services.
Slide 15	Palav Babaria – 00:19:25	Prior to her next follow up 28-week prenatal appointment, the FQHC staff have been able to log in to the population health management service and see that her applications are now being processed, and that Shawna has begun receiving services under WIC and CalFresh.

VISUAL	SPEAKER — TIME	AUDIO
Slide 15	Palav Babaria – 00:19:41	I think for any of us who have ever worked in a clinical setting where we are trying to figure out if someone is receiving WIC in CalFresh and tried to track an application through that process, I think we can all understand how miraculous this future state seems to us.
Slide 15	Palav Babaria – 00:19:57	When Shawna returns, her diabetes is under control and she and her family now have enough fresh, healthy food. So we really envision this PHM service, streamlining administrative burden and complexity and the need to track down things by using fax, phone or wasting valuable staff time and resources, by really making sure that we can streamline the screening and assessment process by pre-populating data fields with readily accessible information on Medi-Cal individuals, as well as facilitating linkage to needed programs and showing status updates. Go to the next slide.
Slide 16	Palav Babaria – 00:20:36	So vignette number two, risk stratification and segmentation. Michael is a new member of a Medi-Cal managed care plan. The MCP in current state uses an existing market solution to do its risk stratification and segmentation. However, it often is limited in what information it has access to and doesn't always have access to prior claims data for that individual Medi-Cal member before they were assigned, or other key behavioral health information or social determinants of health data.
Slide 16	Palav Babaria – 00:21:09	The MCP through our new PHM service is able to receive a secure and authorized data connection with the PHM service. And they're able to locate all of Michael's previous social drivers of health and behavioral health information. They receive information that shows that Michael was hospitalized for severe depression last year and doesn't have consistent access to transportation.
Slide 16	Palav Babaria – 00:21:33	Using this information in addition to their own data that they have locally, the MCPs risk stratification and segmentation and care management efforts classify Michael as high risk and are able to connect him with a care coordinator to help engage him and link him to care.

VISUAL	SPEAKER — TIME	AUDIO
Slide 16	Palav Babaria – 00:21:51	So in this case, the PHM service really improves the ability for both DHCS as well as managed care and other healthcare organizations to identify members who have high needs by establishing a standardized risk stratification and segmentation approach, where we really set a single statewide standard that doesn't vary from county to county or plan to plan, which is a major goal of CalAIM, as well as provide data for healthcare organizations to incorporate into their own local approaches, and make sure that data is holistic and includes social drivers of health and behavioral health information so that we can really provide whole person care as well as previous information, which may not be readily accessible to that member. We can go to the next slide.
Slide 17	Palav Babaria – 00:22:36	So the third vignette is really the member facing portion of this, which is one of the pieces that I am personally most excited about. So Cory is a Medi-Cal member and wants to look up resources for transgender and non-binary supports in their community and update their information that their doctors and health insurance have about them.
Slide 17	Palav Babaria – 00:22:59	Cory identifies as non-binary and uses the pronouns they/ them. They keep receiving information in the mail with the incorrect information, and their doctor also uses the incorrect pronouns. Cory accesses the PHM service user interface, finds transgender resources near their home and updates their gender and preferred pronouns. While browsing Cory also discovers their phone number's incorrect and updates that as well. Now the updated information is available to other authorized users of the PHM service, to which the individual has granted access permissions, including managed care plans, county program staff and providers. Cory will no longer have to constantly correct their gender pronouns or their telephone number.

VISUAL	SPEAKER — TIME	AUDIO
Slide 17	Palav Babaria – 00:23:43	We really envision the PHM service to support beneficiary engagement and make it easier by breaking down all the barriers that we know that exist today for members to update their demographic information, including sexual-orientation and gender identity, and basic contact information, as well as to identify members of their care team and identify local resources that are covered with their managed care and Medi-Cal health plans. Go to the next slide.
Slide 18	Palav Babaria – 00:24:12	So hopefully those vignettes provide a little bit of flavor to what we envision this service eventually being able to do. Now, I'm just going to review some of the timeline and expectations for this service because it is going to be a big lift, and as mentioned, will be phased in over time. And then we will get to the Q&A, which I see is already really robustly happening within the chat. We can go to the next slide.
Slide 19	Palav Babaria – 00:24:37	So in terms of the PHM service launch and rollout, there's two key phases to be tracking right now. In January of 2023, we will be test launching the PHM service with multiple partners. And the purpose of this is as mentioned, the PHM service is huge, it is complex, and it needs to be tailored for different user types. Whether that is a local county, a managed care plan, a provider office or state use. So we want to test each of those user types before doing a statewide launch.
Slide 19	Palav Babaria – 00:25:09	After testing and improving on what these interfaces look like from January to July, we anticipate a statewide launch in scaling in July of 2023, when the service would be available to everyone who is working with Medi-Cal members.
Slide 19	Palav Babaria – 00:25:24	Once the PHM service becomes available, stakeholders would be able to use the PHM service to meet CalAIM's goals and objectives. MCPs will be expected to use the service, for example, by using the RSS methodologies of the PHM service to support statewide standardization and comparison. Go to the next slide.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 20	Palav Babaria – 00:25:48	So to flag a few policy expectations, because there are expectations that are different prior to the service launch, and then sort of our future state that we will get to after the service launch.
Slide 20	Palav Babaria – 00:26:00	So in the PHM framework, which recently was released in draft form for public comment, we do expect MCPs to make a good faith effort to get all of the data sources that are outlined in the framework. We do recognize that there may be some sources that are impossible to get, but we expect MCPs to try.
Slide 20	Palav Babaria – 00:26:22	After the service launch, the PHM service will facilitate data aggregation for MCPs and other stakeholders such as behavioral health data. We will be aggregating that through the service and sharing it with MCPs. However, there may be some functionalities and lists of data sources that will be unavailable via the service, and MCPs will be expected to get those data sources and supplement them to what is shared via the PHM service.
Slide 20	Palav Babaria – 00:26:51	Another example is screening and information gathering on members. So prior to the service launch, MCPs will be required to continue to collect and share health information from the HIF/MET tools. They may delegate these to their providers if that is what each MCP desires to do. After the service launch, we are looking at how we can leverage the service to do much more dynamic screening and data sharing that may enable us to retire some of these tools and fulfill the federal requirements for them in a different way. We can go to the next slide.
Slide 21	Palav Babaria – 00:27:29	Similarly, for the risk stratification and segmentation, as mentioned, we eventually envisioned doing this at the state level, but prior to the service launch, managed care plans must incorporate a minimum list of data sources for its risk stratification and segmentation approach that complies with NCQA standards, and submit that to DHCS as part of the readiness deliverables, which we will be expanding upon this summer.

VISUAL	SPEAKER — TIME	AUDIO
Slide 21	Palav Babaria – 00:27:56	After the service launch, managed care plans will be required to use the PHM services statewide, standardized risk stratification and segmentation methodologies, but they can supplement locally with their own data and local methodologies as well.
Slide 21	Palav Babaria – 00:28:14	There will be a robust stakeholder process to develop a public open-source RSS algorithm, which will be forthcoming later this year. Similarly, with risk tiering prior to the service launch, managed care plans can use their own approach to identify members and which tier they are, whether they're low, medium, or rising risk or high risk. However, after the service launch, members will be assigned to risk tiers using standardized statewide criteria, which do not vary from county to county or plan to plan, and managed care plans will be required to use these tiers as baseline. Obviously, there may be local information or more up-to-date real information that is leaned after talking and engaging with members, which may change what risk tier a member falls into. We can go to the next slide.
Slide 22	Palav Babaria – 00:29:05	So to flag a few of the overall upcoming population health management program and service milestones. So in spring, or in earlier this year, we released the draft strategy and roadmap paper. Thank you to all of you who submitted feedback and comments. We are still processing them, but really appreciate the engagement.
Slide 22	Palav Babaria – 00:29:25	Later this spring, we will be publishing the final strategy in roadmap paper that incorporates all of your feedback. Later in quarter two and early quarter three, the formal population health management program requirements for 2023 will be published, as well as the managed care plan readiness submission.
Slide 22	Palav Babaria – 00:29:45	At the tail end of calendar year 2022, managed care plan population health management readiness submissions will be due to DHCS. And we also envision awarding by that time the population health management service vendor contract. In January of 2023, the population health management program is going to go live and we will start test launching the population health management service.

VISUAL	SPEAKER — TIME	AUDIO
Slide 22-23	Palav Babaria – 00:30:12	And then in July of 2023, the population health management service will have its statewide launch. We can go to the next slide. Jonah, I think I'm passing this one off to you.
Slide 23	Jonah Frohlich – 00:30:26	Thank you, Palav. So, just for those who may not be aware, AB 133 last year, which was an extensive trailer bill, budget bill, has a number of provisions in it particular to data sharing. And one of those established a mandate for data sharing for most of the covered entities. Those are hospitals, clinics practices, health plans, labs, and others, a mandate to share data starting at the end of January in 2024. And to establish a data sharing framework and a statewide data sharing agreement and policies and procedures that would be published July 1 of this year.
Slide 23	Jonah Frohlich – 00:31:07	So there's been an extensive stakeholder process. There's an advisory group series of public meetings. It has been facilitated and a near a number of subcommittees to develop the agreement and the policies and procedures and all with the goal of posting them on July 1. Currently, if you go to the website at the bottom of this page, there's a link here and we'll post these documents. You can access them. But if you go to the CalHHS data exchange framework website, you can see all the documents that are currently in public comment. And so there are a number of materials that I mentioned before, the data sharing agreement draft, policies and procedures that you are very welcome and encouraged to review and provide public comments by June 1 of this year.

VISUAL	SPEAKER — TIME	AUDIO
Slide 23	Jonah Frohlich – 00:31:53	So it's really important. I think where this really comes into play here, is that the population health management service, and to make it very clear, is not a health information exchange. And it's not intended to and will be designed and is not designed as to function as an information exchange, but it is designed to consume information, administrative and clinical, and others, including behavioral health program indicators, et cetera. And as such do want to consider how the framework and requirements around data sharing can be used and leveraged to support things like clinical data sharing with providers and other organizations, so that the service itself can consume important clinical information that will drive things like the risk stratification segmentation and tiering algorithms and process.
Slide 23	Jonah Frohlich – 00:32:51	And so, as the data sharing framework is advanced and as the population health management service is constructed, we will be considering ways that we might be able to use that statewide data sharing agreement to try to collect information necessary to drive population health management. Anything else Palav you'd want to cover here?
Slide 23	Palav Babaria – 00:33:19	No. I think there's a few comments in the chat that I was just cruising that really talk about great work that's been done at the local level already around data sharing. And I think absolutely the PHM service looks to build upon and incorporate those local efforts as sources of data as we move forward.
Slide 23	Jonah Frohlich – 00:33:41	Great.
Slide 23-24	Palav Babaria – 00:33:41	I think we can go to the next slide. So we are finally at Q&A. So all of those burning questions that you all have been sitting on, it's time to ask them.
Slide 24	Jonah Frohlich – 00:33:58	So Palav, I can help with this. There are a few questions about the procurement and the vendor selection which we can't really describe at this point because there's a selection process that the department's going through. All we can say is that it's in process and that a vendor selection will be made shortly, and then there will be a notice send out to stakeholders about who the vendor or vendors are that were selected and the implementation process.

VISUAL	SPEAKER — TIME	AUDIO
Slide 24	Jonah Frohlich – 00:34:31	There is one question here that Rebecca Boyd Anderson asked about the methodology for risk sharing and whether it would be open source. You can identify basically opening up the black box as we say. Do you want to comment on that Palav?
Slide 24	Palav Babaria – 00:34:45	Absolutely. Thank you, Rebecca, for that question. So we know that in current state many of the proprietary tools that are used for risk stratification and segmentation are essentially a black box where the methodology is proprietary, not always visible and not always transparent.
Slide 24	Palav Babaria – 00:35:01	We are very committed to having a transparent, open process for the state's risk stratification and segmentation methodology. As well as it's going to be an iterative process, what the risk stratification algorithm is on day one may evolve over time as we get better data as that more inputs come in, as we have experience using it and get feedback. But we are committed that it will be transparent, that it will include stakeholder feedback, that it'll be scientifically rigorous, and that it will be free of bias. And that will be continuously interrogated so that we can make sure that we hold true to those promises.
Slide 24	Palav Babaria – 00:35:39	We will be standing up a scientific advisory committee that includes experts in this field who can help us achieve this vision and will definitely also be leveraging the expertise of our managed care partners. Many of whom have really done a lot of work at the local level to develop their own algorithms and have tremendous experience that we want to draw upon.
Slide 24	Jonah Frohlich – 00:36:02	And there were also a number of questions Palav, about the members' ability to go in and update or request updates to contact information as we've seen in this scenario for the individual who's looking to update their gender identity information.

VISUAL	SPEAKER — TIME	AUDIO
Slide 24	Jonah Frohlich – 00:36:21	There's a question here and a few questions really about at what point and will this service be used to help update Medi-Cal eligibility information, contact information, and how to reconcile that with what plans or providers or counties have collected. I know this is a favorite topic of yours around contact information and demographics, anything you want to comment or respond to?
Slide 24	Palav Babaria – 00:36:43	This is literally my most favorite CalAIM project. And I'm not joking about that, as everyone knows whose heard me talk about this. So I think first and foremost I will say, we know that member demographic information is different in current state across different systems. So whether it's your information with WIC, or potentially with the Medi-Cal eligibility office, or what you tell your provider, or what you tell your managed care plan, all of those sources do not say the same thing in current state.
Slide 24	Palav Babaria – 00:37:14	So we do envision the PHM service to be another place right now for members to go in and directly add information. So that for all of the outreach and service delivery that we are trying to do through the population health management program, we have an easy way for members to be reached and contacted and receive services.
Slide 24	Palav Babaria – 00:37:34	There is a separate CalAIM project that is aimed at improving member beneficiary contact information. I and my team will be leading that project, and we hope to kick off formal stakeholder engagement for that project later in 2022. That stakeholder engagement process is going to help us figure out some of these questions of, how does the information that we have in this service interface with county eligibility systems, interface with meds and the data systems we have at DHCS. We don't know the answers to those questions yet, but that project will help answer those questions, hopefully not too far in the future.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
Slide 24	Jonah Frohlich – 00:38:15	Great. Thank you. And I think related to that there are questions such as, will updates be made, these updates to contact information flow into these 834 files? This files that come back and forth between the plans and Medi-Cal with contact information and relatedly, this information flow into HR, if there's a question like, well, if there's all going to be all this information, is there going to be requirements around health systems consuming data that's in the service. I can help on to a second if you like, or if you want to address those.
Slide 24	Palav Babaria – 00:38:52	Yeah. So I think around the 834 files, again, that working group around the beneficiary contact information will really be helping us think through what does the governance look like around beneficiary contact information? What is our source of truth? When you have multiple pieces of information that don't match, what do we do with that? And we hope that all individuals who use Medi-Cal member contact information will be part of that stakeholder process, so that we can really figure out, what is this information being used for?
Slide 24	Palav Babaria – 00:39:23	Does a single source of truth for everything make sense? We know there's different ramifications. If you change your county of residents on the county eligibility side for Medi-Cal, then there are, if someone is just trying to reach you to get you enrolled in a care management program, and we really need to think through all of those implications to come up with our future solution, it looks like. And then yeah, Jonah, if you want to take the second part of that, that sounds great.
Slide 24	Jonah Frohlich – 00:39:50	I think with respect to the either requirements, expectations or interest for plans to consume or providers, I should say implants, but to consume information clinical data from the service. And the question was raised like for Epic and Cerner, but for other organizations that have different EHRs.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Jonah Frohlich – 00:40:10	Ultimately the plan is for the department to be used federal and state standards around interoperability, and ultimately moving towards things like fire standards for those organizations to be able to consume data that they might not have about numbers or patients that are listed in the service. That's a future consideration and design element. It's not likely that it will be for clinical data. The first thing out the gate, since it will take time for the department to come up with a process for being able to collect some of that information, either directly from providers or through regional or national networks that have some of that information.
N/A – Q&A	Jonah Frohlich – 00:41:00	There were a couple of questions focusing on the process around the assessments and duplicate data entry. And is there like this expectation that this service essentially is going to be the screening and assessment tool that everyone goes to and has to use? Would you be able to clarify that at all, Palav, about sort of how that's intended to work?
N/A – Q&A	Palav Babaria – 00:41:24	Absolutely. So I think first and foremost one of our visions for CalAIM as mentioned is to really streamline and reduce administrative burden around screening, so that we ask questions where appropriate, and then we share the results of those questions so we don't have to ask them over and over again.
N/A – Q&A	Palav Babaria – 00:41:40	So at this point in time, we haven't landed on a single standardized screener. I think where we are starting from is there's a lot of data that is already out there, and how can we pull that data together and share it, even if it's not necessarily the same 10 questions that everyone is asking? And there are test cases around this where, knowing if someone is experiencing homelessness or not, there are different question tools that are used across the state, and yet there are ways to bring that information together and have a reasonable idea of what is happening with someone's housing status.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria – 00:42:14	There's more that needs to be figured out here. Especially as we implement the population health management service, we will be engaging stakeholders to figure out, how does that data aggregation approach work? Are there still gaps where we really do need to get to a single question? There's also a lot evolving in the national space around this, around standardized social drivers of health, screeners, and questionnaires being contemplated both by CMS and NCQA, that we are looking at closely. Because where possible we really do want to align with national standards to streamline administrative burden and reduce duplication.
N/A – Q&A	Jonah Frohlich – 00:42:54	Great. And the question that Katherine asks, "Should all screening assessment should be entered through the PHM service platform?" I think the answer is no, right? It's intended to be the place where everyone goes, but it's going to aggregate data and you can access that to fill in the assessment pre-populated with data so that it minimizes. Is that right?
N/A – Q&A	Palav Babaria – 00:43:17	Exactly. And some of this obviously depends on how is that data being entered, but many electronic health record systems today do capture social drivers of health screenings in discreet data fields, whether that is smoking status, or food insecurity, or housing or transportation needs. And there are ways to aggregate that data if entered in a discreet field.
N/A – Q&A	Jonah Frohlich – 00:43:39	Great. Some questions just about the timeline and policy and implementation. So there are a couple of questions about the launch and sort of the beta test and partners, have we chosen those partners? Can plans apply? So do you have any sort of reaction or thoughts about the test process?

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria – 00:43:57	Absolutely. So we've not chosen those partners yet. So if you're interested, feel free to reach out to us and we will keep a note of your interest. And I also saw a question, "Is it only for plan?" No. The whole point of the test phase is really to test all the different user types that will eventually be using the service. So we will need some plan guinea pigs who volunteer and test this with us. We will also need some Medi-Cal members who want to test the member interface. We will need some local county agencies who want to test it from the county perspective. So we will be looking for a broad base of different user types that can help us refine the tool prior to statewide launch.
N/A – Q&A	Jonah Frohlich – 00:44:36	Great. And then there's some interest in just the detailed timeline for the phasing and for the components to be released. I understand there's not a multi-year process yet defined, but you want to sort of speak to initial launch and what might come next?
N/A – Q&A	Palav Babaria – 00:44:59	Absolutely. So as Jonah mentioned, we are currently in the procurement process, and when a vendor is selected that will be announced as the state awards that contract. I think at a high level, we are prioritizing that the functionality that is critical for the population health management program to go live as soon as possible. So that includes functionality around data aggregation and sharing functionality around the risk stratification and segmentation, and assigning members to tier levels, because those are all critical functions for the population health management program policy.
N/A – Q&A	Palav Babaria – 00:45:35	Obviously, we do want to streamline the screening and assessment process as well. So I think that will rank high up in the list of coming thereafter. But some of the more advanced features tracking referrals, building out all of the gaps in care reports and dashboards and program flags, some of that may come a little bit later as well, after we get the basic functionality launched for the population health management program.

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria – 00:46:01	And then obviously as Jonah walked us through, as healthcare entities and other programs get ready to implement the CalHHS data exchange framework standards, I think that will be another big opportunity to really ingest more data and different types of data than what we will have at the initial launch of this program. And really be able to scale a lot of the more detailed functionality. So as we start on the implementation phase, we look forward to releasing much more specific information about all of these phases.
N/A – Q&A	Jonah Frohlich – 00:46:32	And then there's one other question that says that many counties are already moving towards a pop health management solution. And I would add to that many providers are, many health plans already have systems in place. And the question goes on, is there going to be a mandate to use this system as opposed to a local implementation?
N/A – Q&A	Palav Babaria – 00:46:56	So I would say the population health management program at the state level, it is just that. It is at the state level, right? So while it will have data that can be shared with people who are caring for Medi-Cal members, this tool is not going to be sort of embedded or necessarily programmed into every single electronic health record across the state. So those local solutions likely are needed and will continue to be needed for their various purposes.
N/A – Q&A	Palav Babaria – 00:47:22	We do envision that hopefully what the service does is really provide that single repository for large amounts of data that are much easier for us to aggregate at the state level and then share, as opposed to each and every single clinic or each and every plan having to maneuver through myriad data sharing agreements and try to aggregate that data at the local level.

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria – 00:47:44	So in addition to creating a forum, if people don't have a population health management service or plans, get one, or a program at the local level, they can use the state level and entry points and system. For others it may be just taking the data feed out of the service and incorporating it into your own local systems and programs as a source of a lot of very valuable, useful data.
N/A – Q&A	Jonah Frohlich – 00:48:11	Thank you. And there are a couple of questions, really, they're digital divide questions. One is, will members like Cory have the ability to access a computer to update their information? And then many of the beneficiaries don't have an email address or access to the internet. So it's a huge barrier. So, I know this program can't solve all problems, but do you want to give any sort of guidance about how we might see certain beneficiaries accessing this type of platform or service?
N/A – Q&A	Palav Babaria – 00:48:43	Absolutely. So we know utilization of technology and internet it varies widely across the state. It varies by region. It varies by age groups. It varies by primary language. And we saw a lot of that in our analysis, even of the pivot to telehealth during the COVID-19 public health emergency.
N/A – Q&A	Palav Babaria – 00:49:02	A few things to note, increasing computer access and statewide broadband access is a major goal of the administration. And there are numerous initiatives happening outside of the department to make sure that we truly do have broadband access across the state, which is critical, not just for this initiative, but even for schools, education, for how people access their healthcare in the modern era.

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria – 00:49:25	Secondly, we recognize the critical utilization of cell phones for our Medi-Cal health population. Even if there isn't computer or broadband access, most of our Medi-Cal members do have cell phones and in local surveys across the state, most people also have more smartphone access than they did even 10 years ago, certainly, or even five years ago. So we are designing this platform with that in mind, and we'll be conducting extensive Medi-Cal member testing to figure out what are the different ways in which Medi-Cal members want to use this portal. It doesn't have to be an app on their cell phone. Does there need to be a text-based component or a phone-based component in addition to being able to log in on an app or the computer? So all of those design questions will be answered with Medi-Cal members input along the way.
N/A – Q&A	Jonah Frohlich – 00:50:20	The question around behavioral health, one of the participants notes that this is ambitious for MCPs, how likely are county mental health plans, will they be ready on this timeline and the providers that serve those county mental health plans? So I guess one question is like how extensive is this service intended to be, who is it intended to be accessible to, and how might we expect a county mental health plan or providers who serve those access and use the service?
N/A – Q&A	Palav Babaria – 00:51:01	So it'd start by saying the whole person care vision flows both ways. So counties need physical health data, as much as all of the physical health providers and plans need behavioral health data. It is impossible to take care of an individual member without knowing what is happening to their health and wellbeing across physical and behavioral health conditions.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria – 00:51:23	And so, our party county partners are excited about the service. They will be using those service, and really are looking forward to that. Obviously, we do need to address sort of some of the abilities and current infrastructure. So a lot of the CalAIM initiatives that are focused on behavioral health counties are designed to help get them to a place where that data is more actionable and more standardized. So moving from using CPT codes, which have been used historically on the physical health side for a very, very long time, this will help us get better data that is in alignment with national standards, with measure specifications, with an ability to measure quality on the behavioral health side.
N/A – Q&A	Palav Babaria – 00:52:05	I also saw a few questions. I'm going to take this opportunity to get on my soapbox about coding, where it is. It's garbage in, garbage out, and the coding starts at every level. So we at the department have been doing a lot of work with our stakeholders and plans around encounter data quality, and that is getting better, but the quality of the data starts in an exam room with a provider and with a patient, and what is put into the electronic health record.
N/A – Q&A	Palav Babaria – 00:52:29	And I can tell you in my old life, I spent hours of my life tracing down erroneous diabetes diagnosis for patients who never had diabetes. And there is a process to fix incorrect submitted flames, but this is where provider training is critical. So all of you who work with providers, if we're ever going to have reliable reporting on quality and equity and make this service valuable, people really do have to pay attention to documentation and coding as painful as that can be as times. And I think that problem exists on the physical health side just as much as it does on the behavioral health side.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Jonah Frohlich – 00:53:09	And then there are a couple questions about connections to other programs. So I think one is around is the proposed Medicaid risk score related to development of the RSS model, and has there been any alignment or complementing of efforts with the integrated healthcare association and work that they're doing around health quality in California? Do you feel like we have any guidance on either of those issues?
N/A – Q&A	Palav Babaria – 00:53:37	The integrated healthcare association has been involved in a lot of that work around improving encounter data quality with the department. And we continue to explore how we can leverage the great work that they're doing on the ground to really address this issue around data quality, especially at the practice level.
N/A – Q&A	Palav Babaria – 00:53:53	In terms of the Medicaid risk score, right now we are really trying to meet the NCQA requirements for the risk score and then have a set standard across the state, because that is what is in existence today. But absolutely I think the vision for pop health is not to create silos and duplications. So as federal standards emerge in this space, we will be continuously looking to see how we can align with existing or future federal standards.
N/A – Q&A	Jonah Frohlich – 00:54:19	Another question that does come up at a lot of the plan meetings with managed care plans is, please clarify, will MCPs, will they or will they not need to do their own risk stratification segmentation in addition to what the service is going to do?
N/A – Q&A	Palav Babaria – 00:54:39	So I think in the future, future state, once the service is live and has a risk stratification and segmentation process, MCPs will be required to one, use that state risk stratification segmentation process, if that is all they want to use, that will meet the requirements for what the department is asking. If there are MCPs who are really existing, mature, robust, local processes that they want to supplement on top of the state process, that is also fine. But the service is intended to meet that requirement in future state.

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Palav Babaria – 00:55:11	There is obviously this bridge period where the service will not be live, and I'll refer you both to the final roadmap that we'll be publishing. And then the specific guidance that we'll be issuing for plans, for best ways to tackle that bridge period based off of what your current capabilities are.
N/A – Q&A	Jonah Frohlich – 00:55:31	Perfect. There are a couple of questions about data exchange, and I'm happy to answer them and follow up. Please correct me if I'm wrong here. But one is, it's more of a comment. If the PHM service could include real-time ADT information that would be helpful for timely outreach. I totally agree it would be helpful. I don't think we believe that the department's going to have real-time ADT information. It should have retrospective information that could be used for things like risk stratification, tiering and segmentation, but not to rely on the service as a real time source of data, that really does move into the realm of information exchange, and being an HIE, which this is not. But to be able to collect that information, it will be vital. We believe to the functioning of the algorithm.
N/A – Q&A	Jonah Frohlich – 00:56:22	Then there's a question about digital identities from John Halvey, "How is this being integrated into the digital identity initiative being established by the data exchange framework advisory group?"
N/A – Q&A	Jonah Frohlich – 00:56:35	And I think generally, John, the answer there is that the state is advancing and this is part of the data exchange framework that I mentioned earlier during this webinar. The state is advancing a strategy around digital identities, and to support whole person care and more comprehensive data sharing across all of these different physical behavioral, social service providers, there's really a need to have a more concrete and robust digital identity strategy and approach statewide so that this information can be shared more readily, and we can ensure that we're linking data with the right individuals when that data is being shared.

PHM Service All Comer Webinar

May 25, 2022

Transcript

VISUAL	SPEAKER — TIME	AUDIO
N/A – Q&A	Jonah Frohlich – 00:57:17	To the extent that the state is moving forward with an actual plan to implement any of the strategies, we would expect that the department would be a partner in helping to define that. And then the service would leverage any kind of a digital identity approach that might be adopted statewide. Is there anything, Palav, that you want to add to that?
N/A – Q&A	Palav Babaria – 00:57:39	Nope. I think you covered it.
N/A – Q&A	Jonah Frohlich – 00:57:44	We've got only two minutes. So I think we'd leave. There are really only a couple of other questions, but I think we've generally hit most of them. Anything else that we want to cover before we're done with the rest of the group and we conclude?
N/A – Q&A	Palav Babaria – 00:58:06	I think I would just say that we recognize and acknowledge there are a lot of unanswered questions and the devil's going to be in the details as we select a vendor and then focus on implementation. So we really thank you all for coming and thank you in advance for continuing to raise all of the questions that need to be answered ultimately for this huge initiative to be successful.
N/A – Q&A	Jonah Frohlich – 00:58:29	And Palav, one other thing. Because there seems like in the chat, which we'll capture all these notes. There's an interest in, from a number of organizations that would want to be in the pilot. Is there somewhere that they can email, some email address that they can send, if they're interested, they can send a note too?
N/A – Q&A	Palav Babaria – 00:58:57	I think if you're on this call and interested put in the chat, because we will be coming through that chat. And then I think you can also use this CalAIM@dhcs.ca.gov email. Obviously, we are still months away from talking about the pilot, but we'll be continuing this whole set interest. So please reach out through one of those. Two ways right now, and there will be future opportunities to raise your hand as well.
N/A – Q&A	Jonah Frohlich – 00:59:19	All right. I think that does it.
N/A – Q&A	Palav Babaria – 00:59:31	Thank you all so much. Happy Monday.
N/A – Q&A	Mario – 00:59:36	Thank you for joining everyone.
N/A – Q&A	Palav Babaria – 00:59:36	All right. Thank you.