

February 12th, 2024

Chat Log

13:31:39 From Alice K - Events to Everyone:

For both English and Spanish captioning:
https://www.streamtext.net/player?event=240212_DHCS_PHM

13:32:06 From Dana Moore to Hosts and panelists:

I'm standing in for Dana Moore today. I'll be taking notes for her.

13:34:33 From Joel Ervice to Hosts and panelists:

Apologies -- I logged in two minutes late and missed the agenda. I wasn't able to find meeting materials on DHCS's website. Would you please forward me the link or materials? joel@rampasthma.org

13:36:15 From Sherry Dai to Hosts and panelists:

Hi Joel - meeting materials will be posted on DHCS PHM website after the webinar here:
<https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>

13:45:00 From Amy Salerno to Everyone:

Feel free to also add comments/discussion in the chat.

13:46:20 From Tim Ho to Everyone:

Wanted to ask a question but I don't see that the Q&A function enabled. Studies have shown some effectiveness with early discharge follow-up clinics. Could these specialized clinics be considered a proxy for a PCP follow-up?

13:46:34 From John Zweifler to Everyone:

MCPs generally delegate transitions to the ACO or physician group the pt is assigned to. Attempting to schedule follow-up appts prior to discharge can help connecting pts to their PCP

13:47:19 From Katherine Haynes to Everyone:

I agree on the issue of Language Access. Provisions of SB853 for plans is was for language access to be addressed in provider contracting, vital documents, and interpreter service. Working with DMHC to step up enforcement may help bring both plans and providers into compliance. Plans were to have been in compliance by January 2009.

13:49:24 From Tim Ho to Everyone:

Thanks!

13:50:09 From Heather Summers to Everyone:

To consider with Transition of Care-Can there be staff that are embedded in the transitional care settings (ie: SNF/LTC). For TCS-A consideration for care pathways is how care transitions and hand off's will occur from ECM to PHM (when appropriate). Primary Care Follow-Up-Identify champions in the office to partner on post-discharge. Implement a learning community.

13:50:47 From John Zweifler to Everyone:

Agree with connecting to PCP if possible - if go to transition clinic, eventually needs to transition again from transition clinic to PCP.

13:52:36 From Andrea Smith to Everyone:

What advice do you have for getting that facility buy-in?

13:53:56 From Kim Lewis to Hosts and panelists:

Additional clarity on who is responsible for follow-up with the member is still an issue with delegation and subdelegating of plans and the role of physician groups. Warm handoffs to make such f/u appointments is needed rather than expecting the member to do it. This is particularly key for high risk patients who see multiple providers or experience levels of care. Is this the role of the ECM?

13:54:16 From Tim Ho to Everyone:

"Discharged with an appointment" is much different than "discharge with an appointment that works for the mom and/or family". We should be careful with just checking a box.

13:57:54 From Tim Ho to Everyone:

Therefore, tracking both "discharged with appointment" and "appointments kept" is important. If there is a wide difference or widening difference, the process of scheduling needs to be scrutinized more.

13:57:58 From Katherine Barresi to Everyone:

Echo what Kim called out - the definition of delegation/sub-delegation is difficult and hampering innovation

13:58:38 From Palav Babaria to Everyone:

@Tim Ho--our KPI for post-discharge follow up only counts appointments kept for this very reason....

13:58:45 From Cary Sanders to Hosts and panelists:

+1 to Kim and Palav's comments. Thank you for calling out the importance of a PCP assignment if there is no PCP.

14:04:32 From John Zweifler to Everyone:

If the PCP is not part of an integrated network with a common EMR, you rely on faxes to communicate with the PCP. More robust HIE/data exchange systems would enable electronic messaging to offices that could more directly be integrated into the PCPs medical record.

14:04:34 From Susie Smith to Everyone:

The Community Living Fund mode (<https://www.ioaging.org/services/community-living-fund/>) in SF (now expanding) has been effective in transitions out of SNFs. The Community Living Fund is a short-term, intensive care management program and purchase of services designed to help lower-income San Francisco County residents transition out of hospitals and care facilities so they can live independently. The CLF helps aging adults and people living with disabilities transition out of care facilities if they do not belong there, or do not wish to be there.

14:06:40 From Tim Ho to Everyone:

We need to consider that members may refuse (for good reason) a specific program or service.

14:09:48 From Yvette Willock to Everyone:

Is it possible for information about ECM enrollment and/or eligibility be shared during the Utilization Review (UR) process? I ask this from the perspective of having done UR for a Health Plan and this information would be something I would share with the facility during the UR process.

14:10:23 From Al Rowlett to Hosts and panelists:

+++ Palav

14:10:45 From Cary Sanders to Hosts and panelists:

++to Palav's comments

14:14:22 From John Zweifler to Everyone:

In the context of TCS, it would be helpful if there was some type of universal screening that could support ECM/CS referrals. The complexity/time/cost of completing/submitting referrals for ECM/CS is a barrier to enrollment.

14:14:23 From Leslie Moya to Everyone:

Does it make sense for HIEs to have an ECM assignment flag in a health record so that anyone on the care team can check if the patient is already enrolled and/or eligible for services

14:14:40 From Reena John to Hosts and panelists:

DHCS has done a good job of communicating the TCS policy broadly to the public. Because the accountable party is largely the MCPs, I don't think there is uniform awareness about the policy among "participating facilities". As DHCS provides TA to MCP's in 2024, I recommend some targeted outreach/TA to participating facilities as well.

14:17:02 From John Zweifler to Everyone:

Agree with Takashi's comment, re using CHWs. It would help to have a network of CHWs/Navigators that can connect health care providers, CBOs, and governmental agencies rather than having each ECM/CS provider working on their own.

14:18:34 From Kim Lewis to Hosts and panelists:

If the plan knows someone is in a LTC facility of hospital why can't the plan identify the ECM or make sure they are referred if not already in ECM. May need to put the onus there to take action if they know. If the discharge staff contacts the plan will the plan know?

14:19:07 From Bonnie Kwok to Everyone:

CalAIMECMILOS@dhcs.ca.gov. Please share additional comments and recommendations with us on Transitional Care Services.

14:19:15 From Beth Hernandez to Everyone:

What do DHCS analytics say about the % of admissions that are with high risk vs. low risk individuals. According to our analysis internally, while high risk individuals account for 17% of members, they account for 43% of admission. Curious to see if this is what DHCS is seeing in terms of breakdown.

14:21:48 From Al Rowlett to Hosts and panelists:

Agree with previous comments regarding the importance starting a relationship while on the hospital preferable with a promotoria from their community. This requires accepting a cbo as a partner agency without union interference.

14:22:25 From Sjahari Pullom to Everyone:

Could we get a copy of this presentation?

14:23:13 From Rea Panares to Hosts and panelists:

Would love a copy of the slides also - thanks.

14:23:19 From Tangerine Brigham to Hosts and panelists:

Health plans also need to meet their TNE. Is the CR after taking into account TNE requirement and their positive net income?

14:27:15 From Tangerine Brigham to Hosts and panelists:

is community defined more broadly than Med-Cal managed care members? can dollars be used for general population?

14:27:29 From Bonnie Kwok to Everyone:

The recording and slides will be posted on the DHCS website in the next few weeks.

14:29:57 From Katherine Barresi to Everyone:

How does the QIHEC (Quality and Improvement and Health Equity Committee) in the 2024 contract interface with CAC and/or investment recommendations?

14:34:21 From Al Rowlett to Hosts and panelists:

++ Cary

14:34:58 From Mike Odeh to Hosts and panelists:

Given the improvements needed in well-being for kids generally, we'd would want some sort of assurances that CR investments are set aside and directed for children and youth. I also agree with Cary's comments about alignment and community voice as well.

14:35:34 From Rea Panares to Hosts and panelists:

Echoing Cary's comments re: community input. Would also like to see collaborative infrastructure as a defined bucket to support multi-sector collaboratives that have prioritized community voice and input.

14:35:48 From Al Rowlett to Hosts and panelists:

++Rea

14:36:06 From John Zweifler to Everyone:

The enrollment in ECM/CS is lower than expected. Part of that is probably due to no funding for screening and referring individuals for ECM/CS. Support for better identifying individuals eligible for ECM/CS is another category. Also- support for developing more network approaches to linking CHWs rather than having ECM/CS providers working in silos including support for developing electronic data exchanges to facilitate referrals/tracking/followup

14:36:26 From Tangerine Brigham to Hosts and panelists:

I think it would be helpful to have some document that provides the relationship between CR, hospital community benefit plans and local health department community health assessments

14:37:30 From Al Rowlett to Hosts and panelists:

Must ensure REAL community representation not just agency and political as representing community

14:37:38 From Cary Sanders to Everyone:

+1 to Geoff's comments on Power Building!

14:38:48 From Jeremy Cantor to Everyone:

I really appreciate the intent and potential of this Reinvestment policy. Having worked for years with multisector collaboratives across the state, such as the California Accountable Communities for Health Initiative, I would encourage naming "collaborative infrastructure building" as a bucket. It's the piece that is so hard to find funding for, but getting players across a community, including resident leaders, into cooperative alignment is crucial for impact. Also agree with Cary regarding decision making.

14:38:51 From Al Rowlett to Hosts and panelists:

Many communities are willing and ready to engage they need to be invited

14:39:07 From Tracey Rattray to Hosts and panelists:

The State of Oregon's SHARE initiative requires that, after meeting minimum financial standards, MCPs must spend a portion of their net income or reserves on upstream community-based initiatives that align with the CCO's community health improvement plan (that was developed in collaboration with community partners). Is there an opportunity to add reserves to the calculus?

14:40:48 From Rea Panares to Everyone:

+1 Cary's comments and Geoff's. Would also like to see collaborative infrastructure as a defined bucket to support multi-sector collaboratives that have prioritized community voice and input.

14:41:09 From Tracey Rattray to Everyone:

The State of Oregon's SHARE initiative requires that, after meeting minimum financial standards, MCPs must spend a portion of their net income or reserves on upstream community-based initiatives that align with the MCP's community health improvement plan (that was developed in collaboration with community partners). Is there an opportunity to add reserves to the calculus?

14:41:37 From John Zweifler to Everyone:

If we are working on community wellness, can funding be used to support linking to educational/job opportunities? Education/jobs are not explicitly called out in ECM/CS

14:42:32 From Yvette Willock to Everyone:

Well said, Peter Shih!

14:44:36 From Cary Sanders to Everyone:

To Peter's point, there needs to be resources to help community members and those with lived experience engage in decision-making.

14:44:57 From Tracey Rattray to Everyone:

Current CHA/CHIP processes require community input. Suggest a requirement for community as co-leaders of the processes.

14:47:36 From Geoff Leung to Hosts and panelists:

Thank you for including us in the discussion!

14:47:43 From Reena John to Hosts and panelists:

As appropriate, recommend leveraging feedback from the statewide PATH Collaborative Planning Groups as an input to clarifying community reinvestment needs

14:49:13 From Kim Lewis to Hosts and panelists:

Any update on our PHM Service?