



Public Hospital Redesign and Incentives in Medi-Cal (PRIME) 5-Year PRIME Project Plan

Application due: **by 5:00 p.m. on April 4, 2016**

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General Instructions

Thank you for your interest in the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program. Your response to this 5-Year PRIME Project Plan (“Plan”) will enable the Department of Health Care Services (DHCS) to assess if your entity can meet the requirements specified in the waiver Special Terms and Conditions (STCs) and has the capacity to successfully participate in the PRIME program.

This 5-Year PRIME Project Plan is divided into 10 sections which are structured around the Medi-Cal 2020 Waiver’s [Special Terms and Conditions \(STCs\)](#). Additional information about the PRIME program requirements can be found in the PRIME Projects and Metrics Protocol ([Attachment Q](#)) and Funding Mechanics ([Attachment II](#)) of the STCs.

Scoring

This Plan will be scored on a “Pass/Fail” basis. The state will evaluate the responses to each section and determine if the response is sufficient to demonstrate that the applicant will be able to effectively implement the selected PRIME Projects while simultaneously conducting the regular business of operating the hospital system.

In the event that a response to a Plan section is not sufficient and fails to meet review criteria, the applicant will have an opportunity to revise the response(s) to meet the state’s satisfaction. Applicants will have three (3) days to complete the revisions upon receiving feedback from the state.

Please complete all sections in this 5-Year PRIME Project Plan, including the Appendix (the infrastructure-building process measure plan as applicable), and return to Tianna Morgan at PRIME@dhcs.ca.gov **no later than 5:00 p.m. on April 4, 2016.**

Section 1: PRIME Participating Entity Information

**Health Care System/
Hospital Name**

Coalinga Regional Medical Center

**Health Care System Designation
(DPH or DMPH)**

DMPH

Section 2: Organizational and Community Landscape

The purpose of this section is to provide DHCS with an understanding of the demographic makeup of the community the applicant serves, the target population that will benefit from the PRIME activities, and any other relevant information that will help inform the state’s review of this Plan.

2.1 Community Background. *[No more than 400 words]*

Drawing on available data (e.g., DHCS, Office of Statewide Health Planning and Development, U.S. Census Bureau), summarize the health care needs and disparities that affect the health of your local community.

Coalinga Regional Medical Center (CRMC) is located in the western region of Fresno County. The health care needs and disparities of our community are summarized below:

Physical Health. The most significant health issues facing our community include asthma, obesity, diabetes, and heart disease.

- *Asthma:* 16% of adults and 21% of children have been diagnosed with asthma, compared to California state average of 14% and 15% respectively. In Fresno County, the number of asthma related ED visits and hospitalizations for adults and children is higher than the state average; for children 0-4 years old, the number of visits and hospitalizations is twice that of the state average.
- *Obesity:* 29% of the adults and 43% of children are obese, compared to a statewide average of 22% and 38% respectively. 5% of the population has limited access to healthy food, and 18% of the households receive Supplemental Nutrition Assistance Program Benefits compared to the state average of 8%. 19% of the total population is physically inactive.

- *Diabetes:* 9% of adults have been diagnosed with diabetes, compared to a statewide averages of 8%. 35% of adult hospitalizations are due to diabetes compared to a state average of 31%.
- *Heart Disease:* 4% of adults have heart disease, 28% of adults have high blood pressure and 28% of adults with high blood pressure are not taking medication. The death rate due to coronary heart disease is 176 per 100,000 individuals compared to the state average of 158 per 100,000.

Health Disparities. Health disparities in Fresno County correlate with several population factors including ethnicity, socio-economic status and education.

Access to Care. The largest healthcare concern for residents of Fresno County is access to care. The primary factor affecting access to care is that 82% of the residents in Fresno County live within a Health Professional Shortage Area (HPSA), which is 57% higher than the California average. Additional factors that impact access to care include the high cost of co-pays and deductibles, long wait times to see physicians, and limited non-emergent facilities open during evenings, and weekends.

CRMC plans to utilize the opportunity given to district hospitals through the participation in PRIME to address the issues outlined above.

2.2 Population Served Description. *[No more than 250 words]*

Summarize the demographic make-up of the population included in your hospital's service area, including information about per capita income, age, race, ethnicity, primary language, etc.

CRMC is located on the Western side of Fresno County in the rural community of Coalinga. Fresno County is home to approximately 950,000 residents and is a large county geographically, totaling 6,011 square miles with several rural communities; Coalinga being one of them with a population of 16,452.

Income: The average per capita income in Fresno County is \$20,208 and the median household income was \$45,563. The percentage of households receiving Public Assistance Income is 8%, double that of the California state average of 4%. In addition, 50% of the total population is living 200% below the federal poverty level, with 26% living at or below the poverty level. Fresno County's unemployment rate remains in the double digits at 11%, compared to the state average of 7%.

Race/Ethnicity and Language. The 3 largest racial/ethnic groups in Fresno County are Hispanic (52%), White (31%) and Asian (11%). Approximately 5% of Fresno County population is comprised of undocumented immigrants. The 2 primary racial/ethnic

groups in the Coalinga are Hispanics (54%) and White (38%). The primary languages spoken in Fresno County are: English, Spanish and Hmong.

Age. Fresno County has 29% of residents under the age of 18, which is higher than the California state average of 24%. The age breakdown is as follows:

- 0-17 years (29%)
- 18-64 years (60%)
- Age 65+ (11%)

Education. Education is strongly linked to health outcomes. Individuals with higher education tend to live longer and practice health-promoting behaviors. In Fresno County, 27% of the population does not have a high school diploma and those age 25 and over with a bachelor's degree or higher is only 20%, compared to the state average of 31%.

2.3 Health System Description. [No more than 250 words]

Describe the components of your health care system, including license category, bed size, number of clinics, specialties, payer mix, etc.

CRMC is licensed as a General Acute Care Hospital with the following approved services: Mobile Unit MRI, Outpatient Rural Health Clinic, Physical Therapy, Respiratory Care Services, and Stand-by Emergency Medical Services. Additionally, cardiology services are offered through the Outpatient Rural Health Clinic. CRMC has a total of 123 beds, 24 acute beds and 99 beds for a D/P Skilled Nursing Facility, at 2 locations.

CRMC is the sole community provider hospital located in Coalinga and provides the only emergency services to the residents of the community. CRMC's hospital is open 24 hours a day, 7 days a week for emergent services. CRMC operates an Outpatient Rural Health Clinic that has extended hours, beginning at 9:00am and closing at 7:30pm, totaling 10 hours daily Monday through Saturday and is only closed on four major holidays. The Outpatient Rural Health Clinic also offers the only cardiology services to the residents of Coalinga.

For the fiscal year ending June 30, 2015, including the Skilled Nursing Facility, the payer mix for CRMC was 13% Medicare, 62% Medi-Cal, 17% other, 4% CDC, and 3% other indigent care. CRMC had a total of 176 inpatient discharges, 9,565 emergency room visits, 13,710 ambulatory care visits, and 4,120 Outpatient Rural Health Clinic visits.

2.4 Baseline Data. *[No more than 300 words]*

Describe the current resources that your entity has in place to collect, report and monitor performance data and how these resources will support PRIME clinical quality reporting requirements. Please specify any anticipated limitations or barriers to meeting the PRIME reporting requirements and describe your proposed strategies to address these barriers.

CRMC's Quality Improvement Committee (QIC) is continually evaluating, modifying and improving patient care processes and outcomes. The QIC reports to the Medical Executive Committee and to the Board of Trustees.

Data Collection. CRMC's data is gathered by the medical and clinical staff and is entered into the patient chart and electronic health record (EHR), at the time of care. The clinical staff flags the patient chart for follow-up. When the QIC has identified a process that needs further evaluation and monitoring, chart audits are performed by the clinical staff to gather and validate the data.

Reporting. CRMC utilizes standard reporting features of the EHR system. CRMC also performs ad hoc reporting once a process has been identified that needs further evaluation. The QIC provides monthly written and oral reports to the Medical Executive Committee and Board of Trustees.

Monitoring. CRMC has developed a culture of ongoing process improvement. The QIC monitors the data collection process and the results on a continual basis.

CRMC has two major hurdles to overcome in order to meet the PRIME reporting requirements:

1. CRMC must successfully transition to a new EHR system. The anticipated completion date is April 11, 2016, however trouble-shooting and training of the system will continue throughout the year. Assuming the transition to the new EHR is completed by April 11, CRMC will need to create and learn how to run reports in the new system to validate that data is being captured correctly and that the reports provide the necessary data.
2. CRMC has limited resources and expertise in data analytics. The current EHR had rudimentary reporting capabilities and the need to review and analyze data historically has been infrequent. CRMC has 2 FTEs that will be trained on the reporting function of the new EHR and will perform the data analysis for CRMC.

Section 3: Executive Summary

The objective of PRIME is to accelerate participating entities' efforts (as applicable), to change care delivery, to maximize health care value and to strengthen their ability to successfully perform under risk-based Alternative Payment Methodologies (APMs). This section of the Plan will be used to present each entity's overall goals and specific aims for PRIME. This section should also describe how these efforts will evolve over the course of the five years.

3.1 PRIME Project Abstract [No more than 600 words]

Please address the following components of the Abstract:

1. *Describe the goals* for your 5-year PRIME Plan; Note:*

** Goals (generally 2-5) are general guidelines that explain what you want to achieve in your hospital or health system. They are usually medium- to long- term and represent program concepts such as "eliminate disparities." These goals may already be a part of your hospital or health system's strategic plan or similar document.*

CRMC's overall organizational goal is to improve the quality of care provided to our patients by focusing on improving patient care through ongoing process improvement identified and reinforced with data analysis. CRMC is committed to improving patient care and will continue to strive to provide services that meet the needs of our patients and that enable them to live healthier, happier lives.

Participating in PRIME will inspire and drive CRMC to continually improve the quality of care provided to patients through improved processes and workflows, promote consistent documentation, timely follow-up to abnormal test results, and expanded service offerings.

2. *List specific aims** for your work in PRIME that relate to achieving the stated goals;*

Note:

*** Specific aims (generally 2-5) relate to the goals but provide more detail on how the goals will be achieved.*

CRMC has two main objectives for participating in PRIME: (1) to become a metrics driven organization and (2) to improve patient care processes and workflows.

Using data to measure processes, workflows, and outcomes will provide objective feedback that will assist CRMC in providing better patient care, with better outcomes.

- In regards to patient safety, CRMC's specific goals are to (1) improve the process in which ordering physicians are notified of abnormal test results, (2) improve the process of notifying patients of abnormal test results, and (3) that appropriate follow-up care and monitoring is implemented.
- In regards to Million Hearts Initiative, CRMC's goals include (1) collecting baseline data to better understand disparities in preventive services related to race, ethnicity or language skills and (2) improve access to quality care.

As CRMC evolves and changes with the aid of PRIME, CRMC is hopeful that the improvements made in patient data management and outcome based delivery models, will be reflected in improved patient outcomes, improved access to care, and higher patient satisfaction survey scores.

3. *Provide a statement of how the selected projects will support the identified goals and specific aims. Note that the narrative should connect the specific aims identified in Section 3.1.2 to the projects you select in Section 4. Each project does not require a specific statement. Instead, the narrative in the abstract is broadly linking projects to identified goals and specific aims;*

CRMC has selected Patient Safety in the Ambulatory Setting (4.1.4) and Million Hearts Initiative (4.1.5). These two initiatives correspond to our project aims and will help to improve patient care, patient safety, patient outcomes, and the overall patient experience through consistent processes and workflows, with timely follow-up to abnormal test results and improved access to care.

4. *If more than one project is selected, describe how the projects will inter-relate to achieve system transformation (not applicable if only one project is selected); and*

CRMC's overall goal of providing the best patient care possible is achieved through both of the PRIME projects selected. Patient Safety in the Ambulatory Setting and Million Hearts Initiative both allow our organization to focus on performing the right diagnostic tests on the right patient at the right time and provide the appropriate follow-up and care based on the results of the diagnostic tests. This consistent monitoring of patients will improve the care CRMC provides. For both projects, CRMC will have well-defined processes and workflows to follow-up with patients that have abnormal test results and high blood pressure. In addition, CRMC will follow-up with patients to educate them on medication use and other lifestyle changes, which will improve the health

outcomes of the patients.

5. *Provide a succinct summary description of how your hospital or health system will be transformed at the end of the five years. Explain how this transformation should result in advances in clinical, population health, fiscal or other critical outcomes through PRIME.*

At the completion of the 5-year PRIME program, CRMC will provide patients with timely follow-up to abnormal test results, educate the patients on what the abnormal test results mean and what they can do to improve their health, implement innovative methods for communicating results to patients, improve access to services care, and overall, provide better coordinated and comprehensive care.

The development of these workflows and processes will allow our organization to be more efficient with lower costs associated with the delivery of care. The reduction of expenses will allow us to use these financial resources to continue to invest in CRMC's care delivery system.

3.2 Meeting Community Needs. [No more than 250 words]

Describe how your organization will address health needs at a local level as described in Section 2 of the Plan. The narrative should clearly link the projects you select in Section 4 with the community needs identified in your response to Section 2.1.

The need for CRMC to provide enhanced cardiology services with improved monitoring and promotion of smoking cessation is supported by the fact that the death rate in Fresno County due to coronary heart disease is 176 per 100,000 people, 10% higher than the California state average of 158. In addition, 28% of adults have high blood pressure and of those individuals, 28% are not taking medication. CRMC will work in conjunction with the Million Hearts Initiative to encourage our patients to focus on "A B C S" – Aspirin when appropriate, Blood pressure control, Cholesterol control and Smoking cessation. This will help our patient population reduce their risk factors for cardiovascular disease and help prevent heart attacks and stroke.

With 82% of Fresno County's population living in a Health Professional Shortage Area (HPSA), it is critical that abnormal test results get communicated and followed-up on in a timely manner. This can be achieved through improved processes and workflows to ensure the safety of CRMC's patients. Identifying and monitoring patients that use persistent medications enables better patient care with better outcomes. CRMC will train medical staff to collect data in the new EHR system and

will use that data to drive outcomes.

3.3 Infrastructure and Alignment with Organizational Goals. [No more than 250 words]

Describe the organizational infrastructure that exists or will be established for purposes of implementing PRIME (e.g., current strategic plan, goals related to quality improvement, monitoring/feedback mechanisms, data-driven decision-making practices).

CRMC has a culture of continual process improvement. CRMC's Quality Improvement Committee (QIC) is comprised of executive leadership, including the CEO, CFO, Director of Patient Services and leaders from all hospital departments. The QIC will ensure that recommended changes are being implemented and adhered to. The QIC will be the entity reporting the PRIME metrics to the Medical Executive Committee and to the Board of Trustees. Through the QIC, CRMC works to monitor and improve the quality of care provided to patients.

The daily responsibilities will be assigned to the rural health clinic supervisor who will also assume the role of PRIME project coordinator. The project coordinator will oversee the implementation of the PRIME initiatives and be responsible for ensuring that the changes required to meet the metrics and goals of the PRIME initiatives are implemented. The project coordinator will also manage the Rapid Cycle Improvement (RCI) team. The project coordinator reports to the Director of Patient Services and works with the CEO, who is ultimately responsible for the PRIME initiatives. A representative from the QIC will report, in a standing meeting agenda item, the status and changes impacting the quality of care provided to patients, and a status update on the PRIME initiatives, to the Medical Executive committee and to the Board of Trustees.

CRMC is also implementing and new EHR system that will give CRMC the tools needed to become a metrics driven organization. With improved data analytics resources, CRMC will be able to objectively support changes to processes and workflows which will improve the overall level of care patients receive.

CRMC is committed to establishing the Rural Health Clinic as the clinic of choice by extending hours and service offerings. One of the differentiating factors of the Rural Health Clinic is the ability to offer Cardiology services and with PRIME, the goal is to expand that service line and offerings and have timely follow-up to abnormal tests results.

3.4 Stakeholder Engagement. [No more than 200 words]

Describe plans for engaging with stakeholders and beneficiaries in the planning and implementation of PRIME projects. Describe how these activities will complement or augment existing patient engagement efforts.

CRMC has several stakeholders impacted by the PRIME initiatives including patients, physicians, Information Systems, Fresno County Health Department, and the American Heart Association. CRMC will make every effort possible to have all stakeholders and beneficiaries involved in the planning and implementation of the PRIME projects. The project coordinator has (and will continue to have) daily interaction with patients and staff to ensure that follow-up appointments are being scheduled and that patients are being notified of abnormal test results. The project coordinator is also inquiring with patients as to their preferred mode of communication to receive notification of abnormal results (email, phone, etc...) and is engaging the patients in that process. A Rapid Cycle Improvement (RCI) team will be constructed with stakeholders including patients, physicians, medical staff, Information Systems, community group leaders, and executive leadership. The RCI team will be consulted when questions, issues or feedback is needed on PRIME initiatives. Patients also currently receive basic educational materials and are instructed what they can expect regarding notification of abnormal test results. CRMC will work closely with the Fresno County Health Department, community physician groups, ExitCare, and the American Heart Association to provide citizens in Coalinga with educational materials covering topics such as:

1. How to follow-up with a physician regarding a test result
2. How frequently a patient should visit their primary care physician
3. Definitions of terminology used by the Cardiologist.

The project coordinator, in conjunction with the American Heart Association, the Fresno County Health Department and community physician groups, will hold educational classes for patients identified as “having a need”. The goal of educating patients is to understand the seriousness and life-long impact of their condition, increase adherence to healthy lifestyle changes and empower patients to take an active role in managing their healthcare needs. CRMC has classrooms adjacent to the rural health clinic that will provide an ideal location for these classes and help patients to get familiar with the CRMC campus.

The project coordinator serves as the point of contact for the medical staff, who are responsible for entering the test results into the EHR system. The project coordinator will be responsible for making sure the physicians remain engaged in the PRIME projects and are doing their part collect accurate data, provide better access to care, and ensure success. The Cardiologist has provided his ECHO tech to train the techs located at CRMC so that CRMC now has an RDCS, AE certified ECHO tech on campus.

As a district hospital, our Board of Trustees are individually elected officials. Our Board members are also members of the community and understand the importance of CRMC providing a high quality of care to patients. The project coordinator will have a standing agenda item for the Board of Trustees meetings and will keep them updated on the progress of the PRIME projects.

3.5 Cultural Competence and Addressing Health Disparities. [No more than 200 words]

Describe planned efforts to ensure cultural competency in implementing PRIME projects and the strategies to reduce healthcare disparities that will be adopted. Identify the resources that the entity has available for this purpose.

CRMC has, and will, continue to work to meet the needs of the diverse community that it serves. CRMC works to ensure that clinical staff and physicians are bilingual and that most materials provided to patients are in multiple languages (English and Spanish). For languages that staff are not fluent in, CRMC utilizes the AT&T language line to assist the communication with patients.

Agriculture is a large industry and employs a large percentage of the population of Fresno County and of Coalinga. Due to the atypical hours required in agriculture, the Outpatient Rural Health Clinic has extended hours so residents will have the opportunity to visit the clinic without taking paid time off.

Eighty-two percent (82%) of residents in Fresno County live in a Health Professional Shortage Area (HPSA). Due to feedback from patients and long delays in availability to see the Cardiologist in Fresno, CRMC determined that there was a need for a Cardiology services in Coalinga. CRMC contracted with a Cardiologist and is the sole provider of cardiology services to this community.

3.6 Sustainability. [No more than 150 words]

Provide a high-level description of the systematic approach for quality improvement and change management that your organization plans to use. The narrative should describe the specific components you have in place, or will implement as part of PRIME, which will enable you to sustain improvements after PRIME participation has ended.

CRMC will ensure progress and success made through the PRIME initiatives will be continued by:

1. Regularly scheduled reporting of project improvements and outcomes to the QIC Committee, Medical Executive Committee and Board of Trustees,
2. Keeping all printed materials created for PRIME projects current and in use (as applicable) beyond the project timeline,
3. Continual refinement of processes and workflows developed or revised through the PRIME projects ensuring efficient patient centered care,
4. Developing an organizational culture of relying on data metrics to drive outcomes and refine organizational processes,
5. Engaging physicians, clinical staff and patients on PRIME initiatives and outcomes and ensuring their involvement in the improvement process,
6. Ongoing education and training to help eliminate gaps in knowledge related to PRIME initiatives

CRMC will work to ensure the long term success and sustainability of the PRIME after the demonstration period has ended. This will be accomplished by creating a culture of performance improvement and continued success through adherence to the operational changes implemented. The process and workflows developed, that enhances the quality of care to patients, will continue and the rapid improvement cycle process will be imbedded into the quality reports submitted to the Board of Trustees.

Section 4: Project Selection

The PRIME Projects are organized into three Domains:

- Domain 1: Outpatient Delivery System Transformation and Prevention
- Domain 2: Targeted High Risk or High Cost Populations
- Domain 3: Resource Utilization Efficiency

The PRIME program will provide incentive payments to participating entities that commit to implementing 5-year projects within the PRIME domains and as further described in [Attachment II -- PRIME Program Funding and Mechanics Protocol](#). The required set of core metrics for each project is outlined in [Attachment Q: PRIME Projects and Metrics Protocol](#). The purpose of this section is for applicants to indicate which projects they will implement and to describe the approaches to implementation.

Selections must comply with the requirements of the STCs and the Attachments Q and II delineating the PRIME program protocols.

Designated Public Hospitals (DPHs) are required to implement projects from all three Domains. DPHs must select at least nine projects, of which six are specifically required:

- Select at least four projects from Domain 1 (Projects 1.1, 1.2, and 1.3 are required);
- Select at least four projects from Domain 2 (Projects 2.1, 2.2, and 2.3 are required); and,
- Select at least one project from Domain 3.

District/Municipal Public Hospitals (DMPHs) are required to select at least one project to implement. DMPHs may select their project(s) from any of the three Domains.

Instructions

For Sections 4.1 - 4.3, click the box(es) that correspond to the project(s) you will undertake. In addition, click the boxes that correspond to the core components you will adhere to in order to achieve the objectives of the project. Note that core components selected are not required; they are meant to guide project execution and serve as recommendations only.

Answer all of the questions below for each selected project. Provide narrative responses in the spaces marked “[Insert response here]”:

1. *Summarize your approach to designing and implementing the project. Include a rationale for selecting the project and planned approach to implementation. [No more than 300 words]*
2. *Describe how the project will enable your entity to improve care for the specified population [No more than 250 words]*
3. ***For DMPHs (as applicable), indicate which project(s) your entity is selecting that will require infrastructure-building process measures and complete the supplemental document (Appendix) to identify and describe your proposed process measures.***

For DMPHs requiring infrastructure building metrics that are approved in the Prime Project Plan, 75% of PRIME funding for DY 11 will be based on the achievement of the approved DY 11 infrastructure building metrics through the final year-end report. Up to 40% of the total PRIME funding for DY12 will be based on the achievement of the approved DY 12 infrastructure building metrics through the mid-year and final year-end report. The proposed Process Measures should meet the following criteria:

- *Specific*
- *Measurable: Must be able to demonstrate progress throughout the duration of the process metric measurement period.*
- *Evidence-based: Measures should have a strong evidence-base that can linked process to outcomes.*

Section 4.1 -- Domain 1: Outpatient Delivery System Transformation and Prevention

☒ 1.4 – Patient Safety in the Ambulatory Setting

1. CRMC chose Patient Safety in the Ambulatory Setting to improve the coordination of care provided to our patients in our Outpatient Rural Health Clinic. The Outpatient Rural Health Clinic has a high patient volume and has an immediate impact on our community. CRMC's goal is to expand the service offerings through the Outpatient Rural Health Clinic and we anticipate it will play a more vital role in serving the community.

Workflow Documentation. CRMC will observe and document the existing processes and workflows used to determine how abnormal test results are communicated to the ordering physician and how (and if) appropriate follow-up is implemented. Once the existing process is documented, a rapid cycle improvement (RCI) team will be created under the guidance of the project coordinator. The team will consist of patients, physicians, clinical staff, and Information Systems. The RCI team will perform a baseline study and gaps will be evaluated and improvement changes will be identified. Once changes have been identified, they will be implemented into the process and monitored and refined as necessary. All changes and enhancements will be reported to the QIC.

Education Materials. CRMC will disseminate educational materials regarding abnormal test results to all patients that visit the Outpatient Rural Health Clinic and who are part of the target population. All education materials will be provided in both English and Spanish. CRMC will develop guidelines and training materials for clinic staff instructing them on how to document tests ordered, test results, how to flag that follow-up is needed, and how best to contact the patients. CRMC will develop a standard contact database, a technology-enabled data system, for physicians noting the best mode of communication to reach patients, while adhering to HIPAA Privacy laws.

Data Collection. The new EHR system will be designed to capture the data needed at time care is provided to patient. The new system also will be programmed to create and send reminders to the medical staff to follow-up on patient test results and to schedule them for their next appointment. The new EHR also has the capability of producing auto populated letters to the patients, in their preferred language, which will be mailed to patients reminding them of the need for a follow-up visit. CRMC will develop policies and procedures for the clinical staff to ensure that the reminders are

addressed daily.

2. The overarching goal of CRMC is to provide high quality care to our patients. Part of providing high quality care is ensuring that abnormal test results are followed-up on in a timely manner and that the proper actions are implemented.

The population that CRMC serves is primarily of Latino/Hispanic decent, lower socio economic status with language and education barriers. The hours required in the agriculture industry make communication and scheduling difficult. This project will assist CRMC in preventing the patients that need follow-up care from slipping through the cracks and will help to educate them on the importance of regular consistent follow-up care. With improved processes and workflows, patients will receive better coordinated and comprehensive care and ultimately lead healthier lives.

Please mark the core components for this project that you intend to undertake:

Check, if applicable	Description of Core Components
Applicable	1.4.1 Perform a baseline studies to examine the current workflows for abnormal results follow-up and monitoring of individuals on persistent medications.
Applicable	1.4.2 Implement a data-driven system for rapid cycle improvement and performance feedback based on the baseline study that effectively addresses all identified gaps in care and which targets clinically significant improvement in care. The improvement and performance feedback system should include patients, front line staff from testing disciplines (such as, but not limited to, radiology and laboratory medicine) and ordering disciplines (such as primary care) and senior leadership.
Not Applicable	<p>1.4.3 Develop a standardized workflow so that:</p> <ul style="list-style-type: none"> • Documentation in the medical record that the targeted test results were reviewed by the ordering clinician. • Use the American College of Radiology’s Actionable Findings Workgroup¹ for guidance on mammography results notification. • Evidence that every abnormal result had appropriate and timely follow-up. <p>Documentation that all related treatment and other appropriate services were provided in a timely fashion as well as clinical outcomes documented.</p>
Not Applicable	<p>1.4.4 In support of the standard protocols referenced in #2:</p> <ul style="list-style-type: none"> • Create and disseminate guidelines for critical abnormal result levels. • Creation of protocol for provider notification, then patient notification. • Script notification to assure patient returns for follow up. <p>Create follow-up protocols for difficult to reach patients.</p>
Applicable	1.4.5 Implement technology-enabled data systems to support the improvement and performance feedback system as well as engage patients and support care teams with patient identification, pre-visit planning, point of care delivery, and population/panel management activities.

¹ Actionable Findings and the Role of IT Support: Report of the ACR Actionable Reporting Work Group. Larson, Paul A. et al. *Journal of the American College of Radiology*, Volume 11, Issue 6, 552 – 558. [http://www.jacr.org/article/S1546-1440\(13\)00840-5/fulltext#sec4.3](http://www.jacr.org/article/S1546-1440(13)00840-5/fulltext#sec4.3), Accessed 11/16/15.

☒ 1.5 – Million Hearts Initiative

1. CRMC is excited to join the Million Hearts Initiative and to aid in the distribution of educational materials on preventive services to not only the patients of CRMC but the residents of Coalinga and neighboring communities. CRMC is the sole provider of cardiology services for the residents of Coalinga and through this project, will be able to offer enhanced cardiology services and improved access to care at CRMC's Outpatient Rural Health Clinic.

Data Collection. For the target population, CRMC will use preexisting data (collected and stored in the old EHR system that will be extracted through ad hoc reporting and which will be validated with manual chart audits) as well as collect new data (in the new EHR system) to better understand the use of targeted preventive services and disparities experienced due to race, ethnicity of language needs.

Improve Access to Care. CRMC will collaborate with the cardiologist to develop innovative ways to provide more cardiology services to the patients at CRMC. Possible methods of improving access to care include additional days/hours cardiologist is at CRMC, purchasing additional equipment so additional tests can be performed at CRMC, and implementing telemedicine consultations.

Patient Empowerment. CRMC will empower patients through education. CRMC will partner with American Heart Association to develop and disseminate educational materials in regards to heart disease, managing high blood pressure, smoking cessation and aspirin use. All education materials will be provided in both English and Spanish. Educating the general public will aim to increase adherence to healthy lifestyle changes and help patients to take an active role in managing their healthcare needs.

CRMC will build on the existing processes involving documentation and follow-up on high blood pressure, aspirin use, and smoking cessation. CRMC will ensure that the new EHR system is set-up to capture the data needed at time care is provided to patient. The new system also will be programmed to send create reminders for the medical staff to follow-up on patients test results and to schedule them for their next appointment. CRMC will develop policies and procedures for the clinical staff to ensure that the reminders are addressed daily.

2. Maximizing CRMC's partnership with the cardiologist, CRMC plans to improve access to care. Providing cardiology services at CRMC enables

patients to have better access to services that otherwise they may not be able to access due to long wait times, inability to travel (financially and physically), and scheduling conflicts.

Please mark the core components for this project that you intend to undertake:

Check, if applicable	Description of Core Components
Applicable	1.5.1 Collect or use preexisting baseline data on receipt and use of targeted preventive services, including any associated disparities related to race, ethnicity or language need.
Not Applicable	1.5.2 Implement processes to provide recommended clinical preventive services in line with national standards, including but not limited to the US Preventive Services Task Force (USPSTF) A and B Recommendations.
Applicable	1.5.3 Improve access to quality care and decrease disparities in the delivery of preventive services.
Not Applicable	1.5.4 Employ local, state and national resources, and methodologies for improving receipt of targeted preventive services, reducing associated disparities, and improving population health.
Not Applicable	1.5.5 Adopt and use certified electronic health record systems, including clinical decision supports and registry functionality to support provision of targeted preventive services. Use panel/population management approaches (e.g., in-reach, outreach) to reduce gaps in receipt of care.
Not Applicable	1.5.6 Based on patient need, identify community resources for patients to receive or enhance targeted services and create linkages with and connect/refer patients to community preventive resources, including those that address the social determinants of health, as appropriate.
Not Applicable	1.5.7 Implement a system for continual performance feedback and rapid cycle improvement that includes patients, front line staff and senior leadership. <ul style="list-style-type: none"> • Provide feedback to care teams around preventive service benchmarks and incentivize QI efforts.
Applicable	1.5.8 Encourage, foster, empower, and demonstrate patient engagement in the design and implementation of programs.

Please complete the summary chart:

	For DPHs	For DMPHs
Domain 1 Subtotal # of DPH- Required Projects:	3	0
Domain 1 Subtotal # of Optional Projects (Select At Least 1):		2
Domain 1 Total # of Projects:		2

Section 5: Project Metrics and Reporting Requirements

Each project includes a required set of metrics, as specified in [Attachment Q: PRIME Project and Metrics Protocol](#). All of the metrics for the required and selected projects must be reported each demonstration year (DY) in compliance with [Attachment Q](#).

Participating entities must report and include baseline data for all relevant project metrics and will identify data sources, consolidating data from multiple inpatient and ambulatory systems, and including data on assigned lives reported from health plans reporting on this data semi-annually. Report submissions must include the numerator and denominator data for each of the metrics for which the entity is seeking payment under PRIME. A PRIME participating entity may provide estimates or reasonable projections if particular data is unavailable due to circumstances beyond the PRIME entity's control, including data that is collected and maintained by an external entity, such as an MCP, which has not been provided to the participating PRIME entity in a timely and accurate manner.

DPHs are required to strengthen data and information sharing with MCPs under the PRIME. To support this requirement, DHCS will establish data and information sharing guidelines and/or mechanisms, which DPHs and DMPHs must follow, consistent with applicable state and federal data privacy and security law, to provide for timely sharing of beneficiary data, assessment, and treatment information, for purposes of identifying and treating the beneficiary for PRIME and Whole-Person Care (WPC). DPHs must demonstrate establishment of new and/or strengthened data and information sharing with MCPs during the demonstration. In particular, the following must occur: reporting of complete, accurate, reasonable and timely reporting of encounter data; sharing of treatment and assessment data for care coordination purposes; and, establishment of processes and infrastructure to support MCP achievement of quality improvement efforts when aligned with PRIME projects.

I understand and accept the responsibilities and requirements for reporting on all metrics for required and selected projects

Section 6: Data Integrity

Each PRIME participating entity must establish and adhere to a data integrity policy throughout the execution of the PRIME Program. Participating entities must be able to verify that all fiscal, clinical, and quality improvement work for which a metric claim is reported. State and federal officials reserve the right to require additional substantiation or verification of any data claim or related documentation and may conduct periodic audits when indicated.

I understand and accept the responsibilities and requirements for establishing and adhering to a data integrity policy.

Section 7: Learning Collaborative Participation

All PRIME participating entities are encouraged to actively participate in learning collaboratives that will be launched by DHCS or their designees for purposes of providing technical assistance and information exchange opportunities as PRIME implementation gets underway. At a minimum, each PRIME participating entity is required to participate in at least one face-to-face statewide learning collaborative per PRIME year. Please acknowledge your understanding and acceptance of this responsibility below.

I understand and accept the responsibility to participate in-person at the annual statewide collaborative.

Section 8: Program Incentive Payment Amount

Please indicate the total computable PRIME incentive payment amount for this 5-year plan, consistent with the PRIME Funding and Mechanics Attachment:

Total computable 5-year PRIME plan incentive payment amount for:

- DY 11 \$ 1,500,000
- DY 12 \$ 1,500,000
- DY 13 \$ 1,500,000
- DY 14 \$ 1,350,000
- DY 15 \$ 1,147,500

Total 5-year prime plan incentive amount: \$6,997,500

Section 9: Health Plan Contract (DPHs Only)

DPHs are required to commit to contracting with at least one Medi-Cal managed care health plan (MCP) in the MCP service area that they operate using alternative payment methodologies (APMs) by January 1, 2018.

I understand and accept the responsibility to contract with at least one MCP in the service area that my DPH operates no later than January 1, 2018 using an APM.

Section 10: Certification

I hereby certify that all information provided in this Plan is true and accurate to the best of my knowledge, and that this plan has been completed based on a thorough understanding of program participation requirements as specified in [Attachment Q](#) and [Attachment II](#) of the Waiver STCs.