

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

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	Southern Humboldt Community Healthcare District
Health Care System Designation (DPH or DMPH)	Jerold Phelps Community Hospital

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.

Humboldt County is in far northwestern California approximately four hours north of San Francisco. Garberville, located in Southern Humboldt County, is a health services hub with primary care, skilled nursing, swing bed, emergency, rehabilitation, and laboratory and radiology services available locally through Southern Humboldt Community Healthcare District (SHCHD). The health care needs and disparities are summarized below.

<u>Physical Health</u>. The most significant health issues facing our community include asthma, cancer, obesity/diabetes, and coronary heart disease:

- Asthma: More than 15.1% of adults in our service area have asthma, compared to 13.6% statewide.
- Cancer: The average annual mortality rate for our residents is 182.4 compared to 156.4 per 100,000 for California.
- Coronary heart disease/High blood pressure: More than 24.8% of county residents have a diagnosis of high blood pressure.
- Obesity/Diabetes: More than 26.5% of adult county residents are obese. This
 epidemic contributes to the high incidence of diabetes, including the 7.8% of
 adults.
- Stroke: The number Humboldt County residents (per 100,000) Stroke AAMR is at 52.4, which is well above the California number of 38.1.

<u>Behavioral Health</u>. Behavioral health issues are also a challenge for Humboldt County. The Department of Health and Human Services estimates that 10.26% of

county residents who are enrolled in Medi-Cal are utilizing mental health services; this compares with 5.78% in the state. Per 100,000 residents, 36.7 residents suffered from drug-induced deaths compared to the state rate of 10.9. The number of suicides in Humboldt County is 22.7 per 100,000, as compared to 9.6 for the state overall.

Health Disparities. Health disparities in Humboldt County include higher rates of cancer, diabetes, stroke, and unintentional injury compared to statewide rates. In Humboldt County, the average annual years of potential life lost (YPLL) by rate related to diabetes is almost 2 ½ times more than California's YPLL rate of 135.8. Another Health Disparity that is on the rise is antimicrobial resistant infections and the associated effects of inappropriate antimicrobial use. According to Centers for Disease Control, about 40% of the patients receiving antibiotics receive unnecessary or inappropriate therapy. In the U.S., there is an estimated 500,000 cases of Clostridium difficile annually with California's cases on the rise. In 2006, 28,457 hospital discharges in California included a diagnosis of C. diff. We have begun monitoring our urinary tract infection cultures here at SHCHD. In the third quarter of 2015 calendar year, 50% of the urinary cultures that tested positive for E.coli were resistant to Bactrim and in the fourth quarter 33% were resistant to Bactrim. With antibiotic resistance on the rise it is important for us to continue monitoring and adjusting our medical practice accordingly.

<u>Coverage</u>. 38.2% of Humboldt County residents' insurance coverage is through the Medi-Cal system. In addition, 18.8% of residents still do not have any medical coverage. An additional concern for Humboldt County is the access to care as a result of ongoing provider shortages.

We are hoping to utilize the opportunity to participate in PRIME to address the full range of 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.

SHCHD serves a diverse population of Southern Humboldt, Mendocino, and Trinity County residents. The area supports a large rural area of approximately 800 square miles and is home to nearly 10,000 Californians. The population includes numerous unincorporated communities, such as, Alderpoint (186 pop.), Benbow (321 pop.), Garberville (913 pop.), Leggett (122 pop.), Miranda (520 pop.), Myers Flat (146 pop.), Phillipsville (140 pop.), Redway (1,225 pop.), Ruth (241 pop.), Shelter Cove (693 pop.), and Weott (288 pop.). In addition to the local community, the hospital and clinic serves a number of tourists traveling through the area.

<u>Income</u>. The average per capita income in Humboldt County is \$23,516 and the median family income is \$53,532. These income levels are more than 20% and 30% below the average for California, respectively. Additionally, approximately 21% of the population has income below the federal poverty level (FPL).

Race/Ethnicity and Language. The population of Humboldt County is 86.6% White, 9.8% Hispanic, 3.3% Asian, 2% African American, 8.9% Native American/Alaska Native, 0.6% Native Hawaiian/Pacific Islander, and 4.5% some other race. The residents of Humboldt County report that their primary language is English at 89.9%. Only 10.1% of the population report speaking a language other than English at home; 6.2% of that population speak Spanish or Spanish Creole.

Age. The population is slightly older than the state overall, with an average age of 37.1 years (compared to 35.2 statewide). The age breakdown is as follows:

- 0-18 years (23.6%)
- 19-64 years (63.2%)
- 65 and over (13.2%)
- **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.

Southern Humboldt Community Healthcare District (SHCHD) is a small 9-bed critical access hospital with an emergency room (ER), radiology and rehabilitation services, 8-bed skilled nursing facility, attached rural health clinic, and a family resource center. The acute and swing bed average daily census is 2, ER volume is 267 visits per month, along with 325 clinic visits per month. Hospital referrals and transfers for higher levels of care typically go to the St Joseph's health system. The hospital does not offer any specialty care, but has a visiting cardiologist twice a month in the Rural Health Clinic. The current payer mix is the following:

•	Medi-Cal HMO	36%
•	Commercial	12%
•	Other Govt (VA, IH, etc)	2%
•	Commercial HMO	1%
•	Medicare HMO	>1%
•	Medi-Cal	6%
•	Medicare	27%
•	Uninsured	14%
•	Workers Comp	2%

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.

In 2015, SHCHD's adoption of electronic health records enabled the facility to participate in quality reporting initiatives. With this change, SHCHD is able to collect, report and monitor performance data which will support PRIME clinical quality reporting requirements.

<u>Data Collection</u>: The current resources for collecting data include the use of different dashboards, such as, Quality Health Indicators (QHI) (a national quality improvement benchmarking tool created for and used by over 330 small rural hospitals throughout the US) and the electronic health record. In addition, the staff from multiple areas of the facility (health information technology team, nurse managers, Chief Nursing Officer and Infection Preventionist) assist with the collection of data. Administration has chosen to streamline a targeted set of data identified as critical measures by multiple entities to improve overall performance while decreasing workload. This targeted set of data is in align with the PRIME clinical quality reporting requirements.

<u>Reporting:</u> Currently, SHCHD uses a range of dashboards to track performance. For example, the QHI dashboard is reported to internal stakeholders on a monthly basis. In addition, the Medical Staff and Board of Directors review quality reporting quarterly. A dashboard will be created to report PRIME project data and will be incorporated into the existing format for reporting of quality data.

<u>Monitoring</u>: The Medical Staff and Board of Directors review the data collection processes and outcomes on an ongoing basis. Data is reported monthly, quarterly, and as needed to ensure critical measures are monitored accordingly. PRIME project data will be incorporated into the existing process for monitoring data.

<u>Potential Limitations</u>: An anticipated limitation to meeting the PRIME reporting requirements is the lack of a dedicated full-time equivalent (FTE) for the data collection, abstraction, and reporting at SHCHD. To address this barrier, the district has advertised for a FTE to assist with collection, reporting and monitoring data for not only the PRIME project, but also to help fulfill other quality data reporting goals for SHCHD.

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:*
 - 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.

The district's Vision is to become the healthiest community possible. Its overarching Goal is to improve health and patient safety by providing optimal patient care, operational efficiency and financial stability. Its Values are "putting patients first through excellence, integrity and compassion." The vision, mission, and values will serve as a foundation and drivers for a successful PRIME project: SHCHD Antibiotic Stewardship Program.

This project will decrease the amount of unnecessary antibiotics prescribed to the community, decrease antibiotic resistance, and improve the overall health of the community, especially those with other chronic comorbidities like diabetes and heart disease. The relationship of the goals to the project of choice aligns with practicing evidence-based medicine and using up-to-date antibiotic prescribing protocols, thus helping to make it the healthiest community possible.

 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.

There are two overarching specific aims for SHCHD's PRIME participation: The aims of this five-year project are to 1) Decrease inappropriate use of antibiotics and thereby

decrease healthcare costs and maintain financial stability and 2) Provide optimal patient care by decreasing resistant organisms in our antibiogram.

In terms of decreasing inappropriate use of antibiotics, team members will start by educating not only the medical staff, but the patients as well. The team will put up educational posters and pamphlets and create evidence-based treatment protocols for the providers. For example, as antibiotic use for bronchitis in the PRIME ED population is audited, the data will be shared to help inspire all providers to use the evidence-based treatment protocols.

In terms of decreasing resistant organisms in the antibiogram, providers will follow evidence- based treatment protocols and apply them to the local area. The providers have never had facility-specific antibiograms to review and consider before prescribing antibiotics. Having this vital information will ensure the appropriate antibiotic is prescribed and the incidence of resistance is decreased.

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;

Adding evidence-based antibiotic treatment protocols using the facility specific antibiogram will ensure the appropriate antibiotic is prescribed for the right organism and it will play a role in challenges associated with an increase in antibiotic resistant organisms. This project is aimed at transforming this organization from a passive antibiotic program to establishing evidence-based medicine protocols and standards. By doing so, it will engage the medical staff, change the local health care system, modify patient expectations while better meeting their needs, and improve quality of care and patient outcomes.

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

NA

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.

After five years of participation in the PRIME project, the team envisions that these actions will have increased clinical quality, decreased costs, and achieved a systemic culture change/ transformation: use of evidence-based practice and quality improvement as core values. It will have the infrastructure and staff to keep educating the providers on up-to-date evidence-based medicine protocols and a quality data coordinator to help manage this piece of population health. In turn, this will also decrease avoidable admissions and unnecessary ED use and keep the community the healthiest possible.

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.

Having the opportunity to participate in the prime project will help the Southern Humboldt Community Healthcare District deliver up-to-date evidence-based practice to the community. Development of an antibiotic stewardship program will improve the quality and consistency of care. Having best practice standards for providers to use for infections including using a local community's antibiogram, will help ensure that not only are the patients getting the right antibiotic for the proper organism, but their need to travel out of the area for their care will be decreased. The development of an antibiotic stewardship program will meet the community's needs by decreasing the overall cost of health care, improving the quality of the care they receive, helping decrease broad spectrum antibiotic use, and hopefully decreasing antibiotic resistance.

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).

The hospital is a special district and the five Board of Directors are elected community members who oversee all functions of the hospital. Quality improvement has been part of the strategic plan; the PRIME project fits into that plan and has direct support of the Board of Directors. The Board of Directors will receive a monthly report on the PRIME project's development and progress.

The district will form a PRIME project work group and meet monthly. The primary group participants will be the following roles: Infection Preventionist, Pharmacist, Chief

Nursing Officer, two Nurse Managers, and the quality coordinator. This work group will facilitate PRIME's objectives, set goals, and report the progress to the Governing Board and the Medical Staff.

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.

The stakeholders and the beneficiaries will be able to participate in our PRIME project planning and implementation through oversight from our Governing Board. The stakeholders of our PRIME project are the following: Partnership Health Plan of California, Medi-Cal, Medicare beneficiaries, the district's healthcare team, its patients and the community. The beneficiaries of the project are as broad as the whole community and as specific as individual patients. In addition, this project will engage the neighboring FQHC in the form of an antibiogram partnership and practice protocols to help the beneficiaries. These activities will complement the existing patient engagement efforts by educating the community regarding judicious use of antibiotics. Furthermore, posting information about antibiotic resistance and why they might not be getting a prescription for their upper respiratory infection will help engage and inform the community of the greater goal of the PRIME project.

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.

Healthcare disparities will be met by using non-medical jargon in all educational materials and printing them in large easy-to-read fonts. Educational posters and handouts will be provided in English and Spanish. Cultural competence and health dipartites will continue to be addressed by offering a telephone translator line in over 50 languages. The district will continue to give preference to hiring staff members who are bilingual, as there are multiple providers, nurses, and frontline registration staff who speak multiple languages. The hospital staff reflects the cultural diversity of the 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.

The high-level description of the systematic approach that will be taken for quality improvement will be the PDSA cycle for improvement. This approach has been selected due to its simplicity for all to understand and participate in process improvement facilitywide. Change management will be facilitated by the data collected with reference to patient outcomes. The facility has participated in HEN 2.0, MBQIP, NHSN, QHI and HQI. The specific component that will ensure sustainability of the project will be the permanent FTE position to coordinate all of the quality data and ensure participation in multiple quality improvement projects. Without this data and participation, the district will be unable to move forward in the forever changing landscape of health care.

The data will be collected, entered into the different entities as stated above, and the information that is returned will be used to drive change in the form of evidence related to patient outcomes. The data will drive the change of process and procedures. Staff will be informed of the data results at all levels staff roles at the facility. Specific data will be presented at staff, Medical staff, and Board of Director meetings.

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 <u>Attachment II</u> -- PRIME Program Funding and Mechanics Protocol. The required set of core metrics for each project is outlined in <u>Attachment Q</u>: 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.

<u>Designated Public Hospitals (DPHs)</u> 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.

<u>District/Municipal Public Hospitals (DMPHs)</u> 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 <u>each</u> 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. <u>For DMPHs (as applicable)</u>, 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 4.3 – Domain 3: Resource Utilization Efficiency

☒ 3.1 – Antibiotic Stewardship

The district chose this project because of its focus on evidence-based medicine and improving patient outcomes. The focus for designing and implementing the antibiotic stewardship program (ASP) will be on the following core elements of an effective hospital ASP.

The planned design and implementation approach includes:

ASP Team: SHCHD has received approval from the hospital's leadership to pursue this project. SHCHD's Medical Staff, the Administrator, and the Governing Board will oversee and guide project activities. The medical staff will implement and approve all evidence-based antibiotic treatment protocols. It will assign a single leader responsible for program outcomes and appoint a single pharmacist leader to work with the program. Work to be done on this in DY12.

<u>Education:</u> Educating physicians about resistance and optimal prescribing. The physicians will be educated regarding implementation of the evidence-based antibiotic protocols in the monthly Medical Staff meeting in the form of a slide show. They will also have a chance to help build the treatment protocols during the approval phase of the project. The physicians will be given laminated protocols for reference in the offices. Work to be done on this in DY12 and DY13.

<u>Tiered Interventions:</u> SHCHD will implement policies that support optimum antibiotic use. The team will avoid implementing too many interventions at the same time by implementing one treatment protocol at a time, then training the staff on the new procedure and evaluating the outcome before implementing a new one. It will utilize specific interventions that can be divided into three categories: broad, pharmacy-driven, and infection/syndrome driven. These interventions will be tiered and chosen by the ASP committee on how and when to implement them one at a time. The committee will be aware of each tier and how the change can affect the system as a whole. The committee will be mindful of which tier of focus to implement each time to ensure the greatest success of implementation. Work to be done on this in DY12, DY13, and DY14.

<u>Tracking and Reporting Antibiotic Use and Outcomes</u>: SHCHD will monitor antibiotic prescribing and resistance patterns by developing a dashboard. The team will report data to the committee responsible for the ASP, the individual physicians, and any other staff such as the pharmacist or lab technicians who may be key players. Work will be done on this in DY 11, DY12, DY14, and DY15.

The core elements the antibiotic stewardship project will be focusing on are the following:

 Utilizing state and/or national resources to develop and implement an antibiotic stewardship program, such as the California Antimicrobial Stewardship Program Initiative, or the IHI-CDC 2012 Update "Antibiotic Stewardship Driver Diagram and Change Package".

- Developing antimicrobial stewardship policies and procedures
- Creating standardized protocols for ordering and obtaining cultures and other diagnostic tests prior to initiating antibiotics.
- Developing a method for informing clinicians about unnecessary combinations of antibiotics. Partnering with the neighboring FQHC in developing an antibiogram and shared standardized protocols for ordering and obtaining cultures and other diagnostic tests
- Based on published evidence, reducing total antimicrobial Days of Therapy (DOT) by providing standards and algorithms for recommended agents by disease type, focusing on short course regimens.
- Developing evidence-based CPOE algorithms and associated clinician training, to support antibiotic stewardship choices during order entry.
- Evaluating the use of new diagnostic technologies for rapid delineation between viral and bacterial causes of common infections.

Describe how the project will enable your entity to improve care for the specified population [No more than 250 words]

The broad target population for this project is the community as a whole. Specifically, one of the population measures selected is all ED patients age 18 through 64 who are diagnosed with bronchitis.

The Medical staff will have treatment protocols directed by the latest evidence-based medicine for use to increase the quality of their medical care, decrease antibiotic resistance, and fulfill our PRIME projects goals.

PRIME will enable SHCHD to accomplish several key objectives that are central to its ability to provide high-quality, patient-centered care. First, creating an ASP committee to develop policies and procedures in the form of evidence-based treatment protocols to help guide clinical and medical staff in their antibiotic selection. Another objective will be to build the infrastructure to ensure the success of the ASP program and continued participation in improving the quality of care given in the community. This will include adding another FTE with the title of Quality Data Coordinator. This essential role will safeguard not only data abstraction and reporting for the PRIME project, but the role will encompass all of SHCHD's quality data collection and analysis.

The overall improvement of care for the specified population will include: appropriate antibiotic use for each diagnosis according to the most up-to-date evidence-based practice, decrease in treatment failures, decrease in unnecessary admissions and return ED visits, and an increase in overall quality of care.

Check, if applicable	Description of Core Components
Applicable	 3.1.1 Utilize state and/or national resources to develop and implement an antibiotic stewardship program, such as the <u>California Antimicrobial Stewardship Program Initiative</u>, or the <u>IHI-CDC 2012 Update "Antibiotic Stewardship Driver Diagram and Change Package.</u>1 Demonstrate engagement of patients in the design and implementation of the project.
Applicable	3.1.2 Develop antimicrobial stewardship policies and procedures.
Applicable	3.1.3 Participate in a learning collaborative or other program to share learnings, such as the "Spotlight on Antimicrobial Stewardship" programs offered by the California Antimicrobial Stewardship Program Initiative. ²
Applicable	3.1.4 Create standardized protocols for ordering and obtaining cultures and other diagnostic tests prior to initiating antibiotics.
Applicable	3.1.5 Develop a method for informing clinicians about unnecessary combinations of antibiotics.
Applicable	3.1.6 Based on published evidence, reduce total antimicrobial Days of Therapy (DOT) by providing standards and algorithms for recommended agents by disease type, focusing on short course regimens (e.g., 3-5 days of therapy for uncomplicated cystitis, 7 days for uncomplicated pyelonephritis, 5-7 days for uncomplicated non-diabetic cellulitis, 5-day therapy for community acquired pneumonia (CAP), 7-8 days for therapy for VAP or hospital acquired pneumonia).
Applicable	3.1.7 Develop evidence-based computerized provider order entry (CPOE) algorithms and associated clinician training, to support antibiotic stewardship choices during order entry. These could include approaches such as guidelines for duration of antibiotics, within drug class autoswitching for specific antibiotics and doses, or restriction of specific antibiotics at the point of ordering (e.g., broad spectrum agents).

¹ The Change Package notes: "We do not recommend that any facility attempt to implement all of the interventions at once. There are a large number of interventions outlined in the Change Package, and attempting to implement too many at one time will likely create huge challenges. Rather, the Change Package is meant to serve as a menu of options from which facilities can select specific interventions to improve antibiotic use." (p. 1, Introduction).

² Launched in February 2010, this statewide antimicrobial stewardship program expands use of evidenced-based guidelines to prevent and control infections and improve patient outcomes: <u>Click here to see this statistic's source webpage</u>.

Check, if applicable	Description of Core Components
Not Applicable	3.1.8 Implement stewardship rounds focusing on high yield drugs to promote de-escalation after the drugs are started, such as regular antibiotic rounds in the ICU.
Not Applicable	 3.1.9 Improve diagnostic and de-escalation processes to reduce unnecessary antibiotic use based upon length of therapy or antibiotic spectrum, such as: Procalcitonin as an antibiotic decision aid. Timely step-down to oral antibiotic therapy to support early discharge from the hospital for acute infections. Use of oral antibiotics for osteomyelitis to reduce prolonged IV exposures.
Applicable	3.1.10 Evaluate the use of new diagnostic technologies for rapid delineation between viral and bacterial causes of common infections.
Applicable	3.1.11 Adopt the recently described "public commitment" strategy in outpatient clinics to encourage providers not to prescribe antibiotics for upper respiratory tract infections (URIs).
Not Applicable	3.1.12 Publish organization-wide provider level antibiotic prescribing dashboards with comparison to peers and benchmarks. Contribute system level data for a similar dashboard across all public health care systems.
Applicable	3.1.13 Implement a system a system for continual performance feedback and rapid cycle improvement that includes patients, front line staff and senior leadership.

Please complete the summary table below:

	For DPHs	For DMPHs
Domain 3 Subtotal # of Selected Projects (Select At Least 1):		1
Domain 3 Total # of Projects:		1

Section 5: Project Metrics and Reporting Requirements

Each project includes a required set of metrics, as specified in <u>Attachment Q</u>: 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 <u>Attachment Q</u>.

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.

□lu	nderstand	and accep	t the respo	nsibility to	contract v	with at le	east one	MCP i	n the
servic	e area tha	at my DPH	operates no	o later thar	n January	1, 2018	3 using ar	n APM	1.

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 II of the Waiver STCs.

Appendix- Infrastructure Building Process Measures

	Proposed Process Measures	Proposed Milestones	Applicable Project Numbers	Process Measure Start Date – End Date
1.	Hire FTE for Quality data coordinating	Draft job descriptionAdvertise for positionHire most suitable candidate	3.1	04/31/2016- 06/30/2016
2.	Develop ASP Policies and Procedures	 Review literature and best practices for ASP Assess gaps in current ASP policies and procedures Based on gaps, develop ASP protocol Develop staff training materials on ASP P&Ps Train staff on ASP policies and procedures Asses ASP educational needs of medical and nursing staff Pilot ASP new protocol and make necessary changes Implement revised ASP protocol 	3.1	05/30/2016-12/31/2016
3.	Develop ASP program performance tracking and reporting process	 Convene a multidisciplinary work group to design and implement a system for continual performance feedback and rapid cycle improvement Conduct an analysis of current performance feedback and rapid cycle improvement initiatives Develop performance feedback and rapid cycle improvement initiatives policies and procedures 	3.1	05/30/2016- 12/31/2016

Proposed Process Measures	Proposed Milestones	Applicable Project Numbers	Process Measure Start Date – End Date
	 Implement performance feedback and rapid cycle improvement process 		