



# 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](mailto: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**

San Bernardino Mountains Community Hospital District

### **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.*

San Bernardino Mountains Community Hospital District (SBMCHD) is a special health care district operating Mountains Community Hospital (MCH) in Lake Arrowhead, California. The health care needs and disparities for the communities served by SBMCHD are as follows:

*Physical Health:* Congestive heart failure (CHF), bacterial pneumonia, and hip fractures in males over the age of 65 are the primary issues affecting community members in the SBMCHD.

- *CHF:* The rate of ER visits due to congestive heart failure is 14.7 per 10,000 population in the SBMCHD community, which is higher than the county average of 10.3. The CHF hospitalization rate is 32.5 per 10,000 population; higher than the statewide rate of 29.35.
- *Bacterial Pneumonia:* ER visits per 10,000 population due to bacterial pneumonia are significantly higher in the Lake Arrowhead community (29.8) than in the remainder of San Bernardino County (22.9). The 38.6 hospitalization rate for bacterial pneumonia throughout the SBMCHD community rises well above the statewide average of 24.96.
- *Hip Fracture in Males 65+:* The number of hospitalizations due to hip fractures in males at or above the age of 65 per 100,000 males 65+ in the SBMCHD community (736.13) is considerably higher than both the county (470.8) and statewide rate (481.6).

*Behavioral Health:* While community members frequent the ER for problems related to a variety of substances, the most frequently encountered issues revolve around alcohol. ER visit rates for alcohol-related issues are 31.9 per 10,000 for SBMCHD community members, compared to a 23.8 county rate. Hospitalizations due to alcohol abuse stand at 11.76 (per 10,000) community-wide versus 9.9 countywide. The rate of deaths by suicide among SBMCHD community members is significantly higher than that found in the rest of the county and the state. The suicide rate for this community is 3.06, compared to the county rate of 1.2 and the state rate of 1.0.

*Health Disparities:* Mountains Community Hospital is a Disproportionate Share Hospital in a designated Healthcare Provider Shortage Area. The SBMCHD's two Rural Health Clinics are the only providers of care for Medi-Cal patients in the community. 42.8% of primary outpatient visits made to SBMCHD in 2013 were Medi-Cal patients. The majority of these patients experience difficulties traveling to the clinics and following up on appointments due to the rural location of the community and the lack of transportation. As such, many of the patients present with more advanced chronic conditions.

## **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.*

Located in the rural mountains of San Bernardino County, the service area consists of the three main communities of: Lake Arrowhead, Running Springs, and Crestline. Seven additional small communities help to make up a total population of approximately 27,032.

*Income:* The median family incomes in the sub-communities of Lake Arrowhead, Running Springs and Crestline are \$96,345, \$68,976, and \$54,147 respectively, while the per capita incomes are \$45,652, \$34,754, and \$29,915 respectively. All of these incomes are above the county and state median family incomes of \$52,436 and \$57,587 respectively and per capita incomes of \$21,128 and \$27,562 respectively. However, 32% of the entire community population has income below 200% of poverty level and 11% of the population is living below 100% of the federal poverty level.

*Race/Ethnicity and Language:* The SBMCHD's community population is 70% White, 23% Hispanic, 4% African American, 1.5% Asian, 1% Pacific Islander and American Indian, and 1% Other. English is the primary language spoken by community members however 20% of the population reports Spanish as the language spoken in the home. Arabic and Tagalog are also frequently encountered languages spoken in the community.

*Age:* The age distribution of the SBMCHD's population is very comparable with state averages. The community age distribution is reflected below:

- < 18 years = 25%
- 18 – 64 years = 62%
- > 64 years = 13%

## **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.*

Mountains Community Hospital is a Critical Access hospital that provides inpatient, outpatient, and emergency care services. The hospital is licensed for 17 acute care beds that provide both acute and swing-bed services. The emergency room is designated as Standby Emergency Services and is staffed 24 hours a day / 7 days a week (24/7) with a physician on site. The hospital provides surgical services for General, Orthopedic, Podiatric, Ophthalmologic, and Ear/Nose/Throat specialties. Laboratory and Radiologic diagnostic services are also provided 24/7. The hospital is also licensed for a Distinct-Part 20-bed Skilled Nursing Facility.

SBMCHD also operates two (2) Provider-based Rural Health Clinics. One of the clinics is based on the hospital campus in Lake Arrowhead; the other clinic is located in the community of Running Springs. Both clinics provide general primary care services, women's health care, and health education for patients across the age spectrum. Dental and Tele-psychiatric services are provided at the Lake Arrowhead clinic as well.

The payer mix at SBMCHD for FY2015 breaks down as follows:

- Inpatient Discharges
  - Medicare = 45%
  - Medi-Cal = 33%
  - Private Coverage = 21%
  - Self Pay = 1%
- Outpatient visits
  - Medicare = 28%
  - Medi-Cal = 40%
  - Private Coverage = 30%
  - Self Pay = 2%

There were 353 inpatient discharges during this period and 20,705 outpatient visits. The average length of stay for acute care was 3.5 days.

The rural health clinics had a total of 14,122 patient visits. 84% of these patients were Medi-Cal patients and 9% were self-pay.

#### **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.*

SBMCHD recently restructured its Quality Assurance and Performance Improvement (QAPI) program to assure the orderly collection, reporting and analysis of high-value data. SBMCHD partners with the California Hospital Engagement Network, California Hospital Patient Safety Organization, Patient Safety First and other agencies to support these efforts.

### Data Collection

SBMCHD departments develop an annual QAPI plan delineating QAPI data collection priorities. Resources were recently allocated for a data coordinator to streamline data abstraction and reduce duplicative efforts. We are developing data collection templates, guidelines and standardized workflows to support accuracy and reliability. SBMCHD also collects “meaningful use” and core measures data through its certified electronic health record (EHR).

### Reporting

SBMCHD uses QAPI charts and dashboards that are flagged to identify outliers and problem areas. All departments use the “Plan, Do, Study, Act” (PDSA) approach to PI and report QAPI process and/or outcomes measures on a quarterly basis. The Quality Department provides group education and individual mentoring for managers on rapid-cycle improvement/reporting using Institute for Healthcare Improvement resources.

### Monitoring

Data is monitored by approximately seventeen different committees institution-wide. The Quality and Safety Leadership Committee, including representatives from the governing board, medical executive committee and senior leadership, provides executive oversight of all QAPI data, identifies trends and concerns, and establishes QAPI priorities.

### Limitations/Barriers

The most significant barriers to meeting the PRIME reporting requirements are:

- 1) SBMCHD currently has limited resources for data collection/analysis. Current staffing consists of one FTE overseeing data collection/reporting with part-time assistance from the data coordinator. SBMCHD is prepared to hire additional staff to assist in all data collection.
- 2) Limitations found in SBMCHD’s current EHR system make certain data abstraction very difficult. SBMCHD has appropriated funds that will be used to contract with the EHR system provider to create custom reports necessary to data collection in the PRIME project. We anticipate however that the collection of certain aspects of data will have to be abstracted by hand. SBMCHD is prepared to hire additional staff to assist in all data collection.

## 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.*

SBMCHD's vision of *Providing Peace of Mind by Securing the Healthcare of the Community* is achieved through the development of organized and systematic processes designed to ensure the delivery of safe, effective and timely care. Recognition of disease and health, patient/family education, and patient advocacy play an important role in improving patient health outcomes. Patient care goals at SBMCHD include promotion of recovery, return to function, changing of health behaviors leading to preventative health activities, and involvement of patients and their families in all care decisions.

SBMCHD believes that through the PRIME project to improve Patient Safety in the Ambulatory Setting, the organization will be able to establish structures and processes that help us meet the organizational goals described above while making significant improvements in the health of our community members in the most effective and efficient manner possible; correcting illness and disease as early as possible to improve quality of life and decrease healthcare costs.

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.*

Through SBMCHD's participation in the PRIME project, we aim to:

- 1) Improve the health outcomes of clinic patients through timely and continuous monitoring of health status in an effort to avoid the untoward consequences of chronic medication therapy.
- 2) Improve the health outcomes of clinic patients through regular monitoring and diagnostic testing for common adverse health conditions and diseases. The practice of monitoring and testing will be augmented by appropriate and timely follow-up on abnormal findings.

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;*

The PRIME project, Patient Safety in the Ambulatory Care Setting, helps SBMCHD reach the organizational goal of ensuring the delivery of safe, effective and timely care through improvement of current processes and use of streamlined procedures that will ensure appropriate monitoring and follow-up for patient health issues. SBMCHD believes that these improvements in patient care delivery will help treat illness and disease as early as possible; improving the quality of life for our patients while decreasing healthcare costs overall.

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*

SBMCHD will only be participating in one PRIME project.

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.*

Through patient engagement and the establishment of effective processes that ensure proper evaluation, monitoring and follow-up for chronic medication therapies and abnormal diagnostic results, SBMCHD anticipates decreased incidents of secondary health care visits associated with avoidable health complications thus reducing healthcare costs. The continuity of care provided to clinic patients will improve health and quality of life for many patients as well as the overall health of our community.

### **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.*

As illustrated in Section 2.1, CHF, bacterial pneumonia, hip fractures in males 65 years of age and older, and alcohol abuse are among the leading health issues experienced in our local community. In each of these conditions proper diagnosis and treatment is key to appropriate management. Obtaining diagnostic results and acting on them in a timely manner can correct or improve the outcome of each condition. Treatment for each condition frequently involves chronic medication therapy; but for the therapy to be effective, it must be maintained at therapeutic levels that require regular monitoring. When adverse effects occur as a consequence of therapy, adjustments must be made expediently and appropriately.

This PRIME project will enable SBMCHD to ensure proper evaluation, monitoring and follow-up for chronic medication therapies and abnormal diagnostic results, helping us better manage CHF, bacterial pneumonia, hip fractures, and alcohol abuse and improving the overall health of our community.

### **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).*

As a district hospital, leadership at SBMCHD starts with publicly-elected board members who understand and appreciate the importance of providing quality health care in a cost-efficient and effective manner. As such, each board member actively participates in monitoring quality processes, performance improvement activities and ongoing patient safety education. Board members stay abreast of important and current health care issues and support hospital activities that help to ensure that community health needs are met.

Board members, hospital administration, managers, staff, and patients are all required and/or invited to engage in the various quality improvement and safety initiatives implemented throughout SBMCHD. All quality and patient safety related activities are monitored and supervised by the hospital Quality and Safety Leadership Committee (QSLC). The implementation and on-going activities associated with this PRIME project

are strongly supported by this committee which will have oversight responsibilities for monitoring progress and effectiveness. Project progress and related quality data will also be reported up to the full board through the Board's Quality Committee.

The Chief Operations/Nursing Officer will be responsible for leading and completing the project design. The Rural Clinic Services Manager will be responsible for project implementation. Data collection and reporting will be the responsibility of the Quality and Regulatory Compliance Manager.

### **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.*

Stakeholders and beneficiaries will be contacted to provide input into the development of new processes. These stakeholders will include diagnostic departments, local pharmacies, primary care providers, and outside agencies to which follow-up referrals are made. Random patients will be queried on the benefits and problems associated with current processes, and will be asked to provide input into process changes.

Data monitoring and results will be shared with major stakeholders and each will be solicited to provide continued evaluation of the program. Beneficiaries will also be queried on an ongoing basis to obtain information regarding effectiveness of the program and continuation of constructive health activities. Current patient satisfaction surveys will be adjusted to include questions that reflect effectiveness 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.*

SBMCHD is committed to providing services and care that meets the unique physical, emotional and spiritual needs of all members of our culturally diverse community. As an organization, we strive to establish relationships with health care providers and staff that represent the diversity of our patient population. Multi-cultural considerations are already in place to enhance communication and understanding of patient beliefs, needs, and therapeutic decisions.

Patient education is an integral component of our PRIME project and, as such, translation of information into a variety of languages will be a necessary activity. We currently utilize a telephonic interpretation service in our hospital that can translate any information into one of hundreds of languages and dialects. These telephones will be placed throughout both SBMCHD health clinics to further facilitate health care instruction and patient education. Written material will also be translated into multiple languages.

### **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.*

As previously mentioned, SBMCHD partners with the California Hospital Engagement Network, the California Hospital Patient Safety First collaborative, and several other agencies, to support quality assurance and performance improvement activities in the areas of data collection, reporting and analysis. SBMCHD also utilizes resources provided by the Institute for Healthcare Improvement and The Joint Commission to accurately monitor and evaluate ongoing quality improvement processes.

Standard quality improvement strategies that will be utilized for the PRIME project include:

- Inclusion of providers and staff during the development and implementation process
- Securing senior leadership support for development and continuation of PRIME project activities, including assistance in the procurement of resources necessary for project success
- Utilization of change management strategies, including intensive education and gap analysis activities
- Data-driven analysis and improvement actions based on process, outcome, and balancing measures

Processes developed through the PRIME project will be written into policies that will help sustain activities long past the time frame of the project itself. All SBMCHD policies are reviewed for effectiveness every three years and processes are updated as needed. Project measures and customer satisfaction feedback will also be monitored on a continuous basis beyond the project time frame as they will be incorporated into the standard quality dashboard used by SBMCHD.

## 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**

SBMCHD chose this project because we believe it most advantageous in improving the health of our community. Through management of chronic medication therapies, we will improve the health outcomes of our community members who experience CHF. With timely follow-up on abnormal diagnostic results, we should avoid prolonged health treatments associated with bacterial pneumonia, reducing the current hospitalization rate of 38.6, thus decreasing associated healthcare costs. Processes developed for this project allow us to prescribe treatment for conditions related to alcohol and hip fractures more effectively and efficiently. We believe that improved treatment regimens will help reduce alcohol-related ER visits below the current rate of 31.9.

Our planned implementation approach includes:

- *Workforce Gap Analysis:* Conduct an analysis of our current staffing status and identify needs for PRIME project. We expect these tasks to be completed by end DY11.
- *PRIME Project Workgroup:* Develop a workgroup charter and identify appropriate workgroup members. We expect these tasks to be completed by end DY11.

- *Data System Capabilities and Needs:* Assess current IT data and reporting systems and identify areas needed for PRIME project. We will then develop a plan for improvements. We expect these tasks to be completed by end DY11.
- *Data Collection:* Contract with EHR vendor to develop custom reports to assist in obtaining data used in establishing baseline and project measurement reports. We expect these reports to be completed by mid DY12.
- *Clinical Pathways:* Project stakeholders will review current clinical processes for medication management and abnormal test follow-up. They will develop processes that assist providers and patients in the practice of effective and efficient health management. We will begin working on clinical pathways mid DY12 and will be completely implemented by mid DY 13.
- *Treatment Monitoring and Abnormal Test Follow-up:* Contract with EHR vendor to create abnormal test result alerts, automatic laboratory test orders associated with prescribing of identified medications, and patient appointment notifications for routine follow-up. EHR system tools will be developed to enhance compliance with new processes. We will begin these activities mid DY12 and expect them to be completed by the mid DY13.
- *Staff and Provider Education:* Assess the education level of staff and providers involved in this project. This assessment will include knowledge of the medical screening process, treatment regimens, and referral processes. Training modules will be developed and training sessions will be provided for each group of stakeholders. Education will begin mid DY12 and is expected to be completed by the end DY13.

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

*Target Population:* We have identified several target populations associated with the various components of this PRIME project. For testing associated with medication therapies involving ACE inhibitors/ARBs, Digoxin, Diuretics, and/or Warfarin, our target population includes all rural health clinic patients enrolled in Medi-Cal over the age of 18 years of age. For appropriate follow-up on abnormal mammograms, our targeted population includes all female clinic Medicaid enrollees between 50 – 74 years who have had a mammogram performed. As approximately 33% of all clinic patients are enrolled in a managed Medi-Cal program, each population will contain the sub-population of patients who have been enrolled in managed Medi-Cal for a continuous period of 12 months.

*Vision for Care Delivery:* PRIME will enable SBMCHD to accomplish several key objectives. By expanding data collecting capabilities, we will improve the accuracy of assessment activities involved in the quality assurance/improvement processes that are necessary in providing safe and effective healthcare. Through consistent treatment monitoring and abnormal test follow-up processes, we will improve the manner in which

we obtain or provide follow-up care for urgent and continuing health issues thus increasing efficiency and effectiveness of treatment. Through the establishment of clinical pathways, we will reinforce effective measures that avoid errors and eliminate adverse events. By providing staff and providers with education and understanding of proven standards of care and the positive benefits of continuous care concepts, we will provide them with tools and knowledge that will enable them to better educate their patients, bringing patients into a more active health management role.

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

<b>Check, if applicable</b>	<b>Description of Core Components</b>
<b>Applicable</b>	<b>1.4.1</b> Perform a baseline studies to examine the current workflows for abnormal results follow-up and monitoring of individuals on persistent medications.
<b>Applicable</b>	<b>1.4.2</b> 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.
<b>Applicable</b>	<p><b>1.4.3</b> Develop a standardized workflow so that:</p> <ul style="list-style-type: none"> <li>• Documentation in the medical record that the targeted test results were reviewed by the ordering clinician.</li> <li>• Use the American College of Radiology’s Actionable Findings Workgroup<sup>1</sup> for guidance on mammography results notification.</li> <li>• Evidence that every abnormal result had appropriate and timely follow-up.</li> </ul> <p>Documentation that all related treatment and other appropriate services were provided in a timely fashion as well as clinical outcomes documented.</p>
<b>Applicable</b>	<p><b>1.4.4</b> In support of the standard protocols referenced in #2:</p> <ul style="list-style-type: none"> <li>• Create and disseminate guidelines for critical abnormal result levels.</li> <li>• Creation of protocol for provider notification, then patient notification.</li> <li>• Script notification to assure patient returns for follow up.</li> </ul> <p>Create follow-up protocols for difficult to reach patients.</p>
<b>Not Applicable</b>	<b>1.4.5</b> Implement technology-enabled data systems to support the improvement and performance feedback system as well as

<sup>1</sup> *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.

Check, if applicable	Description of Core Components
	engage patients and support care teams with patient identification, pre-visit planning, point of care delivery, and population/panel management activities.

***Please complete the summary chart:***

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

## 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.

## Appendix- Infrastructure Building Process Measures

	<b>Proposed Process Measures</b>	<b>Proposed Milestones</b>	<b>Applicable Project Numbers</b>	<b>Process Measure Start Date – End Date</b>
1.	Conduct workforce gap analysis	<ul style="list-style-type: none"> <li>• Conduct workforce gap analysis based on current staffing status</li> <li>• Identify staffing needs for PRIME projects</li> <li>• Develop high-level staffing strategy</li> <li>• Identify training needs</li> <li>• Develop written staffing and training plan</li> </ul>	1.4	Jan. 2016 – Jun. 2016
2.	Create and convene PRIME project workgroup	<ul style="list-style-type: none"> <li>• Develop workgroup charter</li> <li>• Develop list of appropriate hospital staff to participate in workgroup</li> <li>• Develop list of stakeholders to engage</li> <li>• Identify patients to participate in project</li> <li>• Convene PRIME project workgroup</li> </ul>	1.4	Jan. 2016 – Jun. 2016
3.	Assess data system capabilities and needs	<ul style="list-style-type: none"> <li>• Assess current IT data and reporting systems</li> <li>• Identify data and reporting needs under PRIME</li> <li>• Develop a written plan for IT and data reporting improvements that need to be made</li> </ul>	1.4	Jan. 2016 – Jun. 2016
4.	Create custom reports to ensure accurate <i>Data Collection</i> for use in establishing baseline and project measurement reports	<ul style="list-style-type: none"> <li>• Gather list of exact data necessary for required reports, including: <ul style="list-style-type: none"> <li>○ Prescribing data</li> <li>○ Test order data</li> <li>○ Abnormal result data</li> </ul> </li> <li>• Work with EHR system provider to develop custom reports</li> <li>• Confirm accuracy of newly generated reports</li> <li>• Develop written evaluation of EHR system changes specific to PRIME project</li> </ul>	1.4	July 2016 – Dec. 2016

	<b>Proposed Process Measures</b>	<b>Proposed Milestones</b>	<b>Applicable Project Numbers</b>	<b>Process Measure Start Date – End Date</b>
5.	Develop <i>Clinical Pathways</i> that ensure consistent compliance with standard practice processes.	<ul style="list-style-type: none"> <li>• Convene stakeholder group to review current processes</li> <li>• Develop draft policies and procedures to reflect newly created processes</li> <li>• Work with EHR system provider to create automatic notifications related to test ordering</li> <li>• Pilot new processes and make adjustments using PDSA cycles</li> <li>• Implement new processes</li> <li>• Develop written evaluation of process changes</li> </ul>	1.4	Jan. 2017 – Jan 2018
6.	Develop tools to enforce <i>Treatment Monitoring and Abnormal Test Follow-up</i> activities.	<ul style="list-style-type: none"> <li>• Work with EHR system provider to create abnormal test result alerts and patient appointment notifications</li> <li>• Create a system for automatically generated patient appointment letters and phone calls</li> <li>• Evaluate compliance with new processes through chart review</li> <li>• Work with Satisfaction Survey provider to include process related outcomes</li> <li>• Evaluate patient satisfaction for process effectiveness</li> <li>• Develop training manual for Treatment Monitoring and Abnormal Test Follow-up Tools</li> </ul>	1.4	Jan 2017 – Jan 2018
7.	Develop and deploy <i>Staff and Provider Education</i> regarding medication management and abnormal test follow-up.	<ul style="list-style-type: none"> <li>• Assess education level of staff and providers</li> <li>• Develop education modules</li> <li>• Schedule and conduct trainings</li> <li>• Assess effectiveness of trainings</li> <li>• Work with on-line training provider to make training sessions available on an ongoing basis</li> </ul>	1.4	Jan 2017 – July 2018

	<b>Proposed Process Measures</b>	<b>Proposed Milestones</b>	<b>Applicable Project Numbers</b>	<b>Process Measure Start Date – End Date</b>
		<ul style="list-style-type: none"> <li>• Develop written report of training activities.</li> </ul>		