CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

CALIFORNIA'S PROGRESS IN PRIME

December 14, 2017

Today's Agenda

- About CAPH/SNI
- PRIME
  - Background
  - Progress and themes
- Member Perspectives
  - Contra Costa Regional Health Center
  - Ventura County Medical Center
- Q&A

ABOUT CAPH/SNI

The California Association of Public Hospitals and Health Systems (CAPH) and the California Health Care Safety Net Institute (SNI) represent California's 21 public health care systems and academic medical centers.

As a trade association, CAPH works to advance policy and advocacy efforts that strengthen the capacity of its members to ensure access to comprehensive, high-quality, culturally sensitive health care services for all Californians, regardless of insurance status, ability to pay, or other circumstance, and educate the next generation of health care professionals.

SNI, the performance improvement affiliate of CAPH, supports California's public health care systems by informing and shaping statewide and national health care policy, by providing performance measurement and reporting expertise, and by accelerating and supporting decision-making and learning, within and across member systems. Because of our work, more people – especially the under-served – receive effective, efficient, and respectful health care regardless of their ability to pay.

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21 Public Health Care Systems

County-owned and -operated health systems and UC medical systems

Alameda County
- Alameda Health System

Contra Costa County

Contra Costa Health Services:
- Contra Costa Regional Medical Center

Kern County
- Kern Medical

Los Angeles County

Los Angeles County Department of Health Services:
- Harbor/UCLA Medical Center
- LAC+USC Medical Center
- Olive View / UCLA medical Center
- Rancho Los Amigos National Rehabilitation Center

Monterey County
- Natividad Medical Center

Riverside County
- Riverside University Health System - Medical Center

San Bernardino County
- Arrowhead Regional Medical Center

San Francisco County

San Francisco Department of Public Health:
- Zuckerberg San Francisco General
- Laguna Honda Hospital and Rehabilitation Center

San Joaquin County

San Joaquin County Health Care Services:
- San Joaquin General Hospital

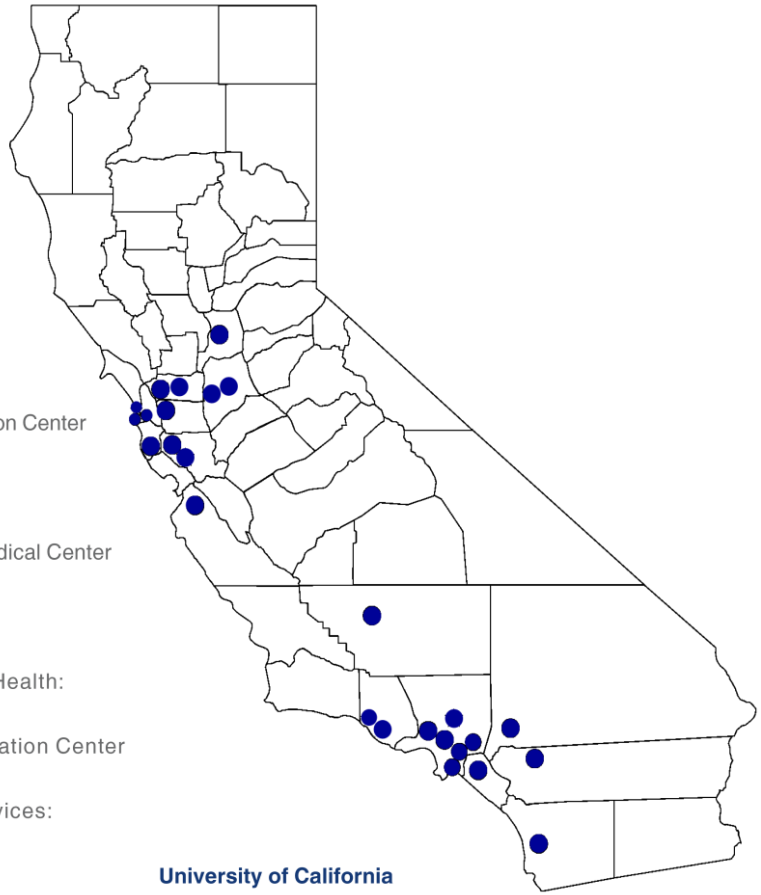
San Mateo County
- San Mateo Medical Center

Santa Clara County

Santa Clara Valley Health & Hospital System:
- Santa Clara Valley Medical Center

Ventura County

Ventura County Health Care Agency:
- Ventura County Medical Center



University of California

UC Health:
- UC Davis Medical Center
- UC Irvine Healthcare
- UC San Diego Medical Center
- UC San Francisco Medical Center
- UCLA Medical Center, Santa Monica / Ronald Reagan UCLA Medical Center

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The Critical Role of Public Health Care Systems

- Safety net – majority of patients are Medi-Cal or uninsured
- Systems of care: provide hospital/inpatient care, primary care, specialty services, trauma care, rehabilitation, etc.
- Providers of critical services that patients cannot access anywhere else
- Comprise just 6% of all health care systems in the state:
  - Serve more than 2.85 million patients each year
  - Serve 35% of Medi-Cal beneficiaries in our communities and 40% of hospital care to the state's uninsured
  - Operate more than half of the state's top-level trauma and burn centers
  - Clinical education: together they train 57% of all new doctors in the state

Medi-Cal 2020 Waiver (2015-2020)

- Public Hospital Redesign & Incentives in Medi-Cal (PRIME)
  - Pay-for-performance successor to DSRIP
  - Focus on high quality care that is integrated and coordinated
  - Strengthening use of data
- Global Payment Program (GPP)
  - Combines existing funding streams to align incentives
  - Improved access to services for the remaining uninsured
- Whole Person Care (WPC)
  - County-based pilot program
  - Coordinated and targeted care for high users of multiple systems
- Dental Transformation Initiative (DTI)
  - Improved and more consistent dental care for children

PRIME Background

- Successor to – and builds on – California's first-in-the-nation DSRIP
- Pay-for-performance program worth up to $3.26b in federal funds over 5 years
- Year-over-year performance improvement targets
  - 10% gap closure between current performance and 90th percentile
  - Must be above 25th percentile to receive payment
  - Performance above 90th percentile must be maintained
- PRIME entities = public health care systems and district & municipal hospitals

PRIME Structure

- Three domains
  1. Outpatient Delivery System Transformation and Prevention*
  2. Targeted High-Risk or High Cost Populations
  3. Resource Utilization Efficiency
- Six Required Projects
  1. Integration of Physical and Behavioral Health
  2. Ambulatory Care Redesign: Primary Care
  3. Ambulatory Care Redesign: Specialty Care
  4. Improved Perinatal Care
  5. Care Transitions: Integration of Post-Acute Care
  6. Complex Care Management for High Risk Medical Populations
- Must select 3 additional projects from 12 optional projects

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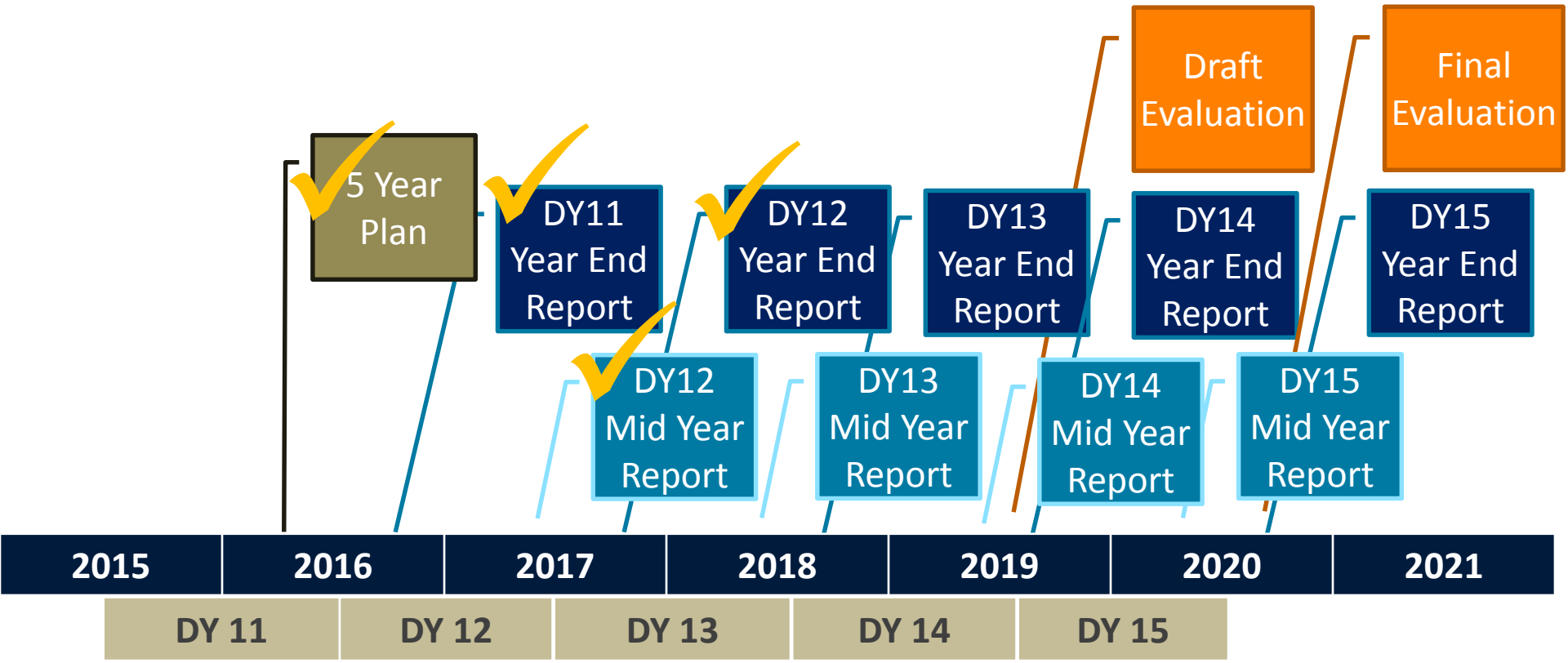
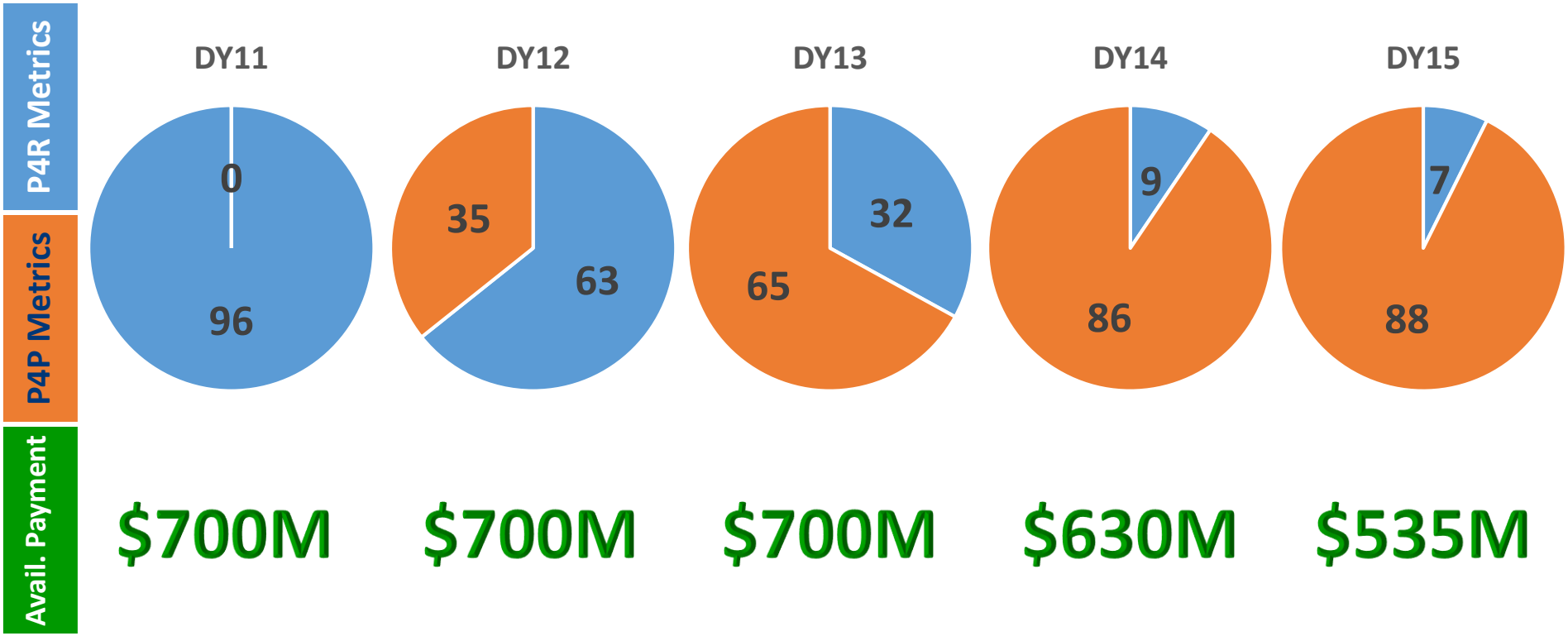
* Includes Race Ethnicity and Language (REAL) and/or Sexual Orientation/Gender Identity (SO/GI) Disparity Reduction

PRIME Reporting Timeline



PRIME Changes in metrics over time



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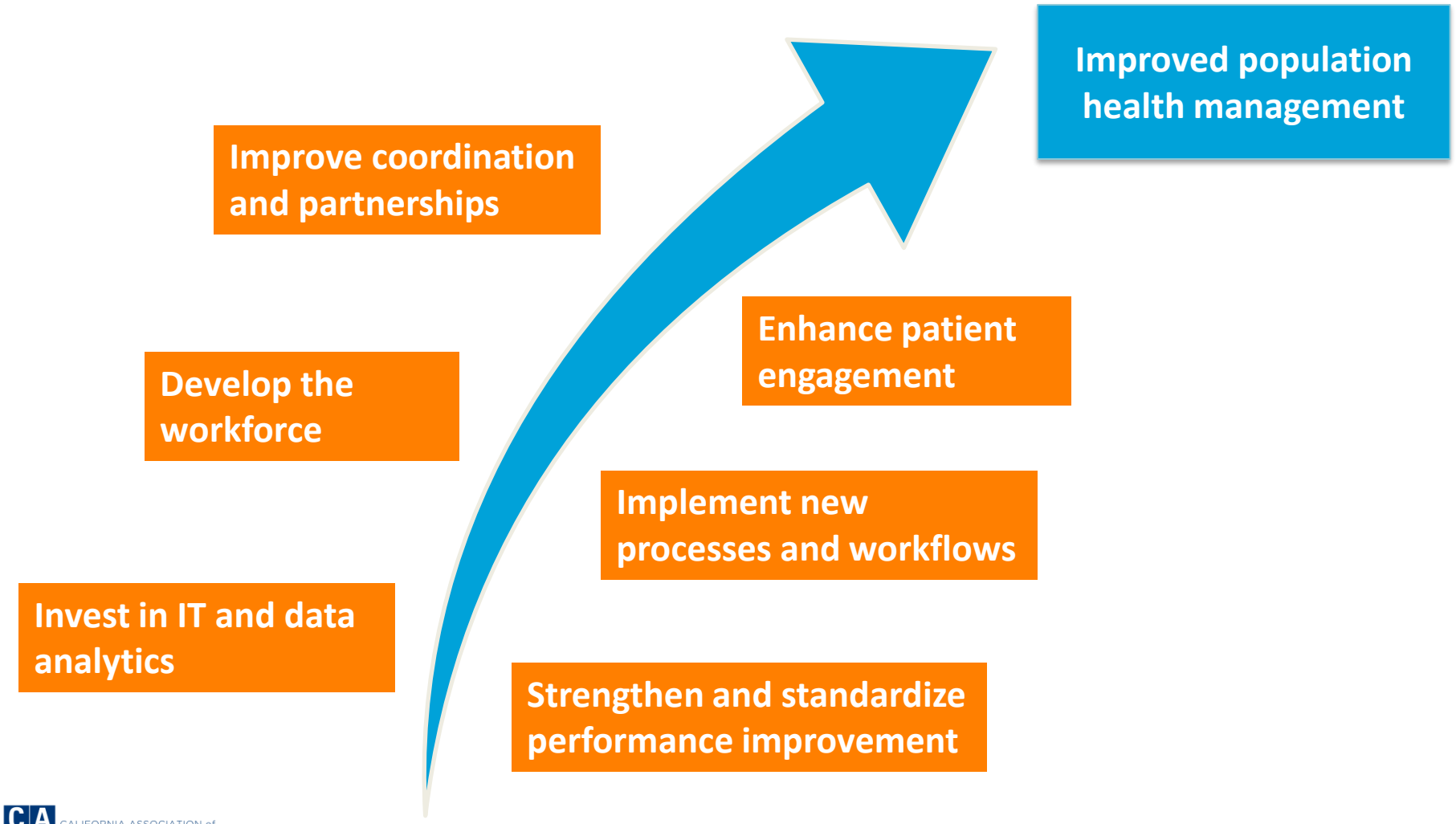
PRIME Emerging themes of member progress



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PRIME Progress

Investing in IT and data analytics

Implementing new infrastructure, such as EHR enhancements, eConsult platforms, development of dashboards, and customized registries to more effectively care for patients.

Examples:

- Kern implemented a new software system that administers patient screenings and surveys electronically.
- Ventura created health maintenance tools and reminders in their EHR to flag for providers when screenings are needed.

Strengthening and standardizing performance improvement

Utilizing quality improvement principles and methods, such as Lean Management or Model for Improvement, to identify areas for metric/project improvement and to test changes.

Example:

- Riverside's Ambulatory Care Redesign team implemented PDSAs (Plan-Do-Study-Act) at 10 of the 13 primary care clinics on SBIRT*, tobacco cessation counseling, diabetes control, hypertension control, REAL* data completeness, and patient experience.

SBIRT = Screening, Brief Intervention, and Referral to Treatment for alcohol and drug use
REAL = Race, Ethnicity and Language

PRIME Progress

Developing the workforce

Engaging employees in change, training staff, and changing staffing models.

Examples:

- UCSF established multidisciplinary behavioral health integration workgroups with representation from primary care, psychiatry, nursing, social work, population health, and IT teams.
- Alameda Health System enhanced team-based care by training medical assistants to order labs and hiring additional clinic nurses and pharmacists.

Implementing new processes and workflows

Implementing new workflows and processes, some of which are tech-enabled, to enhance patient care.

Example:

- San Francisco developed a standard set of REAL categories, created an intake form (now translated into the 5 threshold languages), trained staff and implemented new workflows to collect data.

PRIME Progress

Improving coordination and partnerships

Improving coordination internally and enhancing external partnerships to improve performance and patient care.

Examples:

- Many systems are improving coordination between primary and specialty care through the use of e-consult.
- LA County partnered with the local health information exchange, LANES, to upload complete specialty visit notes in real-time so that they are readily available to partners.

Enhancing patient engagement

Enhancing patient engagement and touches (outreach and in-reach), including new campaigns and non-traditional services (such as telemedicine and phone visits).

Example:

- Santa Clara Valley Medical Center developed a care transitions program with a team of registered nurses who initiate interactions with patients while they are hospitalized and facilitate their transition into ambulatory care.

DY12 At-A-Glance

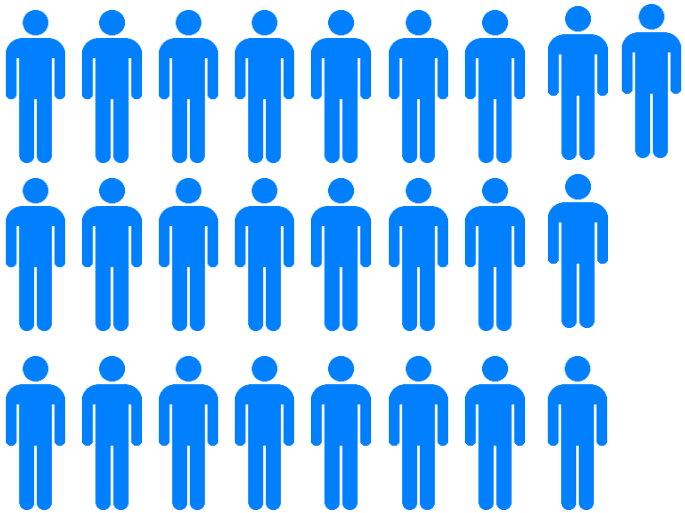
% of **P4P** metrics met for DY12

89%

% of **all** metrics met for DY12

96%

Additional **25,000 patients** screened for tobacco



Additional **16,000 patients** screened for colorectal cancer

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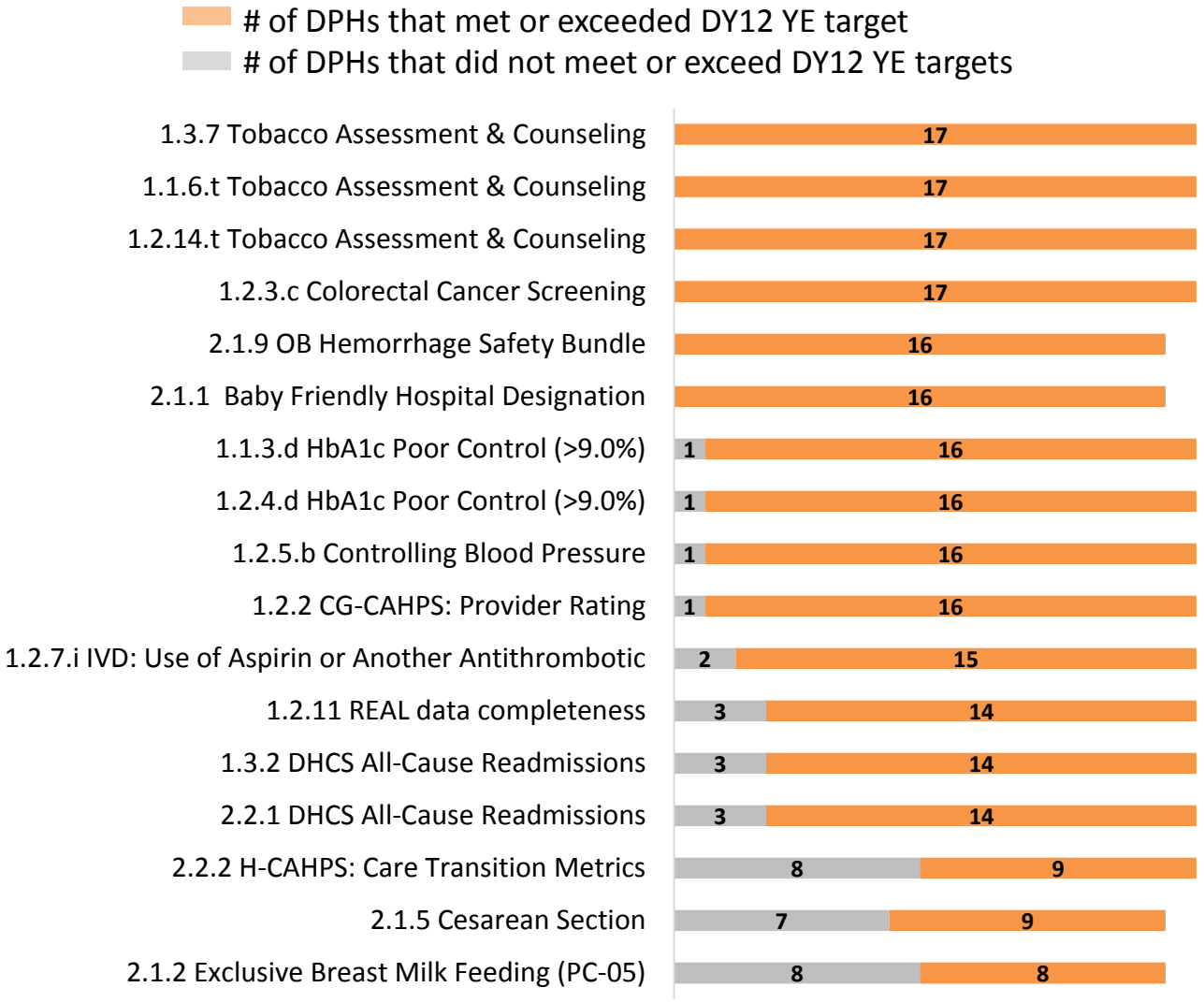
Pay for Performance Metrics in Required Projects

Designated Public Hospitals (DPHs) that Met DY12 Year End (YE) Targets



DY12 YE data has not yet been approved by DHCS.

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PRIME APM Requirement

- Alternative Payment Methodologies (APMs) tie payment to value, not volume and encourage patient-centered care provided in the right place at the right time
- Aligned with goals of PRIME – encourages movement towards primary and preventive care
- Individual and aggregate requirements

PRIME Takeaways

- Already demonstrating an impact, eg
  - Tobacco assessment and counseling (90% to 94%)
  - Colorectal cancer screening (59% to 65%)
- Importance of data (coding, infrastructure, sharing, reporting and analytics capabilities)
- Comprehensiveness and ambitiousness of PRIME
  - Year over year improvement, challenging performing targets
- Looking ahead
  - Spread, sustainability and continued improvement

Contra Costa Regional Health Center

PRIME Eligible Population of 84,000
10 PRIME Projects and 60+ metrics

* County owned Integrated Healthcare Safety Net System including Hospital & Clinics, Health Plan, Public Health, Behavioral Health, EMS
* 166 Bed Hospital, 10 Ambulatory clinics, 5 Detention Health Centers
* 125K+ unique patients annually
* 50K+ annual Emergency Room Visits
* 10K+ annual Inpatient admissions
* 500K+ annual Outpatient Visits

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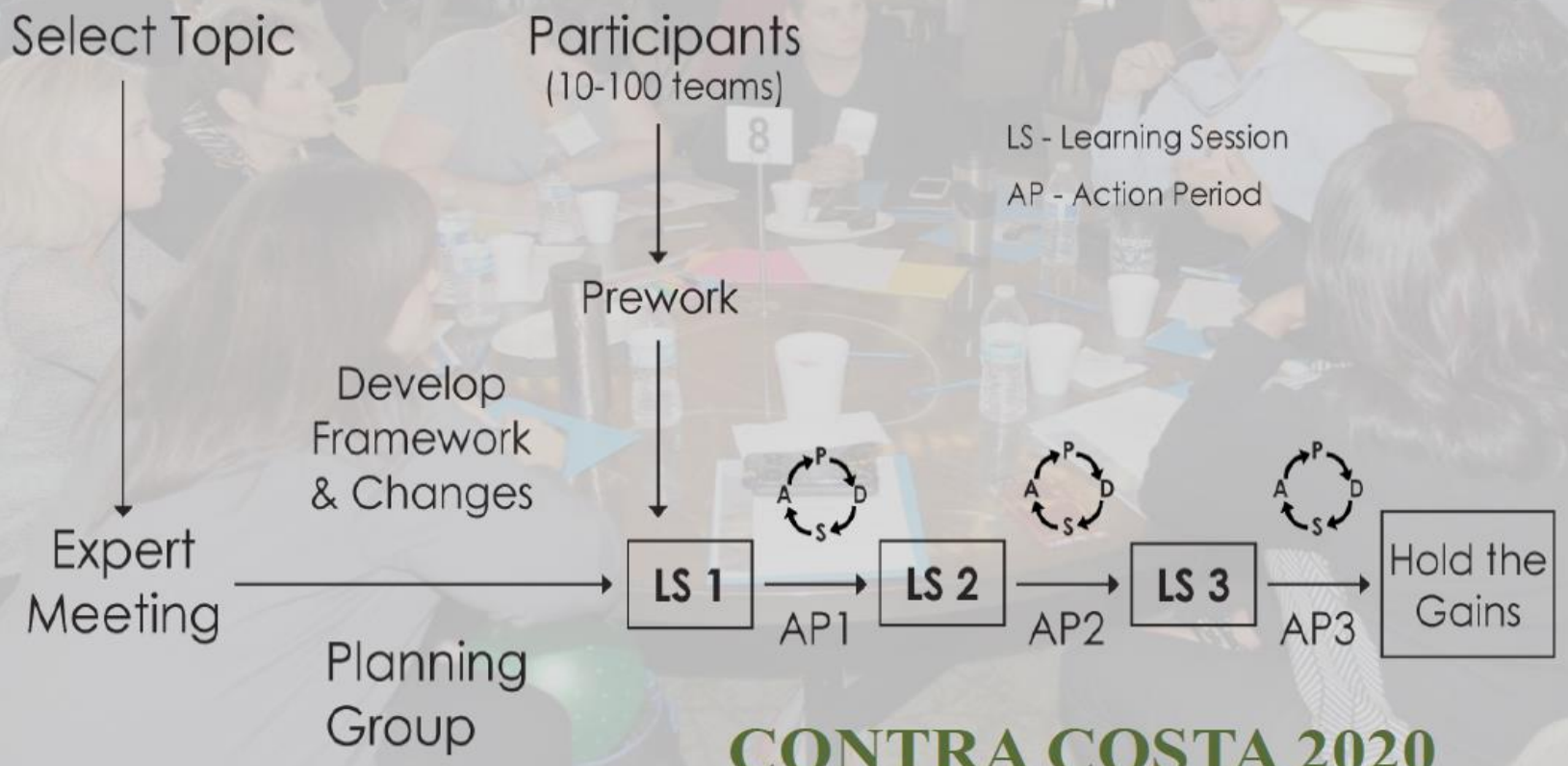
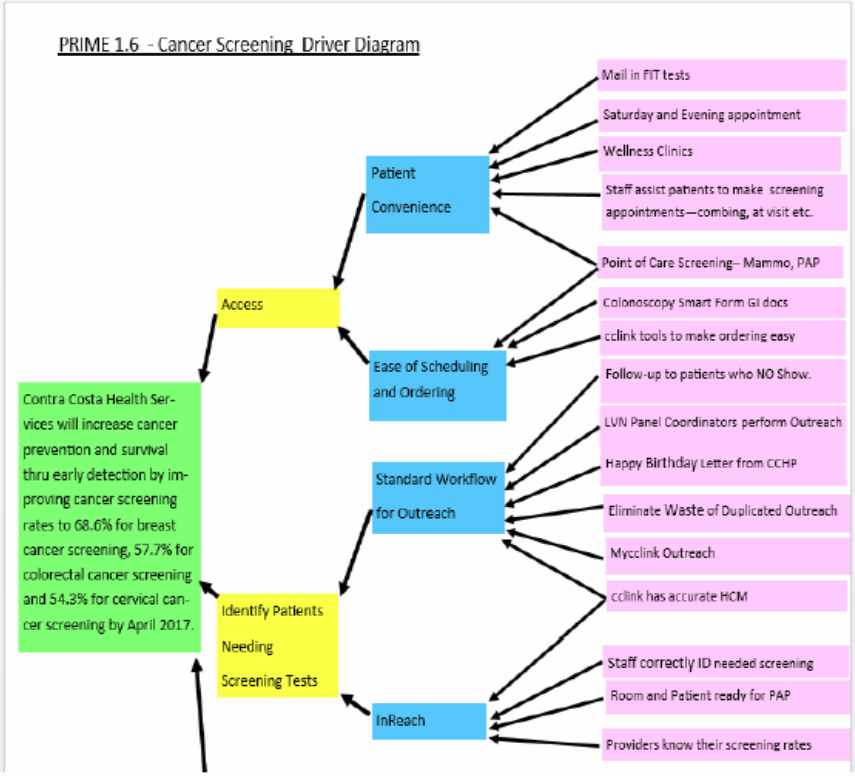
Unlocking potential



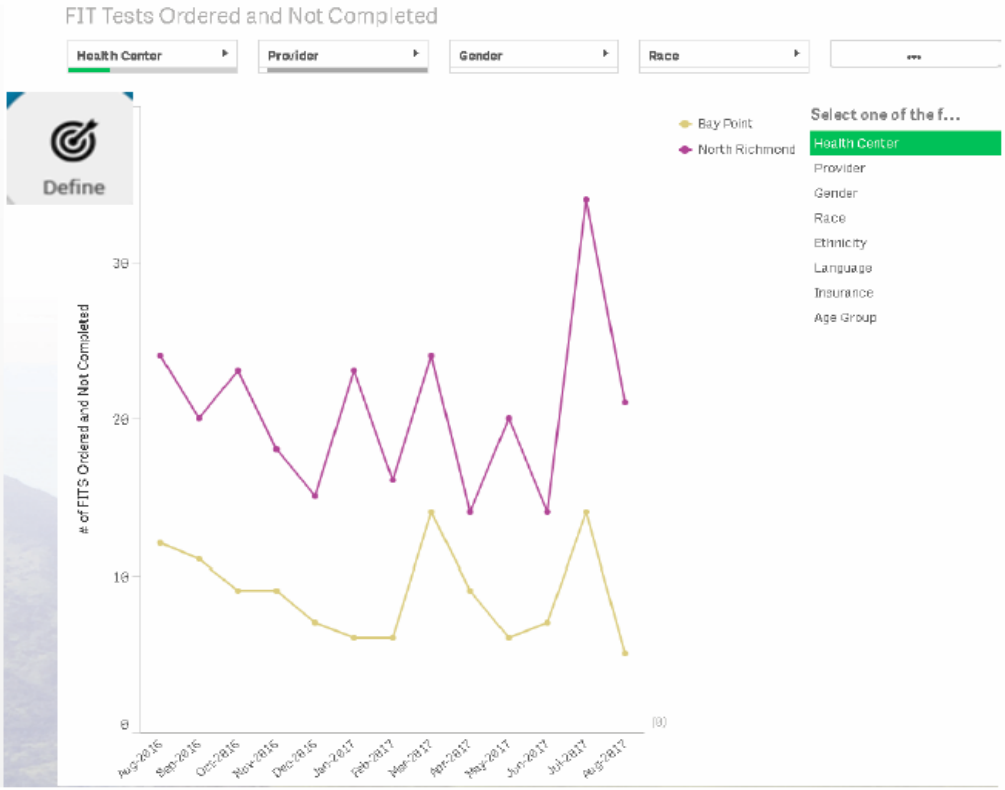
Institute for Healthcare Improvement: Breakthrough Series

Improvement Framework

Driver Diagrams



Process Measures



Data Governance

CONTRA COSTA
BUSINESS INTELLIGENCE

PRIME Data Validation Checklist

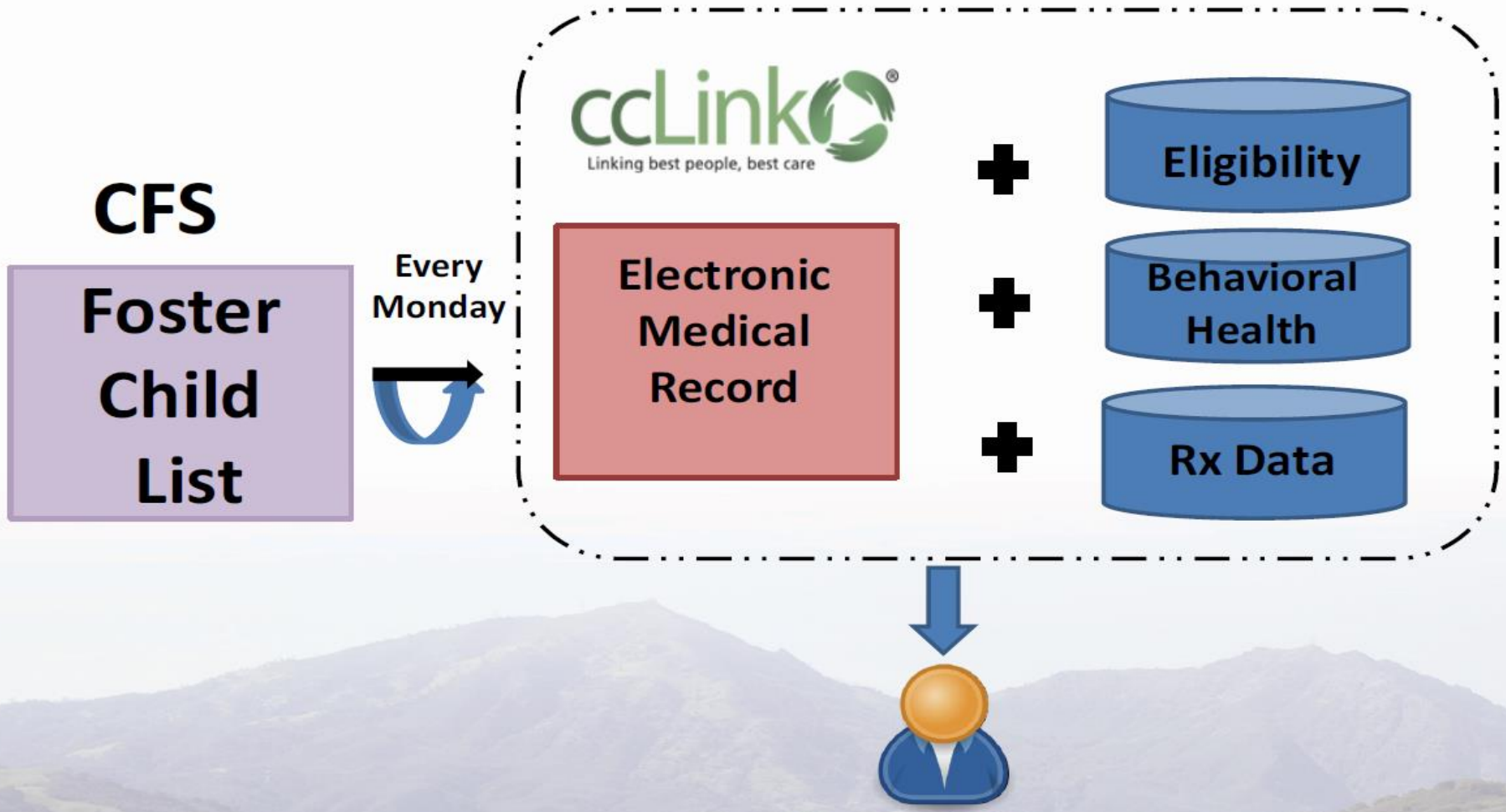
Signoff Process:

- The programming was completed based on specifications received from SNI. The programming is tested by IT for technical design. Before the data can be used for official purposes, the Metric Steward needs to validate the data and report results prior to sign off.
- Please use this check list to document the validation process and your findings for each measure and save the file in the PRIME team site on iSite in the PRIME Evidence -> PRIME Data Validation folder with the following naming convention <Measure Name> + <Metric Steward>.doc. Please also save the excel spreadsheet containing the MRNs reviewed in the same folder with the same file name.
- After saving the file, please email Leslie.Ocang@hsd.cccounty.us to notify her if issues were found or that the validation has been signed off.

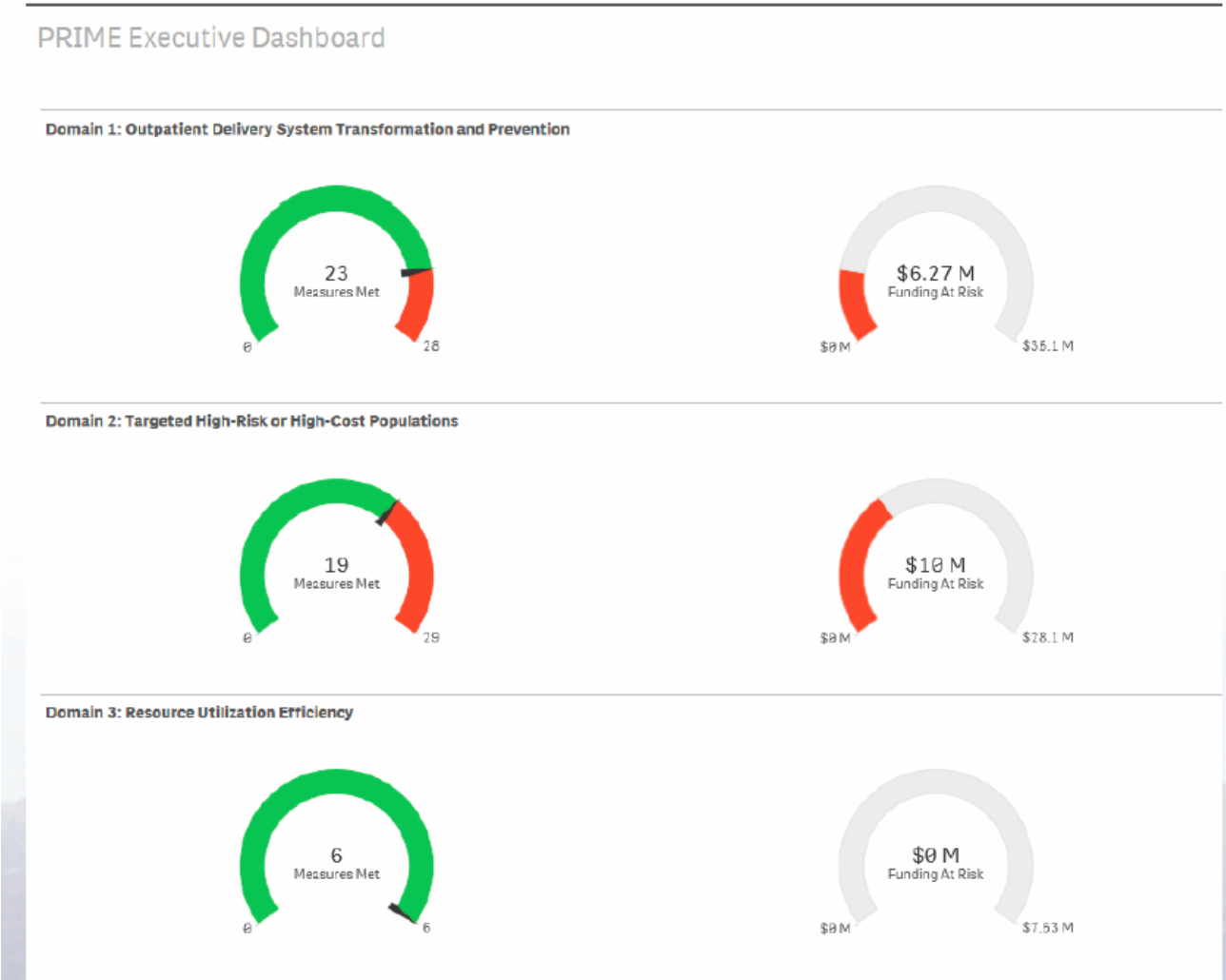
Measure Name: Colorectal Cancer Screening NQF 0034
Project Name: Cancer Screening and Follow-up

	Quality Assurance Requirements	Reviewer Notes	Report Writer Notes
1	Review 20 charts at a minimum using data from the most recent complete month. Use random function in Excel to select the charts to review. If issues found, report to IT. Else, continue to review at least 50 charts. If 50 consecutive charts have zero issues, then sign off.	In the first review I reported 2 patients, who had colonoscopy in 2008 but were not included in the numerator. IT feedback: The procedures were only noted in the physician notes, so could not be included.	
2	Confirm report matches inclusion/exclusion criteria.	Yes	
3	Confirm all appropriate data sources and workflows have been used (e.g. billing, claims, problem list, visit diagnosis, flowsheets, external data source, etc.)	Yes	

Connecting the Data



PRIME At A Glance



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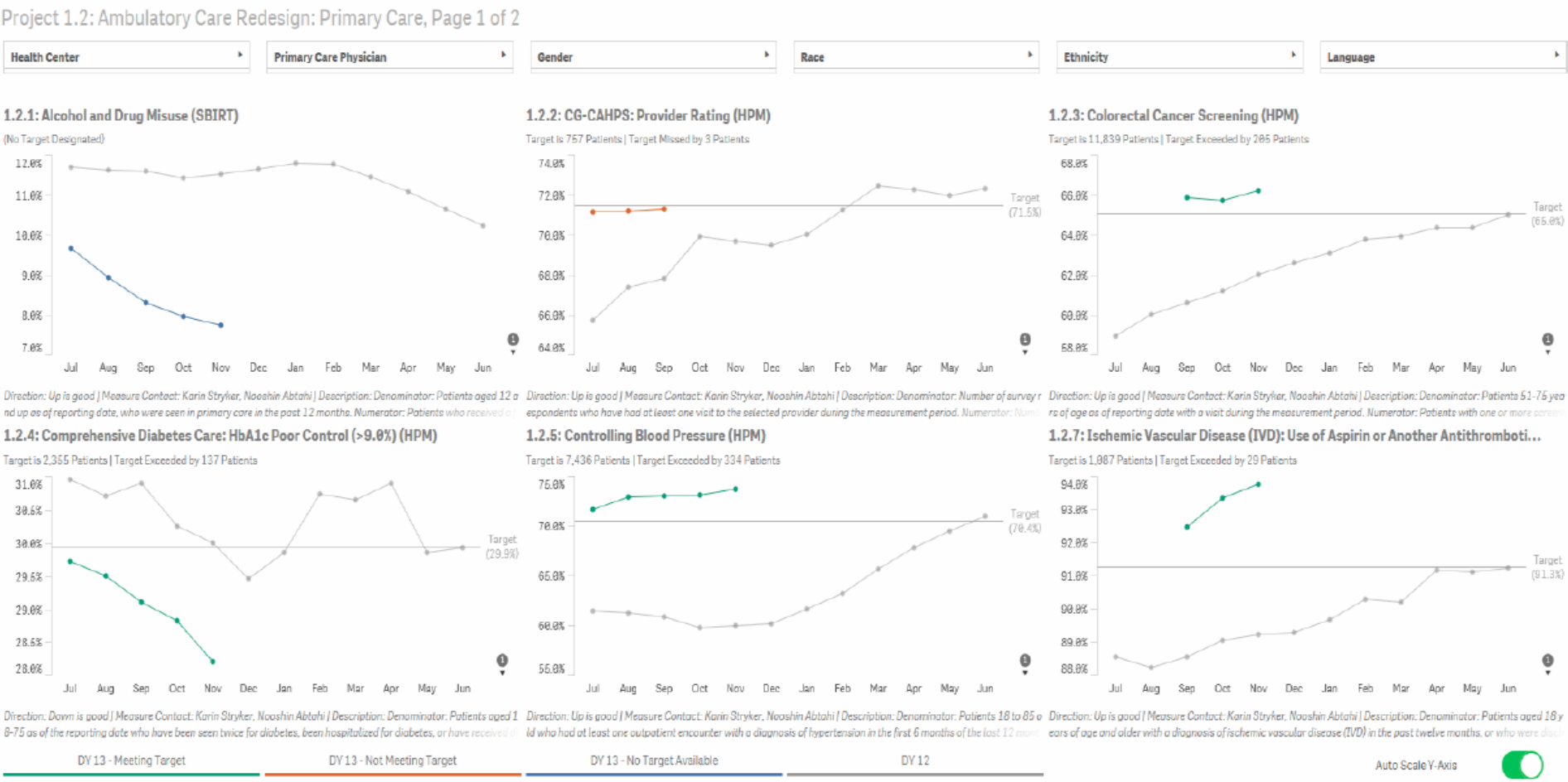
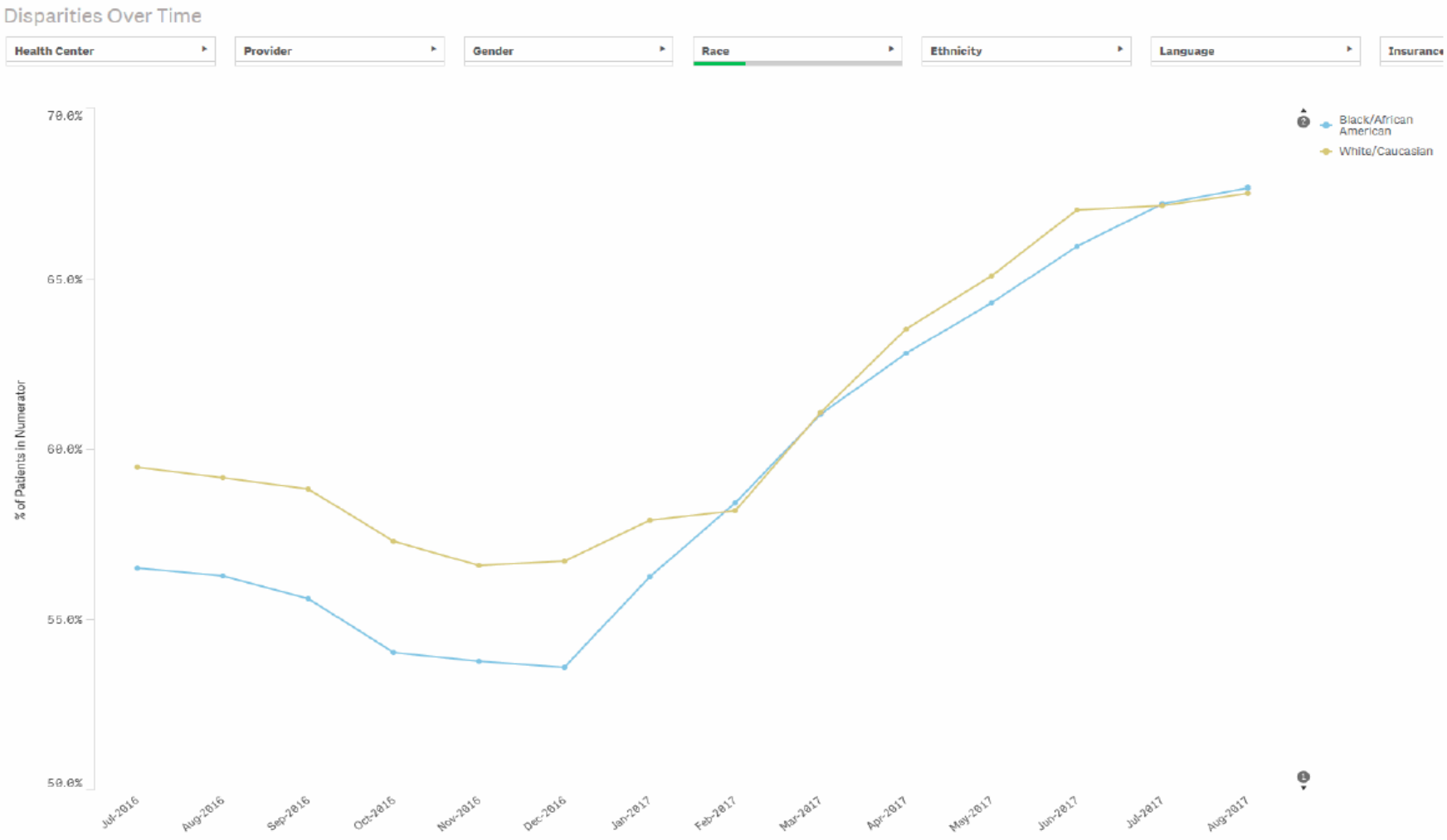
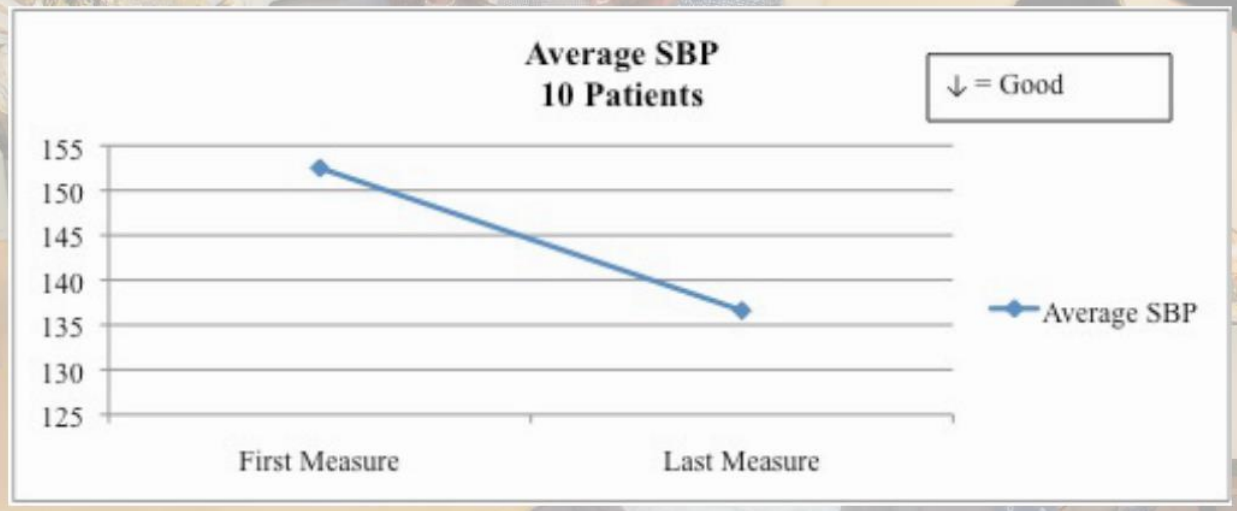
Metric Run Charts



Hypertension Race Disparity



How Low Can You Go?



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Sustainable Return on Investment

Understanding and Measuring

Ventura Regional Medical Center

PRIME Eligible Population:
85,000+

PRIME Projects and # of metrics:
9 projects
60+ metrics

- A County Health Care Agency consisting of 40 clinics, 2 hospitals, Behavioral Health, Public Health, and Human Service Agency.
  - 180 beds (VCMC) and 49 beds (SPH).
- Serving the residents of Ventura County—over three quarters of population served are those who are underserved and face barriers to access of care.

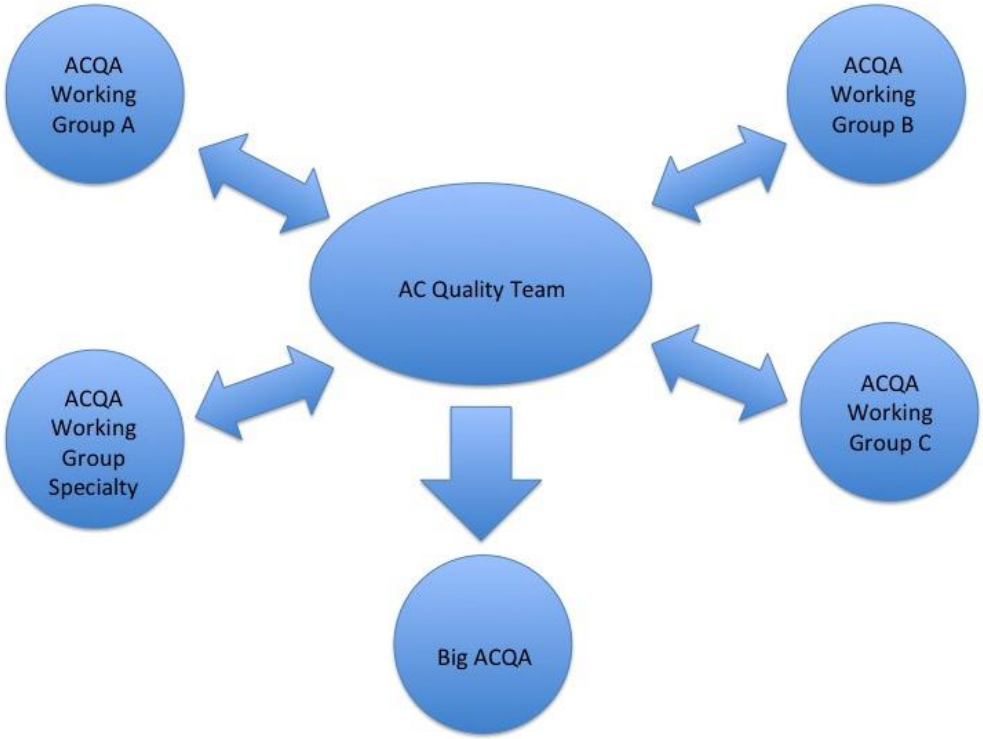
Pre-PRIME Integration

PRIME in Progress

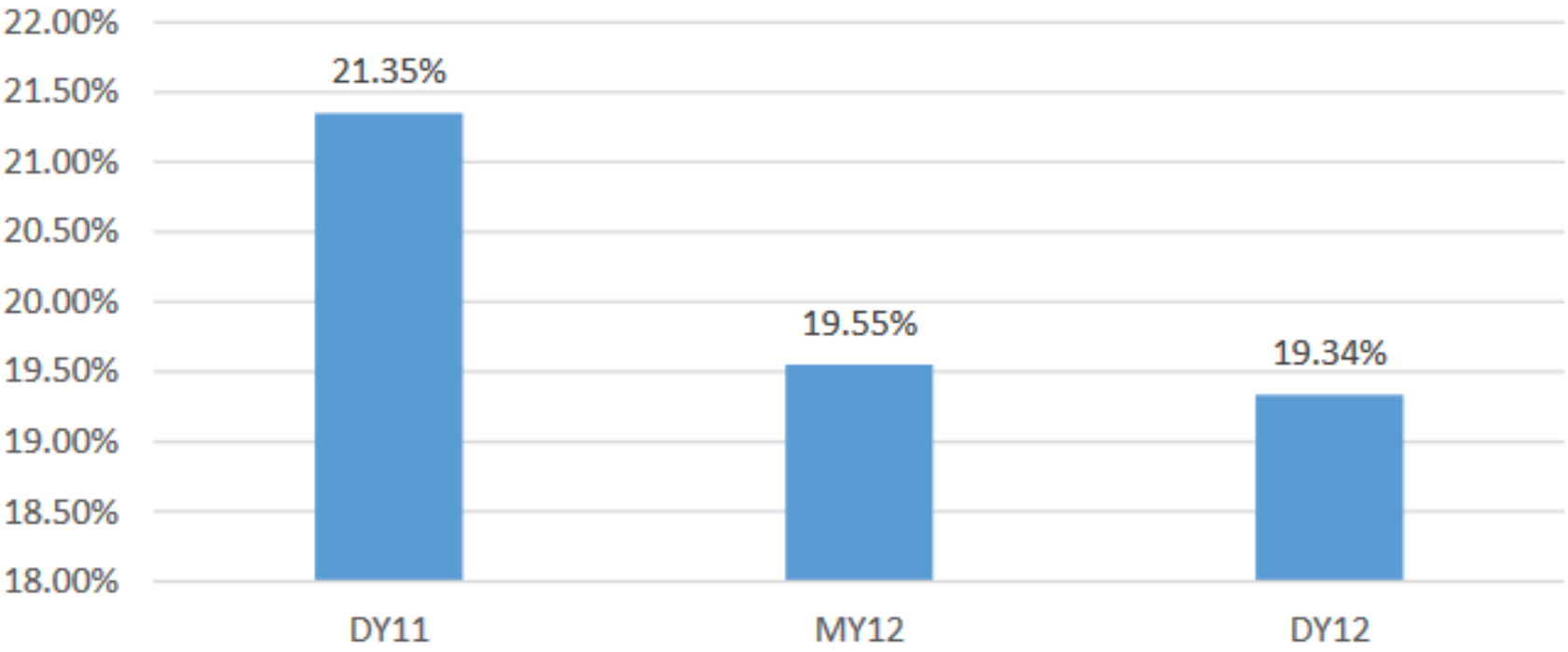
IMPROVEMENTS IN PROGRESS FOR INTEGRATED CARE

- Focused improvement goals throughout hospitals and clinics.
- Monthly meetings and working groups to bring front-line staff and leaders together to monitor improvement and standardize processes.
- Increased presence of co-located Behavioral Health clinicians to assist with depression screening, coordination of care, and follow up.
- Public Health partnership including well-child visits, outreach and education, influenza immunization collaboration, access to preventive screenings, and referral for tobacco cessation resources.
- Outreach by Human Services Agency to foster children for well-child visits and care coordination.

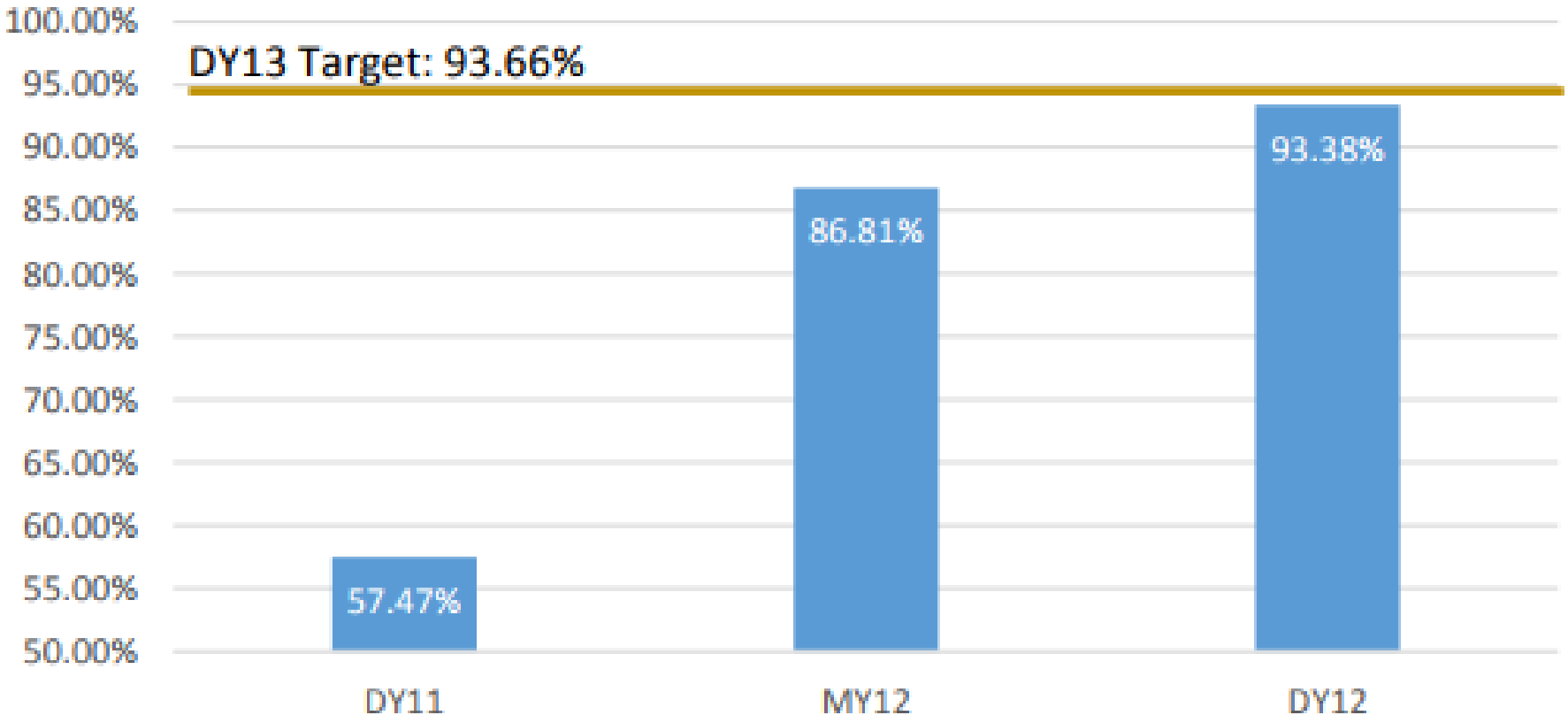
Ambulatory Care Quality Alliance (ACQA)



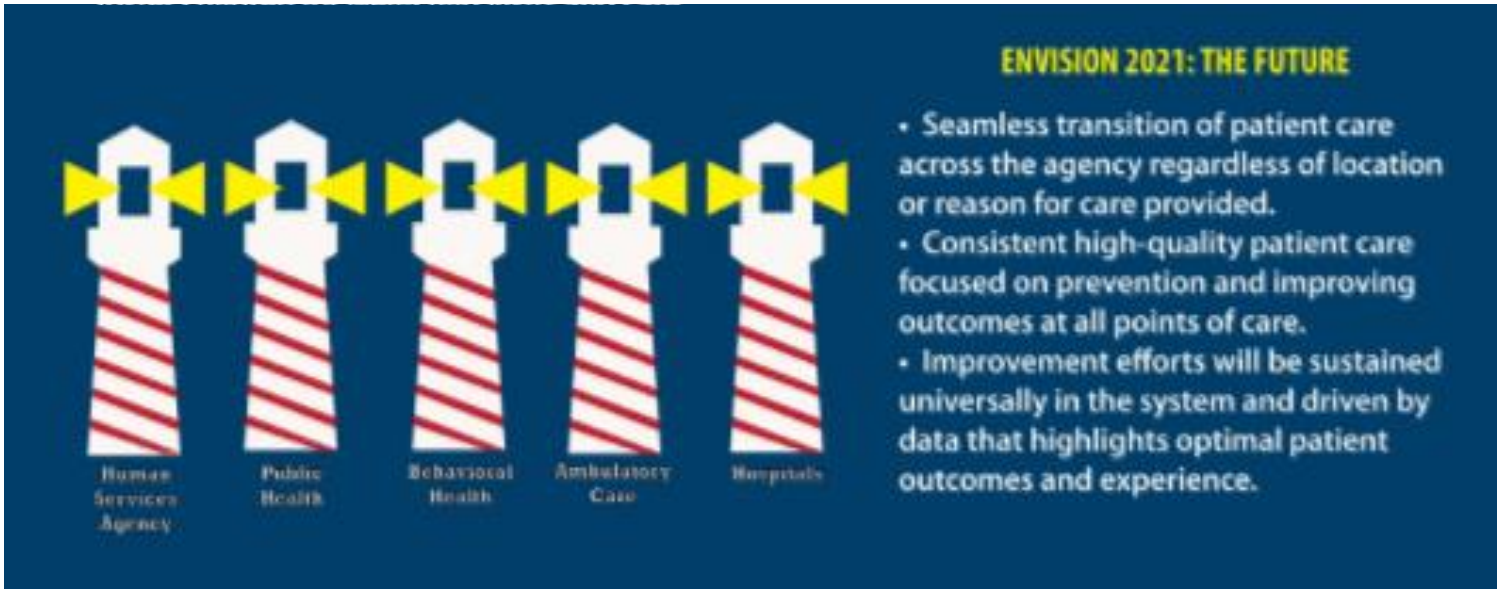
1.2.4.d Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)



1.2.14.t Tobacco Assessment and Counseling



PRIME – The Future



Q&A

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More Information

Webinar Deck and & Recording to be posted with additional resources available here:

https://safetynetinstitute.org/membersupport/primesupport/