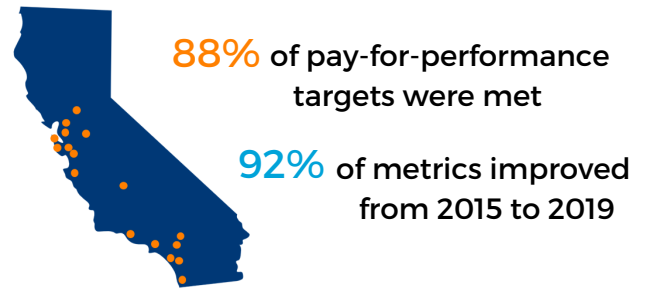


Celebrating the Advancement of Equitable Care in California Through PRIME

INTRODUCTION

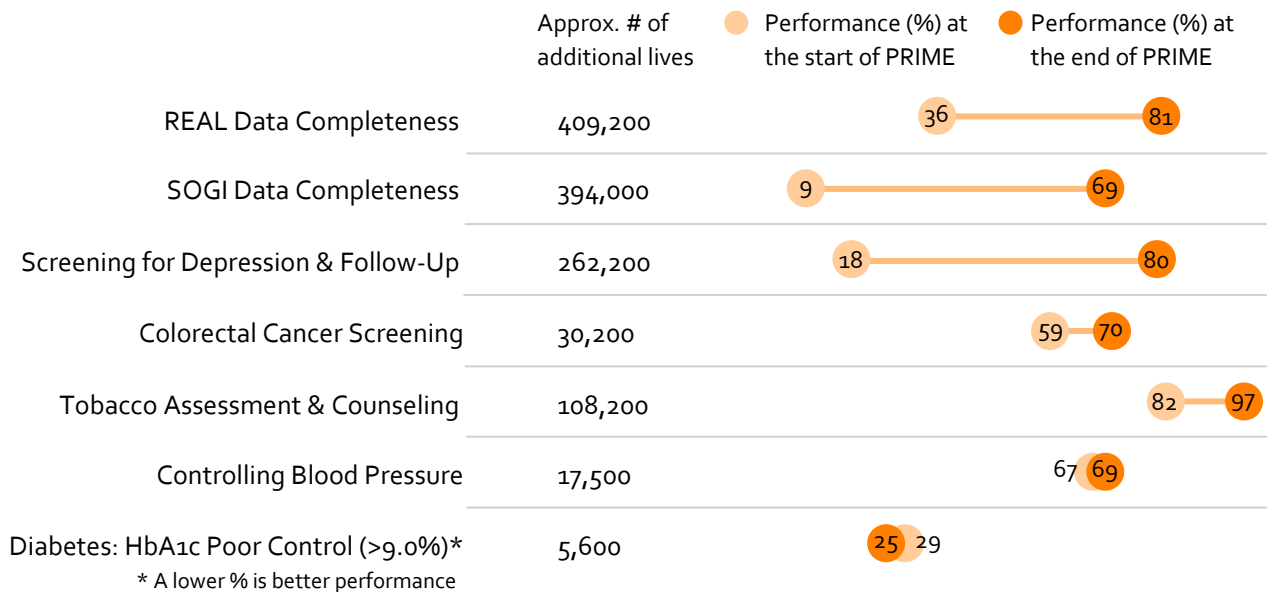
Over the past 15 years, driven by initiatives such as the Section 1115 Medicaid Waiver, California's 21 public health care systems have demonstrated leadership across the safety net through an aggressive evolution towards value-based payment. Public Hospital Redesign and Incentives in Medi-Cal (PRIME), a pay-for-performance delivery system improvement program, was a driving force that led to real gains in the quality of care for Medi-Cal patients.

Across all five years of PRIME...



IMPROVEMENTS IN QUALITY OF CARE

Public health care systems made significant gains across key outcome and process measures in PRIME. The graphic below illustrates a few of the improvements, including the number of additional lives impacted due to PRIME (through 2019). For example, public health care systems collected Race, Ethnicity and Language (REAL) data for 409,200 additional lives and Sexual Orientation and Gender Identity (SOGI) data for 394,000 additional lives over the last five years. For the first time, public health care systems took a standardized approach to identify disparities in health care, laying the foundation for health equity work for years to come.



INVESTING IN INFRASTRUCTURE

PRIME has had a sweeping impact on public health care systems that extends far beyond the statistics. To achieve the level of success systems demonstrated in reaching the ambitious targets, they had to transform their delivery systems. They made significant investments in data, personnel, and process infrastructure that will be felt far beyond the end of PRIME.



Implemented New Processes & Workflows



Enhanced Patient Engagement



Developed the Workforce



Invested in IT & Data Analytics



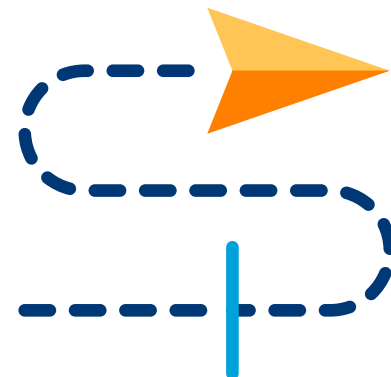
Improved Coordination & Partnerships



Strengthened & Standardized Performance Improvement

THE ROAD AHEAD

Alongside PRIME, from mid-2017 to mid-2020, the Quality Incentive Pool (QIP) existed in parallel with complementary - but not duplicative - measures. QIP is a managed care directed payment program that charts a path forward beyond the Waiver. It ratchets up performance and quality expectations of public health care systems, aligning more closely with State and Medi-Cal managed care plan priorities and further integrating health equity improvement. With the expiration of PRIME in 2020, [QIP was redesigned to integrate and continue the successful components of PRIME.](#)



"PRIME catalyzed widespread change at public health care systems. With unprecedented levels of funding at risk, systems rose to the challenge, improving care and health outcomes, engaging patients in novel ways, and laying the foundation for health equity work. With the transition to QIP, public health care systems continue to be leaders in advancing value-based payments and health outcomes."

- Giovanna Giuliani, Executive Director, SNI

Learn more about PRIME and QIP on [SNI's website](#).
View the official PRIME evaluations on [DHCS' website](#).