



Welcome

In our ongoing efforts to achieve the highest quality of care, California's public health care systems and SNI have recently focused on how to better know patients. We recognize we only have a partial view of patients' preferences, needs, and assets – we're missing data, and we sometimes have limited engagement with the communities we serve. We're setting out to improve our understanding of patients and expand community relationships in multiple ways.

Earlier this month, SNI and the [Local Health Plans of California Institute](#) convened systems and Medi-Cal managed care plans to discuss data exchange for their shared patients. The goal is to build a complete and accurate picture of patients' data and quality performance rates.

Below, we discuss how health care systems and plans are aligning their data for the same quality measures, such as well-child visits. We also highlight "bright spots" in San Francisco and Ventura counties.

Of course, a crucial step in improving quality of care is meaningfully listening to and engaging with patients - paying attention to both the big-picture sentiments they express and the specific details they raise.

Through recent SNI-hosted webinars, our [Racial Equity Community of Practice](#), comprising 14 California public health care systems, deepened its understanding of patient engagement. The focus was on how health systems can directly involve people impacted by inequities in efforts to decrease disparities. Below are a few best practices for garnering patients' expertise and building diverse patient and family advisory councils.

You can also learn what's working to encourage patients to get screened for various cancers at UC San Diego Health and San Mateo Medical Center, and to open up about their vaccine hesitancy at UCSF. Speaking of successfully connecting with patients, we are gearing up with our partner, CAPH, to recognize five public health care systems for their outstanding and innovative efforts to advance high-quality, equitable care with our [Quality Leaders Awards](#) (QLA).

At our upcoming CAPH/SNI annual conference, we will announce the QLA winners. The conference will be held from December 4-6 in Napa, bringing together leaders from public health care systems and plans, the State, and others. Insightful sessions and stirring speakers will focus on our theme, *Prioritizing Patients*. Please consider [joining us](#). It would be wonderful to see you there.



Giovanna Giuliani
Executive Director
California Health Care Safety Net Institute



SNI with our data partners, Intrepid Ascent, at a recent system-plan convening.

Appetite for alignment

All year, public health care systems and Medi-Cal managed care plans have been [growing closer](#), recognizing that they can best serve their approximately one million shared patients by combining forces.

In Burbank in October, more than 100 leaders from systems and plans gathered to discuss data exchange and matching. Their commitment to improving quality reporting was clear. Systems and plans [share the same mission and patients, and are accountable for the same measures](#), yet their performance rates often differ. The focal question at the convening was why, and how to fix it.

To address this issue, systems and plans from Ventura and San Francisco counties described their experiences working together to obtain more complete and accurate data. Some key lessons:

- Data must flow both ways:
 - Systems must share supplemental data with plans because claims-only data can paint an incomplete picture
 - Plans must provide regular feedback to systems on performance, so systems can identify and address gaps in care
- Standing group meetings are only the start. Regular data-focused meetings with staff from data analytics, IT, and quality are also necessary
- Protected time away from the day to day is essential for teams working to:
 - uncover the causes of data discrepancies
 - determine how to reconcile them
 - create new processes for data exchanges

Participants repeatedly stressed the importance of protected time, emphasizing the intensity of the work.

Once the systems and plans from San Francisco and Ventura counties completed the process of sharing, comparing, and aligning data, quality rates increased. For example, well-child visit rates increased from 34% to 44% for San Francisco Health Plan, while Gold Coast Health Plan in Ventura County saw a 25% improvement in the same measure.

If you are a plan or system interested in learning more details about how to succeed in this data exchange work, we will be sharing relevant content in the next few months.

The nuts and bolts of engaging patients and communities

Members of SNI's Racial Equity Community of Practice ([CoP](#)) sought to learn more about tried-and-tested techniques to better engage diverse patients, their families, and the community to advance equitable care.

In response, SNI held two webinars over the summer featuring two of the country's leading organizations in this space: the [Institute for Patient- and Family-Centered Care](#) (IPFCC) and the [Camden Coalition](#).

Focusing on patient and family advisory councils, IPFCC shared best practices to build meaningful and diverse partnerships. For example, they advised systems to share DEI data with councils so they can brainstorm ways to decrease inequities. They also recommended that councils meet 10 times a year, noting that high-performing councils are associated with significantly higher patient experience scores (i.e., HCAHPS).

In another webinar, the Camden Coalition provided a framework for understanding community engagement. Specifically, CoP members received information on how to engage people with lived experiences who contribute their expertise and ideas to the health system. The Camden Coalition explained what contracts for this work look like and how to effectively compensate individuals.

How to engage patients hesitant about vaccines

More than ever, people are expressing caution about getting vaccines, particularly since COVID. Meanwhile, health care providers burn out on having repeated vaccination conversations with limited success.

In a SNI-hosted webinar, [Dr. George Su](#) and [Lisa Vu](#) from UCSF shared the [HEAR technique](#) to respectfully engage with people about vaccines. The goal is not to convince or direct patients, but rather to listen to their concerns and offer information they'll find useful for making an informed decision about getting vaccinated.

Findings have implications for increasing flu vaccine uptake, as well as other immunization rates in [QIP \(Quality Incentive Pool\)](#). You can access the webinar recap, slides, and recording [here](#).

Learning from cancer screening success

Screening rates for various cancers can be stubborn, which can foil attempts to detect them at their earliest, least threatening stages. However, [UC San Diego Health](#) and [San Mateo Medical Center](#) (SMMC) have been making headway in boosting screening rates for common cancers.

In recent months, SNI hosted the following webinars where these public health care systems broke down their approaches and answered questions from others looking to

learn from their success:

- [Strategies to Enhance Women's Health Screenings Through Access and Engagement](#). “You are due for your routine mammogram. Would you like us to order that today?” When medical assistants asked patients this in SMMC’s primary care exam rooms prior to the provider entering, it helped increase screening rates. As well as bolstering the role of medical assistants, SMMC gained screening ground by conducting Saturday mammograms and mailing reminders to patients on pink paper.
- [Increasing Colorectal Cancer Screening Through Population Health and Patient Engagement](#). How does a health system achieve and sustain a 76% colorectal cancer screening rate in QIP? UC San Diego discussed their FIT kit intervention, including follow-up calls by student nurses and targeted patient outreach via texting, as key to achieving screening rates 23% higher than those for Medicaid patients nationally.



SNI's Dr. Ash Amarnath with fellow panelists at C4's colorectal cancer conference.

Rich discussions on colorectal cancer

The big tent of providers, survivors, and others who make up the [California Colorectal Cancer Coalition](#) gathered for their annual conference at UC Davis last month. Many SNI/CAPH member health systems shared their groundbreaking work in this space, and SNI’s chief health officer, Dr. Ash Amarnath, spoke on the patient-centered care panel. He also sits on the coalition’s Board.

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