



# Population Health Management (PHM) Advisory Group Meeting

*December 5, 2022*

## Key Takeaways

During the discussion on the **Member Story**:

- Sonoma County Nurse Family Partnership (NFP):
  - Shared an example of a nurse from Sonoma County's NFP program, who developed a trusting relationship with an expectant mother through 10 prenatal home visits. Using education and advocacy, the NFP nurse ensured that the mother received treatment for pre-eclampsia after two emergency department (ED) visits.
- DHCS:
  - Shared the impact of the high-touch and longitudinal care NFP model on maternal health and health equity.
  - Highlighted the opportunity under Enhanced Care Management (ECM) for managed care plans (MCPs) to contract with programs like NFP to provide these services for high-risk pregnant individuals.

During the discussion on **ECM Implementation + Q&A with Panelists**:

- DHCS:
  - Facilitated a panel discussion with guest speakers (see Table 1) on ECM implementation best practices, potential challenges, and other considerations for Children/Youth Populations of Focus (POFs) and the Birth Equity POF.
  - Solicited input from the panelists on the following discussion topics:
    - 1) Identifying Eligible Children/Youth Members
    - 2) Becoming an ECM Provider
    - 3) Providing ECM Services
    - 4) Navigating Potential ECM Services' Overlaps with Existing Care Management Programs



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Table 1. ECM Implementation Panelists		
Name	Title	Organization
Dr. John Connolly	Chief Strategist	Los Angeles County, Department of Public Health
Dr. Lakshmi Dhanvanthari	Chief Medical Officer	Health Plan of San Joaquin
Leticia Galyean, LCSW	Chief Executive Officer	Seneca Family of Agencies
Dr. Mary Giammona	Medical Director, Pediatrics and California Children's Services (CCS) Support Team	Molina Healthcare
Dr. Joan Jeung	Clinical Professor of Pediatrics	University of California, San Francisco
	Executive Committee Member, Council on Healthy Mental and Emotional Development	California Chapter, American Academy of Pediatrics (AAP)
Katie Schlageter	CCS Administrator-Deputy Director (Retired)	Alameda County, Public Health Department
Dr. Melanie Thomas	Psychiatrist, Team Lily	Zuckerberg San Francisco General Hospital

- *Topic 1. Identifying Eligible Children/Youth Members*
  - Panelists
    - Discussed how MCPs have implemented data mining algorithms based on the ECM POFs' eligibility criteria to help identify eligible Members.
    - Discussed how MCPs also have leveraged real-time hospital data, via a direct connection to the hospital's electronic health record system or through a health information exchange / community information exchange platform to identify eligible Members.
    - Underscored the important role that clinical staff, transitional care services (TCS) staff, social workers, and all other service providers play to help support timely identification of Members for ECM. Provider and community referrals are especially important for identifying the Experiencing Homelessness and Birth Equity POFs.



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- Discussed how MCPs can leverage partnerships with county agencies / programs such as CCS, Nurse-Family Partnership, and foster care for referrals for Children/Youth POFs.
- Advisory Group Members
  - Asked if a Medi-Cal Members can self-refer.
  - Asked if there is a systematic process for MCPs to identify eligible Members and offer ECM
- DHCS
  - Confirmed that any Member can self-refer for ECM and would then be assessed for eligibility by the MCP.
  - Confirmed that all MCPs are required to post information about ECM on their website and that screening for ECM eligibility is an explicit requirement for PHM TCS, and will also be integrated into the PHM Service.
- *Topic 2. Becoming an ECM Provider*
  - Panelists
    - Presented on how MCPs are working with existing ECM Providers as well as conducting outreach to organizations serving pediatric populations, such as community-based organizations, federally qualified health centers, and county agencies, to help expand the ECM Provider network.
    - Highlighted the existing provider infrastructure across Specialty Mental Health Services (SMHS), CCS, and other county public health programs that MCPs can leverage for ECM.
    - Shared challenges with staffing capacity, IT barriers, and other required infrastructure that may act as barriers to entry for some interested providers to enroll as an ECM Providers .
    - Discussed ways to leverage upfront investments from the Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative, a part of the [CalAIM Providing Access and Transforming Health \(PATH\) Initiative](#), to scale up provider network and increase capacity of existing ECM Providers.
  - Advisory Group Members
    - Asked about how MCPs are preparing to have a robust ECM Provider network available to serve children/youth eligible for ECM and how DHCS is leveraging the [Incentive Payment Program \(IPP\)](#) to support this network development.
  - DHCS
    - Noted DHCS' plans to structure IPP milestones and goals to support the rollout of ECM for Children/Youth POFs.
- *Topic 3. Providing ECM Services*
  - Panelists



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- Discussed the level of appropriate ECM Provider caseloads and recommended that MCPs implement flexible ECM program care models, given that the intensity of services required will vary across ECM enrollees.
- Emphasized the importance of continuity of care from prenatal to postpartum for the Birth Equity POF and how ECM can help support birthing individuals during this time.
- Underscored the importance of assigning Members to ECM Providers who are knowledgeable with the Member's pre-existing services and programs.
- Advisory Group Members
  - Asked when ECM would go-live for Children/Youth Transitioning from Incarceration.
- DHCS
  - Shared that ECM implementation for adults, children, and youth Transitioning from Incarceration will be in 2024, with the exact date to be determined.
  - Clarified that Children/Youth Transitioning from Incarceration who meet the ECM eligibility criteria as part of another Population of Focus would be able to receive ECM beginning July 1, 2023.
- *Topic 4. Navigating Potential ECM Services' Overlaps with Existing Care Management Programs*
  - Panelists
    - Discussed the issues with multiple systems serving the same Members, including lack of coordination and Member follow-ups, which lead to gaps in care.
    - Emphasized the importance of close collaboration and communications between MCPs and other delivery systems to ensure that ECM is effective and efficient in coordinating the Member's care needs.
    - Noted important tools and resources that MCPs and providers can leverage— such as universal release of information forms and data exchange – to support better collaboration.

During the discussion on **Population Health Management (PHM)**:

- DHCS
  - Provided key takeaways from MCP Readiness Deliverable Submissions. DHCS reported that they believe overall MCPs are ready for PHM program launch. However, DHCS has requested additional information from all MCPs focused on Complex Care Management (CCM), ECM, Basic Population Health Management (BPHM), TCS, and the Community Health Worker (CHW) Integration Plan.



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- Shared new policy guidance on the phased TCS implementation to allow MCPs time to ramp up capacity via hiring staff or developing broader relationships with hospitals or facilities:
  - By January 1, 2023, MCPs must:
    - Ensure that all TCS are complete (including having a single point of contact/care manager) for all **high-risk members** (as defined in the [PHM Policy Guide](#)).
  - Implement timely prior authorizations and know when members are admitted, discharged or transferred for **all members**. By January 1, 2024, MCPs must ensure all TCS are complete for **all members**.