



Population Health Management (PHM) Advisory Group Meeting

May 31, 2022

Chat Log

14:00:05 From Alice H - Manatt Events to Everyone:

Link for English and Spanish captioning:
<https://www.streamtext.net/player/?event=PHM-Advisory-Group-Meeting-3&chat=false&start=0&bgc=d9d9d9&fgc=000000>

14:01:16 From Alice H - Manatt Events to Everyone:

Link for English and Spanish captioning:
<https://www.streamtext.net/player/?event=PHM-Advisory-Group-Meeting-3&chat=false&start=0&bgc=d9d9d9&fgc=000000>

14:03:47 From Alice H - Manatt Events to Everyone:

Link for English and Spanish captioning:
<https://www.streamtext.net/player/?event=PHM-Advisory-Group-Meeting-3&chat=false&start=0&bgc=d9d9d9&fgc=000000>

14:14:42 From Aliya Varela to Everyone:

Hi There, will this presentation be shared so that we may share with our partners and colleagues?

14:15:26 From Sharon Woda to Everyone:

The slides will be available/shared after the meeting and posted, as well.

14:15:35 From Aliya Varela to Everyone:

Thank you

14:19:26 From Allison Garcimonde to Everyone:

Meeting materials and a recording of the session will be available at the PHM Website:
<https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>

14:19:59 From Allen Noriega to Everyone:

To leave it to the providers and the MCPs to figure it out themselves without guidance or a standardized process will only keep the information sharing fragmented/inconsistent

14:20:32 From Allen Noriega to Everyone:



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In response to the IHA

14:21:38 From Catherine Knox to Everyone:

who should complete the IHA - the MCP or provider?

14:22:30 From John Zweifler to Everyone:

Having trouble figuring out how to speak in the meeting- but in regard to question about exchange of info- providers may be interested but the information should be shared with medical offices who should have CHWs/navigators to support ECM services, and not directly to clinicians.

14:23:17 From Hilary Gillette-Walch to Everyone:

There is a presumption being made that all providers use electronic health records. Its is important to acknowledge and support those still on paper charts.

14:24:15 From Stephanie Spencer to Everyone:

It would be important for there to be a clear way for public health departments to share this information with providers and plans too.

14:24:55 From Catherine Knox to Everyone:

Thank you for clarifying

14:27:13 From Allison Garcimonde to Everyone:

Link for English and Spanish captioning:
<https://www.streamtext.net/player?event=PHM-Service-All-Comer-Webinar>

14:32:56 From Allen Noriega to Everyone:

The conversation of ensuring collaboration is also connected to accountability of who leads efforts and a clear direction of what those action items will be

14:32:57 From Stephanie Spencer to Everyone:

How will communicable diseases be includes in the PH assessment for members--e.g. TB/Hep/HIV risk factors to ensure testing (risk-based for TB) and needed treatment are provided.

14:34:00 From John Zweifler to Everyone:



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It is great that CalAIM will fund ECM and CHWs, but we can support ECMs by building connections between health care providers, CBOs, and governmental agencies- particularly DSS and DBH. This would be facilitated by having CHWs or some similar role both to send and receive handoffs - stationed again at health care providers, CBOs, and governmental agencies. This will help create a network of CHWs that can facilitate warm handoffs.

14:37:13 From Allen Noriega to Everyone:

As a current ECM provider, I want to emphasize John Zweifler's suggestions. The connections are crucial and at the moment the guidance and initiative doesn't appear focused

14:39:32 From Katherine Haynes to Everyone:

With luck, the PNA will help inform plans about resources for many services supported by CalAIM.

14:42:02 From Allen Noriega to Everyone:

The connection with DSS would make the difference in ensuring that members retain their benefits as well as greater visibility with chronically unhoused individuals that only actively sharing information with DSS and not other outlets/departments

14:42:04 From Anna Sutton to Everyone:

Local MCAH programs within public health do needs assessments every 5 years for the population and many counties do an annual birth report where MCPs and DHCS may find valuable performance measures. CDPH also has very valuable data points collected from their Maternal Infant Health Assessment (MIHA) that can be used as performance measures.

14:44:13 From Sherry Dai to Everyone:

Link to DHCS Justice Involved website:
<https://www.dhcs.ca.gov/CalAIM/Pages/Justice.aspx>

14:47:36 From Carmen Katsarov to Everyone:

how do we comment

14:49:13 From Carmen Katsarov to Everyone:

agree! we at MCP would have to get timely discharge info



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14:49:20 From Carmen Katsarov to Everyone:

to be able to do what is being discussed

14:49:24 From Palav Babaria to Everyone:

Hi Carmen--only advisory group panelists can comment with video/audio--all others are invited to comment via chat.

14:49:34 From Diane Van Maren to Everyone:

This discussion has not addressed interactions with the Regional Center system either.

14:49:36 From Carmen Katsarov to Everyone:

thank you- just commented

14:49:43 From Felix Su to Everyone:

The solution for getting real-time ADT data to MCPs is clear--through leveraging HIOs.

14:50:28 From Carmen Katsarov to Everyone:

and IP psych goes through county

14:51:55 From Beth Malinowski to Everyone:

And what are the expectations for communication with IHSS at point of transition?

14:54:08 From John Zweifler to Everyone:

This gets into a very murky area- who is responsible for authorizing admissions and determining medical necessity- if this is delegated to the medical group then they are responsible. It gets more complicated when complex care is carved out. Historically, very poor coordination between hospital discharge planners, health plans, medical groups and primary care providers.

14:54:28 From Pamela Mokler to Everyone:

The ECM Lead Care Manager is responsible to navigate health plan members throughout the entire care continuum. They are responsible to stay on top of hospitalizations and SNF stays.



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14:55:22 From Rob Oldham to Everyone:

Placer and many other WPC counties have been using Collective Medical Technologies (EDIE) for ADT notifications. This is working pretty well, but might be nice to have a statewide, or at least regional solution.

14:56:53 From Elizabeth Hernandez to Everyone:

What are the plans DHCS has with DSS in terms of sharing information on people in B&C. DSS only regulates the facility. There is no list of patients who live in this facilities, so I am a bit unclear how a discharge and admit for transitions could even occur, as neither DHCS or even DSS regulate the admissions into these facilities. Any further information or discussion on this topic would be very interesting.

14:57:49 From Allen Noriega to Everyone:

Are Medical Groups at all involved in these PHM conversations?

15:00:32 From Palav Babaria to Everyone:

@Allen--yes--we have numerous provider representatives on our Advisory Group

15:01:27 From Allen Noriega to Everyone:

Thank you

15:02:10 From Yin Leung to Everyone:

Can DCHS elaborate on the data sources expected to be integrated by Jan 1, 2023? and by the end of 2023?

15:03:46 From John Zweifler to Everyone:

Consider adding some measures re population health- such as rates of ER visits and readmissions.

15:04:02 From John Zweifler to Everyone:

Also % of pts seen within 7 days by their PCP

15:07:19 From Nivedita Misra to Everyone:

Also, DHCS is scoping covered CHW services to be health education services vs. care coordination services



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15:07:49 From Essence Carmichael to Everyone:

THANK YOY

15:07:51 From Essence Carmichael to Everyone:

YOU

15:07:52 From Michelle Persoff to Everyone:

Thank you Phebe for that

15:08:02 From Allen Noriega to Everyone:

Yes, thank you for the clarification!

15:08:14 From Dennis Hsieh, MD, JD to Everyone:

Agree with caseload comment

15:12:08 From Hilary Gillette-Walch to Everyone:

Will the beneficiary be able to indicate a gender other than male/female?

15:15:12 From Katherine Haynes to Everyone:

SFDPH & SF State did a lot of work on SOGI data collection and data storage several years ago and I believe they have great guidance.

15:20:30 From Jonah Frohlich to Everyone:

<https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#uscdi-v2>

15:20:43 From Jonah Frohlich to Everyone:

<https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#draft-uscdi-v3>

15:22:28 From Hilary Gillette-Walch to Everyone:

When we collect SDOH data, are we referring to using a standardized tool or using ICD-10 codes?

15:23:39 From Caroline Sanders to Everyone:



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If using ICD-10 codes there should be a crosswalk to PRAPARE which explains how to ask these sensitive questions. Oregon has provided this:
<https://www.orpca.org/files/OPCA%20ICD%2010%20Z%20Code%20Skinny%20Crosswalk.pdf>

15:23:57 From arthur chen to Everyone:

CLAS Standards advanced by DHHS OMH offers ways to use REL Data

15:24:32 From arthur chen to Everyone:

to advance Health Equity

15:25:58 From Jonah Frohlich to Everyone:

USCDI standards specify the actual taxonomy vocabulary or valuesets (e.g. the values that might be entered, e.g., Afro-Caribbean, Eritrean, etc.), not necessarily whether you use ICD-10, etc.

15:28:27 From Jomond Wong to Everyone:

If the program guide is to provide details on execution of the plan, August seems to be a bit late

15:28:36 From Dennis Hsieh, MD, JD to Everyone:

one thing

15:28:43 From Dennis Hsieh, MD, JD to Everyone:

just getting recommended case loads

15:28:46 From Dennis Hsieh, MD, JD to Everyone:

for different risk tiers

15:28:54 From Dennis Hsieh, MD, JD to Everyone:

and generally number of touches

15:28:55 From arthur chen to Everyone:

thanks for an excellent update! great work!

15:28:58 From Dennis Hsieh, MD, JD to Everyone:



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would be helpful

15:29:00 From Dennis Hsieh, MD, JD to Everyone:

as a guideline

15:29:03 From Dennis Hsieh, MD, JD to Everyone:

thanks :)