Population Health Management (PHM) Advisory Group – Meeting #5

September 29, 2022

Transcript

Contents

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Transcript

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Transcript

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Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Mario – 00:00:20	Hello and welcome. My name is Mario and I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the Q & A field, which is located on the Zoom panel at the bottom of your screen. We encourage you to submit written questions at any time using the Q & A. The chat panel will also be available for comments and feedback. Finally, during today's event, live closed captioning will be available in English and Spanish. You can find the link in the chat field. With that, I'd like to introduce Aita Romain, section two of Quality Population Health Management Program at DHCS.
Slides 1-3	Aita Romain – 00:01:02	Thank you Mario. Hi everyone. Nice to see everyone here again. Next slide please. So, today we're going to start with our member story as we usually do, then we're going to get a Population Health Management Service vendor update. I know we've all been waiting for an update, so we're glad to be able to provide that. Then we are going to go into the risk stratification, segmentation, and tiering overview. We've discussed this at times in the past, but we'll go into a little bit more detail today, as it relates to the Population Health Management Service and other advisory bodies. Then of course, we'll wrap up with a look ahead. So, thanks everyone for coming today and sticking with us for the entirety of our agenda, and I know that we will cover a lot of really good information. Next slide please.
Slide 3	Aita Romain – 00:02:02	Before we get started, I want to remind everyone about the end of the COVID-19 public health emergency. The end of the COVID-19 PHE and the Medi-Cal continuous coverage requirements, necessitates a coordinated, phased communication campaign to reach beneficiaries, with messages across multiple channels using trusted partners called DHCS Coverage Ambassadors. As California plans to resume normal Medi-Cal eligibility operations, beneficiaries will need to know what to expect and what they need to do to keep their health coverage. Most beneficiaries will either remain eligible for Medi-Cal or qualify for tax subsidies that allow them to buy affordable covered California coverage.

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Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 3	Aita Romain – 00:02:45	So DHCS is engaging community partners to serve as DHCS Coverage Ambassadors, to deliver important messages to Medi-Cal beneficiaries about maintaining Medi-Cal coverage after the COVID-19 public health emergency ends. The DHCS Coverage Ambassadors will be trusted messengers made up of diverse organizations that can reach beneficiaries in culturally and linguistically appropriate ways. Additionally, DHCS Coverage Ambassadors will connect Medi-Cal beneficiaries at the local level, with targeted and impactful communication. Next slide please.
Slide 4	Aita Romain – 00:03:23	A public health emergency unwind communication and outreach campaign, is currently rolling out in two phases to prioritize and sequence strategies, tactics and messages across the state, to prepare for the resumption of normal eligibility operations. Phase one is designed to encourage beneficiaries to provide updated contact information, such as name, address, phone number and email, in order to be able to contact beneficiaries with important information about keeping their Medi-Cal. This phase is currently underway. Phase two is designed to encourage beneficiaries to continue to update contact information, report any change in circumstances, as well as check for upcoming renewal packets. Phase two will begin 60 days prior to the end of the PHE. A phase two outreach toolkit will be released in the future. Next slide please.
Slide 5	Aita Romain – 00:04:10	And now, I'll hand it over to David, medical consultant in the Population Health Management division.
Slide 5	David Tian – 00:04:17	Thanks, Aita. Good afternoon everyone. It's wonderful to be with you today. So, as Aita mentioned, my name is David Tian and I'm one of the medical consultants on our Pop Health team. And I'm a practicing primary care and addiction medicine doctor as well. And so today it's my pleasure to welcome Rebecca Boyd Anderson and Sonia Calderon from Partnership HealthPlan to kick off our meeting. We're staying true to our practice of grounding today's discussion in the lived experience of the community member. And so Rebecca, I'll first pass it on to you.
Slide 5	Rebecca Boyd Anderson – 00:04:44	Thank you so much, David.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 5	David Tian – 00:04:45	Oh, next slide please.
Slide 6	Rebecca Boyd Anderson – 00:04:51	All right, thank you. Over the past few years, Partnership HealthPlan has created a population health department, and our project has been to find new and creative ways to identify members that are either in the keeping members healthy category, or members of rising risk. And so we have been working on leveraging our data, to access information that will give us pictures of members who might be meet that criteria. For example, we gather reports that show member demographics, claims history, lab results, last office visit date. And for this current project, we also added A1C values, notification of additional chronic conditions, total ED visits, hospitalizations, and outpatient visits. And then we... Once we got all that information, that's a lot of members as you can imagine, and so we went through and did some additional human level screening, to identify an intervention population. Those intervention populations are grouped into campaigns, and then our Healthy Living Coach team goes through and does outbound calls to this selected population. So I'm going to hand it over to Sonia, to explain what happened when she got a certain member assigned to her.
Slide 6	Sonia Calderon – 00:06:20	Thank you so much, Rebecca. Hi. So yes, after identifying this member to participate in our campaign, my job is to go ahead and call and engage and motivate and just assess any challenges or barriers this member may be facing with managing their chronic conditions, in this case diabetes management. So my first step is really just to make the member feel comfortable with just me cold-calling them, and making sure I'm explaining the program to them, that it's a support for them, that it's basically me asking, "How are you doing and how can I help you with anything that's going on?" And it doesn't have to be just talking about your medical condition. We can talk about anything.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 6	Sonia Calderon – 00:07:06	So this member, she was connected with Care. I asked her questions of: Do you have a diabetes sugar testing machine? Do you know how to use it? Have you seen your doctor recently? What's making it hard for you to get the care that you need? Or what can we help you and support you with in maintaining your diabetes? Again, she was seeing her primary care provider, but her main barrier was meal planning. Meal planning was hard for her. She was running out of ideas. She wasn't sure what can she eat, what can't she eat. I went ahead and assessed and asked, have she spoken to this with her primary care provider, with the hope of getting her connected with nutritionist care. She said that she has talked to her primary doctor about that, and that she did have an appointment coming up, but it was a very long wait time. She's going to have to wait about a month. And so my next step was to see, let's find out other ideas of how can I get this member some information about meal planning.
Slide 6	Sonia Calderon – 00:08:17	I asked, "Do you have internet access? Would you like for me to send you any quick recipes? Any links to cookbooks?" Unfortunately this member did not have internet connection, and she said, "Please, I prefer mail. I cannot connect to internet. I have none." So I did collaborate with our health education department, just to make sure what I was going to send to our member was appropriate and approved. And I was thinking of how can I creatively send it to our member? I did not want to just send her another black and white health education printout of, you know, stapled, that you get at the doctor's office. You know? I wanted to make it intentional. I wanted to have it be meaningful to this member since she did specifically ask for a cookbook, which we couldn't send her.
Slide 6	Sonia Calderon – 00:09:13	So I created one with, again, collaboration with our health education department. It was super easy, simple, made sure... I have a sample of it right here. I made sure it was in color. I went ahead and found a clear face folder that we had in the office, and made it look like an actual book. I made it look like inviting to the member. Again, I want it to be purposeful, I want it to be meaningful for her. I went ahead and mailed that to her.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 6	Sonia Calderon – 00:09:44	At my second follow up with this member, I asked her, "Did you get what I mailed? You have questions about it?" She said, "I absolutely love your printout." Because I did give her the heads up; I don't have a cookbook for you, but I'm going to send you something that I found. I didn't tell her like, all the specifics of it. But she just said that it meant a lot to her that it looked like I took time with it. And because I put that time into it, and I sent it looking nice, she wanted to open it and read it and use it now. So she's like, "Wow, they really cared. Let me go ahead and use it." She told me she used three recipes already. So I was really happy about that, that she was really excited about the cookbook and she was excited about the recipes. And I was just glad that I was able to help her. Thank you so much.
Slide 6	David Tian – 00:10:46	Thank you Sonia. I mean, what a great story, and I'm really touched and it just fills my heart to hear how you were able to help this member, especially someone who faced the digital divide of not having access to the internet and being able to use some of those electronic resources that we're usually one-offing to our patients. So if we could go to the next slide please.
Slide 7	David Tian – 00:11:08	So I'm just going to offer some high level reflections, and then also ask Rebecca to reflect on this case and the rest of today's session. The big thing is that this story highlights the impact that using data to perform risk segmentation and stratification, can have, on identifying people who are actually at rising risk. And so, in this type of approach, we can prevent poor health outcomes and medical crises before they occur. And as Sonia so clearly showed during her recounting of the story, we can really build trust between beneficiaries and their health plan, and empower them to make health promoting changes in their lives, and making them feel seen and meeting them where they are in terms of accessing resources and the information that they want.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 7	David Tian – 00:11:52	And these last two points are long and I'll summarize. So basically, as everyone on this call knows, that prior to the Population Health Management Service's go-live date, managed care plans are required to make a good faith effort to use and integrate a list of data sources to perform risk stratification and segmentation, and to link folks to appropriate services and resources, especially for folks who are at high risk or rising risk. And once the Population Health Service is available, then managed care plans will use the tiers produced by the service to identify members. And in addition, there is going to be more information available, such as data on members who either receive or may qualify for other social benefits including WIC and CalFresh.
Slide 7	David Tian – 00:12:37	And so, today's story really emphasizes a risk stratification program that identified a rising risk population, notably before the Population Health Management Service's go-live. And Rebecca, I was wondering if you could speak to Partnership's experience creating this program, and how the Population Health Management Service might augment such efforts in the future?
Slide 7	Rebecca Boyd Anderson – 00:12:57	Yes, thank you, David. Partnership has spent... We started doing case finding algorithms with Care Coordination, looking for our really high risk members. But as we develop the Population Health team, one of my goals has been to look upstream from HEDIS measures. Providing food resources to somebody who already has unmanaged diabetes is a little bit like chasing the horse out when he is out of the barn. And so, really trying to look at ways that we can empower members to not get into that unmanaged area. So we are looking at... Every time we add data feeds to our system, we try to look at how we can use it for identifying certain populations.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 7	Rebecca Boyd Anderson – 00:13:49	And so having the A1C lab results was an excellent way of stratifying members who were not at the over eight A1C level, but maybe in a more targeted range like over 6.5. Granted, that it'll give you a lot of people. And so, then you can start looking at those members by their language, their spoken language, their race and ethnicity, and identifying resources that are really particular to that group. Once we have access to information on people who are getting CalFresh, then we can start looking at building, say cookbooks that use the items that are covered under CalFresh, and connecting, you know, offering those recipes to those members. And so there's just ways that every time we bring in more data, it gives us a new lens to segment our population.
Slide 7	David Tian – 00:14:47	Great. Thank you so much. And I just want to thank you two for coming and sharing this great member story, to inform the rest of our discussion today. And a lot of themes will come up during the rest of today's session. And thank you, especially to Sonia for doing this awesome work, and making these life changing interventions happen on the ground every day.
Slide 7	Sonia Calderon – 00:15:09	Thank you.
Slide 8	David Tian – 00:15:09	With that, I think we can move on. Next slide please.
Slide 9	Aita Romain – 00:15:30	Hi everyone. Back to me. Okay, so, we're going to take a bit of an overview of the Population Health Management Service. I know most of you, if not all of you, have already seen these slides before. They have been in discussion for a while. They've been presented in a lot of different forums. So we will go through a bit over the high level before I will kick it over to our Gainwell partners, to go into a little bit more detail. So what we have proposed in the invitation for proposal as well as in the population health management strategy and roadmap document, as well as in the population health management program guide, is that the PHM Service will integrate data, support key population health management functions, and provide users access to PHM data. Similar in support to what David mentioned, as well as Rebecca and Sonia in their story, their member story.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 9	Aita Romain – 00:16:37	So what we see is that the PHM Service will integrate data from DHCS initially, and other sources, to make sure that data sharing is a seamless process in support of those functions. Once that sharing has occurred, it will enable population health management functions and services to be rolled out on the back end, as well as, individual screening and risk assessments, risk stratification, segmentation, and tiering, and gap reporting, at the population level. And then also as I mentioned before, this should provide access to population health management data from various different users. Users that may or may not have access, have had prior access to that data, and making sure that there is not duplication of efforts, and that everyone is on the same page as much as necessary. So we take into account through the various documents that I mentioned before, the different needs that different stakeholders would have through as we roll out the Population Health Management Service. Next slide please.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Aita Romain – 00:17:59	So also, as some of you will know on DHCS... Oh, DHCS put out on September 6th, a notice of intent to award, and we selected Gainwell Technologies to implement the Population Health Management Service. Here we outline the overview of the service. Mainly that, we are looking to do whole-person care, integrating a wide range of administrative, medical, behavioral, dental, social service and program information, for use by multiple stakeholders as I mentioned before. And that one of the key work... One of the key points of work that we are doing and that we will go into more detail today, is regarding our risk stratification, segmentation, and tiering. Where we will have a work group that will be supporting us on the creation of that, and with the eye toward reducing disparities and increasing equity. We also will have the assessment and screening processes laid out through the use of the service, as well as analytics and reporting. So with Gainwell's partnership, they are also bringing a host of experts in other companies, and that they will support their work with. And that these will roll out over time where we have the initial launch, will be a pilot in January, 2023. And then by July we will have the statewide launch. I'm going to pause there. Next slide please.
Slide 11	Aita Romain – 00:19:55	So these are the key milestones that we want to keep on your radar. As most of you know, we have just published the population health management program guide, and we expect those readiness deliverables from the managed care plans on October 21st. And they will be reviewed and approved by the end of the year. As we also... As I also mentioned, the notice of intent to award has already gone out and we expect the work to begin very soon for that pilot, as well as the launch, the statewide launch. We look forward to the Population Health Management Program going live in January, 2023. Those readiness deliverables that will be collected in October will directly support that go-live, as well as the pilot test launch.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 11	Aita Romain – 00:21:00	Many people have reached out to us about the pilot test launch. You'll see at the bottom of your screen here. If you are interested in being a potential partner for the test launch, I encourage you to reach out to the Population Health Management, PHM Section inbox at PHMSection@dhcs.ca.gov with the subject "Population Health Management Service Pilot Partner." And we'd love to get some information about your organization name, contact name and information, and the specific functionalities from the program that you're most interested in piloting. And then in July of 2023, we look forward to the statewide launch. Next slide please.
Slide 12	Aita Romain – 00:21:45	I believe I-
Slide 12	Jonah Frohlich – 00:21:46	Aita, I think I'm-
Slide 12	Aita Romain – 00:21:47	Yes.
Slide 12	Jonah Frohlich – 00:21:47	Yeah sorry. I think we're going to turn it over. Just trying to help with the transitions here. I think we're going to turn it over to Gainwell.
Slide 12	Aita Romain – 00:21:55	Yes. Thanks.
Slide 12	Jonah Frohlich – 00:21:57	Great. Thank you. So I think we have Brett Barton, Shannon Glasscock and David Schaffner. Are you here? And are you ready to go?
Slide 12	Brett Barton – 00:22:07	Yes, we are. Thank you Jonah. Good afternoon everybody, this is Brett Barton. I'm the Senior Vice President for Gainwell; responsible and accountable for our business here in California. And that really means I'm responsible for delighting our clients in everything that we do. First, Sonia, thank you very much for that inspiring story that I'm sure energized all of us on the phone here today. Secondly, thanks to DHCS for honoring us with this selection and entrusting us with all the business and things that we do for DHCS. And thirdly, to everybody on the phone, we so look forward to collaborating with all of you. This is definitely a project that can use the village analogy. It's going to take all of us to come together, to bring our experience together, to challenge each other, to make sure that we can successfully transform the Medi-Cal program.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 12	Brett Barton – 00:22:58	So we really look forward to working with everybody out there, and listening to everything you have to say. So today we want to give you an insight into our solution. So first we're going to have my colleague, Shannon, give you some overview and context, and then our colleague, David's going to jump in and show you the proposed user experience and some of the used cases for the member. And then Shannon and I will come back and kind of bring it all back together and wrap it up. And so we're going to do this all in 20 minutes. So, if we could go to the next slide and I'd like to turn it over to Shannon.
Slide 13	Shannon Glascock – 00:23:33	Great. Thanks Brett. Appreciate it. Hello every everyone. And, I just wanted to start out just centering us on the personas that are in the strategic plan. And just they were so important to us as we were developing our proposed solution and with Linda Garcia and her family, her dad, and her baby, and her daughter. And really just walking through Linda through her care to better health and connecting her to the right caregivers across the continuum. And then also allowing those caregivers access to Linda's information so that they can provide better care. So really just important, just wanted to call out thanks to everyone that's worked so hard on this for a number of months and years, to get this to where it is now. And we're just so excited to be part of the journey with you. So the next slide please.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 14	Shannon Glascock – 00:24:35	And so this slide provides an overview of the services that we are providing, and it is proposed functionality important to note. And just across the top, those individuals and groups that will be able to access the service, the beneficiaries and their authorized users, DHCS of course, managed care plans, providers. Across the bottom are the groups that will be providing data into the service. So the business partners, the healthcare delivery partners, local agencies, counties. So then we form that blue, dark blue bar at the bottom, is the longitudinal beneficiary record. So that's where all of the data gets integrated, care plans, assessments, screens, claims, clinical data, into one virtual record for Linda, for all the 14 million Medi-Cal beneficiaries. And then, that data is able to be accessed by the beneficiaries and by MCOs and providers and other stakeholders to provide that enhanced care and that 360 degree view.
Slide 14	Shannon Glascock – 00:25:51	So with that said, just really briefly and then I'll turn it over to David. The components of our solution are the user portal with intake, and the program flag, and the registration, and of course consent management, screenings, assessments and claims and clinical data, and of course multiple language support. The consumer contact center; it also includes multiple language support, chat and email and voice. So if someone's in the website and they want to chat with someone or email, they can do that from within the site. Education and training; so we have just a great solution around targeted member educational materials, and we're just anxious to get started to show you all that solution. And campaign and letter management; some pieces around that. Of course the population health and advanced analytics we were just talking about. And then on the right hand side, the business support services. So just really those pieces that keep this system up and running and dependable and available for the users. So with that, I'm going to turn it over to David and get into some of the solution components here, especially around the user interfaces. And David, next slide please.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	David Schaffner – 00:27:20	Thanks Shannon. So yeah, again, thanks again to the advisory group and all the stakeholders on the call. Just very grateful to be part of this project. It's going to be so impactful to just millions of Californians, and I think it'll be taken up by, you know, throughout the nation. And so I'm going to show you just a few key pieces of functionality within that PHM Service portal. As Shannon mentioned, we use the member personas and a member perspectives from your strategy and roadmap, to kind of inform our design and demonstration. So you'll see that kind of highlighted here in these screenshots from our demo environment. But starting with benefits and eligibility, obviously that's a pretty critical component and piece of information we want to make sure everyone has access to. So we're really making it as easy, simple, for different stakeholders in Care, as well as Linda herself, to get in and understand what her current status is and information about her approved programs and services.
Slide 15	David Schaffner – 00:28:19	This is going to be fed by that longitudinal beneficiary record from multiple sources compiled together. And then we present it in this very nice, convenient and easy-to-use view of all the different critical elements. And we can see just some examples here of the normal information you'd expect to see around: benefits to eligibility, effective dates, things like that. We display information around the primary care physician, but also we'll be displaying more information around those community services. So we know from that member perspective that Linda went to an assessment, was identified for food insecurity, and then applied and was approved for CalFresh. So we're showing an example of that here, as well as WIC, as well as some few other services from later in her member perspective in her journey there. But we can display a lot of information. Along with those services, we're displaying effective dates.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 15	David Schaffner – 00:29:19	In the example below on the chiropractic office visits for example, we can display whether it requires referral of link to information there. Things about benefit limits, all that kind of information can be included in this view. You know, the purpose is just obviously, again, making it as easy as it can be for Linda and other stakeholders in Care to access all this information in one space. The other thing I wanted to call a little bit attention to on this, are those blue buttons there as well. So we have the edit account button. And these are just, again, an example of how we present things like buttons and content, to really make it, again, convenient for the user to take certain types of action. We know how important it is that we have updated contact information on the beneficiaries. We'll skip have several examples of that. But these kind of buttons really are very configurable and can be placed throughout the portal to support different initiatives. So I just wanted to draw attention to that. Next slide please.
Slide 16	David Schaffner – 00:30:25	So now let's talk a little bit about health education. We know that that's very, very important and a key requirement. We know that better educated beneficiaries can take better care of their own health, and they feel empowered and valued by the healthcare system. It's very, very important that we make that as accessible as possible. So we have a longstanding of over 20-year relationship with our education partner, Healthwise. Some of you may be familiar with them. They're Medi-Cal approved. They've been the leader for a long time. All of their materials are designed based on three, four principles, which is: evidence-based, medically reviewed, and very easy to understand and accessible. Everything is written for a fourth to sixth grade reading level. And the beneficiary portals really has this Healthwise function integrated throughout. Linda will have full access to the knowledge base as we're showing here. And that knowledge base includes videos, articles, as well as other neat tools like a symptom checker, decision support tools. There's really a lot of powerful content there. Healthwise just does a great job.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 16	David Schaffner – 00:31:32	And as well as providing her with the searchable knowledge base, we also can highlight or present relevant material to her based on what we know about Linda. So in our example here, we're showing how we recognized that she had a pre-diabetes diagnosis, and from that, we're queuing up her presenting a specific piece of educational material to her in our example here, this My Health Learning Center widget.
Slide 16	David Schaffner – 00:31:59	Also, it's important to know that underneath this portal platform, is a very, very powerful content management system. So this can be used to present Healthwise educational materials throughout the portal, as well as really any other sort of educational content produced by DHCS or other third party vendors or wellness programs. So for example, on this screenshot we have that piece of content, updating your contact information. Again, we know that's very important. But this could very easily be some different content, you know, maybe, again, delivering to Linda some other educational material, maybe it's some information about how she can use the PHM service, or information on a particular benefit. Anything like that, that is possible.
Slide 16	David Schaffner – 00:32:45	Another good example is right below that, the COVID Emergency Updates as an example of like some time-based content that we could put in there to support like that PHE winding phase, things like that. So there's a lot of power to deliver very targeted experience to different users, whether that's a beneficiary or a provider user. And next slide please.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 17	David Schaffner – 00:33:09	So here we're showing claims information. We will be taking in consuming claims, and we can then present that. And that of course is very important for care collaboration for the different providers and stakeholders. But this line is really more about, again, highlighting the deep integration of Healthwise educational links here. And so what this is showing is that, Linda will be able to go in... For this example, look at a claim status detail and you'll see those... kind of small on the screen, but those little blue icons there. Then all she needs to do is click on that. In this case it is a particular CPT code. And then that'll automatically serve up right within the portal in front of her, the relevant educational content. So this is a super nice feature.
Slide 17	David Schaffner – 00:33:56	Your beneficiaries, they don't know what CPT card codes are. They're obviously going to be very convoluted. So again, just another one of the many paths we have, to make sure that Linda is getting the information she needs and it's very easy and accessible for her. Oh, and I should also mention that, all the educational material there, it's very easy just from those icons there where you can print, download, email, even post all that educational material. So Linda can share that with others if she wants to or take it for later. Okay, let's go to the next slide.
Slide 18	David Schaffner – 00:34:33	So now let's shift gears a little bit. Now we're going to kind of look from a provider's point of view. in this case, our example was an FQHC clinician, Dr. Eric Smith. And we're showing here's what we call our Member 360 view. And this is going to help the service make it very, very easy for all the different stakeholders and Care to collaborate. All this is going to be fed by that same longitudinal beneficiary Record, to present this very comprehensive summary of Linda's healthcare journey. So those providers will be able to go in and really see this whole complete picture of Linda, or just very specific pieces of it, based on what type of access they should have, what's most important to them. So this is really the provider's hub, all about Linda. It's possible to dig in deeper into all these different pieces of it here.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 18	David Schaffner – 00:35:26	Most of these things are live links to go into specific detail of the records or other tables. But right from here, you know the provider can see a lot of that benefits and eligibility information. They could click on the details screen and then we'll take them into a view similar to kind of what we showed for Linda, where they can see all the very specific things. But what's really neat about is we can use this to present all different kinds of alerts based on really any sort of other data that's coming into us, whether that's population health analytics or care management for example. And that's kind of what we're showing there on the top right below the DHCS logo, we see that food insecurity flag. So again, kind of relating it back to the Linda's member perspective, you know, we know she had that assessment, and now Dr. Smith can go in and see, or someone on his staff can say, "Oh, okay, when Linda comes in today, we know we need to confirm or discuss this with Linda." They then can do that. And then they then help facilitate or help Linda apply for CalFresh and WIC, and kind of help get that service, that care that she needs.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 18	David Schaffner – 00:36:35	Some other examples, you know, kind of across the tab, again, they're... It's designed to be very flexible and evolve with what is needed, what is going on with that particular beneficiary, and also what that particular provider should be seeing. But we can take information about care plan and that population health and risk stratification flags, things like that can all be displayed and then linked out to other places, other information within the portal, other places within the system so the providers can act on that. And then kind of below that you'll see there's these window panes, and these two screenshots, I had to split it up. This is probably only about a third of a total 360 view of a member, just for space. But you know, you can see there on the claims, these are just nice widgets summarizing, they're filterable. But the providers can then click on individual records to dig deeper. And these things can... You know, claims referrals and authorizations. We've got some other pieces of the health record on conditions, allergies, some examples we're showing there. And each one of these can be turned off or on, again, based on that access that that provider should have. So again, protecting the privacy of Linda, but still giving the providers information that they need.
Slide 18	David Schaffner – 00:38:00	So obviously the goal being, again, all these pieces coming together in the portal, which we kind of see is the front door of the service to bring everyone together and get them that right information right at their fingertips. So this is good, again, super high level of the service portal. And again, thank you all of you for championing this project. And with that I can turn it back over to Shannon.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Shannon Glascock – 00:38:25	All right, next slide please. Thank you. So this slide provides an overview of the solution components and how they fit into the PHM framework. So on the left hand side, as we saw HealthTrio, the beneficiary portal and the stake holder portal. Really just two portals, one for the beneficiaries, one for the stakeholders. Beneficiaries are able to answer a question in the chat. They're able to manage the consent as to who can see their medical records, and definitely more detail where we can show you around that. And then moving to the right here, Collibra provides the data quality and data governance. Sort of a back end process, but really, really important. As you can imagine, we're getting data from multiple different places on how do we continue to improve the quality of the data across that continuum and especially over time. And that directly relates to how well we can serve the beneficiaries and provide... so that stakeholders can provide better care to them.
Slide 19	Shannon Glascock – 00:39:37	Another component is InterSystems, so that longitudinal beneficiary record or patient record, are critical to what we're doing here in terms of getting the data from the different data sources and integrating that into this record. ARCADIA, we haven't talked about too much here, but that is our risk stratification and segmentation tool. A highly advanced user-friendly tool, especially MCOs will be able to use the tool, have access to the data to do their own and analytics as well. And more and more to come on that piece as well. And then finally at the back end here, on the services support side, we saw Healthwise of just a snippet of information around the targeted health education and social determinant education material. And then HealthTrio on the portal as well. So I think with that I will turn it over to Brett.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 20	Brett Barton – 00:40:39	Yes, so we can move to the next slide please. We just wanted to kind of quickly touch upon, kind of the four key tenants that we really focused on and want to do, to make sure... came through in our solution. And the first one was, how do we really empower the beneficiary experience? How do we simplify it across all the different areas within DHCS and then beyond into the counties and everything? How do we make it as easy as possible for that beneficiary to interact with the health and human services delivery system? So that was very key top of mind at all times. The second was to use our partners. You've heard about them bringing in trusted collaborative partners, people that the state already knew about and other stakeholders. So we had a firm foundation with a group of partners that were known and trusted. Thirdly was that thorough understanding of the data. It goes back to that same selection of partners. We really wanted to make sure that everybody understood data from social services, healthcare data, et cetera, and how that all came together. And then lastly, again, another reason for the partners is we wanted best in class across all of these components. And that really drove us to our partner selection. And we can move on to the next slide so you can see the full list of partners.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 21	Brett Barton – 00:42:01	You've heard Shannon talk about some, you'll see a few others here on the list like McKinsey & Company, and Partners in Care Foundation. It was really important for us, to make sure we had sound partners for that best in class approach across all aspects of it. It was also important to bring in that thinking and that experience from all these other partners and not just say, "Hey, Gainwell knows everything that's needed to be known here," right? Let's not be naive as Gainwell and think we know everything. We wanted partners, we wanted all of that brain power to come to the table as well. And we wanted all of that bandwidth to come to the table knowing that we need to stand things up very, very quickly. And so, those kind of three things really drove us down a path of, let's bring in partners, let's not try to think that we can do this all on our own, that is not in the best interest of everybody to get this done very quickly and get it done well so that everybody can trust the data, rely on the analytics and everything and it's actually used to help improve outcomes. So with that, we'll... our presentation is done and we'll turn it back over to the next person.
Slide 22	Jonah Frohlich – 00:43:12	Thank you Brett. We have a lot of questions. We're a little bit behind. I'm hoping we can hold some questions to the end. And Palav if you're okay going through the next-
Slide 22	Palav Babaria – 00:43:24	Yep.
Slide 22	Jonah Frohlich – 00:43:25	... couple sections to give folks an update.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 22	Palav Babaria – 00:43:27	Sounds great. Can you all hear me okay? Okay. Hi everyone. Palav Babaria, Chief Quality Officer, Deputy Director for Quality and Pop Health. I apologize not being on video. I'm in transit between a few other presentations this morning, or afternoon now I guess. And I have been watching all the questions in the chat. I will just preface to say, we are probably not going to be able to answer all of them today. We really wanted to share this out-of-the-box functionality with you, so that you all can get as excited about this project as we are. That being said, a lot of the questions and those design decisions have yet to be made as we think through implementation and testing. So if you are someone who wants to help us make those decisions, please sign up to be a pilot testing partner and email the address that is included in the slides, and would love as much involvement and feedback in that process as possible.
Slide 23	Palav Babaria – 00:44:18	So just in the interest of time, we can go to the next set of slides. We did want to provide a quick overview of where we are in terms of thinking about the risk stratification, segmentation, and tiering approach in the Population Health Management Service. So just as a refresher, I know you all are aware that in both the population health management strategy and roadmap, as well as in the functionality of this service, we have clearly articulated that we will be doing a state level risk stratification, segmentation, and tiering process, so that we can achieve some of our key CalAIM goals. Which include, transparency and health equity and a bias... an algorithm that is free of algorithmic bias, as well as having consistency and standardized processes across the state, so our members don't experience as much plan to plan or geography to geography variation. That being said, I think we also all recognize that, we don't just want a black box solution. And so, while there are pre-made solutions that will be coming out with this vendor, we are still really committed to having a state level process that we lead, to create us an algorithm that is transparent, open source, and really meets all of our needs collectively. You can go to the next slide.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slides 24-25	Palav Babaria – 00:45:40	So I think this is the area that we're going to be honing in on, sort of how exactly is the process going to work for developing this risk ratification and segmentation algorithm or algorithms. And go to the next slide. So I think the key definitions are listed out here. In the interest of time, I'm not going to read them out in great detail. But the basic purpose is to take our entire member population, and assign them to different risk groups or meaningful subsets, and then assign them to tiers, high, medium rising or low risk, to really guide outreach efforts and connection to services. Right? So this is not designed to be just an academic exercise that gives us more information. It is supposed to directly support us in identifying members who will benefit from the care interventions that we have to offer, and ultimately improve their health outcomes and reduce healthcare disparities. You can go to the next slide.
Slide 26	Palav Babaria – 00:46:39	So the key principles which we will be designing for are that this shouldn't focus just on medical risk. I think we all recognize that with how siloed some of our data information is today. Some of the algorithms being used today are missing big chunks of information that really affect the holistic view of those members, such as substance use data, which is really hard to combine because of a lot of state and federal regulations. So we expect that these risks tiers will be based not just on medical or behavioral health risk, but also incorporate social risk. And most importantly, really consider underutilization, so that we are not perpetuating or exacerbating biases that result from lack of utilization. We explicitly will be working on strategies to reduce and ideally eliminate all bias in these algorithms. And we do commit to this being a transparent process that involves stakeholder feedback and access to what it is that we're doing in this space.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 26	Palav Babaria – 00:47:39	As I'd said on the previous slide, we're really looking to identify which members... Excuse me, which members would really benefit from further assessment. Right? People can be high risk for multiple reasons, and anyone who is high risk for example, would need further assessment. What triggered you to be high risk? Which intervention is best appropriate for you? So this doesn't mean that necessarily every single person who's high risk, is going to be eligible or even need something like enhanced care management. This means that those individuals that are highest risk, we want to do a deeper dive on. We want to be more proactive with our outreach efforts, and go that extra mile to figure out how can we intervene before you have a bad outcome. Right? So how do we move those interventions upstream of where they are today? Housing's a great example. Right? We have interventions for individuals who are homeless. But can we predict and intervene before someone is evicted, before someone becomes homeless? And then the Population Health Management Service and sort of what comes out this risk stratification, we will definitely be monitoring follow up rates and penetration rates by plan for the different risk tiers as a part of DHCS monitoring strategy.
Slide 26	Palav Babaria – 00:48:50	And then the last one, I think we've touched that when we've looked at feedback from the group. But just reiterating that, this is the floor, this is the basic standard expectation across the state. We know that plans will have more timely data in some places where they want to supplement with local information. We know that there may be individuals that on a case by case basis, they're... what services they're offered need to be adjusted based off of that local knowledge and information and assessment, which is totally fine. We can go to the next slide.
Slide 27	Palav Babaria – 00:49:24	So we're going to cover today just sort of how we DHCS propose addressing this moving forward, so that we are in a place by July of next year to have a statewide RSST process. So we can go to the next slide.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 28	Palav Babaria – 00:49:39	So the overall process is as such, we will be working with our vendors to make critical design decisions about what are the outcomes that we're trying to predict, what are the interventions that we have to offer that we want to identify who's going to best benefit from them. We'll then need to develop something and obviously test it on historical data that we have, to see is this working as we want it to? Is it actually predicting the right things? Is it having weird outputs that are introducing bias or other outcomes that we want to avoid? And then it will be deployed in the actual Population Health Management Service. I will flag for everyone, this is going to be an iterative process. This model is going to be built on day one, on the data that we have today, i.e. largely claims data that DHCS already has. As we learn how this model is working, as new data becomes available such as from health information exchanges or electronic health records, this model will absolutely need to be updated. And so there will be this continuous sort of assessment and refinement feedback loop that occurs probably for years to come. We can go to the next slide.
Slide 29	Palav Babaria – 00:50:52	So the way we propose to do this is, you know, I... Full disclosure, I am not a coder and I'm not a modeler so don't worry, I will not be doing any of this work myself, nor will DHCS. We are putting together a working group of RSST experts. These are people who are largely academics, who do this day in and day out, and are exceptionally skilled in how these processes should work, what design consideration should be taken into effect. And this working group is really going to be getting in the weeds, and helping to drive what this process should look like in collaboration with our vendor. There will also be a Scientific Advisory Council. SciAC is the lovely acronym that we came up with, not to be confused with our DHCS Stakeholder Advisory Committee, SAC. And the Scientific Advisory Council will act in an advisory role to DHCS.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 29	Palav Babaria – 00:51:45	So the work that the RSST working group is doing, will be brought to the Scientific Advisory Council, so that that group of stakeholders can weigh in, you know, bring up implementation considerations, bring up other issues and processes that may exist. And then outputs of these will also be brought to this group, the Population Health Management Advisory Group for public transparency and input as well. And so the RSST work group, we're working on contracting right now and hoping to both announce and launch that group of largely research and academic advisors, in the next month or two. And then we also hope to launch the Scientific Advisory Council in a similar timeframe this fall, to start reviewing the output of that working group.
Slide 29	Palav Babaria – 00:52:32	The working group will, obviously, you know, there's a lot of work to be done here, so they'll be working on this on a weekly cadence and putting in a lot of hours. The Scientific Advisory Council, we imagine we'll need to meet less frequently. So i.e. monthly, or maybe at some point it can be spaced out to quarterly. And we really will be looking for people on that Scientific Advisory Council, who either include people who are already on our advisory, Population Health Management Advisory Group, or potentially members of your team or others who really understand how risk ratification, segmentation, and tiering works or should work in the field, to be able to review and provide appropriate feedback. Go one more slide.
Slide 30	Palav Babaria – 00:53:15	And then these are just to be very crystal clear about the relationships between these advisory bodies. So ultimately, DHCS provides direction oversight. All of these advisory groups or working groups are just, that they advise DHCS. So all of the feedback will come to us, but we do want there to be a relationship where things that are happening in these venues are being reported out at the other venues, so that everyone can be on the same page even if they're not spending hours and hours a week thinking about risk stratification. Go to the next slide.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 31	Palav Babaria – 00:53:52	So, and I saw Tangerine's question in there. So perfect setup. We would love to solicit nominations formally, for the Scientific Advisory Council. You can see the requirements here, so you know, you don't need to necessarily be a coder, but you should be very, very familiar with how this process works, because it'll be very in the weeds and technical. And you should be able to commit approximately four to six hours per month, inclusive of meeting time. So please send your nominations in because we would like to stand this group up sometime in the next month or two.
Slide 33	Palav Babaria – 00:54:24	We can go to the next slide. And maybe we'll just go through the look-ahead really quick, and then turn over the last few minutes we have to questions and I know we presented a lot of information. I promise future meetings we will get back to having a lot more dialogue and conversation. So just a reminder, as our plans are tracking, the PHM readiness and submissions deliverable is due from all of our managed care plans in October. In December, we will be publishing the supplemental reporting guidance for population health management, as well as amending all the APLs so that come January 1st, 2023, the APLs are all updated. I know many of you are looking forward to the staying healthy assessment going away, and the amended APLs is what will enable us to do that. And go to the next slide.
Slide 34	Palav Babaria – 00:55:16	And then next year, obviously 1/1/23 our program launches. We hope to obviously be testing the PHM Service as well, with the partners that we've identified. And then we'll be working diligently to getting to quarter 3, 2023, for the statewide scaling of the PHM Service. And go to the next slide.
Slide 35	Palav Babaria – 00:55:37	And then this is our meeting next month, and I think that is the end of our slide deck, hopefully, so we can turn over the last few minutes questions. Jonah, am I turning it back to you?

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 35	Jonah Frohlich – 00:55:48	Yep. There were a lot of questions. Most of them came during the population of management service presentation, and there's some groupings of them and maybe we can take them sort as a group. So I think Caroline, Christine and Kim, asked really about sort of the beneficiary in... sort of component like: What does this look like for people with limited English language proficiency? Is there a way to make the claims information more meaningful? And can beneficiaries get notices to like treatment services? And just any thoughts about how this will be accessible to consumers and specifically consumers who may have limited English and... but limited sort of clinical awareness. So when they're looking at data they can make sense of it.
Slide 36	Palav Babaria – 00:56:35	Yeah, great question, and Aita, I welcome you to jump in too. We will be offering the service in all of the threshold languages. And I know that Healthwise and experienced leaders in this space already do have modalities and ways to think about limited English proficiency and health literacy. That being said, we need to co-design the member portal and the member experience, with our actual members and with communities. So that will be absolutely a critical part of the planning, testing and implementation process, because that's who we want to use the service and we have to make sure that it works for them. So a lot more of those considerations and questions will come out through that co-design process.
Slide 36	Jonah Frohlich – 00:57:15	Yep. And Caroline, if you have other questions, I think there will be an opportunity for actual user experience testing with consumers, including those with limited English language proficiency. So, definitely would like to see some help getting those people involved in the testing. There were also questions about... a couple of questions about: Will county behavioral health information be accessible? What about those two DMC-ODS data? I think we're still sort of at the place of part two, is part two, but I know that there's a lot of effort at the department to stand up some pilots to try to see if we can actually facilitate access to those data. But is there anything that all of you or... I don't want to speak to on this point.

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 36	Palav Babaria – 00:58:02	Yeah, and I would just say that PHM Service in this platform that we just walked through, is not limited to managed care. So we intend all Medi-Cal members and their data to be in here, not just managed care. So it'll be inclusive of fee for service, it will be inclusive of dental behavioral health. Obviously to Jonah's point, that we can't break the law, and so there will be some restrictions based off of federal regulations and 42 CFR.
Slide 36	Jonah Frohlich – 00:58:26	And then there were some number of questions about synchronization with like electronic medical records. How is it expected that providers will provide data or look up data? What about information of... Will information about clinical labs, meds data documents, be available through the service?
Slide 36	Palav Babaria – 00:58:51	So I think we definitely intend for this to be ideally eventually bi-directional interface. So you can go into the portal, there will be sort of inoperable data feeds where people can take this back to their home systems. Obviously, we DHCS are not going to be doing programming to hook this up to every single person's EHR, but we'll be exploring some of those options in the testing phase. So if you're a provider group interested in that, please sign up to be a testing partner. And initially, I think as was outlined, we really are likely going to be limited to claims data. So a lot of those other features like laboratory data or electronic health record data, we hope to get there at a future state, but they probably will not be a part of the initial phase and testing in go-live.

Population Health Management (PHM) Advisory Group – Meeting #5

September 29, 2022

Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 36	Jonah Frohlich – 00:59:41	And just recognizing the time, I know there've been a number of calls for... want more bi-directionality in these conversations. We are sorry that this is packed with more information than we can facilitate Q & A for and respond to questions. We'll do what we can to try to gather these. There are dozens of questions that have been posed and see if we can try to provide some answers to those and make sure that in the future we have more time for interactive dialogue and Q & A for these sessions. I think that brings us to the hour, to the end of our session. Thank you everybody for your time. I really appreciate the questions you've answered, that you've posed, and of course we'll try to do what we can to answer them in due course. Have a wonderful rest of your day.
Slide 36	Mario – 01:00:34	Thank you for joining. You may now disconnect.