



Public Hospital Redesign and Incentives in Medi-Cal (PRIME) 5-Year PRIME Project Plan

Application due: **by 5:00 p.m. on April 4, 2016**

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General Instructions

Thank you for your interest in the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program. Your response to this 5-Year PRIME Project Plan (“Plan”) will enable the Department of Health Care Services (DHCS) to assess if your entity can meet the requirements specified in the waiver Special Terms and Conditions (STCs) and has the capacity to successfully participate in the PRIME program.

This 5-Year PRIME Project Plan is divided into 10 sections which are structured around the Medi-Cal 2020 Waiver’s [Special Terms and Conditions \(STCs\)](#). Additional information about the PRIME program requirements can be found in the PRIME Projects and Metrics Protocol ([Attachment Q](#)) and Funding Mechanics ([Attachment II](#)) of the STCs.

Scoring

This Plan will be scored on a “Pass/Fail” basis. The state will evaluate the responses to each section and determine if the response is sufficient to demonstrate that the applicant will be able to effectively implement the selected PRIME Projects while simultaneously conducting the regular business of operating the hospital system.

In the event that a response to a Plan section is not sufficient and fails to meet review criteria, the applicant will have an opportunity to revise the response(s) to meet the state’s satisfaction. Applicants will have three (3) days to complete the revisions upon receiving feedback from the state.

Please complete all sections in this 5-Year PRIME Project Plan, including the Appendix (the infrastructure-building process measure plan as applicable), and return to Tianna Morgan at PRIME@dhcs.ca.gov **no later than 5:00 p.m. on April 4, 2016.**

Section 1: PRIME Participating Entity Information

Health Care System/Hospital Name Mountain Communities Healthcare
District/Trinity Hospital

Health Care System Designation(DPH or DMPH) DMPH

Section 2: Organizational and Community Landscape

The purpose of this section is to provide DHCS with an understanding of the demographic makeup of the community the applicant serves, the target population that will benefit from the PRIME activities, and any other relevant information that will help inform the state's review of this Plan.

2.1 Community Background. *[No more than 400 words]*

Drawing on available data (e.g., DHCS, Office of Statewide Health Planning and Development, U.S. Census Bureau), summarize the health care needs and disparities that affect the health of your local community.

Mountain Communities Healthcare District (MCHD) is located in Weaverville, the northwest portion of the State and is the fourth-least populated county in the state. This area is rugged, mountainous and heavily forested and lies along the Trinity River. The county has one traffic light, no freeways or parking meters and no incorporated cities. There is a limited weekday transportation service between some towns. For many years, Trinity County thrived and enjoyed a long and successful history in gold mining, logging, timber products and ranching. Today, Trinity County struggles to find a balance in protecting its natural resources while surviving and sustaining the current economics of the state. Trinity County is classified as a frontier county. According to the County Health Rankings and Roadmaps, Trinity County ranked number 54 out of 57 counties in health outcomes with a 30% higher rate of premature deaths than state averages.

Physical Health. The most significant health issues facing this community include cancer, coronary heart disease and obesity/diabetes.

- **Cancer:** According to the California Cancer Registry, Trinity County has a 6% higher incident rate for common cancers when compared to the State. Prostate, lung, bladder and melanoma cancers have the highest incident rates.

- Coronary Heart Disease: According to the California Department of Public Health, the crude death rate for California was 104.3 deaths per 100,000 population, during this same period, the crude death rate from coronary heart disease for Trinity County was 163.3. The Centers for Disease Control ranks Trinity County 31 out of 58 counties for heart disease death rates.
- Obesity/Diabetes: According to the County Health Rankings and Roadmap, 27% of adults in Trinity County are obese compared to the State average of 23%. The prevalence of Type 2 Diagnosed Diabetes in the county is 8.2, compared to the state average of 6.9.

Behavioral Health. The Department of Health Care Services estimates that 13.4% of residents have a broadly defined need for mental health service. The County is ranked at 28 out of 57 counties in quality of life metrics including poor mental health days.

Health Disparities. Rural Americans are faced with multiple declining economic factors, cultural and social differences and often severe isolation. Residents seeking health and specialty care services outside of the County must travel anywhere from 1-6 hours to access care. Patients often wait for months for appointments with specialists in Sacramento or San Francisco. For many low-income residents, poverty and lack of personal transportation serve as barriers to both in-county and out-of-area health care. Severe winter weather conditions and dangerous winding roads further hamper access and isolate residents. Emergency care unavailable at Trinity Hospital or its clinics requires transport by ambulance or emergency air flight. These combined factors challenge providers and patients alike to meet the growing health needs to overcome health disparities of rural and aging Trinity County residents. There is a 15% higher rate of premature death than state averages. Alcohol-impaired driving deaths (45% vs. 32%) and injury deaths (126 vs. 48) are significantly higher in this rural county. The area exceeds state averages in adult smokers, adult obesity and physical inactivity. Access to primary care physicians and dentists are 2,745:1.

Coverage. Trinity County has 4,891 Medi-Cal eligible beneficiaries, an enrollment increase of 1,903 since 2012. MCHD is concerned about access to care as a result of the surge in eligible population coupled with the ongoing provider shortages in primary care.

Given the opportunity to participate in PRIME, MCHD will address the issues outlined above.

2.2 Population Served Description. [No more than 250 words]

Summarize the demographic make-up of the population included in your hospital's service area, including information about per capita income, age, race, ethnicity, primary language, etc.

Mountain Communities Healthcare District services Trinity County, which according to the 2015 US census, the population is 13,448 with 19.9% of residents living below poverty. There are 1,592 Veterans in the County and 24% of the population is over age 65. Persons under the age of 65 with a disability are 17%.

Trinity County's per capita income - \$28,555

Primary language - English

The County ethnicity includes:

White – 87.9%

American Indian – 5.3%

Hispanic and other 7.3%

Non-Incarcerated Population by Age, Trinity County

Age Range	2000	2010
Under 5 years	552	618
5 to 17 years	2,422	1,902
18 to 24 years	663	815
25 to 39 years	1,895	1,935
40 to 54 years	3,465	3,050
55 to 64 years	1,784	2,697
65 to 74 years	1,338	1,674
75 to 84 years	729	837
85 years and over	174	258

Source: U.S. Census Bureau, Census 2000 and Census 2010

2.3 Health System Description. *[No more than 250 words]*

Describe the components of your health care system, including license category, bed size, number of clinics, specialties, payer mix, etc.

MCHD was established in 2007 and operates one district hospital and two full service federally designated rural health walk in clinics including Trinity Community Clinic and Hayfork Community Clinic. Trinity Hospital has 25 acute care beds, a 24 hour emergency and operating room that provide a variety of healthcare services. Trinity Community Clinic is located in Weaverville and the Hayfork Community Clinic is located in Hayfork, a small town supporting 2,368 residents located approximately 30 miles from Weaverville.

In 2012, MCHD's payer mix was:

Medicare – 63.6%

Medi-Cal – 25.2%

Third Party – 9.2%

Private pay and other indigent care – 2%

MCHD had 294 inpatient discharges, 5,178 Emergency Room visits and 14,504 Rural Health Clinic visits. The average length of stay for acute care was 2.85 days. Hospital beds had a 47% occupancy rate and staffed beds as a percentage of licensed beds was 70%

2.4 Baseline Data. *[No more than 300 words]*

Describe the current resources that your entity has in place to collect, report and monitor performance data and how these resources will support PRIME clinical quality reporting requirements. Please specify any anticipated limitations or barriers to meeting the PRIME reporting requirements and describe your proposed strategies to address these barriers.

In 2012, MCHD implemented Electronic Health Records. The belief was that the system would allow for staff to have readily available access to statistical measures that would streamline an approach to analytics. Unfortunately, that was not the case. The vendor did not fully develop the program and in 2016, the vendor sold the platform to another party.

MCHD utilizes staff in place to manually collect report and monitor performance data. The most significant barrier to meeting the PRIME reporting requirements is lack of access to a system in which data analytics could be streamlined.

Our current EMR has severe limits with its ability to collect and run reports. This barrier will be overcome by implementing an efficient way to collect needed data

missing in the reports by the use of specific forms to capture the data. In addition other EMR vendors are being reviewed and tested

MCHD will overcome these barriers by working with current EHR vendor to build and modify needed reports to pull data. This will include sorting data based on age and diagnosis. MCHD will further overcome this barrier once a new EHR vendor is selected in approximately 6 – 12 months.

Manager of Clinics will direct and oversee the data collection for the PRIME projects. Manager of Clinics will work with CIO, Director of Finance, Director of Clinics and new FTE to ensure data is accurate and satisfactory.

Section 3: Executive Summary

The objective of PRIME is to accelerate participating entities' efforts (as applicable), to change care delivery, to maximize health care value and to strengthen their ability to successfully perform under risk-based Alternative Payment Methodologies (APMs). This section of the Plan will be used to present each entity's overall goals and specific aims for PRIME. This section should also describe how these efforts will evolve over the course of the five years.

3.1 PRIME Project Abstract [No more than 600 words]

Please address the following components of the Abstract:

1. *Describe the goals* for your 5-year PRIME Plan;*

Note:

** Goals (generally 2-5) are general guidelines that explain what you want to achieve in your hospital or health system. They are usually medium- to long-term and represent program concepts such as "eliminate disparities." These goals may already be a part of your hospital or health system's strategic plan or similar document.*

Goal One

The goal of MCHD is to improve the overall health of the communities we serve. We intend to develop and implement a Cancer Screening and follow up program. Our goal with this program is to identify patients based on age or family history and to determine appropriate cancer screenings for cervical, breast and colorectal cancer. Once a target group is identified, we intend to increase rates of screening and completion of follow up care. We will develop a system to contact patients and provide education about the benefits of cancer screening. We will collaborate with local and state resources to obtain the most cost effective approach. We will develop a

mechanism to follow up with patients in order to ensure the completion of the screening process or procedure, follow up and provide support and education and develop protocols for future preventative screenings.

Goal Two

The goal of MCHD is to improve the safety of our patients in our community clinics. We intend to develop and implement a safety program to decrease the number of missed or delayed diagnoses and improve our communication and workflow. Our goal with this program is to analyze current workflows and identify problems that prevent the ability of our primary care providers to receive and review laboratory and radiology testing. In addition, we will analyze the problems that prevent the primary care provider's ability to notify patients of results as well as notify them of the need for any necessary follow up.

2. *List specific aims** for your work in PRIME that relate to achieving the stated goals;*

Note:

*** Specific aims (generally 2-5) relate to the goals but provide more detail on how the goals will be achieved.*

Aim One

We aim to improve the identification of and access to cancer screening services, develop and establish a case management plan with primary an preventive care in our outpatient clinics.

We intend to implement a program that will identify community resources for patients and improve access to quality care. We believe this will improve our patients' treatment outcomes and reduce morbidity and mortality from cervical, breast and colorectal cancers. In addition, we believe the number of unacknowledged and un-treated cancer cases in our community will decrease.

Aim Two

We aim to develop a workflow so that appropriate documentation is in the medical record and that the targeted test results are reviewed by the ordering provider, have proper documentation that all abnormal results had an appropriate and timely follow up and provide documentation that all related treatment was provided in a timely manner and that clinical outcomes are documents in the medical record.

We will develop specific protocols for provider notification and patient notification. We will create guidelines for determining critical abnormal

results. We will include protocol for follow up with patients that are non-compliant and difficult to contact. We intend to implement a safety program that will improve timely treatment and early diagnoses. We intend to identify community resources to assist patients in receiving access to needed services and improving the overall health of our community.

- 3. Provide a statement of how the selected projects will support the identified goals and specific aims. Note that the narrative should connect the specific aims identified in Section 3.1.2 to the projects you select in Section 4. Each project does not require a specific statement. Instead, the narrative in the abstract is broadly linking projects to identified goals and specific aims;*

It is our belief that these processes along with screening protocols will facilitate communication between Public Health, State resources and our community clinics to improve the overall health of our community.

- 4. If more than one project is selected, describe how the projects will inter-relate to achieve system transformation (not applicable if only one project is selected); and*

The two projects selected inter-relate in that we are expanding focus on identification of disease trends in a preventative manner. The earlier a disease is diagnosed, the more likely that it can be cured or successfully managed. When a disease is treated early, you may be able to prevent or delay problems from the disease. This will improve the health of the community and could reduce emergency room and acute care hospitalizations.

- 5. Provide a succinct summary description of how your hospital or health system will be transformed at the end of the five years. Explain how this transformation should result in advances in clinical, population health, fiscal or other critical outcomes through PRIME.*

At the end of five years, patients serviced by MCHD will receive appropriate clinical and support services in the care setting that is optimal for the patient needs. Early identification of disease and disease management will decrease Emergency Department visits and hospitalizations. The main goal of health screenings is to find diseases or medication conditions early while they are easier and less expensive to treat.

3.2 Meeting Community Needs. [No more than 250 words]

Describe how your organization will address health needs at a local level as described in Section 2 of the Plan. The narrative should clearly link the projects you select in Section 4 with the community needs identified in your response to Section 2.1.

We intend to implement a program that will identify community resources for patients and improve access to quality care that will improve timely treatment and early diagnoses. This will improve the patient's treatment outcomes and reduce morbidity and mortality. We intend to identify community resources to assist patients in receiving access to needed services and improving the overall health of our community. We anticipate improving health outcomes and the patient's experience.

By implementing the PRIME projects for early cancer detection and patient safety it will improve access to quality care that will improve timely treatment and early diagnoses. This will improve the patient's treatment outcomes and reduce morbidity and mortality.

Early Cancer detection:

We will identify patients based on age or family history to determine appropriate cancer screenings for cervical, breast and colorectal cancer. Once a target group is identified, we intend to increase rates of screening and completion of follow up care. We will contact the patient via US mail and/or telephone to provide education and awareness of appropriate cancer screenings. We will document the method of contact and follow up as needed. We will schedule appointments to discuss appropriate cancer screenings with their primary care provider. At the time of the appropriate screening can be ordered by the patient's primary care provider. We will also schedule and/or participate in a local health fair in our community to raise awareness and benefits of early cancer screening and detection.

Patient Safety:

Our goal with this program is to analyze current workflows and identify problems that prevent the ability our primary care providers to receive and review the results from our laboratory and radiology departments. To analyze current gaps in our workflow, for the first quarter we will pull 10% of our patient visits and review and track the gaps identified. Once any gaps are identified we will develop and implement a patient safety protocol. After implementation we will continue to pull and review patient encounters and review to ensure the implemented protocols are improving patient safety. We will continue to identify areas for improvement.

3.3 Infrastructure and Alignment with Organizational Goals. [No more than 250 words]

Describe the organizational infrastructure that exists or will be established for purposes of implementing PRIME (e.g., current strategic plan, goals related to quality improvement, monitoring/feedback mechanisms, data-driven decision-making practices).

Originally, Trinity Hospital was administered by the Trinity County Board of Supervisors. In 2007, voters approved the formation of the Mountain Communities Healthcare District. Since that time, MCHD has restructured programs and completed multiple activities to improve its financial position and potential for long-term sustainability. As a district hospital, board members are individually elected public officials and are committed to fulfilling the healthcare needs of our community.

In February, 2016, MCHD established a PRIME committee to begin planning for participation in the program. The goal of the committee is to develop MCHD's PRIME plan; recommend to management the necessary personnel and infrastructure investments and to monitor program to ensure that MCHD meets its PRIME goals and performance standards. The committee will convene monthly during the implementation phase and will provide routine updates to management.

MCHD has a robust continuous quality improvement program. Meetings are held monthly in which the expectation is that each department will report quality improvement activities, monitor and provide feedback in which data driven decision making can occur. This program is evaluated each month by the District's Board of Directors. At each meeting a member from each department is present, a member from the Board of Directors and the CEO.

3.4 Stakeholder Engagement. [No more than 200 words]

Describe plans for engaging with stakeholders and beneficiaries in the planning and implementation of PRIME projects. Describe how these activities will complement or augment existing patient engagement efforts.

MCHD will ensure that stakeholders have multiple opportunities to be engaged in PRIME planning and implementation. This will be accomplished by continued engagement with management and key stakeholders as well as identifying additional organizations that may be added to these planning activities.

Specific activities that will be included as part of stakeholder engagement are:

1. Employment of community health outreach worker to conduct education and disseminate small media to promote community awareness.

2. Participation in community awareness efforts including health fairs, education in schools and annual woman's health fair.
3. Distribution of free Fecal Occult Blood Test kits
4. Physician outreach

3.5 Cultural Competence and Addressing Health Disparities. [No more than 200 words]

Describe planned efforts to ensure cultural competency in implementing PRIME projects and the strategies to reduce healthcare disparities that will be adopted. Identify the resources that the entity has available for this purpose.

We will continue to translate educational materials and provide real time access to interpreter services. In addition, we intend to build on our existing outreach program to pro-actively engage our community in these efforts. Planned events include health fairs and staff trainings on issues related to cultural competence and health disparities.

We will implement a patient satisfaction survey. The purpose of the survey will be identify and address any cultural and healthcare disparities. The data will be analyzed and reviewed by a CQI team and shared with providers.

3.6 Sustainability. [No more than 150 words]

Provide a high-level description of the systematic approach for quality improvement and change management that your organization plans to use. The narrative should describe the specific components you have in place, or will implement as part of PRIME, which will enable you to sustain improvements after PRIME participation has ended.

MCHD has participated in several quality improvement/outcome initiatives through Partnership Health. As a result of this work, MCHD will leverage its experience to sustain PRIME improvements through use of the following:

- Staff engagement in planning and implementation, including utilization of clinical and non-clinical champions.
- Ensuring senior leadership support for designing and executing strategies related to PRIME implementation.
- Relying on data-drive decision making, including the use of process, outcome and balancing measures.

Current components that are already in place are executive staff buy in and support of the Prime Program, a robust Continuous Quality Improvement Program. Additionally, we will encourage staff engagement by assigning a clinical and non-clinical champion for the program and hold monthly meetings to review progress. To ensure long term sustainability,

the program achievements will be included in the annual community district publication as well as presented to the Board of Directors and any additional funding needs will be included in future operational budgets.

MCHD will hire 1 FTE to help manage the PRIME project. This staff person will provide a report to executive management team on a monthly basis and to the Continuous Quality Improvement team on a quarterly basis.

Section 4: Project Selection

The PRIME Projects are organized into three Domains:

- Domain 1: Outpatient Delivery System Transformation and Prevention
- Domain 2: Targeted High Risk or High Cost Populations
- Domain 3: Resource Utilization Efficiency

The PRIME program will provide incentive payments to participating entities that commit to implementing 5-year projects within the PRIME domains and as further described in [Attachment II -- PRIME Program Funding and Mechanics Protocol](#). The required set of core metrics for each project is outlined in [Attachment Q: PRIME Projects and Metrics Protocol](#). The purpose of this section is for applicants to indicate which projects they will implement and to describe the approaches to implementation.

Selections must comply with the requirements of the STCs and the Attachments Q and II delineating the PRIME program protocols.

Designated Public Hospitals (DPHs) are required to implement projects from all three Domains. DPHs must select at least nine projects, of which six are specifically required:

- Select at least four projects from Domain 1 (Projects 1.1, 1.2, and 1.3 are required);
- Select at least four projects from Domain 2 (Projects 2.1, 2.2, and 2.3 are required); and,
- Select at least one project from Domain 3.

District/Municipal Public Hospitals (DMPHs) are required to select at least one project to implement. DMPHs may select their project(s) from any of the three Domains.

Instructions

For Sections 4.1 - 4.3, click the box(es) that correspond to the project(s) you will undertake. In addition, click the boxes that correspond to the core components you will adhere to in order to achieve the objectives of the project. Note that core components selected are not required; they are meant to guide project execution and serve as recommendations only.

Answer all of the questions below for each selected project. Provide narrative responses in the spaces marked “Insert response here”:

1. *Summarize your approach to designing and implementing the project. Include a rationale for selecting the project and planned approach to implementation. [No more than 300 words]*
2. *Describe how the project will enable your entity to improve care for the specified population [No more than 250 words]*
3. ***For DMPHs (as applicable)***, *indicate which project(s) your entity is selecting that will require infrastructure-building process measures and complete the supplemental document (Appendix) to identify and describe your proposed process measures.*

For DMPHs requiring infrastructure building metrics that are approved in the Prime Project Plan, 75% of PRIME funding for DY 11 will be based on the achievement of the approved DY 11 infrastructure building metrics through the final year-end report. Up to 40% of the total PRIME funding for DY12 will be based on the achievement of the approved DY 12 infrastructure building metrics through the mid-year and final year-end report. The proposed Process Measures should meet the following criteria:

- *Specific*
- *Measurable: Must be able to demonstrate progress throughout the duration of the process metric measurement period.*
- *Evidence-based: Measures should have a strong evidence-base that can linked process to outcomes.*

Section 4.1 -- Domain 1: Outpatient Delivery System Transformation and Prevention

☒ 1.4 – Patient Safety in the Ambulatory Setting

MCHD selected this project because gaps were identified in our current process in which there was a risk for missed and delayed diagnosis.

Our planned implementation approach includes developing specific protocols for notification, creating guidelines for determining critical abnormal results and implementing protocol for patient follow up.

By developing and implementing a patient safety program we intend to decrease the number of missed or delayed diagnoses and improve our communication and workflow.

Our goal with this program is to analyze current workflows and identify problems that prevent the ability our primary care providers to receive and review the results from our laboratory and radiology departments. In addition we will analyze the problems that prevent the primary care providers' ability to notify patients of results as well as notify them of the need for any necessary follow up.

We aim to develop a workflow so that 1) appropriate documentation is in the medical record and that the targeted test results are reviewed by the ordering provider, 2) have proper documentation that all abnormal results had an appropriate and timely follow up and 3) provide documentation that all related treatment was provided in a timely manner and that the clinical outcomes are documented in the medical record.

We will develop specific protocols for provider notification and patient notification. We will create guidelines for determining critical abnormal results. We will include a protocol for follow up with patients that are non-compliant and difficult to contact.

We believe that by implementing a patient safety program it will improve timely treatment and early diagnoses. This program will decrease the number of missed or delayed diagnoses and improve our communication between provider and patients. We believe this enhanced patient safety program will help improve patient outcomes for our community members.

Review and develop notification protocols

1. Analyze current workflow to determine gaps
2. Manager and Clinic Director will meet to develop a notification protocols and procedures
3. Implement process
4. Review process to determine if gaps exist in revised workflow

Create guidelines for determining abnormal test results

1. Manager and Clinic Director to meet with Medical Staff to confirm and identify what determines abnormal test result
2. Create a system to flag the abnormal test results
3. Document in medical record to ensure that patient has been notified in a timely manner.
4. Additional education and follow up provided to patient.
5. Implement a process to review abnormal test result and ensure future follow up is conducted.
6. Document clinical outcomes in patient record.
7. Random sampling of charts will occur quarterly and will be reported via CQI.
8. Any gaps identified during CQI will be addressed and corrective plan of action completed.

Implement protocol for patient follow up

1. Manager and Clinic Director to establish protocol follow up procedures and train staff on procedures.

Please mark the core components for this project that you intend to undertake:

Check, if applicable	Description of Core Components
Applicable	1.4.1 Perform a baseline studies to examine the current workflows for abnormal results follow-up and monitoring of individuals on persistent medications.
Applicable	1.4.2 Implement a data-driven system for rapid cycle improvement and performance feedback based on the baseline study that effectively addresses all identified gaps in care and which targets clinically significant improvement in care. The improvement and performance feedback system should include patients, front line staff from testing disciplines (such as, but not limited to, radiology and laboratory medicine) and ordering disciplines (such as primary care) and senior leadership.
Applicable	1.4.3 Develop a standardized workflow so that: <ul style="list-style-type: none"> • Documentation in the medical record that the targeted test results were reviewed by the ordering clinician. • Use the American College of Radiology’s Actionable Findings Workgroup¹ for guidance on mammography results notification. • Evidence that every abnormal result had appropriate and timely follow-up. • Documentation that all related treatment and other appropriate services were provided in a timely fashion as well as clinical outcomes documented.
Applicable	1.4.4 In support of the standard protocols referenced in #2: <ul style="list-style-type: none"> • Create and disseminate guidelines for critical abnormal result levels. • Creation of protocol for provider notification, then patient notification. • Script notification to assure patient returns for follow up. • Create follow-up protocols for difficult to reach patients.
Not Applicable	1.4.5 Implement technology-enabled data systems to support the improvement and performance feedback system as well as engage patients and support care teams with patient identification, pre-visit planning, point of care delivery, and population/panel management activities.

¹ *Actionable Findings and the Role of IT Support: Report of the ACR Actionable Reporting Work Group.* Larson, Paul A. et al. *Journal of the American College of Radiology*, Volume 11, Issue 6, 552 – 558. [http://www.jacr.org/article/S1546-1440\(13\)00840-5/fulltext#sec4.3](http://www.jacr.org/article/S1546-1440(13)00840-5/fulltext#sec4.3), Accessed 11/16/15.

☒ 1.6 – Cancer Screening and Follow-up

MCHD selected this project because of cancer was identified as being one of the most significant health issues facing this community. Trinity County has a 6% higher incident rate for common cancers when compared to the State. We intend to identify a target group specifically for cervical, breast and colorectal cancers, develop a contact system and provide education. We will develop a mechanism to follow up with patients and develop protocols for future preventative screenings.

By developing and implementing a Cancer Screening and follow up program we intend to improve the overall health of our patients. Our goal with this program is to identify patients based on age or family history to determine appropriate cancer screenings for cervical, breast and colorectal cancer. Once a target group is identified, we intend to increase rates of screening and completion of follow up care. We will develop a system to contact patients and provide education about the benefits of cancer screening. We will collaborate with local and state resources to obtain the most cost effective approach. We will develop a mechanism to follow up with patients in order to 1) ensure the completion of the screening process or procedure and 2) follow up and provide support and education and 3) develop protocols for future preventative screenings.

MCHD aims to 1) improve the identification of and access to cancer screening services 2) to develop and establish a case management plan with primary and preventive care in our outpatient clinics.

We intend to implement a program that will identify community resources for patients and improve access to quality care. We believe this will improve our patients' treatment outcomes and reduce morbidity and mortality from cervical, breast and colorectal cancers. In addition we believe that the number of unacknowledged and un-treated cancer cases in our community will decrease.

It is our belief that these processes along with screening protocols will facilitate communication between Public Health, state resources and our community clinics to improve the overall health of our community members.

We will follow up with patient if an abnormal cancer screening is detected by contacting patient via telephone and US mail to follow up with primary care provider to discuss the findings from the abnormal screening. Education will be provided to patient regarding treatment options, risks vs. benefits and what to expect with additional test and consultations. Patient will be set up with an appropriate treatment plan that would include referral to specialist for an additional work up. We will follow up with patient to determine need for outside referral.

We will develop a mechanism to follow up with patients in order to 1) ensure the completion of the screening process or procedure and 2) follow up and provide support and education and 3) develop protocols for future preventative screenings.

Please mark the core components for this project you intend to undertake:

Check, if applicable	Description of Core Components
Applicable	<p>1.6.1 Develop a multi-disciplinary cross-participating PRIME entity task force to identify principle-based expected practices for screening and follow-up for the targeted services including, but not limited to:</p> <ul style="list-style-type: none"> • Standard approach to screening and follow-up within each DPH/DMPH. • Screening: <ul style="list-style-type: none"> ○ Enterprise-wide standard approach to screening (e.g., ages, frequency, diagnostic tool). • Follow-up for abnormal screening exams: <ul style="list-style-type: none"> ○ Clinical risk-stratified screening process (e.g., family history, red flags). <p>Timeliness (specific time benchmark for time from abnormal screening exam to diagnostic exam).</p>
Applicable	<p>1.6.2 Demonstrate patient engagement in the design and implementation of programs.</p>
Not Applicable	<p>1.6.3 Collect or use preexisting baseline data on receipt and use of targeted preventive services, including any associated disparities related to race, ethnicity or language need.</p>
Applicable	<p>1.6.4 Implement processes to provide recommended clinical preventive services in line with national standards, including but not limited to USPSTF A and B Recommendations.</p>
Applicable	<p>1.6.5 Improve access to quality care and decrease disparities in the delivery of preventive services.</p>
Applicable	<p>1.6.6 Employ local, state and national resources, and methodologies for improving receipt of targeted preventive services, reducing associated disparities, and improving population health.</p>
Not Applicable	<p>1.6.7 Adopt and use certified electronic health record systems, including clinical decision supports and registry functionality to support provision of targeted preventive services. Use panel/population management approaches (e.g., in-reach, outreach) to reduce gaps in receipt of care.</p>

Check, if applicable	Description of Core Components
Applicable	1.6.8 Based on patient need, identify community resources for patients to receive or enhance targeted services and create linkages with and connect/refer patients to community preventive resources, including those that address the social determinants of health, as appropriate.
Applicable	1.6.9 Implement a system for continual performance management and rapid cycle improvement that includes feedback from patients, community partners, front line staff, and senior leadership.

Please complete the summary chart:

	For DPHs	For DMPHs
Domain 1 Subtotal # of DPH-Required Projects:	3	0
Domain 1 Subtotal # of Optional Projects (Select At Least 1):		2
Domain 1 Total # of Projects:		2

Section 5: Project Metrics and Reporting Requirements

Each project includes a required set of metrics, as specified in [Attachment Q: PRIME Project and Metrics Protocol](#). All of the metrics for the required and selected projects must be reported each demonstration year (DY) in compliance with [Attachment Q](#).

Participating entities must report and include baseline data for all relevant project metrics and will identify data sources, consolidating data from multiple inpatient and ambulatory systems, and including data on assigned lives reported from health plans reporting on this data semi-annually. Report submissions must include the numerator and denominator data for each of the metrics for which the entity is seeking payment under PRIME. A PRIME participating entity may provide estimates or reasonable projections if particular data is unavailable due to circumstances beyond the PRIME entity's control, including data that is collected and maintained by an external entity,

such as an MCP, which has not been provided to the participating PRIME entity in a timely and accurate manner.

DPHs are required to strengthen data and information sharing with MCPs under the PRIME. To support this requirement, DHCS will establish data and information sharing guidelines and/or mechanisms, which DPHs and DMPHs must follow, consistent with applicable state and federal data privacy and security law, to provide for timely sharing of beneficiary data, assessment, and treatment information, for purposes of identifying and treating the beneficiary for PRIME and Whole-Person Care (WPC). DPHs must demonstrate establishment of new and/or strengthened data and information sharing with MCPs during the demonstration. In particular, the following must occur: reporting of complete, accurate, reasonable and timely reporting of encounter data; sharing of treatment and assessment data for care coordination purposes; and, establishment of processes and infrastructure to support MCP achievement of quality improvement efforts when aligned with PRIME projects.

I understand and accept the responsibilities and requirements for reporting on all metrics for required and selected projects

Section 6: Data Integrity

Each PRIME participating entity must establish and adhere to a data integrity policy throughout the execution of the PRIME Program. Participating entities must be able to verify that all fiscal, clinical, and quality improvement work for which a metric claim is reported. State and federal officials reserve the right to require additional substantiation or verification of any data claim or related documentation and may conduct periodic audits when indicated.

I understand and accept the responsibilities and requirements for establishing and adhering to a data integrity policy.

Section 7: Learning Collaborative Participation

All PRIME participating entities are encouraged to actively participate in learning collaboratives that will be launched by DHCS or their designees for purposes of providing technical assistance and information exchange opportunities as PRIME implementation gets underway. At a minimum, each PRIME participating entity is required to participate in at least one face-to-face statewide learning collaborative per PRIME year. Please acknowledge your understanding and acceptance of this responsibility below.

I understand and accept the responsibility to participate in-person at the annual statewide collaborative.

Section 8: Program Incentive Payment Amount

Please indicate the total computable PRIME incentive payment amount for this 5-year plan, consistent with the PRIME Funding and Mechanics Attachment:

Total computable 5-year PRIME plan incentive payment amount for:

- DY 11 \$ 1,500,000
- DY 12 \$ 1,500,000
- DY 13 \$ 1,500,000
- DY 14 \$ 1,350,000
- DY 15 \$ 1,147,500

Total 5-year prime plan incentive amount: \$ 6,997,500

Section 9: Health Plan Contract (DPHs Only)

DPHs are required to commit to contracting with at least one Medi-Cal managed care health plan (MCP) in the MCP service area that they operate using alternative payment methodologies (APMs) by January 1, 2018.

I understand and accept the responsibility to contract with at least one MCP in the service area that my DPH operates no later than January 1, 2018 using an APM.

Section 10: Certification

I hereby certify that all information provided in this Plan is true and accurate to the best of my knowledge, and that this plan has been completed based on a thorough understanding of program participation requirements as specified in [Attachment Q](#) and [Attachment II](#) of the Waiver STCs.

Aaron Rogers

**Aaron Rogers,
CHIEF EXECUTIVE OFFICER**

DATE 6/2/16

Appendix- Infrastructure Building Process Measures

	Proposed Process Measures	Proposed Milestones	Applicable Project Numbers	Process Measure Start Date – End Date
1.	Assess EHR system capabilities and needs	<ol style="list-style-type: none"> 1. Manager of Clinics will review and test current EHR reports. 2. Manager of Clinics and CIO will review and analyze EHR reporting gaps and needs. If needed they will reach out to EHR vendor for specific data collection metrics for PRIME projects. 3. Manager of Clinics, CIO and Clinic Director to develop process for review and sign off from MCHD PRIME team. 4. Train new staff member how to run reports. 5. Manager of Clinics and Clinic Director to review data collection and reports to gauge progress of the PRIME projects. 	1.4, 1.6	07/01/2016 – 06/30/2017
2.	Develop a patient engagement process	<ol style="list-style-type: none"> 1. Identify PRIME team 2. Develop a job description for a staff person to engage in this work and hire staff person. 3. Conduct a patient survey to determine primary way to communicate to patients. 4. Meet with providers to get input for engaging patients. 5. Create and implement a process and protocols for engage patients. 6. Track number of patients that responded to outreach. 	1.4, 1.6	07/01/2016 – 06/30/2017