

Health Plan   
of San Joaquin

# DHCS Equity and Practice Transformation Payment Program

Information for Small and Medium  
Sized Independent Practices



Community • Partnership • Wellness

# Today's Agenda

Item	Time	Speaker/Facilitator
Welcome and Introductory Remarks	12:00 - 12:10 pm	Lakshmi Dhanvanthari, MD – Chief Medical Officer Ildiko Rabinowitz – Chief Health Equity Officer
Participation in the Equity and Practice Transformation (EPT) Payments Program	12:10 - 12:45 pm	Jenni Bendfeldt – RecastHealth Kelly McFadden – RecastHealth
Questions and Answers Session	12:45 - 1:20 pm	All
Closing Remarks	1:20 - 1:30 pm	Ildiko



# Some Notes Before We Get Started

## Today's presentation:

- Is intended for providers who may qualify for assistance from HPSJ to apply for the EPT Payments Program.
- Is based on information provided by DHCS as of July 6 and is subject to change. Please refer to DHCS's website for the most up to date information.



- If you are not contracted with HPSJ as a primary care provider, then you are not eligible for the EPT Payments Program. This Look and Learn will not be relevant to you. HPSJ is exploring other avenues to support practices that are not eligible for this program with similar practice transformation work.
- If your practices is affiliated with a health system or FQHC, then you are not eligible for application assistance from HPSJ. Some information in this Look and Learn will not be relevant to you. Additional information will be communicated to FQHCs and hospital clinics through other forums (e.g., meetings, Look and Learns).



# Welcome and Introductory Remarks

Dr. Lakshmi and Ildiko Rabinowitz  
Health Plan of San Joaquin



# Learning Objectives



Learn about the DHCS EPT Payments Program, including overall program structure and goals.



Understand how you can potentially receive application assistance from HPSJ.



Know who to ask or where to go for more information.



Get to know HPSJ's new Chief Health Equity Officer and consultants from RecastHealth.



- Have questions? Drop them in the chat feature as we go or hold them until the end.
- Interested in the program? Drop a note in the chat feature expressing your interest. Be sure to include your practice name.



# Overview of EPT Payments Program



## Funding

- One-time, **\$700 million**, multi-year initiative
- State-wide learning collaborative (\$25 million)
- Initial Planning Incentive Payments (\$25 million)
- Provider Directed Payment Program (\$650 million, of which \$200 million is for value-based readiness)



## Goals

- **Improve primary care** for Medi-Cal recipients
- Advance equity
- Reduce COVID-19-driven care disparities
- Invest in up-stream care models/partnerships to address health/wellness



## Alignment with DHCS Priorities

- DHCS Comprehensive Quality Strategy
- Equity Roadmap
- **50 by 2025: Bold Goals**

## BOLD GOALS: 50x2025

### STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



Improve follow up for mental health and substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures

# Why Engage in the EPT Payments Program?

This program will invest resources where they are needed the most to address underutilization and close care gaps for the people we serve.

Better Care for  
Your Patients



Better Health for  
our Members



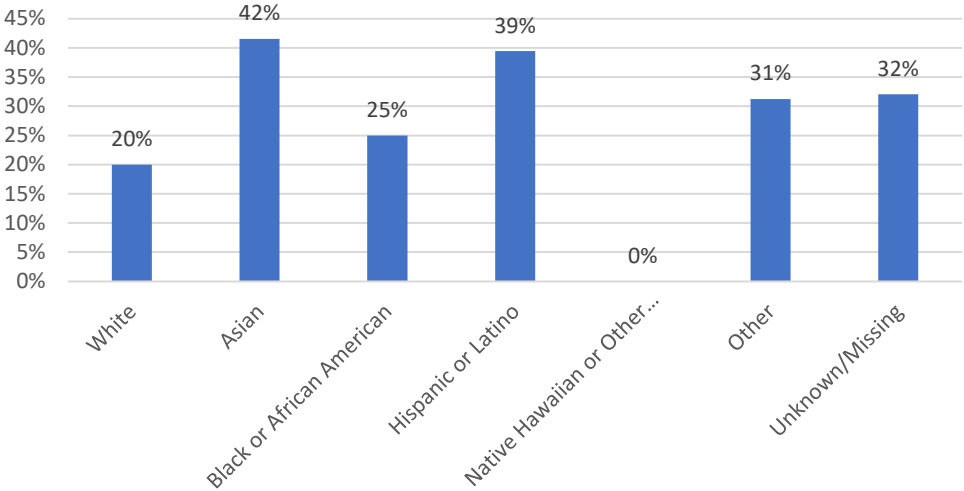
Better Value for  
our Community



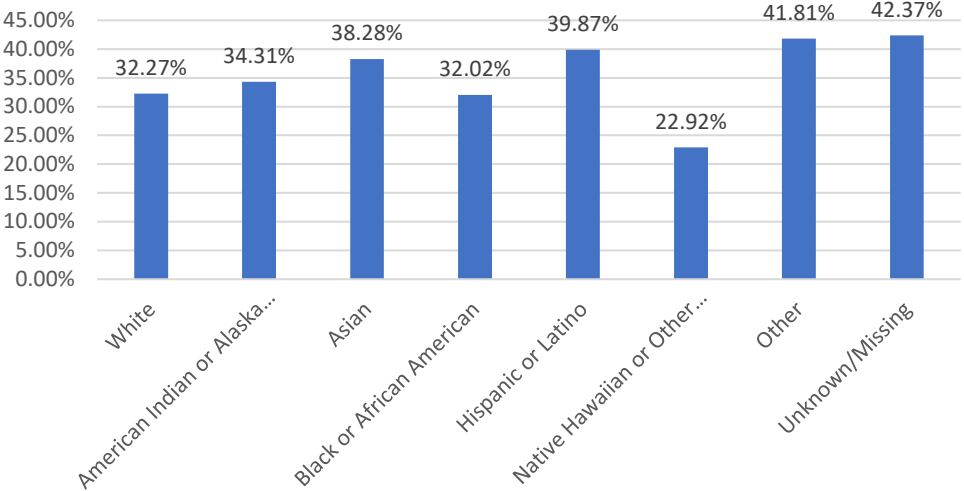


# Maternal Child Health (HPSJ Data Source)

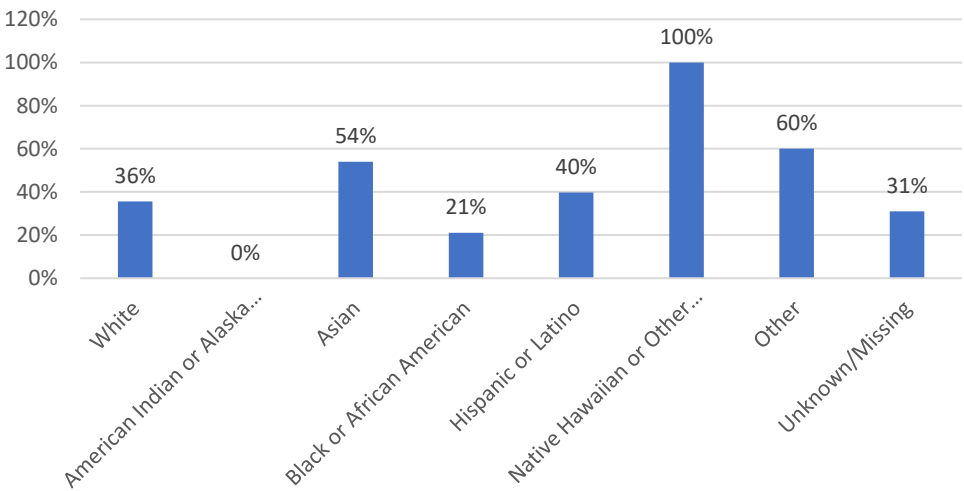
CIS-10 by Race/Ethnicity



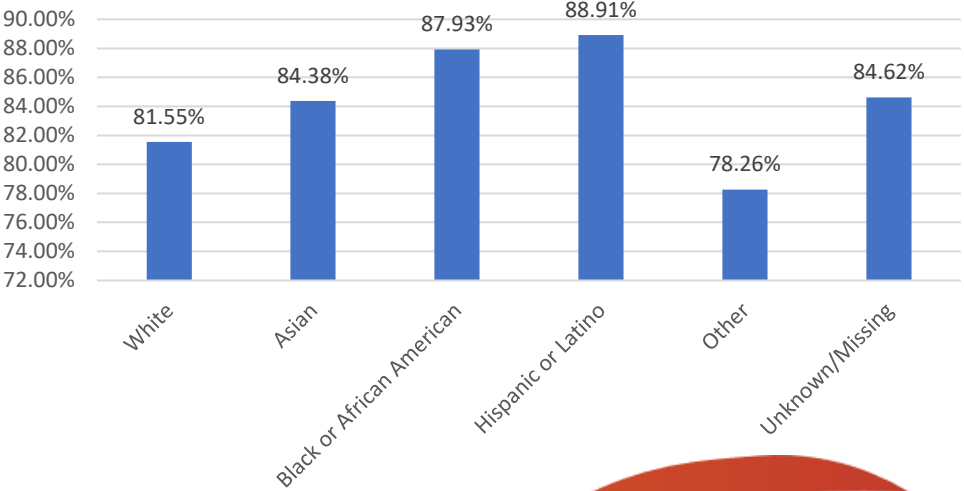
Well Child Visits by Race/Ethnicity



IMA Combo 2 Compliance by Race/Ethnicity



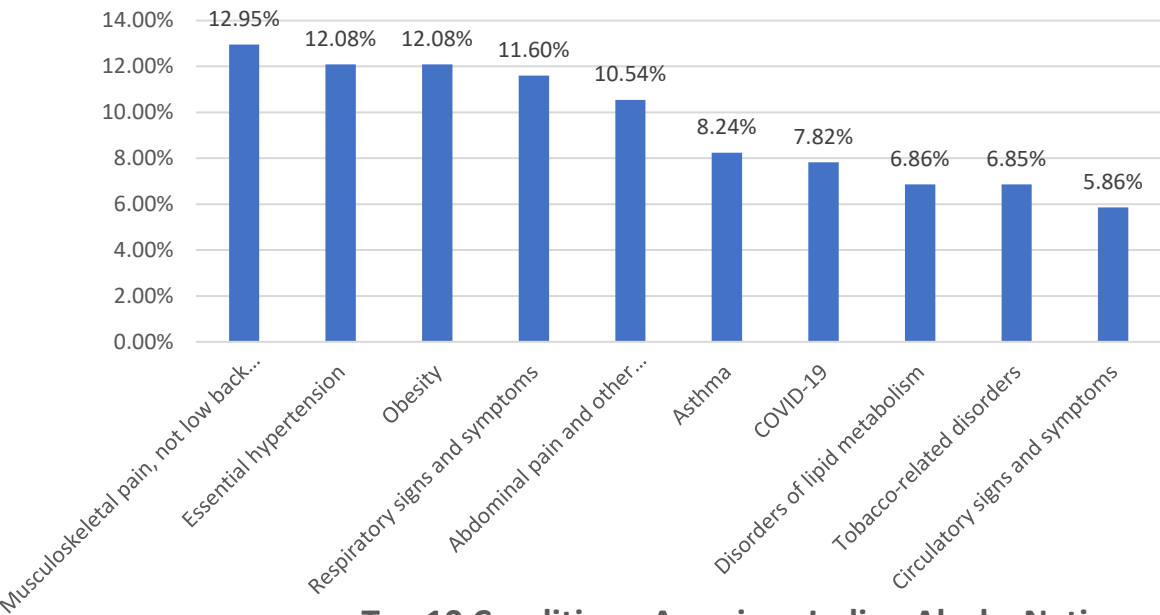
Timely Prenatal Care By Race & Ethnicity



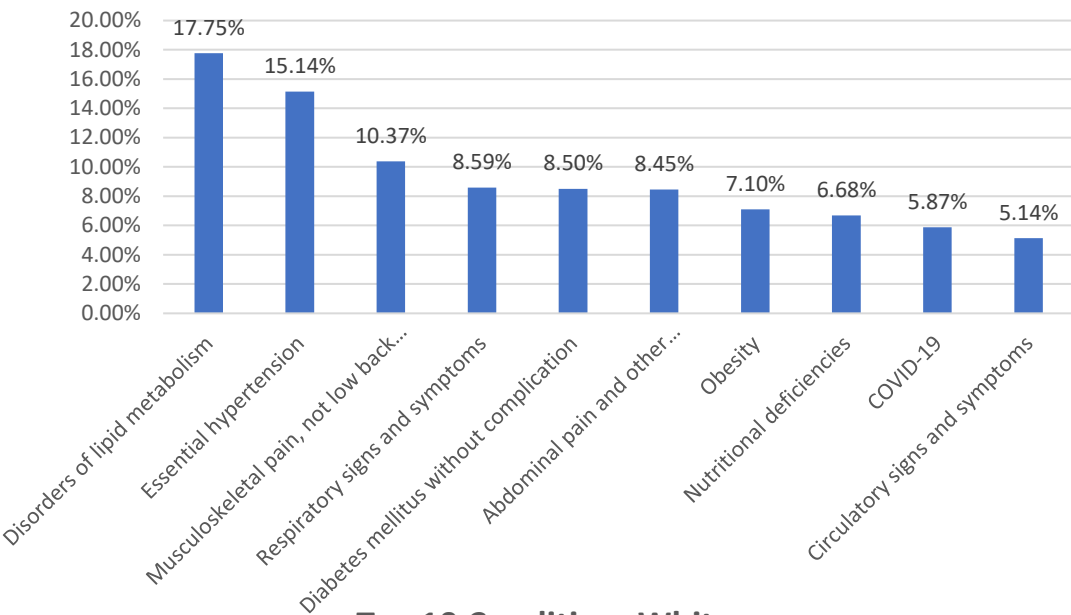


# Top Chronic Conditions (HPSJ Data Source)

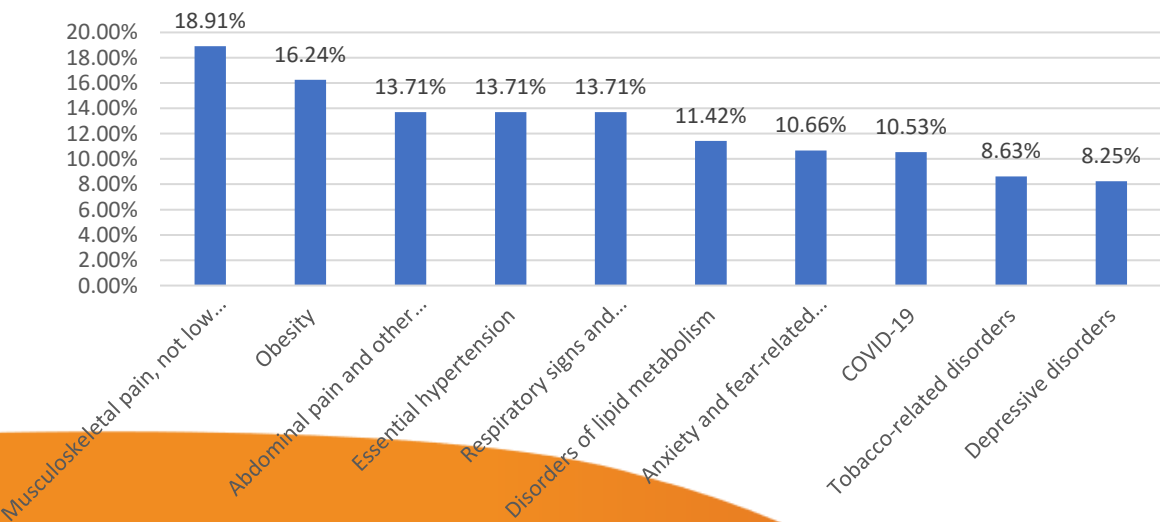
## Top 10 Condition -African American



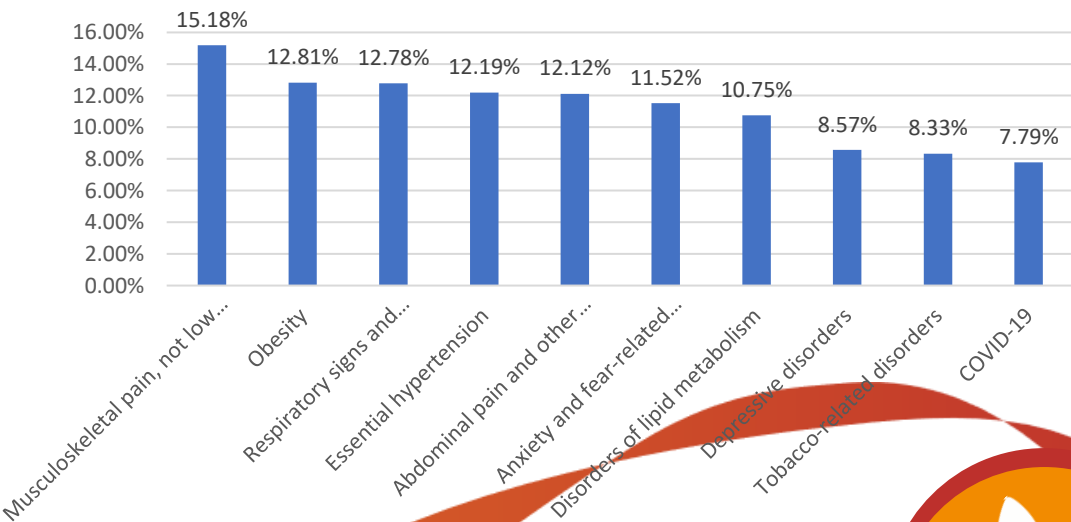
## Top 10 Condition - Asian



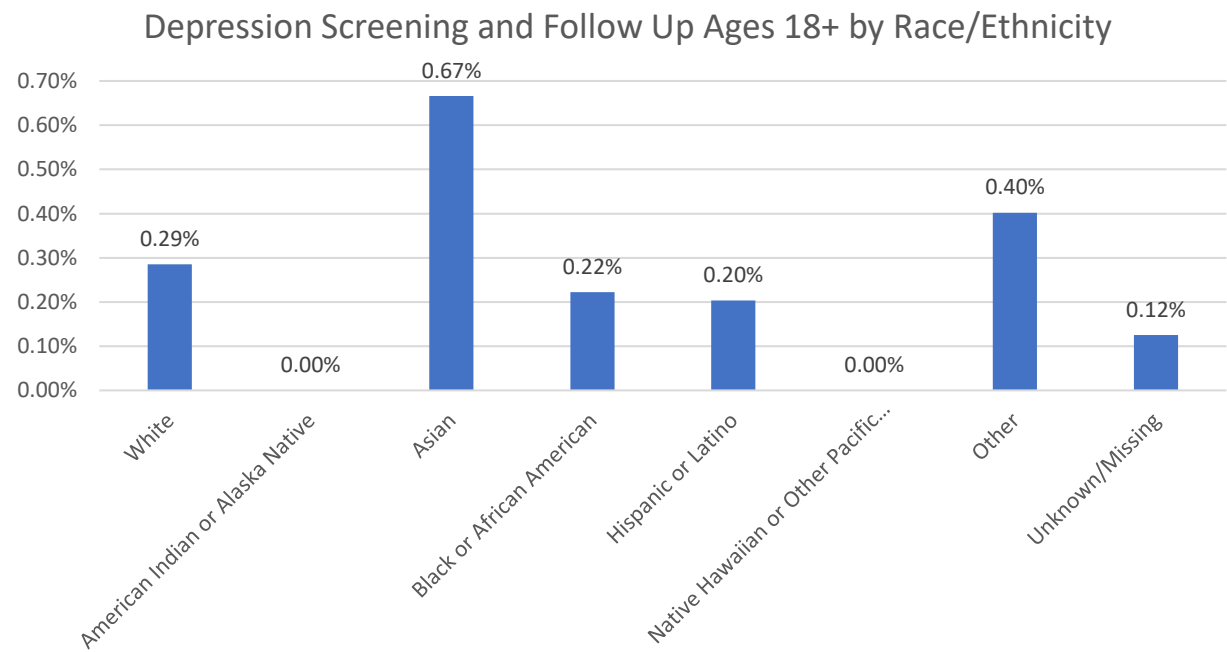
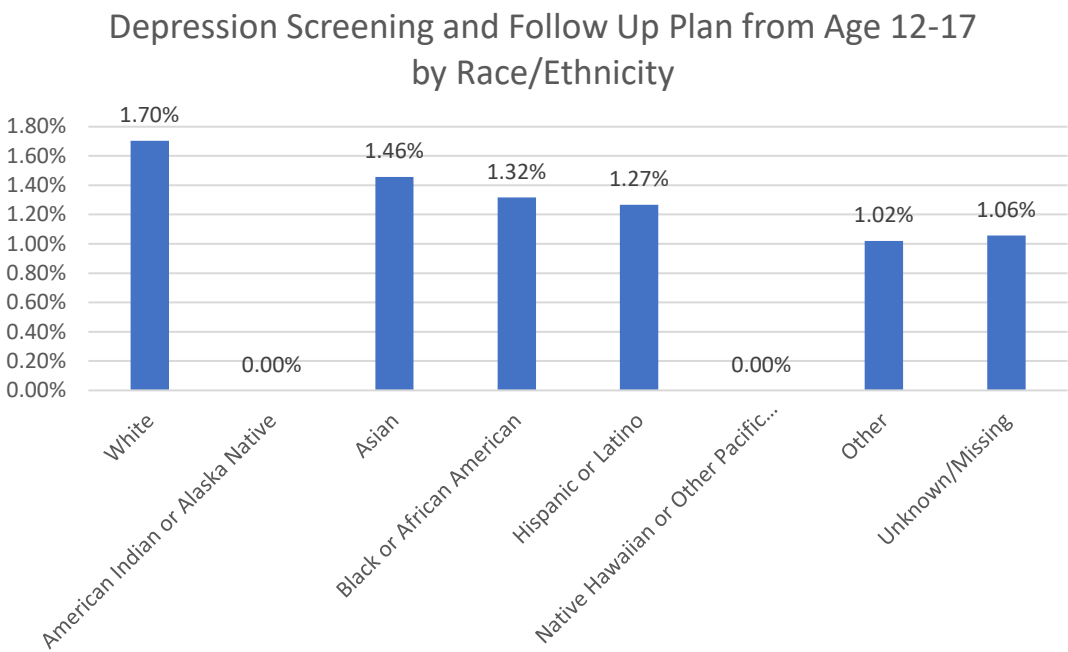
## Top 10 Condition - American Indian Alaska Native



## Top 10 Condition -White



# Depression Screening and Follow Up (HPSJ Data Source)



# How is HPSJ Supporting Program Efforts?

- HPSJ wants to partner with network providers to obtain grant funding and implement practice improvements to better serve patients.
- HPSJ is partnering with RecastHealth – experts in practice transformation – to work closely with participating practices.
- Together HPSJ and RecastHealth will provide the following to participating practices:

Establish an understanding of the details and requirements for the grant then filter/translate key points to practices to alleviate the burden on practices.

Administer the Population Health Management Capabilities Assessment Tool (PhmCAT) required for participation and provide additional guidance upon request.

Provide subject matter expertise and guidance in translating needs into specific goals for the larger equity and practice transformation project.

Support the actual transformation of services to deliver more equitable care.



# Participation in the EPT Payments Program

Jenni Bendfeldt and Kelly McFadden  
RecastHealth



# What is Health Equity?

- Health equity is an imperative for California payers and providers.
- It is both a process (reducing health disparities – especially those amplified by the COVID-19 public health emergency) and an outcome (achieving the 50 by 25: Bold Goals set by DHCS).
- Health equity is achieved when everyone has the **power**, **circumstances**, and **resources** to be as healthy as possible.
- To advance health equity in the clinical setting, we will focus on identifying opportunities for improving **data collection and stratification**, strengthening **workforce diversity and cultural responsiveness**, and reducing the barriers to **social and economic resources** that affect an individual's health.



## Access

Ensure that health care services, treatments, and technologies are inclusively designed for and equitably accessible to every individual and community.



## Workforce

Build and sustain a diverse, inclusive, and thriving health care workforce equipped to advance racial justice and health equity for patients, communities, and staff.



## Social and Structural Drivers of Health

Advance together to leverage our collective strengths, resources, and power to address structural and social drivers of health inequities.



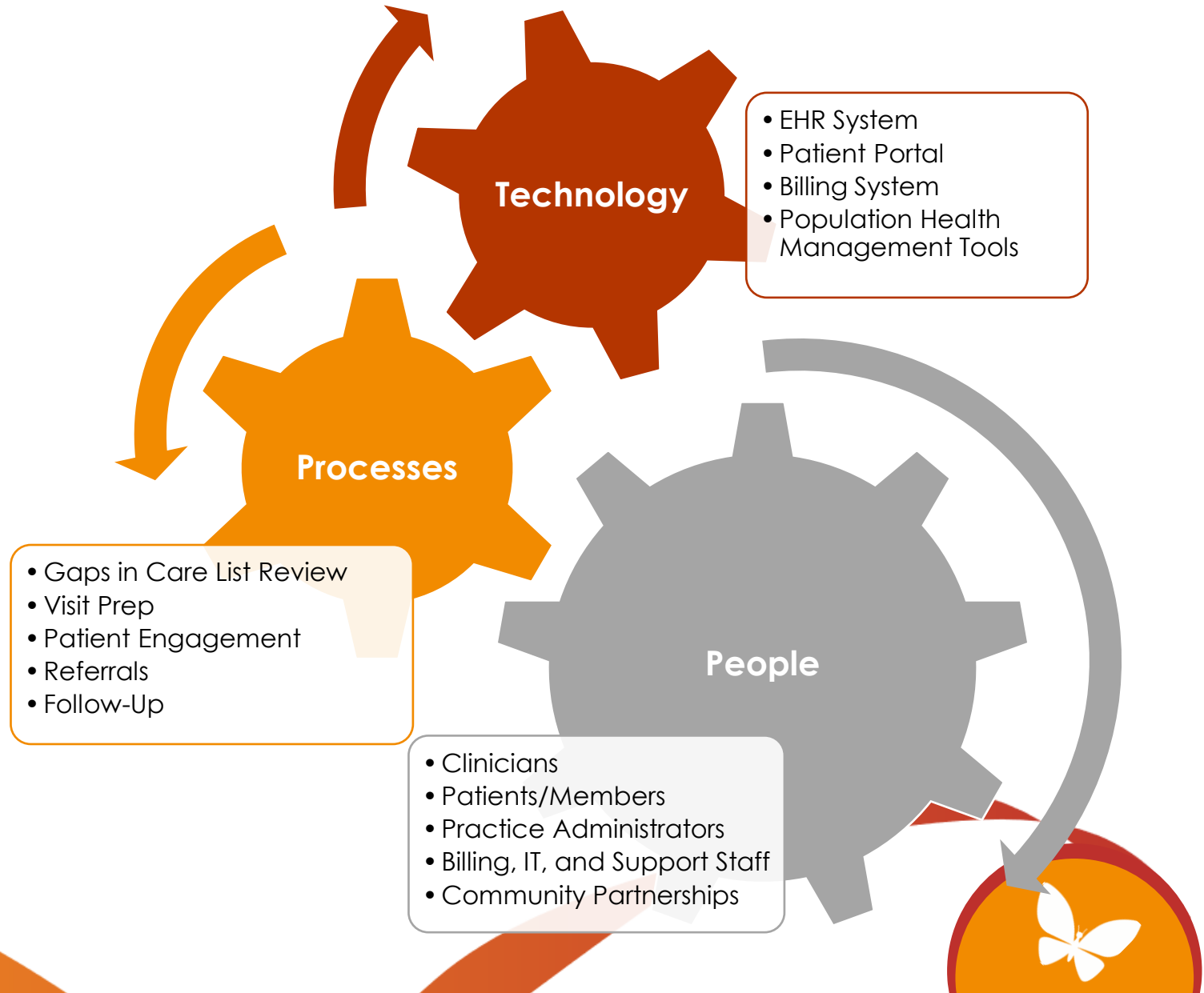
## Quality and Safety

Redesign health care systems to reliably deliver equitable, high-quality, and safe care for every single individual and community, with a goal of eliminating unjust differential harms and ultimately improving care for all.



# What is Practice Transformation?

- Practice transformation uses a data-driven approach to change management and considers the people, processes/workflows, and tools needed to effectively track, intervene, and report clinical outcomes.
- We will utilize practice transformation best practices with an enhanced focus populations targeted by the Bold Goals 50x25 initiative to achieve grant objectives.
- The key to successful practice transformation is a commitment from practices to engage in the process and help drive the cultural shift in how to care for patients.



# What Types of EPT Projects Can Be Supported by the EPT Payments Program?



Investing in technology infrastructure, such as an EHR or population health management tools to reduce gaps in care and support effective care management.



Adopting admissions, discharge, and transfer (ADT) feeds to improve care coordination and patient safety.



Implementing Social Determinant of Health (SDOH) screening, assessment, and data tools into clinical workflows, including referrals.



Redesigning care teams to improve primary care processes, support continuity, and leverage community health workers



Improving patient empanelment processes, access to care, patient engagement, and chronic disease management.



Implementing group prenatal care and leveraging doulas.



Implementing primary care-based medication assistance treatment (MAT) program for substance abuse disorders.





# Who is the EPT Payments Program For?

- The EPT Payments Program is for primary care providers in managed Medi-Cal networks.
- It includes an incentive component that will allow HPSJ to assist some small- and medium-sized independent practices with formally applying for the Provider Directed Payments Program.
- Providers who do not receive application assistance may apply for the Provider Directed Payment Program, provided they meet eligibility requirements (to be released).
- The program will also fund a state-wide learning collaborative to support program participants throughout both components.

Program Component	Intended Recipient of Program Benefits	Purpose
Statewide Learning Collaborative	All practices in payment programs.	Provide support to practices in payment programs.
Initial Planning Incentive Payments	Providers meeting application assistance eligibility criteria and selected by HPSJ prior to formally applying for the program.	Increase the number of practices that apply for the Provider Directed Payment Program.
Provider Directed Payment Program	Providers meeting program eligibility criteria and selected by HPSJ based on a formal, web-based application (to be released).	Provide payments for delivery system transformation activities.



# Who is Eligible for What?

HPSJ will prioritize practices for application assistance based on recommended criteria.

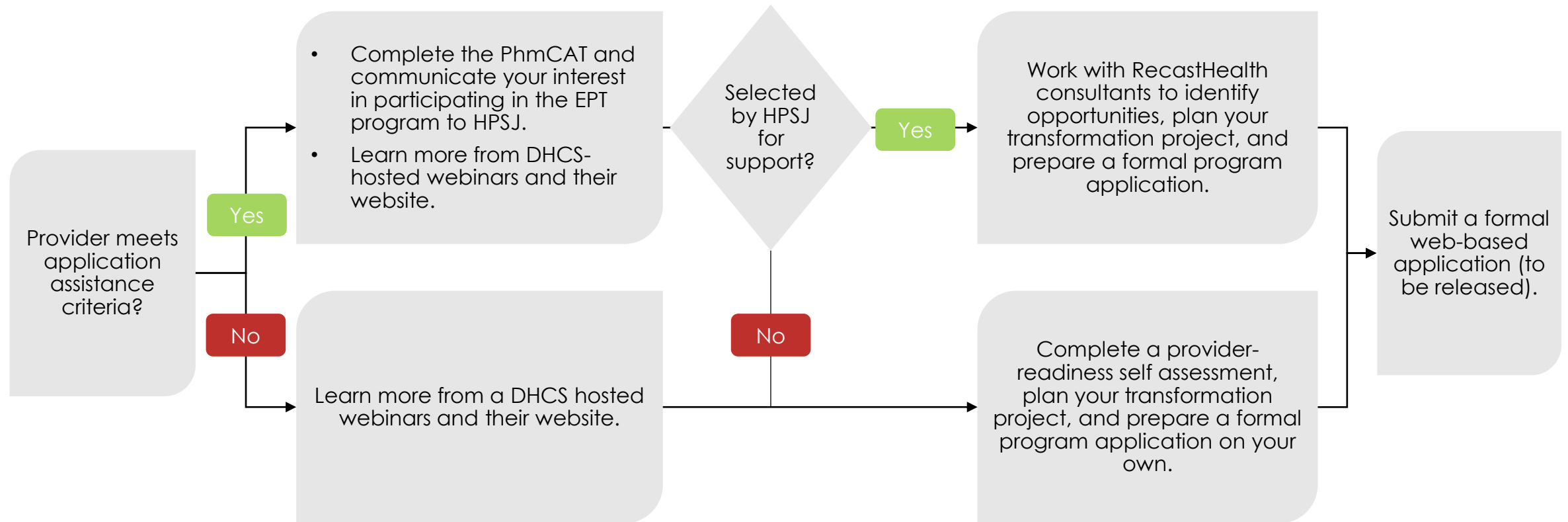
Eligibility Criteria	Application Assistance	Provider Directed Payment Program
Managed care network provider serving Medi-Cal members	<b>Required</b>	<b>Required</b>
Primary care provider (Peds, FM, IM, OB/GYN, integrated Behavioral Health) with assigned lives	<b>Required</b>	<b>Required</b>
50 or fewer providers	<b>Required</b>	<input type="checkbox"/>
Independent practice not affiliated with a health system or FQHC	<b>Required</b>	<input type="checkbox"/>
At least 1,000 Medi-Cal members (or 500 members for rural providers) assigned	<b>Pending Clarification</b>	<input type="checkbox"/>
Disproportionately Black/African American, Alaska Native/Native American, or LGBTQ+ patient population	<b>Recommended</b>	<input type="checkbox"/>
Indian Health Services, Rural Health Clinic, or other rural practice	<b>Recommended</b>	<input type="checkbox"/>
Performance on key measures < 50 <sup>th</sup> percentile	<b>Recommended</b>	<input type="checkbox"/>
Located in Healthy Places Index Quartile 1 areas	<b>Recommended</b>	<input type="checkbox"/>
Not otherwise receiving funding for the same activities in the Cal-AIM Incentive Payment Program (IPP), the PATH TA Marketplace Program, or the Data Exchange Framework (DxF) Grant Program	<b>Recommended</b>	<input type="checkbox"/>

Note: DHCS has not yet released the eligibility criteria for the Provider Directed Payment Program.



# What Are the Steps to Apply?

Providers seeking to apply for the Provider Directed Payment program will follow one of the pathways below.



Note: If your practice is not awarded a grant from DHCS, HPSJ may be able to provide assistance to meet your transformation goals.



# Required Assessment

The PhmCAT is a self-administered assessment that evaluates current state population health management (PHM) capabilities and helps identify opportunities for improving PHM through the EPT program.

## PhmCAT Structure

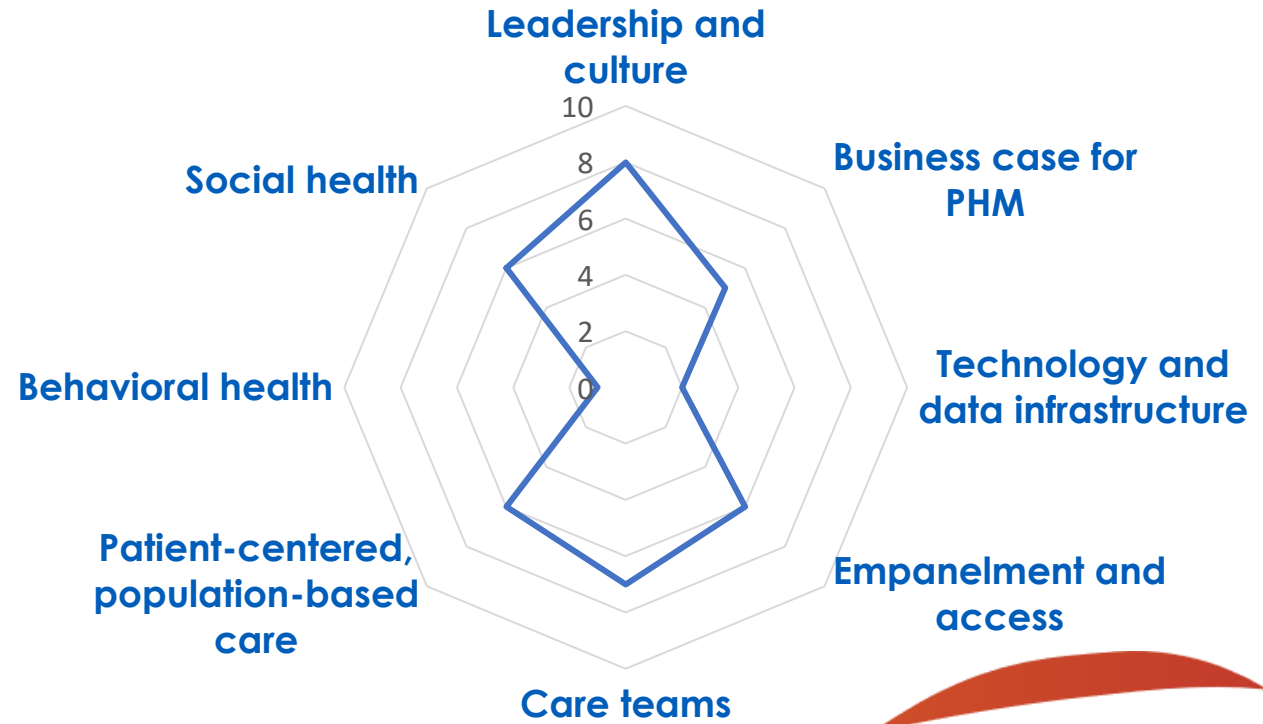
**50** questions

**8** domains

**10** -point rating scale

The PhmCAT was developed by Kaiser Permanente's Population Health Management Initiative (PHMI) in consultation with a workgroup comprised of representatives from key California stakeholder groups (e.g., DHCS, CPCA).

## Example PhmCAT Results for Hypothetical Primary Care Practice



# Completing the Assessment

## Step 1

### Online Survey

- The assessment will be administered using an online survey tool.
- Your practice lead will receive an email with a link to the survey to forward to designated team members.

## Step 2

### Individual Assessment

- Each member of a multi-disciplinary team will complete the assessment individually.
- Include people with clinical, operational, financial, data, and patient-facing experience and expertise.

## Step 3

### Analysis

- RecastHealth will aggregate individual survey responses and return a summary of findings to you.
- This will include a statistical summary and areas that need attention.

## Step 4

### Consensus Conversation

- Bring your team together to discuss and agree on a consensus response for each question.
- Support from RecastHealth is available to facilitate this consensus conversation.

## Step 5

### PDF Report




- Document consensus responses in a PDF form provided by DHCS, with or without support from RecastHealth
- Submit the completed PDF to HPSJ.



# Considerations for Completing the Assessment




## Do's



-  Select the score that reflects where your practice is in its population health journey as honestly and accurately as possible.
-  Use the “don’t know” response option for items you do not have enough information to answer.
-  Budget 30 to 45 minutes to thoughtfully complete the survey.

## Don'ts



-  Overestimate or up-code scores – there is no advantage in doing so.
-  Use acronyms in reporting your organization's name.
-  Delay in getting started – we'll use the results to determine where to invest resources into transformation.



# EPT Project Design

After HPSJ selects practices to support, RecastHealth will – in partnership with HPSJ – come on-site to assist providers with practice transformation design.

## Key Tasks

- **Identify Opportunities:** Conduct on-site observations/interviews to assess clinical quality and technology needs
- **Define:** Establish EPT project goals, strategies, and the resource requirements
- **Research:** Identify and engage potential technology and community partners
- **Analyze:** Quantify the investments needed to achieve EPT project goals
- **Prepare:** Document program proposals

## Key Elements

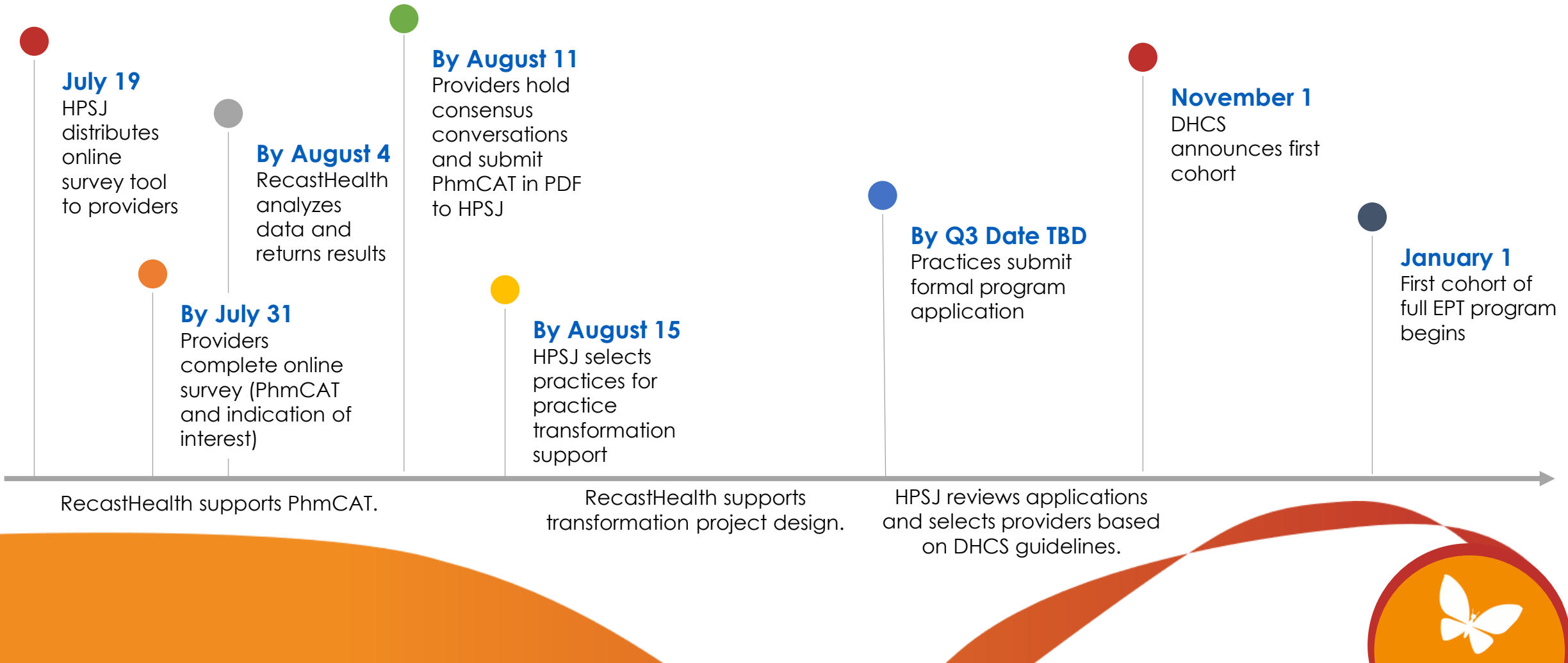
- **Goal:** What are we trying to achieve?
- **Tactics:** What specific actions will we take?
- **Resource Requirements:** What people, processes, and technology is needed to carry out the tactics?
- **Measures:** How will we track and report progress and/or success?
- **Budget:** How much will it cost?
- **Action Plan:** How will activities be sequenced and who is accountable for what?





# Timeline

We have set an aggressive timeline to work within the parameters set by DHCS and the state's goal of starting EPT projects on January 1, 2024.



# Next Steps



- Contact your Provider Services representative or RecastHealth anytime during this process with questions or for clarifications.
- Decide if the EPT Payments Program is something your practice wants to pursue.
- Review the [PhmCAT](#) and determine who should take the online survey.
- Complete the online PhmCAT and email Provider Services to confirm your non-binding intent to participate in the program by **July 31**.
- Schedule a coach-facilitated session with RecastHealth to finalize the PhmCAT assessment for your practice by **August 11**.
- Begin thinking about potential EPT projects that would improve your practice.
- Set time aside to meet internally and with RecastHealth conduct on-site observations/interviews and support the development of EPT project goals, strategies, and resource requirements.
- Look for DHCS resources, including the public launch of the program on their website and webinars.





# Question and Answers

## **Have a question now?**

Please raise your hand or enter your question using the chat feature in Teams.

## **Think of a question later?**

Following this Look and Learn, questions can be emailed to [ProviderServices@hpsj.com](mailto:ProviderServices@hpsj.com).

# Recast Health Consultants

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**Thank You**

## Sources

**DHCS-Provided Reference Material**

**Source: DHCS “EPT Payments Program MCP Orientation”  
presentation from July 6, 2023**

**HPSJ Member Data Sources, July 2023**