

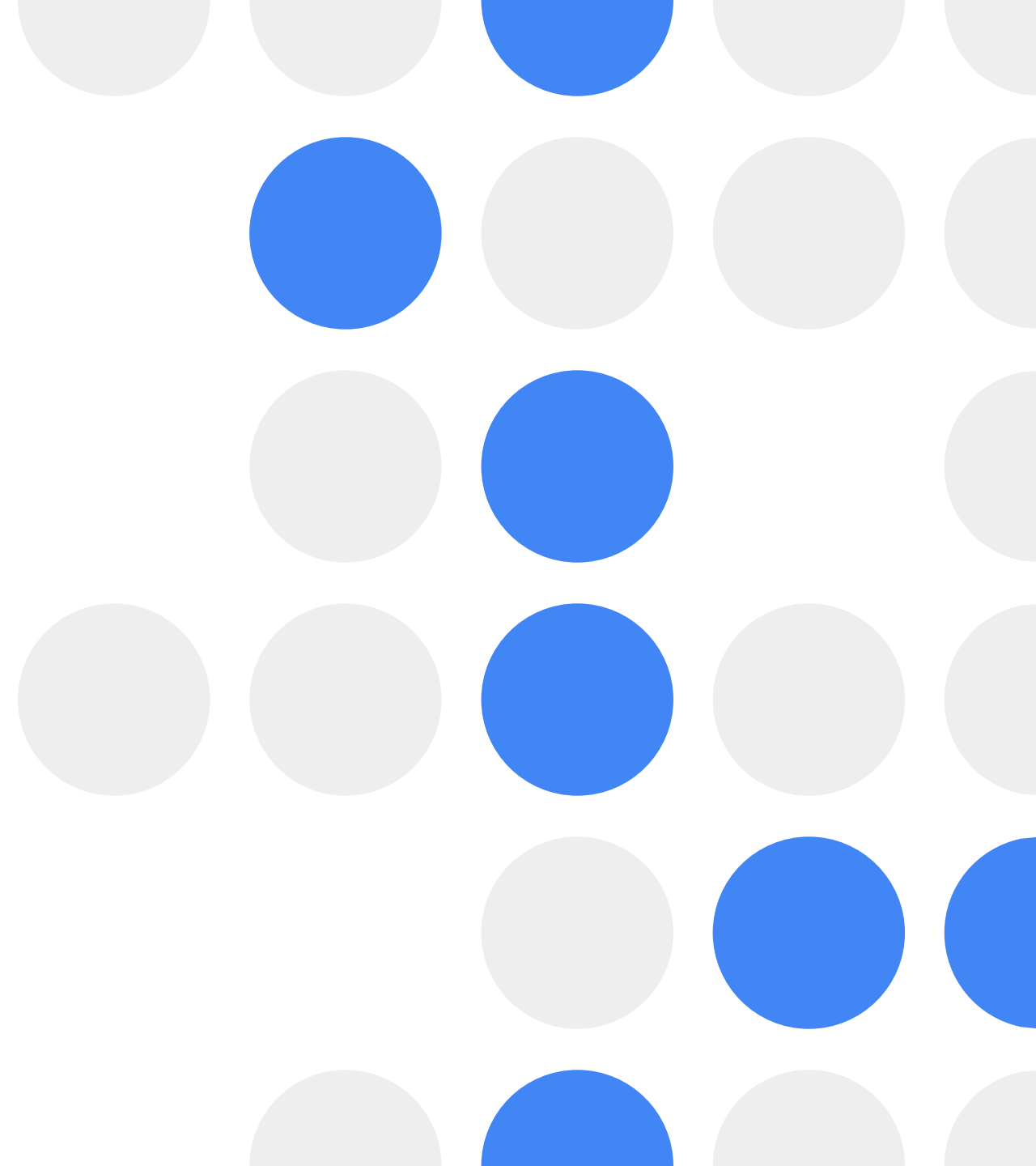


Population Health and Transition to Value Based Care Initiative

● Initiative Planning Phase Workshop
Wednesday, February 1, 2023
9:00 am – 4:00 pm

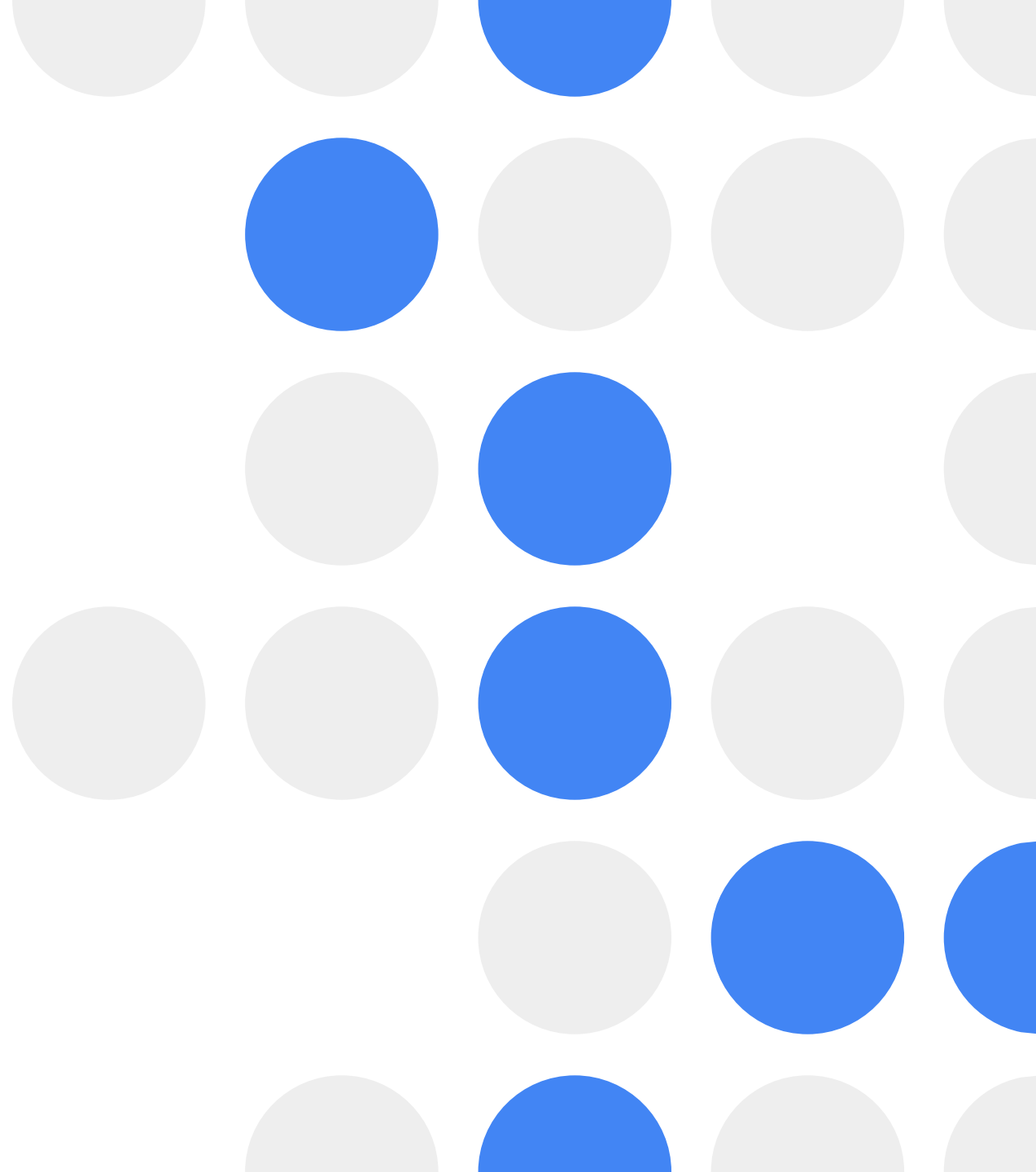
Welcome

Michael Hunn, CEO, CalOptima
Health



Welcome and Initiative Overview

Isabel Becerra, CEO, Coalition of
Orange County Community Health
Centers



Setting the Stage for the Day

Institute for High Quality Care

Institute for High Quality Care (IHQC)

- **Our Mission – Increasing the quality and accessibility of safety net healthcare**
- Since 2007, IHQC has created multiple learning communities – *participant-defined, applied learning laboratories* for clinics, provider care teams to:
 - Engage in quality and process improvement trainings
 - Interact and share promising practices with their peers
 - Apply tools and techniques that will advance their own improvement efforts
 - Prepare for an ever-changing healthcare environment

IHQC Staff



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IHQC's Service Areas



Initiatives – Learning communities with a focus on improving healthcare quality and access. *Local Indigent Care Needs, CalAIM Training, Expanding the Value Connection*



Learning Programs – workshops and training programs to advance core QI and project management skills. *Fundamentals of QI, Project Management Learning Labs, Quality Change Agents*



Consulting – leverage skills, experience and partnerships to support teams' needs and create actionable workplans

IHQC's Applied Learning Model



Knowledge Building

- In-person, virtual and on-demand trainings
- Design and topics driven by teams' needs

Peer-to-Peer Learning Opportunities

- Group Activities, Dialogue and Exchange

Coaching and Support

- Subject matter expertise deployed for individualized coaching
- Group expertise across similar themes or requests

Population Health and Transition to Value-Based Care Initiative – QI TA Program

- Leveraging the Initiative's Vision, the assessments and strategic priorities from the participating teams, our experience and our *Applied Learning Model* – IHQC's TA Program will focus on:

Increasing the Capacity of Orange County Clinics to Implement, Refine, Embed, and Sustain Value-Based Care Environments

Welcome

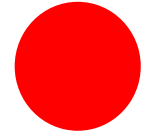
Population Health and Transition to Value-Based Care Initiative Participating Teams!



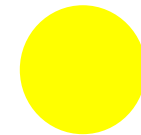
Team Role:



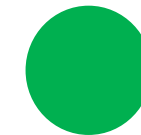
= Senior Leadership



= Care Team



= Operations and Finance



= IT

Today's Agenda

Objective – Time and space to meet and draft components of your PHVBC Initiative Project Plans

A Day in Two Parts -

- ***Establishing our Vision and Priorities***
- ***Building the PHVBC Work Plan***

Today's Agenda

- ***Establishing our Vision and Priorities***
 - Review Capability Assessments and Strategic Priorities
 - Map and Sequence Project Ideas through June 2024
- ***Building the PHVBC Work Plan***
 - PHVBC Initiative Project Plan Template – 6-Sections that will frame your Implementation plan through June 2024
 - Drafting Project Drivers – define your goals and deliverables
 - Building Effective Project Teams
 - Identifying Key Success Factors and Risks

Resources

- Engage in the Activities and Sessions
- Presenters from IHQC – Initiative TA Providers and CCHE – Initiative Evaluation Team
- Support with Floating Table Coaches – Coalition, IHQC, and CCHE
- Tools and Materials
 - Access instructions for the Slides and Worksheets are in the Packets
 - The QR Code to Complete the Evaluation

Protected: PHVBC: Sessions and Program Materials

PHVBC Library Home

Program Information

Sessions & Program Materials


Calendar & Events

Sessions and Program Materials

On this page, we will post the recordings, slide decks, tools, and templates associated with each session throughout the PHVBC Initiative. If you are looking for your individual team's Dropbox folder, please access the link sent to your team. Please reach out to info@ihqc.org if you would like your link to be re-sent.

PHVBC Timeline

Time	Action
Feb. 1, 2023	Planning Phase Workshop – Teams begin drafting their Implementation Project Work Plan
Mar. 1, 2023	First draft of the Implementation Project Plan due to IHQC
March – April 2023	IHQC will review submitted Project Plans and offer feedback and suggested refinements
April 1, 2023	Launch of PHVBC Implementation Phase
April – June 2023	Teams will refine their Project Plans. Teams begin initial implementation activities to include finalizing problem assessments, workflow analysis, and team orientations.
July 1, 2023	Implementation Phase - Year 1 Begins

A woman in a black dress is pulling a rope that separates a lush green field from a cracked, dry landscape. The sky is dark and stormy, with lightning bolts visible. The rope is attached to a large blue fabric that is being pulled across the landscape.

In the Middle of Difficulty, Lies
Opportunity.
Albert Einstein

It Always Seems
Impossible Until It is
Done.
Nelson Mandela

But before we begin...

- Let's Get Our Creativity Flowing
- Exercise – Scattergories/Categories
 - Who can come up with the most things that start with a certain letter?
 - Everyone will be given a Category and a Letter
 - As a team, you will have 2 minutes to brainstorm all the things that fit the category and start with the given letter.

Categories Example

- **Category: Things we do in a typical day at the clinic**
- **Letter: W**

Things you might write down

- Wash hands
- Wear a mask
- Write down vitals
- Welcome patients to clinic

Round 1 – Full Team 2 minutes

Category

Reasons Patients Miss Their Appointments

Letter

S

Round 2 – New Rules

Everyone individually will write down ideals for the first 90 seconds. After the 90 seconds, you'll combine all your lists.

Category

Things that can be improved at the clinic

Letter

T

Exploring Current State

Center for Community Health and Evaluation

Evaluation team from CCHE

CCHE designs and evaluates health-related programs and initiatives throughout the United States and has 15 years of experience evaluating safety net capacity building initiatives in California.



Our mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation.

Our initiative
evaluation team:

Maggie Jones, Director,
Evaluation Co-lead

Lisa Schafer, Senior
Evaluation & Learning
Consultant, Evaluation Co-lead

Carly Levitz, Evaluation &
Learning Associate, Project
Manager & Data Analyst

Evaluation goals

1	Capabilities & practice change	Assess changes in health centers' practices and capabilities for PHM & VBC
2	Impact of strategies	Understand the impact of implementation strategies on care delivery, quality metrics, patient experience, and/or staff/provider experience
3	Facilitators & barriers	Identify facilitators and barriers that contribute to health centers' progress on PHM and VBC
4	Contribution	Assess the contribution of the initiative, including the TA, to health centers' progress
5	Share learnings	<ul style="list-style-type: none">• Provide progress and participant experience information to the Coalition and TA provider• Synthesize and communicate results and learnings to key stakeholders

TA = Technical Assistance

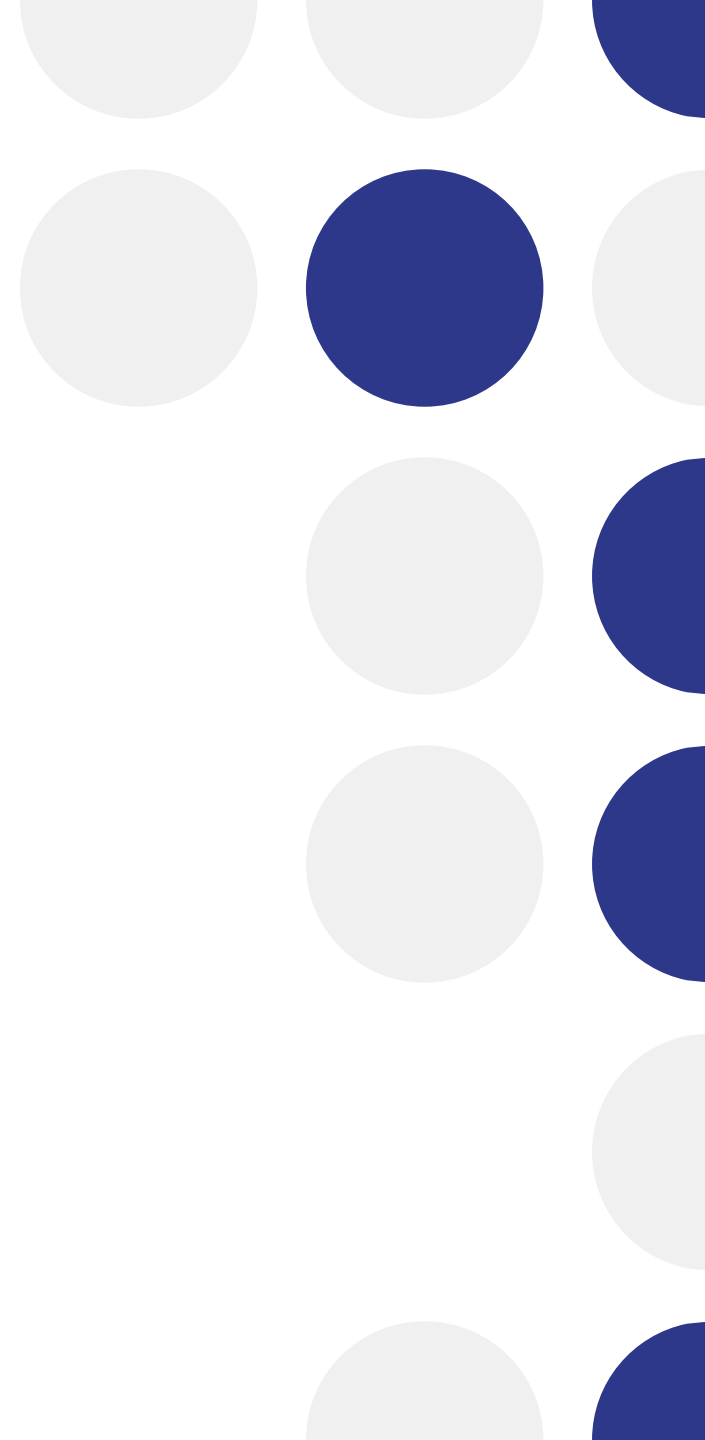
PHM = Population Health Management

VBC = Value-based Care

The Coalition = The Coalition of Orange County Community Health Centers

Exploring current state

- Organizational strategy & priorities
 - Existing clinical, operational, access, financial data
 - Assessment results
-



What was included in the assessment?

The capability assessment is a **collaborative tool to understand health centers' current capabilities** for population health management and value-based care.

The assessment consists of 50 questions in 12 domains that cover a range of topics related to population health management & value-based care.

Improvement
strategy

HIT & data

Payment, cost
& policy

Population
health
management

Evidence-
based care

Care
coordination &
management

Social
determinants
of health

Patients &
PCMH

Care teams

Leadership

Workforce

Partnerships

What were the assessment questions like?

Items were rated on a 5-point scale indicating that practices or structures are:

- 1 Low or not in place
- 2 Between 1 and 3
- 3 In place at a moderate or variable level
- 4 Between 3 and 4
- 5 High or in place

Could select “unsure” or “unable to reach consensus”

Example question:

Please rate your organization on the following items related to patient centered care.

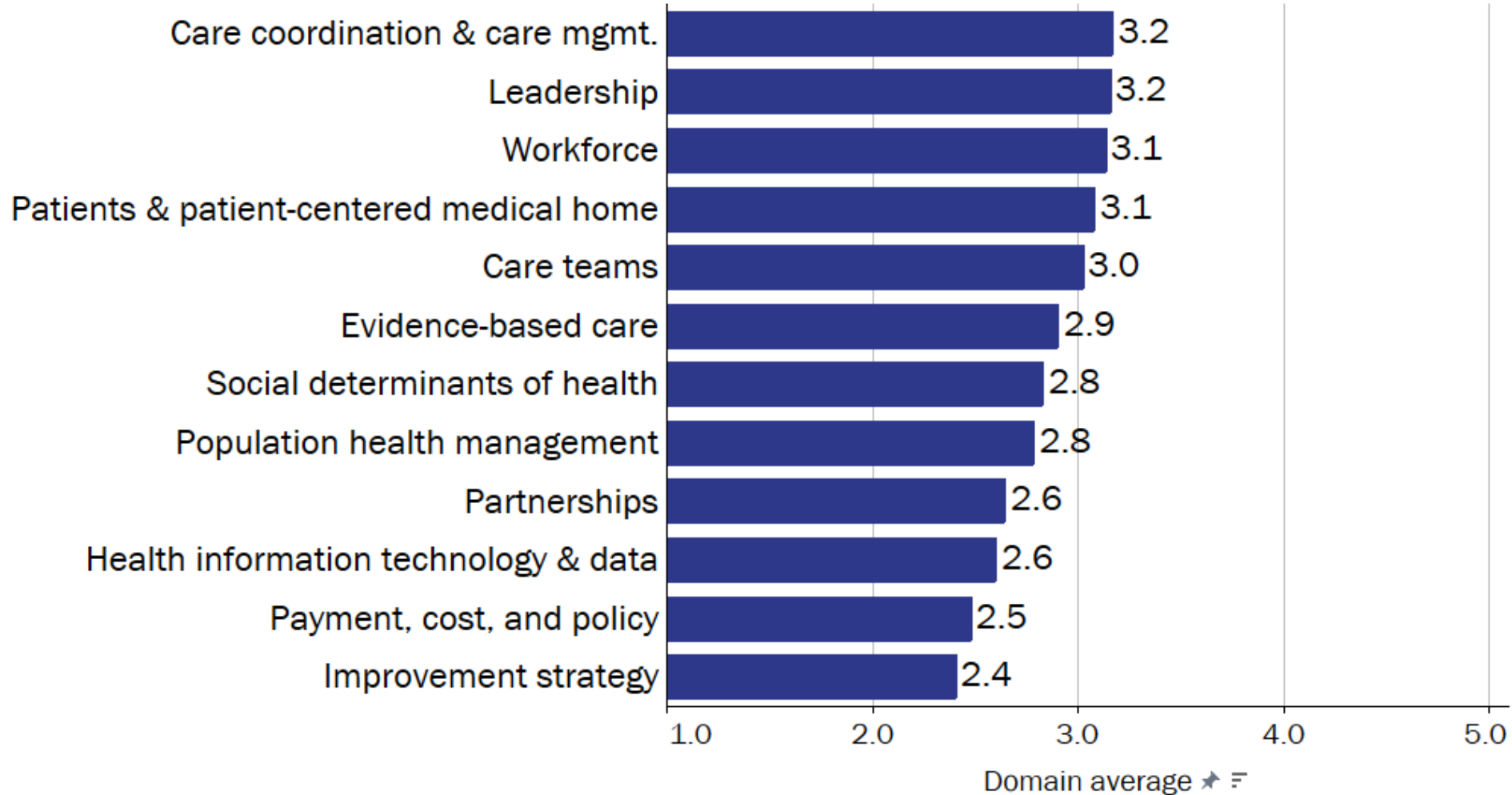
	1-Low/Not in place	2	3-Medium/Variable	4	5-High/In place	Unsure
30. Care teams develop care plans that build on patient strengths, preferences, and address physical and emotional wellness	Our organization does not, or very infrequently develops care plans that build on patient strengths, preferences, and address physical and emotional wellness.	In between 1 and 3	Our organization’s practice of developing care plans that build on patient strengths, preferences, and address physical and emotional wellness is inconsistent, either not everyone does it, or it happens sporadically.	In between 3 and 5	Care teams consistently develop care plans that build on patient strengths, preferences, and address physical and emotional wellness (all healthcare teams at all clinic sites).	Unsure or unable to reach consensus

Cohort data: assessment responses

- Assessment was completed in Nov & Dec 2022
 - Teams were asked to identify multi-disciplinary representatives to complete the assessment & submitted a consensus response
 - 160 people participated across 27 organizations
 - Most frequent roles of participants included: C-suite and other senior leaders, providers, and representatives from the QI team
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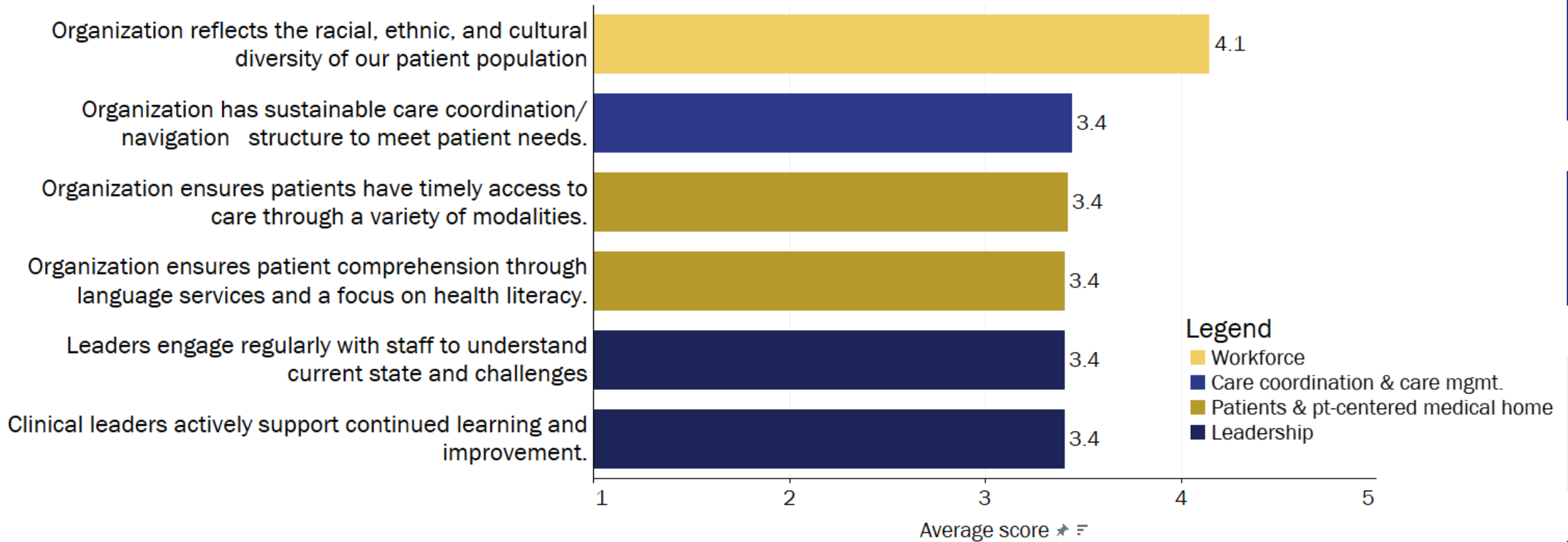
Cohort data: overall domain ratings

Initiative average for each domain



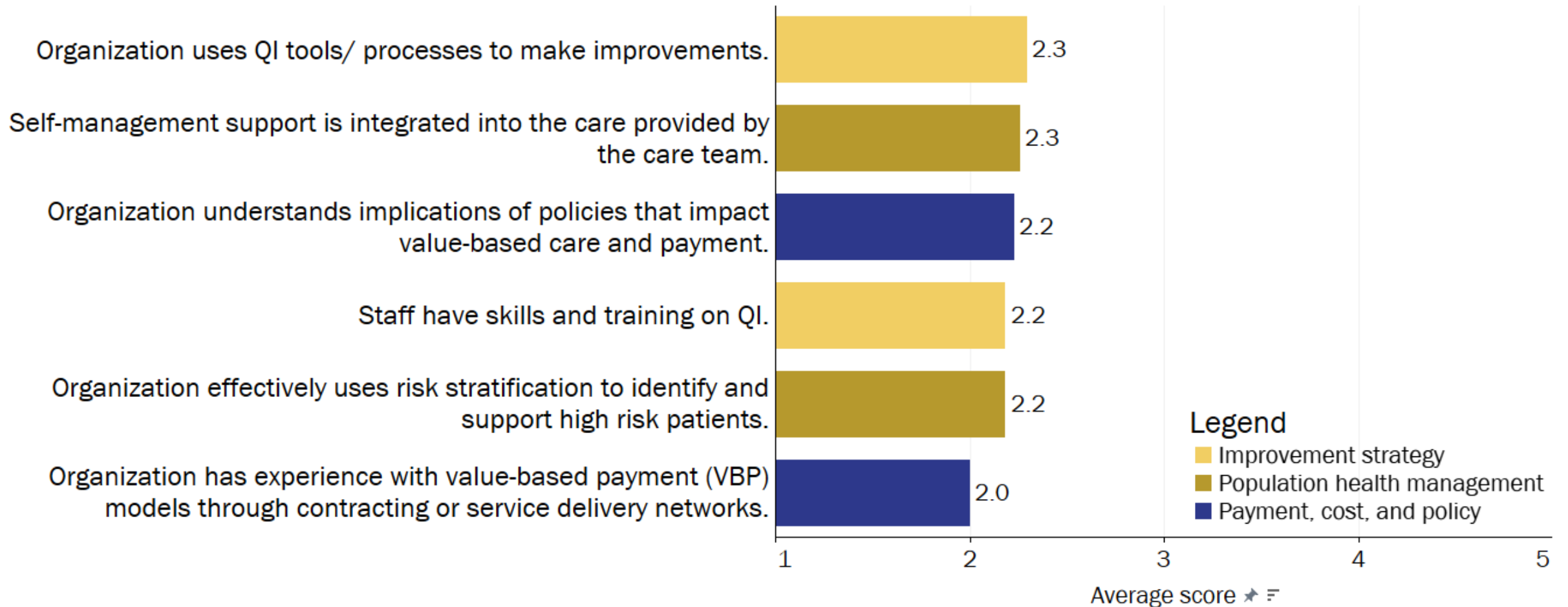
Cohort data: strengths

Success areas: 6 topics with the highest initiative average



Cohort data: opportunities

Areas for opportunity: 6 topics with the lowest initiative average



How to read your capability assessment report: Introductory information

- 1) Information about the assessment
 - 2) Narrative summary of key strengths and opportunities
 - 3) Team members who completed the assessment
-

How to read your capability assessment report: Domains

Figure 1. Domain averages for your organization compared to the initiative



Table 2. Domain averages for your organization compared to the initiative, with the difference calculated

Domain	Your organization's domain average	Initiative domain average	Difference
Care coordination and care management	3.2	3.2	0.0
Population health management	3.1	2.8	0.4
Care teams	3.0	3.0	0.0
Patients and patient-centered medical home	2.8	3.1	-0.2
Health information technology and data	2.8	2.6	0.2
Payment, cost, and policy	2.6	2.5	0.1
Leadership	2.6	3.2	-0.6
Social determinants of health	2.5	2.8	-0.3
Workforce	2.4	3.1	-0.7
Evidence-based care	2.3	2.9	-0.6
Improvement strategy	2.3	2.4	-0.2
Partnerships	2.3	2.6	-0.4

How to read your capability assessment report:

Individual topics

Domain: Topic	Organization score
Care coordination and care management: Chronic care management is integrated into care team.	4
Care coordination and care management: Organization has established practices to follow up and close the loop on patient referrals to community resources.	5
Population health management: Continuity of care (i.e., patients seeing their paneled provider and care team) is an organizational priority.	4
Population health management: Patients are empaneled and panel assignments are used for scheduling, quality improvement, and monitoring continuity of care.	5
Workforce: Organization reflects the racial, ethnic, and cultural diversity of our patient population	5
Workforce: Organization regularly assesses training needs and ensures appropriate training.	4

Fig. 9: Patient-centered medical home



Team discussion questions

1

Looking at your assessment results, what did you learn? Were there any surprises? What are 1-2 strengths that you'd like to acknowledge/celebrate?

2

What do you see as the biggest opportunities or needs for your organization?

3

How urgently do you want/need to address those opportunities – within the first year? Later in the initiative?

4

How might you leverage your strengths to advance those opportunities?

5

Are these opportunities linked to other work? Or dependent on other things being in place first? (e.g., if we take on this project, we need to consider how to collect data to support it)

Prioritizing Our Improvement Opportunities and Defining Our Vision

Institute for High Quality Care

Objective

- Next we hope to narrow in on our *Vision* for our work throughout the PHVBC Initiative.
 - What are we going to focus on?
 - How will we consider prioritizing efforts? What factors are important to us? Important to consider?
 - How will we sequence our work – this year? Next? Through 2027?

Exercise

Bridging From Current State to Future Vision

Informing Our Vision

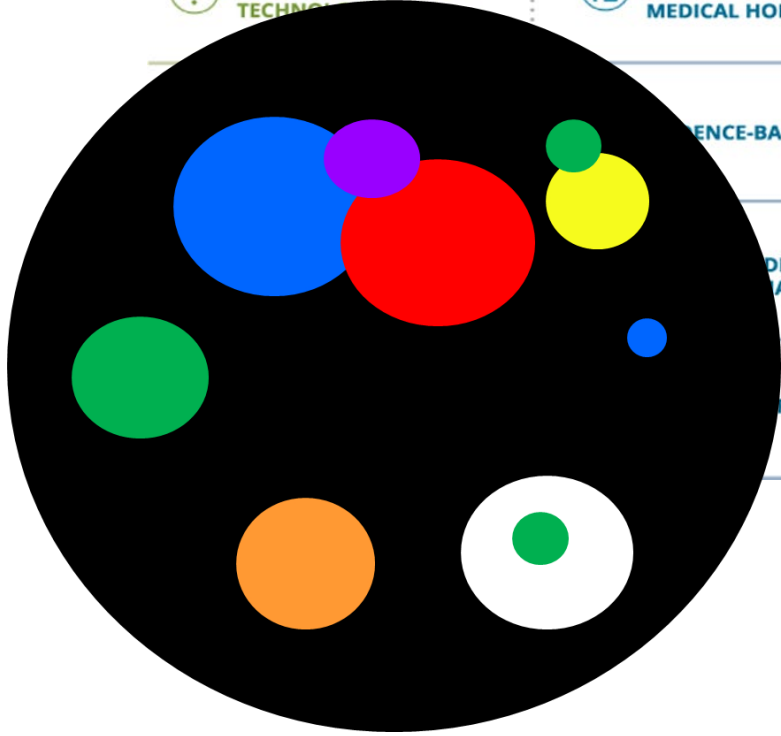


Figure 1. Domain averages for your organization compared to the initiative

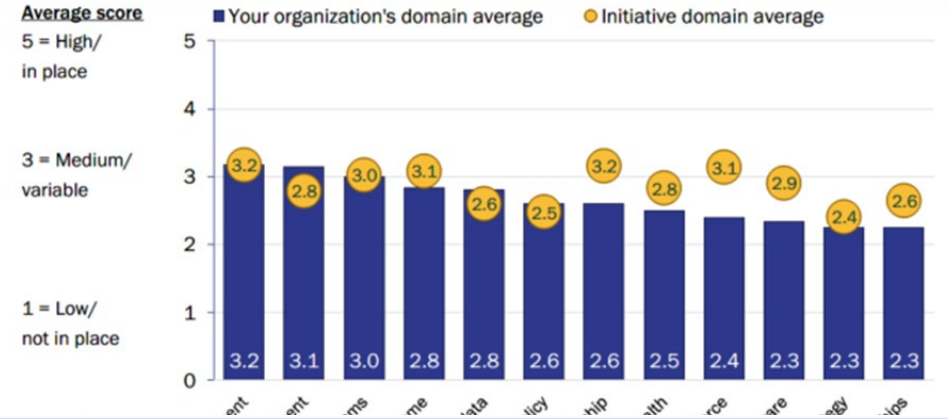


Table 2. Domain averages for your organization compared to the initiative, with the difference calculated

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	3.0	3.0	0.0
	2.8	3.1	-0.2
	2.8	2.6	0.2
	2.6	2.5	0.1
	2.6	3.2	-0.6
	2.5	2.8	-0.3
	2.4	3.1	-0.7
	2.3	2.9	-0.6
	2.3	2.4	-0.2
	2.3	2.6	-0.4

SELECTED MEASURE (#1 above)	DEFINITION/DESCRIPTION (#2 above)	DATA GATHERING PLAN (#3 – How did you collect it?)	Baseline (as of MM/YY) (#4 above)
<i>Pework Measures</i>			
Access Measure =			
Clinical Process Measure =			
Clinical Outcomes Measure =			
Financial Measure =			

Informing Our Vision – Current State

- **List Potential Project Areas**
- Informed by:
 - Organizational strategic priorities
 - Results from the PHVBC Capability Assessment
 - Reviews of data (measurement pre-work) and current projects
 - Areas of interest for staff, providers, and other stakeholders
 - Awareness and expertise of each team member
 - Other...

Narrow Your Focus – “Scope and Scale”

- The Implementation Phase of the PHVBC Initiative runs from April 1, 2023 through 2027.
- Transformation takes time and patience.
- Strategic pacing will allow you to
 - Sequence the changes
 - Learn and adapt while minimizing risk
 - Gathering buy-in
 - Strengthen the “final” product – embed the new

Narrow Your Focus – “Scope and Scale”

- Consider factors that will help you rank, prioritize and scale your projects:
 - ❑ **Impact** – potential improvements in health outcomes, operations, systems
 - ❑ **Priorities for key stakeholders** – incorporate priority efforts for external drivers or stakeholders
 - ❑ **Time and Sequencing** – what’s first to set up solid foundation? What are realistic timelines for key tasks?
 - ❑ **Scope and Scale** – time and at the right scale to demonstrate impact

Narrow Your Focus – “Scope and Scale”

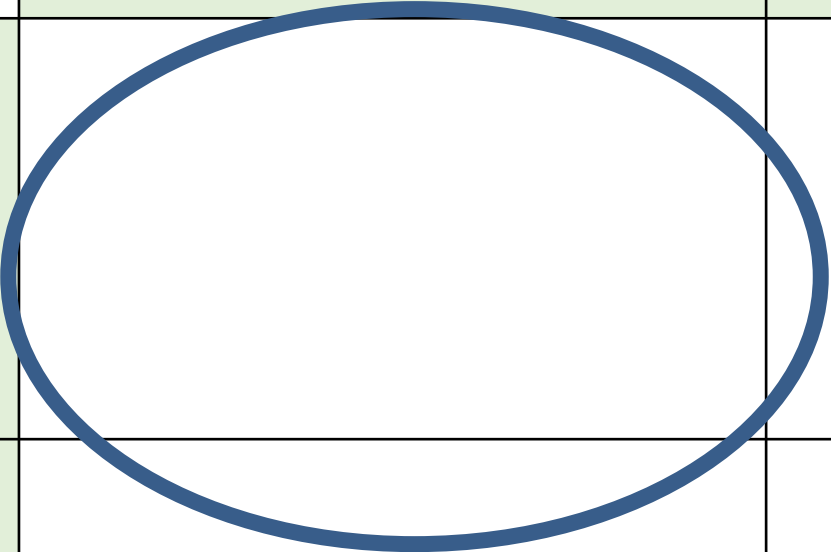
- Consider factors that will help you rank, prioritize and scale your projects:
 - ❑ **Resources** – staff, budget, supplies, data, etc. needed to be effective
 - ❑ **Grant Requirements** – project is aligned with the grant purpose and/or requirements
 - ❑ **Leadership/Board** – support of leadership, interest, empowered to do
 - ❑ **Transformation, Sustainable Change** – can the changes be sustained?

Narrow Your Focus – Prioritizing

- Leverage a Prioritizing Matrix – Simple or Multi-Factor
- Simple 2-Factor Considerations
 - Allows you to narrow your list of projects at a high level, taking a broad swath
 - Consider the 2 most important factors to rapidly sort a great deal of projects
 - For example – Impact and Cost/Resources

Narrow Your Focus – Prioritizing

	LOW COST, FEW RESOURCES	HIGH COST, COMPLICATED
HIGH IMPACT		
LOW IMPACT		



Narrow Your Focus – Prioritizing

- Multi-Factor Matrix:
 - Allows you to incorporate multiple factors that are important (impact, staff interest, leadership buy-in, strategic priority, cost/resources, time, etc.)
 - Each factor has a relative ranking scale
 - Each project idea is ranked per category – to come up with a score
 - The higher the score, the bigger the priority

Narrow Your Focus – Prioritizing

		Factors to consider (scale of 1-5, 5 being most favorable)					Total Score
		Potential impact on health outcomes for patients	Staff interest	Leadership/ board interest or ties to strategic priorities	Cost (resources needed, or potential for p4p \$)	Staff time needed (Less time = higher score)	
Project Themes	PCMH - Empanelment	3	4	1	2	1	11
	Diabetes Health Education Program	4	1	3	3	2	13
	Colorectal Cancer Screening Project	4	4	4	4	4	20

Sequencing the Projects/Areas of Focus

Current Project/Areas of Focus April 2023 – June 2024	Future Projects/Areas of Focus July 2024 – June 2027

Today's Agenda

- ***Lunch and then...Our Afternoon –***
- ***Building the PHVBC Work Plan***
 - PHVBC Initiative Project Plan Template – 6-Sections that will frame your Implementation plan through June 2024
 - Drafting Project Drivers – define your goals and deliverables
 - Building Effective Project Teams
 - Identifying Key Success Factors and Risks