Scaling Primary Care Transformation Statewide

Speakers

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Practice Transformation Initiative:

Developing a Sustainable Transformation Model Across California

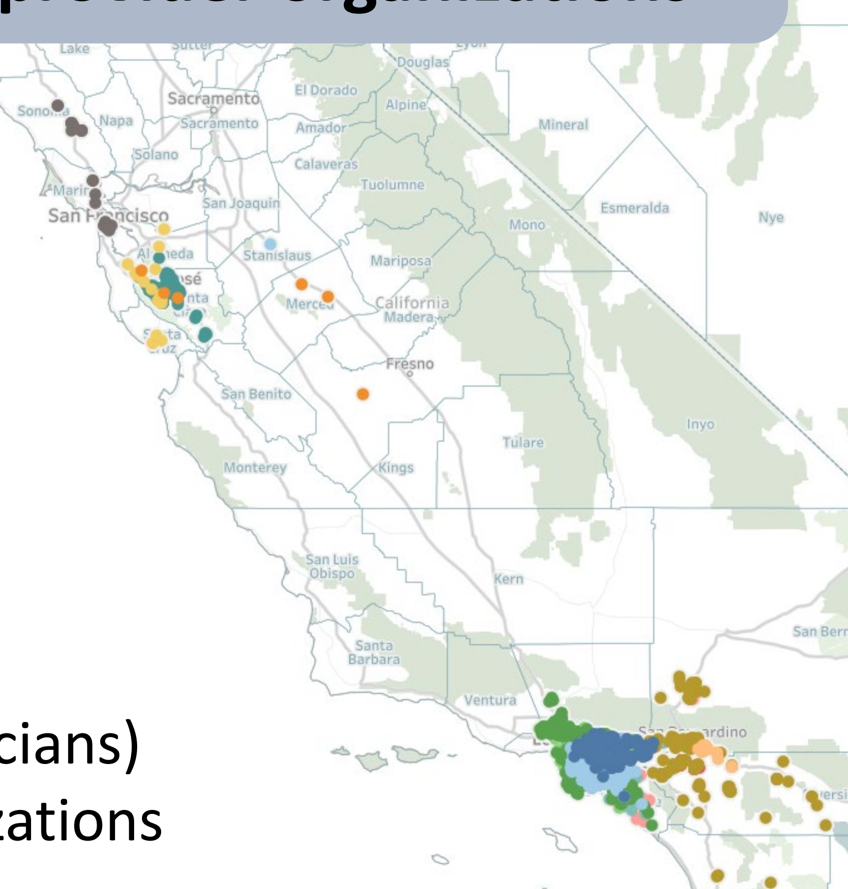
Uses a **train-the-trainer model** to build **quality improvement** and **data feedback** capability in **13 provider organizations**

CMS Transforming Clinical Practice Initiative

- October 2015 – September 2019
- 1 of 29 networks

Geographically distributed

- 4,764 clinicians (90% are PCPs)
- 1,900 practices (80% are 1 or 2 clinicians)
- Contracted with 13 provider organizations



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Practice Transformation Initiative

Our Train-the-Trainer model to Scale and Sustain Change

Contract with 13 POs

6 IPAs

2 MSOs

1 Plan

1 FQHC consortium

3 Medical Foundations

to Build Coaching Programs

86 Practice Facilitators/ Coaches hired by the Provider Organizations

and Deliver QI & Data to Practices

Monthly data for **1,900 practices** & **4,700 clinicians**

Practice Transformation Initiative

Cascading Support for Improvement

PBGH PTN

- Establish Aims & measures
- Quarterly Leadership collaborative
- Train practice coaches, plus on-going support
- Individualized coaching by IAs for Leadership teams

Provider Organizations

- Set aligned Aims and measures
- Build practice facilitation program
- Improve practice-level reports
- *Care management teams*
- *Diabetes clinics*

Practices

- Team based care
- *Extended practice hours*
- *Empanelment*
- *Shared decision making*

Learnings to Accelerate Transformation

Practice Transformation Network: Results

As of July 31, 2018…

- **4,400** clinicians enrolled
- **48,000** diabetics experiencing better care and **outcomes**
- **36,000 fewer** inpatient bed days & **9,000 fewer** ED visits
- **$131 million** in cost savings achieved

Practice Changes Most Associated with High Performance on Clinical Quality and Utilization

Shared decision making with patients and family

Practices reviewing performance data together

Ensuring and measuring continuity of care

Providing Care Management for High Risk Populations

More QI Infrastructure

Case Study: Building QI Infrastructure

Molina Healthcare Snapshot

- Molina Healthcare is a Fortune 500 company serving 4 million members throughout United States.
- Population served: Medicaid, Medicare, Medi- Medi and Marketplace
- Areas covered in CA: Los Angeles County, Inland Empire, San Diego County, Imperial County and Sacramento (621,211 patients)
- Working to enhance the Diabetic measures and Cervical Cancer Screenings to achieve the 50th percentile benchmark for HEDIS
- Engaging Providers through personalized goal setting and the sharing of data to drive improvement and collaborations regarding HEDIS
- Improving patient satisfaction by working with physicians to ensure they are receiving regular patient feedback.

Coaching Model

Paige Turley, Director of Quality

Katie Mcmahon, Quality Manager

Michelle Mora, Practice Facilitator (PTI Participant)

Rocio Chavez, Practice Facilitator (PTI participant)

Fernanda Garete, Practice Facilitator

Kimberly Rojas, RN Practice Facilitator

Cindy Santa Cruz, Practice Facilitator

Assigned Clinics

- Geographically Assigned
- 50 to 75 clinics per Facilitator
- Highest membership/ low HEDIS performance

Paradigm Shift with PTI

Beginning Of PTI 2016

- Quality Specialist would distribute monthly HEDIS reports and scorecards to practices
- Focused on the low HEDIS measures
- Shared Molina's goals on Quality Improvement
- Provided HEDIS training to provider and their staff
- Assisted and reported on operational issues and barriers

Currently in PTI – End of 2018

- Strengthening and developed relationships with providers, staff and IPA's
- Establishing deeper understandings of how each practice works and their goals
- Creating AIM statements and timelines to obtain sustainability within organization and practices
- Celebrating wins in improvement and analyzing the clinics data together
- Helping design improvement strategies and positive results
- Incorporating Patient and Family Engagement/ Patient and Provider Satisfaction.

Practice Transformation

Staff Engagement

- Identified leading champions within the Practices
- Providers and staff are excited and look forward to working together
- Monthly and Quarterly meetings

Operational Efficiencies

- Created Process Flow maps
- Improvement tools and best practices

Patient/Family Engagement Focus

- Incorporating PFE Survey tools
- Introduced Shared-agenda tools
- Introducing Shared-goal setting tools

DaVita Medical Group

- DMG 600+ employed PCP and specialty care physicians, 1600+ contracted PCPs and 4000+ contracted specialists
- Population served: Medicaid, Medicare, and Marketplace
- Areas covered in the US are California, Colorado, Florida, New Mexico, Nevada & Washington (1, 700, 000)
- Improve patient experience/satisfaction by 5% (relative) YOY
- Create a legacy and continue improvement efforts

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Coaching Model

Dr. Preedar Oreggio,
Medical Director

Rashi Hemnani,
Manager of
Special Projects

(5) Managers of the Provider Relations Manager Team

Practice Transformation Facilitator

Practice Transformation Facilitator

(20+) Provider Relations Managers

Leveraged the support of the Provider Relations Managers in each region

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PRM Alignment with PTI

Current State	PTI State
Building relationship with IPA practices	Strengthen established relationships with IPA practices
Reporting on operational issues, statistics progression toward goals and barriers	Utilize established data and reports to identify improvement opportunities
Collaborating with practices to enhance physician satisfaction	Educate IPA practices on improvement methodologies
Planning educational programs for the office staff	Co-design improvement efforts to yield positive result

Transformation

Building Capability	Aligning Infrastructure	Scalability
• Trained PRMs on improvement model (PDSA)to approach and address opportunities for improvement • Trained PRMs on communication strategies to gain buy in from unengaged practices	• Hand selected opportunities for improvement aligned with DMGs' strategic goals • Integrated a permanent agenda space for PDSA report out during the bi-weekly Quality Meetings • Determine if the improvement needs to be adopted, adapted, or abandoned • Model	• Refocused Case Management 's responsibilities to effectively address high risk patients • Integrated model for improvement worksheet • Incorporated Patient Family Engagement Survey tools • Integrated Shared Agenda tool

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