

IT Committee Meeting Notes

Date & Time: December 19, 2019, 1:00-2:30pm
Location: Sacramento City Hall, 915 I St. Room #5110

Committee Members in Attendance

- Victoria Lewis, Elica Health Centers
- Laton Fuller, Elica Health Centers
- Eric Schwimmer, Anthem Blue Cross

Committee Members Calling In

- Ainsley Gonzalez, Lutheran Social Services
- Mixtli Gonzalez, Lutheran Social Services
- Alan Arellano, Health Net
- Edward Bynum, Liberty Dental Plan
- Michael Merchant, UC Davis
- Jeremy Iron Hawk, Sacramento Native American Health Center
- Wendy Jamison, Intrepid Ascent

Support Team in Attendance:

- Kristine Gual, Transform Health
- Lisa Chan-Sawin, Transform Health
- Joil Xiong, Sacramento Covered
- Alex Horowitz, Intrepid Ascent
- Alexis Sabor, Transform Health
- Amanda Rosenberg, Transform Health

Program Updates

- Program Dashboard (Joil Xiong)
 - Joil, Sacramento Covered: This month marks 2 years of the program. There are roughly 850 enrollees as of today. In the middle are our referral sources – 25% are from FQHCs, 27% from plans. Plan referrals are shooting up. Health plan assignment is the same. We have housed 476 enrollees thus far. We continue to skew to older populations.
 - Kristine: One of the things that stands out is how much momentum has been gained in housing individuals. We were a little over 300 back in the Spring and will have housed around 500 by the end of the year. The service delivery partners are doing a wonderful job of coordinating care and being innovative with their housing strategies. We hear all the time from folks on the ground that the Shared Care Plan is the key factor that has allowed them to streamline

services. It is such a central tool. Other pilots have made inquiries into what our secret is and would like us to provide demos so they can replicate our success.

- Pathways 2019 IT Accomplishments
 - Kristine: We are working with 7 different agencies in Sacramento who are providing a variety of services. We added one FQHC in June, One Community Health. They are still enrolling new people into their panel and are working within our framework. Sacramento Covered became a virtual hub and housing provider as well. They partner with Sacramento County to provide clinical oversight and case management services. Both organization additions have allowed us to expand our capacity of enrollees. Adding housing and demographics fields in the Shared Care Plan allowed us to better track DHCS measures, including demographic information, and support housing application workflows. We overhauled the required fields for enrollee records to streamline partner requirements. We also worked with the housing partners to train their staff on entering records into the HMIS records system. This ensured that our data is demonstrating what the City is doing as a whole. We added a ticketing system to make our workstreams more sophisticated. We explored the possibility of a hospital alerts pilot and decided this summer to cancel this pilot due to competing priorities. We also released a mobile devices best practices guide to ensure that staff are trained on using mobile devices in the field.
- Committee and Meeting Schedules for 2020
 - Kristine: This is the final year of the pilot so we want to assess the structure of all our governance committees to ensure they are most appropriate for the coming year. We plan on transitioning Service Delivery Committee into a Transitions Workgroup. This group will focus on planning and discussions regarding enrollee transitions into other programs as Pathways comes to an end. We will continue with our Executive and Steering Committees, as well as our Learning Community Sessions. There were not a ton of IT related projects to necessitate so we canceled some of our 2019 meetings. We are proposing to retire this committee for 2020 since we will not have new projects but would like to consider everyone's thoughts on this. Please share your thoughts with us.
 - Questions:
 - Eric, Anthem: WPC across the State has done wonderful work in creating infrastructure for providers to share information in ways we haven't had before. Shouldn't this infrastructure be implemented into CalAIM where we can discuss how IT Committee can support what comes next?
 - Lisa: At this point in time, it's not clear how this infrastructure will be maintained. We know CalAIM will be where these future conversations will take place. We are at this weird place right now where we don't have concrete plans from the State. There will be an opportunity to work with

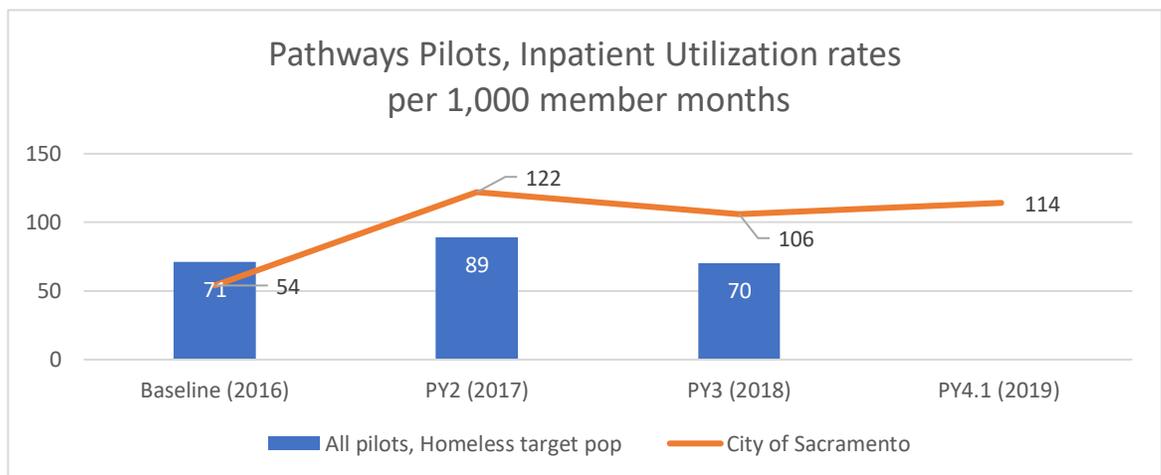
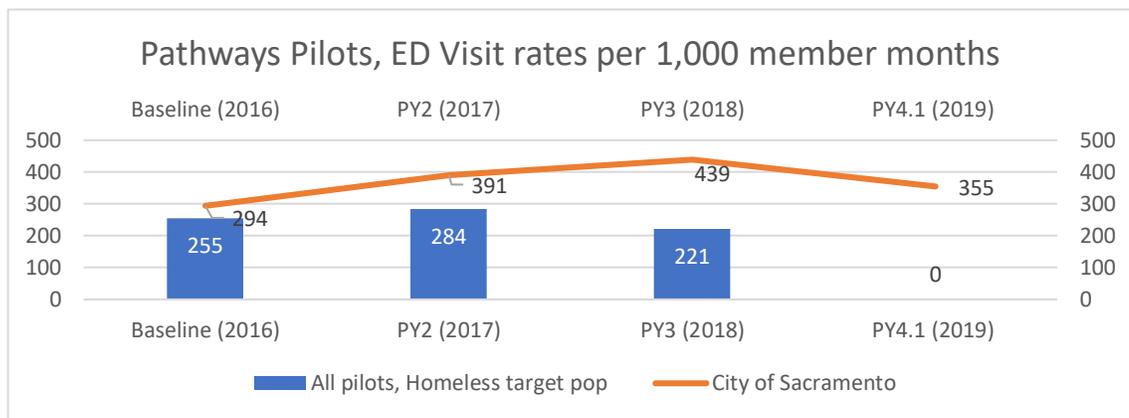
the plans once we receive more information. We don't want to take up people's time as we wait to see what comes next, so it may be best to hold Transition Workgroups with an IT component to see what our plan partners would like to see. Our thinking was to make IT Committee ad hoc until we see how these transitions go. I expect IT Committee will need to meet again once we get more clarity, but we would like to base this around programmatic decision making. There are strategies we want to talk to everyone about, especially to receive your expertise. We would like to eventually break off into smaller sub-groups to see what each partner needs on a deeper level.

- Eric, Anthem: I'm hearing that there isn't really consensus that the infrastructure WPC built should be used moving forward with CalAIM.
- Lisa: And moving forward with the county partnership, we need to gain clarity on what the county is willing to fund as well as who the State expects will maintain this infrastructure.
- Eric, Anthem: The only risk is if you undo the committee, you are undoing some of that infrastructure and the relationships that were built. After a year, it may be hard to convene this group again.
- Lisa: This is great feedback. If the partners believe this committee is critical, we can bring this back to the City and promote a case for continuing with this committee.
- Kristine: The other thing this committee could do is change its focus on, for example data or transition planning. There are ways to keep the conversation going in a future-focus way.
- Victoria, Elica: So, it seems like people agree we've reached where we needed to be in terms of our IT structure?
- Lisa Chan-Sawin: I think we've built what we can on the IT front, and it is not clear what comes next. We don't know yet where we will be funneling resources and we were not able to get traction on some of these larger IT projects, so it seemed there was not appetite for this.

Pathways Data and Reporting

- Statewide and Pilot Clinical Results (Kristine Gual)
 - Kristine: One thing we wanted to talk about was the reporting on clinical measures. Pathways is responsible for reporting HEDIS metrics up to DHCS. Metrics were selected by the City and included in the original application. Sacramento also reports All-Cost Readmission rates and Housing Services as pay-for-outcome measures, which we report annually. DHCS runs their final calculations based on the Medi-Cal data. There is a review of the P40 clinical measures from 2016-2019. It shows where we began (in DHCS numbers) and how we've progressed. We are incentivized to see these numbers drop. What we saw

as far as results were ED utilization rates increase as the program ramped up and then decreased at the midyear point. Inpatient utilization saw more ups and downs: a large increase within the first 2 months, a small decrease in 2018, and then a small increase again in the first 6 months of PY4. All-cause readmission was a weird and difficult measure to do. We went back and forth with the State and contested some of our results. None of us have much confidence in this rate to be honest. We then received State-level data from UCLA in September. These preliminary findings had several key takeaways. Statewide, ED Utilization increased across pilots in PY2 and then declined in PY3. They stated that this trend may be due to WPC efforts. Hospitalization Outcomes saw similar trends across pilots. Our pilot had slightly different results: we have seen a slight increase in the first few months of PY4. The statewide examination is a little different in that it follows the same enrollees over time, while ours looks at the active enrollees at each time point, meaning our evaluation participants may be more acute overall.



- The City decided to launch an evaluation on our Sacramento pilot. The work began this Fall and they are in the process of working through the data and creating presentations to share.

- Questions:
 - Laton, Elica: Is Sacramento happy with the data?
 - Lisa: We recognize there are some issues with data collection in general and that we are unique compared to the other counties. Our data will never be identical to the State's results. This conversation has been helpful to Sacramento and the State and we have actually helped the State refine their process. All of this generally tracks with what we have seen on the ground. Our cohort has not received care in so long, so these trends make sense as these individuals stabilize within the community.
 - Laton, Elica: Does this explain the craziness of last Spring with the data?
 - Kristine: Last spring, we had some wacky all-cause readmission data that we contested. We also saw issues with ED rates that seemed unexpected, so we also contested this. They did not find in our favor, but they did work with us on the pay-for-outcome funds to repurpose the dollars. So, we did not suffer a financial hit, which was great, and the State also redid their methodology to become more accurate.
 - Lisa: The State is dealing with a 5-year pilot. We were started in Year 2, so we had to condense our first 2 years and the data doesn't line up exactly with the other pilots. This is also why the City decided to fund its own evaluation. This data confirmed a few things for me, mainly that there is so much unmet need within the community. When we start to address these needs, it's almost a flood that comes in.
 - Eric Schwimmer: UCLA has this cohort approach and the health plans do have longitudinal data so we may be able to run this type of evaluation.
 - Joil: We may be able to overlay this information with the evaluation that is happening and can have this discussion with our evaluators.
- DHCS V&U Data Collection Strategy (Joil Xiong)
 - Joil: As per DHCS requirement, starting in 2020 Pathways will be required to store/maintain client-level data as well as aggregate data for all DHCS reporting measures. The first reporting period this will apply to moving forward is the PY4 Annual data request for pay for outcomes measures:
 - ED Visits (AMB)
 - Inpatient Utilization (IPU)
 - All-Cause Readmissions (ACR)
 - We decided to require disaggregated data from our reporting partners to help with our unique data collection situation. Starting in 2020, DHCS requires that we store/maintain client-level and disaggregated data for reporting measures. The first reporting period this will apply to is the PY4 annual data request, which will be made in January 2020. We usually ask for two sets of data from providers. With this roster, the plans provide an aggregate report for that year. For 2020, we would like to collect on client level data to ensure consistency. We are asking for

a combined roster of plan assignments. Header A is to split out the health plans request, and Header B is to also spread out for the hospital to complete. This will ensure we have client-level data every month. We will send out the template with instructions for you all to provide feedback on. The rows are for individual enrollees. The plans will receive a roster for the year. The light red column asks for assignment status. The grey out areas mean the individual was enrolled in WPC for those months.

- Kristine: For timelines, we want to continue to gathering feedback and integrating changes. We would like you all to take this back to your teams and provide us with feedback by New Years. We will finalize these documents by January 6th and receive the health plans data by February 3rd. Sacramento Covered's team has to turn around the report and submit it by April. We will send this out as a one-pager for everyone and include the HEDIS requirements for these measures.
- Questions:
 - Michael, UCD: Will Sacramento Covered provide a registry to know who will need to be reported on?
 - Joil: Yes we will.
 - Eric, Anthem: The only difference I see here is a breakdown per month rather by year. Nothing changes in way we are defining these criteria, correct? If so, I don't think this will be a problem.
 - Lisa: That's correct.
 - Joil: When we receive the data, we check for duplicates which was hard when we only had aggregated data.
 - Eric, Anthem: The HEDIS definitions are very weird. When we encounter HEDIS metrics that conflict with this strategy, what should we do?
 - Lisa: The State is using the 2017 numerator and denominator with some modifications.
 - Wendy, IA: It was my understanding that the hospitals and plans did need to follow the HEDIS guidelines and this is not something that Sacramento Covered does.
 - Lisa: We know we will never be exactly correct in terms of the State's data set, but we are doing our best. We are following the State's guidance, so we are asking our partners to adhere to the 2017 guidelines.
 - Joil: DHCS does recognize that they have some data lag and issues.
 - Eric, Anthem: Do you want the data reported in both the new and old way in order to see the consistent trends or should we cut our losses and move forward with the new way only?
 - Lisa: That's a good suggestion because we don't know what the differences are as of now.