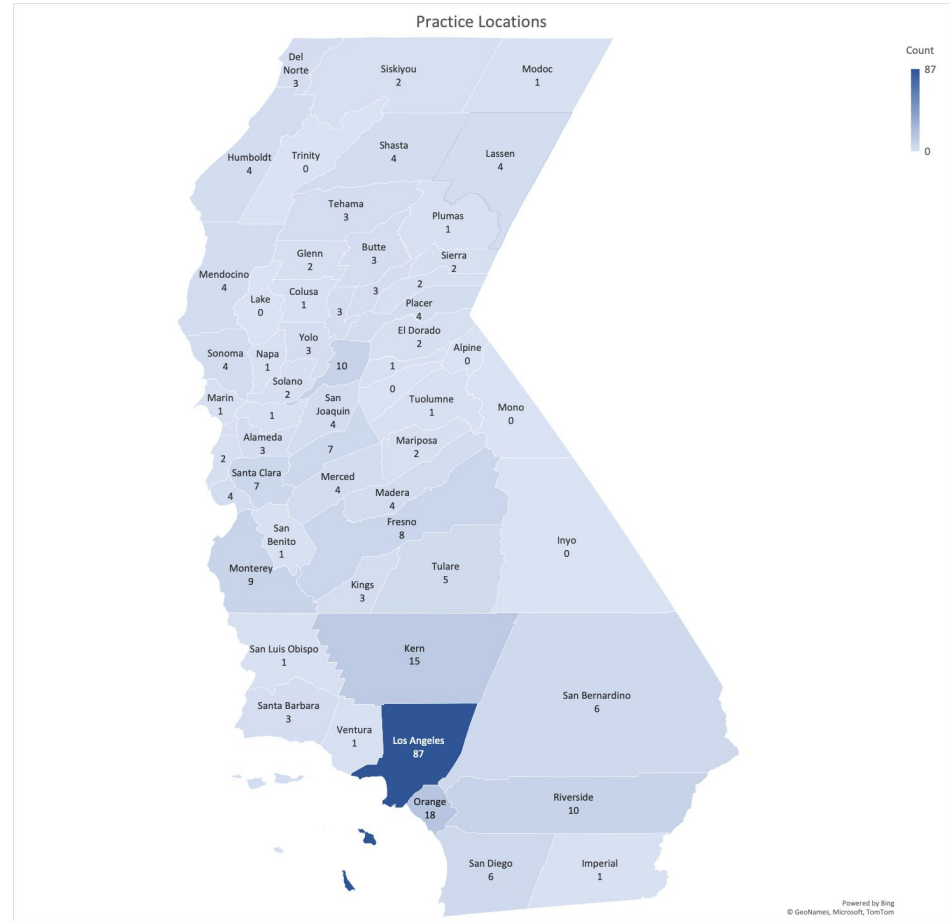


# EPT Overview

*February 2024*

# Overall EPT Practice Demographics

- 207 Practices with 280 locations of operations
- Potential maximum payment of ~\$380M to practices
- Breakdown of Practice Tracks (based on preliminary mapping exercise)
  - Private Practices: 117
  - Health Centers: 74
  - Tribal Health: 12
  - Public & District Hospitals: 4



# Overview of EPT Directed Payment Program

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**Budget:** \$650 million

**Timeframe:** 5 years

**Goal:** Improve primary care for Medi-Cal recipients

- Advance equity
- Reduce COVID-19-driven care disparities
- Invest in upstream care models/partnerships to address health/wellness
- Fund practice transformation aligned with value-based payment models

**Initial Cohort:** 207 primary care practices that care for Medi-Cal enrollees

**Directed Payment Structure:** Practices receive payments for reaching specific milestones approved by CMS. Payments are allocated by DHCS and then passed to managed care plans, who then pay the providers they are partnered with in the program.

# EPT Program Office: Population Health Learning Center

The population Health Learning Center (PHLC) is contracted with DHCS to serve as the Program Office for the EPT Program, and fulfill the following functions:

- 1. Provide program oversight, design support and coordination for EPT across the practices, managed care plans/delegated entities, and other key stakeholders**
  - Develop deliverables practices are to submit to evidence completing milestones
  - Review practice deliverables and communicate to DHCS those eligible for payment
  - Identify opportunities for additional support/focus of technical assistance based on deliverables review and areas of challenge
- 2. Design and coordinate the Technical Assistance strategy for EPT practices, including peer learning through the “Learning Collaborative”**
  - Design common core curriculum, working with experts in the field from California and nationally
  - Organize peer learning (Learning Collaborative) using common curriculum
  - Host a coaching pool that can be supported by MCPs and other funders
- 3. Facilitate continuous learning and best practice sharing across all stakeholders in EPT.**
  - Produce insights on what works and what doesn't, and test innovations with the cohort.

# 19 MCPs Across 207 Practices

## Plans sponsoring 1 EPT practice

Alameda Alliance for Health  
Blue Shield of California Promise Health Plan  
Community Health Group Partnership Plan  
Community Health Plan of Imperial Valley  
Health Plan of San Mateo  
Molina Healthcare of California Partner Plan

## Plans sponsoring 2–10 EPT practices

San Francisco Health Plan (2)  
CalViva Health (3)  
CenCal Health (3)  
Anthem Blue Cross Partnership Plan (4)  
Santa Clara Family Health Plan (5)  
Health Plan of San Joaquin (7)

## Plans sponsoring 11–20 EPT practices

Inland Empire Health Plan (12)  
Kern Family Health Care (12)  
CalOptima (14)  
Central California Alliance for Health (15)

## Plans sponsoring 21+ EPT practices

Partnership Health Plan of California (27)  
L.A. Care Health Plan (44)  
Health Net Community Solutions Inc. (53)

# MCP Role in EPT

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- Receive breakout of practice level directed payments from DHCS and administer payments to practices as outlined by DHCS bi-annually. Practice payments will be determined by number of milestones completed in each cycle
- Receive and review practice deliverables shared with MCPs by The Learning Center and vet as requested
- Partner with the Learning Center to give feedback on practice groupings for peer learning and strategies for practices with low engagement and/or that are not progressing on milestone submission
- Support a consistent and streamlined technical assistance strategy for EPT by contributing to the coaching pool for sponsored practices that builds on EPT curriculum
- Provide data to practices and Learning Center on quality measures (HEDIS) at minimum quarterly
- Work with practices and TA providers to better capture and reconcile primary care data assignment

# EPT Technical Assistance Goals & Measurement

## Goals

### **Support Practices To Advance PHM Capabilities**

Provide flexible, responsive, and on-demand technical assistance (TA) to 211 primary care practices in first cohort of the Equity and Practice Transformation (EPT) program. Focus on building population health management capabilities & preparing for value-based payment. TA will enable practices to reach EPT payment milestones.

### **Evaluate Practice Progress**

Monitor practice achievement of program milestones through the completion of deliverables that are tied to payment

## Measurement

### **Population Health Management Capabilities Assessment Tool (PhmCAT) Improvement**

Practices complete PhmCAT as baseline and annually

### **Completion of Deliverables**

Practice completion of deliverables to demonstrate improvement in capabilities

### **MCP Reported Outcome Measures**

Annual MCP outcome measures report on specified Bold Goal/HEDIS measures at practice level

# Designing EPT Technical Assistance to Advance Population Health Practice at Scale

*The EPT Learning Collaborative will have a robust approach to technical assistance. Content training will be provided through a common curriculum across all practice types that will be connected to deliverables. Similar practice types will be grouped into practice tracks that will work through adaptation and application of the content for that practice type. Augmentation with coaching would strengthen implementation.*



## Common Curriculum

- A common curriculum across all practices
- Provided through eLearning modules and supplemented by implementation guides, tools, live webinars, and other supports
- Deliverables enable practices to demonstrate completion of tasks and comprehension of curriculum



## Peer Learning

- Practice tracks based on practice type, region, and size that facilitate engagement with the curriculum and promote peer learning and sharing of best practices
- Two cohorts of practice tracks:
  - Health Centers, Tribal Health, Public Hospitals
  - Private Practices



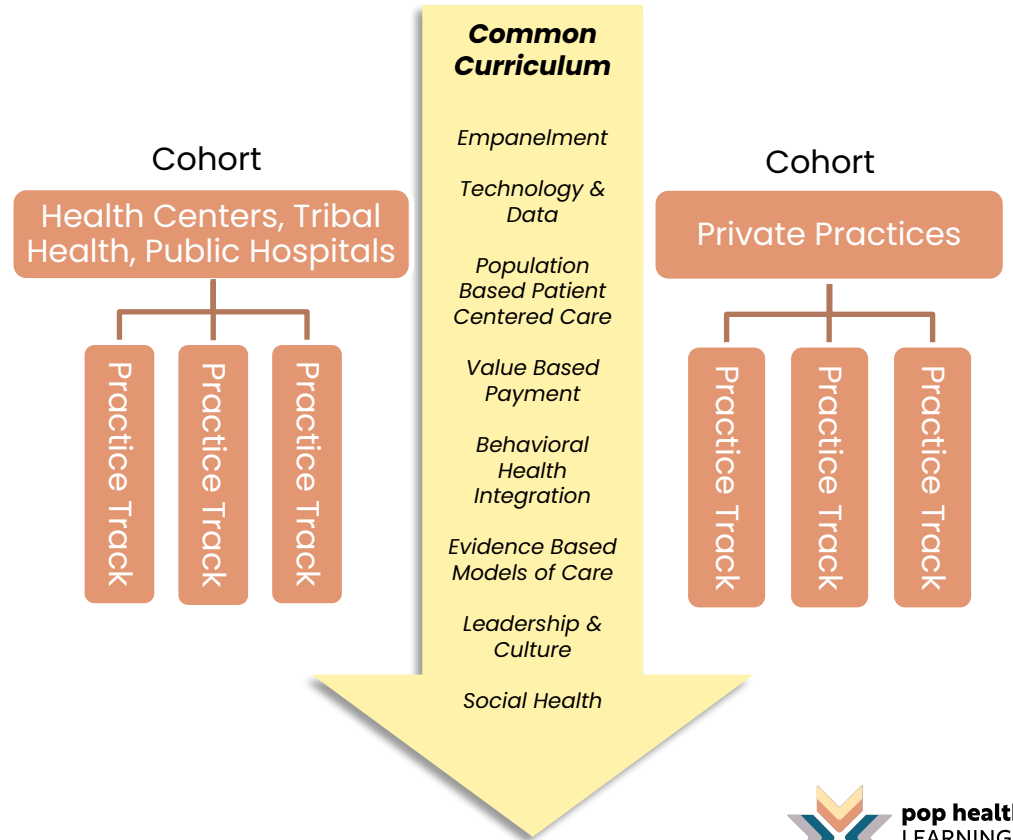
## Coaching Pool

- Tailored coaching to strengthen implementation of EPT curriculum
- Opportunity to leverage EPT resources to create consistent, high-quality coaching across practices
- Focus coaching on practices requesting additional support



# Peer Learning: Practice Tracks

- Practices are assigned to a cohort based on practice type – cohorts will utilize a common curriculum
- Each cohort is organized into facilitated practice tracks based on practice region and size
- The Learning Center is developing a process for soliciting and selecting partners who are interested in serving as practice track facilitators
- Practices will have the opportunity to participate in affinity groups that span practice tracks based on factors such as:
  - Selected population of focus
  - Practice readiness/capability level



# TA Cycle

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## PhmCAT

Practices complete the PHM capabilities assessment annually

## Deliverables Submitted

Practices submit deliverables to The Learning Center for review and approval; payment release from DHCS



## Curriculum Delivered

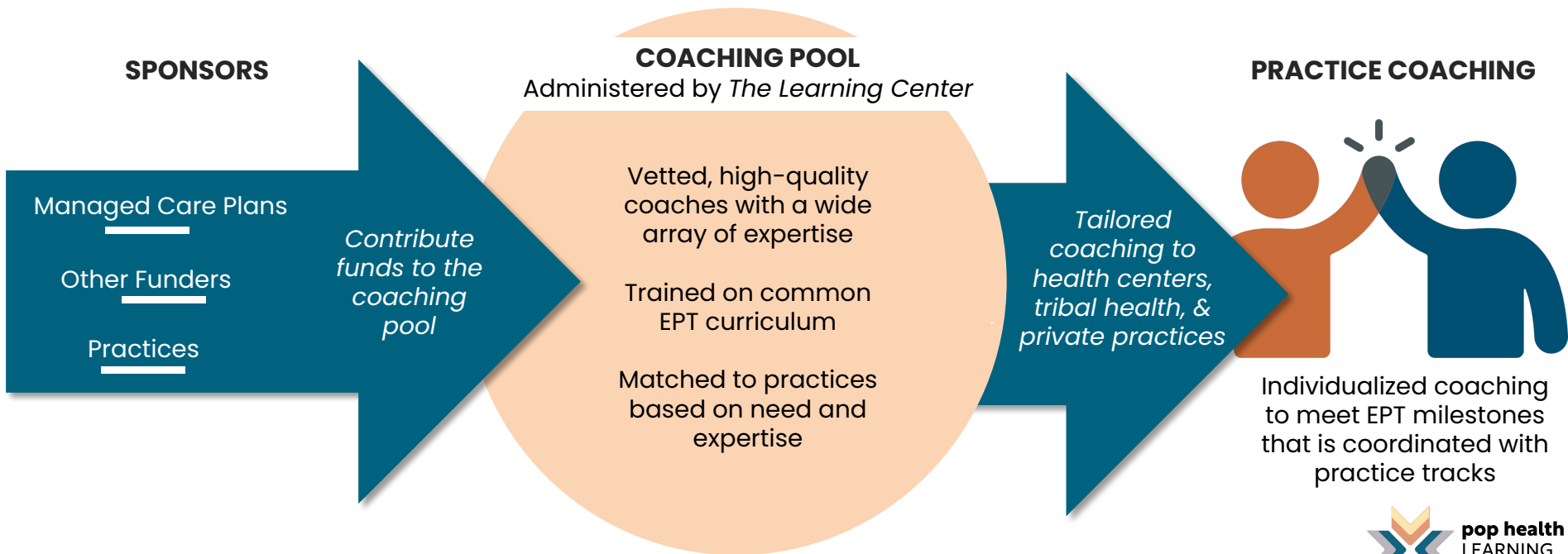
Practices participate in e-learning modules, utilize guides & tools, and attend ad hoc webinars

## Practice Tracks

Practices participate in facilitated practice track meetings to learn from and share with similar practices

# Collaborating on EPT TA: Coaching Pool

The coaching pool enables sponsors to maximize and align resources to deliver customized practice coaching in support of meeting EPT milestones. Centralized administration by The Learning Center creates efficiencies in cost, alignment with EPT curriculum, and maximizes choice for practices to select coach to meet their needs.



# Benefits of Coordinated Coaching

*MCPs, practices, or other funders who want to enable coaching for practices in the EPT program, can grant or contract with The Learning Center for specified coaching services. The Learning Center will contact with a broad array of technical assistance organizations and oversee/manage the coaching pool to reduce duplication of efforts and increase efficiencies around a centralized infrastructure. Coaching will be tightly coordinated with the practice tracks the practices are required to participate in.*

## **Learning Center coordinates & simplifies oversight of coaches for MCPs**

- Vetting & selection of coaches
- Standardized training of coaches
- Standard curriculum, tools and resources
- Coordinated contracts & reduced admin, marginal cost vs setting up new program
- Strengthened accountability through oversight

## **Practices benefit from higher quality, coordinated coaching**

- Alignment with practice tracks on curriculum
- Peer network of coaches share learnings
- Training strengthens skills of coaches
- Standard tools supports improved documentation & feedback to practices
- Practices are better supported with the “right” coaches, continuity with existing coach can be maintained with pool

# Coaching Packages & Pricing

*Sponsors can select from two coaching packages to support practices based on practice need and interests. All coaches will serve as guides to the practices to connect them with the appropriate resources, navigate the deliverables and requirements for the program, and support the practices in adapting the content to be relevant to the practices. The high intensity coaching package will provide additional consulting support outlined below.*

## Low-Intensity Coaching Package

- Coaches serve as a guide to provide tailored support to practices & connect them to relevant resources
- Coaches use worksheets and tools to guide practices on needed changes
- Coaches spend up to 4 hours/month with practice
- Estimated Cost: \$20,000 - \$30,000/year/practice

## Moderate-Intensity Coaching Package

- Coaches serve as guides and consultants to support practices in completion of deliverables. Activities may include:
  - Development of workflows
  - Development of policies and procedures
  - Assisting with technology implementation
  - Examining data gaps reports & identifying potential solutions
- Coaches spend 10-15 hours/month with practice
- Estimated Cost: \$49,000 - \$59,000/year/practice

# Overall TA timeline

