

# Understanding Your Year 1 PhmCAT Report

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# Agenda

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1. Update on Governor's budget
2. Cohort findings from Year 1 PhmCAT
3. Interpreting the practice-level PhmCAT report

# Update on Governor's Budget



# TO THE POLLS

Practice-specific PhmCAT reports were shared on May 21<sup>st</sup>. What do you think about your practice's results?

- a. About what I expected.
- b. Different than I expected.
- c. I can't make sense of it!
- d. What results?! A report was sent out?!

**But First, Cohort Findings**



# Cohort Data Set

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208

**EPT practices achieved  
the Year 1 PhmCAT  
milestone**

993

**Total PhmCATs  
completed**

4.8

**Avg. responses per  
practice (range of 3-10)**

# Top 5 Responder Roles

Seventy-three percent of responses came from five roles.

A good mix of clinical & non-clinical responders!

Role	% of Responses
Administrative/office manager	20%
Clinic/front line (MA or nurse)	17%
Provider	16%
Executive sponsor	11%
Clinical lead	9%

Roles included: provider, clinic front-line, administrative/office manager, executive sponsor, clinical lead, finance lead, data & technology lead, quality director, other

# Domains with More Capabilities

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- **Leadership & Culture** - leadership is committed to quality improvement and people operate as a real team
- **Empanelment & Access** - patients are generally assigned to a provider and processes support patients seeing their assigned provider
- **Patient-Centered, Population-based Care** - is typically proactive, data-driven, and utilizes guidelines to standardize care
- **Care Team & Workforce** - care team members know each other, work at the top of their licensure, and utilize standardized workflows



# Domains with Fewer Capabilities

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- **Behavioral Health** - BH services are generally timely, but screening may not happen universally, and BH data is not routinely used for pre-visit planning and outreach
- **Social Health** - commitment to addressing social health needs but routine screening and referral to services does not happen universally (primarily focused on a sub population)
- **Technology & Data Infrastructure** - practices have access to systems and data, but the data may not be incorporated into clinical workflows and/or the practice does not have sufficient resources to manage the systems and data
- **Business Case for PHM** - practices have some understanding of current financial performance and some experience with value-based contracting, but may be challenged to fully leverage all available funding

# Highest & Lowest Rated Capabilities

## Highest Rated (Strongest) Capabilities

In general, EPT practices:

- Make a serious effort to problem-solve
- Create an environment where things can be accomplished
- Conduct proactive outreach to patients who are overdue for care

## Lowest Rated (Most Gaps) Capabilities

In many EPT practices:

- PCPs & BH providers rarely develop an integrated treatment plan for patients with BH conditions
- BH data may be available but is inconsistently used to inform pre-visit planning and outreach activities
- Patient and family feedback is elicited but may not be actionable or incorporated into QI activities

# Creating Shared Understanding

- There is an opportunity to develop a shared understanding of some PHM domains, particularly Business Case for PHM, Behavioral Health, Social Health, and Technology & Data.

Domain	% of Responses = Don't Know
Business Case for PHM	28%
Behavioral Health	18%
Social Health	13%
Technology & Data Infrastructure	13%
Patient-Centered, Population-Based Care	11%
Care Team & Workforce	9%
Empanelment & Access	6%
Leadership & Culture	2%

# Understanding Your Practice's PhmCAT Report

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# Report Overview

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## Report Sections

- Respondent summary – name and role of respondents
- How to read this report – instructions
- Report - average practice responses by domain and question

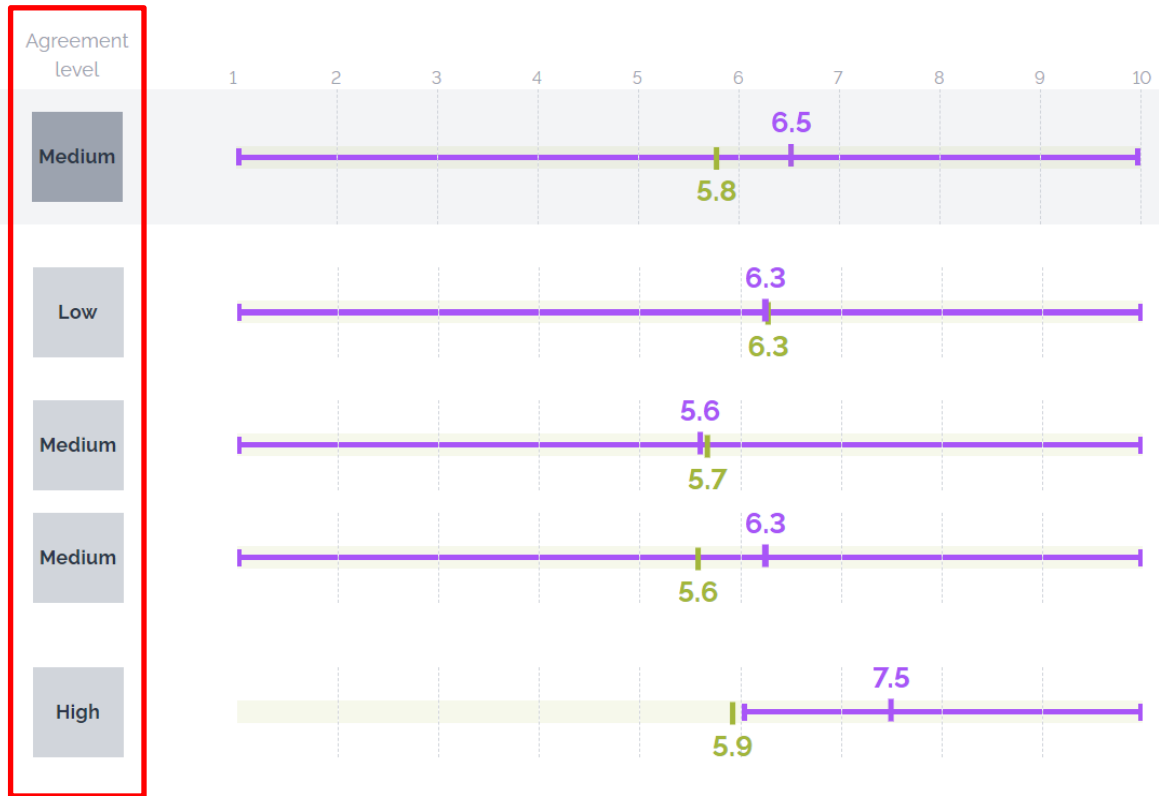
## Things to Keep in Mind

- Read results from left to right
- For each item, 5 data points are provided
  - Agreement level (gray)
  - Practice low score (purple)
  - Practice high score (purple)
  - Practice average score (purple)
  - Cohort average score (green)

# Agreement Level

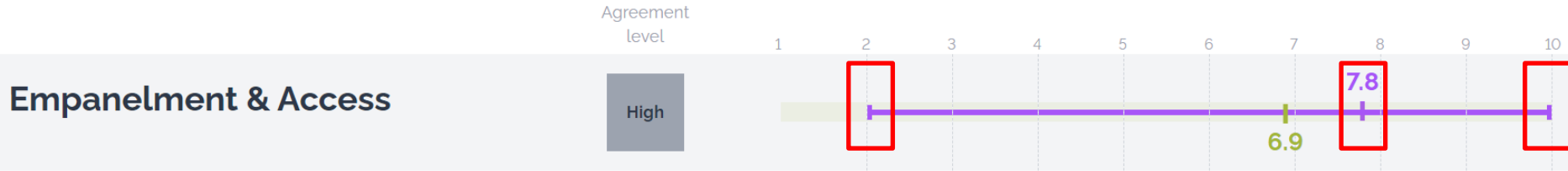
## Social Health

- 46. Organization has leadership buy-in and commitment to identifying and addressing patients' social needs.
- 47. Organization screens patients to understand unmet social needs.
- 48. Care teams adapt care plans based on an understanding of patients' social needs.
- 49. Organization has established referral relationships to connect patients with community resources at other practices or organizations.

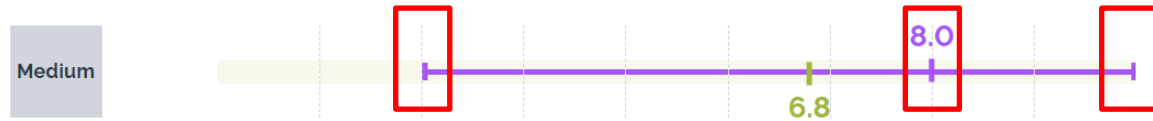


# Practice Range & Average

- Practice range and average is displayed in **purple** for both the domain and each individual item.
- Purple tick marks indicate the minimum, maximum, and average.
- Scores can range from 1-10.

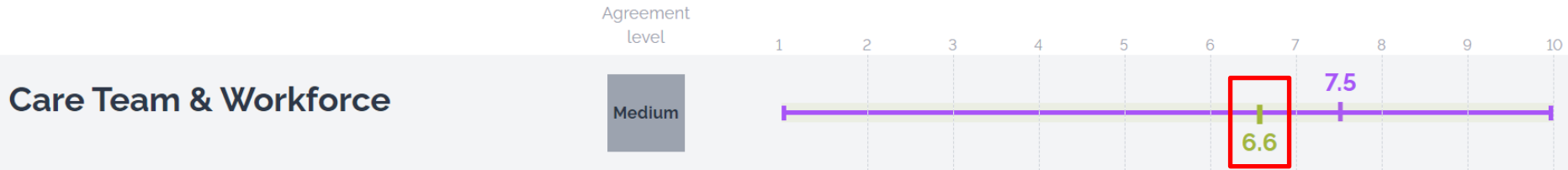


20. Patients are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.



# Cohort Average

- The **green** notch and number represents the average score for all EPT practices for a question or domain.
- You can compare this to your practice's average score in purple to understand how your perceived capabilities relate to the average perceived capabilities across all EPT practices.



25. Practice support staff, like medical assistants consistently work with the same provider(s) almost every day and their care team includes multidisciplinary roles such as nurses, community health workers, mental health specialists, and administrative personnel.







**KEEP  
CALM  
IT'S  
POLL  
TIME**

As a result of today's webinar, I understand how to read and interpret my practice's PhmCAT report.

# Next Steps

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- Review your practice's PhmCAT report
- Discuss with your team
  - What did you learn?
  - What were you surprised by?
  - How will your practice use this information?
- MCPs can access their sponsored practices' PhmCAT reports via SharePoint – contact [info@pophealthlc.org](mailto:info@pophealthlc.org) for assistance

# Questions

