Updates and Next Steps for the Equity and Practice Transformation (EPT) Payments Program

July 25, 2024

Agenda

1. Welcome
2. A message from DHCS
3. EPT program changes
   a. Summary of changes
   b. Revised milestones
   c. Technical Assistance (TA) structure
   d. Practice payments
   e. MCP support for sponsored practices
4. Next Steps
   a. Opt-out process
   b. EPT TA roll out

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Revised EPT Structure

What is the same?

- EPT will support practices to build their PHM capabilities, resulting in improved outcomes and reduced disparities.
- The TA structure includes similar components.
- The deliverable submission schedule is the same.
- The payment schedule is the same for milestones in 2025 and 2026.

What has changed?

- EPT is a 3-year program (1/2024 – 12/2026).
- There are 25 required milestones for all practices. Focus has narrowed.
- Payments for all practices reduced.
- PhmCAT 1 payment is delayed.
- Practices will have the option of opting out of EPT by August 9th.

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Population Health Management (PHM)
Building Blocks in EPT Program
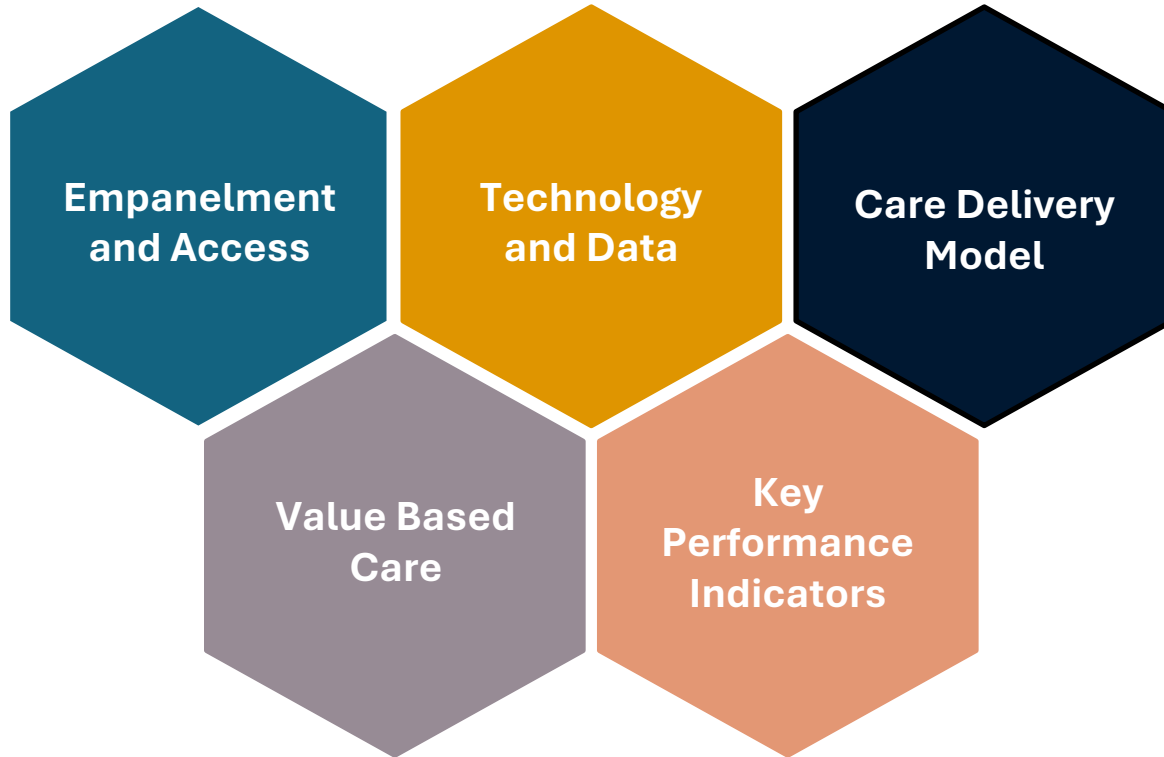
PHM Building Blocks

Building Block	Focus
Empanelment & Access	Assign patients to defined clinician/team panels, learn strategies that improve provider continuity, access to care, and appointment availability.
Data to Enable PHM	Assess & improve capabilities to support patient care, close care gaps, and reduce disparities.
Care Delivery Model	Improve care team functioning to perform core PHM activities for the Population of Focus. Includes outreach & engagement, care gap closure, addressing disparities, and screening and linkage to care for Behavioral Health and Social Health.
Value Based Payment (VBP)	Assess readiness to engage in VBP contracting
Key Performance Indicators	Demonstrating improvement or meeting targets on HEDIS or administrative measures.

Revised EPT Milestones

PhmCAT
3 Milestones
- Y1 – 2024
- Y2 – 2025
- Y3 – 2026

Empanelment & Access
2 Milestones
- Assessment
- Policy & procedure

Data to Enable PHM
3 Milestones
- Assessment
- Plan
- Progress report

Care Delivery Model
7 Milestones
- Disparity reduction plan
- Clinical guidelines
- Care team
- Outreach & engagement
- Pre-visit planning
- BH screening & linkage
- SH screening & linkage

Value-Based Payment
1 Milestone
- Assessment

Key Performance Indicators
9 Milestones
- HEDIS-like and process measures required at each deliverable submission

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Draft KPI Milestones (1)

5 Milestones Tied to HEDIS-like Measures*

- Stratify HEDIS measures by race/ethnic and one additional criteria (1 milestone)
- Demonstrate improvement or reach target** in 3 HEDIS measures (3 milestones total, each HEDIS measure = 1 milestone)
- Demonstrate improvement in one disparity in the reported HEDIS measures (1 milestone)

*Practices are only required to report HEDIS measures for their selected population of focus
**Achievement must be sustained through 2 consecutive submissions

Population	HEDIS Measures
Pregnant People	Postpartum care (PPC) Timeliness of prenatal care (PPC) Postpartum depression screening (PDS-E)
Children/Youth	Child immunization status (CIS) Well child visits first 30 months (W30) Depression screening (DSF)
Adult Preventive	Breast cancer screening (BCS) Cervical cancer screening (CCS) Colorectal cancer screening (COL) Depression screening (DSF)
Adult Chronic Care	Controlling high blood pressure (CBP) Glycemic status assessment (GSB) Depression screening (DSF)
Behavioral Health	Depression screening (DSF) Depression remission or response (DRR) Follow-up after ED for MH – 30 days (FUM)

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Draft KPI Milestones (2)

- There are 4 milestones tied to process measure reporting.

Empanelment Achievement	Continuity Achievement	TNAA Achievement	Assigned & Seen Improvement
Achieve target* for the percent of attributed patients who are assigned to a care team at the practice	Achieve target* for the percent of attributed patient visits with their assigned care team	Achieve target* for average number of days to third next available routine appointment	Achieve improvement* in gap closure of percent of assigned patients who had at least one primary care visit within a 12-month period

*Achievement must be sustained through 2 consecutive submissions

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Revised Activities & Milestones

- PHLC will provide deliverable templates to allow practices to submit evidence of completing milestones. Deliverable templates will be available **August 9th.**

- Bi-annual deliverable submission is the same – May 1st and November 1st.

- The next deliverable submission is **November 1st.**

  - Payment and deliverable cycle is on the next slide.

- Each year, practices will be required to engage in technical assistance, submit KPIs, and demonstrate progress in completing milestones to remain in the program and be eligible for continued payments.

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Deliverable & Payment Cycle

Payment Cycle	Practice Submits Deliverable(s) & Key Performance Indicators	Learning Center Completes Review	DHCS Operationalizes Payments	MCPs Receive Payments	Estimated MCP Payments to Practices
Fall	May 1	May 31	June - August	September	October
Spring	November 1	November 30	December – February*	March*	April*

* Of the following year

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EPT TA Structure

EPT TA Components

EPT TA has five components that will train and support implementation of PHM best practices.

Participation will enable practices to meet EPT milestones and receive payment.

Learning Communities

Practice Tracks

eLearning Hub

Expert Consultation

Coaching

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EPT TA: Learning Communities

| **Learning Communities**	LCs include interactive sessions with experts who will train practices on how to implement PHM best practices to meet milestones.
	Practices will be organized into three LCs, based on geography.
	The first LC will focus on Empanelment and Access. Practices will be invited to one of three sessions on 10/21 from 12-4pm, 10/28 from 12-4pm, or 10/30 from 9-12pm.
	LCs will occur virtually for four hours. In 2025-2026, LCs will meet three times per year during October, February, and June.

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EPT TA: eLearning Hub

- The eLearning Hub launches **September 9!**

- Once launched, the Hub will include three modules (empanelment, access, data/IT); it will also include training for the November 1 deliverables submission.

- Once the Hub is launched, everyone with a user account will receive an email with a link to log-in.

- A user training will be available in September to help you navigate the Hub and get started on your EPT learning journey.
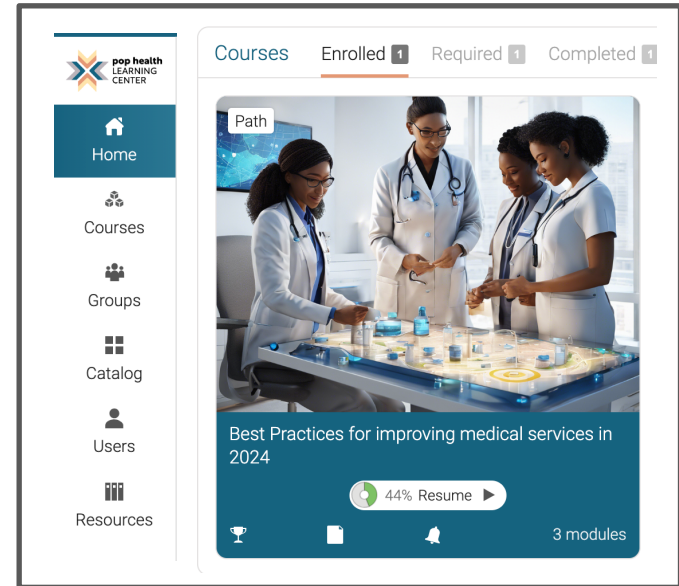
EPT TA: Practice Tracks & Expert Consultation

Practice Tracks

Practice Tracks provide a small group setting for practices to share about their PHM implementation progress and learn from similar practices.

Practice Track meetings will be hosted virtually and every other month, starting in September.

Expert Consultation

Experts will host office hours to answer questions on content recently presented at the Learning Communities and to prepare practices for deliverable submission.

Expert consultations will be hosted virtually and every other month, starting in October.

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EPT TA: Optional Practice Coaching

- Coaching provides one on one support to practices to:
  - Assist EPT practices in translating the curriculum and tools into workflows and best practices that improve PHM capabilities and align with practice culture.
  - Test, implement, and measure the impact of changes on meeting milestones and achieving KPIs (HEDIS measures).
  - Support with EPT deliverable submission.

- Practices may select their coach from a vetted pool and desired time commitment.

- DHCS EPT funding does not cover coaching.
  - Please reach out to your sponsoring MCP to understand if they will fund coaching for your practice.
  - Practices may also purchase coaching packages.

Interested in learning more? Contact Rachel Isaacson, Sr. Program Manager, at risaacson@pophealthlc.org.
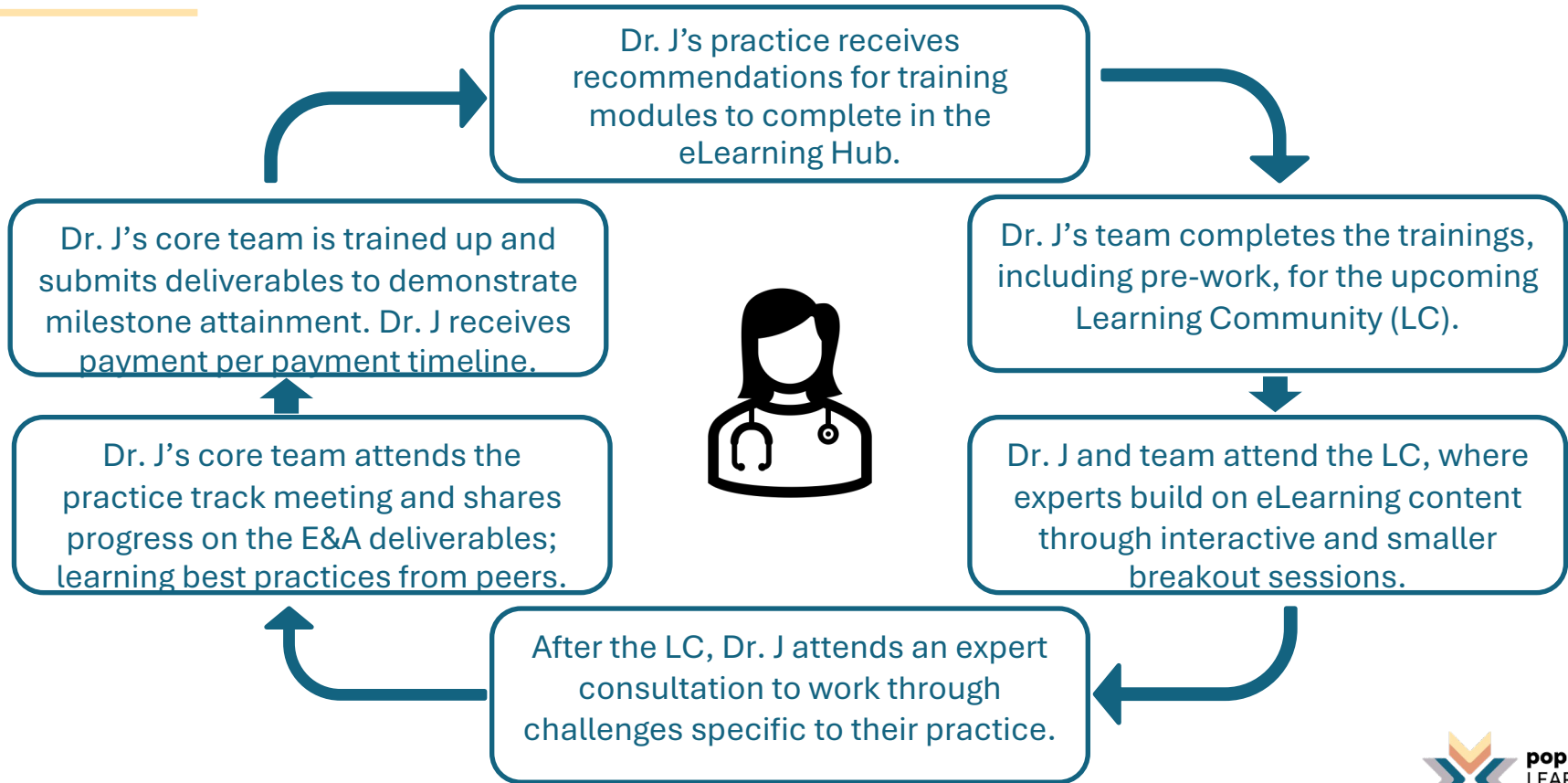
Coaching Accelerates Practice Improvement

- Two systematic reviews found that practices who participated in coaching, as compared to practices who did not participate in coaching, had:
  - Greater improvements in the quality of care provided.[1]
  - Increased uptake of evidence-based guidelines.[2]
- Within EPT TA, coaching will help practices achieve four outcomes, as listed on the right.

Meet performance benchmarks

Improve quality scores

Improve health inequities

Implement evidence-based guidelines

1. Z. Nagykaldi, J. W. Mold, and C. B. Aspy, "Practice Facilitators: a Review of the Literature," Family Medicine, Sept. 2005 37(8):581–88.
2. N. B. Baskerville, C. Liddy, and W. Hogg, "Systematic Review and Meta-Analysis of Practice Facilitation Within Primary Care Practices," Annals of Family Medicine, Jan.–Feb. 2012 10(1):63–74.

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TA Journey: Empanelment & Access

Dr. J's practice receives recommendations for training modules to complete in the eLearning Hub.

Dr. J's team completes the trainings, including pre-work, for the upcoming Learning Community (LC).

Dr. J and team attend the LC, where experts build on eLearning content through interactive and smaller breakout sessions.

After the LC, Dr. J attends an expert consultation to work through challenges specific to their practice.

Dr. J's core team attends the practice track meeting and shares progress on the E&A deliverables; learning best practices from peers.

Dr. J's core team is trained up and submits deliverables to demonstrate milestone attainment. Dr. J receives payment per payment timeline.

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Content Roll Out

Access, Empanelment, Data to Enable PHM, and Key Performance Indicators

Est. Submitting 3 Deliverables

Continue content from 2025. Provide additional support to practices as needed.

Est. Submitting 13 Deliverables

2024

2025

2026

Continue content from 2024. Begin Health Equity, Models of Care, and Value Based Payment

Est. Submitting 9 Deliverables

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EPT Practice Expectations

✓ Define a core team to engage in the technical assistance offerings. Suggested roles include a clinical champion, front line staff member, operations or quality lead.

✓ Engage in required TA. This includes participation on the eLearning Hub and attendance at Learning Communities and Practice Tracks.

✓ Complete content modules and deliverables on time.

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Practice Payments

Payment Structure & Cycle

- Due to the state budget reduction, there have been modifications to the potential practice payments.
  - All practices, regardless of size, may earn a potential payment of $250,000.
  - Practices with 2,001+ lives may earn an additional $20 per assigned life.
  - The maximum potential payment is set at $3.19M.
  - All milestones are weighted equally.

- The state budget reduction process also impacted the PhmCAT 1 payment timeline.
  - Practices will receive the PhmCAT 1 payment in March 2025.

Max potential payment: $3.19M

Additional Potential Payment of
$20 per Assigned Patient
for Practices with 2,001+
Assigned Patients

**Base Potential Payment
for All Practices:
$250K**

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Recommendations for how MCPs Can Support EPT Practices

- DHCS and the Learning Center are **encouraging*** MCPs to support EPT practices in three ways. Please let your sponsored practices know if you can provide support through any of these **optional** ways.

1. *Fund* coaching for sponsored practices.

2. Advance the PhmCAT 1 payment to sponsored practices if possible. Otherwise, payment will be distributed in March 2025.

3. *Enhance* practice payments where possible as an investment in practices' ability to build PHM capabilities and improve quality.

*This support is recommended but not required. There is no funding from DHCS on the above optional supports.

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Next Steps

Opting Out of EPT

- DHCS and the Learning Center understand that the revised EPT program structure may no longer meet the needs of some EPT practices. These practices may opt-out.
- Before opting-out of EPT, DHCS and the Learning Center recommend asking your sponsoring MCP how they can support your EPT journey.

- If necessary, practices may submit their opt-out online.
  - The form will request a letter on your organization's letterhead, signed by your CEO, stating your desire to opt-out.
  - The opt-out form is available here.

- All opt-outs must be received by **August 9th.**

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Upcoming Dates

Activity	Date	Process
Submit your Opt-Out	August 9	Submit an opt-out form
Submit your EPT Questionnaire	August 16	Submit a short questionaire about your EPT practice
Attend the EPT TA Kick Off Webinar	August 12, 3-4pm August 22, 9-10am	Register online
Attend the EPT Coaching Services Webinar	August 27, 12-1pm	Registration information will posted soon!

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2024 EPT TA Roadmap

August
- Ask your sponsoring MCP how can they support your EPT practice.
- EPT opt-out period.
- Kick Off Webinars for EPT TA and Coaching.
- Access deliverable templates.

September
- The eLearning Hub launches on Sept 9th.
- Watch modules on Access, Empanelment & Data.
- Receive resources in preparation for the November deliverables.
- First Practice Track meetings.

October
- Attend the Learning Community focused on Access and Empanelment.
- Attend expert consultation.

November
- Second Practice Track meeting.
- Deliverables are due on November 1st.
- The Learning Center will review deliverables by November 30th.

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