



Instructions

Using the [EPT deliverable portal](#), please complete the prompts for all questions in this template.

This EPT milestone is: Demonstrate evidence of implementing at least 3 strategies from your Data Implementation Plan (DIP) including:

- Identifying and outreaching to the assigned but unseen population
- Using gaps in care reports that include practice and MCP data
- Data exchange with 2 external partners, at least 1 of which is a Qualified Health Information Organization (QHIO)

Note: Before completing this Milestone, the team needs to have submitted Milestone 6: Data Implementation Plan

SECTION 1: Identifying and Outreaching to the Assigned but Unseen Population

Response Criteria:

- **Numerator:** Number of assigned Medi-Cal patients who have had a visit in the past 12 months
 - Numerator is provided
- **Denominator:** Total number of assigned Medi-Cal patients
 - Denominator is provided
- **Assigned and Seen Ratio** (Auto-Calculated, not scored)
- **Assigned and Unseen Rate** (Auto-Calculated, not scored)

Pass:

The response passes if it includes both a numerator and a denominator and the numerator is equal to or smaller than the denominator

Fail:

The response fails if either the numerator or denominator aren't provided or if the numerator is larger than the denominator.

Response Criteria:

Practices will complete a table to describe how the practice has worked to improve care for **assigned and unseen patients**. For each intervention listed in a practice's accepted DIP (and any new interventions the team has implemented), the following data will be provided:

1. Interventions (Assigned & Unseen):

List the specific intervention your practice implemented, including those from your accepted DIP and any new ones you have added.

2. Activities to Implement Intervention:

A specific description is provided that describes what the practice did to carry out the intervention.

3. Lessons Learned:

For each intervention, a key lesson learned is shared and one of the following is indicated:

- Whether the intervention seems to be working
- If not, what will be changed or improved based on that experience

4. Evidence of Implementation:

For each intervention, a practice will list supporting documentation and submit that supporting documentation as proof as proof the intervention was carried out. At least one piece of evidence is required for each intervention. Examples include:

- Patient outreach lists
- Contact or call logs
- Scheduling reports
- Team meeting minutes or notes
- Scripts or outreach templates

Note: A single piece of evidence can support multiple interventions.

Pass:

The response passes if it lists a minimum of 2 interventions that were included in the approved Data Implementation Plan (see Section 1, Question 3 in the Data Implementation Plan for more information). For each intervention, the response must: (a) describe at least one activity to carry out the intervention with enough specificity that someone not familiar with the work would understand what was done; (b) describe at least one lesson learned during implementation, including whether the intervention is working; if it isn't working, the response should describe actions taken or proposed to change or improve; and, (c) list at least one piece of supporting documentation that will

serve as proof that the intervention was carried out and have that supporting evidence submitted in the deliverable portal.

Fail:

If fewer than 2 interventions are listed, the submission fails. If any intervention is missing an activity taken to carry out the intervention, at least one lesson learned, and one piece of supporting evidence, the submission fails. If the supporting documentation isn't clearly linked to the intervention, the submission fails. Note: the same supporting documentation may be used for multiple interventions.

Types of Outreach

Response Criteria:

For 5 different types of outreach (phone, postal mail, email, text, patient portal), practices should list the outreach target, outreach achievement, and conversion rate.

Pass:

Submissions must provide the outreach target, outreach achievement and conversion rate for a minimum of two different types of outreach. Submissions may provide a different outreach method in lieu of the options provided if they engaged in a type of outreach not already listed.

Fail:

The submission fails if the outreach target, outreach achievement, and conversion rate are not listed for at least one type of outreach used.

Outcome Metrics

Response Criteria:

▪ **Denominator:**

- List total number of patients with an outreach attempt (outreach of any type)

▪ **Numerator:**

- List number of patients who completed an appointment after outreach

Pass:

Submissions pass if a numerator and denominator are provided and the numerator is smaller than the denominator.

Fail:

If the submission does not include both a numerator and denominator, the submission fails. If the submission includes a numerator that is larger than the denominator, the submission fails.

Section 2. Using Gaps in Care Reports

Response Criteria

- **Population of Focus:**
 - Response is auto-populated and not scored
- **Which PoF-specific measure did you focus on?**
 - Practice selects a measure from the drop down
- **Did you change your selected PoF or measure since your DIP was approved?**
 - Practice selects yes or no

Pass:

A POF-specific measure is selected and the submission indicates whether or not the selected POF and/or the measure changed since DIP was approved.

Fail:

If a POF-specific measure is not selected, the submission fails. If the submission doesn't indicate whether the POF or POF-specific measure changed, the submission fails.

Implemented Strategies

Response Criteria

Practices implemented strategies to reduce care gaps for the measure indicated in the previous question. For this measure, practices list interventions from their accepted DIP and any additional efforts initiated during implementation.

1. **Interventions (Care Gap):**

List each intervention your practice implemented to improve performance on the selected care gap measure. Include interventions from your DIP as well as any new ones added during implementation.
2. **Activities to Implement Intervention:**

Describe the specific work your team undertook to carry out each intervention. This could include workflows, staff roles, EHR tools, patient outreach, etc.

3. Lessons Learned:

Share at least one insight for each intervention. Note whether the intervention was successful and why. If it wasn't successful, explain what your team learned and how that learning will shape future efforts.

4. Evidence of Implementation:

List the supporting documentation being submitted for each intervention. At least one piece of evidence is required per intervention. Examples include:

- MCP reports or dashboards
- Internal care gap tracking or analysis
- Follow-up logs
- Revised policies or workflows
- Meeting notes or team presentations

The same piece of evidence can support multiple interventions.

Pass:

Submissions must list a minimum of 3 interventions that were included in the approved DIP (see Section 2, Question 4 in the DIP deliverable template for more information). For each intervention, submissions must: (a) describe at least one activity to carry out the intervention; (b) describe at least one lesson learned during implementation, including whether the intervention is working; if it isn't working, the response should describe actions taken or proposed to change or improve; and, (c) submit at least one piece of supporting documentation as proof that the intervention is carried out.

Fail:

If fewer than 3 interventions are listed, the submission fails. If any intervention is missing an activity taken to carry out the intervention, at least one lesson learned, and one piece of supporting evidence, the submission fails. If the supporting documentation isn't clearly linked to the intervention, the submission fails. Note: the same supporting documentation may be used for multiple interventions.

Outcome Data

Response Criteria:

Practices will provide more information on the most recent care gap closure rate for one measure in a practice's PoF. Care gap information should include the most recent twelve months of data for the number and percentage reported.

- **Measure**
 - Measure is selected from a drop down menu
- **Population of Focus**
 - Population of Focus will be auto-populated
- **Denominator (eligible population)**
 - Denominator is provided
- **Numerator (Received Care)**
 - Numerator is listed
- **Performance Rate** (Auto-Calculated, not scored)
- **Care Gap Rate** (Auto-Calculated, not scored)

Pass:

A submission passes if: (a) a measure is selected from the drop down, (b) the POF is indicated; (c) a denominator is provided; and (d) a numerator is provided.

Fail:

If any of the components are missing, the submission fails. If the numerator is larger than the denominator, the submission fails.

Section 3. Data Exchange with External Partners

Response Criteria

Partner 1: QHIO

- **QHIO Name**
 - Name of at least one QHIO with which the practice is contracted to exchange data is listed
- **Date of QHIO contract signature**
 - The date when contract was executed is listed
- **Date when practice executed a data sharing agreement with QHIO**
 - The when the agreement was executed is listed
- **Data type(s) exchanged**

- The data types exchanged with the QHIO are listed
- **Barriers and mitigation strategies encountered since DIP was approved**
 - At least two barriers and mitigation strategies encountered after the DIP was approved are described

Pass:

The submission passes if it lists the name of at least one QHIO with which the practice has a fully executed contract and the date of contract signature is provided (the date the practice signs the contract, if different from the QHIO date). The submission must also include: (a) the date the practice executed a data sharing agreement with the QHIO ; (b) at least two types of data exchanged with the QHIO; and, (c) at least two barriers and mitigations strategies.

Fail:

If a QHIO isn't listed or the date of contract execution isn't provided, the submission fails. If the submission doesn't include the date the Data Sharing Agreement was executed, the submission fails. If two types of data being exchanged aren't provided, the submission fails. If two barriers and mitigation strategies aren't described, the submission fails.

Response Criteria

Partner 2: External Partner

- **Partner Name**
 - The name of an external data sharing partner is listed (if multiple, select one partner to list)
- **Data type(s) exchanged**
 - At least one type of data being exchanged with this external partner is listed
- **Date when practice began exchanging data with External Partner (month/year)**
 - Month/year when practice began exchanging data with External Partner is listed
- **Barriers and mitigation strategies encountered since date of approved DIP**
 - At least two barriers and mitigation strategies encountered after the DIP was approved are described

Pass:

The submission passes if it lists the name of at least one external entity with which the practice is exchanging data that is different than the QHIO listed in the previous question. The submission must also include: (a) the month and year of when the practice began exchanging data with this partner; (b) at least one type of data that is currently being exchanged with this partner; and, (c) and at least two barriers and mitigation strategies.

Fail:

If an external partner isn't listed or the month and year when data exchange was initiated isn't provided, the submission fails. If at least one type of data being exchanged isn't provided, the submission fails. If two barriers and mitigation strategies aren't listed, the submission fails.

Evidence of Implementation

- **Attach documentation that demonstrates an active data exchange connection** with at least two external partners including one QHIO **(for example, a fully executed Data Sharing Agreement, relevant section of an MSA or BAA, or enrollment/participation documentation for CAIR2, RIDE, or similar systems).**
- Describe a minimum of two ways in which data exchange with an external partner is being used to improve care for your selected Population of Focus (PoF).

Pass:

A submission passes if it includes **documentation confirming data exchange with a Qualified Health Information Organization (QHIO)** and at least **one other external data sharing partner** (such as an MCP, hospital, or registry). **The documentation may take the form of a DSA, BAA/MSA section, or participation/enrollment confirmation that establishes the connection.**

The submission must also describe **at least two ways in which data exchange with the external partners (the QHIO and other partner) is being used to improve care** for the selected PoF.

Fail:

A submission fails if it does not include **documentation of two active data exchange relationships (one with a QHIO and one with another external partner)** or if it does not describe **at least two ways that data sharing is being used to improve care** for the selected PoF.



Equity and Practice Transformation (EPT) Payment Program Progress report on implementing data improvement strategies