



Holding the Gains: Sustaining & Spreading

Fall 2026 Learning Communities

October 6 – October 8, 2026 · 2 hours

PART 2 of 2



Disclosure

SPEAKER DISCLOSURE

Rachel Willard Grace has the following relationship to disclose:

- Part of a Quality Improvement Collaborative through the American Thoracic Society that has received funding from:
 - GSK, Pfizer, Lilly, Sanofi, Moderna
- CPCA and PHLC have reviewed all relevant financial relationships and taken appropriate mitigation steps.
- All other staff and speakers have reviewed all financial relationships with ineligible companies and have no relevant financial relationships to disclose.



Continuing Education Credit (CEC) for Physicians

Credit Type	Profession	Accreditation Statement
AMA PRA Category 1™ (CME)	Physicians	In support of improving patient care, this activity has been planned and implemented by the Population Health Learning Center and the California Primary Care Association. The California Primary Care Association is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. This activity is approved for 2 AMA PRA Category 1™ Credits.

To Receive Credit:

You will need to fill out the evaluation that will be shared at the end of this session.



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Continuing Education Credit (CEC) for Nurses

Credit Type	Profession	Accreditation Statement
Nursing ANCC	Nurses	In support of improving patient care, this activity has been planned and implemented by the Population Health Learning Center and the California Primary Care Association. The California Primary Care Association is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. This activity is approved for 2 ANCC contact hours.

To Receive Credit:

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Continuing Education Credit (CEC) for Social Workers

Credit Type	Profession	Accreditation Statement
ASWB ACE Credits	Social Workers	In support of improving patient care, this activity has been planned and implemented by the Population Health Learning Center and the California Primary Care Association. The California Primary Care Association is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) . Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course will receive 2 credits.

To Receive Credit:

You will need to fill out the evaluation that will be shared at the end of this session.



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Continuing Education Credit (CEC)

In support of improving patient care, the Learning Center has partnered with the California Primary Care Association (CPCA) to provide continuing education for the healthcare team:

- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Pharmacy Education (ACPE)
- American Nurses Credentialing Center (ANCC)

To Receive Credit:

You will need to fill out the evaluation that will be shared at the end of this session.



Welcome

While we're waiting, please rename yourself.

RENAME YOURSELF

- 1** Click the Participants icon
- 2** Hover over your name & click rename
- 3** Add your name, pronouns, and organization
- 4** Click OK

**Please no acronyms*

ON PHONE AUDIO?

Here's how to connect.

- 1** Find your participant ID in the top-left of your Zoom window.
- 2** Press #number# (e.g., #24321#) to connect.
- 3** You'll see: "You are now using your audio for your meeting."

Housekeeping Reminders



Mute

We'll mute lines during the presentation to prevent background noise.



Questions

Submit questions using the chat feature or unmute and ask!



Slides + Recording

Slides and recording will be posted to PopHealth Website and emailed out after the session.



Tech Issues

Private chat **Kathleen Figoni** for assistance.

Agenda

Agenda Item	Time	Presenter(s)
Welcome & Framing	10 min	Mary Deane
Mini Teaching: Sustainability and Spread: The MOCHA sustainability framework	40 min	Mary Deane & Rachel Willard-Grace
Working Breakouts	40 min	Practices, Facilitators & Logistic Support
What Carries Forward	10 min	Mary Deane
Celebration & Next Steps	5 min	Mary Deane

Introduce Yourself in the Chat

IN YOUR MESSAGE, INCLUDE:

1

Your Name

First and last

2

Your Role

e.g. Medical Director, Care Manager

3

Your Organization

Practice Name

4

One thing that helps your improvements stick

What keeps it going?

PopHealth Learning Center's Zoom Meeting



Everyone



New chat

You To Everyone · 10:32 AM

Kathleen Figoni

Senior Program Manager, Learning Center

Proud that we finally closed our BP disparity gap.

Who can see your messages?

Message everyone

T

GIF



Meet Your EPT Program Team



**Tammy
Fisher**
MPH

Chief Program Officer,
Learning Center



**Mary
Deane**
MPH

Sr. Director of
Population Health,
Learning Center



**Kathleen
Figoni**
MS-HCA

Sr. Program Manager,
Learning Center



**Monica
Dedhia**
LCSW

Sr. Program Manager,
Learning Center



**Rima
Sheehab**

Consultant

Today's Facilitators



**Mary
Deane**
MPH

Sr. Director of
Population Health,
Learning Center



**Rachel
Willard-Grace**
MPH

Director,
Center for Excellence
in Primary Care

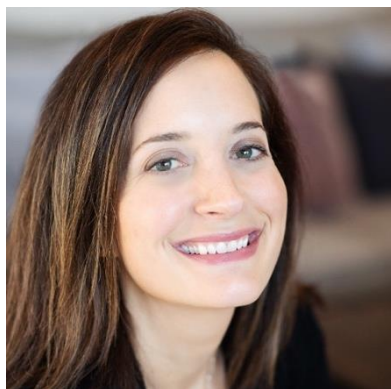


**Kathleen
Figoni**
MS-HCA

Sr. Program Manager,
Learning Center

Thank You to the EPT Clinical Subject Matter Experts

These clinicians helped develop EPT milestones and learning content, reviewed practice submissions, and provided coaching and feedback throughout the program. ***We are grateful for their expertise & partnership!***



**Elizabeth
Horevitz**
PhD, LCSW

Behavioral Health



**Marianna
Kong**
MD

Adults with
Chronic Conditions &
Preventative Needs



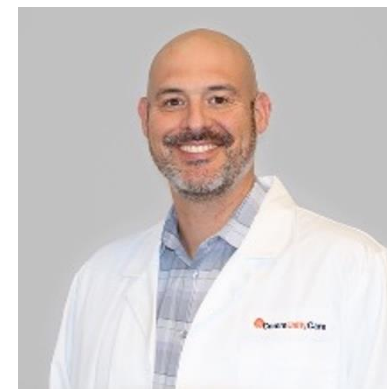
**Nathana
Lurvey**
MD

Pregnant People



**Neha
Gupta**
MD

Adults with
Chronic Conditions &
Preventative Needs



**Roberto
Rodriguez**
MD, MPH

Children & Youth

Thank You to the EPT Technical Assistance Partners

Our technical assistance partners helped practices put EPT into action through facilitation, coaching, and hands-on support over the past three years. **THANK YOU!**



Thank You to our MCP Partners

Thank you to our MCP partners for supporting participating practices throughout EPT.



Thank You to Our Funders

EPT was made possible by the California Department of Health Care Services and Covered California. Thank you for investing in primary care practices and the patients they serve.



Funded EPT statewide, setting a shared vision for stronger, more equitable primary care for Medi-Cal members.



Extended EPT with expert coaching, practice-ready tools and resources, and data support that helped practices go further.

Your support helped practices across California build capabilities that will last beyond EPT.

Real Gains. Now Make Them Last.

In Part 1 we saw what changed across the cohort in three years. Today is about keeping it after EPT ends in December – and sharing it.

STRONGER PHM CAPABILITIES

+15%

Average PhmCAT score, 6.15 → 7.07,
with gains in all eight capability areas

BETTER ACCESS AND CONTINUITY

76% → 87%

of reporting practices met the 10-day
access target, Nov 2024 → May 2026

MORE EQUITABLE CARE

60%

of practices with comparable data
narrowed the disparity they targeted, by
14 points on average

THE QUESTION FOR TODAY What happens to these gains when the project, the funding, and the champion move on?

Learning Objectives

1	Sustainability Framework	Describe the five areas of the MOCHA (Measurement, Ownership, Communication & Training, Hardwiring, Assessment of Workload) sustainability framework and the quality-control discipline behind them.
2	Apply the Framework	Apply MOCHA to at least one EPT improvement you want to carry forward past December, using the worksheet to identify where it is well supported and where it needs attention.
3	Readiness to Sustain	Assess whether an improvement is ready to sustain and spread.
4	Spread	Describe what it would take to spread one improvement to another population, condition, or site, and name where your practice would start.
5	Peer Collaboration	Work alongside peer practices of similar size and type to troubleshoot sustainability challenges and exchange approaches.
6	Your EPT Portfolio	Locate and use the resources that remain available after the program ends, including your own submitted work and the milestone templates.

Which EPT offering were most helpful to your practice?

select all that apply

A

Learning Communities

B

Practice Tracks

C

Office Hours

D

Webinars

E

Workshops

F

1:1 Coaching with SMEs

G

SME deliverable reviews

Answer in the Zoom poll now.

If there was support outside of these choices, please put it in the chatbox.

This helps us understand what was valuable to practices as we think about what comes after EPT.



Mini Teaching

The MOCHA framework, Sustainability & Spread

Definitions

SUSTAINABILITY

Holding an improvement in place after the project, the funding, and the original champion move on – so the gain becomes the new normal.

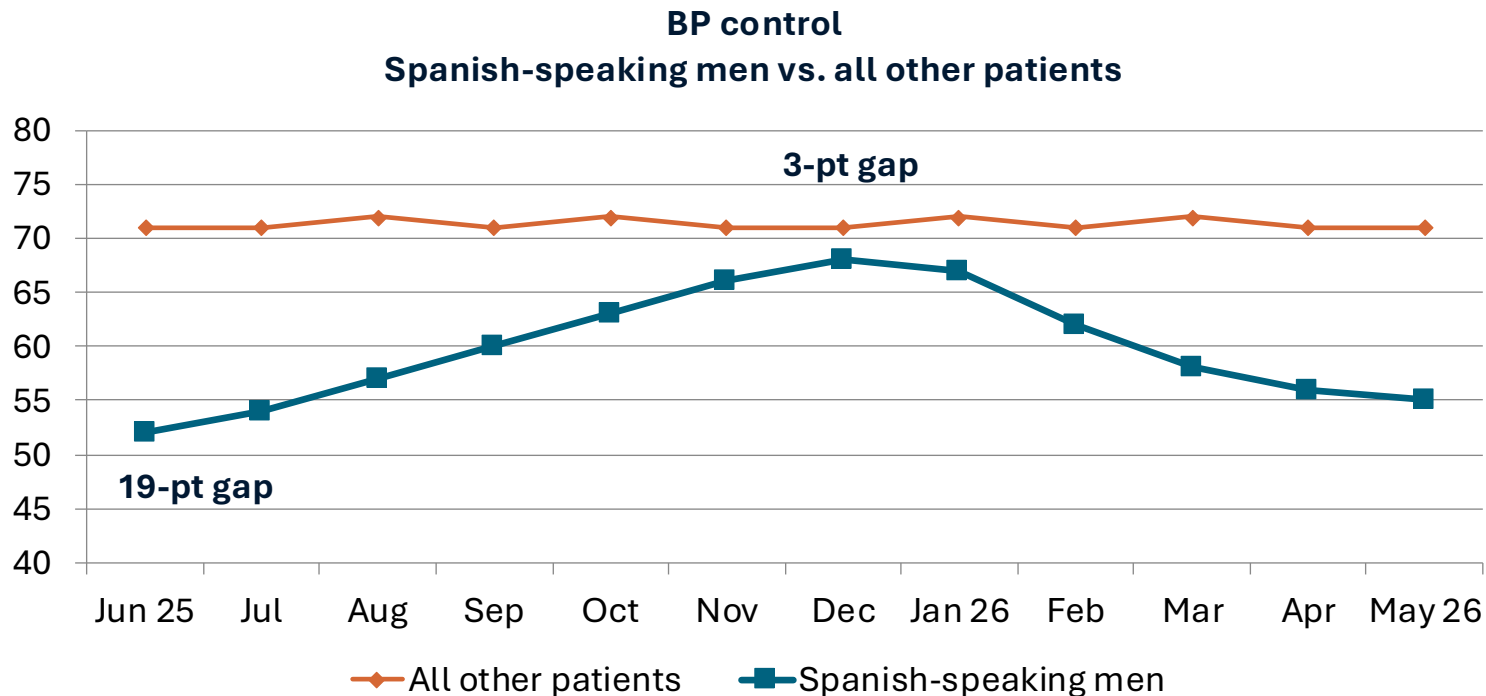
SPREAD

Taking that same improvement and putting it to work somewhere else **e.g., another population, another site, etc.** so the gain is not trapped inside one team that built it.

Meet Blue Clinic

Blue Clinic reduced disparities in blood pressure control for Spanish-speaking men.

By the May 2026 Deliverable Submission, the improvements appear to have evaporated.



DISCUSSION

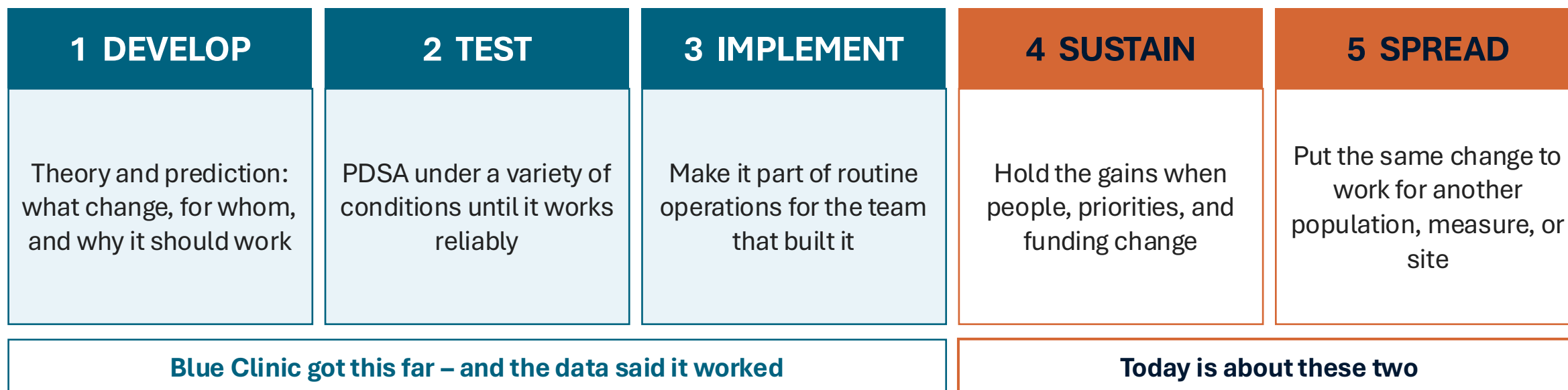
The gains were real – a 19-point gap closed to 3.

Then, by the May Deliverables, it started re-opening.

In your experience, why might this happen?

Why Do Good Changes Stall?

Every improvement moves through the same five steps. Most stall between step 3 and step 4.



Data and learning run through every step – including the last two.

THE DILEMMA You have a great idea and real results. So why doesn't it hold once the project ends – and why won't others pick it up?

Lasting Change Takes Two Kinds of Work

ADOPTION (CHANGE) WORK

supporting people to make the change(s)

How do you build demand for the change(s)
i.e., make it more desirable than the current way of doing things?



TECHNICAL WORK

Work to support sustainability and, if desired, spread and scale-up

How do you ensure your system has the capacity to fully implement and sustain the effort
AND meet the demand you've built?

The technical work is what MOCHA Sustainability Framework walks you through

The MOCHA Sustainability Framework



A practical self-assessment lens for any improvement you want to sustain.

M	Measurement	Is someone still watching the data?
O	Ownership	Who holds this if your champion leaves?
C	Communication & Training	Do staff learn the why not just the what?
H	Hardwiring	Is it built into the work, or one person's memory?
A	Assessment of Workload	Is this sustainable for your team?

Source: Adapted from IHI Implementation & Sustainability

Measurement is Quality Control, Not More Reporting

How will we know it's still working?



Measurement

ASK YOURSELF:

- What will we continue to measure?
- What will we stop measuring?
- What will we do if we see a negative signal — who acts, and how fast?
- Which patient-group gap will we keep watching — not just overall rate?

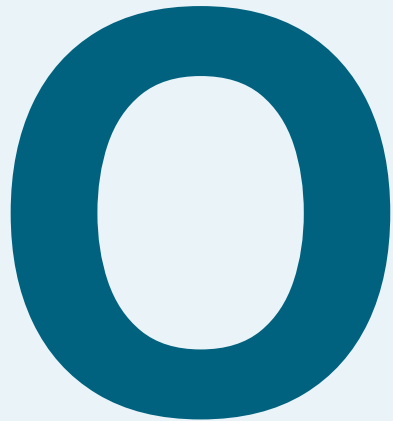
BLUE CLINIC EXAMPLE — A SIMPLE MONITORING PLAN

- **Measure:** BP control — Spanish-speaking men vs. all other patients
- **Review:** Monthly, at the care team huddle
- **Owner:** The lead Medical Assistant (a role, not a person – a process owner)
- **If it slips:** Two months below goal → huddle review + outreach-list check

Source: Adapted from IHI Implementation & Sustainability

Ownership is a Process-Owner Role, Not a Champion

Who owns this after EPT ends?



Ownership

A champion launches the work. A process owner keeps it running.

Role of the process owner in quality control

- Monitor operational status
- Define standard work
- Manage staffing
- Escalation

Communication & Training is Where Gains Quietly Disappear

Do new staff learn the why – not just the what?



Communication & Training

TRAINING THAT STICKS:

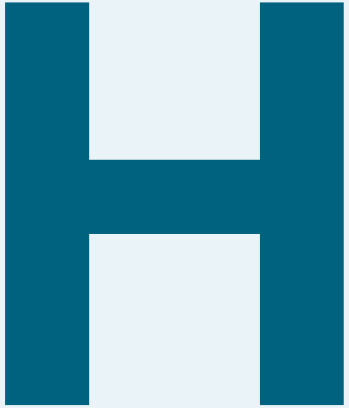
- Awareness first – of the change and the decisions behind it
- Decision to action: peer – to – peer (those who tested the change help others), mentoring, ongoing technical support.
- Build the skill through practice, coaching and feedback – with onboarding into the actual workflow.
- Address the mindset change, not just the technical change
- Train initially and ongoing – existing staff and the new hire

Plan for repetition. “When you get tired of saying it, you are almost doing it enough.”

Source: Adapted from IHI Implementation & Sustainability

Hardwiring Means Easy to Do Right, Hard to Do Wrong

Is it built into the work or into one person's memory?



Hardwiring

How to Hardwire:

- Standardize and pair the standard with accountability
- Document it everywhere – job descriptions, policies, orientation, evaluations – and drop the “old way” if the old way isn’t working
- Let systems do the remembering: EHR prompts, defaults, standing orders
- Tend to resources like forms, equipment, etc.

BLUE CLINIC EXAMPLE

The BP Outreach list for Spanish-speaking men overdue for a check lives in a shared registry view with steps documented. When staff change, anyone can run it from the documented steps. When systems change and the report has an error, the weekly huddle review catches it and the lead Medical Assistant fixes it.

Source: Adapted from IHI Implementation & Sustainability

Assessment of Workload is the Area Practices Skip

Is this realistic for the team on a normal week?



Assessment of Workload

The Reality Check:

- Change is cumulative – this is not your team’s only new thing
- Once total load crosses into unsustainable, the gain slips – regardless of merit.

So ask, with your team:

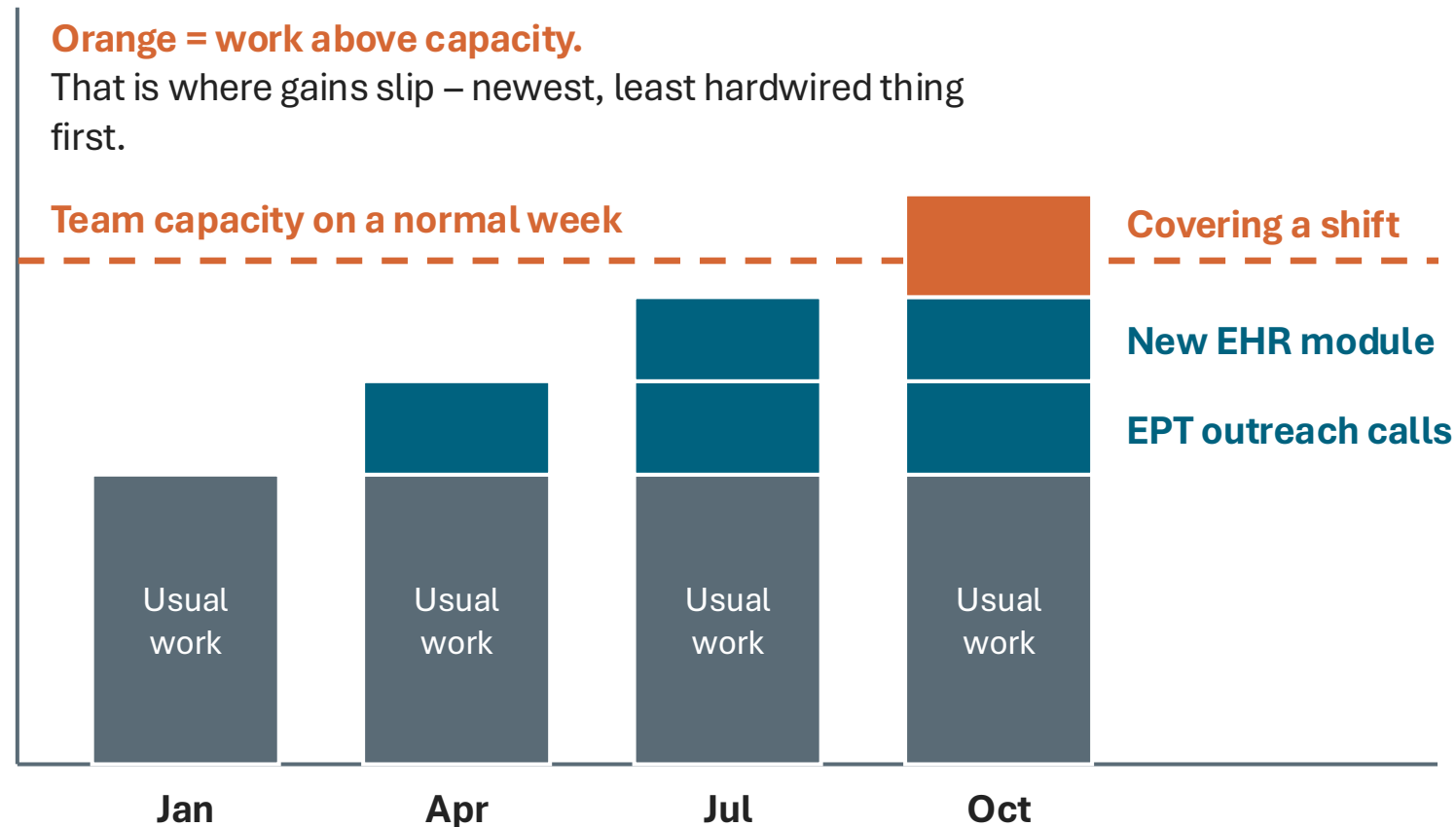
1. What work increases?
2. What can stop or be automated?
3. What capacity is available?
4. What would tell us it’s becoming unsustainable?

SCALE WITHOUT ADDING PEOPLE Before a task lands on a person, ask what the EHR, PHM tool or AI could carry.

Source: Adapted from IHI Implementation & Sustainability

The Stack Is What Breaks

Each new thing is small. Capacity doesn't grow with good ideas – every change lands on the last one.



BLUE CLINIC

Nothing came off the plate when outreach calls and huddle data were added.

Both landed on one person: Rosa, the lead MA. Hold that thought.

The gain didn't fail on merit. It failed on load.

The Workload Ledger

For each task your improvement added: what came off the plate to make room – and who carries it?

WHAT IT ADDED Tasks, minutes, clicks	WHAT CAME OFF THE PLATE Stopped, shortened or automated	WHO CARRIES IT A role with time, or goodwill?
BLUE CLINIC		
Daily outreach call list – 45 min	Nothing. <i>Could have: a saved EHR/PHM registry report (~15 min)</i>	Rosa, lead MA All three tasks, on goodwill – no protected time
BP recheck at every visit	Nothing. <i>Could have: automation via an EHR standing order for MA rechecks</i>	
Sharing the run chart at huddle	Nothing. <i>Could have: PHM dashboard updates it; retire the paper log</i>	

YOUR IMPROVEMENT

What did it add?	What could come off?	Who carries it, with what time?
------------------	----------------------	---------------------------------

THE TEST Would this still get done in a week with two people out sick? If not, the fix is a subtraction, automation or a role– not more training.

Here's what we didn't tell you

In February, Rosa, Blue Clinic's lead Medical Assistant (MA) went out on medical leave.



Two weeks later, the team gathers for its **first team huddle** since she left.

A new Medical Assistant has stepped in to cover Rosa's role while she's out.

Chat Activity

In chat share:

If your whole team won the lottery and quit tomorrow would your improvement(s) stick? Why or why not?

If yes – why? What have you done to make the improvements sustainable?

If no – what would need to be done to make these improvements sustainable?

Two weeks later at the team meeting...

“

THE FRONT OFFICE

Usually, Rosa gives us the list of people to call. I don't know how to get that list.

MOCHA	
M	Measurement
O	Ownership
C	Communication & Training
H	Hardwiring
A	Assessment of Workload

POLL

Which MOCHA components does this voice point to?

Select all that apply

Two weeks later at the team meeting...

“

A CLINICIAN

I didn’t even realize we were slipping. Rosa usually shared the data at huddle.

MOCHA	
M	Measurement
O	Ownership
C	Communication & Training
H	Hardwiring
A	Assessment of Workload

POLL

Which MOCHA components does this voice point to?

Select all that apply

Two weeks later at the team meeting...

“

THE NEWEST MA

I’m sorry, but I don’t even know what EPT is.

MOCHA	
M	Measurement
O	Ownership
C	Communication & Training
H	Hardwiring
A	Assessment of Workload

POLL

Which MOCHA components does this voice point to?

Select all that apply

Blue Clinic calls you for help.

In chat or unmute:

What's the first thing you'd have Blue Clinic put in place?
And which MOCHA letter does it fix?

Rosa isn't unique

THE INSTINCT

“How do we train the next Rosa?”

Training assumes the trained person stays.



THE DESIGN QUESTION

“How do we design the work, so Rosa’s leaving doesn’t break it?”

A shared call list. A standing huddle agenda. A template note. Out of one head — where the whole team can see it.



The good news: designing for this isn't new learning.

It's the QI skills you've used for three years just now applied to sustainability.

Blue Clinic, Start to Finish

The same five steps – what Blue Clinic did at each one, and where it broke.

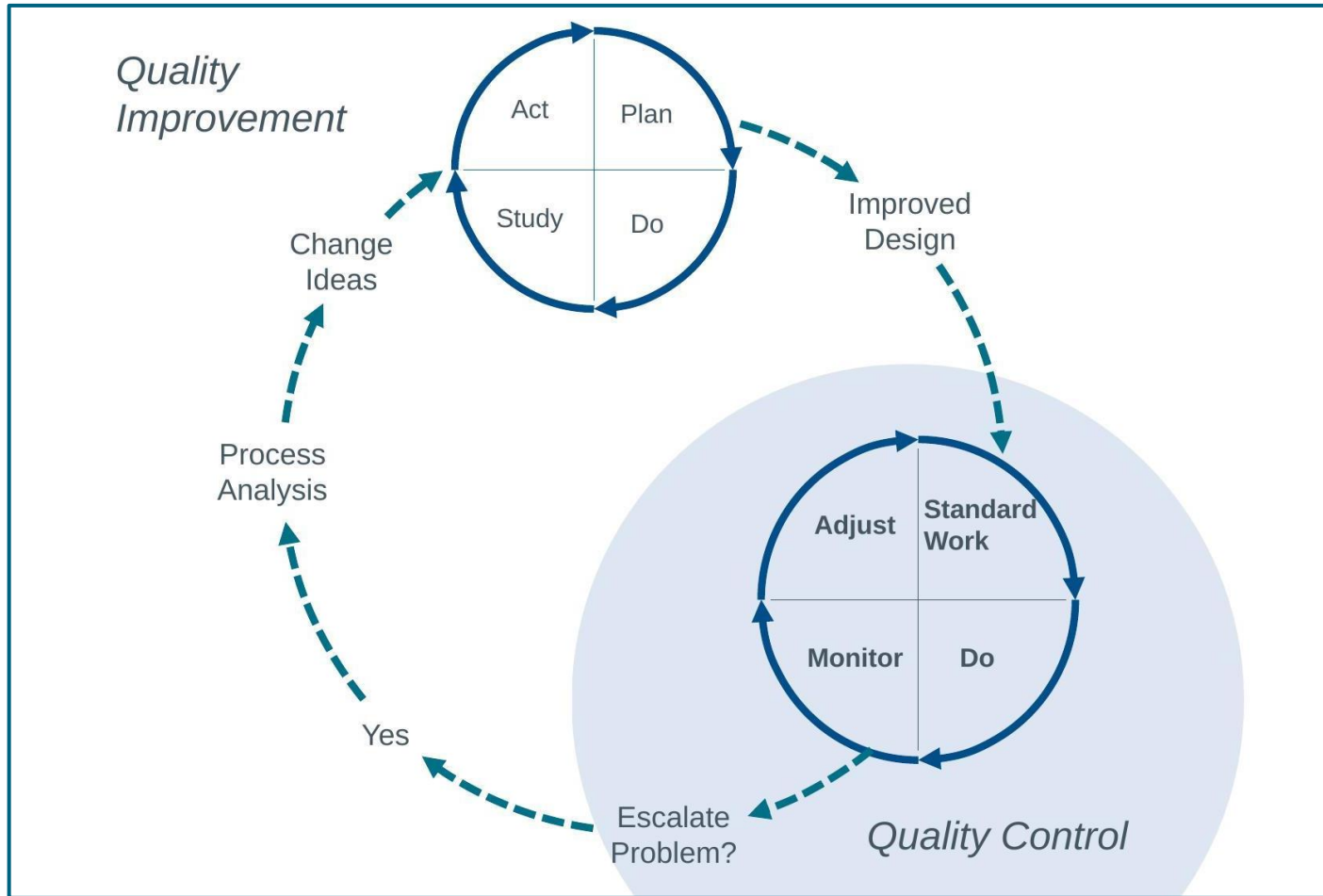
1 DEVELOP	2 TEST	3 IMPLEMENT	4 SUSTAIN	5 SPREAD
A 19-point BP control gap for Spanish-speaking men. Theory: outreach and rechecks close it.	PDSAs on outreach calls, BP rechecks and a run chart at huddle.	By December 2025 the gap closed from 19 to 3 – but it all ran through Rosa.	Nothing came off the plate. Rosa went on leave in February; back to a 16-point gap by May.	Nothing to spread: no written standard work, no owner, no shared data.
What Blue Clinic did well			Where it broke	

The data showed it working – but only Rosa was watching.

WHAT WOULD HAVE HELD IT Not more training: a process owner, written standard work, a shared registry list, data at every huddle, and something taken off the plate.

*Blue Clinic is a teaching case; data are illustrative.

From QI to Sustainability



The left loop is the PDSA cycles you've run for three years.

The right loop is standard work — where sustainability lives. *Blue clinic never built it, the work lived in Rosa's head.*

Small problems get a quick fix on the spot. When the process itself is broken, it goes back through the left loop. **Same tools, two jobs.**

Building the Second Loop

1

**Ensure you're ready
to sustain**

2

**Run your
improvement
through MOCHA**

3

**Translate the
answers into
standard work**

4

**Build the system
that reinforces it**

We just did both of these with Blue Clinic

**These turn Blue Clinic's MOCHA into what outlasts any Rosa:
standard work the team owns, and the routines that keep it alive**

Step 1: Is It Worth Sustaining?

Before you work to hold a change in place, be confident it's the right change.

CONFIDENCE CHECK	THE QUESTION TO ASK	BLUE CLINIC	
1 The results are real	Do the data show a lasting change, not one good month?	YES	Six months of gains: 19 points → 3.
2 We know why it works	Can the team say which parts made the difference?	YES	Outreach plus rechecks for men overdue.
3 It works on a normal week	Does it work beyond one person or a fully staffed team?	NO	It only worked when Rosa ran it.
4 It's worth the effort	Is the benefit clear for patients and staff?	YES	Closing a BP gap for Spanish-speaking men.

THE READ Blue Clinic had the right change. It just couldn't run without Rosa – the other readiness conditions (broad commitment, low cost of failure, a changed system) are what MOCHA checks next.

Step 2: Run It Through MOCHA

			BLUE CLINIC	
M	Measurement	Is someone still watching the data?	PARTLY	The run chart existed, but only Rosa shared it.
O	Ownership	Who holds this if your champion leaves?	NO	Rosa was the champion; no process owner.
C	Communication & Training	Do staff learn the why not just the what?	NO	The newest MA didn't know what EPT was.
H	Hardwiring	Is it built into the work, or one person's memory?	NO	The call list lived in Rosa's head.
A	Assessment of Workload	Is this sustainable for your team?	NO	Everything added, nothing removed.

Step 3: Building Standard Work

- Work with your staff to understand exactly how they implement practices captured in improvement (it often differs from managers' initial understanding)
- Document the approaches that work best (as agreed to by staff)
- Try to test the standard work and modify it (use PDSA thinking!); this will help clarify details of best practice

BLUE CLINIC EXAMPLE

The Standard Work, Documented

BP Outreach — Standard Work (v1)

Owned by the care team, not a person.

1. Every Monday the saved registry report runs itself; any MA opens it (~15 min, steps documented)
2. Call patients overdue for a BP check; log outcomes in the shared list
3. Automated text reminder to no-contacts; still no response → huddle
4. Review the run chart at Thursday's huddle — Spanish-speaking men vs. all other patients

Step 4: Build the System

A system that wraps around the standard work and keeps reinforcing it.

This system:

- Documenting the standard work
- Enables teaching of it
- Reinforces it after teaching
- Measures the standard work execution and its consequences
- Uses the EHR, PHM tools and automation so it runs on a normal week

BLUE CLINIC EXAMPLE

The Routines That Keep It Running

- **Ownership:** A process owner (the lead MA role, whoever holds it) monitors status and escalates
- **Training:** New staff practice it in the live workflow during onboarding, with coaching
- **Measurement:** The run chart lives on the huddle wall; two months below goal triggers a review
- **Review:** A five-minute standing huddle item; the standard work is updated when the team finds a better way
- **Systems:** The saved report and standing order do the remembering; the dashboard refreshes the run chart

LEADERS KEEP IT ALIVE Celebrate wins · Share patient voices · Catch people doing it well · Coach those who struggle

Let the System Carry It

		AUTOMATION & AI CAN...	BLUE CLINIC COULD HAVE...
M	Measurement	Refresh the dashboard and flag a slip automatically	PHM dashboard updates the BP run chart weekly, by patient group
O	Ownership	Route tasks to a role's work queue, not a person	Outreach list routes to the MA role in the EHR – not to Rosa
C	Communication & Training	Draft tip sheets and patient messages in the patient's language	AI drafts Spanish outreach scripts; bilingual staff review them
H	Hardwiring	Build it in: standing orders, EHR prompts, defaults	Standing order: MAs recheck BP without a provider ask
A	Assessment of Workload	Send automated reminders; draft outreach and visit prep	Text reminders go first; MAs call only those who don't respond

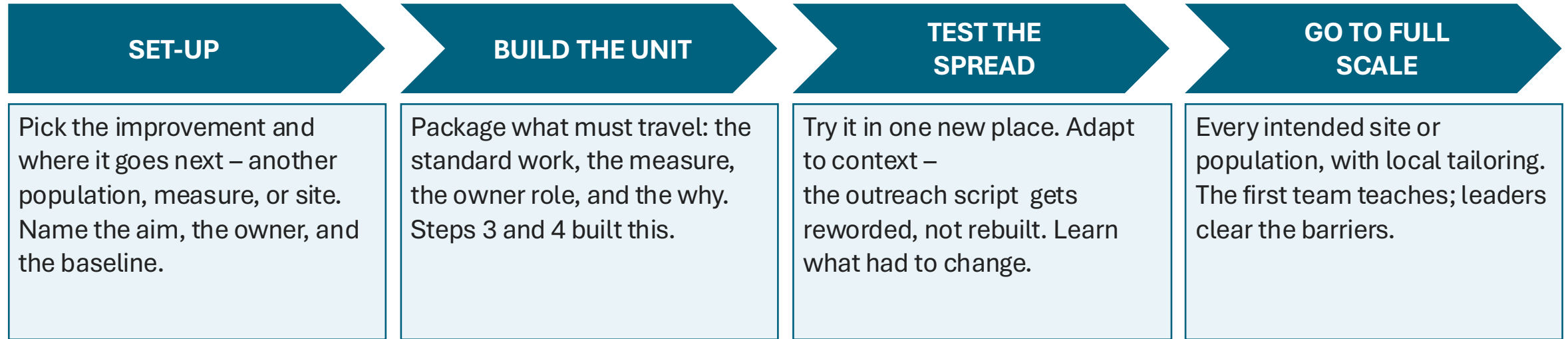
THE GUARDRAIL Automate the repeat work, not decision points. A person still owns it, reviews what AI drafts, and checks results by patient group.

Evidence and readiness guide spread.
You can plan for spread while you're still
strengthening sustainability.

Spread Has a Sequence Too



IHI's Scale-Up Framework, sized for a practice. Each phase adds evidence the change still works.



ADOPTION MECHANISMS Will – leadership, communication, peer networks, shared urgency. What makes the next team want it.

SUPPORT SYSTEMS Execution – people and time, QI capability, visible data, a learning loop. What lets the next team carry it.

WRITE YOUR SPREAD AIM By [date], [team] will improve [topic] by spreading [key changes] to [where – population, measure, or site].
Blue Clinic: By June 2027, the care team will improve BP control for Spanish-speaking women by spreading the outreach-and-recheck standard work to them.

Ready to Spread?



Check all three before taking a change to a new team or population. A 'no' shows where to start.

IDEAS Is the change ready?	WILL Does the next team want it?	EXECUTION Can the system carry it?
☐ It has been tested and the results have held where it started ☐ The standard work is written down and the team follows it ☐ You can explain why it works, not just that it works ☐ It is simpler than what it replaces	☐ They see the same gap as a priority, not your project ☐ The benefit is obvious to them – patients, staff, and the measure ☐ It fits how they already work and what they value ☐ A leader or champion there has said yes and will speak for it	☐ Someone has protected time to own it there ☐ A person there can run a PDSA cycle and adjust it ☐ You can see the data for the new place, not just yours ☐ Learning from the first site loops back to the second

Sound familiar? These are MOCHA's questions asked about the receiving team instead of your own.

What Travels With It

An improvement doesn't travel alone. Four things go with it:

1

**Your Standard
Work**

2

**How you
measure it**

3

**A named owner
on the receiving
team**

4

**The why and the
results**

MOCHA Sustainability Worksheet

Today you'll work through it together as a group. After today, it's a tool you can pull out for any improvement you want to hold onto.

This is a tool — not a deliverable.



MOCHA Sustainability Self-Assessment

EPT Fall 2026 Learning Community

Pick one improvement your practice made during EPT and wants to carry forward past December. Sustainability is for the changes you are choosing to keep. Answer honestly and quickly. This is a thinking tool, not a deliverable, and nothing here is submitted or graded.

This improvement / KPI: _____

Step 1 Run it through MOCHA

Five areas that decide whether a change lasts. Answer for the improvement above. You do not have to fill every box; start where you feel least sure.

M Measurement <i>Is someone still watching the data?</i> - Which one or two measures tell you this is holding? - Who looks, how often, and where is it surfaced (a simple KPI dashboard, a huddle board, a monthly review)? - What happens when the number drifts? Who acts?	Notes
O Ownership <i>Who holds this if your champion leaves?</i> - Name one accountable owner. One name, not a committee. - Who is the backup? - Is that person engaged and on board?	Notes
C Communication & Training <i>Do new staff learn the why, not just the what?</i> - Who explains the change, and how? - How do current and new staff learn the new way (not a one-time in-service)? - Where does learning happen side by side, at the elbow?	Notes

Pick one improvement

One thing your practice built during EPT that you want to keep past December.

Step 1 — run it through MOCHA

Five areas: Measurement, Ownership, Communication & Training, Hardwiring, and Assessment of Workload.

Step 2 — where could it go next?

Another population, condition, or site — and what has to travel with it.

Before you go

One insight for your group, and one action you'll take before December.



5 Minute Break



Working Breakouts

The MOCHA Sustainability Framework

Working Breakouts



HOW THIS WORKS

1 Introductions — 3 min

Name, organization, and one thing from the mini teaching that resonated.

2 MOCHA in Action — 15 min

One volunteer shares a real EPT improvement. The facilitator leads the whole group through the worksheet on that one example.

3 Wrap for share-out — 2 min

Agree on one insight that stood out – a pattern, a gap, a surprise – and one concrete action you'll take before December.

SELF-SELECT INTO BREAKOUT ROOMS

Self-select into one of the following rooms.

Rooms by practice size and type:

- Small independent practices (<5 FTEs) and Tribal healthcare practices
- Medium / large independent practices (5+ FTEs)
- Community health centers & hospitals — two rooms by practice name
 - Group 1: Practices that start with **letters A – M**
 - Group 2: Practices that start with **letters N – Z**

**A facilitator is in every room guiding the conversation.*



Breakout Room Reflections

Breakout Room Reflections

YOUR INSIGHT

What stood out across your
answers.

A pattern, a gap, a surprise.

YOUR ACTION

One concrete action you'll do
before December.

Not a list, not a plan. One thing.

~75 seconds per group.

If you're listening: notice what keeps coming up across the groups.



What Carries Forward: Funding & Your Portfolio

Your EPT Portfolio

Three years of submitted work belongs to you and it's the foundation of the plan you just started.

Practice Dashboard - TESTING ONLY

Export your deliverables

Download deliverables as PDFs — either blank templates to complete offline, or a copy of the answers you have submitted. Choosing a single deliverable downloads one PDF; anything larger arrives as a zip.

Deliverable

All deliverables



Include uploaded files (answers only)



Download blank templates



Download my answers

Your Submissions

Save a static copy! With your attachments included!

The Milestone Templates

Use these templates to approach future improvement work.

Exemplar Submissions

Peer examples you can return to.

Framed for spread

Your disparity reduction plan is a reusable map for a new population! The same structure applies to another group.

Where to Keep Learning

1

**IHI Sustaining
Improvement
white paper**

IHI

2

**NHS
Sustainability
Model and
Guide**

NHS Institute

3

**Sustainability
Framework: The
Three Anchors**

Signal Key

4

**A Framework
for Spread**

IHI Innovation Series

5

**Spread AIM
Worksheet**

Signal Key

ALSO FROM THE LEARNING CENTER PopHealth+ for ongoing tools and learning · Recordings and slides from EPT learning sessions

**Links to these resources will be sent out in our follow up email.*

Celebration

Three years of work. Let's celebrate! 🎉

Chatterfall: In Chat

In one word, what has **EPT** meant to you and your organization?

In one word, how would your **patients** describe the change in your practice?

Describe your **team** in one word.

HOW THIS WORKS

Type **one word** per question in the chat.

We'll turn your answers into **word clouds** and share them with the cohort after today.

Your words, together, tell the story of EPT.

Ways to Stay Connected

The relationships in this cohort are worth sustaining, too. Here's what we're setting up:

COHORT CONTACT LIST

Opt in, and your contact info is shared back with everyone else who opts in — a cohort directory for staying connected after December.

The Smartsheet link will be dropped in the chat and it goes out again in the follow-up email.

WHAT THE FORM ASKS

- Name
- Organization / practice
- Email
- **Connect with me about** — the milestone areas you'd welcome a peer conversation on (BH , HRSN, disparity reduction, empanelment, VBP...)
- LinkedIn Profile (*optional*)

[EPT Learning Community: Cohort Contact List & Connection Directory](#)



Close & Next Steps

NEXT STEPS

Post-Event Survey

Please fill out the post-event survey.

Choose Session **2A (October 6)** or **2B (October 8)**.

Interested in CEs?

When completing the post-event survey, you will need to confirm that you would like to receive CECs and provide the necessary information to receive them. **Please complete it no later than end of day October 15th.**

The link will be posted in the chat and shared in the follow up email.



Would you like Continuing Education Credits? *

☒ Yes

☐ No

What type of CECs are you requesting? *

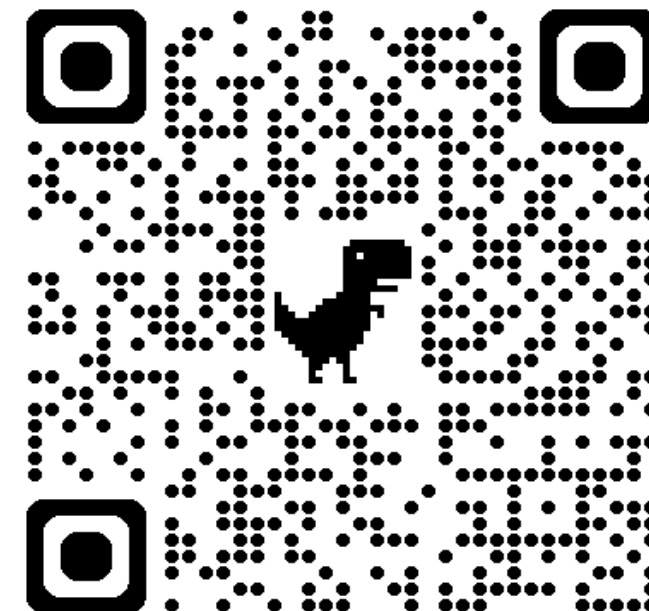
What is your license number? *

First Name *

Last Name *

Email *

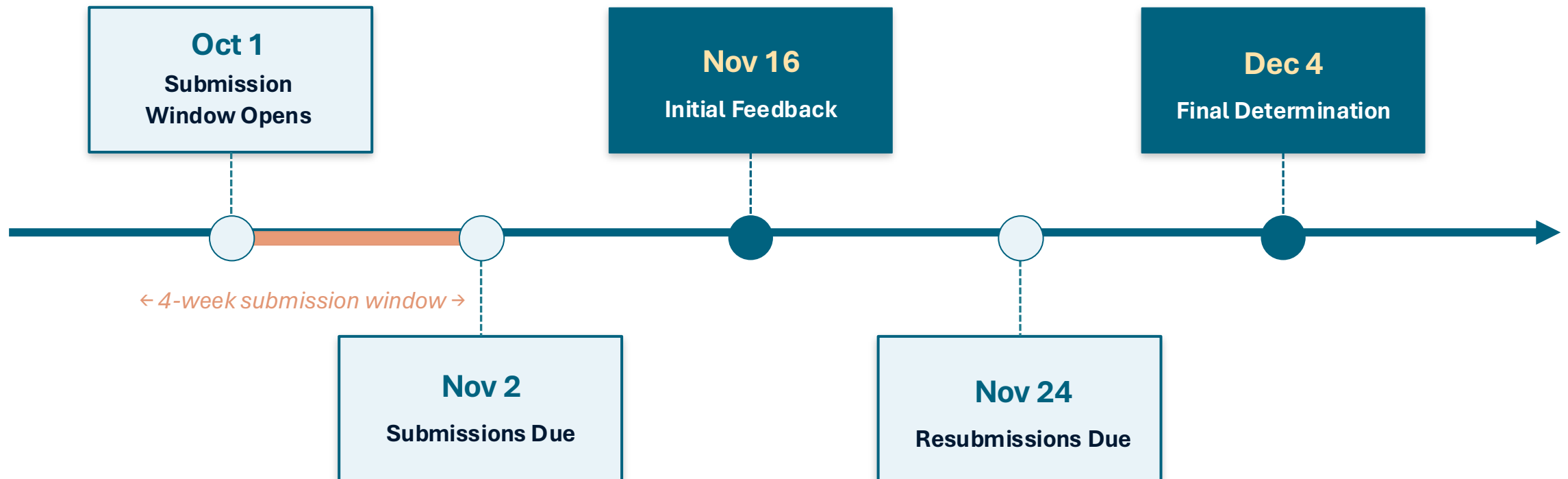
Organization *



[Post-Event Survey](#)

Final Submission Cycle

October 1, 2026 – December 4, 2026



Who Reports Each Milestone

There are 25 EPT Milestones but only Milestones 1 – 21 require a practice submission

MILESTONES

1–21

Practice-reported

YOU SUBMIT

Submitted by practices through the EPT program.

Tracked and paid based on practice submissions.

MILESTONE

22

DHCS-reported

NO SUBMISSION NEEDED

Assigned and Seen

The percentage of assigned patients seen within a 12-month period.

MILESTONES

23–25

MCP-reported

NO SUBMISSION NEEDED

Population of Focus HEDIS®-like measures

Improvement or achievement in up to three Population of Focus HEDIS®-like measures.

In short: practices submit deliverables for Milestones 1–21 only. Milestones 22–25 are reported by DHCS and MCPs.

Key Reminders

Final Submission Cycle

The final submission cycle opens October 1, 2026, and closes November 2, 2026.

This is your last opportunity to submit your deliverables.

Office Hours

Join us for *optional* weekly drop-in office hours throughout October during our final submission cycle.

What comes next?

Join us for a webinar on Friday, November 20, 12:00–1:00 PM, to hear what comes next after EPT.



Thank you!