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Looking Ahead: What Comes After EPT

November 20, 2026



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.

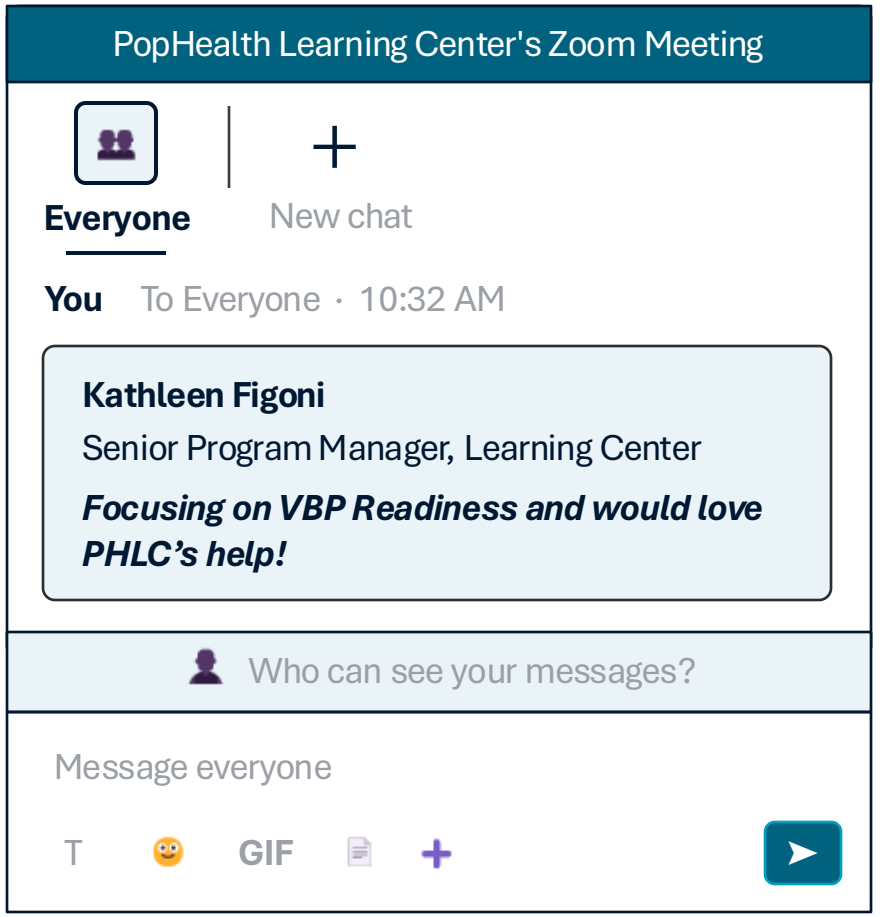
3 You'll see: “You are now using your audio for your meeting.”

WELCOME · PLEASE CHAT IN

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 you're focused on for 2027**
   A priority, goal, or area where you'd like continued support



Housekeeping Reminders

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	**Mute**	We'll mute lines during the presentation to prevent background noise.
	**Questions**	Submit questions using the chat feature.
	**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

- Welcome & Framing
- Remarks from DHCS
- EPT Outcomes Update
- Sustaining & Spreading EPT Gains
- EPT Wrap-Up & Next Steps

Remarks from DHCS

Jeffrey Norris, MD

Value-Based Payment Branch Chief, DHCS



EPT Outcomes Update

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More practices are embedding population health management into routine care

81%

of practices improved their PhmCAT score

30% → 55%

of practices scored 7 or higher, from 2024 to 2026

What does a score of 7 or higher mean?

Stronger population health capabilities embedded in everyday care. Examples of what this can look like include

Planned care

Huddles and pre-visit planning prepare teams for patients' needs.

Outreach

Staff routinely identify and contact patients with care gaps.

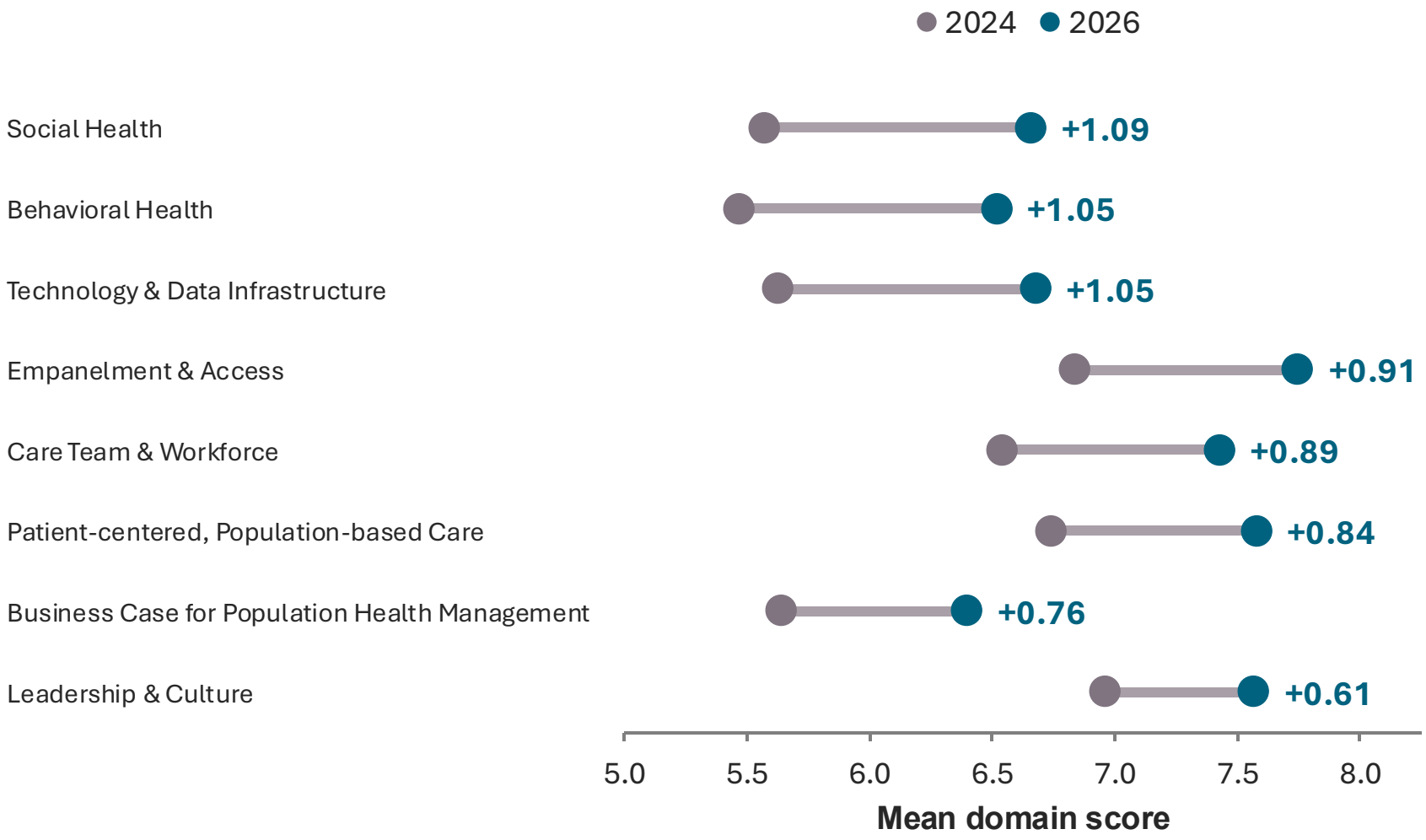
Performance review

Teams review data and adjust workflows to improve care.

Source: PHLC TA Dashboard PhmCAT analysis (8/28/2026).

PhmCAT Domain Scores | 2024 - 2026

All practices that started EPT with scores in both years; sorted by overall change



What the scores show

Consistent improvement: every area improved significantly ($p < .001$).

Why a 1-point gain matters

Similar tools have demonstrated **increase in score, results in significant improvement in patient outcomes**. For example, a one point increase in score resulted in 1.24 times higher likelihood reaching blood pressure control for a panel of patients.

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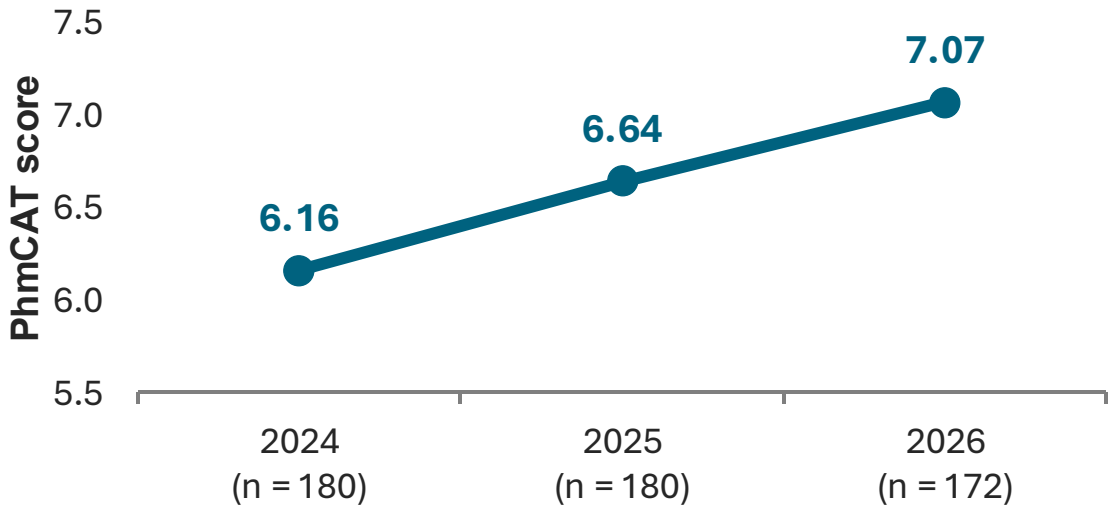
PhmCAT Improvement by Practice Type | 2024 - 2026

PhmCAT score by year

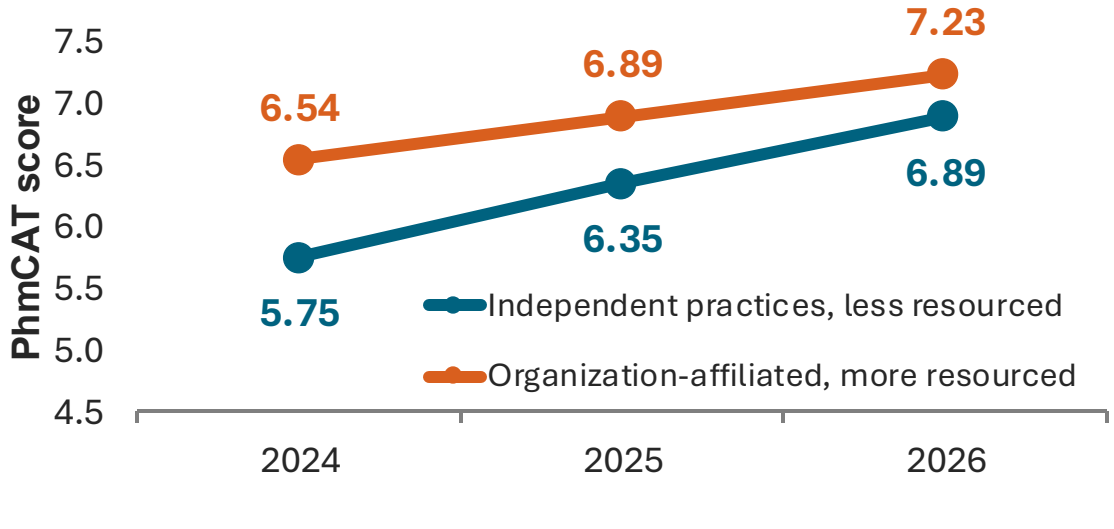
Active practices (end of Cycle 4); mean score



Each point includes all practices with a score that year; the number of practices declines over time.

PhmCAT score by year and archetype

Active practices; mean score



Each point includes all practices with a score that year; the number of practices declines over time.

- Independent practices larger gain is explained by their lower starting point, more room to improve and not because of their archetype.
- For those practices with improved PhmCAT scores, Independent practices gained 1.53 points on average compared with 1.04 points for the organization-affiliated practices and the change is statistically significant.

More practices are meeting operational targets

2.6 fewer days

to next available appointment

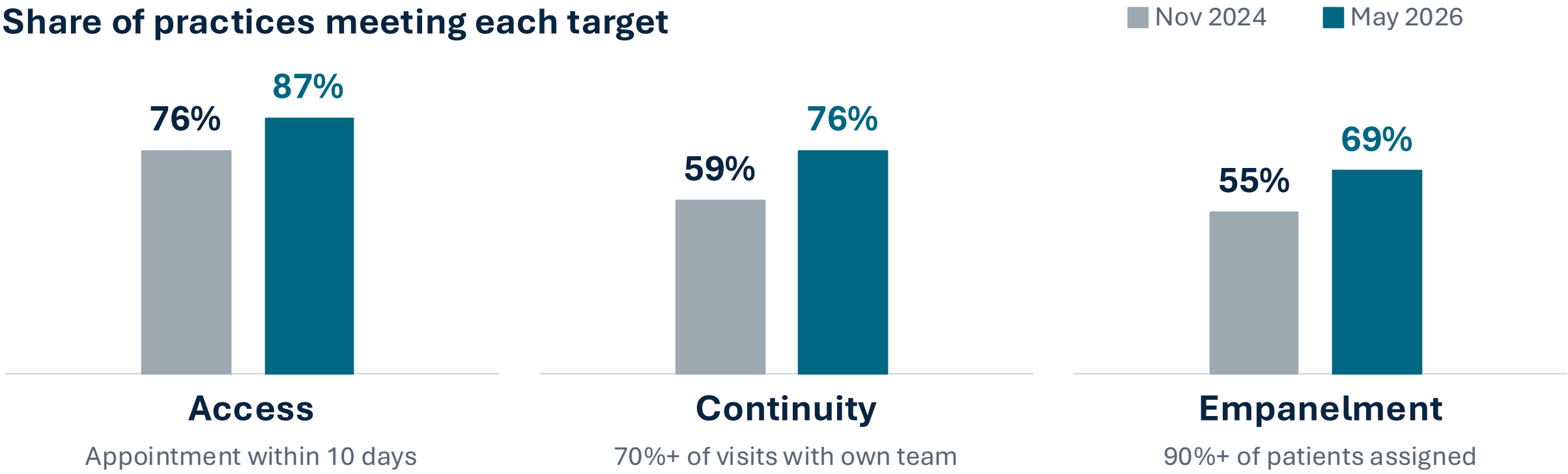
Statistically significant ($p < 0.001$)

+6.4 points

in continuity of care

Statistically significant ($p < 0.001$)

Share of practices meeting each target



Source: July 2026 DHCS KPI file (179-practice analysis cohort). Reporting denominators vary by measure and cycle.

Sustaining & Spreading EPT Gains

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What your practice can carry forward after EPT

Keep the gains you've made

Keep reviewing your HEDIS and access results in team huddles. Use your practice data and health plan reports to spot where you're losing ground and decide what to adjust.

Apply what worked to more patients

Take a workflow that worked for your EPT patient population, such as planning care before a visit or reaching out to patients who are overdue, and try it with another patient group, measure, or site.

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How PHLC can support your practice

PopHealth+	Train new staff or refresh your team's skills with short, self-paced modules. Find ready-to-use templates and examples from other EPT practices.
Practice transformation	Work with a coach to improve access or a HEDIS measure you're focused on. Learn what other practices have tried in small groups with peers and experts.
Data and technology	See where your practice is performing well and where patients are missing care. Get hands-on help with documentation, outreach, and care-gap tracking in the systems you already use.
Shared clinical services	Access clinical pharmacists for chronic care, behavioral health specialists to help integrate screening and follow-up, and eConsults for specialist guidance.
Value-based payment support	Get help reviewing health plan contracts, understanding how payments are tied to performance, and identifying changes your team can make to improve on those measures.

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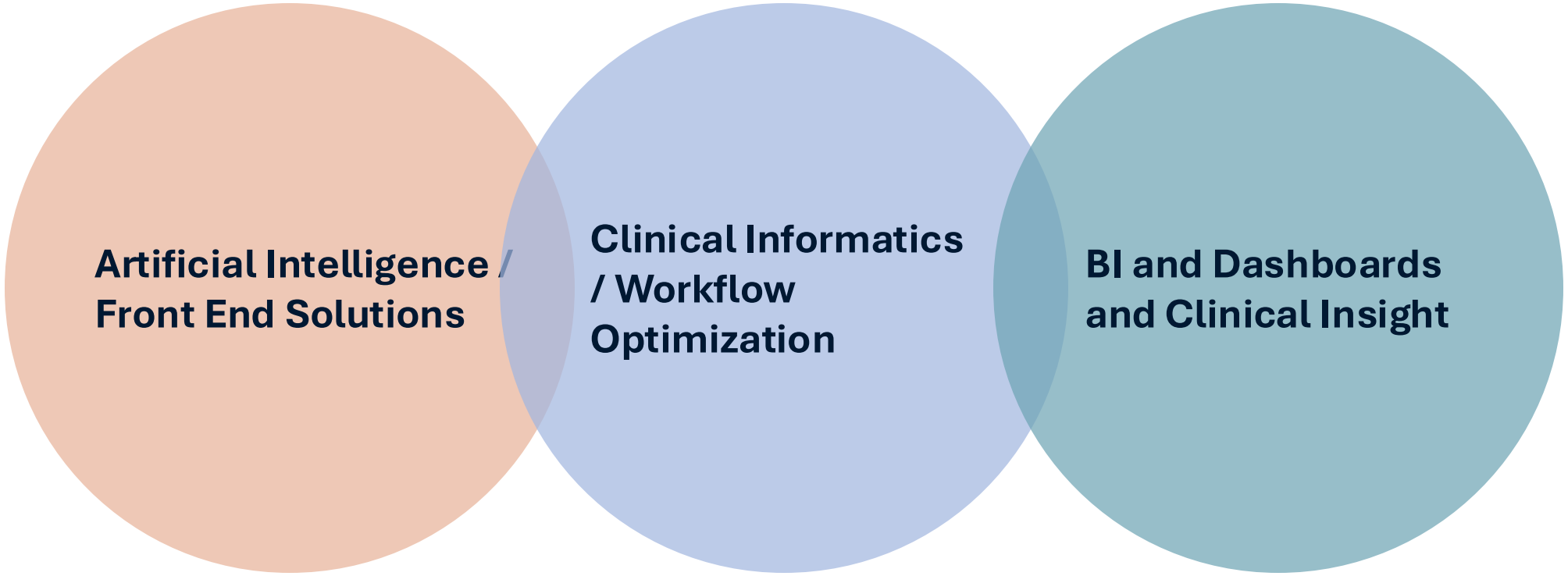
Data & Technology: What's Next

Three capabilities that help plans and practices sustain and spread EPT gains.



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PHLC Technology Services - PopHealth+ AI Chatbot

What we built...

The Solution

- We created an AI-powered information retrieval chatbot to help users find information across selected PopHealth+ learning and practice improvement resources.

How It Works

- Users can ask questions and receive answers grounded in the available resources within PopHealth+, with citations linking back to source materials.

PopHealth+ AI Chat Bot

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PopHealth+ AI Chatbot

Where We Are Today?

Internal testing completed/ feedback collected

5 EPT practices participating in external pilot

Current capability: PopHealth+ information retrieval

Broader practice rollout targeted for November

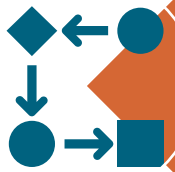
What's Next in 2027?



AI-generated patient summaries



Care gaps and patient prioritization (RSST)



Workflow support and actionable insights

- Potential capabilities: automated outreach, no-show prediction, ambient AI

[PopHealth+ AI Chat Bot]

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Tech-enabled Workflows: Clinical Informaticist Support

We successfully tested a hands-on approach with 7 primary care organizations to helping care teams use their existing clinical systems to improve documentation, track care gaps, and target outreach.

Practice setting	What changed
Rural FQHC	Staff now enter outside colonoscopy results in structured EHR fields, closing screening gaps for patients whose completed tests hadn't been counted.
Urgent care / primary care group	Staff moved outreach notes into structured fields and corrected a reporting issue that counted consult notes as completed colonoscopies.
Independent pediatric practice	Clinicians adopted AI-enabled documentation and patient education tools. The practice is preparing to test tailored vaccine education in families' preferred languages.

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PHLC Data Services - EPT Reporting Portal

Explore the interactive dashboards to review aggregated and MCP-specific practice-level performance, monitor progress, and identify opportunities for improvement.

Practice Views

- Practice-Reported Summary Practice-Reported Summary & PhmCAT Details by Practice
- MY2024 Practice HEDIS Overview

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DEMO

[Access EPT Reporting Portal Here]

Looking Ahead & Next Steps

Coming in January 2027

MY2025 HEDIS performance comparisons with MY2024 at the practice level

Fall 2026 PhmCAT results
Final Cycle 5 Milestone Updates

Want to learn more?

Interested in EPT Reporting Portal access?

- Send PHLC the names or usernames and email addresses of the users who need access to the contact below.
- PHLC will coordinate account setup and practice-specific access.

What to Expect?

- Setup takes about 5 business days to 1 week.
- This allows time for practice-specific filtering and QA before access is granted.

Questions or ready to request access?

Rachel N. Thosy
Implementation Manager, PopHealth Learning Center
rthosy@pophealthlc.org

Thank you for your partnership!

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Introducing IMPACT-CA

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DHCS has set a clear direction for value in Medi-Cal

IMPROVE MEMBER HEALTH AND WELLNESS BY DELIVERING THE RIGHT CARE AT THE RIGHT COST AT THE RIGHT TIME

1. **PROVIDE FOUNDATIONAL SUPPORT**
2. **INVEST IN PRIMARY CARE**
3. **ALIGN EXPECTATIONS ACROSS PLANS + PROVIDERS**
4. **SCALE VALUE-BASED PAYMENT**

BETTER RESULTS + OUTCOMES

Access • Quality • Member experience
Care coordination • Health outcomes • Fewer disparities

RESPONSIBLE USE OF RESOURCES

Fewer avoidable gaps and delays • Fewer preventable complications • Sustainable spending over time

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The challenge we're addressing

The plan is accountable for

- Access + network performance
- Quality + equity
- Affordability + total cost

Primary care is expected to

- Manage populations + close gaps
- Coordinate care + transitions
- Reach patients between visits
- Prevent avoidable escalation



But the operating model often has

- Visit-centered payment
- Uneven capacity + support
- Fragmented data + expectations
- Limited implementation visibility

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PHLC-facilitated VBP Work Group grew out of EPT



IMPACT-CA: The Investment Model for Primary Care Advancement, Capacity, and Transformation- California

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Where IMPACT-CA can make a difference

Funds the work

1

Payment model

Primary care cap
PHM PMPM
Add-ons: BH, MAT, eConsult
Monthly P4P

Builds capability

2

High-value care hub

Shared implementation support for shared workforce, practice transformation, data use

Organizes participation

3

Accountable care entity

A future organizing structure to create sufficient scale, and supports shared performance and financial accountability.

Aligns the initiative

4

Program office

Common standards, measures, governance, learning, and coordination

The result

Primary care has the resources, capabilities, connections, and common expectations needed to function as reliable system infrastructure.

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IMPACT-CA payment model

Advanced primary care model → **Shared savings** → **Shared risk**

Foundational payment

- **PPS or primary care capitation**
  or professional capitation
- **Add-on payments**
  optional
- **Population health management (PHM) payment**
- **Prospective quality payment**

Optional accountability

Advanced primary care base model

+

- Shared savings based on total cost of care and quality + equity
- Risk corridors
  1.0%, 1.5%, or 2.0%

Optional downside risk

Advanced primary care base model

+

- Shared savings + shared risk based on total cost of care and quality + equity
- Risk corridors
  1.0%, 1.5%, or 2.0% + protections

The advanced primary care model is the foundation. Shared savings and shared risk are optional pathways for prepared providers.

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EPT Wrap-Up & Next Steps

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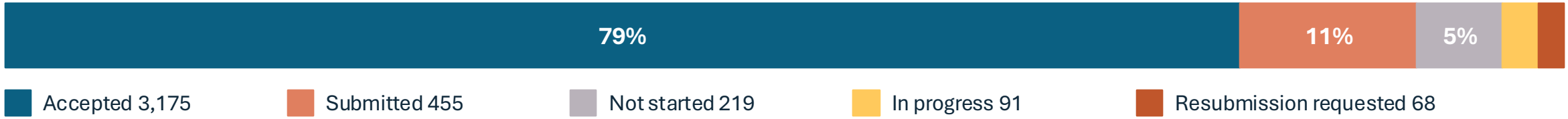
SUBMISSIONS AS OF NOVEMBER 3, 2026

Where submissions stand to date

Mid-cycle snapshot: 18 of 24 deliverables are accepted for 144 of 167 practices. Remaining work is in HRSN and BH Screening & Linkage, the VBP Milestone and the November 2026 KPIs (KPI Assessment & Disparity Reduction KPI).

4,008	79%	68
Submissions tracked	**Accepted to date**	**Resubmissions requested**
167 active practices × 24 deliverables	*3,175 of 4,008 submissions*	*Sent back to practices for revision*

STATUS MIX OF ALL 4,008 SUBMISSIONS



Data as of 11/3/26

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Where practices stand on November 2026 KPIs

KPI Assessment (November 2026)

Continuity, Empanelment & TNAA

145

Practices submitted

of 167 practices

24

Practices need follow-up

16 not submitted, 6 in progress, 2 partial

Disparity Reduction KPI (November 2026)

The measure & subpopulation from their Disparity Reduction Plan

141

Practices submitted

of 167 practices

26

Practices need follow-up

20 not submitted, 6 in progress

COORDINATED OUTREACH

Finishing strong: final KPI submissions

WHAT TO EXPECT

Individual practice outreach — If your practice has not yet submitted complete November KPIs, we will reach out to you directly.

Your MCP is copied — Your MCP is included on our outreach so they can support you, too.

By December 4, 2026 — Whether you have not submitted, are still in progress, or are missing KPIs, there is still time.

WHAT YOU CAN DO

Check to see if your practice has submitted your KPIs — Did you submit the Nov 2026 Disparity Reduction KPI and the Nov 2026 KPI Assessment?

Reach out early — Email info@pophealthlc.org or Kathleen Figoni for help with the portal or your data.

Watch your inbox — If anything in your submission needs a fix, we'll reach out so you can correct it before Dec 4.

REPORTING & PAYMENTS

Key Dates & Timeline

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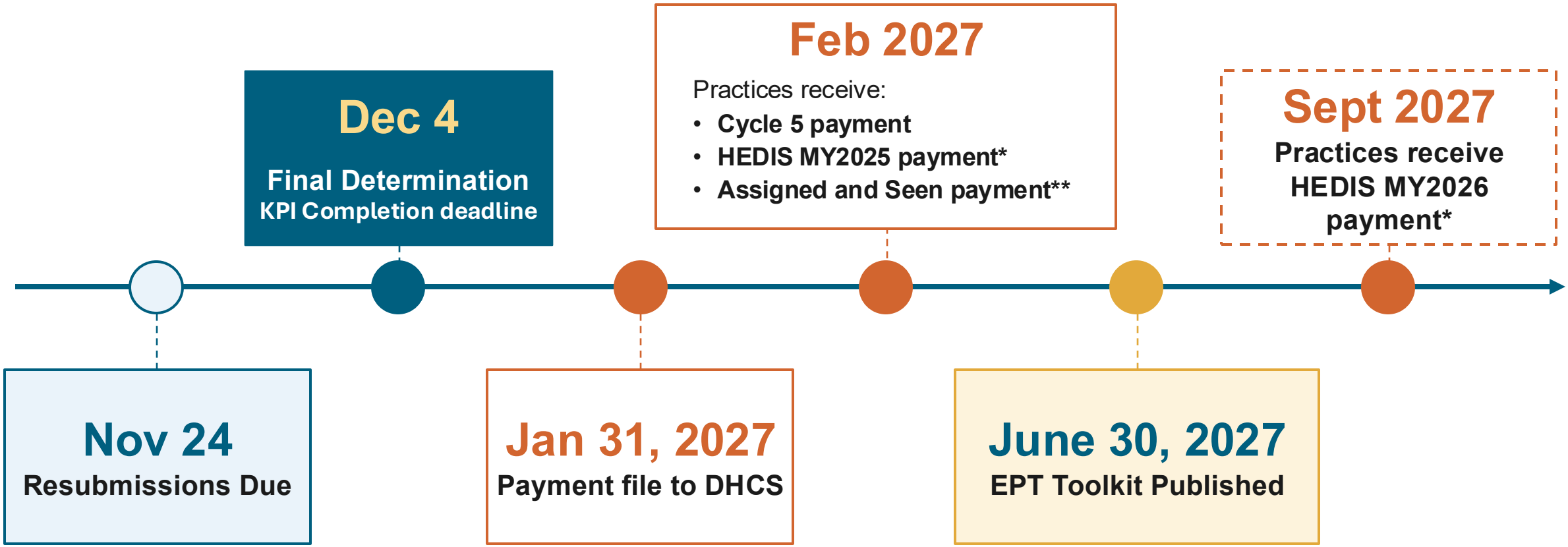

*MY2025 and MY2026 payment timing depends on validation, reconciliation, and complete sign-off on all measures by Plans.
**Assigned and Seen payment is pending validation of DHCS data.

Practice submission steps | Reviewer steps | Payment steps | Measure year (MY) payments* | EPT Toolkit

END OF PROGRAM SURVEY

Help Us Learn From EPT

Your honest feedback captures EPT's collective impact and shapes future PHLC programming.

Please take the next 5 minutes now to complete the survey.

https://app.smartsheet.com/b/form/01a1984be6f473db8bfeaa378ec5b175

Thank you!!

Thank you for three years of dedications to EPT. Your teams have closed care gaps and strengthened primary care for patients and communities across California. We're so proud of what you've accomplished.

Interested in learning more about the services we shared today? Contact Andie Patterson at apatterson@pophealthlc.org

Need access to EPT Reporting Portal? Contact Rachel N. Thosy at rthosy@pophealthlc.org

General Questions? Contact info@pophealthlc.org or Kathleen Figoni at kfigoni@pophealthlc.org



Appendix

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CHALLENGES & RESOURCES

What We're Hearing From Practices

MEDI-CAL ENROLLMENT & H.R. 1

- Decline in Medi-Cal enrollees and its impact on patients, practice funding, and more!
- Preparing for work requirements and 6-month renewals starting 2027
- Loss of benefits like specialist access for patients
- Higher costs for patients

STAFFING & TURNOVER

- Turnover across practices slows improvement work and makes progress hard to hold onto.
- Staff turnover means losing know-how and rebuilding capacity again and again.

SUSTAINING THE WORK AFTER EPT

- Losing the structure and support EPT provided
- Much of this work would not have happened without EPT
- Concern about how to keep building, learning, and sustaining

You're not alone. We heard these themes across practice tracks and office hours.

CHALLENGES & RESOURCES

Where to Go From Here

MEDI-CAL ENROLLMENT & HR 1

- **Jan 1, 2027:** work rules and 6-month renewals start for many adults (delay to July 1 requested)
- **DHCS member guide:** what is changing, in plain language for patients
- **Coverage Ambassador:** free DHCS updates and outreach toolkits for staff
- **Coming in December:** CalHHS "Keep What Matters" toolkits
- **Peer script:** El Proyecto del Barrio [link]

STAFFING & TURNOVER: USE MOCHA SUSTAINBILITY FRAMEWORK

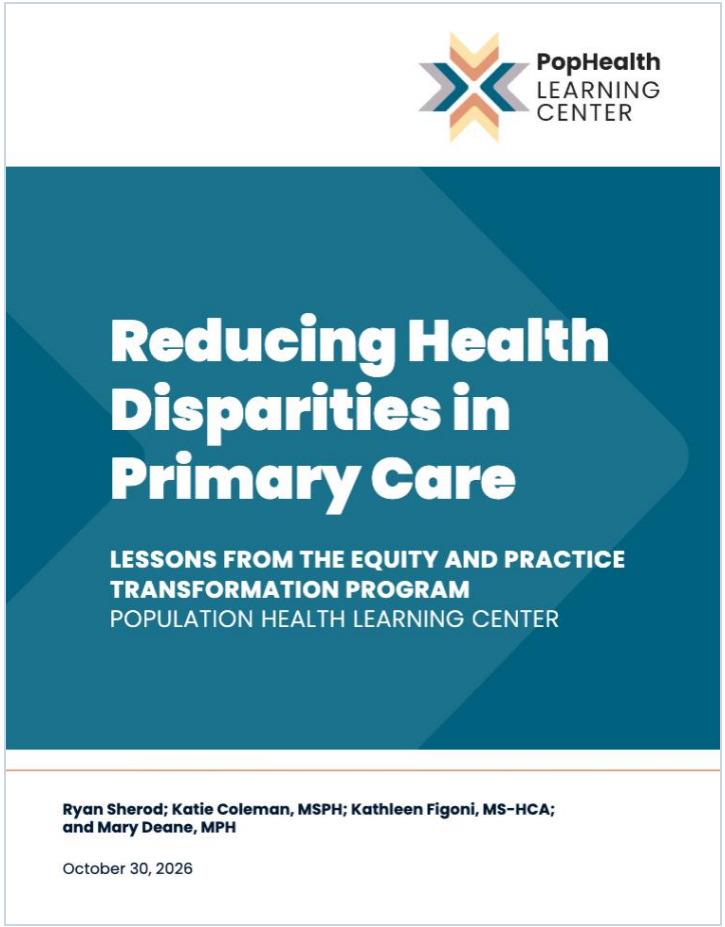
- **Ownership:** make it a role, not a person, so the work holds when someone leaves
- **Hardwiring:** document standard work anyone can follow
- **Training:** onboard new staff in the live workflow
- **Workload:** pause with a plan and set a date to revisit

SUSTAINING THE WORK AFTER EPT

- Save a static copy of your EPT submissions, with attachments
- Reuse the milestone templates and your disparity reduction plan
- Return to your MOCHA Sustainability Worksheet and peer exemplars

NEW RESOURCE

Reducing Health Disparities in Primary Care



How three EPT practices found and narrowed a health disparity in their own patient population.

1. **Identify:** use stratified data to find the gap
2. **Understand:** dig into why the gap exists
3. **Address:** test targeted changes and adjust

FEATURED PRACTICES

- Kaweah Health · Postpartum care
- Isaias De Guzman Para Jr., MD, Inc. · Colorectal cancer screening
- University Muslim Medical Association (UMMA) · Well-child visits

Read the report:
https://pophealthlearningcenter.org/resource/reducing-health-disparities-in-primary-care/

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Medi-Cal & H.R. 1 Resources

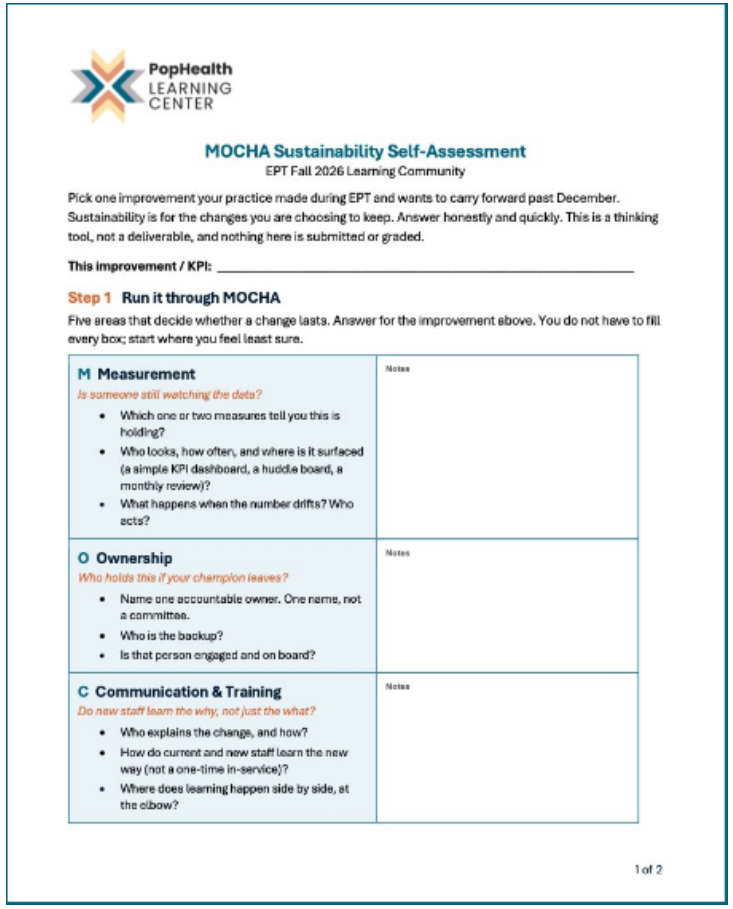
Resource	What it's for
Medi-Cal Changes for Members DHCS	What is changing, when, and who it applies to, in plain language for patients
Medi-Cal Work Rules DHCS	Work and community engagement requirements and exemptions
Tracking Federal Impact: Medi-Cal Eligibility DHCS	Updates on H.R. 1 eligibility changes and federal actions
Become a Coverage Ambassador DHCS	Sign up for Medi-Cal updates, webinars, and outreach toolkits for CHWs, promotoras, and enrollment assisters
Patient Outreach Script El Proyecto del Barrio (peer practice)	The script their team uses with patients about Medi-Cal changes, shared with permission:
Changes to Medi-Cal webinar (11/19) Community Health Synergy, with DHCS	Work requirements, exemptions, and how to explain the changes to patients
Keep What Matters CalHHS, launching December	Toolkits and training for providers and community partners
Survivor Health Access Under H.R. 1 Futures Without Violence	Exemptions and guidance for teams supporting survivors of domestic violence or sexual assault

Links will be included in our follow-up email.

WHAT CARRIES FORWARD

MOCHA Sustainability Worksheet

A tool you can return to anytime, long after EPT ends.



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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 *Is someone still watching the data?* • 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 *Who holds this if your champion leaves?* • Name one accountable owner. One name, not a committee. • Who is the backup? • Is that person engaged and on board?	Notes
C Communication & Training *Do new staff learn the why, not just the what?* • 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

1 of 2

WHAT IT IS

A simple worksheet to help your team keep improvements going. It walks any improvement through five areas: Measurement, Ownership, Communication & Training, Hardwiring, and Assessment of Workload.

HOW IT CAN HELP

Spot where an improvement could slip once EPT ends, then plan what to keep, what to adjust, and what to spread. It works for any improvement, not just EPT.

EXAMPLE: STAFFING & TURNOVER

When the person who runs your outreach leaves, the work can stall. MOCHA helps you make the work part of a role, not one person, and write down the steps so anyone on your team can pick it up.

Find the worksheet in our follow-up email.

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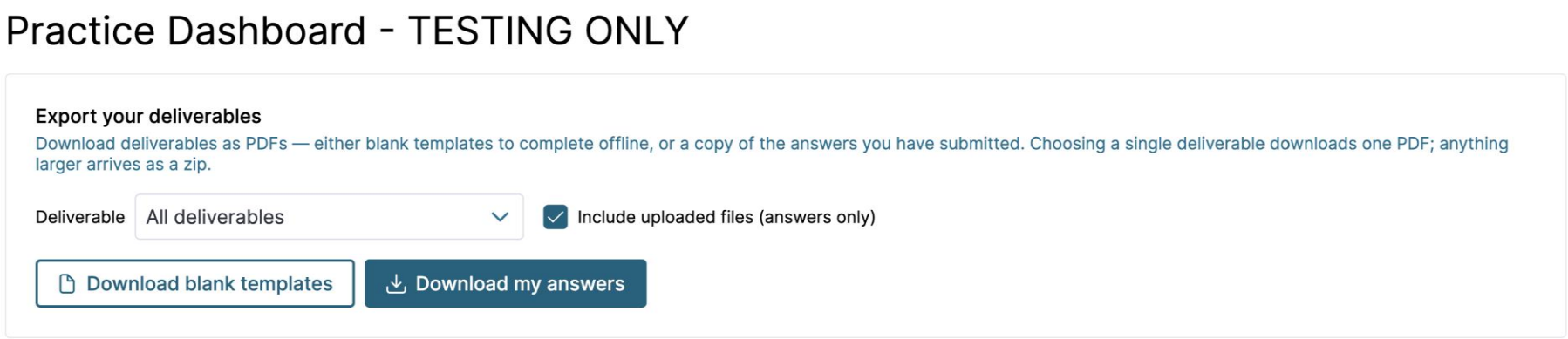
Your EPT Portfolio

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



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.

WHAT CARRIES FORWARD

Where to Keep Learning

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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.*