CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

GPP LEAD MONTHLY WEBINAR

Thursday, June 6, 2019; 12:00-1:00pm

Play recording

Agenda

Time	Topic	Lead(s)
3 min	Welcome & Roll-Call	Kristina Mody
5 min	Program Updates	John Minot
30 min	Final Evaluation Update	Kristina Giovanna Giuliani
2 min	Resources & Key Dates	Kristina

Roll-Call & Webinar Reminders

WEBINAR REMINDERS:

Mute Please mute locally

Chat Questions typed here will only be seen by CAPH/SNI Staff, who will repeat question and answer for group

Attendance Designate one person (GPP Lead or project lead) to speak
Contact Abby Gonzalez if you want to add other team members

Post-Webinar Please take our post-event survey!
Recordings of the webinar and slide deck posted on SNI Link

AHS	ARMC	CCRMC	KMC	LACHDS	NMC
Mini Swift	Staci McClane	Shannan Moulton	Tyler Whitezell	Robyn Laigo	Daniel Leon
RUMC	**SCVMC**	**SFHN**	**SJGH**	**SMMC**	**VCMC**
Ana Howe	Gabriela Deeds	Matthew Sur	Alison Shih	Dave McGrew, Isela Montenegro	Erik Cho

PROGRAM UPDATES

Program Updates

Reporting

- PY4 Interim Aggregate Report (Due 8/15)
  - DHCS to send PY2 interim aggregate reporting template soon
  - Encounter Manuals have not changed; use v1.2

Financing

- PY3 final payment IGT due July 14; Payment August 15
- PY5 final payment IGT due September 22; Payment October 15

FINAL EVALUATION UPDATE

6

GPP Final Evaluation Focus

- **Timing =** GPP Program Years 1-3

To what extent to the research findings support the following evaluation hypotheses:

- Hypothesis 1. PHCSs overall increased the use of outpatient services over the course of the GPP.
- Hypothesis 2A. PHCSs improved care to the uninsured.
- Hypothesis 2B. The GPP promoted allocating resources wisely and is more effectively tailoring care to the appropriate settings.
- Hypothesis 2C. The GPP promoted the most-efficient use of investments in improved care teams, behavioral health integration, robust data collection and tracking, and improved care coordination.
- Hypothesis 3. The percentage of dollars earned based on non-inpatient non-emergent services increased across PHCSs.

Evaluation Data Sources

Data

- PY3 encounter and aggregate data
- UDPC
- Baseline, PY1 and PY2 P14s*
- Ad hoc follow-up

Surveys

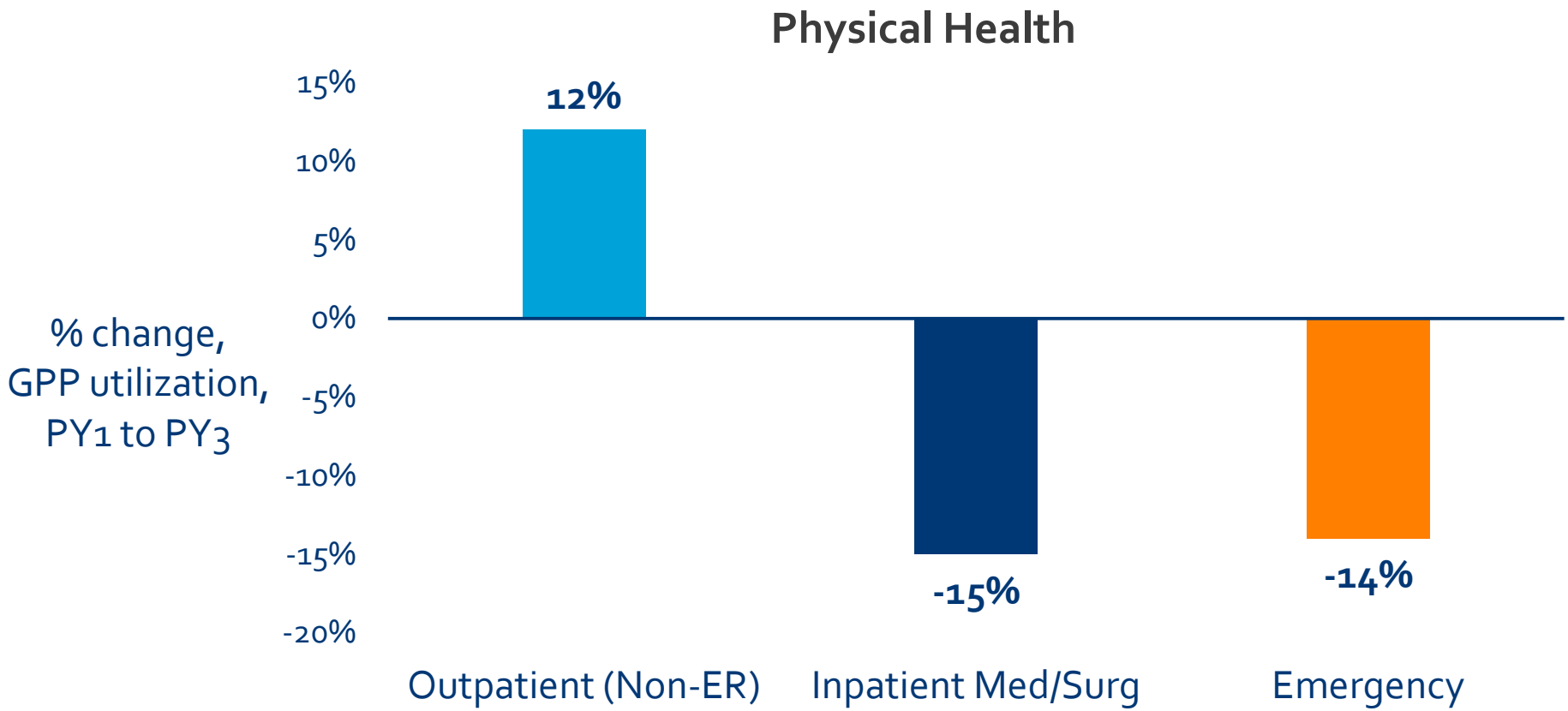
- Winter 2018 self-administered (used in mid-point)
- Winter 2019 self-administered

Interviews

- Spring/summer 2018
- Winter 2019

**PY2 PY14 unaudited*

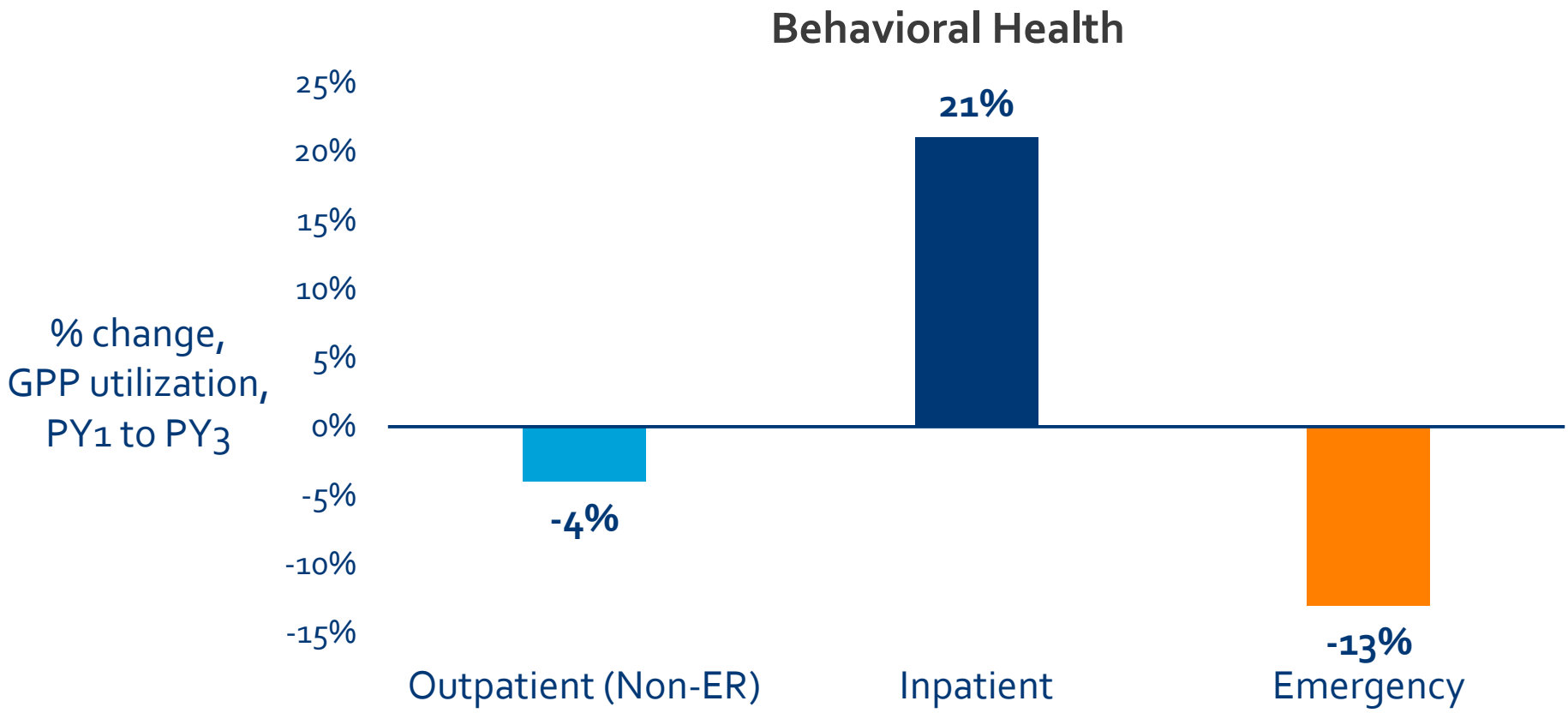
GPP Service Mix To Date
PY1-3, Physical Health



# systems trending in the right direction (of 12)	9	7	8

✓ Majority of PHS increased utilization of outpatient services, and reduced emergency and inpatient utilization

GPP Service Mix To Date
PY1-3, Behavioral Health



# systems trending in the right direction (of 12)	2	7	7

Nearly all systems decreased outpatient BH services and almost half increased inpatient BH services
(Significant variation among systems)

GPP PY3 Final: Member-level Physical Health
PY1-PY3 Trends *as of 6/4/19*

	LAC	AHS	ARMC	CCRMC	KMC	NMC	RUHS	SCVMC	SFGH	SJGH	SMMC	VCMC
Out patient	10.3%	18.1%	-12.5%	40.9%	54.8%	40.5%	107.4%	3.4%	4.1%	-38.3%	0.3%	-2.5%
Med/ Surg	-28.0%	5.3%	23.8%	-23.5%	-57.0%	-5.7%	35.2%	-18.8%	50.4%	353.8%	-20.8%	-28.2%
Emer-gency	-22.6%	-20.0%	29.0%	-0.4%	-44.9%	6.5%	5.4%	18.8%	-16.9%	-38.0%	-6.6%	-28.4%

GPP PY3 Final: Member-level Behavioral Health
PY1-PY3 Trends *as of 6/4/19*

	LAC	AHS	ARMC	CCRMC	KMC	NMC	RUHS	SCVMC	SFGH	SJGH	SMMC	VCMC
Out-patient	11.5%	-29.1%	-17.4%	-44.7%	-	-16.5%	-23.5%	2.9%	-3.1%	-26.7%	-16.5%	-27.3%
In-patient	20.1%	77.5%	-1.8%	-84.1%	153.4%	127.4%	-13.6%	-51.4%	73.2%	-0.8%	-40.5%	-70.5%
Emer-gency	-34.8%	-33.7%	217.9%	-24.2%	-21.2%	46.6%	-23.3%	63.9%	-12.5%	16.5%	34.0%	-86.2%

GPP Final Evaluation
Hypothesis 1 Findings

Hypothesis 1: Since the beginning of the GPP, **PHCS overall increased the use of outpatient services** over the course of the GPP.

Findings:

- ✓ Strong support as outpatient service points increased by 12% across all 12 PHCSs
  - ✓ Non-traditional outpatient services points increased by 42%
- ✓ 9 PHCSs experienced increases in outpatient non-emergency services over the three years
- ✓ 8 PHCSs experienced decreases in ER visits
- ✓ 7 experienced decreases in inpatient medical and surgical utilization

GPP Final Evaluation
Hypothesis 1 Findings *(cont)*

Hypothesis 1: Since the beginning of the GPP, **PHCS overall increased the use of outpatient services** over the course of the GPP.

Findings:

✓ Utilization of outpatient substance use services increased by 15%

✘ Mental health outpatient services decreased by nearly 6%

- Could suggest reduced utilization levels in low-intensity care settings OR greater use of mental health outpatient services in traditional primary care settings
- As PHS reporting on BH data for first time, may reflect evolving data collection/reporting

GPP Final Evaluation
Hypothesis 1 Findings *(cont)*

Hypothesis 1: Since the beginning of the GPP, **PHCS overall increased the use of outpatient services** over the course of the GPP.

Findings:

✓ Mental health ER and crisis stabilization services decreased 14%

✗ Mental health inpatient services increased by almost 21 %

- Unexpected increases may have occurred for many reasons, including:
  - Better data capture
  - Improvements in PHCSs' coding for services, or
  - Changes in composition and needs of uninsured population

GPP Final Evaluation
Hypothesis 2A Findings

Hypothesis 2A: PCHS **improved care to the uninsured**.

Findings:

- ✓ Positive trends for Hypothesis 1 support this hypothesis
- ✓ Estimated number of uninsured patients served over the first three years of the GPP increased by over 6%
  - Eight PHCSs experienced increase while four experienced decrease
- ✓ Use of more-appropriate settings for care: teams confirmed via surveys and interviews that GPP services provided by PHCSs promoted improved patient outcomes & noted improvements in quality of care

GPP Final Evaluation
Hypothesis 2B Findings

Hypothesis 2B: The GPP promoted allocating resources wisely and is more effectively tailoring care to the appropriate settings.

Findings:

- ✓ High number of self-reported strategies for meeting GPP goals & increase of strategy use over time
  - 82% in 2019 (mean 40 of 49)
- ✓ Rapidity with which PHCSs developed capacity to provide a diverse mix of non-traditional complementary and technology-based services supports hypothesis
  - In 2018 and 2019, PHCSs reported via self-administered survey providing average of 33 of the 50 available GPP services

GPP Final Evaluation
Hypothesis 2C Findings

Hypothesis 2C: The GPP promoted the most-efficient use of investments in improved care teams, behavioral health integration, robust data collection and tracking, and improved care coordination.

Findings:

- PHCS survey ratings reported a moderate association between strategy use vs. strategy incorporation into PHCS culture
- Assessed use of investments based on PHCSs meeting point thresholds
  - Year 1: 7 PHCSs exceeded their point thresholds; 2 PHCSs at 99 %
  - Year 2: 5 met or exceeded their thresholds; 4 earned within 5%
- Half of PHCSs exceeding their baseline level of services to uninsured even as they change their service mixes using GPP flexibility
- No evidence of overall increase in aggregate uninsured costs after the first year of the GPP, acknowledging short period for analysis

Total Uninsured Costs and Per Capita Cost Baseline, P1, PY2

	Uninsured Cost at 100% (in millions)			Uninsured Cost at 175% (in millions)		
PHCS	Baseline Year	Year 1	Year 2	Baseline Year	Year 1	Year 2
Total cost	1,304.6	1,331.1	1,329.3	1,782.8	1,828.9	1,827.6
Per capita cost	–	2,491	2,541	–	3,423	3,494

GPP Final Evaluation
Hypothesis 3 Findings

Hypothesis 3: The **percentage of dollars earned based on non-inpatient, non-emergent services increased** across PHCS.

Findings:

- ✓ Found utilization patterns that support this hypothesis
  - Although analyses relied on changes in the share of points rather than analysis of the percentage of dollars earned based on non-inpatient non-emergent services
- For all outpatient non-ER and residential services, which includes both non-traditional and traditional services, increased by 4.4%
  - Eight of 12 PHCSs increased their share of these services
- For acute inpatient services as a share of inpatient, residential, and non-emergency outpatient services, 2.5% decrease of percentage points overall and a decrease of 4.2% for non-behavioral services
- ER settings relative to all outpatient and residential settings decreased by 3.0% percentage points overall and by 3.3% for non-behavioral services.

Evaluators' Perspective
GPP Strengths

- Innovative structure allows for new investments, plus predictability of payment
- Shared mission & safety net experience amongst PHS cohort
- Definition and support for remaining uninsured
- Broad range of services in GPP point methodology
- Incentives motivate stakeholders to improve data quality (internal to system and partners)

Evaluators' Perspective
Challenges

- Evolving data and reporting, may be due to:
  - data systems not being in place to capture all services provided
  - contracted services or non-traditional services that are newly implemented or implemented in venues not accustomed to systematic documentation of billing
  - behavioral health outpatient services where PHCSs have less experience in data reporting

GPP Final Evaluation
CAPH/SNI Observations

- Trends at the system level for physical health positive
  - Some key differences at individual system level

- Unfavorable trends in behavioral health services in aggregate and at the system levels contextualized with descriptions of data issues and PC/BH integration

23

Next steps

- **6/30/19:** RAND submits final evaluation to CMS

- Final report to be available publicly on DHCS website in next few months https://www.dhcs.ca.gov/provgovpart/Pages/GlobalPaymentProgram.aspx

RESOURCES & KEY DATES

Key Dates: At a Glance

Jan	✓ Wed 1/9 (12-1) GPP Webinar ✓ **1/30:** PY final aggregate report & aggregate data	**July**	
Feb	✓ Wed 2/6 (12-1): GPP Webinar ✓ **2/15:** GPP Survey due	**Aug 1**	▪ Thurs 8/1 (12-1): GPP Webinar ▪ **8/15:** Interim PY4 YE aggregate report
Mar	▪ Thur 3/7 (12-1): GPP Webinar	**Sept**	
Apr	▪ **4/2:** PY3 aggregate report revisions ▪ ~~Thurs 4/4 (12-1): GPP Webinar~~	**Oct**	▪ Thurs 10/4 (12-1): GPP Webinar
May		**Nov**	
Jun	▪ Thurs 6/6 (12-1): GPP Webinar ▪ 6/30 Final evaluation due to CMS	**Dec**	▪ 12/4-12/6: CAPH/SNI Annual conference ▪ Dec 12/12 (12-1): GPP Webinar

Quality Leaders Awards (QLAs)

AWARD CATAGORIES:

- TOP HONOR
- AMBULATORY CARE REDESIGN
- DATA-DRIVEN ORGANIZATION
- PERFORMANCE EXCELLENCE

ABOUT THE AWARDS

For more than 20 years, CAPH/SNI has delivered the QLAs to recognize outstanding initiatives across California's public health care systems. The awards highlight forward-thinking and innovative approaches to improve care and advance population health.

Awards are presented at the CAPH/SNI Annual Conference on December 4-6 at the Paradise Point Resort in San Diego.

APPLY NOW!

safetynetinstitute.org/qla

DEADLINE TO APPLY IS AUGUST 30, 2019

http://safetynetinstitute.org/qla

Save the Date

Registration to open in September!

https://caph.org/aboutcaph/annualconference/