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From: The PRIME Team <mary@aurerrahealth.com>
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Subject: The PRIME Times — September 2020 PRIMEd Newsletter

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The PRIME Times Your Monthly News & Updates

Upcoming Events

Announcing Keynote Speaker for PRIMEd Annual Conference

We are pleased to announce that Donald Berwick, MD, MPP, FRCP, will serve as the keynote speaker for the 2020 PRIMEd Annual Conference. Dr. Berwick will speak to the PRIME entities about navigating through the COVID-19 crisis. Dr. Berwick is currently President Emeritus and Senior Fellow at the Institute for Healthcare Improvement (IHI), a nonprofit dedicated to improving healthcare around the world. From July 2010 to December 2011, Dr. Berwick served as Administrator of the Centers for Medicare & Medicaid Services. A pediatrician by background, he has also served on the faculties of the Harvard Medical School and the Harvard School of Public Health.



More details will be released as they become available and registration is forthcoming.

We look forward to your participation in the virtual conference!

Webinar: PRIMEd Behavioral Health TLC

Monday, September 14, 2020 from 11:00 a.m. – 12:00 p.m. (PT)

Webex link to follow

Dr. Aimee Moulin, Co-Director of the California Bridge Program and Associate Professor of Emergency Medicine at UC Davis Health, will present to the TLC on leveraging the emergency department and telehealth to treat opioid addiction in the age of COVID-19.

PRIMEd 2020 Virtual Annual Conference - Request for Posters/Videos

We are pleased to announce that this year's virtual PRIMEd Annual Conference, taking place October 26th – 28th, will feature an opportunity for PRIME entities to share their achievements in PRIME through either a poster or video submission. The theme for poster/video submissions is **PRIME: Past, Present, and Future**.

We would like each PRIME entity to reflect on how the PRIME program has transformed your health system, and how those changes will be sustained beyond the conclusion of PRIME. In designing submissions, PRIME entities should consider how their organization has changed since the launch of PRIME in 2015, and how the investment in PRIME will continue to impact your entity, community, and care delivery going forward. Each entity is asked to submit a poster or short video that aligns with this theme.

Submission Guidelines

In alignment with the submission theme, each PRIME entity is *required* to submit ONE poster or video:

Electronic Poster: Design and submit one (1) electronic poster displaying text, graphics, and/or other visuals using a program such as Word, PowerPoint, InDesign, or Canva. Posters are intended to be vision statements or story boards, not research or scientific posters. Posters should fit on one page, either in portrait or landscape view. Poster examples from 2017 PRIMEd Annual Conference are available [here](#). In designing your poster, please keep in mind that colleagues will be viewing posters from their computer screens. Please select font sizes and content that can be easily read on a computer.

Brief Video: Record and submit one (1) video no longer than 3 minutes in length. Videos should not be professionally edited, though you may use software such as Splice, Adobe Spark, or iMovie to edit your content. There will be a 15GB allowance on video file uploads. To provide file size context, the example video created by the DHCS PRIME Team is less than 2GB. Please refer to the **PRIMEd Annual Conference: Brief Video Guidance** for more information. An example video made by DHCS PRIME Team is available [here](#).

Submission Instructions

Please submit your poster or video by *COB, Friday, October 9th*.

- Poster submissions should be emailed to Megan Thomas (megan@aurerrahealth.com)
- Video submissions should be uploaded to PRIMEone [here](#)

Please let us know if you have any questions or need additional information. We are looking forward to the virtual conference and an opportunity to celebrate your transformations in PRIME!

PRIMEone

NCQA Metric Policy Guidance

- [De-identified CA-SNI PRIME PCS report 8.17.20](#)
(.xlsx)

We encourage you to continue to use PRIMEone to access resources, connect with other PRIME entities, and share best practices and challenges. If you do not have access to PRIMEone, please reach out to Marissa Jacinto (Marissa.Jacinto@dhcs.ca.gov).



In the News

[What Past Disasters Can Teach Us About Supporting Staff During COVID-19](#): Research from past disasters and experiences of shared trauma can help inform leadership behaviors and system supports to address the needs of health care providers during COVID-19.

[America's Looming Primary-Care Crisis](#): This New Yorker article examines the challenges facing U.S. primary care clinics during the COVID-19 pandemic, and the potential opportunity to rethink how we deliver and reimburse care.

[Improve Care for Older Adults Without Reinventing the Wheel](#): Providers at Maine Medical Center offer lessons for using the Implementing the Age-Friendly Health Systems 4Ms Framework to ask older adults what matters most to them and to better understand patients' goals of care.

[How Planning for Failure Can Make Telehealth Safer](#): The [Failure Modes and Effects Analysis](#) tool can be used to evaluate telehealth processes for possible failures and identify ways to prevent them.

[High-Value Care Every Time: Recommendations from the National Quality Task Force](#): Experts from the National Quality Forum reflect on quality improvement efforts and look ahead to critical priorities for the path forward.

Meet the PRIME Team

Hayden Schoch, BA
Health Program Specialist I
Office of the Medical Director, Department of Health Care Services



Hayden Schoch is currently a Health Program Specialist I in the Hospital Quality Improvement Section at the Office of the Medical Director (OMD). In this role, his duties include program implementation, evaluation, and analytical review as part of the Public Hospital Redesign in Medi-Cal (PRIME) and the Quality Incentive Pool (QIP) Program. Prior to joining OMD, Hayden worked for the Department of Health Care Services (DHCS) in the Safety Net Financing Division where he worked on the PRIME program as well as a number of other programs.

Hayden earned his Bachelor of Science in Business Administration from Sonoma State University prior to joining DHCS.

Fun Facts:

- Loves watching and playing most sports.
- Enjoys hiking and backpacking, especially in Yosemite.
- Loves traveling to new places and trying new types of foods.

Entity Spotlight: Palomar Medical Center

Established in 1948, Palomar Health is the largest public health care district in California with an 800-square-mile service area — one of the seven largest in the United States — and home to North San Diego County's only designated trauma center covering 2,200 square miles. Palomar Health provides comprehensive health care in North San Diego County through its two medical centers and more than 900 affiliated medical providers serving more than half a million people. Palomar Health is nationally recognized as operating one of America's 250 Best Hospitals; a Best 100 Hospital for joint replacement and orthopedic surgery; a Best Hospital for stroke care, heart care and bariatric surgery; a Diabetes and Stroke Center of Excellence; and a Blue Distinction Center for spine surgery, cardiac care, and maternity.



Palomar Health implemented the PRIME project in 2016 to improve service care delivery. We selected seven of the 18 projects and appointed leads and physician partners for each one.

Palomar Health understood from the outset that the success of PRIME would be directly related to establishing strong relationships with our local Federally Qualified Health Centers (FQHCs). Palomar Health developed business associate agreements (BAA) with two of our local FQHCs (Neighborhood Healthcare and North County Health Services). PRIME funding along with the innovative BAA's allowed Palomar Health to provide staffing resources, which included a dietitian and a pharmacist, into the FQHCs to help meet the needs of the target population. Palomar Health purchased a mobile kitchen to provide cooking and nutritional classes to address pediatric and adult obesity in the community. The pharmacist resource provided medication therapy management (MTM) services within the FQHC clinics to ensure a comprehensive medication reconciliation was complete. We leveraged our experience from the 2013 Community-Based Care Transitions Program by utilizing our Transitional Nurse Specialists in partnership with our IT Team to ensure every discharged patient received a transition of care document to improve continuity of care in the ambulatory setting. Palomar Health implemented a provider decision support software for our radiology platform to support and guide physicians towards appropriate utilization of radiologic studies and decreased the amount of unnecessary exposure to patients.

Some of the challenges that we faced included impacting work flows outside of our hospital system in the absence of having primary care services presence. Another daunting challenge was analyzing data and matching patient information due to disparate EHRs from our hospital system and the FQHCs.

Palomar Health's PRIME program success has been directly related to the project leaders as well as executive support. PRIME has truly been a transformative experience that has allowed Palomar Health to heal, comfort, and promote health in the communities that we serve.

— Rachel Giroux, MBA, MSN, RN, PRIME Project Manager

DHCS PRIME Email: PRIME@dhcs.ca.gov

Please submit questions or recommendations for The PRIME Times newsletter to Mary (mary@harbageconsulting.com)

Stay Connected on PRIMEone:

<https://eportal.dhcs.ca.gov/dhcs/PrimeProgram/SitePages/Home.aspx>

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