

## A Year in Review: Summary of Annual Reflective Conversations with PHASE Grantees

### January 2019

At the end of 2018, the Center for Community Health and Evaluation (CCH) led reflective calls and site visits with the PHASE grantees. The following reflections come from those conversations and provide an update to the progress reported in the mid-initiative report from August 2018. More detailed information regarding grantee strategies, challenges, and need for technical assistance was also shared with CCI and Kaiser Permanente Northern California Community Health to drive program improvement and ensure grantee needs are met.

### Progress update

All PHASE grantees—consortia, health centers, and public hospitals—continue to make progress on implementing evidence-based care for patients at risk for cardiovascular disease and in the key capacity areas (“PHASE Building Blocks”) have that been identified as important success factors. In particular:

- Health centers, newer to the implementation of PHASE, continue to make progress on implementing the medication protocol, training staff on best practices for things like blood pressure checks, and creating workflows and standing orders to promote evidence-based care. Hospitals and consortia don’t have as much active work on implementing the medication protocol because for the most part, protocols are integrated into how they provide evidence-based care.
- All grantees are investing in team-based care and use of alternative visits (e.g. nurse-led). These strategies allow organizations to address access issues by allowing other care team members to have independent visits/touch points with patients as well as elevate team members to work at the top of their license.
- All grantees continue to work on strengthening their data governance and analytics capacity—focusing on data mapping, validation, and moving towards transparently sharing data across and within clinics. Improvements in data analytic capacity are facilitated by stronger connections across QI, data analytics, and clinical staff. While data capacity is improving, there are still many challenges with getting and reporting accurate data—and variation in the extent to which grantees have been able to automate PHASE reporting (especially among the health centers). Some grantees have experienced temporary set-backs with data availability and quality as they transition to new EHRs and data systems to better meet their long-term needs. During these transitions, grantees are trying to maintain what they are currently able to do, while building infrastructure that will allow them improved access to data once the new systems are fully optimized.

Grantees continue to report that PHASE—both their strategies and the measurement—aligns with organizational priorities, such as strengthening quality improvement (QI) infrastructure, practice transformation, population health management, and value-based payment. Those grantees that have been involved longer in PHASE have noted appreciation for the fact that PHASE has continued to let them adapt and innovate so that it stays relevant and aligned with current organizational priorities.

### What's next for PHASE?

Grantees are just beginning the final year of their 3-year grant. As they plan for the next year, they highlighted work that they are excited about and where they are anticipating challenges.

- Grantees continue to appreciate the technical assistance and support provided by the Center for Care Innovations. They indicated that CCI is responsive and is willing to think creatively with them about how to overcome challenges. They continue to ask for more opportunities for peer learning and exchange—opportunities to be connected with and learn from another grantee who may have overcome the challenge that they are facing. More detailed summaries, provided to CCI, highlight potential Bright Spots that could be shared across the cohort.
- Support around the PHASE Building Blocks continues to align well with grantees' work.
  - Team-based care and data infrastructure and analytics will continue to be priorities for grantees in 2019.
  - There may be opportunities to share population health management strategies, as there is wide variation in the approaches and sophistication of grantees' work in this area.
  - Several grantees are working to support clinic sites in developing more robust QI practices—some are challenged with the right approach/framework to do this (e.g., can you effectively use PDSA cycles when only meeting/asking for updates quarterly (given the intent of PDSAs is rapid feedback) or is there a more appropriate model?), while others are testing new models, like data or QI coaches to go out and work directly with the sites.
  - Leadership and culture continue to be facilitators of progress when present and barriers when not. Identifying concrete strategies to influence leadership and culture is difficult.
- Grantees currently transitioning EHRs and data systems will be focused on that work in 2019 and trying to maintain their current work and performance related to PHASE. It may be worth exploring if there are ways to leverage new systems to further their PHASE

goals, and potentially provide some peer sharing opportunities to grantees undergoing Epic transitions.

- Many grantees are beginning to focus on self-measured blood pressure monitoring (SMBP) to try to improve blood pressure control, particularly in specific high-risk populations. Continued sharing about this strategy could help to advance the work across the cohort.
- When consortia and public hospital grantees were asked about what it would take to see further increases in blood pressure control, all discussed the importance of addressing their patients' social needs and addressing disparities. They recognize that much of people's health is defined by broader social determinants and institutional racism, and that further progress may be limited unless those aspects of a patient's experience are addressed. Work related to social needs and disparities is already underway and grantees are interested in focusing more on these areas if there is future PHASE funding available:
  - Consortia are assisting their member health center organizations to integrate screening tools such as PRAPARE into their EHRs. Several grantees, both consortia and hospitals, are considering ways to address food insecurity and/or transportation barriers. When these grantees were asked what a future round of PHASE could look like, almost all said addressing social needs is their next step.
  - All of the hospital grantees are addressing inequities in health outcomes through PHASE, which aligns with their work for PRIME. Three hospitals are focusing on improving blood pressure control rates for their African-American / Black patients, and two are focusing on diabetes control for their Latinx patients.

All grantees indicated that their work related to PHASE is not done and look forward to opportunities to continue to build on the progress they've made to-date.