POPULATION HEALTH LEARNING NETWORK

CCI
CENTER FOR CARE INNOVATIONS

The PHLN is a two-year offering from the Center for Care Innovations (CCI) that aims to improve the health and wellbeing of more than 1.2 million Californians by bringing together safety net primary care organizations to strengthen and advance population health management strategies.

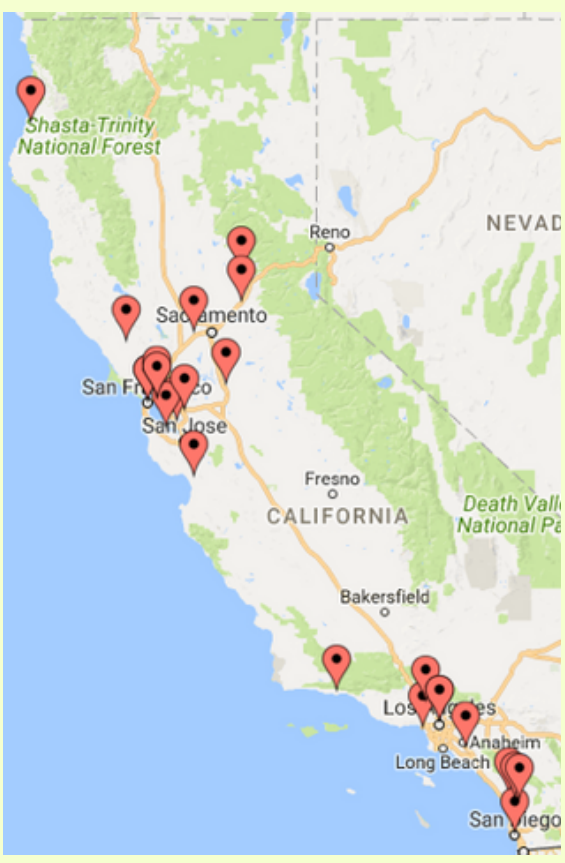
The PHLN was developed in recognition that achieving the triple aim—exceptional patient outcomes, experience, and lower costs—takes time and requires organizations to continuously improve their care teams, care processes, and systems, with each new iteration being responsive to changes in their patients' needs and preferences and their payers' reimbursement models. Population health management helps community health centers to deliver more efficient, cost effective care that meets the needs of patients. It also equips organizations with the skills and data to target resources where disparities in care are greatest.

California Health Care Foundation

blue of california foundation

25 ORGANIZATIONS

There's a potential to impact over 1.2 million patients served by the 25 PHLN organizations.



1. Axis Community Health
2. Chapa-De Indian Health Program
3. CommuniCare Health Centers
4. Community Medical Centers, Inc.
5. L.A. County Department of Health Services - Primary Care
6. La Clinica de La Raza, Inc.
7. LifeLong Medical Care
8. Los Angeles LGBT Center
9. Native American Health Center
10. Neighborhood HealthCare
11. North County Health Services
12. North East Medical Services
13. Northeast Valley Health Corporation
14. Open Door Community Health Centers
15. Ravenswood Family Health Center
16. Salud Para La Gente
17. San Francisco Health Network-Primary Care
18. San Ysidro Health
19. Santa Barbara Neighborhood Clinics
20. Santa Rosa Community Health
21. Serve the People Community Health Center
22. Tri-City Health Center
23. Venice Family Clinic
24. Vista Community Clinic
25. Western Sierra Medical Clinic

Teams include 3-5 individuals representing senior & management positions, and those responsible for leading and managing population health activities.

8 CORE CONTENT AREAS

- Behavioral Health Integration
- Social Needs
- Complex Care Management
- Team-Based Care
- Learning Organizations
- Data Governance & Analytics
- Planned Care
- Proactive Care to Close Care Gaps

TECHNICAL ASSISTANCE

The PHLN provides robust technical assistance and support that teams self-select.

What Makes the PHLN Different?

- Not tied to payment methodology
- Network model, not a typical collaborative structure
- Focused on learning & sharing, not didactic teaching
- Implementation grants issued in Year 2

ENGAGEMENT

PHLN Teams have engaged in many different technical assistance opportunities.

100% of teams (with 104 individuals) attended the first, two-day convening in May 2018. 21 teams presented promising practices as part of Share & Learn sessions during the convening.

96% of teams (24) attended or plan to attend a site visit to one of six organizations that are considered exemplars in population health.

92% of teams (23, with 52 individuals) attended the "Leading Profound Change" webinar that covered principles and tactics for leading and managing change.

67% of teams (20, with 30 individuals) attended the Care Teams Share & Learn Webinar that covered alternative roles for care team members.

56% of teams (14) attended the value-based care webinar that covered value-based payment models and featured beast practices and challenges of a Medicaid ACO in MN.

56% of teams (13) are receiving monthly coaching support. Many organizations are connecting remotely through warm hand offs from coaches or through our online forum.

52% of teams (13) attended virtual faculty office hours with either the Southcentral Foundation or Pivotal Moment Consulting, which focused on using data for population health management.

VALUE

PHLN Teams find value in the technical assistance provided and utilized.

Individuals rated the first convening focused on population health capabilities a 4.5 on a scale of 1-5, where 5 is the highest score possible (5=excellent & 1=poor)

4.5

"Great session. Please keep them coming."

"This has been a very beneficial & motivating experience."

"Loved the practical solutions/examples in the Shift & Share! Team time was critical to integrating learning. Thank you!"

Percent of individuals that agreed that the virtual offerings (including office hours and webinars on data, value-based care, payment models, and team-based care) were a valuable use of time.

100%

EARLY LESSONS LEARNED

Early lessons learned are used to continuously improve the network offerings.

- It's challenging to stay connected with a network so large, and we're continuing to innovate on new ways of connecting: in person, through our newsletter, program portal, and forum.
- In-person convening and site visits are necessary to spark ideas and connections.