Enhanced Care Management Care Plan Training Goal Setting Tips and Tricks Training

June 10th, 2024

- Training Objective
- Introductions
- QIP tips for PHQ-9 and BP
- Using the PHQ-9: Best Practices
- Enhanced Care Management (ECM) Care Planning
  - SMART Goals
  - Self-Goals
  - Closing the Loop
  - Balance: the Wheel of Life
- Questions

Ground Rules

- Open Minded

- Ask Questions!

- Take Care of yourself; breaks as needed.

Enhanced Care Management Quality Incentive Program (ECM QIP)
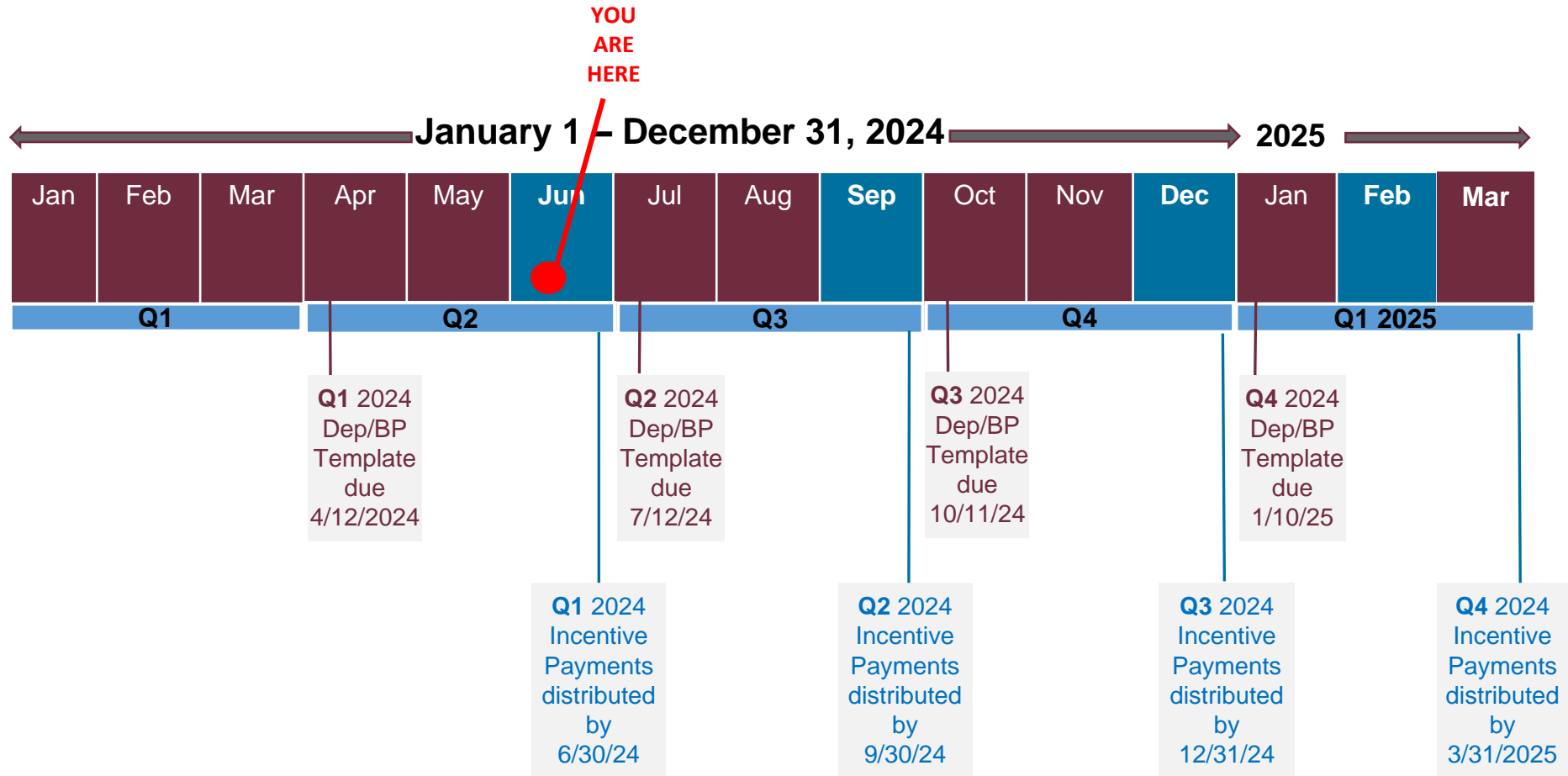
ECM QIP Overview

What is ECM QIP?

- PHC's ECM QIP is an extension of the CalAIM Enhanced Care Management benefit.

- Using IPP funds, Partnership incentivizes ECM contracted providers for meeting reporting measures.

- PHC has expertise in pay-for-reporting and pay-for-performance programs including our primary care, hospital, perinatal, and palliative care incentive programs.

2024 Measurement Year Timeline

YOU ARE HERE

January 1 – December 31, 2024   **2025**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar

Q1   **Q2**   **Q3**   **Q4**   **Q1 2025**

Q1 2024 Dep/BP Template due 4/12/2024

Q2 2024 Dep/BP Template due 7/12/24

Q3 2024 Dep/BP Template due 10/11/24

Q4 2024 Dep/BP Template due 1/10/25

Q1 2024 Incentive Payments distributed by 6/30/24

Q2 2024 Incentive Payments distributed by 9/30/24

Q3 2024 Incentive Payments distributed by 12/31/24

Q4 2024 Incentive Payments distributed by 3/31/2025

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2024 Measurement Summary

Measure	Submission Deadline	Reporting Requirement
Gateway Measure: Timely Reporting		
ECM Provider Return Transmission File (RTF)	DUE MONTHLY	Provider submits RTF to CalAIM/ECM team via sFTP folder
ECM Provider Initial Outreach Tracker File (IOT)	DUE MONTHLY	Provider submits IOT to CalAIM/ECM team via sFTP folder
Provider Capacity Survey	DUE MONTHLY	Provider submits Capacity Survey the CalAIM/ECM team via Google Docs (or another form of communication agreed upon by PHC and ECM provider)
Measure 1		
Care Plan and ROI upload into PointClickCare	Upload within 60 DAYS of TAR authorized request date	Provider uploads documents into PointClickCare
Measure 2		
PHQ-9 Depression Screening	DUE QUARTERLY	Provider submits template via sFTP folders
Measure 3		
Blood Pressure Screening	DUE QUARTERLY	Provider submits template via sFTP folders

Measure 1: Gateway Measure
Timely Reporting

Description: The gateway measure determines the number of dollars available for remaining three measures. Providers submit monthly reports to PHC's CalAIM/ECM Team. Payments are scored based on timeliness of report submissions.

- Reports for Return Transmission File (RTF)

- Initial Outreach Tracker File (IOT)

- Provider Capacity Survey

NOTE: Please follow due dates provided by the CalAIM/ECM Team.

- **Full Credit:** Submissions are considered complete and will accrue **100%** of incentive dollars if all three (3) of the reporting requirements are submitted on or before their due date.

- **Partial Credit:** Any submission(s) received up to one (1) week or five (5) business days past the due date will accrue at **50%**.

- Any submission(s) not received within the five (5) business days will be considered late and will not be eligible for incentive dollars.

Incentive Payment Methodology & Calculation

Incentive dollars earned by providers meeting the Timely Reporting Gateway Measure will be placed into incentive pool. This incentive pool determines the amount of incentive dollars eligible for earning in the program's other three program measures.

Providers meeting the gateway measure are eligible to earn up to 100% of their incentive pool based on the following percentage allotments for each additional measure:

- Measure 1: Up to **30%** of incentive pool
- Measure 2: Up to **35%** of incentive pool
- Measure 3: Up to **35%** of incentive pool

Full and partial targets are also applied to these measures:

- Measure 1: $\geq$ 80% full; 70-79% partial
- Measure 2: $\geq$ 90% full; 80-89% partial
- Measure 3: $\geq$ 80% full; 70-79% partial

Example

A provider has 20 ECM members and meets the gateway measure by submitting timely reports for all 3 months of the 1st quarter reporting period.

20 members x $100 (PMPM) x 3 months = $6,000 in incentive pool

With $6,000 of earned incentive pool, the provider earns full credit for Measures 1 and 2, and NO credit for Measure 3

Measure 1 (30%) + Measure 2 (35%) = 65% of $6,000 in incentive pool = $3,900 incentive payment for the 1st quarter reporting period

Measure 2: Care Plan & ROI Upload into PointClickCare

Description: Providers need to upload a Care Plan and Request for Information (ROI) into PointClickCare within <u>60 days of TAR authorized request date</u>.

NOTE: *Providers using PHC or DHCS ROI forms (with 5-year expiration) need only to upload the ROI form at original TAR date. Providers using their own ROI form need to upload every quarter.*

Reporting Periods: Quarterly

Eligible Incentive: 30% of total incentive pool dollars

    Targets: Full credit: $\geq$ 80%
                       Partial credit: 70 - 79%

Exclusions: None

Reporting Guidelines: Upload both documents into PointClickCare within 60 days of authorized TAR request date. No submission to PHC is required. PHC will audit PointClickCare for evidence of documents.

Measure 3: PHQ-9 Depression Screening

Description: Depression screening using the Patient Health Questionnaire-9 (PHQ-9) needs to be completed for all ECM enrolled members as part of initial assessment and development of the Care Plan.

NOTE: Scores from previous quarters can be used if screening was done within 12 months of reporting period **AND** previous score was normal (14 points or lower).
If abnormal, complete screening every quarter until normal.

PHQ-2 may be used; however, if score is 3 points or higher, complete using PHQ-9.

Reporting Periods: Quarterly

Eligible Incentive: 35% of total incentive pool

Targets: Full credit: $\geq$ 90%
Partial credit: 80 - 89%

Exclusions: Members 11 years and younger

Reporting Guidelines: Enter required information on the PHQ-9 Depression Screening & Blood Pressure Screening Template and submit by the 2nd Friday following each quarterly reporting period, via sFTP folder.

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Measure 4: Blood Pressure Monitoring

Description: Blood pressure (BP) screening needs to be completed for ECM enrolled members, regardless of prior diagnosis of hypertension. Screening must be by in-person visit by ECM staff, clinic visit, or patient use of PHC approved home BP kit.

NOTE: Screening results from previous quarters may be used if captured within 12 months of the reporting period **AND** previous result was normal. Normal blood pressure is either SBP < (less than) 140 or DBP < (less than) 90. If result was abnormal, complete every quarter until result is normal.

Reporting Periods: Quarterly

Eligible Incentive: 35% of total incentive pool

Targets: Full credit: > 80%
Partial credit: 70 - 79%

Does your staff need blood pressure monitors and cuffs for screening? PHC can help!

Exclusions: Members 17 years and younger

Reporting Guidelines: Enter required information on the PHQ-9 Depression Screening & Blood Pressure Screening Template and submit by the 2nd Friday following each quarterly reporting period, via sFTP folder.

2024 Measurement Set

PHQ-9 Depression Screening & Blood Pressure Screening Submission Template
(use for Reporting Measures 3 & 4 only)

2024 ECM QIP PHQ-9 Depression Screening and Blood Pressure Screening Submission Template   *(Revised 3/25/2024)*

Measurement Period: **January 1, 2024 - December 31, 2024**

Submission Frequency: **Quarterly**   Submission Deadline: **2nd Friday of month following end of quarterly reporting period**

Submission Method: **sFTP Folder**   Submission Naming Convention: **Facility Name_Dep-BP_Month-Year**

All information must be entered for each member. Incentive dollars will not be awarded for incomplete entries. | *Enter PHQ-2, PHQ-9(OV), or GDS tool in "Score" column*

Provider Site Name	NPI Number	Patient Name	CIN	DOB	PHQ-9 Depression Screening		Blood Pressure Screening	
					Screening Date	* Score	Screening Date	Reading

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Tips for Success!

General

➢ Create a checklist and/or action plan to conquer each measure.

➢ Appoint one team member in your organization to lead each measure. Change it up next quarter.

➢ Schedule monthly meetings to stay on goal, and schedule weekly meetings when closer to the finish line.

PHQ-9 Depression & Blood Pressure screenings:

➢ Use current submission template from ECM QIP webpage.

➢ Include all information on template (missing information will not receive credit).

➢ Ensure all screening dates are before the before the end of the quarter (screening dates after the reporting period will not receive credit).

➢ Ensure screening dates used are no later than the 12-month period requirement.

➢ If the PHQ-2 tool was used, add "PHQ-2" in the "Score" column of template.

Next Steps

If not yet completed:

❑ Complete Timely Reporting, PointClickShare and other trainings with our CalAIM/ECM Team

❑ Obtain access to PointClickShare

❑ Obtain access to PHC sFTP folder

❑ Visit our ECM QIP webpage

❑ Review and note measure submission deadlines

❑ Keep an eye out for quarterly newsletters

Contact Us

ECM QIP Questions

Email us at:

ECMQIP@Partnershiphp.org

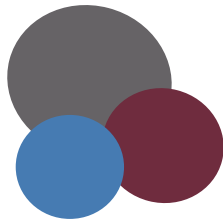[ECM QIP webpage](#)

(specifications, submission template)

Amy McCune
Manager of Quality Incentive Programs,

Deanna Watson
Program Manager, ECM QIP

ECM Benefit & Timely Reporting Questions?

Contact our ECM/CalAIM Team:

Email: ECM@Partnershiphp.org

PointClickCare System Questions?

Contact PointClickCare System Support:

Email: cmt-support@pointclickcare.com

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Q & A

Questions?

Please use the Chat Box

PHQ-9

- The Patient Health Questionnaire or PHQ is a brief tool used to gauge signs of depression.

- It is primarily designed for Adults, but modified forms have been developed for children and youth.

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, *16*(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

Kroenke K, Spitzer RL. The PHQ-9: a new depression diagnostic and severity measure. Psychiatr Ann. 2002;32:509-21.

Gilbody, S., Richards, D., Brealey, S., & Hewitt, C. (2007). Screening for depression in medical settings with the Patient Health Questionnaire (PHQ): A diagnostic meta-analysis. *Journal of General Internal Medicine, 22*(11), 1596-1602. 10.1007/s11606-007-0333-y

The Tool

Over the last two weeks, you have been bothered with the following:	Not at all	Several days	More than half of the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3

- 0-2 = Normal
- 3 or more = a depressive disorder is likely

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PHQ-2 Results

- Positive score indicates using a PHQ-9

The PHQ-9

Over the last two weeks, you have been bothered with the following:	Not at all	Several days	More than half of the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling or staying asleep or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or feeling that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

Scoring and Responding

PHQ-9 Score	Depression Severity	Proposed Actions
0-4	None or Minimal	None
5-9	Mild	Watch and repeat PHQ-9 in follow up
10-14	Moderate	Consider counseling or pharmacotherapy
15-19	Moderately Severe	Active treatment with psychotherapy or pharmacotherapy
20-27	Severe	Expedited referral to a mental health specialist for treatment or collaborative management

Advantages of using PHQ-9

- Validated screening and monitoring tool
- Appropriate for ages 12 years and older
- Facilitates the diagnosis of major depression
- Helpful or monitoring symptoms over time
- Easy to learn and use

A word on Question #9

- *"Note: Question 9 is a single screening question on suicide risk. A patient who answers yes to question 9 needs further assessment for suicide risk by an individual who is competent to assess this risk."*

  ~Kroenki, Spitzer, Williams

- Be less formal
- Don't make it seem like a survey
- Be on the lookout for your answers when in conversation
- Breaks are okay; it doesn't have to all be done at once.

- Groups of 3:
- Observer, Interviewer, Member.
- Switch Roles
  - Observer: Note your observations, be prepared to share 1-2 with the larger group.

BP cont.

Did you know?

- Controlling blood pressure reduces the risk of heart attacks, strokes, and vascular disease.

- About 25% of Partnership HealthPlan of California adult members have hypertension (blood pressure over 140/90).

- Partnership's goal is to have at least

Did you know?

• Controlling blood pressure reduces the risk of heart attacks, strokes, and vascular disease.

• About 25% of Partnership HealthPlan of California adult members have hypertension (blood pressure over 140/90).

• Partnership's goal is to have at least 80% of our members with hypertension maintain a blood pressure of less than 140/90.

BP: What does the reading mean?

Systolic (higher number)	Diastolic (lower number)	Next steps
Lower than 90	Lower than 60	Lead care manager should contact the primary care provider (PCP) that day and have the PCP connect with the member for guidance on their blood pressure medication.
90 - 139	60 - 89	Lead care manager can update the member's PCP for communication purposes and the member should continue to take their blood pressure medication as directed by their PCP.
140 - 179	90 - 110	Lead care manager should contact the member's PCP that day to connect with the member about guidance on their blood pressure medication.
180 - 199	Higher than 110	Lead care manager should contact the member's PCP that day to connect with the member about guidance on their blood pressure medication.
200	Higher than 120	Lead care manager should contact the member's PCP that day to connect with the member about guidance on their blood pressure medication.

Tips for BP

- No talking during the reading
- Resting your arm at chest height
- Placing the cuff on your bare skin
- Sitting with your feet flat on the floor

- SMART Goals

S Specific	**M** Measurable	**A** Attainable	**R** Relevant	**T** Time-Bound
Add in as many details as possible. What will you do? Why and by when?	Make sure your goal is trackable. How will you measure your goal?	Take time to reflect. Can you realistically accomplish this goal within a certain timeline?	Think about what is important to you. Does this goal align with your values and larger objectives and goals?	Keep yourself accountable. By when do you want to accomplish this goal? How long will it take?

- Instead of this

- I want to get off meth

- I need to find a place to live

- Get a job

- Try this

- I will attend NA meetings every week

- I will apply to HUD and SDI

- Create an EDD file and sign up for CalJobs

- Instead of…

- I will attend NA meetings every week

- I will apply to HUD and SDI

- Create an EDD file and sign up for CalJobs

- Try…

- I will attend NA meetings every week for 3 months

- I will apply to HUD by (date) and SDI by (date)

- Create an EDD file with CM on (date) and sign up for CalJobs by (date)

- Set a realistic goal
- Start smaller; Small successes are powerful motivators
- You can always add another goal for the next step once goal is achieved
- It's okay if you don't succeed the first time

"A goal with no plan is just a wish."

ANONYMOUS

"Perfection is not attainable, but if we chase perfection we can catch excellence."

— Vince Lombardi

- Relevance can be subjective. Objectively you as a case manager may see that one goal won't be possible without another goal in front of it. Be willing to make those suggestions…

- Self-goals
  - o Relevance for the member is implicit

- CM goals:
  - o Suggestions
  - o Based on conversation

- Stretch Goals:
  - o Can be worth trying once your client is used to the process

Time-Bound

- Always, no exceptions
- Don't worry about not meeting deadlines
  - "don't Should on Yourself"
- Teaches
  - Accountability
  - Flexibility
  - Self-awareness

- Self-Goals
  - What are they telling you?
  - What are the barriers they are revealing?
  - Things they truly want vs. things they think they are supposed to want

A goal is a dream with a deadline.

Napoleon Hill

EVERYDAY**POWER**

- What if they don't have any?
  - Guidance is the key
  - Review your assessment info: what was identified?
- Strategies:
  - Working Backwards:20,10,5,2,1, next week, tomorrow, today.
  - Visualizations
  - Barriers: what's keeping you from what you want?
- Then, go back to SMART

"A GOAL IS NOT ALWAYS MEANT TO BE REACHED, IT OFTEN SERVES SIMPLY AS SOMETHING TO AIM AT."

- BRUCE LEE
ITSALLYOUBOO.COM

- Closing the Loop

- Time-Bound: provides the framework
  - Set reminders
  - Review with clients
  - Forgiveness First!
  - Regroup, Reset, Repeat.

- What is a goal for?

- "If it wasn't documented, it didn't happen"~ every nursing instructor ever

- No Problem left unturned.

- Balance

Questions

Please reach out to:
ECM@partnershiphp.org

- **PHC ECM Webpage:**
  http://www.partnershiphp.org/Community/Pages/Enhanced-Care-Management.aspx

- **ECM Populations of Focus:**
  http://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/ECM%20Time%20Frames/ECM_Timeframes_Final.pdf

- **PHC ECM Referral Form:**
  www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/ECM%20Referral%20Form.pdf

- **PHC CS Referral Form:**
  http://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/Community%20Supports%20Documents/CS%20Referral%20Form.pdf

Additional Resources

- Wheel of Life printable/fillable with guides: https://www.startofhappiness.com/wheel-of-life-a-self-assessment-tool/

- SMART Goals Guide: https://www.thecoachingtoolscompany.com/smart-goals-complete-guide-for-coaches-with-pdf/

- Motivational Interviewing: https://motivationalinterviewing.org/understanding-motivational-interviewing