



# LAPTN™

LOS ANGELES PRACTICE TRANSFORMATION NETWORK

# Los Angeles Practice Transformation Network

## RCI Leadership Summit

November 14, 2016

# Introductions

- LAPT<sub>N</sub> (L.A. Care) - grantee and Program Management
  - Dr. Trudi Carter – CMO L.A. Care
  - Dr. Clayton Chau and Mary Franz – Co-Principle Investigators
  - Whitney Franz – QI Program Manager

# What is TCPI?

Transforming Clinical Practice Initiative (TCPI) is a CMS program to achieve several nationwide quality improvement goals:

- Transform 140,000 clinicians' practices
- Improve health outcomes
- Reduce unnecessary hospitalization
- Save \$1-\$4 billion
- Reduce unnecessary testing and procedures
- Transformation includes practice readiness for Value Based Payments
- Build practice transformation evidence base

# Why did we join?

- As a project of L.A. Care Health Plan, LAPT<sub>N</sub> hits at key components of our mission and strategic aims:
  - Community investment – a focus on the safety net
  - Innovation
  - Impacts care for our members and community with particular focus on those with diabetes and/or depression
    - Population health, risk stratification, care coordination
    - Opportunities for integrated care
    - Leveraging HIT for data driven quality improvement
  - Reduce costs and unnecessary utilization/admissions

# LAPTN Program Goals

Improvement Areas		
Network Partners Reporting	Diabetes	HbA1c Poor Control (>9%)
		Medical Attention for Nephropathy Monitoring
		Body Mass Index Screening and Follow-Up
L.A. Care Reporting	Depression	Screening for Clinical Depression Follow-Up
	Utilization	Follow-Up After Hospitalization for Mental Illness
		All-Cause Admissions for Patients with Diabetes and Depression
		Cost Savings

# Who are our Partners?

Organization	Approx# of Clinicians	Physical Health	Mental Health
L.A. County Department of Health Services (DHS)	1500	X	(limited)
L.A. County Department of Mental Health (DMH)	900		X
Community Clinic Association of L.A. County (CCALAC)	700	X	(limited)
Glendale Adventist Medical Center	60	X	
Citrus Valley Independent Physicians	15	X	

# Learnings to Date

- DATA collection has been challenging but is essential to succeed in pay-for-value approaches
  - Integration of HIT into clinic workflows
  - Population health, risk stratification
  - eCQMs pulled directly from EHRs are most useful for QI/PDSA cycles
    - In the pipeline - measures for HEDIS reliant on EHR extraction of data
- Emergence of QI and BH personnel on staff
  - Most often seen with FQHCs, related to work to meet NCQA/PCMH/PQRS reporting and early efforts of integrated care
- Variable readiness for change, meet resistance on occasion
  - Commitment to invest in navigating organization dynamics, building engagement, and growing capacity to meet goals of LAPTn/CMS

# Questions