WELCOME!

Louisiana Primary Care Association

1

INTRODUCTIONS

MEET THE TEAM!

- **Gerrelda Davis**, Executive Director
- **Chris Obafunwa**, Director of HIT / HCCN
  - **TBA**, HCCN Project Manager
  - **Kylie Bozeman**, PCA HCCN Coordinator
  - **Thanh Nguyen,** Data Analytics & Research Manager
  - **Hypatia Mills,** Data Analyst
- **Tameika Henry,** Compliance Officer
- **Susie Hutchinson**, Director of Practice Management & Health Center Op.
  - **Dara Stout**, Training & Development Manager
  - **Erica Rose-Crawford**, CHW Training Prog. Statewide Project Manager

- **Peyton Fisher,** Project Director of Delta Rural Workforce Training Program
- **LaTonya Batiste**, Workforce Navigator

- **TBA**, Director of Clinical Quality
  - **Magon Jackson**, Clinical Quality Manager
  - **Lucretia Stewart**, Clinical Quality Coordinator

- **Raegan Carter,** Director of Health Policy & Governmental Affairs
  - **Abigail Giroir,** Marketings & Communications Coordinator
  - **Tara Mars-Lorraine**, Program Manager

- **TBA,** Director of Managed Care
  - **Patricia Bickham**, Administrative Coordinator
  - **Ulette Daniels,** Nurse Care Manager
 - **Denzell Turner,** Practice Transformation Specialist

HCCN Progress Report

Objectives and Activities,

2022 - 2025

2022-2025 Objectives and Activities

Objectives	Objective Description
Obj. 1 - Patient Engagement	Increase support in patients and families' participation in their health care through expanded use of integrate digital health tools (e.g., electronic messages through patient portals to providers, telehealth visits, RPM)
Obj. 2 - Patient Privacy & Cybersecurity	Increase formally defined HIT policies and practices that advance security to protect individual privacy and organizational access
Obj. 3 - Social Risk Factor Intervention	Increase use of patient-level data on risk factors to support patient care plans for coordinated effective interventions
Obj. 4 - Disaggregated, Patient-Level Data	Increase systems and staff aligned with submitted disaggregated, patient level data via UDS+
Obj. 5 - Interoperable Data Exchange & Integration	Increase the capacity to integrate clinical information with data from clinical and non-clinical sources across the health care continuum (e.g., hospitals, specialty providers, departments of health, HIE, care coordinators, social service/housing organizations) to optimize care coordination and workflows
Obj. 6 - Data Utilization	Increase the use of data strategies such as predictive analytics with data visualization to support performance improvement and value-based care activities
Obj. 7 - Leveraging Digital Health Tools	Increase support to providers and staff in achieving and maintaining proficiency in the use of digital health tools (e.g., telehealth and RPM tools)
Obj. 8 - HIT Usability & Adoption	Increase improvement of HIT usability and adoption by providers, staff, and patients (e.g., align with EHRs with clinical workflows, improved structured data capture in and/or outside of EHRs, use of metadata to improve EHR user experience)
Obj. 9 - Non-Medical Factors	Increase the use of LPCA Assist (FindHelp) and RPM solutions to address non-medical factors affecting patient health
Obj. 10 - Improving Digital Health Tools	Increase and enhance the quality and coordination of health services through the use of digital health tools to foster higher functioning care teams and improve patient health outcomes
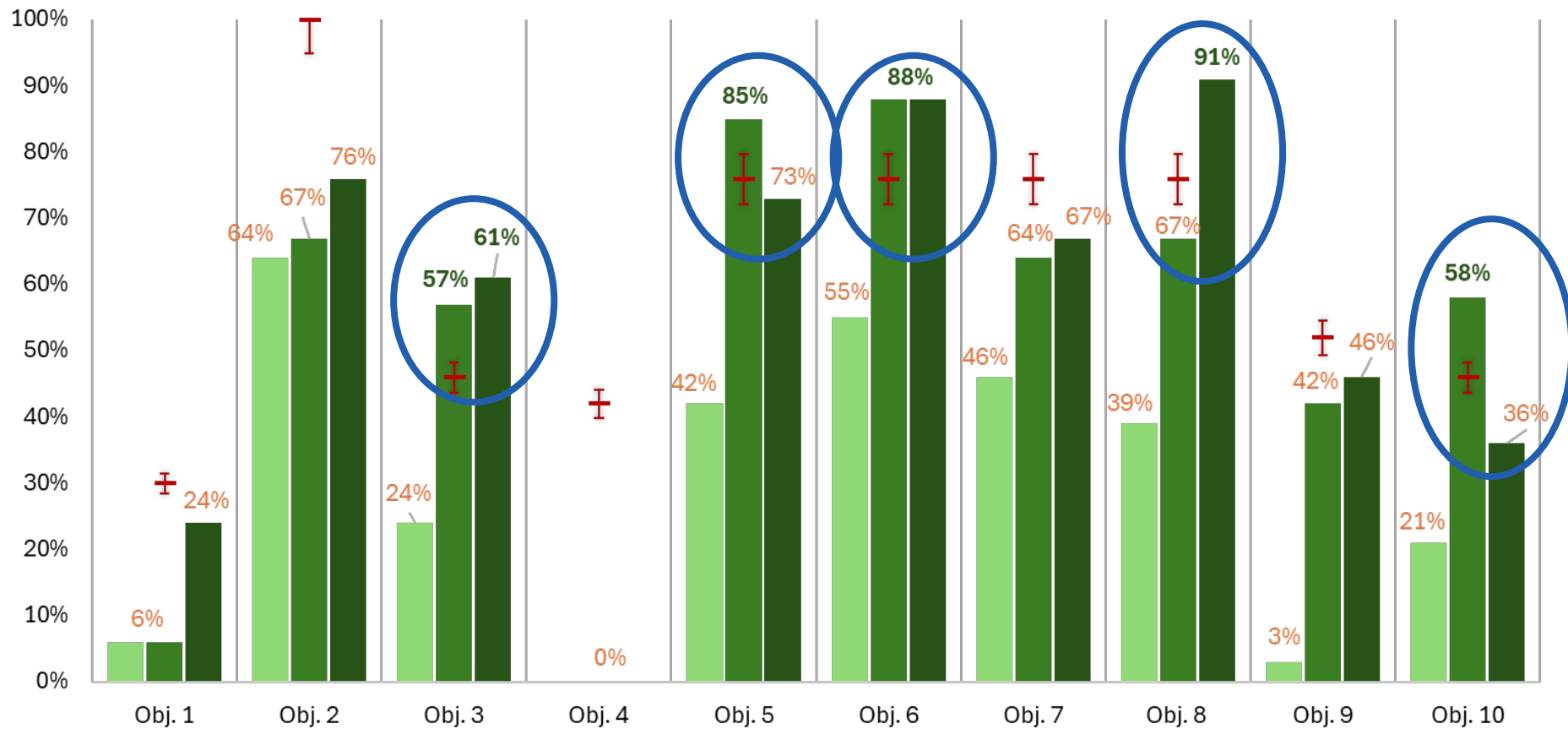
Obj. 1: Patient Engagement

Increase % of PHCs that support patients **and** families' participation in their healthcare through expanded use of integrated digital health tools

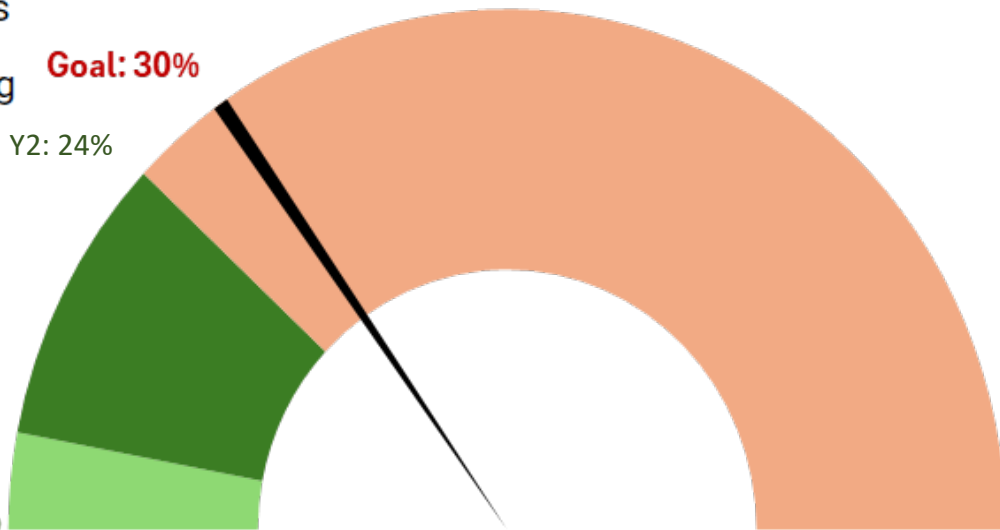## Supporting Activities

Activity 1: Patient Engagement Workshops

Activity 2: Multiple Discipline Staff Training

Goal: 30%

Y2: 24%

Y1: 6%
Baseline: 6%

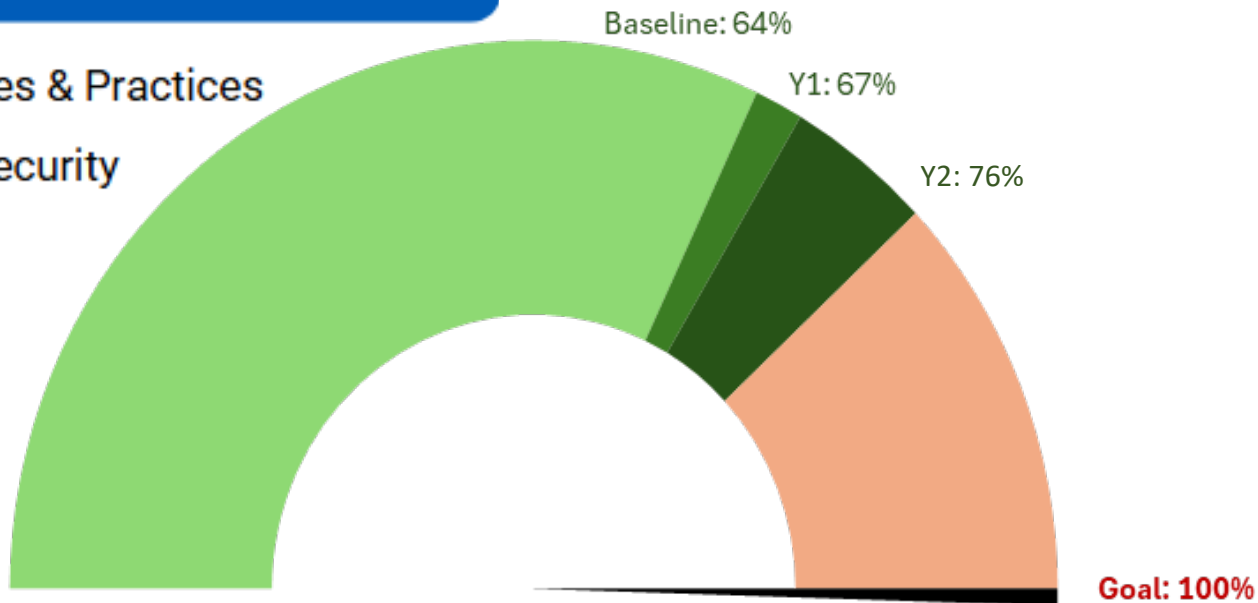**Obj. 2:** Patient Privacy & Cybersecurity

Increase the % of PHCs with **formally** defined health information & technology policies & practices that advance security to protect individual privacy & organizational access

Supporting Activities

Activity 1: Standardize Policies & Practices

Activity 2: Advanced Email Security

Baseline: 64%
Y1: 67%
Y2: 76%
Goal: 100%

Increase the % of PHCs that use **patient-level data** on social risk factors to **support** patient care plans for coordinated, effective interventions
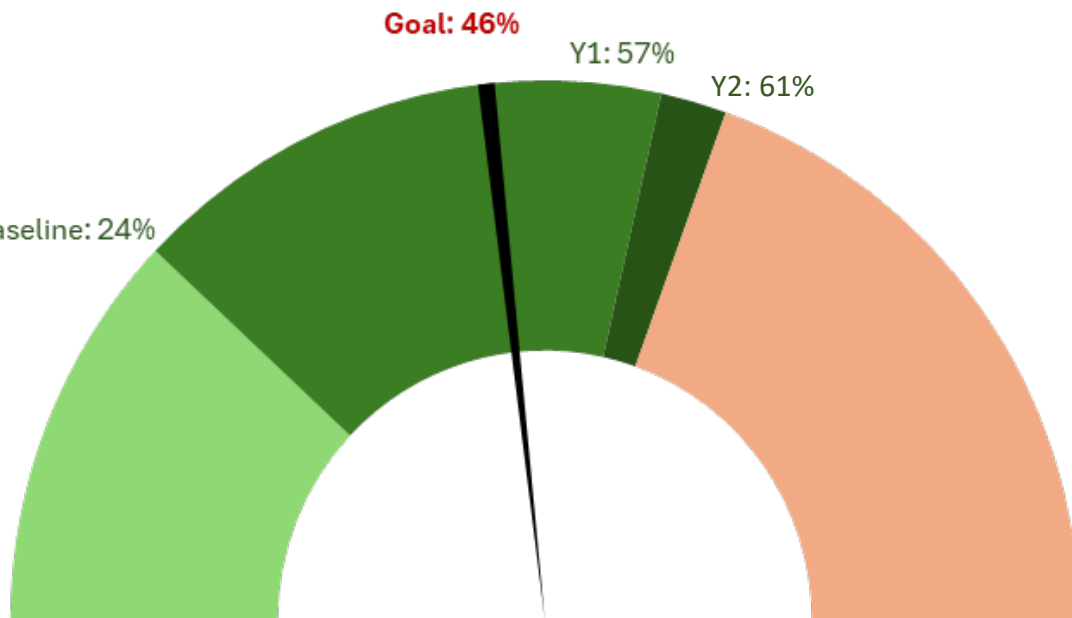
Supporting Activities 🔍

Activity 1: Intergy, Athena & NextGen PRAPARE Implementation with Azara Systems

Activity 2: Non-Medical Needs Data Integration & Analysis

Activity 3: PHCs Training on HIT Tools for Non-Medical Needs

Goal: 46%
Y1: 57%
Y2: 61%
Baseline: 24%

Increase the % of PHCs with systems & staff aligned with **submitting** disaggregated, patient-level data via UDS+
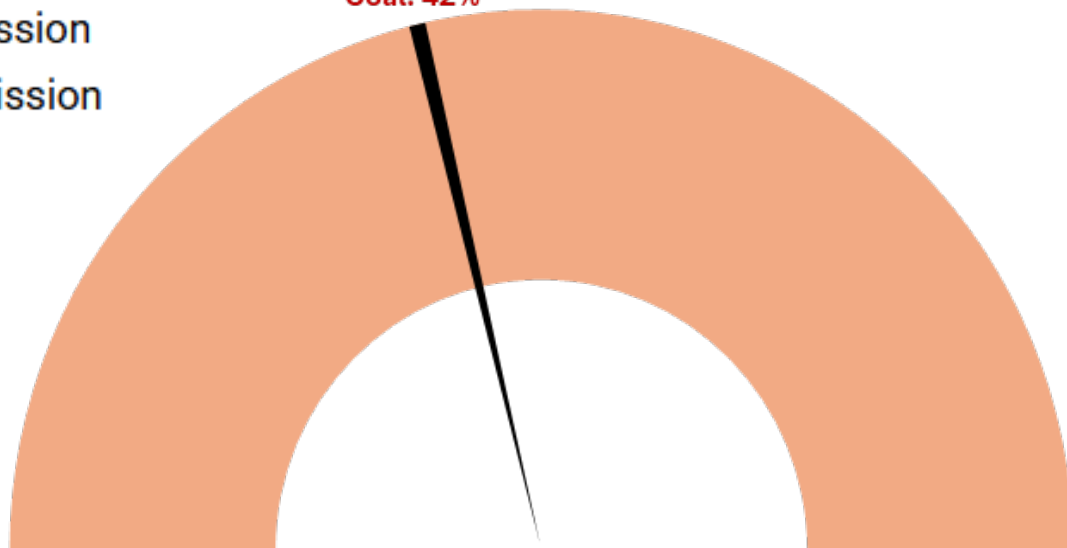
Supporting Activities

Activity 1: Azara DRVS UDS Submission

Activity 2: eCW/Athena UDS Submission

Goal: 42%

Y2: 0%
Y1: 0%
Baseline: 0%

Increase the % of PHCs with the capacity to **integrate** clinical information with data from **clinical/non-clinical sources** across the healthcare continuum to optimize care coordination & workflows
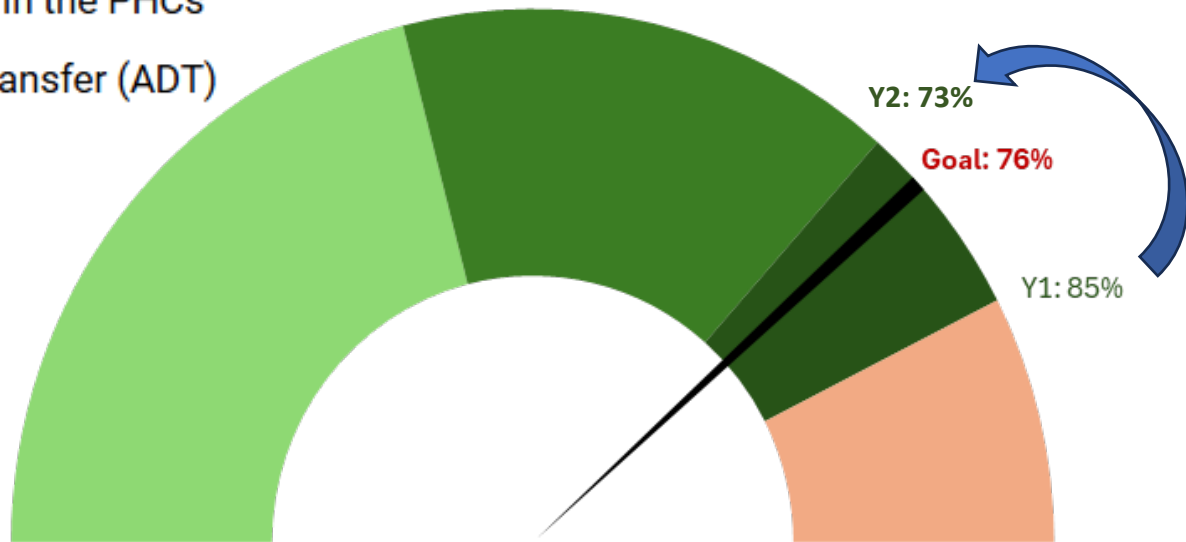
Supporting Activities 🔍

Activity 1: Workplan Development in the PHCs

Activity 2: Admit Discharge and Transfer (ADT) Implementation

Baseline: 42%

Y2: 73%

Goal: 76%

Y1: 85%

Increase the % of PHCs that use data strategies, such as use of **predictive analytics** with data **visualization**, to support performance improvement & **value-based care activities**
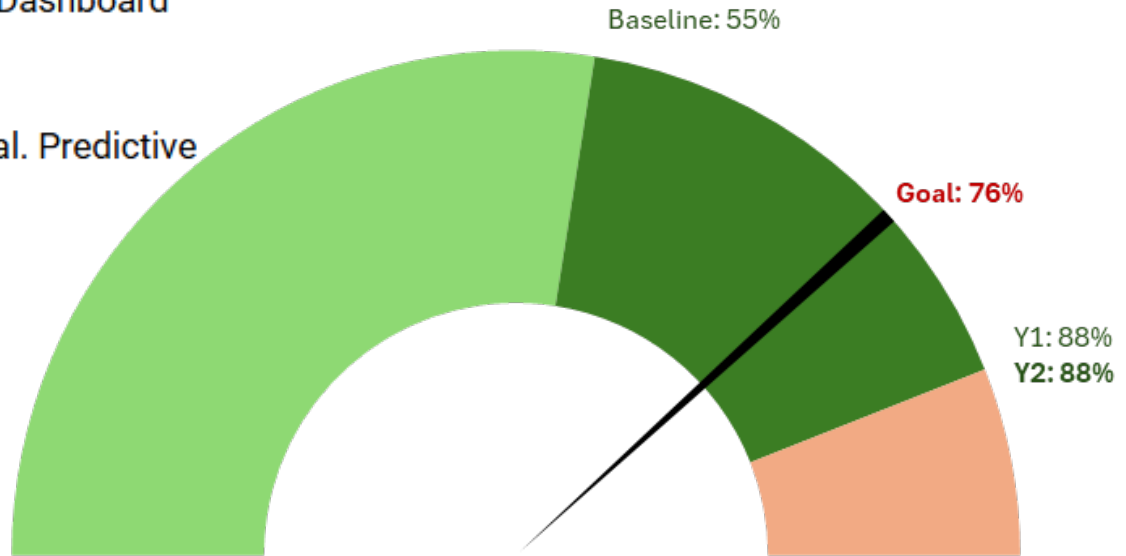
Supporting Activities 🔍

Activity 1: HCCN Objective Performance Dashboard

Activity 2: DRVS User Groups

Activity 3: Cost of Care/ Performance Eval. Predictive Analytics Tools & TTA for VBC/VBP

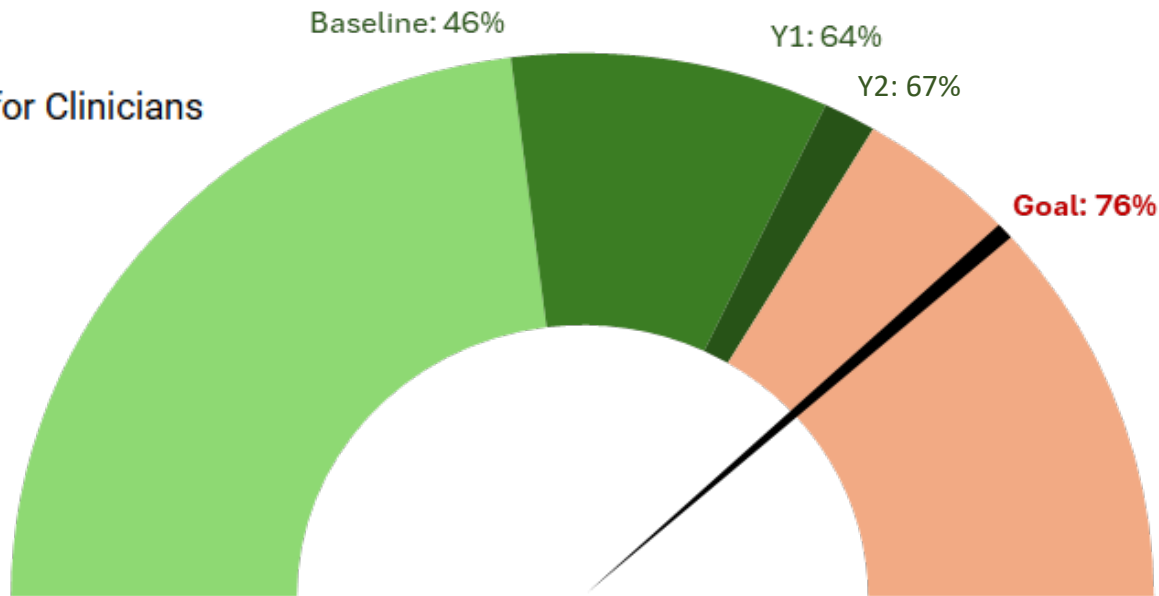
Baseline: 55%

Goal: 76%

Y1: 88%
Y2: 88%

Increase the % of PHCs that **support** providers & staff in achieving & maintaining proficiency in the use of **digital health tools**

Supporting Activities

Activity 1: PHC Learning Sessions

Activity 2: Digital Health Tools TTA for Clinicians

Baseline: 46%
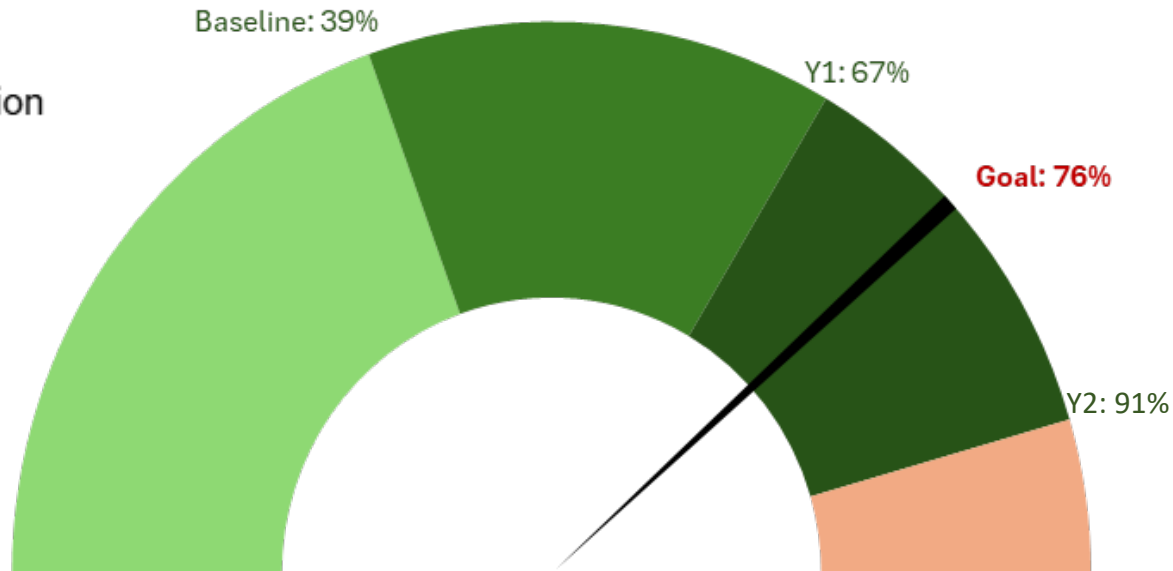
Y1: 64%

Y2: 67%

Goal: 76%

Increase the % of PHCs that **improve** health IT usability & adoption by providers, staff, & patients

Supporting Activities 🔍

Activity 1: EHR User Groups

Activity 2: KLAS Survey Implementation

Baseline: 39%

Y1: 67%

Goal: 76%

Y2: 91%
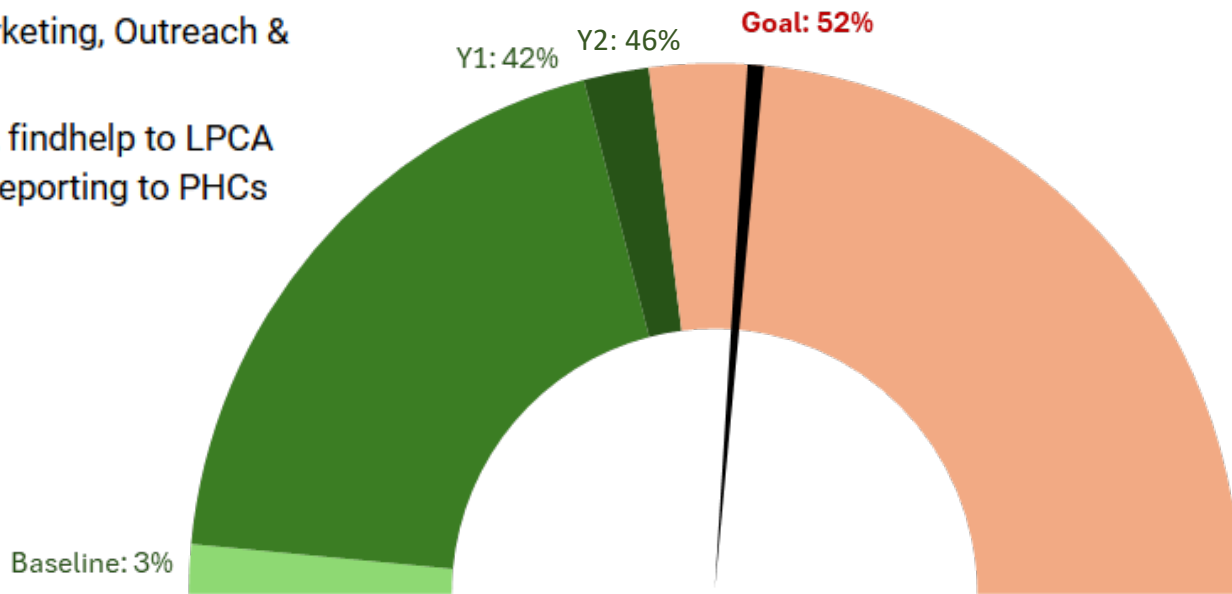
Increase the # of PHCs that use **LPCA Assist (findhelp) & RPM** solutions to reduce health discrepancy & address non-medical needs

Supporting Activities 🔍

Activity 1: Non-Medical Needs Marketing, Outreach & Implementation Support

Activity 2: Extract data from DRVS, findhelp to LPCA Data Warehouse for analysis and reporting to PHCs

Y1: 42% Y2: 46% Goal: 52%

Baseline: 3%

Obj. 10: Improving Digital Health Tools

Increase the # of PHCs that **enhance** the quality & coordination of health services through the use of **digital health tools** to foster **higher functioning care teams** & improve patient health outcomes

Supporting Activities

Activity 1: Building Evaluation Platforms to Promote Learning & Digital Health Tool Optimization

Activity 2: Efficient Use of Digital Tools Training

Goal: 46%

Y1: 58%

Y2: 36%

Baseline: 21%
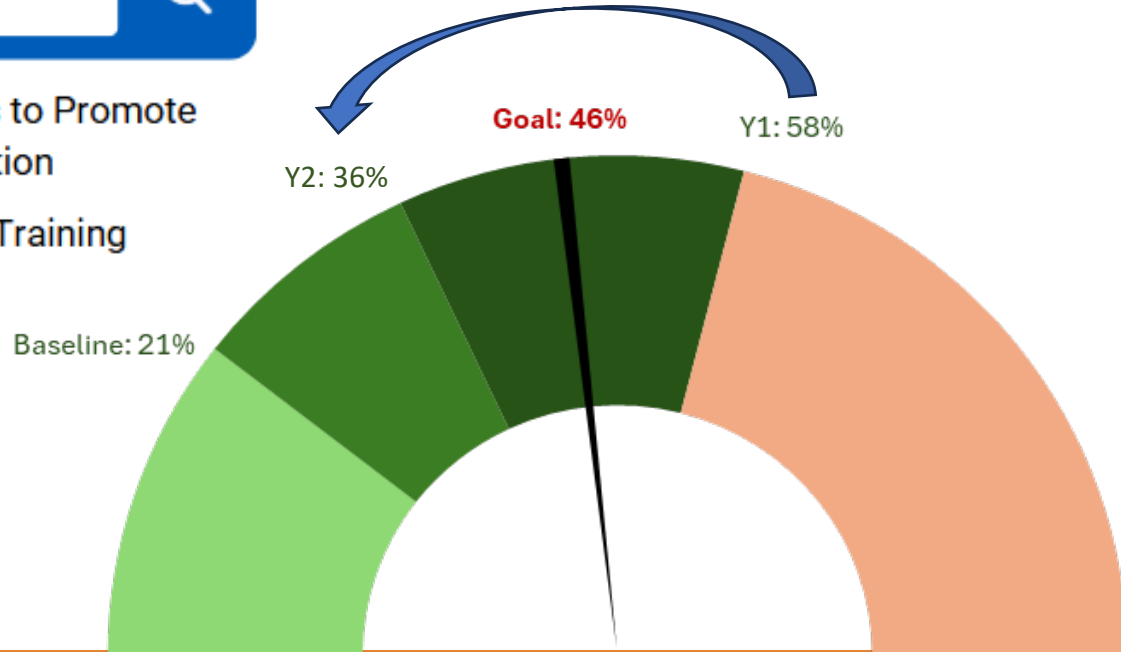
HCCN 2025 - 2028

Upcoming new cycle
Objectives & Activities

Obj. 1: Data Management & Analytics

Increase the percentage of PHCs that advance and optimize clinical, financial, and operations data to improve clinical quality, health outcomes, and operations.

1.1. Establish Data Governance Committee
1.2. Data Validation Workshops for DRVS Users

- **67%** (22/33) of PHCs reported utilizing a data analytics platform
  - 15% (5/33) rating the capacity to use data for quality improvement (QI) as "Excellent",
  - 18% (6/33) as "Good",
  - 64% (21/33) as "Fair",
  - 3% (1/33) at "Poor"

Challenges

- lack of staff expertise at 55% (18/33),
- data integration challenges at 64% (21/33),
- limited financial resources at 36% (12/33),
- inadequate data infrastructure at 27% (9/33),
- other complications (such as staffing needs, staff training, data conflicts between multiple platforms) at 12% (4/33).

Obj. 2: Interoperability and Data Sharing

Increase the percentage of PHCs that improve bidirectional interoperability with health care providers and community-based organizations

2.1. Build on Admit Discharge Transfer (ADT) Integration
2.2. Workplan Development in the PHCs

100% (33/33) sharing data with external healthcare providers & community-based organizations.
- 42% hospitals/ emergency rooms (14/33),
- 36% specialty providers (12/33),
- 94% labs or imaging (31/33),
- 61% HIEs (20/33),
- 70% state health department (23/33),
- 85% pharmacies (28/33).

Challenges
- technical challenges (85%, 28/33),
- lack of standardized data-sharing protocols (42%, 14/33),
- insufficient IT support (42%, 14/33),
- privacy /security concerns (21%, 7/33).

Obj. 3: UDS+ Implementation

Increase the percentage of PHCs that submit some or all disaggregated patient level data in their UDS + reports in each calendar year as required by AHA.

3.1. DRVS UDS+ Support
3.2. EHR UDS+ Support

9% (3/33) reported submitting "all data" for UDS+ data submission,
- 27% (9/33) only submitting "some data",
- 39% (13/33) not submitting any data,
- 24% (8/33) unsure about submitting any UDS data.

27% (9/33) PHCs reported participating in their EHR-specific vendor UDS+ testing
21% (7/33) reported participating in Azara DRVS UDS+ testing.

Needs
- additional training, technical assistance,
- guidance on optimizing current data systems, data validation, and
- health center-specific steps for UDS+ reporting.

Obj. 4: Artificial Intelligence

Increase the percentage of PHCs participating in T/TA designed to support the implementation of AI practices that adhere to industry ethical guidelines and established protocols

4.1. Azara User Groups
4.2. Educational Sessions on AI

- Reported "no" to actively utilizing any AI-related tools or processes at 52% (17/33)
- 21% (7/33) reported "yes" to actively utilizing AI-related tools or processes.
  - 45% (15/33) reported potential usage in clinical decision support,
  - 52% in predictive analytics for population health (17/33),
  - 48% in patient risk stratification (16/33).

Needs

- AI usage in healthcare training (58%) (19/33),
- tools / technology (64%) (21/33),
- policy and procedure templates (64%) (21/33),
- staffing resources (55%) (18/33).

Obj. 5: Additional Value-Based Care (VBC)

Increase the percentage of PHCs that use data to update operational processes in health IT systems to support VBC

5.1. Annual Economic Impact Study
5.2. Azara Patient Outreach Module
5.3. Provider Coding & Billing Trainings

- **78% (26/33)** of PHCs reported participating in an ACO & reported implementing clinical process improvements based on the data,
- 61% (20/33) reported use the data for financial management.

In assessing preparedness and readiness to expand VBC initiatives,

- 12% (4/33) of PHCs reported "very prepared",
- 55% (18/33) as "somewhat prepared

Barriers

- Lack of staff training at 55% (18/33), EHR / Health IT limitations at 39% (13/33), financial constraints at 24% (8/33), and lack of payer engagement at 24% (8/33).

HCCN 2022-2025 Year 3 Close-Out Survey