

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

A. GENERAL INFORMATION

1. Date

2023-01-03

2. Department

Department of Health Care Services

3. Organizational Placement (Division/Branch/Office Name)

Quality and Population Health Management

4. CEA Position Title

Chief, Population Health Management Division

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

The Career Executive Assignment (CEA), Chief, Population Health Management Division (PHMD), will oversee all population health efforts within DHCS including CalAIM's population health management and Enhanced Care Management (ECM), to support care coordination for all beneficiaries. The Chief, PHMD, will oversee the establishment of a comprehensive plan to address member needs and preferences across the continuum of care.

6. Reports to: (Class Title/Level)

Deputy Director, Quality and Population Health Management

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain):

8. Organizational Level (Select one)

- 1st
- 2nd
- 3rd
- 4th
- 5th (mega departments only - 17,001+ allocated positions)

B. SUMMARY OF REQUEST

9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.

Under the general direction of the Deputy Director (DD), the Chief is responsible for the strategy, policy, oversight, monitoring, and evaluation of the PHM Program. The Chief will lead the implementation of the PHM Program to help all members stay healthy via preventive and wellness services. PHM strategies will identify and assess member risks, guide care management and care coordination, and identify social drivers of health to reduce health care disparities.

Specifically, the PHMD Chief will develop statewide policy around clinical standards of care. The standards of care will affect treatment of chronic conditions, care coordination, care management programs such as ECM, complex care management, and transitional care management. The Chief will coordinate within the Department of Health Care Services (DHCS/Department), including but not limited to, Enterprise Data and Information Management, Health Care Delivery Systems and Health Care Financing to ensure alignment of programmatic activities, data analysis, and financing to improve health outcomes among Medi-Cal beneficiaries.

The Chief will provide strategy, policy development, and oversight for PHMD efforts, including programs to achieve high-value care for all populations. Particular attention will be given to activities that improve health outcomes and equity for the entire population while reducing costs. Often, high costs are driven by the acute treatment of members with complex physical, behavioral and social needs and preventative PHM strategies have proved successful in reducing these costs. The PHM Program is critical in ensuring policy approaches that prioritize prevention and whole person care.

The Chief will collaborate with other state Departments, including, but not limited to California Department of Public Health, Department of Developmental Services, Department of Social Services, Department of Health Care Access and Information, and the California Department of Corrections and Rehabilitation, as the PHM Program and ECM require close collaboration and coordination with these entities. The Chief will lead external stakeholder engagement with managed care plans, counties, providers, advocacy groups, and others to inform population health management efforts throughout California to achieve policy goals.

In addition, the Chief will lead in the design and implementation of California Patient Care Assistant (CPCA) Population Health Management Initiative which supports Population Health Transformation across 32 pilot Federally Qualified Health Centers (FQHC) across the state. The Chief will serve as the primary DHCS contact for other DHCS divisions involved in this initiative and will provide policy expertise and policy implementation support.

The Chief will provide strategic direction regarding all PHM policies and lead staff to perform administrative functions, including but not limited to budgets, contracts, and procurement for the implementation of services and directives and decisions relating to administrative and support operations for PHMD.

B. SUMMARY OF REQUEST (continued)

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: DHCS is the single state agency responsible for the administration of California's Medicaid program, known as Medi-Cal, which provides health care for nearly 14 million beneficiaries. Medi-Cal is the largest Medicaid program in the nation and administers care to low-income, disabled, and vulnerable Californians through many different delivery systems and individual programs to meet the needs of beneficiaries. The DHCS mission is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services, Home & Community Based Services, and social services.

The Chief of PHMD is critical to the success of the population health management strategies. There is significant investment and interest in numerous DHCS initiatives, including CalAIM. Recent audits and policy briefs by external entities found gaps in the DHCS approach to quality and accountability for high-quality care. There is a need for a dedicated investments and initiatives focused on population health management that requires additional high-level policy expertise to ensure the success for these programs. The Chief, PHMD, will lead these strategies and sensitive stakeholder engagement to successfully implement the new policy.

PHM is a cornerstone of the CalAIM initiative that will shift the Medi-Cal program from a system based on episodic health care experiences to a whole-population approach. Episodic care often results in poorer outcomes with higher expenditures. A population approach identifies different levels risk and need to appropriately tailor healthcare services and case management to optimize preventive care based on social determinants of health to improve clinical outcomes, eliminate disparities, and reduce the overall cost.

B. SUMMARY OF REQUEST (continued)

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

DHCS is innovating and transforming the Medi-Cal delivery system. CalAIM is a multi-year effort to transform the program. As described, the PHMD is a cornerstone of CalAIM, and the Chief will develop and implement broad-ranging policies in collaboration with other DHCS programs, numerous state departments, county partners, service providers and stakeholders.

While DHCS has long aimed to provide high-quality, population-level care, it recognizes that its previous decentralized quality and population health management infrastructure was insufficient to meet this challenge and resulted in worse outcomes at a higher cost. To address this, DHCS recently restructured its Medi-Cal program areas to elevate, prioritize and integrate quality and health equity functions across all DHCS programs. This led to the creation of a centralized, Quality and Population Health Management (QPHM) program led by the new DD and Assistant Deputy Director (ADD). The adopted FY 2022-23 Budget Act added positions for the QPHM program to build out its two divisions and hire appropriate leadership and management roles in the QPHM program. As described previously, the high profile and complicated policy work required to launch the PHMD and ECM program requires a CEA level leader to serve as Division Chief. In the absence of this position, there is insufficient leadership to supervise the program level staff and managers who are in charge of implementing policy and program. The Chief will need to oversee the policy development and launch of the PHM Program in January 2023 as well as policy development and launch of future ECM populations of focus slated to launch in 2023 and 2024 including for the Justice-Involved population which is a key policy area for DHCS.

There is significant interest in DHCS initiatives tied to quality and health equity, including the Medi-Cal managed care re-procurement and CalAIM. Recent audits and policy briefs by external entities found gaps in the DHCS approach to quality and accountability for high quality care. The significant investments and initiatives focused on quality, health equity, and population health management that DHCS will undertake in the next three years (especially with additional initiatives funded through the 2021-2022 budget and 2022-2023 budget), requires dedicated policy resources and program planning to ensure the success of these programs. The Chief will lead the design and implementation of the CPCA PHM Initiative and serve as the primary DHCS contact for other DHCS divisions and state departments. The Chief will provide policy expertise to support implementation and avoid policy conflicts across programs.

To achieve the Department's vision and outcomes, the the adopted FY 2022 -23 Budget Act includes resources to establish the PHMD, led by a CEA level Division Chief for QPHM.

C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The Chief will create, implement, and monitor DHCS PHM policy including the CalAIM PHM Program, PHM Service and ECM program. The Chief will interface with key stakeholders and departments to implement PHM Policy. Key partners may include: California Department of Public Health, Department of Health Care Access and Information, the California Department of Corrections and Rehabilitation and the California Department of Public Health, county partners, health plans, hospitals, providers, FQHCs and beneficiaries. Policy coordination by the PHMD Chief will be necessary to effectively design policy that aligns with overlapping initiatives delivered by these entities. In response to long-standing health inequities in its programs and increasing focus on addressing these disparities, DHCS committed to a public stakeholder engagement process in 2022 to create a focused strategic plan to address health inequities, called the Health Equity Roadmap (HER). Addressing health disparities is a requirement of the Centers for Medicare and Medicaid Services for the state's Quality Strategy.

The Chief will design, implement, and monitor all CalAIM ECM program policy for the new beneficiary populations becoming eligible beginning in January 2023. The ECM program is a new CalAIM program that provides comprehensive community-based care management services for members' physical health, behavioral health and social needs. The ECM program will focus on Medi-Cal members who have the top five percent of most complex cases. The most complex cases contribute disproportionately to the cost of healthcare and behavioral health spending in the program. The Chief will lead the implementation and development of policy to ensure the success of CalAIM, including the specific sub-populations within the Medi-Cal Program, with an increased focus on population health management.

In January 2023, DHCS will launch the PHM Program, a cornerstone of CalAIM. The PHM Program will establish a standardized policy approach for managed care plans to ensure that Medi-Cal members have access to a comprehensive program that leads to longer, healthier, and happier lives, improved health outcomes, and health equity. The Chief will lead the policy development and implementation of the PHM Program to introduce strengthened prevention, care coordination and care management policy requirements statewide. The PHM program will address gaps in the current Medi-Cal program and improve overall health outcomes. The PHM Service will support the policy initiative and be deployed beginning in January 2023. The Chief will be responsible for vendor management and ensuring that the PHM Service is aligned and integrated with the PHM to stratify member risk and identify high risk members who need additional support.

The Chief will work collaboratively with DHCS divisions (e.g., Data Management and Analytics Division, Business Operations Technology Services Division, and Information Security Office) to support data analytics in the development and reporting of risk stratification, quality metrics and other measures, social determinants of health, and population health analytics. The Chief will lead the implementation of policy, informed by a comprehensive understanding of Medi-Cal population health trends at a local and state level, and will guide further new or updated policy to maximize high-value care and reduce unnecessary cost. The PHM service as outlined in CalAIM will guide service delivery and case management services. The service will offer a standardized approach to identify gaps in care using quality metrics and the United States Preventive Services Task Force (USPSTF) recommendations, disease management and clinical protocols for plans, providers and beneficiaries to help optimize preventive care, and chronic care disease management to drive improved clinical outcomes.

The Chief will oversee the PHM Administration Unit, PHM Policy Section and clinical staff—Medical Consultant IIs, Medical Consultant Is, and Nurse Consultants IIs.

The Chief will lead in the design and implementation of the CPCA PHM Initiative and serve as the primary DHCS contact with other DHCS divisions and state departments. The Chief will provide policy expertise on initiatives and support policy implementation to avoid policy conflicts across DHCS programs.

C. ROLE IN POLICY INFLUENCE (continued)

13. What is the CEA position's scope and nature of decision-making authority?

The Chief will have authority over day-to-day operations of the PHM program areas and commitments under their purview. The authority level for this position exceeds that of senior management levels and has full authority to make policy decisions with statewide impact.

More specifically, the Chief will consult and inform the DD, DHCS Director's Office other key department partners, including Department of Public Health, Department of Social Services, Department of Developmental Services, Department of Health Care Access and Information, and the California Department of Corrections and Rehabilitation on key departmental efforts and decisions. The Chief will represent the department publicly and oversee a large project management portfolio aligned with the department's strategic objectives. Provide high level recommendations and analysis on sensitive policy, political, or legislative issues to DD and Director and beyond. Assess impact of policy implementation across DHCS divisions and reporting on policy and program outcomes and throughout the state. Advise and direct staff that provide policy analysis of legislation that affects division programs.

The Chief will lead and develop project management capacity within the division, make high level policy decisions by working across functional groups to ensure compliance with new or existing legislative, regulatory and policy directives. This includes developing adequate process workflows, adjusting workload levels, developing, and implementing performance metrics, and communicating management expectations to staff. Oversee personnel matters and other administrative functions as necessary and the planning, development, coordination, and management of PHMD services, programs, and policies. The Chief's decision-making authority includes making final decisions on operational policy matters that affect the population health management and/or impact Medi-Cal and other DHCS health care programs, providers, and recipients.

The policy decisions made by the Chief will support the overall mission and vision of DHCS. These decisions at times, will generate media and legislative attention due to their sensitive nature and can have far-reaching impact on how the Department serves and interacts with beneficiaries and the medical providers who treat them. These policy decisions have significant fiscal implications and must be accounted for in the DHCS budgeting process. Consideration of policy decisions must also weigh the extent to which legislative authority is needed to affect the given policy. To the extent such decisions are not fully informed, misguided decisions can result in negative budgetary impact for the Department and may subject the Department to litigation and further oversight by state and federal control agencies.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

The Chief will lead policy development and implementation for both new and existing programmatic areas across DHCS. The new policies originate from state and federal statutory and regulatory changes, changes in DHCS programs and in their business needs. The Chief will work with Medi-Cal and other DHCS programs, as well as stakeholders and interested parties, to develop and implement policies that will best serve the needs of the Department's programs, beneficiaries, and provider community.

The Chief will develop policy, lead programs, and coordinate the PHM Program to ensure DHCS programs reduce healthcare disparities and leverage existing policy opportunities to address inequity. Further, the Chief, will create new policy to achieve the Legislature and Administration's goals of reducing healthcare disparities.