COMPETENCY AREAS MEASURES INDICATORS with Sample Workplan - January 2020

LEVEL 1: Strengthen clinics' capacity and infrastructure to begin engaging in population health managements activities

Competency Areas	Grantee Measures/Indicators	Specific Data Sources/Data Sets
L1-C1) Organizational Commitment to Implementing a Population Heath Strategy	L1.C1.M1.) Clinic has engaged in a comprehensive planning process to identify priorities and timelines for the implementation of a population health approach L1.C1.M2) Clinic leadership has confidence in their understanding of population health and value-based models necessary to lead the organizational change L1.C1.M3) Clinic has documented processes to manage and transfer knowledge related to transformation efforts across staff levels L1.C1.M4) Clinic demonstrates expanded readiness for value-based models and population health efforts	Documented workplan/business plan/roadmap Grantee self-report EHF Readiness Assessment Survey Scores (collected annually) Documented workflows, policies/procedures, and/or job descriptions
L1.C2) Clinical Management and Care Management Program	L1.C2.M1) Clinic establishes fundamental best practices and infrastructure necessary to create effective care management and population health strategies L1.C2.M2) Clinic documents care management program with specific populations, staff plan, and workflows identified L1.C2.M3) Clinic demonstrates that a referral system in place L1.C2.M4) Clinic demonstrates basic empanelment practices are in place L1.C2.M5) Clinic tracks and monitors indicators of patient experience and engagement	EHF Readiness Assessment Survey Scores (collected annually) Documented workflows, policies/procedures, and/or job descriptions (including daily huddles) % of patients receiving a referral % of patients empaneled to a care team Patient Activation Measure (tool) % of patients engaged in portals, patient surveys, etc.
L1.C3) Social Determinants of Health	L1.C3.M1) Clinic implements a protocol/process for SDOH screening that is embedded in the EHR L1.C3.M2) Clinic annually evaluates the data related to SDOH needs of its patient population.	EHF Readiness Assessment Survey Scores SDOH screening tools % of patients screened Annual assessment of SDOH needs
L1.C4) Health Information Technology and Data	L1.C4.M1) Clinic regularly uses data to understand the specific health needs of population in its service area L1.C4.M2) Clinic regularly uses data for performance management for clinical and financial metrics L1.C4.M3) Clinics utilize data as part of its quality improvement programming	EHF Readiness Assessment Survey Scores Demonstrates data reports that identify patient/pop heath needs Demonstrates performance dashboards are in place and used regularly by clinical and operational teams
L1.C5) Financial Health and Planning	L1.C5.M1) Clinic demonstrates understanding of its current financial performance under its existing service delivery and payment models L1.C5.M2) Clinic implements a process to identify high-cost patients L1.C5.M3) Clinic is participating in at least one value-based payment arrangement	EHF Readiness Assessment Survey Scores Specific financial KPIs that measure basic health center operations (to be selected) % of patients identified as "high cost" Documented contract participation

SAMPLE WORKPLAN FOR Level 1 Work - Within the application you are required to complete a workplan. The below sample is intend to provide guidance on how to fill out this section of the application. For reporting and evaluation purposes we have assigned a letter and number code to represent available selections. For example: Level (L1), Competency Areas (C1) and Grantee Measures/Indicators (M1); use these codes to identify the Level, Competency Area(s), and Measure(s) your work will address.

L1-Competency Area Select code from above list	L1-Measure/ Indicator Select code from above list	Critical Step (Action or Activity Taken)	Milestone (Achievement or Progress Point by Participant)	Timing (When to be accomplished)
L1.C2	L1.C2.M1	Hire external consultant to review current infrastructure and practices	Areas for improvement are identified to ensure effective care management	December 2020
L1.C2	L1.C2.M2	Changes are documented and implemented	Staff is trained on new best practices, workflow and procedures	May 2021

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LEVEL 2: Supporting clinics to undertake population health management activities - including addressing unmet social needs - with their patient population

Competency Areas	Grantee Measures/Indicators	Specific Data Sources/Data Sets
L2.C1) Clinic care protocols are influenced by patient risk scores and social needs assessment findings	**L2.C1.M1)** Clinic has a care management program that aligns with risk stratification models **L2.C1.M2)** Clinic has patient engagement strategies that are documented and effective L2.C1.M3) Prospective empanelment practices in place	EHF readiness assessment survey; Grantee report, qualitative assessment from third party evaluator
L2.C2) Patients can access additional services to address their unmet social needs	L2.C2.M1) Change in percent and number of patients accessing additional services.	Grantee report, qualitative assessment from third party evaluator
L2.C3) Clinics and their respective partners are using shared data to inform population health improvement efforts	L2.C3.M1) Clinic draws from external data sources (i.e. from payers, hospitals specialists, etc.) to assess impact of interventions on cost and quality L2.C3.M2) Clinics have bi-directional data sharing in place with partners (i.e. MCOs, hospitals, behavioral health, CBOs, etc.) L2.C3.M3) Clinic regularly integrates payer and utilization data into clinical programming and care coordination	EHF readiness assessment survey; Grantee report, qualitative assessment from third party evaluator
L2.C4) Clinics draw down available P4P and/or other APM funding to invest in infrastructure	L2.C4.M1) Clinic demonstrates that gains from value-based contracts are being reinvested in strategic initiatives that support the population health approach L2.C4.M2) Clinic has established a reserve to support payment reform planning and implementation of new model, including risk-based reimbursement	Grantee report, qualitative assessment from third party evaluator
L2.C5) Clinics organizational commitment to population health has been expanded through additional parternships and strategies.	L2.C5.M1) Number and type of partnerships and strategies developed	EHF readiness assessment survey; Grantee report, Qualitative assessment from third party evaluator
Long Term	**Grantee Measures/Indicators**	**Specific Data Sources/Data Sets**
L2.C6) Clinics identify and obtain non-philanthropic funding sources to support population health management activities	L2.C6.M1) Clinics are able to show data indicating diversification of funds	Grantee report, qualitative assessment from third party evaluator
L2.C7) Patients' social needs are improved	L2.C7.M1) Clinics are able to report specific patient social needs have been improved.	Grantee report, qualitative assessment from third party evaluator
L2.C8) Clinics demonstrate improved health outcomes	L2.C8.M1) Clinics are able to demonstrate improved health outcomes, as measured by clinic-selected measures	Grantee report, qualitative assessment from third party evaluator
L2.C9) In collaboration with partners, clinics are able to demonstrate the economic impact of addressing SDOH needs.	L2.C9.M1) Clinics can quantify both the impact of addressing and not addressing patient SDOH needs	Economic analysis methodology as provided by EHF/Consultant

SAMPLE WORKPLAN FOR Level 2 Work - Within the application you are required to complete a workplan. The below sample workplan is intend to provide guidance on how to fill out this section of the application. For reporting and evaluation purposes we have assigned a letter and number code to represent available selections. For example: Level (L2), Competency Areas (C1) and Grantee Measures/Indicators (M1); use these codes to identify the Level, Competency Area(s), and Measure(s) your work will address.

L2-Competency Area Select code from above list	L2-Measure/ Indicator Select code from above list	Critical Step (Action or Activity Taken)	Milestone (Achievement or Progress Point by Participant)	Timing (When to be Accomplished)
L2.C1	L2.C1.M1	Hire external consultant to review current infrastructure and practices	Areas for improvement are identified to ensure effective care management	Dec. 2020
L2.C1	L2.C1.M2	Changes are documented and staff are trained on new empanelment practices, workflow, and procedures	Staff routinely implement practices, workflow, and procedures to empanel patients	May 2021

COMPETENCY AREAS MEASURES INDICATORS - January 2020

LEVEL 3: Supporting clinics to work with payors, hospitals and other stakeholders to develop strategies to sustainably finance community prevention work

Competency Areas	Grantee Measures/Indicators	Specific Data Sources/Data Sets
L3.C1) Clinic leadership has developed an organizational culture that is committed to community prevention	L3.C1.M1) Executive leadership, including Chief Medical Officer, and Board adopt communty prevention as a strategic priority. L3.C1.M2) Clinic organizational structure, policies and protocol aligns with values of community prevention.	Grantee report, qualitative assessment from third party evaluator
L3.C2) Clinics have infrastructure in place that positions them to be active partners in addressing social determinants of health at the community level	L3.C2.M1) Clinic has incorporated community-level metrics into its clinical planning and performance dashboards (i.e. able to compare ED utilization rates among clinic patients with community utilization rates, etc.) L3.C2.M2) Clinic proactively develops multi-sector partnerships to address health conditions impacted by SDOH	Grantee report, qualitative assessment from third party evaluator
L3.C3) Clinics articulate the public health impact of unmet social and health needs as well as value-proposition for how they can address those needs to payers and partners	L3.C3.M1) Clinic is analyzing and sharing cost-effectiveness and outcomes of partnership efforts L3.C3.M2) Clinics regularly apply socio-economic data regarding the needs of populations targeted by specific payment reform efforts	Grantee report, qualitative assessment from third party evaluator
Long Term	**Grantee Measures/Indicators**	**Specific Data Sources/Data Sets**
L3.C4) Clinics demonstrate improved community health outcomes as well as positive ROI	L3.C4.M1) Improvements in community health outcomes as defined by clinics. L3.C4.M2) Improvements in ROI or cost savings.	Grantee report, qualitative assessment from third party evaluator ROI methodology will be developed and shared with clinics
L3.C5) Clinics leverage partnerships with hospitals, MCOs, local governments to support community prevention	L3.C5.M1) Type and nature of clinic partnership agreements with hospitals, MCOs, and others to fund community prevention.	Grantee report, qualitative assessment from third party evaluator
L3.C6) Community health activities are sustainably funded	L3.C6.M1) Type and nature of community health activities and funding streams.	Grantee report, qualitative assessment from third party evaluator

SAMPLE WORKPLAN - TBD