

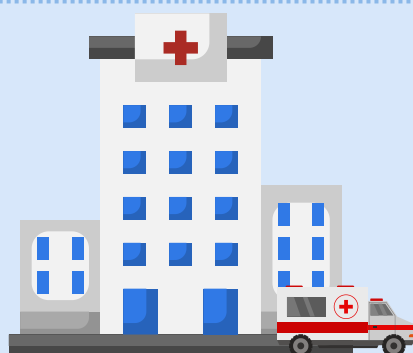
Evaluating California's PRIME Program: Selected Findings

PRIME (Public Hospital Redesign and Incentives in Medi-Cal) was a California Section 1115 Medicaid Waiver Program from 2016–2020 that aimed to improve care delivery in California public hospitals. This infographic includes selected findings from the UCLA evaluation of PRIME.

PARTICIPANTS

17
designated public hospitals (DPHs)

35
district and municipal hospitals (DMPHs)



NUMBER OF PROJECTS BY DOMAIN

- Outpatient delivery system transformation and prevention (7)
- Targeted high-risk or high-cost populations (7)
- Resource utilization and efficiency (4)



Increase the capabilities of hospitals to provide patient-centered, data-driven, and team-based care.



17
adopted the NCQA* Patient-Centered Medical Home model

35
organized primary care providers to deliver team-based care

18
improved staff engagement in team-based care

*National Committee for Quality Assurance



Improve data analytic capacity to provide point of care services, complex care delivery, and population health management.



17
participated in information exchanges

31
used disease registries

40
collected race/ethnicity, language, and sexual orientation and/or gender identity data

Implemented point of care delivery (46), care coordination (35), and population health management (28)



Improve health and outcomes through clinical improvements, preventive interventions, and better patient experiences.



Achieved performance targets

93%
(DPH)
and
83%
(DMPH)

Compared to other Medi-Cal patients, PRIME patients had:

FEWER			MORE	
Hospitalizations per year per 1,000	All-Cause Readmissions	Emergency Dept. Visits per year per 1,000	Breast Cancer Screenings	
-2.3 (DPH)	-2.4% (DMPH)	-6.3 (DPH)	+3.28% (DPH)	
Payments per year per patient	-\$836 (DMPHs)	-\$865 (DPHs)		



Integrate physical and behavioral health services and coordinate care in different settings.



17
used care coordinators in primary care sites

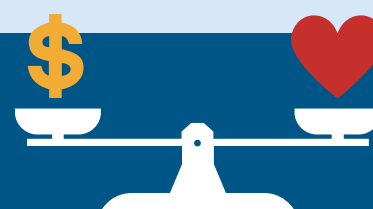
13
used case managers in primary care sites

18
systematically screened patients for depression

20
had person-to-person handoffs to behavioral health providers in primary care sites



Move hospitals towards value-based payments through the adoption of alternative payment models (APM).



\$7.5 billion
in funding allocated to hospitals, and less than 1% of funds were unearned

13%
increased number of assigned lives in APMs from 2019 to 2020

17
capitation contracts with **711,000** assigned lives by 2020

IMPLICATIONS

1. Fundamental changes in **care delivery** and **improved population health** require **significant funding**.
2. **Incentives** are effective tools to promote change that is complementary with **organizational priorities** and **mission**.
3. PRIME's value-based payment structure prepared hospitals to transition into the **Quality Incentive Pool (QIP)** program, in which quality improvement measures are linked to incentive payments from Medi-Cal managed care plans.



Read the full PRIME report:
<https://ucla.in/3itwukK>