Primary Care ACT: Assessments, Coaching and Technical Assistance

Quick Start Guide

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1. **What is the Primary Care ACT?**

The Primary Care ACT is part of Health Plan of San Mateo's (HPSM) Primary Care Investment Strategy. HPSM has committed $60 million dollars over five years to invest in its primary care network to support providers to overcome the extraordinary challenges facing primary care. HPSM's investment focuses on allocating resources to support primary care, promoting a robust and thriving workforce, improving population health, and enhancing the care experience for members and families. The Population Health Learning Center (PHLC) and the University of California, San Francisco Center for Excellence in Primary Care (CEPC) are facilitating the Primary Care ACT.

The Primary Care ACT has three goals:

- Support practices in understanding their population health management capabilities in domains that matter most to effective primary care population management.
- Uncover priority areas for future primary care investments to strengthen primary care.
- Provide practices with technical assistance through training, 1:1 practice coaching, and peer learning to improve their HEDIS clinical measures, improve their practice culture, and strengthen their population health management capabilities.

Participating practices will complete assessments and get hands-on support—both in groups and one-on-one—to boost their population health skills, raise quality scores, strengthen practice culture, and close care gaps on key HEDIS measures. Practices will also receive incentive payments upon completion of practice assessments.

2. **What are the first steps to participate?**

The first steps are to:

I. **Register** to attend one of the upcoming webinars for a detailed overview of the assessment process. There are four sessions to choose from – if none of these times work for you, please reach out to scott.fogle@hpsm.org to schedule an individual session:
   a. October 6: 12-1 PM https://pophealthlearningcenter.org/event/hpsm-practice-assessment-webinar/
   b. October 8: 5-6 PM https://pophealthlearningcenter.org/event/hpsm-practice-assessment-webinar-2/
   c. October 23: 12-1 PM https://pophealthlearningcenter.org/event/hpsm-practice-assessment-webinar-3/
   d. October 27: 5 – 6 PM https://pophealthlearningcenter.org/event/hpsm-practice-assessment-webinar-4/

II. Identify a **cross functional team** to lead the Primary Care ACT work. This should include a clinical leader, administrative leader, Quality or Population Health lead, and additional roles as needed, such as Data/IT, behavioral health, or others.
III. Complete the **Assessment**.

3. **How will the assessments be conducted?**

The assessment has two parts:

- **Part 1: Online Assessment** – Each participating practice completes an online assessment consisting of the PhmCAT and the Practice Information Survey. Every individual will receive a unique link by email. Practices can begin completing their assessments on **October 6, 2025**, with a submission deadline of **November 7, 2025**. If you want to take part and have barriers during that timeline, please reach out to Scott Fogle at Scott.Fogle@hpsm.org.
- **Part 2: In-Person Engagement** – A PHLC Coach will reach out to schedule an in-person visit at a convenient time for your team. Visits will take place between **October 2025 and January 2026**.
- We will also explore additional information that you are collecting or hope to collect, such as team culture, burnout, panel management, and patient experience.

4. **What is the time commitment involved and who should be part of the Primary Care ACT team?**

Practices can engage in the Primary Care ACT in ways that fit their team and capacity. Activities may include peer group meetings, eLearning modules, 1:1 coaching, and internal practice work to put changes into action. Different team members can participate at different times, so it doesn't always require the whole group. The overall time commitment can range from about 1 to 10 hours per month, depending on whether the practice chooses to participate in coaching and how deeply they want to engage. The Primary Care ACT team should be a cross-functional group that can lead the work from different perspectives. At a minimum, this includes a clinical leader, an administrative leader, and a Quality or Population Health lead. Depending on your practice, you may also want to involve other roles such as Data/IT, behavioral health, or additional staff who are key to advancing the work.

5. **What is included in the assessment and what will practices gain from it?**

The assessment will help your practice build a shared understanding of current capabilities and performance, identify areas of strength and opportunity, and will help to focus improvement efforts amid competing priorities. The assessment uses a combination of practice, HPSM, and coach reported data, such as:

- Practice reported population health capabilities as measured through the Population Health Management Capabilities Assessment Tool (PhmCAT), which assesses practice performance across eight population health domains.
- Performance data, including for measures related to access, empanelment, quality, and P4P results.

6. **If a practice has multiple sites, how should the assessment be completed?**

Assessments are completed at the site level, with support from central organizational leadership. For some organizations, certain functions may be centralized across multiple sites, resulting in less variation — and that's fine too. For these parts of the assessment, you may wish to use information from the central organization. We can discuss this individually with you if helpful.

7. **Who should participate in completing the assessments from the practice?**

We recommend that at a minimum the clinical champion (e.g., physician owner, Medical Director, Chief Medical Officer) and administrative champion (e.g., office manager, Practice/Clinic Administrator, Chief Operating Officer) complete the assessment with input from their care team and staff. In addition, it is helpful to have staff that are close to the population management operations and efforts such as quality improvement staff, data analysts and staff.

8. **How do I get my care team, staff, and sites on board?**

It takes a team of clinicians and staff to provide high quality care to patients, caregivers, and families. It is helpful to get perspectives from folks doing the work on the ground with patients. Their perspectives are important and help to identify opportunities for improvement. The assessment also provides an opportunity to individually recognize team members where things are going well.

It supports early buy-in, letting people know that their perspective matters and that they are key in helping to identify opportunities and then work to improve them. This is empowering for staff and early on, creates a culture of all do and all improve where everyone is involved in quality, not just one person championing the effort and changes.

9. **What incentive payments are available, and what are the eligibility criteria?**

Incentives are currently available for completing the assessments to help offset time away from direct patient care. Incentives range from $2,500 - $10,000 based on 1) the number of sites in your organization where HPSM may assign for primary care, and 2) the number of sites for which a minimum number of respondents complete the PhmCAT:

Tier 1: One contracted primary care site: = $2,500, where at least three individuals complete the PhmCAT.

Tier 2: Between two and four contracted primary care sites = Up to $5,000:

- $2,500 when at least five respondents complete the assessment for one site
- $5,000 when at least five respondents complete the assessment for two or more sites.

Tier 3: Five or more contracted primary care sites = Up to $10,000:

- $2,500 if only one site completes the assessment;
- $5,000 if two, three or four complete the assessment;
- $10,000 if five or more complete the assessment.

10. **Which practices will receive 1:1 Coaching and who from the practice participates in Coaching?**

Coaching can be provided for around 15 practices. These practices will be chosen based on a number of factors after the assessment period. The factors include:

- Interest and readiness for one-on-one coaching support
- Ability to dedicate time to improvement efforts

- Number of HPSM lives cared for in the practice
- Assessment results and opportunities to make progress toward population health goals

Coaches are local and provide 1:1 tailored support, mostly virtually with some in person coaching. Coaches will focus on challenges and opportunities that matter most to the practice and the goals that you are already pursuing. Coaches will devote 5-10 hours per month to support each practice, depending on the needs of the practice.

We recommend that your core team working on improvement – clinical champion plus staff that are involved in the everyday processes of providing care – participate in the coaching sessions. If you are working at an organization level where you have multiple sites, we recommend you select a team mainly from the site where you want to start the changes and include champions from the organization level who can support sharing learnings across sites and spread to sites. Coaching is a hands-on experience, so we recommend 2-4 people, and for small independent practices, the clinical champion plus an MA or Nurse is recommended.

11. **What technical assistance is offered through the Primary Care ACT?**

PHLC and CEPC are here to support you through the assessment, coaching, and technical assistance journey. That support starts with the assessment process. They will provide both webinars and office hours to support your team in taking part in the assessment. After you complete your portion, a coach will come onsite to share results, discuss strengths and learn from you about your biggest pain points and challenges, use this information to share recommendations for focus, and discuss coaching to see if you are interested.

In addition to assessments, you'll have access to peer learning sessions and 1:1 practice coaching will be provided to a limited number of practices. Practices will also have access to micro modules through our virtual learning platform to access content and training asynchronously at a time that is convenient for them. In the virtual peer group meetings, practices will have the opportunity to learn from peers and subject matter experts through facilitated sessions focused on key population health topics. Core content will be taught through virtual, on demand eLearning modules, such as on access, empanelment, and data. Finally, one on one coaching will be available for 15 high volume primary care practices. Coaching is tailored support that will address each practice's most pressing challenges and desired goals. Coaching will be held virtually with 1-2 in-person visits each year.

12. **How do you see the Primary Care ACT aligning with other initiatives sponsored by the Health Plan, such as Care Gap Pay-for-Performance or the Primary Care Grants?**

Stellar Health, administrator of Care Gap P4P is aware of this initiative, and PHLC and CEPC are aware of Stellar Health. PHLC and CEPC will become familiar with Stellar Health's care gap closure program and collaborate closely. Stellar Health, PHLC, and CEPC will share updates with each other to ensure everyone stays informed. Practice Coaches will use the Stellar App as a tool for closing care gaps and maximizing financial earnings. PHLC and CEPC are also familiar with HPSM's grant programs. The intent is for HPSM's various initiatives to align and maximize their collective impact, with PHLC, CEPC, Stellar Health, and contracted vendors staying updated on each other's efforts.

13. **Who do we contact if we have questions or need more information?**

Please reach out to Scott Fogle, Manager of Strategic Network Investments at Scott.Fogle@hpsm.org.