



Physicians Advisory Group

Meeting Agenda

Date: **Thursday, March 7, 2024**

Time: **12:00 p.m. – 1:30 p.m.**

Place: **Santa Cruz County:**

Central California Alliance for Health - Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA

Monterey County:

Central California Alliance for Health - Board Room
950 East Blanco Road, Suite 101, Salinas, CA

Merced County:

Central California Alliance for Health - Board Room
530 West 16th Street, Suite B, Merced, CA

Mariposa County:

Mariposa County Health & Human Services - Cathey's Valley Room
5362 Lemee Lane, Mariposa, CA

San Benito County:

Community Services & Workforce Development Building - Conference Room
1161 Felipe Road, Bldg. B, Hollister, CA

1. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Advisory Group or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Wednesday, March 6 to the Clerk of the Advisory Committee at tneves@ccah-alliance.org
 - i. Indicate in the subject line "Public Comment." Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to five minutes.
 - b. In person, from an Alliance County office, during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to five minutes.

1. **Call to Order by Chairperson Hsieh. 12:00 p.m.**

- A. Roll call.
- B. Supplements and deletions to the agenda.

2. **Oral Communications. 12:10 p.m.**

- A. Members of the public may address the Advisory Group on items not listed on today's agenda that are within the jurisdiction of the Advisory Group. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

- B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

Consent Agenda Items: 12:15 p.m.

3. Approve PAG Meeting minutes of December 7, 2023.

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. New Business

- A. Care Based Incentives 2025 K. Rohlf
- B. Specific strategies for moving the needle on quality scores + CBI. D. Hsieh, MD
- C. Discussion of challenges with ancillary services. D. Hsieh, MD
- D. Follow up after ED for substance use disorder, mental health & Hep C. D. Hsieh, MD
- E. Transitions of Care: How the PCPs and other providers would like to receive information and what information is useful? What are the barriers to getting members in within 14 days of discharge? D. Hsieh, MD
- F. How is ECM + CS going? Suggestions/thoughts? D. Hsieh, MD

5. Open Discussion: 1:20 p.m.

- A. Group may discuss any urgent items.

6. Adjourn: 1:30 p.m.

The next meeting of the Physicians Advisory Group, after this March 7, 2024 meeting:

Date/Time: Thursday, June 6, 2024, 12:00-1:30 p.m.

Location: All Alliance counties

The complete agenda packet is available for review on the Alliance website at www.ccah-alliance.org/boardmeeting.html. The Alliance complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Clerk of the Advisory Group at least 72 hours prior to the meeting at (831) 430-5556.

Physicians Advisory Group



Meeting Minutes

Thursday, December 7, 2023
12:00 - 1:30 p.m.

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Central California Alliance for Health – Board Room
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Group Members Present:

Dr. Patrick Clyne	Provider Representative
Dr. Casey KirkHart	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Scott Prysi	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Ralph Armstrong	Board Member
Dr. Eric Sergienko	Board Member
Dr. Donaldo Hernandez	Board Member

Group Members Absent:

Dr. Mai-Khanh Bui-Duy	Provider Representative
Dr. Mimi Carter	Provider Representative
Dr. Cheryl Scott	Provider Representative
Dr. Charles Harris	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Misty Navarro	Provider Representative

Staff Present:

Dr. Dennis Hsieh	Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Ms. Kristynn Sullivan	Program Development Director
Ms. Andrea Swan	QI & Population Health Director
Ms. Jessie Dybdahl	Provider Services Director

Ms. Tammy Brass
Ms. Kristen Rohlf
Ms. Tracy Neves

Utilization Management Director
Quality & Population Health Manager
Clerk of the Advisory Group

Public Representatives Present:

Dr. Rosa Fernandez

San Benito Health Foundation

1. Call to Order by Dr. Dianna Diallo.

Group Chairperson Diallo called the meeting to order at 12:00 p.m.
Roll call was taken.

Welcome Mariposa & San Benito Counties.
No supplements or deletions were made to the agenda.

2. Oral Communications.

Chairperson Diallo opened the floor for any members of the public to address the Group on items not listed on the agenda.

No members of the public addressed the Group.

Consent Agenda

- A. The group reviewed the September 7, 2023 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved with changes.

3. **New Business**

- A. Specialty Incentives

Dr. Diallo asked the group their thoughts and pain points regarding specialty access and incentives the Alliance could provide i.e., home health upon discharge, OB/GYN rates, etc.. Dr. Diallo solicited the group's ideas for incentive to support change. A provider noted she has a patient with testicular cancer due to lack of urologists, but not certain how to incentivize where there are gaps in care. The whole system does not have urology, It was noted that rapid responses are needed as patients are being told there is no one available for several months. Some patients are waiting 6 months. A provider asked about criteria for specialist incentives right now or those in the past. In the past, there were incentives for volume of patients. It was noted there is a need for practical incentives that would help specialists to see patients. Provider noted his clinic has been working on eConsult use and decompressing specialists by seeing patients and building this into the referral process. In addition, they are working with Arista to assist the clinic and specialists; this is working in Santa Cruz County. Arista can go through referrals and send those which are appropriate for eConsult. The goal is to increase specialist access.

Another provider noted there is no support for eConsult, and if primary care is seeing patients they will need relief as well. Primary care would benefit from incentives to support specialists. Provider attempted to use Arista but does not have funds to link Epic and Arista, Technology support would be used and an incentive for specialist to see patients within a certain amount of time. Salud partners with a pediatric psychiatrist but this is expensive.

Highlights of discussion reviewed:

- Network lacking
- Access related issues
- Possible incentives for Medi-Cal volume, decompressing specialists, technology, and timeliness.

The group was asked about telehealth. Dr Hsieh noted this was offered before with little utilization. It was noted Salud Para La Gente participated in the in pilot and it was successful. It was noted this requires a dedicated medical assistant (MA). It was suggested to offer reimbursements for room use, MA etc. Stanford does lots of telehealth. It was suggested to have an initial telehealth visit to determine if the patient needs to be seen. Telehealth would be helpful to provide specialist care throughout the state. The Alliance has Arista MD, and TeleMed2U. The Alliance has current specialty incentives for access and increasing specialty access..

B. Primary Care Communication Challenges

Dr. Diallo asked the group if there are areas where they need more information.

A provider noted there is no behavioral health (BH) communication. Another provider noted recently they asked the county if they could have access to Epic, but they refused to provide stating HIPPA compliance. Information sharing is not two-way, and data sharing is an issue. Provider noted she has challenges getting BH in Santa Cruz County.

Action: Shaina Zurlin, BH Director to connect with the provider. Dr. Hsieh can connect with Santa Cruz County BH and the top responsibility for the Alliance is Carelon accountability. The Alliance BH department is conducting monthly reporting regarding Carelon. Jessie noted she can help providers as well. In Mariposa, there is a community information exchange, and this has helped with obtaining information such as SUD. Provider will share information with the Alliance.

C. Transitions of Care

Dr Diallo asked the group what is the best way for the Alliance to get discharge information back to the primary care provider (PCP). A provider requested that the Alliance update their portal, so the PCP is aware the patient has been discharged as the PCP needs to see the patient within 1-2 weeks. Another provider noted discharge information is popping-up in the portal 7 days later which decreases turnaround time to see the patient. The goal for the Alliance is to put the ADT information into the provider portal as the Alliance currently utilizes eCensus. The Alliance will incentivize hospitals to send the patient information which includes the discharge summary. A provider noted discharge summaries are not always complete. A provider in Santa Cruz noted when patients are seen at either Watsonville or Dominican Hospitals they receive a flag in the system. Monterey County receives discharge messages through their QI department. The providers noted just being notified of discharge would be very helpful.

D. Prior Authorization Simplification

Tammy Brass discussed prior authorization simplification and noted the team is always looking to optimize the program and framework. Tammy asked the group about pain points and where authorizations could be removed. A provider noted ophthalmology always needs authorizations and each year there are diabetic exams. It was suggested to remove authorizations for chronic conditions that require follow-up. Sometimes the authorizations are for specialists or a mix of both. Also providing outreach to those providers that believe they need prior authorizations although one is not needed. When the Alliance moves to a new platform, in the provider portal, when an authorization is

entered, there will be messaging stating no authorization needed with immediate feedback. It was noted children going to the emergency department (ED) with orthopedic follow-up, are directed to go back to the PCP. Some education to the orthopedist would be helpful. Also, education to EDs so they know referrals are not needed. There is lots of back and forth between patient, ED, and PCP. A suggestion was to have a top 10 list of auto approvals to give the providers. A provider noted the process is easy but can be repetitive. Making the provider aware of authorizations that are necessary and costly would help. The prior authorizations department monitors utilization, and in-network is the preference. Also suggested was to have internal determination of those 95% of authorizations that are regularly approved by having them auto approved or exempt from a prior authorization.

E. Care Based Incentives (CBI) 2024

Dr. Diallo discussed CBI changes for 2024 that were approved by the Board. Dr. Diallo provided background regarding CBI. The goal is to simplify the increasingly complex program, promote improvement through achievable goals, and provide equal opportunity to earn incentives through award based on member months. It was noted, payment adjustment has been seen as punitive and impacting our least resourced providers.

Programmatic changes and calculation of quality of care and care coordination measures were shared with the group Summary of changes include:

- Remove programmatic payment based on comparison group pools.
- Assign a maximum practice programmatic payment based on member months.
- Remove the Quality of Care Performance payment adjustment.
- Remove the risk stratification score.
- Update point calculation for Quality of Care and Care Coordination measures.

A provider noted changes are great. It was suggested the Alliance publish potential points or dollars that are possible. This would be a good way to incentivize practices. It was noted, this will require some work with Alliance analytics. Kristen noted the estimate would be from quarter 3 and usually quarter 4 sees an increase. Provider noted assignment of members and Q3 data estimate is helpful. Also noted, the data will be easier to obtain when the Alliance moves to an updated payment methodology.

Action: The Alliance will work with analytics on reporting. A provider asked if a representative could work with practices regarding quarterly measures. It was noted, information is available on the provider portal. The Alliance is looking at potentially adding additional reporting on the provider portal (HEDIS and MCAS data). A provider suggested incentivizing population health by funding an employee.

4. Open Discussion

Provider asked if there is a contact person regarding formularies, as he has had problems with inhaled corticoid steroids for children. Provider is not clear on what is covered and available. It was noted medications are now managed through Medi-Cal Rx, but the Alliance can provide feedback to DHCS.

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items for discussion and/or action must be placed on the agenda prior to the meeting.



Care-Based Incentives 2025

Kristen Rohlf, Quality and Population Health Manager

Physicians Advisory Group

March 7, 2024

CBI CARE-COORDINATION MEASURES

Hospital & Outpatient Measures

- Ambulatory Care Sensitive Conditions
 - Point Reduction from 7 points to 5 points
- Preventable Emergency Visits
 - Point Reduction from 8 points to 5 points
- Plan All-Cause Readmission
 - Point Reduction from 10.5 points to 7 points



CBI CARE-COORDINATION MEASURES

Access Measures

- Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents
- Application of Dental Fluoride Varnish
- Developmental Screening in the First 3 Years
- Initial Health Appointment
- Post-Discharge Care
 - Allow specialty visits
 - Add DST submission



CBI **QUALITY OF CARE** AND **PERFORMANCE** MEASURES

Quality of Care Measures

- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care
- Diabetic HbA1c Poor Control >9%
- Depression Screening for Adolescents and Adults
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- Lead Screening in Children
- Well-Child Visits in the First 15 Months

Proposed Additions:

- Chlamydia Screening in Women
- Colorectal Cancer Screening
- Well-Child Visits for Age 15 Months–30 Months

Performance Threshold

- Performance Improvement
- Member Reassignment Threshold



CBI **FEE-FOR-SERVICE** MEASURES

Fee-For-Service Measures

- Adverse Childhood Experiences (ACEs) Training and Attestation
- Behavioral Health Integration
- Cognitive Assessment Training and Attestation
- Diagnostic Accuracy and Completeness Training
- Patient Centered Medical Home (PCMH)
- Quality Performance Improvement Projects
- Social Determinants of Health (SDOH) ICD-10 Z-Code Submission



CBI HEALTH EQUITY AND EXPLORATORY MEASURES

Health Equity Measure

- Health Equity: Child and Adolescent Well-Care Visit

Exploratory Measures

- Controlling High Blood Pressure



NEXT STEPS

- CBI 2025 Board presentation in spring 2024 for approval.



Suggestions?





Physicians Advisory Group Meeting Calendar 2024

Thursday, March 7	12:00 - 1:30 PM
Thursday, June 6	12:00 - 1:30 PM
Thursday, September 5	12:00 - 1:30 PM
Thursday, December 5	12:00 - 1:30 PM

All meetings will be held in-person at the locations listed below:

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*Lunch provided.

