



Physicians Advisory Group

Meeting Agenda

Date: **Thursday, May 30, 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 – Alliance Suite
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, May 29 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 March 7, 2024.

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. New Business

- | | |
|---|--|
| A. Supplemental Provider Payment | L. Ba, K. Lor |
| B. NCQA: Coordination with Behavioral Health & Carelon | A. Swan, S. Zurlin,
R. McMullen S. Pirard, MD |
| C. Discussion of Experience with Alliance Case Management | E. Leary, 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 May 30, 2024 meeting:

Date/Time: Thursday, September 12, 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, March 7
12:00 - 1:30 p.m.

Santa Cruz County:

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

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San Benito County:

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

Group Members Present:

Dr. Cristina Mercado	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Cheryl Scott	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. Casey KirkHart	Provider Representative
Dr. Mai-Khanh Bui-Duy	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Scott Pysi	Provider Representative
Dr. Donald Hernandez	Board Member

Group Members Absent:

Dr. James Rabago	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Mimi Carter	Provider Representative
Dr. Charles Harris	Provider Representative
Dr. Misty Navarro	Provider Representative
Dr. Ralph Armstrong	Board Member
Dr. Eric Sergienko	Board Member

Staff Present:

Dr. Mike Wang	Medical Director
Dr. Dianna Diallo	Medical Director
Ms. Jessie Dybdahl	Provider Services Director
Ms. Kelsey Riggs	Complex Case Management Manager
Ms. Navneet Sachdeva	Pharmacy Director
Ms. Kristen Rohlf	Quality & Population Health Manager

Ms. Suzie Vargas-Tombs
 Mr. Juan Velarde
 Ms. Tracy Neves

Sr. Provider Relations Representative
 Quality Improvement Advisor
 Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw

Provider Representative

1. Call to Order by Dr. Mike Wang.

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

2. Oral Communications.

Chairperson Wang 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 December 7, 2023 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved.

3. **New Business**

A. Care Based Incentives 2025

Kristen Rohlf presented on Care Based Incentives (CBI) 2025.
 Care Coordination Measures include:

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.

Regarding the Ambulatory Care Sensitive Conditions and Preventable Emergency Visits., the Alliance is not proposing any changes. Staff have reviewed how to transition the measures to a more outpatient and outreach measure, but at this time, there are no codes that support the transition. It is still a high priority to make more functional hospital and outpatient measures for primary care providers (PCPs) because the Alliance received feedback that these hospital diagnosis are not in the scope of the PCP and that the conditions are being managed by specialists. The Alliance will continue to review opportunities to update these measures.

Dr. Diallo noted the Alliance looked at providing incentives for outreach after hospitalization and emergency department (ED) visits but experienced some barriers. Dr. Diallo asked if this would be something that would be helpful. A provider noted it would be a good idea. It was noted, there is a current draft all plan letter (APL) for Community Health Workers (CHWs) specific to hospital outreach but there is not enough information to make a change at this time. Another provider expressed challenges with readmission

rates. Having data for those individuals regarding barriers and how they can be managed would be effective. Another suggestion would be to look at high utilizer data and barriers. Currently there are no medical homes in some populations.

Another provider noted that when she had extended office hours and weekend appointments, it made a difference, and prevented patients from ending up in the ED. This measure was ended, and incentivizing clinics for extended hours would be helpful. Another provider noted Enhanced Care Management (ECM) is available for high utilizers. Payment for outreach and communication would be beneficial for all patients. Possibly incentivize clinic to hospital, and clinic to specialist coordination.

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.

The Alliance is looking to make changes in the post-discharge care measures to expand the measure to allow specialty visits as a compliant follow-up visit within 14 days of a hospital admission and add the Provider Portal Data Submission Tool (DST) submission for providers. If patient is seen by the specialist it still counts towards the PCP. Kristen asked the Group if they had any conditions they felt should be removed from this measure. It was noted to have newborns as an exclusion. There was a question regarding the measure and psychiatric hospital admissions. **Action:** The Alliance will follow-up on psychiatric visits.

CBI Quality of Care and Performance Measures

Proposed additions:

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

The measures come from NCQA and are part of MCAS measures reported to the state. A provider noted regarding the chlamydia screening, that patients are on birth control for several medical conditions. Currently, the measure is identifying members if they are through pharmacy data for contraceptive medications, and billed pregnancy test, sexual activity, and pregnancy codes. Provider noted chlamydia screening should not be based on pregnancy test or birth control. A provider asked how the data is going to be obtained for sexually active patients. A provider stated she does not want the measure added for her organization because of barriers with EHR and other issues. Also noted, some pediatricians will not screen as it is not written in evidence based medicine (not medically indicated). **Action:** The Alliance will take back the comments/concerns regarding chlamydia screening and provide an email with clarification. The measure is to surpass the 50th percentile for the national Medicaid benchmark. Screening for the measure is for 16-24 years of age, billed under a chlamydia screening test code, with some exceptions. Members are excluded from the measure if they are identified for the measure based on a pregnancy test alone, and they have a pregnancy test and a prescription for isotretinoin on the date of the pregnancy test or 6 days after the pregnancy test, or a pregnancy test

and a x-ray on the date of the pregnancy test or 6 days after the pregnancy test. A provider noted they collect urine for all 16+ years of age and it makes screening easier.

It was suggested, the Combo 10 has changed since the pandemic, and decreasing the thresholds would be helpful. If a patient comes in from another clinic, they miss some vaccinations. There are no changes to CBI fee-for-service measures.

Health Equity Measure

- Health Equity: Child and Adolescent Well-Care Visit – to be retired.

Exploratory Measures

- Controlling High Blood Pressure

The health equity measure to be removed as there are other projects/opportunities the Alliance is engaging in regarding health equity. In April or May, there will be a Board presentation on CBI 2025.

Provider asked about food for members, and if there could be an opportunity to incentivize for prescribing fresh fruits and vegetables. The provider noted that BMI improvements were seen with individuals that had access to fruits and vegetables from the farmer's market. The provider will share information with the Alliance. Another provider noted she connects members with the food banks and offers a \$20 farmer's market voucher to patients with diabetes. Dr. Diallo suggested providing education around food insecurity and opportunities. Jessie noted members in ECM qualify for the tailored medical meals program and this is also an opportunity. **Action:** Quality Improvement/ECM can look into any gaps where changes can be made to assist with meals. Another provider noted she works with Park Rx. Health Programs offers incentives through the Healthy Weight for Life program for attendance of classes.

Link to the member incentives website:

<https://thealliance.health/for-members/health-and-wellness-rewards/>

Action: The Alliance to provide information/discussion regarding Medically Tailored Meals and Population Health in a future meeting.

B. Challenges with Ancillary Services

Dr. Wang asked the Group about challenges with ancillary services, specifically, physical therapy (PT), occupational Therapy (OT) and durable medical equipment (DME). It was noted there are few local providers. Many patients do not want to drive further away for services and the few providers available are booked. PCPs do not have providers to send patients to and some need to go to Stanford for autism services. There are access issues for those with special needs and for OT.

There are no issues for adults. In Monterey, patients with developmental issues can only go to Stanford or San Francisco. Merced lacks pediatric specialists and patients are sent out of area to Valley Children's, Stanford, or Lucille Packard with long wait times. It was noted, all counties are experiencing the same issues, and pediatricians need assistance. Jessie noted the importance of assessing if issues are Medi-Cal or statewide regarding lack of pediatric specialty services. The Group expressed that there are local issues with Medi-Cal and commercial plans with a lack of providers for both. Dr. Diallo noted the local Regional Centers are another resource. The Alliance's Merced office is partnering with Valley Children's partnering for children to discuss referral patterns and solutions. Jessie noted if this is successful in Merced, it can be offered in the additional counties.

C. Transitions of Care

Dr. Wang asked the Group the best way for the Alliance to get discharge information back to the primary care provider (PCP). What are the barriers to getting members in within 14 days of discharge.

A provider noted she receives ACT feeds from the hospitals, and logs into those that have EPIC. Another provider asks patients if they have been in the ED and then logs into system to retrieve the information. It was noted information is received from Natividad, and Salinas Valley Memorial Hospital (SVMH). A provider noted she receives a list in the morning of patients seen in the ED. Providers noted, Lucille Packard and Community Hospital of the Monterey Peninsula (CHOMP) are good about sending discharge summaries. Lucille Packard will call providers when a patient is discharged. Dominican and Watsonville Hospitals are slow at getting discharge summaries completed in a timely manner. One of the metrics for Dominican is to have discharge summaries completed within 72 hours.

A provider indicated there is contrary information given to the patient and provider. There are also issues with the quality of the discharge summaries. **Action:** The Alliance will follow-up on how to get discharge summaries to providers. In Merced, information is mostly received when a patient comes in for a visit. Also noted, some patients are discharged from hospitals that are not in the county/portal and the provider is unaware. Regarding barriers to getting members in within 14 days, it was noted access is an issue. Some confusion exists in figuring out who will get the open slots for appointments. One of the clinics is having medical assistants (MAs) conduct outreach and this has helped. The Group noted, the Alliance website does not have the discharge information in a timely manner, information shows up after 7 days. Jessie noted the Alliance is working with all of the hospital EDs to become ECM providers. The ECM provider would then communicate information back to the provider.

4. Open Discussion

Jessie noted the Alliance's payment vendor experienced a cyber-attack and the Alliance has been unable to pay providers for 2 weeks. The Alliance is hoping to pay providers early next week. Information is posted on the Alliance website and providers can call Provider Services with questions.

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.



Revised Physicians Advisory Group Meeting Calendar for Remainder of 2024

Thursday, May 30	12:00 - 1:30 PM
Thursday, September 12	12:00 - 1:30 PM
Thursday, December 5	12:00 - 1:30 PM

Meetings to be held in-person at the locations listed below:

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Central California Alliance for Health - Board Room
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Mariposa County:

Mariposa County Health & Human Services - Cathey's Valley Room
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(May 30 meeting in Alliance Suite)

San Benito County:

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*Lunch provided.

