



Physicians Advisory Group

Meeting Agenda

Date: **Thursday, December 7, 2023**

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, December 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. Welcome Mariposa and San Benito Counties.
- B. Roll call.
- C. 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.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.

- 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 September 7, 2023.

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. New Business

- | | |
|--|---------------|
| A. CBI Changes - closing quality gaps | D. Diallo, MD |
| B. Specialist Incentive Program | D. Hsieh, MD |
| C. Primary Care Communication Challenges | D. Hsieh, MD |
| D. Transitions of Care linkage back to PCP | D. Hsieh, MD |
| E. Prior Authorization Simplification | 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 December 7, 2023 meeting:

Date/Time: Thursday, March 7, 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, September 7, 2023
12:00 - 1:30 p.m.

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530 West 16th Street, Suite B, Merced, CA

Group Members Present:

Dr. Patrick Clyne	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Misty Navarro	Provider Representative

Group Members Absent:

Dr. Shirley Dickinson	Provider Representative
Dr. Casey KirkHart	Provider Representative
Dr. Scott Prysi	Provider Representative
Dr. Caroline Kennedy	Provider Representative

Staff Present:

Dr. Dennis Hsieh	Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Dr. Maya Heinert	Medical Director
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Kristynn Sullivan	Program Development Director
Ms. Linda Gorman	Communications Director
Ms. Cynthia Balli	Provider Relations Supervisor
Ms. Jessie Dybdahl	Provider Services Director
Ms. Tammy Brass	Utilization Management Director
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw	Public Representative
Mr. Daryl Green, RN	Provider Representative

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.

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 June 1, 2023 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved with changes.

3. **New Business**

A. Enhanced Care Management/Community Supports (ECM/CS) Website Feedback

Linda Gorman presented on communications regarding ECM and CS services.

Communication Tactics Overview:

Providers:

- Website copy
- Provider newsletter articles

Members & Community:

- Brochures
- Website copy and referral forms
- Social medial posts
- Member and community newsletter articles

Resources are provided on the provider ECM/CS web page and includes information regarding ECM/CS benefits and services, contact information, referral information provider directory, training, and resources.

The Alliance provider page has been changed beginning with an ECM description with a learn more button added. The Community Supports page provides an explanation and an opportunity to learn more as well. There are several trainings available for providers and there is a training section on the provider webpage. Referral information has also been provided and information on ways to refer members in various categorizes, i.e., adults, youth, and tips for successful referrals. The Communications department monitors the website traffic patterns and searches. Linda asked the Group for their input and/or recommendations.

A provider noted this information would be helpful for emergency departments (EDs) and have EDs been targeted? It was noted, working with EDs would be helpful. Jessie shared that the information has been discussed in Joint Operations Committee (JOC) meetings. Another provider inquired about the training options available. The training webpage was shared with the Group and is targeted to providers. There was a suggestion to segment out the various trainings for providers. It was noted, one of the challenges getting the information out is finding the right people in organizations. The Alliance meets with clinics and hospitals but can target messaging to specific individuals.. ECM providers having relationships with the ED would be helpful.

The program began in July 2022, but challenges existed with COVID and in the provider network with capacity. Some of the communication was dialed down without provider capacity. The goals are to spread awareness and communication as the program is not being fully utilized. It is important to get high-risk patients a case manager to assist with their needs. The Alliance is looking for providers to send their most challenging patients and get them connected. There are opportunities to connect with patients, EDs, FQHCs and providers to assist and refer. A provider noted it has taken a year for her staff, communications, platforms, and they have had to get creative, offer training, and provide onboarding. Her team utilized training from the Lay Counselor Academy by Elizabeth Morrison Consulting for non-clinical staff. Other programs could include Cabrillo College's Community Health Worker (CHW) program. The Alliance could help support these efforts moving forward.

A provider asked about reasons for provider capacity. Another provider noted, ECM training takes time, and it is a great opportunity for staff. A provider asked about contact information and the need for mental health services and referrals. A provider also noted this is an important topic as she is not able to accommodate all the mental health issues. It was noted, a family member or member can self-refer, and care management is available to assist. Those members with SUD, foster care justice involved, mental health issues, and high utilizers are those that qualify and could benefit from the program. For children, high utilizers are those with two ED visits within 12 months. If ECM is not an option, CM services are available to everyone. It was noted, some patients are no show and utilize the ED. Some barriers to accessing care include beliefs around mental health. Dr. Hsieh noted if there are barriers, CM can assist. There is an opportunity to grow the scope and for follow-up with hospitals.

It was noted there are issues with Carelon. The Alliance asked the Group to please provide feedback regarding this topic. A provider noted there are BH treatment challenges with ABA, comprehensive diagnostic, and autism services. Currently there is a waitlist of 2 years for ABA therapy. **Action:** Tracy will provide Shaina's email to the group so they may provide feedback regarding BH services.

B. Transitions of Care

Dr. Hsieh asked the Group about transitions of care and whether providers are getting timely notification and how can the Alliance assist. A provider noted, from the ED side, most of the service lines are easy to get patients into with the exception of behavioral health especially pediatrics. Behavioral health is a big issue as there are not sufficient providers. The Group was also asked about getting individuals connected to services. It was noted Medi-Medi patients can be referred to ECM as well as high-risk to CM. Another provider noted challenges with HIE and if they could receive notifications directly from the hospital it would be helpful. It was noted a fax and/or a phone call from the ED physician would be great.

It was suggested that providers coordinate with the family regarding hospital visits and have a medical assistant conduct follow-up. Timely communication of clinical information would be helpful. There are not enough providers, and providers are at capacity. Medicare only uses discharge from in-patient visit but not ED. The Alliance is hoping to incentivize hospitals to get information for all discharges and high-risk ED.

C. Medi-Cal Redetermination

Dr Hsieh asked the Group about redetermination, and noted the state is estimating 17-20% of members may lose coverage, but currently the numbers are less. Some counties are backed up and have not processed the paperwork. There has been very good messaging from the state. There is a certain percentage of members that are automatic renewal. If members are cut off from coverage, they will have 90 days to get membership reactivated.

The Alliance's Communications department sent 120,000 text messages beginning in February to members. Additional text messages have been sent to members that have not responded and there was a media campaign conducted by the Alliance. A provider noted if he had the enrollment packet/envelope it would be helpful so he can assist patients with enrollment. The Alliance can investigate how to obtain the application information. A provider noted, patients transferring from one county to another is challenging and continues to present problems. **Action:** Dr. Hsieh noted, if there are specific members, please notify the Alliance and DHCS will be contacted.

D. Provider Recruitment

Dr. Hsieh asked the Group about provider recruitment, and noted the Alliance would like to assist with this process. The Alliance would like to do some recruitment in the short term. Dr. Hsieh noted he would like to see linkages to medical schools and residency programs. The Alliance is very interested in moving this forward and is aware of the challenges with certain specialties.

There was a suggestion regarding provider recruitment grants and revisiting how they work. Maybe offer providers assistance with housing or divide the amount to be used for various purposes including retention. Housing is an issue in Santa Cruz and Monterey counties when competing for providers. Maybe offering to cover housing for a few months or more creativity around options would be helpful. Some providers are lost to other organizations where they receive sign-on bonuses. Another suggestion was to reach candidates from residency programs. It was noted there is an osteopathy school in Clovis.

4. Open Discussion

A provider noted Beyfortus is becoming available and asked the Alliance to communicate with physicians and members regarding its availability. It was noted the Alliance Pharmacy department is waiting on VFC and currently working on the timeline for Beyfortus. Dr. Hsieh noted this can be discussed with hospitals in JOC Meetings.

A provider asked about a shortage of optometrists. It was noted, there was an issue with VSP for optometry in Santa Cruz, but this has since been resolved.

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 INCENTIVE 2024

Dianna Diallo, MD, Medical Director
Physicians Advisory Group
December 7, 2023



Physicians Advisory
Group

CARE-BASED
INCENTIVE 2024

AGENDA:

1. Proposed Programmatic Changes
2. Calculation of Quality of Care Measures
3. Calculation of Care-Coordination Measures

PROPOSED PROGRAMMATIC CHANGES

- Remove the Quality of Care Performance payment adjustment
- Maximum programmatic payment based on member months
- Change point calculation for Quality of Care and Care Coordination measures
- Remove the risk stratification score
- Opportunity to earn maximum payment through performance improvement activities

CALCULATION OF **QUALITY OF CARE** MEASURES

- The proposed calculation of Quality of Care measures for practices meeting the Medicaid 50th percentile is to earn:
 - 70% of measure points at 50th percentile
 - Another 30% for meeting 75th percentile or a 2.5 percentage point improvement
- For practices below the 50th percentile in Quality of Care measures to proposal is to earn:
 - 50% at 2.5 percentage point improvement
 - The other 50% at 5 percentage point improvement

CALCULATION OF CARE COORDINATION MEASURES

- Practices may earn full points by meeting the plan benchmark or by a 2.5 percentage/percent point improvement.

Discussion



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

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*Lunch provided

