



(800) 700-3874
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AGENDA PHYSICIANS ADVISORY GROUP

DATE: Thursday, September 2, 2021

TIME: Noon - 12:10 p.m.: Call to Order
12:10 - 1:30 p.m.: Meeting of the Group

PLACE: Pursuant to Governor Newsom's Executive Order N-29-20 to minimize the spread of COVID-19, this will be a teleconference meeting and we will not be offering physical locations.

Join Zoom Meeting:

<https://us06web.zoom.us/j/84318735775?pwd=dk4xVFhoWThjTUoyU2xGdjlic0JYUT09>

Meeting ID: 843 1873 5775

Passcode: 669611

One tap mobile

+16699006833,,84318735775#,,,,*669611# US (San Jose)

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Dial by your location

+1 669 900 6833 US (San Jose)

Meeting ID: 843 1873 5775

Passcode: 669611

*Find your local number: <https://us06web.zoom.us/j/84318735775?pwd=dk4xVFhoWThjTUoyU2xGdjlic0JYUT09>

Meeting Participants:

- Limit the background noise (i.e. shuffling of paper, cell phone calls, etc.).
- Mute your phone when you are not speaking to eliminate background noise.
- If joining after the meeting has started, wait for the conference leader to ask who joined.
- When speaking, please state your name and organization, followed by your comment and or question.

1. Call to Order by Chairperson Bishop. 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.
- 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 June 3, 2021.

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. Old Business

- A. Pharmacy Carve-Out Update N. Sachdeva, Pharm D.

5. New Business

- A. COVID Vaccine Promotion M. Heinert, MD
- B. CBI Metrics and Resumption of Care D. Bishop, MD

6. Open Discussion 1:20 p.m.

- A. Group may discuss any urgent items.

7. Adjourn: 1:30 p.m.

The next Physicians Advisory Group meeting will be held on
December 2, 2021
12:00-1:30 p.m.
Locations: TBD

Members of the public interested in attending should call the Alliance at (831) 430-5556 to verify meeting dates and locations prior to the meetings.

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

Physicians Advisory Group



Meeting Minutes

Thursday, June 3, 2021
12:00 - 1:30 p.m.

Teleconference Meeting (Pursuant to Governor Newsom's Executive Order N-29-20)

Group Members Present:

Dr. Anjani Thakur	Provider Representative
Dr. Misty Navarro	Provider Representative
Dr. Scott Prys	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Barry Norris	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Casey Kirkhart	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. James Rabago	Board Representative

Group Members Absent:

Dr. Salvador Sandoval	Provider Representative
Dr. Chuyen Trieu	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Patrick Clyne	Provider Representative
Dr. Michael Yen	Provider Representative

Staff Present:

Dr. Dale Bishop	Chief Medical Officer
Dr. Gordon Arakawa	Medical Director
Dr. Maya Heinert	Medical Director
Dr. Dianna Diallo	Medical Director
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Jordan Turetsky	Provider Services Director
Ms. Michelle Stott	QI & Population Health Director
Ms. Lila Chagolla	Regional Operations Director
Mr. Jim Lyons	Provider Relations Manager
Ms. Ronita Margain	Regional Operations Director
Ms. Kathleen McCarthy	Strategic Development Director
Ms. Gina Rhoads	Program Development Manager
Ms. Deborah Pineda	Quality & Health Programs Manager
Ms. Mary Brusuelas	Utilization Management/CCM Director
Ms. Jacqueline Van Voerkens	Administrative Specialist
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw

Mr. Michael Molesky

Public Representative

Board Representative

1. Call to Order by Chairperson Dr. Dale Bishop.

Group Chairperson Bishop 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 Bishop 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

3. The group reviewed the March 4, 2021 Physicians Advisory Group (PAG) minutes.

Minutes approved as written.

4. Old Business - Updates

- A. Care Based Incentives (CBI) 2022

Dr. Diallo presented the Summary of Board Approved CBI Changes for 2022;

- Programmatic Measures:
 - Add: Breast Cancer Screening and Controlling High Blood Pressure
 - Change: Antidepressant Medication Management → Depression Screening and Follow-up Plan
 - Change: Reallocate Plan All-Cause Readmission points → Post Discharge Care
 - Redistribute Ambulatory Care Sensitive Conditions & Preventable Emergency Visits points → Quality of Care Measures
 - Retire: Maternity Care: Prenatal and Maternity Care: Postpartum
- Fee-For-Service Measures:
 - Change: Additional training in Behavioral Health Integration
 - Remove: Incentive for X wavier.
- Exploratory Measures:
 - Add: ACE Screening in Children and Adolescents and Health Disparity Measure.

Provider inquired how the depression screening is tracked. It was noted there is no coding for this visit, the provider will note screening, diagnosis, and schedule a follow-up appointment within 2-4 weeks. Screening can be done by a primary care provider (PCP), social worker or Beacon. Data is being captured through claims data.

Provider noted she would like to see continued engagement with providers in obtaining the X-Wavier (for prescribing buprenorphine). Dr Bishop stated that providers are eligible for 6 more months in 2021 for the \$1000 incentive. Group noted lots of work is being done in Santa Cruz, Watsonville, and Salinas with providers obtaining the wavier. Provider noted some providers obtain the wavier but do not use it, and suggested providing incentives for prescriptions. Also noted follow-up care for emergency departments (EDs) would be very helpful.

B. Pharmacy Carve-Out Update

Dr. Bishop noted as previously reported, the Department of Health Care Services (DHCS) has delayed the planned Go-Live date for Medi-Cal Rx. Currently there is no set date for implementation. DHCS is reviewing conflict of interest concerns brought about by Centene Corporation's (Centene's) announced plan to acquire Magellan Health, Inc., the parent company of Magellan Medicaid Administration, Inc. (MMA), the contracted vendor for the Medi-Cal Rx. Centene operates – through subsidiaries – managed care plans and pharmacies that participate in Medi-Cal. Dr Bishop noted currently there is no implementation date in 2021 and possibly beyond.

5. **New Business**

A. Pandemic Care Taskforce Update

Dr. Heinert shared vaccination distribution data for Alliance members in all 3 counties. Provider Outreach continues with a 3rd party administrator through My Turn, Vaccine Finder, and Lyft Vaccine Access. Provider support continues in promotion of provider testing for identification of infection and potential for COVID variants. An Alliance video regarding vaccine hesitancy that was promoted on social media and was also shared with the Group.

The Alliance conducted telephonic outreach to high-risk members in geographic areas with most need, homebound members and soon outreach will be conducted to high-risk pediatric members. Outreach was centered around safe behaviors and vaccine navigation, and valuable member

information was obtained during the calls. Several teams within the Alliance worked collaboratively on the member outreach.

The Resuming Care Task Force in June 2020 began outreach to members and providers in the safe resumption of care. Outreach efforts emphasized heavily on immunization during the summer and fall seasons. Efforts expanded to the safe resumption of office visits by autumn 2020.

Adolescent Immunization data from all 3 counties was shared with the Group. From Q4 2019 to Q1 2021, immunization data remained the same and a bit below the plan goal. Child Immunizations in all 3 counties saw a sharp decrease beginning in Q1 2020 due to the pandemic and low rates continued through 2020. Well Child Visits for ages 3-6 yrs. also decreased in 2020 and continued to decline. Well Adolescent Visits also declined in 2020. Well Child Visits for the first 15 months beginning in Q1 2020 increased, and public education continues.

Provider noted due to social distancing protocols, there is a limited number of providers working at their clinic. Provider also noted that well visits are not able to be done telephonically but hopes to begin in-office visits soon. Also noted was the need for additional pediatricians and whether the Alliance is recruiting providers. Dr. Bishop noted the Grant Program was available for providers, and Kathleen McCarthy noted funds only remain for Merced County. Michelle Stott noted the Alliance is currently conducting a DHCS required Pediatric Campaign for ages 7-21 yrs. with outreach to members that have not received services within the last 6 months. In addition, efforts are underway to send letters to members ages 11-13 yrs. in promotion of adolescent visits and immunizations.

B. Strategic Planning

Kathleen McCarthy shared an overview of the Strategic Planning Process with the Group; the planning process began in February with the Board. Strategic Plan. Input encompassed many individuals and groups including Physician and Member Advisory Committees. The Alliance's SWOT snapshot was shared with the Group. The SWOT is a tool that identifies strengths, weaknesses, opportunities and threats. Information was obtained from stakeholders to form the SWOT and key themes were identified.

In 2020, the Alliance revised our vision and values and reaffirmed our mission statement. When identifying strategic goals for 2022 and beyond, the Alliance is focusing on our vision and mission.

After reviewing the SWOT with our internal Strategic Planning Committee, two areas were identified as strategic priorities and goals areas emerged. This information will be shared at the upcoming Board Retreat.

Strategic Priorities:

1. Health Equity

- The Alliance has the internal capability (knowledge, skills, resources) to successfully address health inequities in all 3 counties.
- More members, particularly in Monterey and Merced counties are able to access behavioral health services.
- More members who are people of color/or have a primary language that is not English receive culturally competent healthcare.
- More children and youth experience optimal health outcomes.

2. Medi-Cal Delivery Transformation

- New services available to address the social determinants of health in lieu of traditional medical services.
- More members receive a streamlined, coordinated, whole-person approach to care.

Kathleen asked the Group for their input and whether they support this plan over the next 3-5-years. Provider asked how the process is used to create new roles, budgets, etc., It was noted that these are high-level goals and possibly a 5-year plan. The Alliance has a strategic execution process and within the process annual objectives and tactics are created.

Provider noted that social determinants of health is a very important topic as well as equity. Provider also noted, behavioral health is important and glad it is included. Provider suggested prenatal equity in pediatrics and adding pregnant mothers. Group noted the strategic priorities align with their current work. Provider inquired about the Alliance's growth strategy and whether more members or a broader base is being considered as they have capacity and would like more patients. It was noted, this is not included in the planning although there are considerations of geographic expansion and other possible expansions within CalAIM. Kathleen thanked the Group for their feedback.

C. COVID-19 Member Incentive: Analysis of Vaccine Hesitancy

Deborah Pineda gave a presentation regarding vaccine hesitancy. The Alliance conducted multiple member outreach campaigns to high-risk members. The outreach is crucial in engaging member dialogue and assists the Alliance to understand and serve this population. The Alliance partnered with internal

departments, providers and local health departments, and outreach is continuous. Deborah shared data from a subset of members that included members 65 yrs. and older at high-risk, 16-64 yrs. high-risk, and 16-64 yrs. moderate risk. Members were provided resources and access such as transportation. There was a subset of 21% of members that were unsure of refused the vaccine so efforts were made to outreach to those members. Key results were shared from the outreach with the Group. Of those members that were unvaccinated, some key themes were no reason. fear and/or mistrust, needing to speak with PCP/specialist, complex health conditions, and family beliefs. Other factors that were shared with the Group were member insights and contributing factors to vaccine hesitancy. The majority of members were vaccinated but a key finding for those that were unvaccinated was to wait and learn more. Communication and trust were common themes that emerged when engaging with members.

Some health plans are offering vaccine incentives, mailings, and health fairs. The Alliance is exploring incentives for members. Providers suggested having incentives to promote healthy behaviors such as exercising and healthy eating would be very beneficial for members.

Disparities in geographic areas and among languages was also identified. Internal talking points were created for engagement with members and Deborah offered to share those with providers. Work is ongoing and the Alliance is continually exploring ways to engage with members.

6. **Open Discussion**

Chairperson Bishop opened the floor for the Group to have an open discussion. There was no additional discussion.

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

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COVID Vaccine Promotion

Maya Heinert, MD, Medical Director
Physicians Advisory Group
September 2, 2021



Pandemic Care Task Force Update: Vaccine Promotion

OBJECTIVES:

To provide an overview of the Alliance's activities regarding COVID Vaccine promotion during the COVID-19 pandemic.

GOAL:

To understand the impact that the Alliance's vaccine promotion activities have made on vaccine rates and to discuss next steps.



Vaccine Promotion

AGENDA:

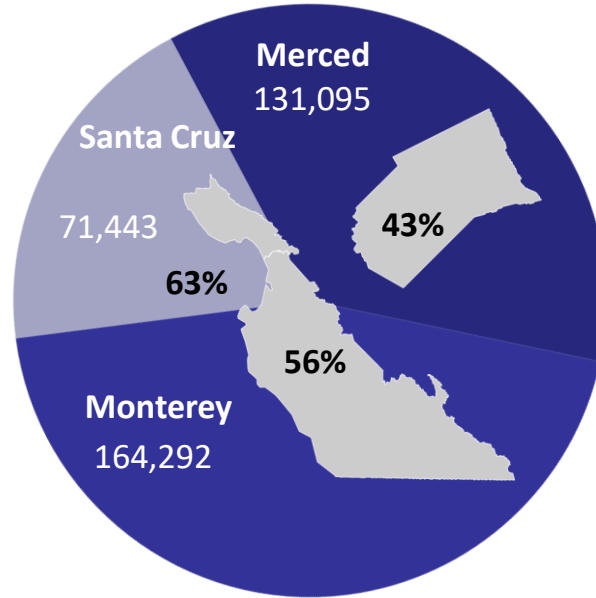
1. Clinical Perspective and Current Results
2. Provider Engagement
3. Community Strategies
4. Next Steps

Alliance Clinical Perspective

- Population health focus
- Stratification of outreach
- Health equity
- Barriers
- The vital role of communication



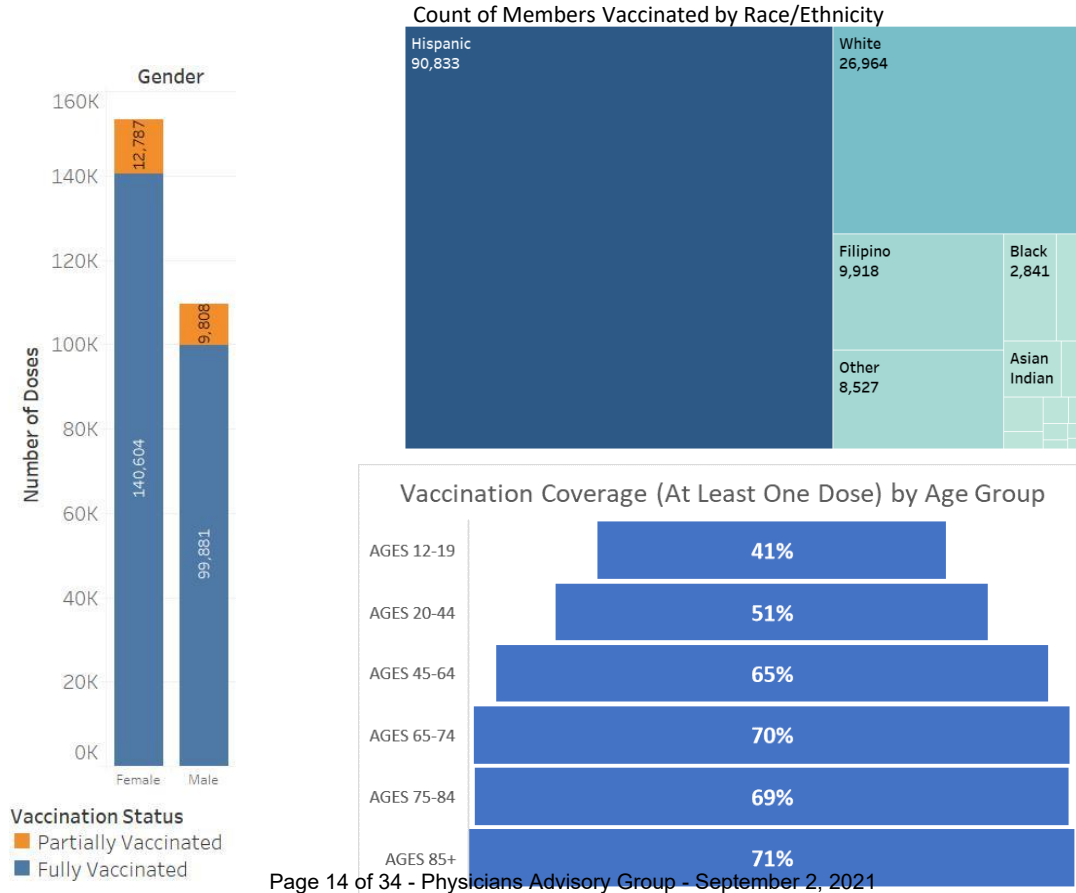
Central California Alliance for Health: Overall Vaccination Rate



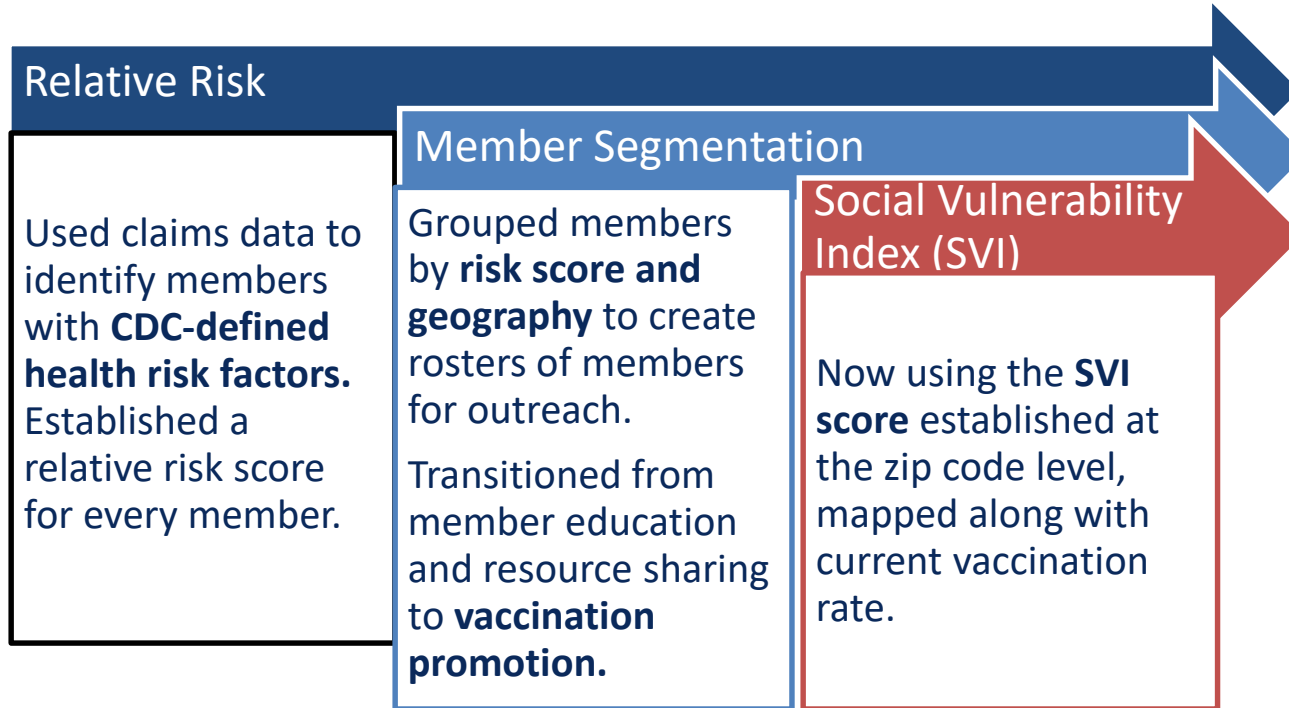
CCAH
53%



More Data on our Vaccination Rates



Population Health Outreach Efforts Over Time



Social Vulnerability Index

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

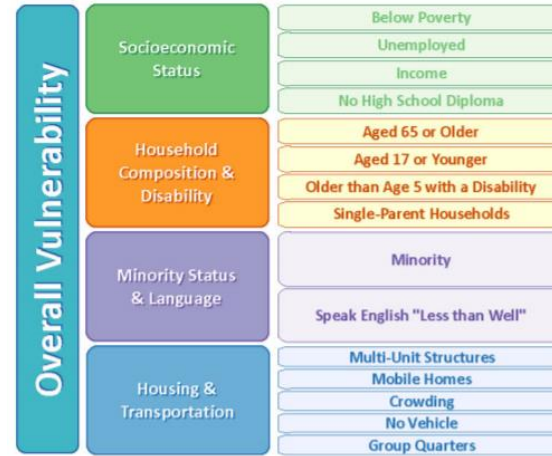
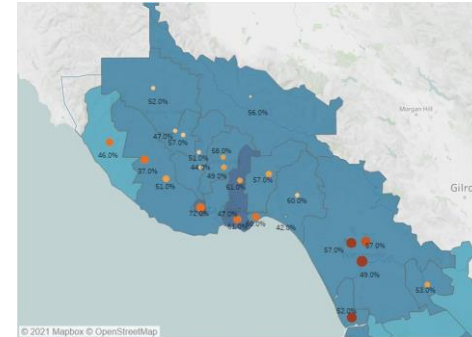
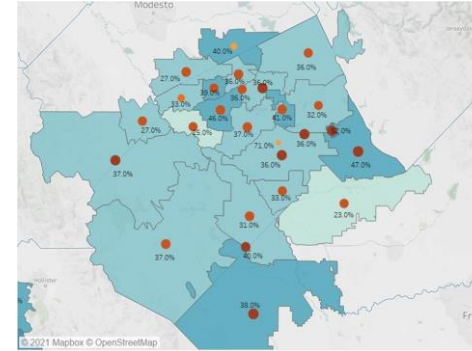
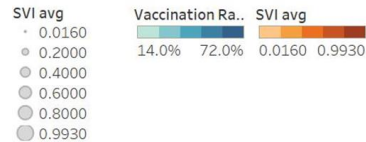
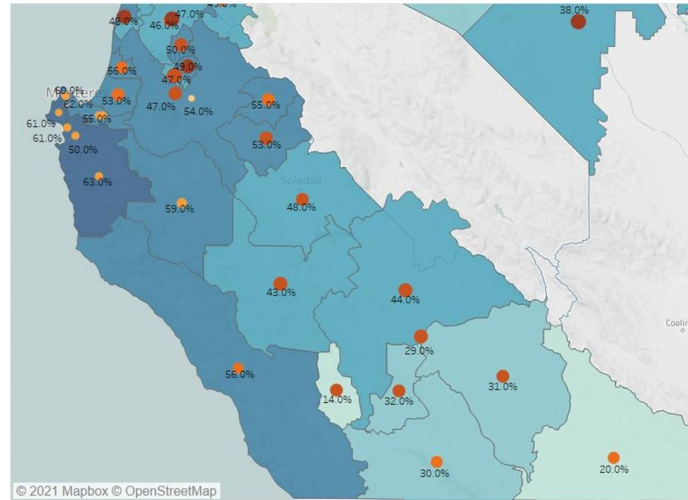


Figure 1. Social Vulnerability Index themes and social factors

Source: [Agency for Toxic Substances and Disease Registry](#)

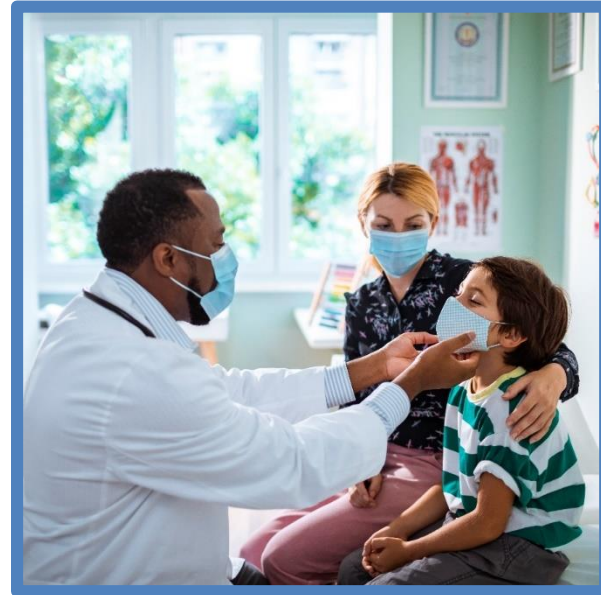


Vaccination Rates and SVI by County



Alliance Provider Engagement

- Early outreach to all partners to advocate for equitable distribution of vaccine.
- Communicating current information and sharing updated guidance from DHCS and the CDC.
- Assessing barriers and assisting with solutions
- Providing support and resources for member engagement.



Alliance Community Strategies

- **County and CBO Collaboration**
 - Vaccine and planning strategy meetings with local public health
 - Community Health Workers and COVID-19 Outreach Project
 - Local Office of Emergency Services
 - Department Operations Center shelter and care units
- **Communications Efforts**
 - Mailings to members regarding COVID-19 guidance and vaccine eligibility
 - Website updates regarding vaccine information, including protection from COVID-19 and links to county sites for vaccine locations
 - Real-time social media messaging



Alliance Community Strategies

Your Health Matters - Member Outreach Efforts

- Leveraged current volunteer program of 30+ trained staff with skillset to deliver messages to members on health resources
- Able to shift priorities
- Focus and update real-time messaging based on feedback from local health departments
- Able to connect 1:1 with members to help them seek care and access resources
- Internal resources available to Your Health Matters staff updated daily (vaccination sites, pop-up clinics, CDC guidelines, county updates)



Next Steps

1. Continued collaboration with essential partners.
2. Assuring equitable vaccine access.
3. Targeted outreach planned:
 - Kids, teenagers, and young adults
 - Immunocompromised – 3rd dose
 - 3rd vaccine/booster shot





Questions?



Care Based Incentives Update

Dale Bishop, MD

Physicians Advisory Group

September 2, 2021



Physicians Advisory
Group

CARE-BASED INCENTIVES (CBI) UPDATE

AGENDA:

1. Review CBI performance in relation to payment adjustment
2. Discuss current challenges and barriers
3. Discuss what we can do to resume improvement

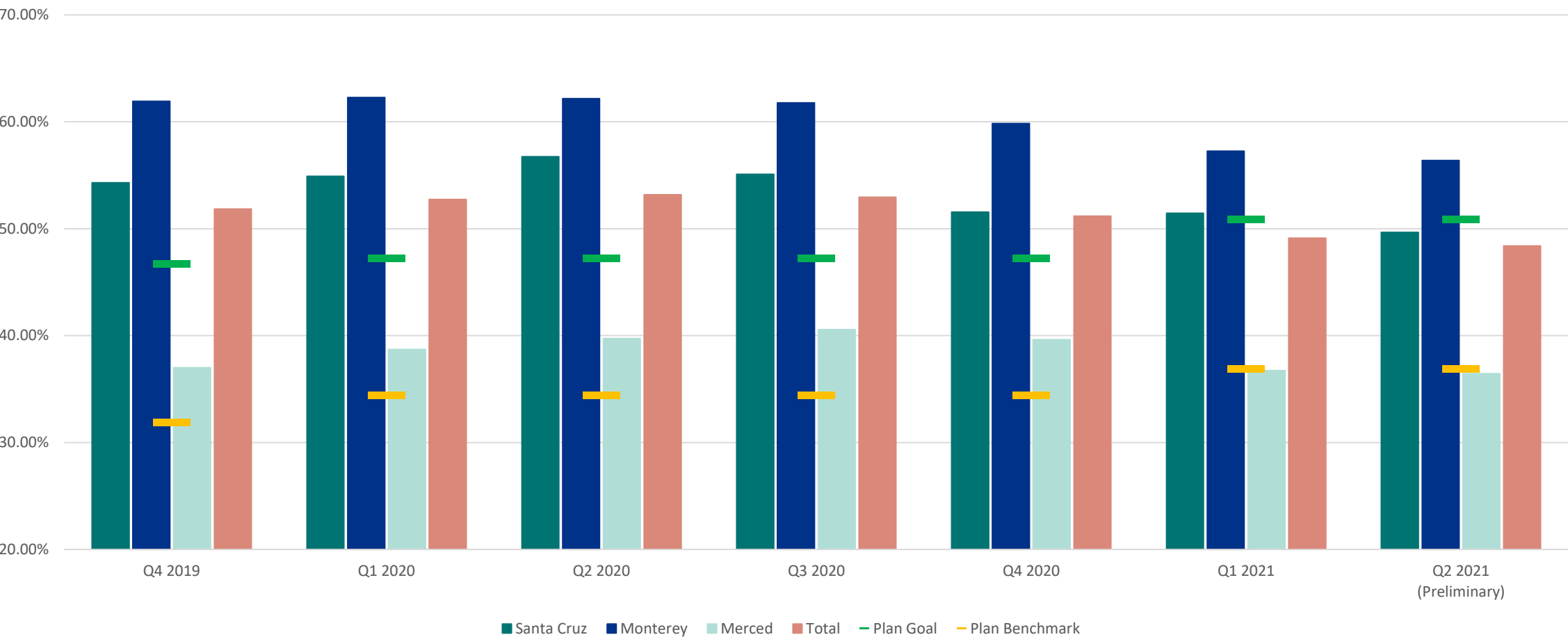
CBI Payment Adjustment

- For Quality of Care measures below the 50th percentile, payment will be adjusted as follows

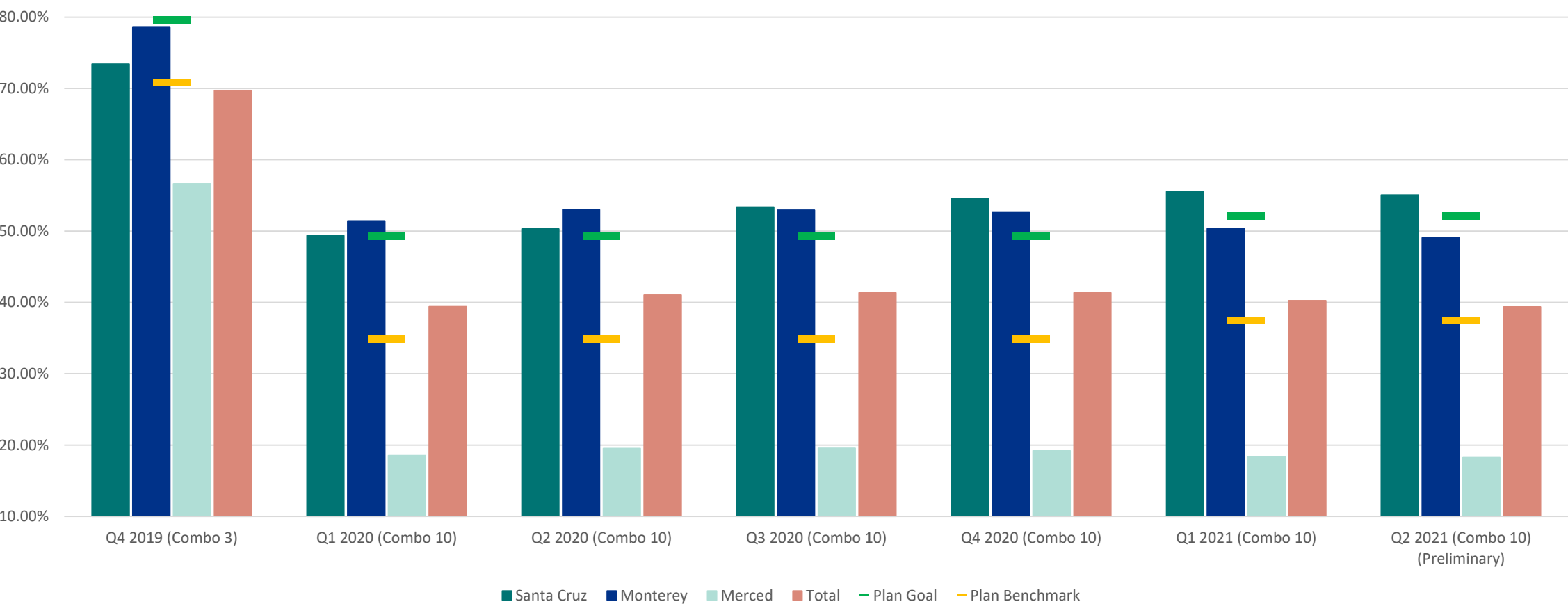
Tier	Performance <50th Percentile	CBI Programmatic Payment Adjustment
1	1-3 metrics >25th and <50th and no metrics <25th	Programmatic Total x .75
2	>4 metrics >25th and <50th and no metrics <25th	Programmatic Total x .50
3	1-3 metrics <25th	Programmatic Total x .25
4	4 or more metrics <25th	No CBI Payment



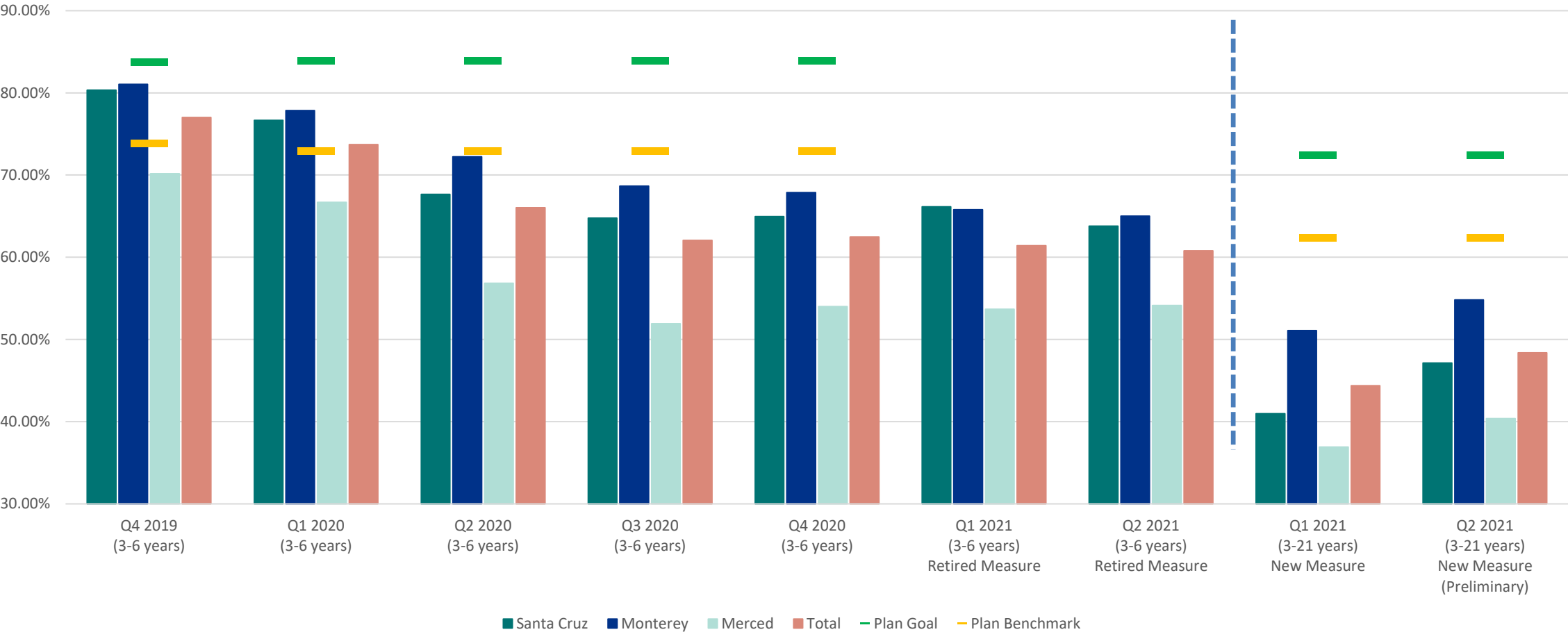
Immunizations: Adolescents



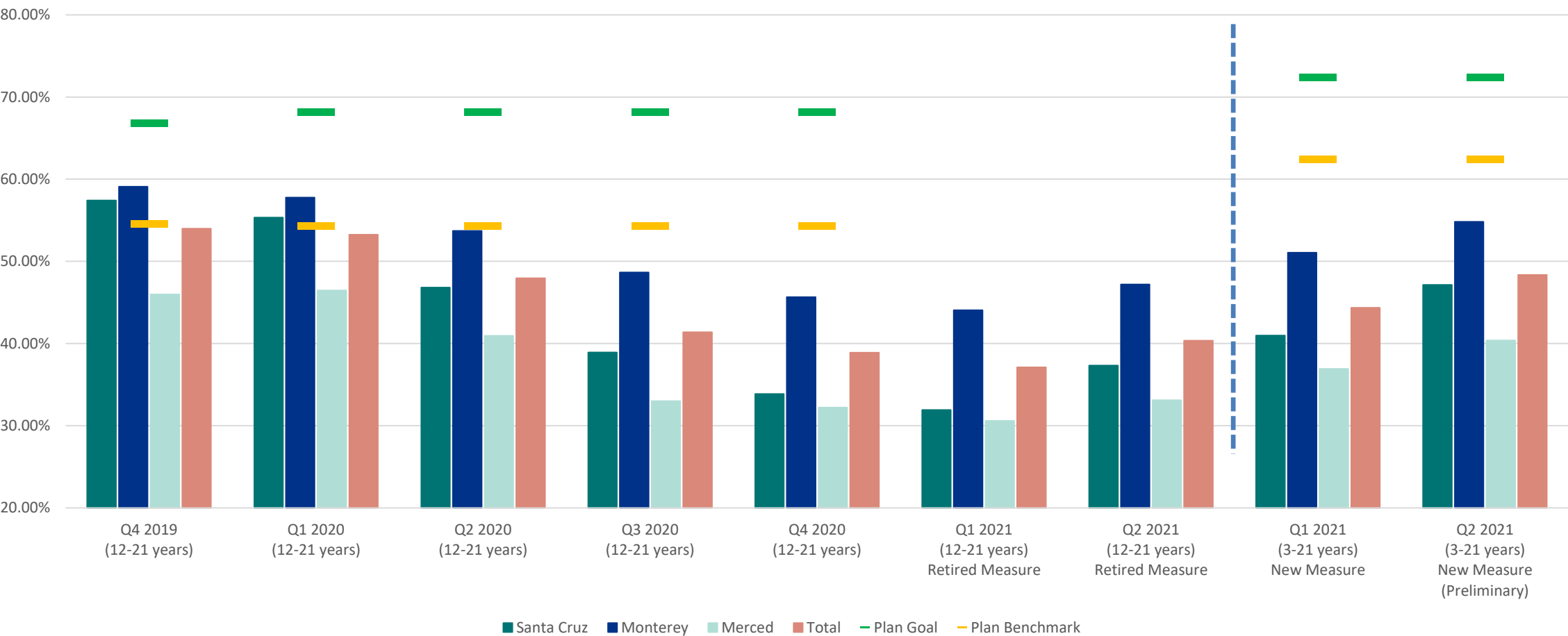
Immunizations: Children



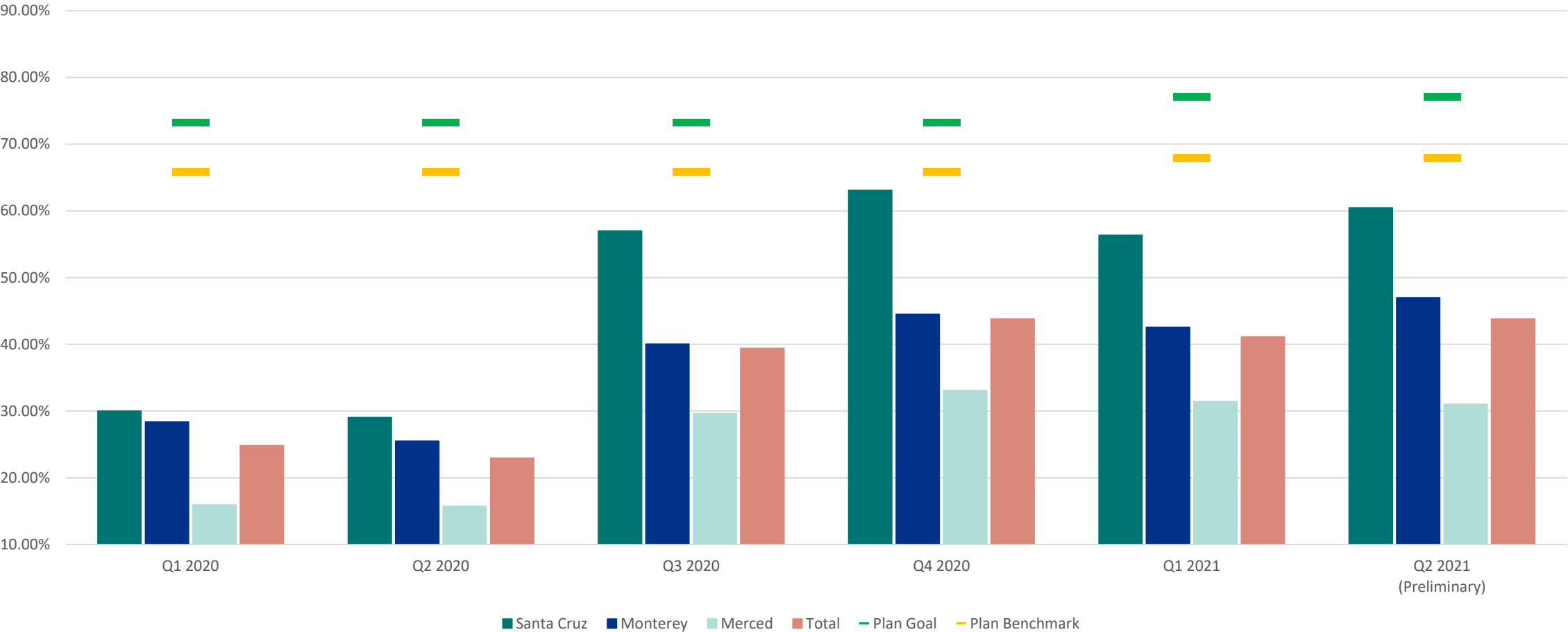
Well Child Visits (3-6 Years)



Well Adolescent Visits



Well Child Visits in the First 15 Months



Recommendation

- Eliminate the payment adjustment for CBI 2021 due to the ongoing challenges with the pandemic



Care Challenges Shared with Alliance Staff

Members refusing care when called to schedule appointments
(examples include IHA, well child, and post-discharge visits)

Decline in visits in 2020; somewhat starting to see changes.

Members do not feel comfortable leaving their homes yet.

Decrease in staffing due to:

- Fear of catching COVID
- Needing full time child-care
- Not wanting to take vaccine
- Unemployment benefits paying higher than wage

Difficulties with telehealth visits for members due to:

- Access
- Comfortability



Discussion

- What are your current barriers and challenges?
- When do you anticipate practices getting back to pre-pandemic levels of care?
- What type of assistance from the Alliance would be beneficial to your practice?





PHYSICIANS ADVISORY GROUP MEETING CALENDAR FOR 2021

Thursday, March 4	12:00 PM to 1:30 PM
Thursday, June 3	12:00 PM to 1:30 PM
Thursday, September 2	12:00 PM to 1:30 PM
Thursday, December 2	12:00 PM to 1:30 PM

