Physicians Advisory Group

Meeting Agenda

Date: **Thursday, June 1, 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

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1. Call to Order by Chairperson Diallo. 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.

<u>Consent Agenda Items</u>: 12:15 p.m.

3. Approve PAG Meeting minutes of March 2, 2023.

A. Reference materials: Minutes as above.

<u>Regular Agenda Items</u>: 12:20 p.m.

4. Old Business

A. Care Based Quality Improvement Program — D. Diallo, MD
B. Care Based Incentives 2024 — D. Diallo, MD

5. New Business

A. Provider Data Strategy — C. Newton
B. Access (current status) — J. Dybdahl

Current Grants that are New and Available:

- Healthcare Technology Program

- Home Visiting Program
- Partners for Active Living Program
- CHW Provider Recruitment Program
- Provider Recruitment Program

What are offices doing to support access needs?
What ideas do offices/providers have for PCP shortages and areas of low immunizations?
What can the Alliance do to support providers/offices in areas of access issues?

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

A. Group may discuss any urgent items.

7. Adjourn: 1:30 p.m.

The next meeting of the Physicians Advisory Group, after this June 1, 2023 meeting:

Date/Time: Thursday, September 7, 2023, 12:00-1:30 p.m.
Location: All Alliance locations

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 2, 2023
12:00 - 1:30 p.m.

Santa Cruz County:
Central California Alliance for Health – Monterey 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 – Los Banos Room
530 West 16th Street, Suite B, Merced, CA

Group Members Present:

Dr. Shirley Dickinson	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. Casey KirkHart	Provider Representative
Dr. Salvador Sandoval	Provider Representative

Group Members Absent:

Dr. Misty Navarro	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Michael Yen	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Anjani Thakur	Provider Representative
Dr. Patrick Clyne	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Scott Prysi	Provider Representative

Staff Present:

Dr. Dale Bishop	Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Dr. Gordon Arakawa	Medical Director
Ms. Kristen Rohlf	QI Program Advisor
Mr. Jim Lyons	Provider Relations Manager
Ms. Ronita Margain	Community Engagement Director
Ms. Veronica Lozano	Quality Improvement Program Advisor
Ms. Van Wong	Chief Operating Officer
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw	Public Representative
Dr. Maximiliano Cuevas	Board Member
Dr. Allen Radner	Public 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

   A. The group reviewed the December 1, 2022 Physicians Advisory Group (PAG) minutes.

      Action: Minutes approved with changes.

3. **New Business**

   A. Care Based Improvement/Care Based Incentives 2024

      Dr. Bishop provided an overview of the CBI Purpose.

      - Promotion of the Patient Centered Medical Home
      - PCP encouraged to move from illness treatment to a population–based treatment paradigm:
        - Access
        - Optimal Preventive Care
        - Management of Chronic Conditions
      - Payment reform that promotes practice reform
      - High performing practices have reinvested CBI payments into improvement.

      A CBI Payment adjustment was recommended by staff and approved by the Board to reduce earnings for performance below the NCQA Medicaid 50th percentile for quality measures.

      It was noted 40% of practices will have some sort of adjustment. Final results won't be known until 2022 metrics are received, and the information will be communicated to providers regarding improving metrics. The purpose of the adjustment is not to penalize, but to reward achievement, focus on optimizing health outcomes, and eliminate disparities by encouraging performance above the national Medicaid average. In addition to providing incentives, the Alliance will provide support for providers to address barriers and achieve high quality and equitable results for Alliance members.

      - In 2023, $5M was allocated to the Care-Based Quality Improvement Program for CBI practices that received CBI adjustments due to results below the 50th percentile in 2022.
      - The target goal is to raise scores above the 50th percentile in 2023 focusing on the Alliance strategic priority of health equity and goal to eliminate health disparities and achieve optimal health outcomes for children and youth.

- Providers with metrics below the 50th percentile will have the opportunity to put forward a plan for performance improvement and earn dollars for resources needed to address barriers to performance.
- Alliance staff will review and approve project applications using a select set of criteria, and provide ongoing support including best-practice information, regular reports, and coaching through a rapid Plan Do Study Act (PDSA) cycle process.

In anticipation of CBI 2022 payment adjustments, the Board approved a new project that will reallocate funding back into practices who are set to lose CBI dollars. This project is the Care-Based Quality Improvement Program (CBQIP). The aim of the project is to provide financial investment in quality improvement practices for sites that have CBI metrics below the 50th percentile for Medicaid, and therefore will be receiving a CBI 2022 payment reduction between 25-100%. The application is set to open in March and will prioritize the following:

- CBI 2022 Q4 profile release to submit edits to the final application for the program.
- The Alliance to review final applications and escalate application concerns to providers.
- Providers to adjust application from the Alliance MD outreach.
- Final payments after application close May 11 -12, 2023.
- Collection of signed Letters of Agreement.

The primary application requirements will include selection of measure(s), selection of best practice(s), and creation of a SMART AIM statement. The goal is to keep the requirements short and concise, while also kicking off key critical thinking strategies for quality improvement. Additionally, the Alliance will be working with the assistance of our grants team to digitalize the application and review process.

A provider asked if they would be notified regarding the metrics, and it was noted that QI will provide Provider Relations with a list of providers they anticipate will be eligible for the program. Updates will be provided regarding who has applied and who still needs to apply. The Alliance will make certain those eligible apply for the program and have made the process as simply as possible. Meetings will be held with providers.

An example of the application was shared with the Group and a SMART AIM statement will be included with the application.

B. Care Based Incentives 2024
Dr. Diallo presented on CBI 2024. The Care Coordination Measures will remain the same with a name change to Initial Health Assessment to Initial Health Appointment to align with DHCS policy changes.
Care Coordination - Hospital and Outpatient Measures
    - Ambulatory Care Sensitive Admissions
    - Plan All-Cause Readmissions
    - Preventable Emergency Visits

Care 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

- Unhealthy Alcohol Use in Adolescents and Adults
- Post-Discharge Care

Dr. Diallo shared the CBI Quality of Care & Performance Measures with proposed additions from exploratory to paid for Chlamydia Screening in Women, Controlling High Blood Pressure and Lead Screening in Children. A provider asked if blood pressure can be monitored over the year and not in one visit. It was noted blood pressure for2 hypertension diagnoses before June 30 and the most recent blood pressure reading which must be below 140/90 is reviewed. **Action:** The Alliance noted it will leave the measure exploratory for now and work on clarifying the measurement. It was noted the National Committee Quality Assurance (NCQA) has a public comment period for their metrics, and the Alliance can also take back provider input back to NCQA.

For the Quality of Care and Performance Measures, BMI Assessment: Children & Adolescents and Screening for Depression and Follow-up are the measures that the Alliance is considering retiring. Both measures have been retired from MCAS reporting. A provider noted, CMS data shows that 70% of patients have depression, and it routinely gets missed. Without screening tools providers tend to forget about this screening, and this can result in suicide. Depression patient data needs to be captured. Counseling is also needed for patients. Provider recommended adjustments to the electronic medical records (EMRs). The Alliance is looking into EMR funding, codes, and efforts to make certain the codes are captured.

Another provider noted screening for anxiety and depression is important but also drug and ACES are especially important. Providers noted that exploring screening for depression further is needed. Also screening younger patients for depression is needed as providers are seeing patients as young as 8 years old in psychiatry. **Action:** The Alliance will look further into pediatric and adolescent depression screening.

Provider noted it is a problem getting lead screening completed for children, and they do not have machines needed and getting patients to the labs is challenging.. The Alliance may be able to assist providers in obtaining screening equipment. For the fee-for-service (FFS) measures, the Alliance is considering retiring the Patient Centered Medical Home (PCMH) and Behavioral Health Integration measure. In recent years, there has not been any interest in new practices obtaining the PCMH recognition or certification, or Behavioral Health integration recognition through NCQA.

For FFS additions, the Alliance is looking into paying providers for completion of diagnostic accuracy and completeness training, Medicare providers may already have completed this training. The state will perform a risk adjustment on plan rates based on diagnostic accuracy and completeness beginning next year and Medicare dual eligible rates are very dependent on accurate diagnosis.

In addition, inclusion of Social Determinants of Health (SDOH) ICD-10 Z-Codes, LOINC, and SNOMED codes. Providers will receive credit for z codes if captured in claims. The Alliance will continue the Health Equity Measure and retire Adult Immunizations and continue exploratory measure for Colorectal Cancer Screening and add Well Child Visits for age 15-30 months that requires two visits between that time.

This year, DHCS will be implementing penalties to health plans for reported measures, as well as auditors have expressed concerns with the Alliance paying provider incentives

for performance below the 25th percentile, so the payment adjustment remains. If the CBI group is above the 50th percentile for all measures, then they will receive their full CBI payment.. For the past 3 years, the Alliance shared the Mid-Year Performance Reports in July, allowing for an earlier look at Q2 performance rates to allow for time to review and make improvements before the Q4 data is reviewed. Another resource available to all providers is the opportunity to participate in the practice coaching program. Our practice coaches will work with providers to assess and help implement a quality improvement plan or project.

Dr. Diallo noted that the following measures will be removed from payment adjustments: Immunizations for children Combo 10 and well child visits first 15 months. Providers noted the Combo 10 is extremely difficult to complete in time. A provider asked if there are incentives for well child visits under 2 years, Dr. Diallo noted member incentives will be effective beginning April 1st and a list will be provided on the on provider portal noting members that need immunizations.

C. Specialist Access

Dr. KirkHart presented on Specialty Access for Community Health Centers. There are some opportunities as a result of the challenges and there has been collaboration across specialties and agencies, refinement of workflows and efficiency, and enhanced primary care provider (PCP) experience. In May 2022; Palo Alto Medical Foundation (PAMF) stated it would close to external gastrointestinal, rheumatology and dermatology. At risk was cardiology, allergy, and nephrology. PAMF provides 100% of allergy care and this was a concern.

Various clinic and agency leaders met to discuss their concerns. Implemented in July 2022 were cardiology referral guidelines with testing, diagnosis, and RN trained consult and then referral to cardiologist if necessary. In August 2022, there were discussions with AristaMD and the Alliance around whether there was any other functionality available to assist with specialty care. In addition, internally Santa Cruz Community Health (SCCH) reviewed allergy and nephrology that was at risk for several months. The same group met again, and it was noted PAMF was planning to close allergy to adults in February and pediatrics was also at risk. SCCH began an eConsult. First approach for allergy with AristaMD. Later, SCCH met with PAMF to review the data. Prior to the changes made, there were 8.4 cardiology referrals per month in January 2022. After implemented changes, in January 2023, there were 3.1 cardiology referrals per month with 63% reduction in external Medi-Cal referrals. The take aways included:

- Management guidance from specialists and clear workflows improve referrals and access.
- Continue clear workflows.
- PAMF adopting this workflow internally.

Regarding allergy, in December 2022, SCCH implemented an eConsult First policy and 4 patients were referred to PAMF. In January, there were 13 patients referred directly to PAMF with 9 patients going directly to PAMF, 3 to eConsult and were not seen at PAMF and 1 went directly to Central Coast Allergy in Salinas. In January 2023, PAMF received 24 allergy patient referrals.

Of the referrals to PAMF, most were pediatric. with 2 adult and 7 pediatric from SCCH. Additional take aways:

- Closure to adult allergy affects other clinics.
- "eConsult First" process did not work.

Recommendations include:

- Screen referrals for appropriateness, more to be done in clinic.
- Implement "eConsult First" especially for adult allergy (no referrals to PAMF without eConsult).
- Develop referral guidelines.
- AristaMD functionality (referral nursing team available).

In February 2023, PAMF announced it would close gynecology and general surgery for 6-9 months to work on staffing, so having a strategy in place is important. Communicating with other practices and possibly providing allergy testing in clinic is important. This effort provides access in clinic and limits specialty care to those that need it most. It was noted this will be an ongoing process and SCCH will continue to work with the Alliance. The Alliance is pleased to be working on this collaboration.

D. Urgent Care Access
Dr.. Bishop presented on Urgent Care and noted emergency department (ED) rates are rising similar to pre-pandemic levels and EDs are congested. Providers were asked if they are able to accommodate members on a walk-in basis. The Alliance is considering expanding urgent care access, and changes in payment for urgent care.

A provider in Salinas noted they still have about 30 to 34 walk-in patients waiting after all others have been seen. Another provider in Santa Cruz, noted not all walk-ins need to be seen right away and are scheduled for appointments; and they are able to accommodate patients since they are open util 8 PM and Saturdays. A provider noted on any given day a provider will only have a few open spots. A suggestion might be to have a dedicated person for walk-ins, but deciding what model works best still needs work. The Alliance is considering contracting with free standing urgent care providers, but the concern is that patients may not utilize primary care. Currently some primary care providers (PCPs) are acting as urgent care.

Some PCPs are seeing unlinked members and there are issues with rates. A provider expressed concerns that this will affect CBI negatively. The Alliance will review the incentives to make certain they align and do not have negative impacts on providers. Some possible reasons for the increase in ED visits noted were increased membership, seasonal issues, and COVID. A provider inquired about telehealth and Dr. Bishop noted the Alliance has a Nurse Advice Line and the ability to triage to a physician. Provider also noted that FQHCs are understaffed and overwhelmed. More information to come on this topic in the future.

4. Open Discussion
No further discussion.

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 Quality Improvement Program Update

Dianna Diallo, MD, Medical Director

Physicians Advisory Group

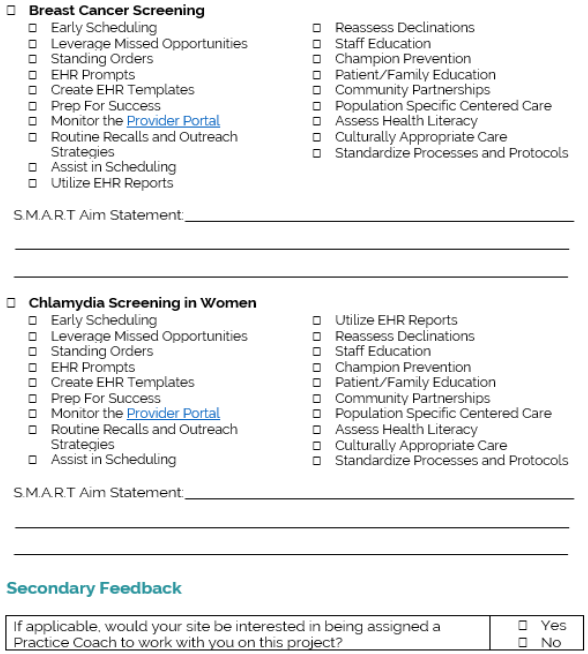
June 1, 2023

CARE-BASED QUALITY IMPROVEMENT PROGRAM

Eligibility	Sites with a 25-100% CBI payment reduction for 2022.
Measures	Well Child Visits in the Frist 15 Months, Immunization: Children, Immunizations: Adolescents, Diabetic HbA1c Poor Control >9%, Child and Adolescent Well-Care Visits, Cervical Cancer Screening, Breast Cancer Screening, Chlamydia Screening in Women.
Payment Stream	80%/ initial payment May 10% Q3 collaboration meeting 10% Q4 collaboration
Payment Model	1) Linked member months. 2) Effort required to complete measure for a member. 3) Gap between current performance and 50th percentile MPL (minimum performance level).
Project Requirements	Application, Letter of Agreement, Meeting Participation.

CARE-BASED QUALITY IMPROVEMENT PROGRAM APPLICATION, SUPPORT AND ENGAGEMENT

- ✓ Application with best-practice checklist
- ✓ Plan-Do-Study-Act process
- ✓ Monthly report updates
- ✓ Practice coach availability
- ✓ Sharing of challenges and successes through two collaborative meetings



☐ **Breast Cancer Screening**

- ☐ Early Scheduling
- ☐ Leverage Missed Opportunities
- ☐ Standing Orders
- ☐ EHR Prompts
- ☐ Create EHR Templates
- ☐ Prep For Success
- ☐ Monitor the Provider Portal
- ☐ Routine Recalls and Outreach Strategies
- ☐ Assist in Scheduling
- ☐ Utilize EHR Reports
- ☐ Reassess Declinations
- ☐ Staff Education
- ☐ Champion Prevention
- ☐ Patient/Family Education
- ☐ Community Partnerships
- ☐ Population Specific Centered Care
- ☐ Assess Health Literacy
- ☐ Culturally Appropriate Care
- ☐ Standardize Processes and Protocols

S.M.A.R.T Aim Statement:_____

☐ **Chlamydia Screening in Women**

- ☐ Early Scheduling
- ☐ Leverage Missed Opportunities
- ☐ Standing Orders
- ☐ EHR Prompts
- ☐ Create EHR Templates
- ☐ Prep For Success
- ☐ Monitor the Provider Portal
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- ☐ Assess Health Literacy
- ☐ Culturally Appropriate Care
- ☐ Standardize Processes and Protocols

S.M.A.R.T Aim Statement:_____

Secondary Feedback

If applicable, would your site be interested in being assigned a Practice Coach to work with you on this project?	☐ Yes ☐ No

CURRENT STATUS

- 44 of 45 Eligible providers are participating
- 30 submitted by 5/12. 14 by 5/19.
- 21 have requested provider coaching
- QI team is processing applications
- Early submitters receiving feedback and MOUs
- Payments are being distributed

Questions?

Care-Based Incentive 2024

Dianna Diallo, MD, Medical Director

Physicians Advisory Group

June 1, 2023

PROPOSED QUALITY OF CARE AND PERFORMANCE MEASURES

Quality of Care Measures

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

Change Recommendation

- Add Lead Screening in Children
- Retire Body Mass Index (BMI) Assessment: Children & Adolescent

Performance Threshold

- Performance Improvement
- Member Reassignment Threshold

PROPOSED FEE-FOR-ACTIVITY MEASURES

Fee-For-Activity Measures

- Adverse Childhood Experiences (ACEs) Training and Attestation
- Patient Centered Medical Home (PCMH)
- Behavioral Health Integration

Change Recommendation

- Add $200 Diagnostic Accuracy and Completeness Training
- Add $200 Cognitive Health Assessment Training and Attestation
- Add $1000 Social Determinants of Health (SDOH) ICD-10 Z-Code Submission
- Add $1000 Quality Performance Improvement Projects including the Pharmacist-Led Academic Detailing Diabetes Program Participation

PROPOSED HEALTH EQUITY AND EXPLORATORY MEASURES

Health Equity Measures

- Health Equity: Child and Adolescent Well-Care Visits (Potential improvement points for all race/ethnicities. Extra points for improving lower scores)

Exploratory Measures

- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Chlamydia Screening in Women

Change Recommendation

- Add Well-Child Visits for Age 15 Months–30 Months
- Retire Immunizations: Adults

CBI PAYMENT ADJUSTMENT

- For Quality of Care measures below the 50th percentile less than than 10 percent increase from prior year, payment will be adjusted as follows

Tier	Performance <50th Percentile	CBI Programmatic Payment Adjustment
1	1-3 measures between 25th and 49th and no metrics <25th	Payment reduction of 25%
2	4 or more measures between 25th and 49th and no metrics <25th	Payment reductions of 50%
3	1-3 measures ≤24th	Payment reduction of 75%
4	4 or more measures ≤24th	No CBI Payment

Metrics that achieve 10% improvement from the previous year but remain below thresholds will not be counted in CBI and not counted in the adjustment.

E.g. if 4 metrics are below the 25th percentile and one achieves 10% improvement only 3 will be counted in the adjustment.

BOARD **RECOMMENDATION**

- Staff recommend the Board approve the proposed changes to CBI for 2024.
  - Programmatic Measures
    - **Add** Lead Screening in Children
    - **Retire** Body Mass Index (BMI) Assessment: Children & Adolescent
  - Fee-For Activity Measures
    - **Add** $200 for Diagnostic Accuracy and Completeness Training, $200 for Cognitive Health Assessment Training and Attestation, $1000 for Social Determinants of Health (SDOH) ICD-10 Z-Codes, and $1,000 for participation in in Quality Performance Improvement Projects including the Pharmacist-Led Academic Detailing Diabetes Program
  - Exploratory Measures
    - **Add** Well-Child Visits for Age 15 Months–30 Months
    - **Retire** Immunizations: Adults
  - Payment Adjustment
    - **Add** Measures with 10% improvement from prior year will not be included in adjustment

Alliance Data Management Strategy: *Physicians Advisory Group*

Cecil Newton, Chief Information Officer & Information Security Officer

June 1, 2023

Data Management Strategy is the process of creating a plan to handle the data created, stored, managed and processed by an organization

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Executive Summary

The **Data Management Strategy (DMS)** is the process of creating strategies/plans for **handling the data created, stored, managed and processed** by the Alliance.

The Alliance's DMS must be **coupled with the IT Governance** processes that aim to create and implement a well-planned approach in managing the **Alliance's data assets**.

The **primary objective** in establishing the DMS is to **develop a business strategy** that ensures that data is:

- Collected, stored, consumed and processed **in a standard manner** as required by the Alliance and to serve business needs.
- Controlled, monitored, assured and protected **using data governance** and **data security**.
- Stored, categorized and **standardized** using defined and **known data classification and quality frameworks**.
- Available to the Alliance and its providers to **facilitate decision making**, meet **data sharing regulatory requirements**, align with **CalAIM** and to ultimately **improve the health outcomes of the populations** that we collectively serve.

Executive Summary

The Data Management Strategy proposed is that of an **Health Information Exchange (HIE) centric model** where most of the healthcare data (administrative and clinical) in and out of the Alliance is via the HIEs.

The strategy also calls for a **provider incentive program** to increase provider willingness and capability to share data. The Alliance must also **actively partner** with the HIEs to facilitate and encourage provider participation.

The HIEs must also be given specific **provider participation objectives** which outline the number of providers connected to the HIEs, the amount and type of data to be obtained and the quality of the data that is provided to the Alliance.

The HIEs will need to provide **real-time bi-directional** data to and from the Alliance and to and from the providers.

The Alliance should also **partner with providers** to **acquire infrastructure funding** so that their systems are capable of providing real-time healthcare data and **effectively participate in data sharing**.

The **development and implementation** of a comprehensive Data Management Strategy is a **multi year effort** that will take time to implement.

Benefits

Data sharing benefits everyone; Providers, MCP and most importantly members!

- Multiple data sharing financial incentives sources
  - IPP, PATH, BHQIP, HHIP, Alliance MCG, etc.
- Shared Insights Access
  - Expert Data Science Team: ML, Predictive Analytics and Program Analysis
- SDOH
  - CalAIM “Hospital interactions can be indicative of a whole host of other social issues.”
- Improved Care Coordination
- Patient History: CMS Payer to Payer Interoperability Rules

Benefits cont.

- Improved Decision Making for Members, Providers and MCP
- Better communication between systems => more efficient workflows
- Risk and liability avoidance
  - e.g. Diagnostic test results not shared on a timely basis could result in an adverse event
- Compliance with State and Federal Regulations
  - Information Blocking can result in potential substantial fines
- Better Member Outcomes and Improved Overall Quality of Care

Benefits cont.

- Data Sharing is a Health Equity Requirement

Alliance Equity Provisions

✓ Chief Health Equity Officer

✓ Continuous Quality Improvement Committee => Quality Improvement & Health Equity Committee

✓ Quality Improvement Program =>Quality Improvement Health Equity Transformation Program

Short Term Recommendations

- Require all **incoming and outgoing data** to and from the Alliance's provider network be done via **Health Information Exchanges**.
- Develop a **Data Sharing Incentive (DSI)** program that will encourage "active" data sharing to and from the Alliance's Provider Network.
- **Designate specific HIEs** be used on a per county basis.
- Require the HIEs support connectivity to the **most common EHRs** and other systems that house member data.
- Require HIEs adherence to **Data and Operational Standards**
- Develop a program to **Assist Providers with Infrastructure**
- Empower **Data Governance**
  - Adopt a Data Governance Framework
  - HIE and Provider Participation in Data Governance

Longer Term Recommendations (12-24 Months)

- Require the HIEs to **Interconnect to each other**
- Develop tools and enforce **Data Quality Standards** at the HIEs and Providers
- Provide **HIE incentives** to increase provider signups
- Establish a **Data Quality Function** within the Alliance
- Develop Business **Data Glossary**

Data Management Strategy Overview

Why a Data Strategy is Needed

Organizations that form a holistic point of view in adopting an enterprise-grade data strategy are **better positioned to optimize their technology investments**, provide **improved decision making**.

A Data Management Strategy **treats data as an asset** from which **valuable insights can be derived**. These insights can be used to gain **drive improvements in business operations as well as the improve quality of the healthcare services** delivered.

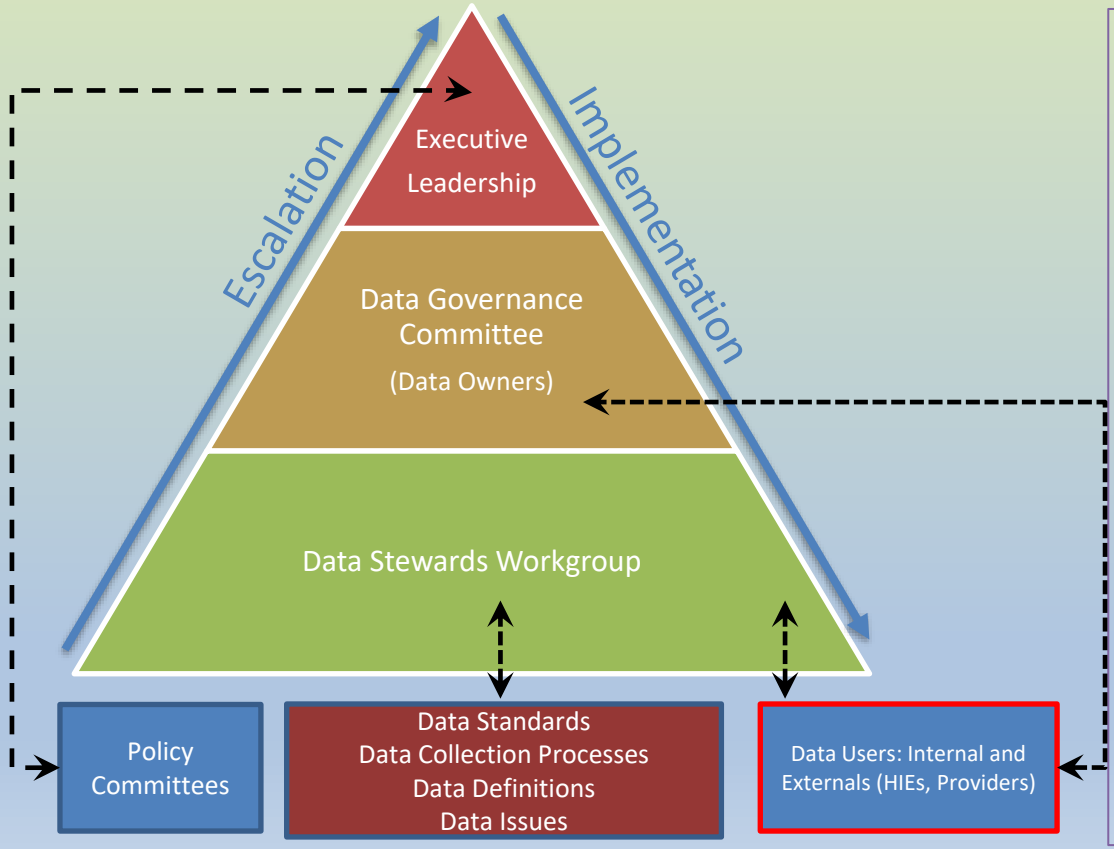
Becoming **data driven organization** is crucial to the success of the Alliance. The Data Management Strategy (DMS) is an important step toward enabling such a plan and increasing the Alliance's analytics capabilities.

A DMS ensures that all data initiatives follow a common method and structure that is repeatable. This uniformity enables efficient communication throughout the enterprise for rationalizing and defining all solutions that leverage data in some manner.

Drivers for an Effective Data Management Strategy:

- A common data strategy ensures that all departments and providers are positioned as **joint leaders** by **understanding each other's needs, capabilities and priorities**.
- **Enterprise-wide alignment of vision and guidance on leveraging data as an asset**. Such alignment, captured in a data strategy, ensures that different groups in the enterprise view data-related capabilities with consistency, which reduces redundancy and confusion.
- **Definition of key metrics and success criteria** across the enterprise. The **data strategy defines "success" and "quality**," thus reinforcing consistency for how initiatives are measured, evaluated `and tracked across all levels of interacting organizations.

Data Governance Structure



Data Governance Structure touches every part of the data management process down to the individual technologies, databases and data models. The governance process also affects the processes people use to create and retain data

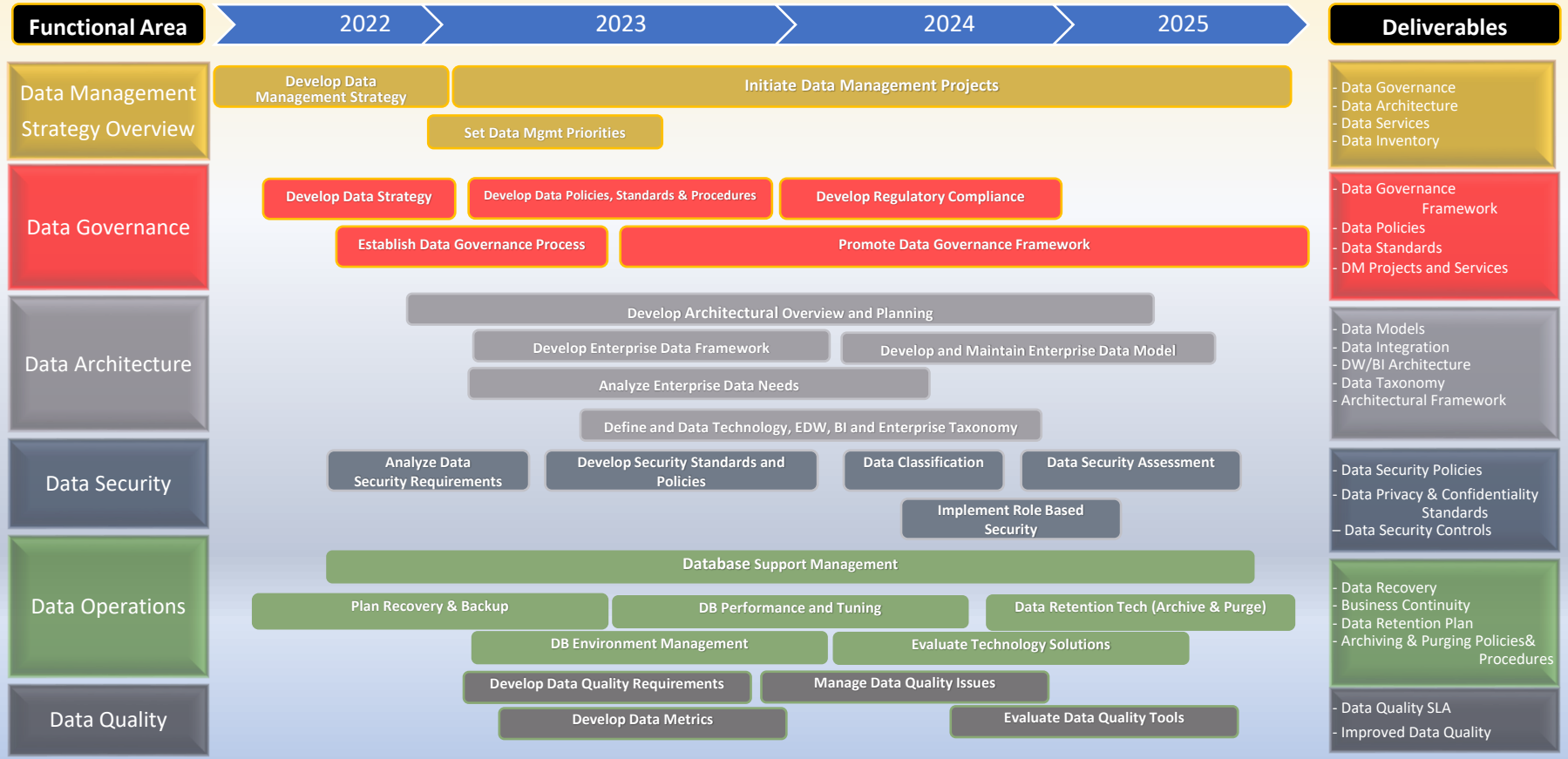
- The **Data Stewards** control **data quality** and the methods that are used to collect it. They **monitor all processing** involved with collecting data, ensuring that the **information is in the right format** and organized based on the company's preferences. Data Stewards are also in charge of **solving issues with data**.
- The **Data Governance Committee** is an **oversight level**, inter-disciplinary group that is tasked with the responsibility of **overarching organizational data governance**. This includes influencing the **development of policies** and **standards, supporting initiatives**, and **adoption of best practices**. The Data Governance Committee is also responsible for oversight of existing data processes/policies for the organization and **resolution of data issues escalated to senior leadership.**

Data Governance Framework

- Adopt a Data Management Association (DAMA) Framework for effective data governance
  - Data Governance is how we “decide to decide”. i.e. how decisions are made in relation to managing data, managing risk, and ensuring compliance.

1. Enable better decision-making
2. Reduce operational friction
3. Protect the needs of data stakeholders
4. Train management and staff to adopt common approaches to data issues
5. Build standard, repeatable processes
6. Reduce costs and increase effectiveness through coordination of efforts
7. Ensure transparency of processes

High Level Data Management Plan: Timeline and Intended Deliverables



Deliverables

- HIE Assessments
- Merced and Monterey HIEs
- Identification and onboarding of priority providers to the HIEs
- Establish Provider Data Sharing Incentive Program
- Establish HIE Guidelines
- Data Governance Committee Empowerment
  - Data Governance Framework
  - Incorporate Providers/HIEs into DCG
- Implement a Data Quality Program/Function
- Data Services
- Data Inventory
- Data Architecture
- Data Management Projects and Services
- Develop a Communication Strategy

health net

Get Paid When You Connect to an Eligible HIE

PROVIDE QUALITY MEDICAL RECORDS, IMPROVE MEMBER QUALITY OF CARE AND EARN REWARDS

Introducing the Health Information Exchange (HIE) grant program for 2023

- **$1 million in grants are available for 2023!**
- Grants are available for new HIE connections made between January 1, 2023, and December 31, 2023.

What is the HIE grant program intended for?

- Increase quality medical record data thereby improving quality of care.
- Encourage HIE connectivity ahead of California Assembly Bill (AB) 133[1] requirements.

How much can I earn?

Hospitals

Size	Definition	Award amount
Small	< 100 beds	$30,000[2]
Large	≥ 100 beds	$50,000[2]

HIE allows you and your patients to access and share a patient's medical information electronically.

Provider/ambulatory practices

Size	Definition	Award amount
Small	< 5 providers with 1 EMR[3] connection	$1,500
Large	≥ 5 providers with 1 EMR connection	$2,500

Skilled nursing facilities

Size	Definition	Award amount
Small	Skilled nursing facility with 1-10 locations	$7,500
Large	Skilled nursing facility with 10+ locations	$10,000

(continued)

Additional requirements[4]

Contract status	**Hospitals:** All hospitals are eligible. This includes general acute care hospitals, transplant hospitals and acute psychiatric hospitals. Contracting with Health Net is not needed to be eligible. **Provider/ambulatory practices:** Must be contracted with Health Net with at least two of the following lines of business (Medicare, Medi-Cal, commercial (HMO, PPO, POS, EPO, HSP)) and provide services to at least 500 Health Net members. **Skilled nursing facilities (SNFs):** All skilled nursing facilities are eligible. Contracting with Health Net is not needed to be eligible.
Eligible counties	Alpine, Amador, Calaveras, El Dorado, Imperial, Inyo, Kern, Los Angeles, Mono, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Clara, Stanislaus, Tulare, Tuolumne.
HIE connectivity status	Providers currently connected to another eligible California HIE that Health Net participates with are not eligible.

How do I get started?

Contact your Health Net provider network manager to plan your implementation.

[1]AB 133 requires all specified entities to "exchange health information or provide access to health information to and from" other specified entities in real time, as defined in the bill, by January 31, 2024.
[2]Systems with two or more hospitals are eligible to receive no more than two total grants.
[3]EMR: electronic medical record.
[4]Health Net reserves the right to change program rules at any time.

How can I learn more?

For more information, contact:

- Your Health Net provider network manager.

Conclusion

- Data Sharing is a Health Equity Requirement

- Questions -

New Grant Options & Provider Access Needs

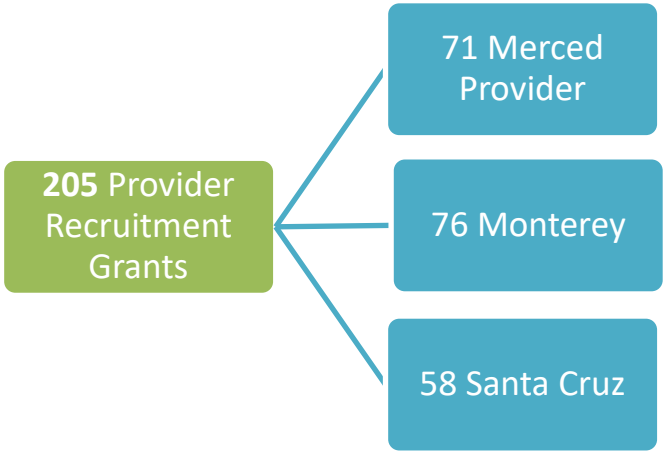
Jessie Dybdahl, Provider Services Director

Physicians Advisory Group

June 1, 2023

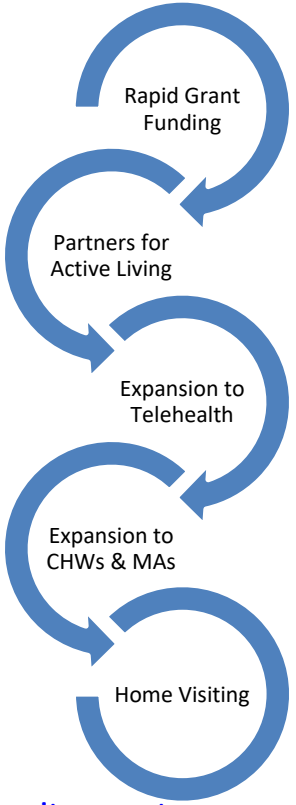
Alliance Grant Funding

Provider Recruitment Funding*



*Data from Program inception to 3/31/2023

Grant Program Recent Enhancements



https://thealliance.health/for-communities/community-grants/medi-cal-capacity-grant-program/

Grant Opportunities

Workforce Recruitment

- Providers
- Community Health Workers*
- Medical Assistants*

Additional Medi-Cal Capacity Grants

- Equity Learning for Health Professionals*
- Healthcare Technology Program*
- Home Visiting Program*
- Parent Education & Support*
- Partners for Active Living*
- Health Food Access Program

*New Grant Opportunities for 2023

Provider Feedback Session – Access Needs

- What are offices doing to support access needs?
- What ideas do you have for combating physician shortages?
- What ideas do you have on improving low immunization rates?
- How can the Alliance Support your access needs?

End

Physicians Advisory Group Meeting Calendar 2023

Thursday, March 2	12:00 - 1:30 PM
Thursday, June 1	12:00 - 1:30 PM
Thursday, September 7	12:00 - 1:30 PM
Thursday, December 7	12:00 - 1:30 PM

All meetings to be held at the Alliance offices listed below:

Alliance Main Office: 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066

Alliance Salinas Office: 950 East Blanco Road, Suite 101, Salinas, CA 93901

Alliance Merced Office: 530 West 16th Street, Suite B, Merced, CA 95340