



Physicians Advisory Group

Meeting Agenda

Thursday, September 1, 2022

12:00 p.m. - 1:30 p.m.

Teleconference Meeting

Pursuant to Assembly Bill 361 signed by Governor Newsom, September 16, 2021

Important notice regarding COVID-19: In the interest of public health and safety due to the state of emergency caused by the spread of COVID-19, this meeting will be conducted via teleconference. Alliance offices will be closed for this meeting. The following alternatives are available to members of the public to view this meeting and to provide comment to the Advisory Group.

1. Members of the public wishing to join the meeting may do so as follows:

Join on your computer or mobile app:

[Click here to join the meeting](#)

Or by telephone at:

United States: +1 (323) 705-3950

Phone Conference ID: 112 377 630#

2. 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, August 31, 2022 to the Clerk of the Advisory Group 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. Public comment 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.
3. Mute your phone during presentations to eliminate background noise.
 - a. State your name prior to speaking during comment periods.
 - b. Limit background noise when unmuted (i.e., paper shuffling, cell phone calls, etc.).

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

1. **Call to Order by Chairperson Herbelin. 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 2, 2022.**
 - A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

New Business

4. 2023 Breakthrough Objectives Maurice, Michelle, Hilary, Shaina, Jessie
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 September 1, 2022 meeting:

Thursday December 1, 2022, 12:00-1:30 p.m.
 Location: Teleconference via MS Teams



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, June 2, 2022

12:00 - 1:30 p.m.

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:
Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

Group Members Present:

Dr. Scott Prysi	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Michael Yen	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Cristina Mercado	Provider Representative

Group Members Absent:

Dr. Anjani Thakur	Provider Representative
Dr. Patrick Clyne	Provider Representative
Dr. Barry Norris	Provider Representative
Dr. Casey Kirkhart	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Misty Navarro	Provider Representative

Staff Present:

Dr. Dale Bishop	Medical Director
Dr. Gordon Arakawa	Medical Director
Ms. Jennifer Mockus, RN	Community Care Coordination Director
Ms. Jessica Hampton	ECM Manager
Ms. Jessie Dybdahl	Credentialing Manager
Ms. Hilary Gillette-Walch, RN, MPH	Quality & Population Health Manager
Ms. Mary Peddy	UM Administrative Assistant

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

Group Chairperson Bishop called the meeting to order at 12:10 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 March 3, 2022 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved as written.

3. **Old Business**

A. Pharmacy Carve-Out Update

Dr. Bishop provided a pharmacy carve-out update noting that on July 1st the Department of Health Care Services (DHCS) was going to require plans to submit prior authorizations (PAs) for medication that was previously approved. DHCS has decided to suspend PAs and health plans will be given 90 day notification prior to implementation of this process. DHCS recognized there were concerns and issues with this process. DHCS will have phase reinstatements and transitions and training will be provided with opportunities for feedback. As a follow-up from the last meeting, it was noted ICD-10 codes are not a requirement if the medication requires a PA. Although, it is helpful to have the ICD-10 code noted. A provider noted ICD-10 requirements can vary depending on NDC directory. Dr. Bishop noted that providers please bring forward any medications where this is an issue, and the Alliance will take the feedback to DHCS.

B. Care Based Incentives (CBI) 2023

Dr. Bishop presented on CBI 2023. It was noted the Board approved the following CBI changes:

Programmatic Measures:

- **Add:** Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents, and Health Plan Health Disparity Metric.
- **Retire:** Unhealthy Alcohol Use in Adolescents and Adults, and Asthma Medication Ratio.

Fee-For Service Measures:

- **Add:** \$200 FFS measure for completion of the ACEs training and attestation.

Exploratory Measures:

- **Add:** Colorectal Cancer Screening.

- **Retire:** 90-Day Referral Completion, and Latent Tuberculosis Infection (LTBI) Screening.

Regarding ACEs, providers that are certified and have completed the attestation will receive the payment beginning in 2023. A provider inquired about ACEs training for staff. Training is available on the ACEs Aware website (2-hour online training) and there is an attestation that goes to DHCS. Providers will not be paid until the attestation is complete. The Alliance will be downloading the provider file from DHCS. Currently mid-level residents and doctors are eligible. The Alliance is hoping to increase ACEs screenings as utilization has been low. It was noted there are grants available through the public health institute.

The Health Plan Disparity measure is a new exploratory measure that reviews whether various ethnic groups had or did not have equal access to primary care, specific to the 3 - 21 year old members in the Child and Adolescent Well-Care Visit measure.

For 2023, the approved recommendation is to change from an exploratory measure to a programmatic measure that creates a plan-wide challenge, to set aside five points that will be distributed if we achieve the challenge to close each of the racial/ethnic gaps. The focus will be on closing gaps to the 50th and 75th percentile. This would distribute funds to all CBI groups if a 50% gap closure can be achieved for race/ethnic groups currently below the 50th percentile, and a 50% gap closure to the 75th percentile for race/ethnic groups currently above the 50th percentile. Each race/ethnicity that reaches the gap closure goal will distribute 1% of set aside 5% payment.

The 2021 Child and Adolescent Well-Care Visits for all counties by race and ethnicity data was shared with the Group. It was noted, 80% of Alliance members fall under the LatinX category, and LatinX, Asian Pacific Islander and all others meet the current 50th percentile, the White and Black populations did not. Baseline and targets for gap closure also shared with the Group.

The Alliance will be hosting CBI 2023 workshops beginning in September with the following proposed topics: population health, payment adjustments, activities for peer discussion of challenges, barriers, and opportunities for care, and communicating effectively with members.

The Alliance would also like to create a Population Health Portal Report that would provide consolidated gaps in care report. Dr. Bishop asked for the Group's input regarding what would be most beneficial for clinics? The intent is to put all linked members with care gaps in one place. Provider noted it would be helpful to sort data by various screenings. The delay on the data is 30 days after bill and claims data reports are run monthly. Current provider portal linked member reports include:

- Linked Member Roster
- Newly Linked Members and 120 IHA
- Linked Member Inpatient Admissions
- Linked Member ED Visits
- Linked Member High ED Utilizers

More information will be given to providers.

4. **New Business**

A. Managed Care Accountability (MCAS) Accountability Results

Hilary Gillette-Walch provided an overview of MCAS Accountability Results. MCAS for Measurement year 2021 for maternal child health measures were discussed. Data was collected using claims, lab data and provider information. The Alliance measures that are meeting or exceeding were reviewed. Any measures that fall below the MPL, the Alliance can receive sanctions from DHCS. Santa Cruz fell below the HPL (90th percentile) in prenatal care and HPL was met for post-partum care. Weight and Assessment Counseling for BMI Assessment exceeded HPL in Santa Cruz and Monterey while Merced struggled in this area. Other Well Child Visits fell below MPL, and the Alliance is working on increasing numbers in Child and Adolescent Well-Care. Immunization measures increased slightly. It was noted there were challenges with this measure during the pandemic. A provider noted they still struggle with not having enough providers and there is difficulty accommodating members for appointments. Another provider noted she is busy with well child visits. A provider suggested incentives for providers for catch-up clinics. It was noted there is an incentive for completing vaccinations on time (\$100) with a monthly raffle for each county, additionally, incentives for second dose flu vaccine for children under age 2 is also offered. There are incentives for teens on a monthly basis in each county and CBI measure incentives. A provider noted that transportation to and from clinics is essential in getting members in for visits.

Action: The Alliance will explore incentives for catch-up clinics for well childcare.

B. CalAIM Updates

Enhanced Care Management (ECM) Populations of Focus

Jessica Hampton presented on ECM Populations of Focus which will be rolled out in three phases.

Phase I – January 2022

- Individuals and Families Experiencing Homelessness (one of the only populations that will include the pediatric population this year).
- High Utilizer Adults.
- Adults who have serious mental illness (SMI) and substance use disorder (SUD) conditions.

Phase II – January 2023

- Adults & Children/Youth Transitioning from incarceration.
- Eligible for long-term care (LTC) and at risk for institutionalization.

- Nursing Facility Residents who want to transition back to the community.
- Phase III – July 2023
- Children and Youth who are high utilizers, serious emotional disturbance (SED), CCS with needs beyond physical needs, and child welfare.

Merced Expansion Update

Jennifer Mockus provided an overview of the Merced Expansion of Enhanced Care Management. Community/Supports (ECM/CS) in Merced. Santa County and Monterey went live with the ECM/CS benefit in January, however, Merced County did not have a Whole Person Care or home health pilot so the Alliance will be implementing and going live next month on July 1st. The Alliance conducted four provider engagement sessions, these sessions were a way to expand knowledge of hospitals, large safety net clinics, community based organizations, non-profits and other organizations that serve the three populations of focus. The sessions were held in collaboration with our community partners. The Alliance provided engagement sessions at various community meetings such as mental health services ongoing planning council meeting and with Unite Us community partners. The Alliance is hoping to go live with six community supports and with our community partners on a sobering center. Housing services and supports, recuperative care, short term post hospitalization housing, and medically tailored meals services will be offered. Resources are available online on becoming an ECM provider. There is no wrong door to make a referral; there is an online referral form, providers can call 831 430-5512, sub a treatment authorization request, and members and ECM providers can also refer. **Action:** Provider requested Jennifer send her information regarding the training.

C. Behavioral Health Developments

Dr. Bishop presented on Behavioral Health (BH) Developments. This is a priority for the Alliance and part of the Strategic Plan. The vision is to transform the Behavioral Health System. The 2022 - 2023 Tactics include:

- Psych Collaborative Care - integrated behavioral health services billed through the primary care provider, using the new collaborative care codes. Codes would be used by counselors or clinicians in the clinics. More information will be forthcoming.
- No Wrong Door - provides for case management and concurrent coverage across spectrum mild-moderate-severe mental health. This requires the plan to work much more closely with our BH county partners, Beacon, and contracted providers through Beacon. The Alliance will be responsible for comprehensive case management even if services are outside or carved-out.
- Dyadic Care - serving children and their parents together rather than on their own. Community Health Workers could offer additional assistance in clinics. This benefit will become effective January 2023.
- Student Behavioral Health - incentive payments paid through Medi-Cal managed care plans to build infrastructure, partnerships, and capacity

for school behavioral health services. This is to ensure closer collaboration across multiple systems for families.

A provider inquired about school based clinics in Merced County. It was noted, the Alliance is working with the Office of Education and Atwater School District to collaborate to have providers in the school setting. The Alliance will keep provides posted on the progress.

D. Community Health Worker Benefit

The Department of Health Care Services (DHCS) is adding Community Health Worker (CHW) services effective July 1, 2022. The CHW will assist providers with services such as care plans, case management, outreach, and advocacy. CHW services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. CHWs must be supervised by a community-based organization, local health authority, licensed provider, clinic, or hospital. The CHW will assist with a variety of health issues. Additional assistance provided by CHWs will be to provide individual support or advocacy that assists a beneficiary in preventing a health condition, injury, or violence. A provider noted it is difficult to find training for her staff. Training is offered every 6 months and takes a long time to complete. Provider asked about online, in-person, or local training programs. **Action:** The Alliance will look into CHW training options.

Another provider noted the CHW should be from the community and bilingual, this would be helpful and more effective.

6. **Open Discussion**

Chairperson Bishop opened the floor for the Group to have an open discussion.

A provider asked how the Alliance is addressing the formula shortage. Information and resources are kept up-to-date on the Alliance member webpage. The Alliance is connected with WIC and CPS programs and others to make certain information is up-to-date. It was noted, WIC has expanded formula brands they will cover. If there is a member that is on specialty formula, the Alliance can assist. Provider noted food banks and hospitals have formula, but store shelves are empty.

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.



Draft 2023 Breakthrough Objectives

Physicians Advisory Group
September 1, 2022

Draft 2023 Breakthrough Objectives



HEALTH EQUITY

STRATEGIC GOAL

Eliminate health disparities and achieve optimal health outcomes for children and youth.

“Getting to green” for all quality measures for Pediatric population



HEALTH EQUITY

STRATEGIC GOAL

Increase member access to culturally and linguistically appropriate health care.

Leverage member voice to increase member access to culturally & linguistically appropriate care



PERSON CENTERED DELIVERY SYSTEM TRANSFORMATION

STRATEGIC GOAL

Improve behavioral health services and systems to be person-centered and equitable.

Design & contract for a behavioral health ecosystem across counties that meets access & care coordination objectives



PERSON CENTERED DELIVERY SYSTEM TRANSFORMATION

STRATEGIC GOAL

Improve the system of care for members with complex medical and social needs.

Manage top 5% of at-risk members to reduce preventable and unnecessary utilization



Draft 2023 Breakthrough Objectives

	HEALTH EQUITY		PERSON-CENTERED SYSTEM TRANSFORMATION	
Breakthrough Objectives	Achieve NCQA P50 for all pediatric measures for all Counties or 10% of the delta to P50	Incremental improvement over baseline* for the CAHPS Cultural Competency questions	Assess & design behavioral health system to ensure timely access to BH services as demonstrated by:	Ensure the top 3-5% of utilizers are effectively managed to achieve:
	NTSV Cesarean Delivery Rate: less than or equal 23.8% CMQCC*	*Baseline will be available upon completion of 2022 CAHPS Survey	1) Member’s report of very good or excellent mental/emotional health (CAHPS survey) 2) Equitable utilization relative to benchmark* (TBD)	1) Readmissions: 10% improvement over hospital specific baseline 2) Post-discharge follow-up within 7 days: 10% improvement over hospital specific baseline 3) Avoidable ED visits: 10% reduction in baseline rate
<ul style="list-style-type: none"> • CMQCC: California Maternal Quality Care Collaborative • MOP exists for projects. 				

Questions for PAG Members to Provide Feedback

General Feedback:

Are these draft 2023 goals/objectives realistic?

What do you see as being the biggest challenges in:

- Achieving P50 for Pediatric Health measures
- Improving the Behavioral Health ecosystem
- Improving clinical outcomes for our highest risk members (reducing readmissions, improving follow-up post discharge, reducing unnecessary ED visits)

HEDIS Quality Improvement:

- What barriers are you hearing from members about effectively engaging in their health?
- What innovative ways can the Alliance pursue to make an impact to meet healthcare needs for children?
- From your perspective, what actions would move the needle to achieve the 90th percentile for quality measures?
- What strategies do you have in place surrounding vaccines and well child visits? How can our CM teams best support you in this work?

Managing Highest Risk Members:

- What successful strategies have you leveraged to increase visibility on high-risk members? How can our CM teams best support you in this work and readmission reduction efforts?
- In your practice, what medication related issues have led to hospitalization in our patients?
- Outside of the "In Process" notices we send to the PCP groups within 24 hours, are there any preferred communication methods that would help alert providers to patients admitted for post discharge follow up?

Behavioral Health Improvement:

- What do you think are the key drivers of utilization inequity of BH services by county (i.e., why is utilization so much lower in Monterey and Merced than Santa Cruz)?
- What strategies have you successfully leveraged in the past to increase utilization with Hispanic and Latino populations?
- What factors impacting member satisfaction should we draw upon to improve satisfaction with their mental/emotional health?



Questions?



Physicians Advisory Group Meeting Calendar 2022



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

