



Physicians Advisory Group

Meeting Agenda

Date: **Thursday, September 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

1. Call to Order by Chairperson Hsieh. 12:00 p.m.

- A. Roll call.
- B. Supplements and deletions to the agenda.

2. Oral Communications. 12:10 p.m.

- A. Members of the public may address the Advisory Group on items not listed on today's agenda that are within the jurisdiction of the Advisory Group. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.
- 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 1, 2023.

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

- | | |
|--|-------------------------|
| A. Enhanced Care Management & Community Supports | L. Gorman, D. Hsieh, MD |
| B. Transitions of Care (after in-patient ED discharge) | D. Hsieh, MD |
| C. Redetermination | D. Hsieh, MD |
| D. Provider Recruitment | D. Hsieh, MD |

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

- A. Group may discuss any urgent items.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

7. **Adjourn: 1:30 p.m.**

The next meeting of the Physicians Advisory Group, after this September 7, 2023 meeting:

Date/Time: Thursday, December 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, June 1, 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. Patrick Clyne	Provider Representative
Dr. Shirley Dickinson	Provider Representative
Dr. Casey KirkHart	Provider Representative
Dr. Scott Prysi	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. James Rabago	Provider Representative

Group Members Absent:

Dr. Misty Navarro	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Anjani Thakur	Provider Representative
Dr. Jennifer Hastings	Provider Representative

Staff Present:

Dr. Dianna Diallo	Medical Director
Mr. Cecil Newton	Chief Information Officer
Ms. Jessie Dybdahl	Provider Services Director
Ms. Tammy Brass	Utilization Management Director
Ms. Kristynn Sullivan	Program Development Director
Ms. Andrea Swan	QI & Population Health Director
Ms. Tracy Neves	Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw	Public Representative
Mr. Mike Molesky	Board Member
Mr. Daryl Green, RN	Provider Representative

1. Call to Order by Chairperson 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 March 2, 2023 Physicians Advisory Group (PAG) minutes.

Action: Minutes approved with changes.

3. **New Business**

A. Care Based Quality Improvement Program Update.

Dr. Diallo presented on Care Based Quality Improvement Program. The Alliance is prioritizing the following measures:

- Well-Child Visits in the first 15 months
- Immunizations for Children (Combo 10)
- Child and Adolescent Well Care Visits (3-21 years)
- Immunizations for Adolescents
- Diabetic HbA1c Poor Control (>9%)
- Cervical Cancer Screening
- Breast Cancer Screening
- Chlamydia Screening for Women

Payments will consider total linkage, size of gap to achieve MPL, and overall difficulty to achieve gap correction by weighting the measures on a scale of 1-5. Once QIPH staff review applications and confirm each practice's 2022 CBI performance after validating Q4 data, payments will be provided to participating practices based on an 80/20 model – 80% upfront and 20% contingent on performance and program participation at the end of the 2023 year. The application outlines best practices for individual metrics and offers provider opportunity to indicate what interventions they are planning.

Current Status:

- 44 of 45 eligible providers are participating.
- 30 submitted by 5/12. 14 by 5/19.
- 21 have requested provider coaching.
- Quality Improvement team is processing applications.
- Early submitters receiving feedback and memorandum of understandings (MOUs).
- Payments are being distributed.

B. Care Based Incentives (CBI) 2024

Dr. Diallo presented on CBI 2024. The changes recommended included addition of Lead Screening in Children and retirement of Body Mass Index (BMI) Assessment for Children and Adolescents. Practices are doing well in BMI and data was a challenge.

Measure for Depression Screening and Follow-Up for Adolescents and Adults will be added. The percentage of members 12 years of age and older who were screened for

clinical depression using a standardized instrument and, if screened positive, received follow-up care.

Depression screening will include the percentage of members who were screened for clinical depression using a standardized instrument. Follow-up on positive screen will include the percentage of members who received follow-up care within 30 days of a positive depression screen finding. The data for this measure will need to be collected from Provider Portal DST and HIE.

The Board approved the following fee-for-activity measures changes:

- 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

Health Equity Measure Description: This is a health plan performance measure using the Child and Adolescent Well-Care Visit measure to determine whether different ethnic groups had or did not have equal access to primary care.

Rates stratified by race and ethnicity include White, Black, Latinx, Asian, and Other. Goal is a 50% gap closure to either the NCQA benchmark of the 50th Percentile or the NCQA benchmark of the 75th Percentile, based on where each ethnicity group's baseline percentage falls. A point will be awarded for each ethnicity group that reaches its gap closure goal.

Patient Centered Medical Home Description: PCP Sites who receive NCQA or The Joint Commission (TJC) documentation validating achievement of Patient Centered Medical Home (PCMH) recognition or certificate will receive incentive payment. PCMH payment is made per NCQA/TJC application that results in PCMH status, regardless of the number of sites included on the application.

Behavioral Health Integration Description: CBI Groups who have achieved the NCQA Distinction in Behavioral Health, after completion of the NCQA Patient Centered Medical Home (PCMH) recognition.

Add to Exploratory Measures: Well-Child Visits for Age 15–30 Months. Well-Child Visits for Age 15 –30 Months measure is currently part of the MCAS (Managed Care Accountability Set) reporting for health plans and would look for two or more well-child visits between 15 and 30 months. This measure addition could be new or added to the exploratory measure set. data collected from Claims, Data. For CBI payment adjustment for Quality of Care measures below the 50th percentile less than 10 percent increase from prior year, payments will be adjusted.

Provider noted regarding diagnostic accuracy & completeness training, providers are paid \$200 per hour so make the measure equal to the salary, consider \$400.

C. Alliance Data Management Strategy

Cecil Newton, Chief Information Officer, presented on Data Management Strategy. Cecil reviewed the Executive Summary

- The Data Management Strategy proposed is that of a 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.

The strategy is a health information exchange centric model where the majority of the data that comes in and out of the Alliance is done via a HIE. This strategy also calls for a provider incentive program, and we believe this will provide willingness and capability to be able to share data. The Alliance will partner with HIE and providers to ensure provider participation. HIEs will be given specific objectives regarding the number and types of providers to connect with to obtain data. HIEs will be asked to provide real-time bi-directional data to and from the Alliance and to and from providers. The Alliance will partner with providers to acquire infrastructure funding, so their systems are capable of effectively providing data sharing. The Development team at the Alliance is willing to work with providers to obtain the funding to upgrade HIEs. The development and implementation of the Data Management Strategy is a multi-year effort that will take time to implement.

The benefits of Data Sharing were shared and noted as follows:

- 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
- Social Determinants of Health
 - ✓ 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.
- 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

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

The Alliance has plans to hire a Chief Health Equity Officer and has goals and strategies around health equity.

Kristynn noted that around capacity building and infrastructure costs, there is a current funding opportunity through the state for all data exchange signatories, the funds can be used for electronic health records (HER) upgrades as well as HIE connection fees. This information was sent out to providers two weeks ago. **Action:** Tracy will send the funding information to the Group.

A provider noted there should be a specific look at the needs of adolescents 12-18 years of age and expressed issues regarding exchange of patient information. Sensitive information should be tagged and protected (i.e., patient taking birth control).. Another provider asked how this will interact with the Santa Cruz HIE. It was noted, Santa Cruz Health Information Organization (SCHIO) is part of the integration plan and is on board and in full support of the Alliance's efforts. The Alliance is working with SCHIO regarding guidelines. It was noted that part of the plan is to have designated HIEs in each of the Alliance counties, and those counties will be interconnected.

Some of the HIEs work parallel and diverts around County HIEs. It is also challenging and time consuming to get information into the patient record when received from admission, discharge, and transfer (ADT). The EPIC system will transfer the information, but others do not. One of the requirements of the new system, is that it will connect with EPIC and the other EHRs in the counties.

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

A provider asked if this would include laboratory and x-ray data, currently it does not and there have been issues.. It was noted, there are many data sources, and this work will be done in stages.

Log 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 and Data Governance Structure was shared with the Group.

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

Cecil asked the Group if they had any questions. Dr. Diallo noted if there could be a roadmap for practices to support the steps. **Action:** Cecil noted that is a great idea and agreed to create a developmental roadmap. A provider noted she has had Santa Cruz HIE for several years but is now being billed for the first time. Another provider noted their cost was under a grant system Provider asked, when will practices have to absorb the cost. Other providers noted they have been paying for HIE for years. Cecil agreed to have further discussion on this issue in the future.. A provider suggested the HIE needs to be more user friendly. Concerns were expressed that HIE systems should work to communicate in the same language regarding outcomes. It was noted there is a federal HIE available and the local HIE will be required to interchange with that system. Another provider requested more support for portal use and access, in addition, to a patient facing side as well. Some of the requested elements are already incorporated at the Alliance. A provider again noted the importance of patient privacy. Dr. Diallo asked Cecil to return and present further on this topic in future meetings.

D. New Grant Options & Provider Access Needs

Jessie Dybdahl, Provider Services Director, presented on Grants Options & Provider Access Needs. A high level overview of provider grant funding was presented to the Group. There have been 205 provider grants distributed with 71 in Merced, 76 in Monterey and 58 in Santa Cruz. Recently, there have been new grant program enhancements. Grants include Workforce Recruitment and Additional Medi-Cal Capacity Grants, Community Health Workers, and Medical Assistants. For Workforce Recruitment, there is a \$65,000 grant available. New grants for 2023 include Equity Learning for Health Professionals, Healthcare Technology Program, Home Visiting Program, Parent Education & Support, and Partners for Active Living.

Important dates regarding grant due dates are July 18, 2023 with the next due date in January 2024. There will be question/answer and information sessions available for providers. Jessie will send the information after the meeting. There are also opportunities for healthcare technology outside of the Alliance..

Jessie asked the providers for feedback regarding access, physician shortages, low immunization rates and how the Alliance can support access needs. A provider noted to improve low immunization rates, it is important to provide immunizations when the patient is in the office. Provider noted she has office hours from 8:00 AM-8:00 PM and accepts walk-ins. Another provider noted she has a separate list for patients under the age of 8 months as patients cannot receive Rota vaccine after 8 months. Incentives don't always work in motivating some patients. It is important to administer/offer immunizations when patients are in office or schedule next appointment. Capturing patients while they are in the office seems to be a good practice. Another suggestion was to have orders signed in EPIC or at time of encounter.

Provider noted in regard to hiring physicians, making work more diversified and creative seems to help. It was noted that a limiting factor is the shortage of Medical Assistants (MAs) in Santa Cruz County. Several providers noted they are obtaining MAs and Physician Assistants (PAs) from CSUMB. It was suggested, maybe the Alliance can assist with tuition support.? It was noted, physician attrition is higher, and it is more difficult to compete, and immunization rates are low. Feedback from providers is important and appreciated as the Alliance wants to be made aware of what is and is not working..

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.



Physicians Advisory Group ECM-CS Website Feedback

Linda Gorman, Communications Director
September 7, 2023





OVERVIEW

1. Discussion Objectives
2. Communication Tactics
Summary
3. Provider Web Pages
4. Provider Feedback
5. Questions?

DISCUSSION **OBJECTIVES**

- Enhance awareness on the communication tactics and resources that are available to support ECM-CS.
- Solicit specific and actionable feedback from providers on additional communication support and ECM-CS provider-facing webpages.



COMMUNICATION TACTICS - OVERVIEW

- Provider-facing
 - Website copy
 - Provider newsletter articles
- Member and community-facing
 - Brochures
 - Website copy and referral forms
 - Social media posts
 - Member and community newsletter articles



WEB PAGES – FOR PROVIDERS

Available on the Alliance ECM/CS web page

- Learn about ECM/CS benefits and services.
- Contact information.
- How to refer members.
- Provider directory.
- Training.
- Resources.

[Enhanced Care Management \(ECM\) and Community Supports - Central California Alliance for Health \(thealliance.health\)](https://thealliance.health)

ECM/CS Contact Information

Alliance ECM team

Phone: 831-430-5512

Email listecmteam@ccah-alliance.org

Interested in becoming an ECM or CS provider? Email us at ecmilosprogram@ccah-alliance.org.

ECM/CS Resources

- [Refer members to ECM/CS](#)
- [Training](#)
- [PATH Collaborative Meetings](#)

ECM/CS Provider Directory

- [Merced County](#)
- [Monterey County and Santa Cruz County](#)



WEB PAGES – FOR PROVIDERS

Learn about the ECM Medi-Cal benefit.



Enhanced Care Management (ECM)

ECM is a Medi-Cal benefit administered by DHCS.

ECM providers deliver:

- Comprehensive care management.
- Care coordination.
- Health promotion.
- Comprehensive transitional care.
- Individual and family support services.
- Referrals to community social supports.

[Learn more](#)



WEB PAGES – FOR PROVIDERS

Learn about Community Supports services.



Community Supports (CS)

Community Supports (CS) are community-based services that address health-related social needs. Medi-Cal managed care health plans may offer these alternative services to their members to avoid hospital care, nursing facility care, visits to the emergency department or other costly services.

[Learn more](#)



WEB PAGES – FOR PROVIDERS

Alliance offered ECM/CS trainings.



ECM/CS Trainings

The Alliance offers Enhanced Care Management and Community Supports trainings for providers. You can attend a live training or watch a recorded training.

[Learn more](#)



WEB PAGES – FOR PROVIDERS

Referrals page includes:

- Different ways to refer a member.
- Tips for successful referral.
- Outcomes and turnaround times.

Provider Portal referral

Registered providers can log in to the secured [Alliance Provider Portal](#) to submit, inquire about, cancel or add additional information to existing referrals.

Online referral on our website

Alliance providers can submit referrals for Enhanced Care Management or Community Supports by completing the appropriate form.

ECM referrals

- [Adult ECM Provider Referral Form \(age 21 and over\)](#)
- [Youth ECM Provider Referral Form \(age 20 and under\)](#)

CS referrals

- [Housing](#)
- [Environmental Accessibility and Adaptability](#)
- [Meals](#)
- [Personal Care and Home Maker Services and Respite Services for Caregivers](#)

Phone

Refer a member to ECM/CS services by calling 831-430-5512.

Tips for a successful referral

- When referring a member for Community Supports, please include any relevant social information. When referring a member for ECM services, always include a population of focus. Check back on this page for updated information as we roll out additional populations of focus.
- Referrals are a "no wrong door" approach. We accept all incoming referrals.

Processing referrals and turnaround times

PROVIDER **FEEDBACK**

- Is the website information useful and intuitive?
- Is there any information missing or that could be more easily surfaced on the website?
- Any other communication tactics we should consider to raise awareness of ECM-CS?



A young child is running joyfully through a mist of water droplets. The child is wearing a white t-shirt with the text "THIS WORLD IS FULL OF HOPE LET'S BEGIN TO PROCEED WITH POSITIVE" and blue jeans. The background is a soft, out-of-focus green field with a blue sky. The word "QUESTIONS" is written in large, white, bold letters on the right side of the image.

QUESTIONS

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

