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AGENDA PHYSICIANS ADVISORY GROUP

DATE: **Thursday, March 4, 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 location.**

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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 your 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 December 3, 2020.

- A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.

4. Old Business

- A. Care Based Incentives 2022 (CBI) D. Bishop, MD, D. Diallo, MD,
M. Heinert, MD
- B. Pharmacy Carve-Out Update N. Sachdeva, Pharm D.

5. New Business

- A. COVID Vaccines/Pandemic Care Taskforce M. Heinert, MD, J. Turetsky

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
 June 3, 2021
 12:00-1:30 p.m.
Locations: Via GoToMeeting.

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.

Meeting Minutes

Thursday, December 3, 2020

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. Jennifer Hastings | Provider Representative |
| Dr. Scott Pysi | Provider Representative |
| Dr. Misty Navarro | Provider Representative |
| Dr. Patrick Clyne | Provider Representative |
| Dr. Shirley Dickinson | Provider Representative |
| Dr. Caroline Kennedy | Provider Representative |
| Dr. Devon Francis | Provider Representative |
| Dr. James Rabago | Provider Representative |
| Dr. Casey Kirkhart | Provider Representative |
| Dr. Chuyen Trieu | Provider Representative |

Group Members Absent:

| | |
|-------------------|-------------------------|
| Dr. Barry Norris | Provider Representative |
| Dr. Allen Radner | Provider Representative |
| Dr. Anjani Thakur | Provider Representative |
| Dr. Kenneth Bird | Provider Representative |
| Dr. Amy McEntee | 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. Mary Brusuelas | Utilization Management/CCM Director |
| Ms. Jordan Turetsky | Provider Services Director |
| Ms. Hilary Gillette-Walch | Clinical Decision Quality Manager |
| Ms. Michelle Stott | Quality Improvement Director |
| Ms. Navneet Sachdeva | Pharmacy Director |
| Ms. Lila Chagolla | Regional Operations Director |

Mr. Jim Lyons
Ms. Ronita Margain
Ms. Kristen Presleigh
Ms. Tracy Neves

Provider Relations Manager
Regional Operations Director
Quality Improvement Advisor
Clerk of the Advisory Group

Public Representatives Present:

Ms. Becky Shaw

Public Representative

1. Call to Order by Chairperson Dr. Bishop.

Group Chairperson Dr. Dale 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 September 3, 2020 Physicians Advisory Group (PAG) minutes.

Minutes approved as written.

4. **Old Business - Updates**

A. Cares Based Incentives (CBI) Updates

Dr. Bishop noted that CBI 2022 updates would also be discussed. For CBI 2020 and 2021, Dr. Dianna Diallo noted the Alliance received a number of recent requests from providers to clarify whether IHA visits could be completed through telehealth visits. They can be, so guidelines and documentation were created and shared with providers. The information was shared in the Provider News distributed through fax and email on November 17. As discussed in the previous PAG meeting, DHCS's temporary suspension of the 120-day timeline for completion of IHA visits is still in effect. All providers will receive credit for CBI in 2020 if they meet the minimum number of members for eligibility for this measure.

Possible 2022 CBI Measures include:

- Programmatic Measures
 - Add: Breast Cancer Screening, Controlling High Blood Pressure
 - Modify: Antidepressant Medication Management for Screening for Depression and Follow-up Plan

- Retire: Body Mass Index Assessment: Children & Adolescents, Maternity Care: Post-Partum Care, Maternity Care
- Exploratory Measures
 - Add: Health Disparity Measure

Dr. Bishop noted breast cancer and blood pressure measures were targeted as they are below the 50% percentile in all counties. Blood pressure screening would require new coding (CB2 codes) in the system. Provider inquired about the blood pressure guidelines. It was noted the controlling blood pressure measure is a hybrid measure.

Action: The Alliance to review blood pressure guidelines and present at the next meeting.

Dr. Diallo noted the Alliance is considering modification of the depression screening measure, following changes from the CA specific measure to the CMS core measure. This screening would be more inclusive of the entire adult population. The measure would look at whether an annual screening (adult) was complete. If there is a positive depression screen, the patient would receive a follow-up plan. Provider noted that it is important that all providers are using the same depression screening and follow-up guidelines. It was noted, evidence-based tools are utilized for depression screening and a wide range of tools are available for provider follow-up. The provider website contains CBI fact sheets for each measurement.

Maternity measures are being considered for retirement as performance is relatively high, and some PCPs do not directly manage their patient's pregnancy. Also in consideration for retirement, is the BMI Children and Adolescents measure as performance is high for medical record review during HEDIS, and more providers have been submitting ICD-10 codes through claims.

The Alliance is considering an exploration measure related to health disparities. Provider noted there can be issues with getting the data into electronic medical records and staffing constraints. Provider suggested looking at other entities to see what they are doing regarding this topic. Another suggestion was to review/utilize current data available to track access to care and health outcomes. Provider noted that Dr. Marissa Raymond-Flesch would be a good resource for this topic as she recently presented on racism in healthcare. The Group agreed this is an important topic and would like to continue the discussion further. **Action:** The Alliance will bring various options regarding this topic to future meetings for discussion.

5. **New Business**

A. COVID-19 Coordination with Public Health

Dr. Maya Heinert presented COVID outreach efforts with Public Health. Currently emergency room departments (EDs) are experiencing overcrowding. Before the holidays members were going to the EDs to obtain testing. Provider Services reached out to all county providers to ascertain who was able to conduct testing for COVID. The Provider Relations data regarding

RSV, COVID-19 and flu vaccinations was shared with the Group. Regional Operations will share the data with Monterey and Merced County Health Department leadership. The Santa Cruz County Health Department plans to assist providers with PPE and testing kit needs.

The Alliance is attending quarterly meetings with partners to discuss what is impacting the EDs and their current challenges. One concern is administration of monoclonal antibodies that has created issues in the ED as infusion can take several hours. There has been mixed data regarding the usage of monoclonal antibodies for treatment of COVID. The Alliance is assessing how to assist with vaccination efforts and waiting for state and county direction. The Alliance Communications department is assisting in informing providers and members regarding where they can go for testing. Testing and COVID information has also been shared on the Alliance website, Facebook, and in radio interviews. In addition, there are communications regarding behavioral health services and the holidays. All communications are provided in all three of our threshold languages. A provider inquired whether Medi-Medi members can assess Beacon services. It was noted that members should first seek treatment through Medicare, and reach out to the Alliance and Beacon for services not covered by Medicare. **Action:** Jennifer Mockus will follow-up with Beacon to get a list of their network providers that accept Medicare.

B. Pharmacy Carve-Out Update

Navneet Sachdeva, Pharmacy Director, gave a presentation on the Pharmacy Carve-Out/Medi-Cal Rx. The original effective date of the Medi-Cal Rx was January 1 but was delayed to April 1, 2021. Medi-Cal Rx will deliver the outpatient prescription benefit through Magellan Medicaid Administration, Inc. The benefit includes outpatient drugs, supplies, and enteral nutrition products. There will be no changes to medical and/or institutional claims as they remain the plan's responsibility. Members will be able to continue all current medications for 180 days with provisions for some common chronic conditions to continue on medications for 5 years.

The Alliance has attended meetings with external stakeholders which includes DHCS, Magellan, a Pharmacy Carve-out Workgroup and other plans. An internal Pharmacy Carve-Out project subgroup was also formed. DHCS sent out a 90/60-day notices with the January 1st implementation date, and the date has since changed to April 1st. Communication regarding the Pharmacy Carve-Out was sent via an educational flyer, the Alliance website, newsletters and on social media. Pharmacy also participated in discussions with the Member Services Advisory Group. Notices were sent to mail order and compounding pharmacies regarding the change and informing them they will need to enroll with DHCS to continue services. The member handbook was updated and pharmacy gaps are being identified. Utilization Management (UM) and Community Care Coordination (CCC) are also discussing the Pharmacy-Carve as part of their member engagement. Outreach was conducted to high-risk CCS members utilizing specialty drugs.

DHCS sent out notices to providers and pharmacies, and training provided through the DHCS portal. Pharmacy Carve-Out information was provided through meetings, provider bulletins, provider manual and via the Alliance website. Magellan is providing portal training.

Alliance readiness efforts were also shared with the Group. Pharmacy continues to update and educate departments throughout the Alliance regarding the carve-out.

Some open issues remaining include:

- Magellan Portal Sign up and training for providers
- Specialty Pharmacy case management
- Pharmacy immunization procedure payments
- CDL gap analysis and reduction
- Magellan operational readiness for claim processing.
- Magellan Clinical Liaison roles and functions
- Pharmacy Provider Network Adequacy

Post implementation activities will include tracking all member and provider inquiries, review of daily data feeds from Magellan to monitor denials and determine access issues, and review of Medi-Cal claims submitted to MedImpact. In addition, to utilization of Magellan Clinical Liaison for care coordination and implementation of clinical programs.

Provider thanked Navneet for her presentation and for Pharmacy's efforts regarding the Pharmacy Carve-Out.

C. Member Outreach & Communication

Michelle Stott, Quality Improvement & Population Health Director, presented member outreach data. Member outreach from April 1 to November 19 consisted of outreach to 116,032 members through live calls, robocalls, and mailings. Several Alliance teams worked collaboratively on the member outreach. Resuming Care outreach began in July and has been an ongoing effort. Recently there was a power outage in Santa Cruz County and the Alliance conducted outreach to vulnerable members. Outreach was also completed as part of the DHCS pediatric campaign to promote well visits, immunizations and lead screening. The pediatric campaign consisted of mailers, robocalls and telephonic outreach. Upcoming member outreach will include the DHCS pediatric campaign for Adolescents. This includes:

- Adolescent well-visits and Immunizations (ages 7 to <18)
Minimal to no utilization based on claims
 - Handouts include:
 - Alliance Quick Reference Guide
 - Nutrition "Choose My Plate"
 - Flu vaccine
 - \$50-member reward (raffle) for immunizations
 - Mental health resources
- Young Adult (18 to <22 yrs.) well-visits
 - Handouts TBD

Michelle asked the Group for their feedback for next year's outreach. Some possible topics include flu vaccine, reinforcement of COVID-19 precautions and safety, informational calls on COVID-19 vaccine and resuming care for preventive services.

Provider noted COVID outreach is very important in addition to flu vaccines. Some members are still hesitant to get the flu vaccine and believe it can cause the flu. Conducting flu vaccine outreach annually would be helpful. Providers are receiving questions regarding the COVID vaccines. It was noted that due to flu vaccines and COVID, preventative services have declined. Provider noted more access is needed for COVID testing and triage.

6. **Open Discussion**

Chairperson Bishop opened the floor for the Group to have an open discussion. Provider asked about Alliance specific COVID guidelines. Dr. Bishop noted providers should seek guidance from their local health departments and facilities. Dr. Arakawa agreed with Dr. Bishop's recommendation.

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

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Care Based Incentives Proposed Changes for 2022

Dianna Diallo, MD
Medical Director
Physicians Advisory Group
March 4, 2021





CARE BASED INCENTIVES PROPOSED CHANGES FOR 2022

OBJECTIVES:

1. Review Proposed Measure Changes
2. Discuss Concerns or Potential Barriers

Proposed Changes: 2022 Care Coordination Measures

Care Coordination - Hospital and Outpatient Measures

- Ambulatory Care Sensitive Admissions
- Plan All-Cause Readmissions
- Preventable Emergency Visits

Change Recommendation

- Plan All-Cause Readmission: Distribute 2 points to Post-Discharge Care to equalize these two metrics and distribute 5 additional points to Quality of Care Measures



Proposed Changes: 2022 Care Coordination Measures

Care Coordination – Access Measures

- Application of Dental Fluoride Varnish
- Developmental Screening in the First 3 Years
- Initial Health Assessment
- Unhealthy Alcohol Use in Adolescents and Adults
- Post-Discharge Care



Unchanged Measures

Performance Threshold

- Performance Improvement
- Member Reassignment Threshold



Proposed Changes: 2020 Quality of Care Measures

Measures

- Asthma Medication Ratio
- Body Mass Index (BMI)
Assessment: Children & Adolescent
- Cervical Cancer Screening
- Diabetic HbA1c Poor Control >9%
- Immunizations: Adolescents
- Immunizations: Children
(Combo 10)
- Child and Adolescent Well-Care
- Well-Child Visit First 15 Months

Change Recommendation:

- Add Depression Screening and Follow-Up Plan
- Add Breast Cancer Screening
- Add Controlling High Blood Pressure Screening

Proposed Retirement

- Antidepressant Medication Management
- Maternity Care: Postpartum
- Maternity Care: Prenatal



Controlling High Blood Pressure

Measure Description

- Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled

Considerations

- Change from Exploratory to Programmatic
- Requires CPT-CAT-II codes
- Currently low data completeness from Alliance providers through claims
- NCQA continues to work towards increased electronic data

| Blood Pressure Reading | CPT-CAT-II CODE |
|---------------------------------------|-----------------|
| Systolic Less Than 130 | 3074F |
| Systolic 130-139 | 3075F |
| Systolic Greater Than or Equal To 140 | 3077F |
| Diastolic Less Than 80 | 3078F |
| Diastolic 80–89 | 3079F |
| Diastolic Greater Than or Equal To 90 | 3080F |



Proposed Changes: Fee-For-Service Measures

Fee-for-Service Measures

- Patient Centered Medical Home (PCMH)
- Buprenorphine License

Proposed Change

- Remove The Joint Commission (TJC) PCMH certification as a standalone qualification for Behavioral Health Integration



Proposed Additions: 2022 Exploratory Measures

Measures:

- 90-day Referral Completion
- Chlamydia Screening in Women
- Lead Screening in Children
- Latent Tuberculosis Infection (LTBI) Screening

Proposed New Measures

- Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents
- Health Disparity Measure



Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents

Measure Description

- Members 1-21 years of age who had an annual ACE screening

Considerations

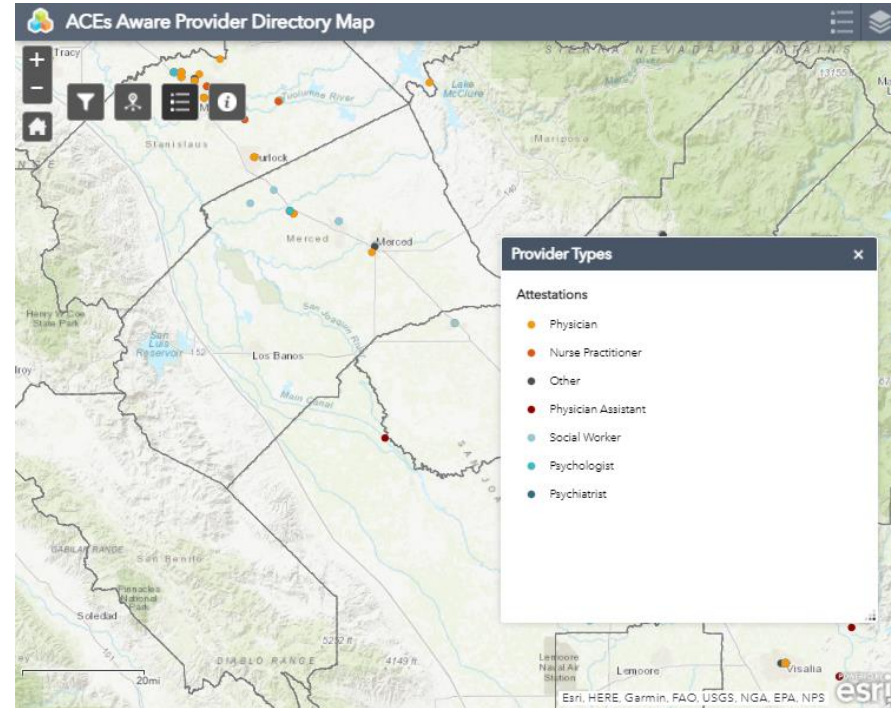
- Propose to add as an Exploratory Measure
- ACE screening is not mandatory
- FQHCs are eligible for the \$29 payment in addition to their existing Prospective Payment System payment
- Providers may screen a patient via telehealth
- Current claim submissions have been low for Alliance providers

Reference: <https://www.acesaware.org/screen/certification-payment/>



Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents

- In evaluation of adding ACE screening as an exploratory measure, have you experienced barriers with:
 - Billing
 - Implementation
 - Referrals
- How can we support you?



Health Disparity Measure

Measure Description

- Review one or two core HEDIS measures to assess health disparities using race/ethnicity data

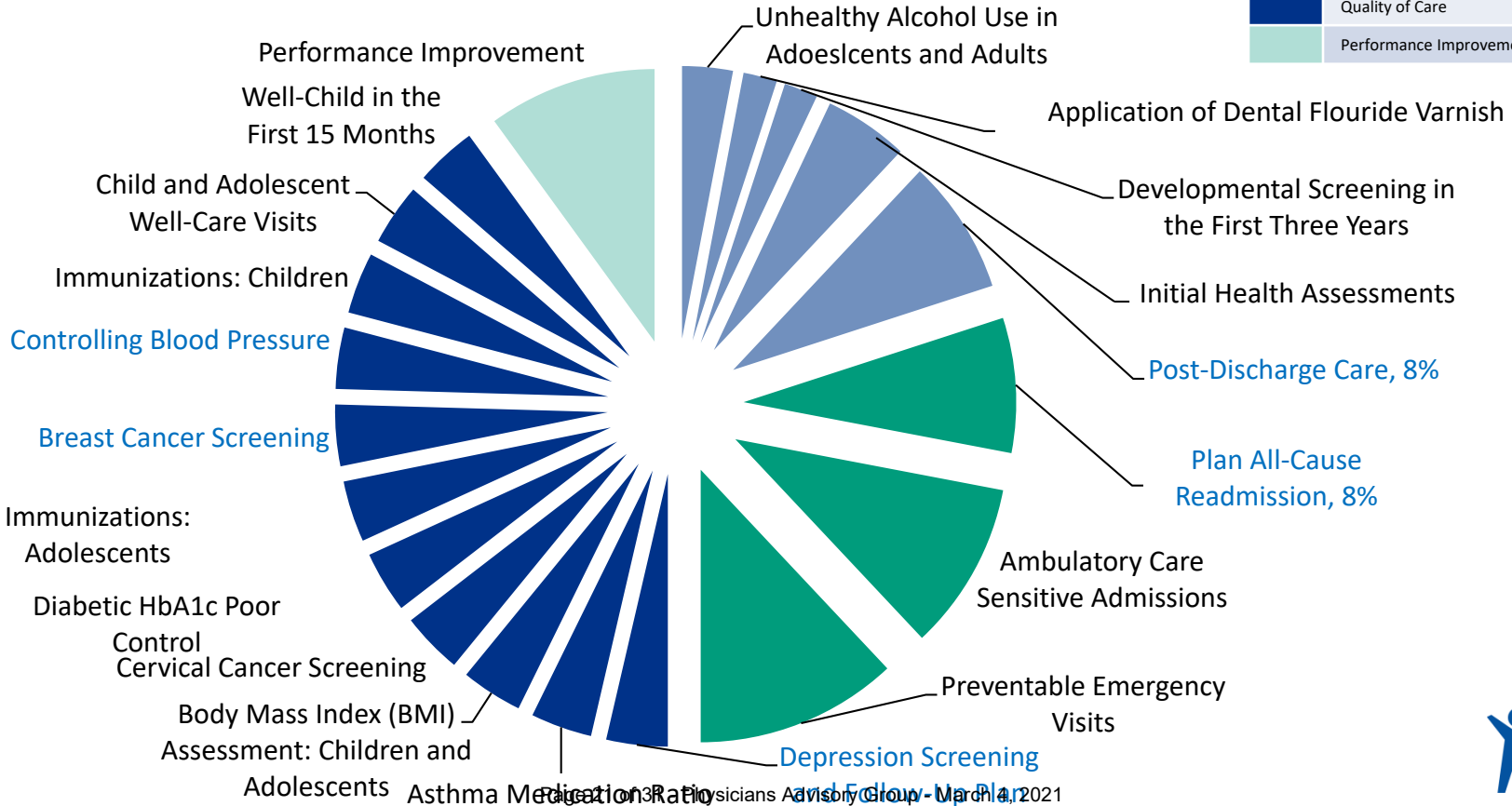
Considerations

- Propose to add as an Exploratory Measure
- Alliance 2020 Population Needs Assessment (PNA) found disparities between ethnic groups for some HEDIS measures
- NCQA is proposing to stratify HEDIS rates by race/ethnicity
 - NCQA's proposal requires 80% data completeness for race/ethnicity data



Family Practice Points in 2022

| LEGEND | |
|-------------|---|
| Color | Measure |
| Blue | Care Coordination - Access |
| Green | Care Coordination - Hospital & Outpatient |
| Dark Blue | Quality of Care |
| Light Green | Performance Improvement |



Summary of Proposed Changes

1. Programmatic Measures:

- Add: Breast Cancer Screening and Controlling High Blood Pressure
- Change: Antidepressant Medication Management to Depression Screening and Follow-up Plan
- Change: Redistribute Plan All-Cause Readmission points
- Retire: Maternity Care: Prenatal and Maternity Care: Postpartum

2. Fee-For-Service Measures:

- Change: Behavioral Health Integration to remove The Joint Commission PCMH as stand alone qualification

3. Exploratory Measures:

- Add: ACE Screening in Children and Adolescents and Health Disparity Measure





Update: Pandemic Response and Vaccine Readiness

Dr. Maya Heinert, Medical Director
Jordan Turetsky, Provider Services Director



Physician's Advisory Group

OBJECTIVES



- To share the Alliance's role in pandemic response activities.
- To discuss next steps to engage and inform members and providers.
- To solicit PAG's input on current and future pandemic support activities.

LOCAL PANDEMIC RESPONSE

- Feds
- State
- Counties
- Providers
- Pharmacies
- Members
- Alliance



FROM RESUMING CARE TO PANDEMIC CARE

| Resuming Care Task Force: 2020 Objectives | Pandemic Care Task Force: 2021 Objectives |
|---|---|
| <p>Facilitate the safe and timely resumption of care to reduce health disparities by connecting with <u>members</u> to provide education and support, coordinating <u>provider outreach</u> and communicating with <u>community partners</u>.</p> | <p>Inform Alliance members and providers in the pandemic environment with clear and vetted communications as put forth by Public Health.</p> |



PANDEMIC CARE TASK FORCE: **OUR ROLE & ACTIVITIES**



Educating Members



Educating Providers



Supporting Care Coordination



NEXT STEPS

- Members
- Providers
- Counties



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PAG FEEDBACK

- Is there more or different that you would request of the Alliance in supporting providers and members in prevention and vaccination efforts?





Questions

| | |
|-----------------------|---------------------|
| 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 |

Meetings will be held via GoToMeeting

