



PARTNERSHIP HEALTHPLAN OF CALIFORNIA CONSUMER ADVISORY COMMITTEE

PHC's Mission Statement is "To help our members, and the communities we serve, be healthy."

Thursday June 4, 2020 12:00pm – 2:00pm

Due to COVID-19 and Social Distancing, Committee members, members of the public, and Partnership staff are encouraged to connect to the meeting remotely. Telephonic access is being published under PHC's website and on the meeting agenda. Members of the public who choose to attend the meeting in person, should do so at one of the locations listed on the meeting notice. In-person attendees must maintain a space of at least six feet apart from others, wear masks and follow local public health directives.

Meeting Locations

2525 Airpark Dr. Redding, CA 96001 (Castle Crags Conference Room)
1036 5th Street, Suite E, Eureka, CA 95501 (Patrick's Point Conference Room)

Attending Remotely via Webex

Meeting Link:

<https://partnershiphp.webex.com/partnershiphp/j.php?MTID=mc0154eed6b1e3eabf6c6ca3437bfc04f>

Meeting Number: 808 967 552

Meeting Password: MRxnzMmm

Join by Phone: 1 (415) 655-0001 US Toll

Access Code: 808 967 552

Note: Per Governor Newsom Executive Order, N-25-20 that relates to social distancing measures being taken for COVID-19. The Executive Order authorizes public meetings with Brown Act requirements to be held via teleconference or telephone. It waives the Brown Act requirement for physical presence at the meeting for members, the clerk, and/or other personnel of the body as a condition of participation for a quorum. However, the Executive Order requires at least one public location consistent with ADA requirements to be made available for members of the public to attend the meeting, so all PHC offices will be available for members of the public to attend the meeting in-person.

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular finance meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The Finance Committee has designated the Administrative Assistant to the CFO as the contact for Partnership HealthPlan of California located at 4665 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection. The Finance Committee Meeting Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all PHC regional offices (see locations above). It can also be found online at www.partnershiphp.org. PHC meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Member Services Department at least two (2) working days before the meeting at (800) 863-4155 or by email at cbreshears@partnershiphp.org. Notification in advance of the meeting will enable the Administrative Assistant to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it. This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.



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		Lead	Page	Time
1.	Introductions <i>Roll Call</i> <i>Ice Breaker Question: What are your plans to stay healthy this year?</i>	Michelle Mootz NR Manager Member Services		12:00
2.	Public Comments <i>At this time, members of the public may address the committee on any non-agenda item of interest to the public that is within the subject matter jurisdiction of the committee. There will also be an opportunity to address the committee on a scheduled agenda item during the committee's consideration of that item. Speakers will be limited to three (3) minutes.</i>	Michelle Mootz NR Manager Member Services		12:20
3.	Approval of March 2020 Minutes <i>Need a CAC member to make a motion to accept the minutes and another member to second the motion.</i>	All		12:25
I. Old Business				
1.	Follow up of issue from March CAC meeting: <i>No updates</i>	Michelle Mootz NR Manager Member Services		
II. Standing Agenda Items				
1.	HealthPlan Update <i>Brief recap HealthPlan Updates</i>	Sonja Bjork Chief Operation Officer		12:30
2.	Report of Board Meeting from CAC Board Member <i>Brief highlights of the last Board Meeting</i>	Amby Burum Consumer Board Member		12:40
3.	Policy and Program Update <i>Update on policies and programs</i>	Amy Turnipseed Sr. Director of Ext. and Regulatory Affairs		12:45
III. New Business				
1.	Timely Access Standards <i>DHCS' requirements for PCP and Specialty non-urgent appointments.</i>	Amy Turnipseed Sr. Director of Ext. and Regulatory Affairs		12:50
2.	2020-2023 Strategic Plan Update <i>Update from March's CAC member input on PHC's development for next Strategic Plan</i>	Amy Turnipseed Sr. Director of Ext. and Regulatory Affairs		12:55
3.	Population Needs Assessment Report <i>Overview of Report</i>	Catherine Thomas Sr. Health Educator		1:00
4.	COVID-19 <i>Update on current situation</i>	Dr. Michael Vovakes Medical Director		1:05
5.	Post Meeting Survey <i>Introduction to the new survey</i>	Michelle Mootz NR Manager Member Services		1:25
IV. Additional Business/Other items				
1.	Open Forum for CAC Guests <i>Thank you to the CAC members and Information sharing by committee members.</i>	All		1:30
2.	Open Discussion at all Location Sites Individually	All		1:35
V. Adjournment				
1.	Next Meeting: September 3, 2020			



MEETING MINUTES

Consumer Advisory Committee (Northern Region)

March 5, 2020, 12:00pm – 2:00pm

3688 Avtech Parkway, Redding CA 96002 (Sundial/Turtle Bay Conference Rooms)

(Video Conference Locations)

Partnership HealthPlan 1036 5th Street Suite E, Eureka, CA 95501 (Patrick's Point Conference Room)

Fairchild Medical Center 444 Bruce St. Yreka, CA 96097 (Board Room)



Redding PHC Attendees: Amy Turnipseed, Catherine Thomas, Chelsea Breshears, Jennifer Jacobs, Jessee Benton, Jessica Hackwell, Kory Watkins, Michelle Mootz, Penny Hartman, Ryan Ciulla, Siobhan Shackelford, Susanna Sibilsky

Redding CAC Participants: Becky Sherman, Monica Thoma, Steve Riley, Wendy Longwell

Absent: Joy Newcom-Wade

Eureka PHC Attendees: Cody Thompson

Eureka CAC Participants via Video Conference: Amby Burum, Margaret Sager, Mary McKenzie

Absent : GeorgeAnn Wence

Yreka PHC Attendees: Tahereh Daliri Sherafat, Dani Carpenter

Yreka CAC Participants via video Conference:

Absent: Billie Stillman



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Agenda Topic	Discussion/Conclusions	Action Items
<p>1. Introduction <i>Michelle Mootz</i></p> <p>2. Public Comments <i>Michelle Mootz</i></p>	<p>Introductions from all sites were conducted and each attendee was asked to answer the following question: <i>“What activity helps you relieve stress?”</i></p> <p>The committee was provided with an opportunity to present any comments regarding the agenda. Advocates and members of the public were also given an opportunity to address any comments pertaining to any non-agenda items.</p> <p>MTM:</p> <ul style="list-style-type: none"> • Receiving a ride home after appointments. Member Amby Burum shared an experience where she was left for 2.5 hours after her appointment without a ride home. • Due to the recent virus concerns, Amby Burum requested a reminder of some sorts put in the cars for people to remember to wash their hands. 	<p><i>None</i></p> <p>Michelle Mootz Manager of Member Services advised calling Member Services to assist with an MTM Grievance so that it can be tracked. She pressed the importance of making sure MTM’s quality standards are being met.</p> <p>PHC will remind MTM about the need to wipe down vehicles before each ride.</p>



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<p>Public Comments Continued</p> <p>3. Approval of December 2019 Minutes <i>Michelle Mootz</i></p>	<p>Vendor Issues:</p> <ul style="list-style-type: none"> Member Wendy Longwell shared that she consistently has issues with a particular vendor and recently filed a grievance through PHC’s process. She asked if filing the grievance solves the issue. <p>The December 2019 meeting Minutes were reviewed and approved.</p>	<p>Kory Watkins Supervisor of Grievance and Appeals said she would meet one-on-one after the meeting to discuss this issue to help resolve Wendy’s Vendor concerns.</p> <p><i>Margaret Sager</i> motioned to approve minutes. Becky Sherman seconded and the December 2019 minutes were approved.</p>



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<p>I. Old Business</p> <p>1. Follow up of issues from September CAC meeting. <i>Michelle Mootz</i></p>	<p><i>No Comments</i></p>	<p><i>None</i></p>
<p>II. Standing Agenda Items</p> <p>1. HealthPlan</p> <p>2. Policy & Program Update</p> <p>3. Report on Board Meeting from CAC Board Member</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>



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<p>III. New Business</p> <p>1. Airpark in June <i>Michelle Mootz</i></p> <p>2. Advice Nurse Postcard vs Magnet <i>Michelle Mootz</i></p> <p>3. 2020-2023 Strategic Plan Discussion <i>Amy Turnipseed</i></p>	<p>June’s CAC meeting will be held at: 2525 Airpark Dr. Redding, CA 96002. Flyer provided to all attendees with location and contact information.</p> <p>Michelle Mootz, Manager of NR Member Services explained that new members receive an Advice Nurse magnet in their, <u>New Member Welcome Packet</u> as well as existing members. Six months after receiving the magnet, a postcard is mailed out. Partnership is looking at cost savings and asking for feedback from the members if the post cards are desired or if the magnets alone are sufficient.</p> <ul style="list-style-type: none"> • A survey was provided to all members asking them to choose between; <ul style="list-style-type: none"> ○ Option 1) Members will receive two mailings, the Advice Nurse Postcard and then six months later the Advice Nurse Line Magnet, or ○ Option 2) Members will annual receive just the Advice Nurse Line magnet. • Members made their selections and turned in their survey; all members unanimously chose Option 2. <p>Amy Turnipseed, Sr. Director of Ext. and Regulatory Affairs explained what the Strategic Plan Discussion is. Every three years PHC participates in a strategic planning process; the purpose is to develop a vision for PHC for the next three years. The CAC group is a key component in forming what PHC’s priorities should be.</p>	<p><i>No Comments</i></p> <p><i>Catherine Thomas will check if the Advice Nurse cards we provided in today’s meeting are the most current and updated version.</i></p> <p><i>Amy Turnipseed will provide an update at the next CAC meeting; June 4, 2020.</i></p>



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Agenda Topic	Discussion/Conclusions	Action Items
<p>2020-2023 Strategic Plan Discussion Continued</p>	<p><u>Member Experience</u></p> <p>Positives</p> <ul style="list-style-type: none"> • PHC communicates well to the Members, educating what they need and what they have available. • PHC knows when a member gets out of the hospital and a social worker calls the member; this alleviates stress. • PHC helps with problems outside of what PHC offers. • Social workers keep things going smoothly. • Ongoing access to specialists outside of PHC network. • Communicates with members. • Educates members on who to call and where to get it. • Case Managers are great, they know the case and calls every month to check in. • Doctor calls member to check in. <p>Negatives</p> <ul style="list-style-type: none"> • Every month there is a barrier to her meds and getting them filed regularly at 30 days. <ul style="list-style-type: none"> ○ All appeared confused by this as if they don’t experience it themselves. ○ Recommended to have the member call MS to get fixed. • Nurses don’t follow up after they say they would. • Would like PHC to have more training on Conserved Members. • Access to specialists (Stanford hospital). 	



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<p>2020-2023 Strategic Plan Discussion Continued</p>	<p><u>Access</u></p> <p>Positives</p> <ul style="list-style-type: none"> • Very happy with the availability to care. • “Get what I need and get it pretty quickly.” <p>Negatives</p> <ul style="list-style-type: none"> • No call backs from the doctor. • Even though member has a standing 3 month appointment with their PCP, the appointment always gets rescheduled. • Due to the limited specialists in the area (vision & dental), the distance to travel is difficult. No oral surgeons available in Eureka, had to travel to Fairfield. <ul style="list-style-type: none"> ○ MTM benefits explained • Humboldt: lack of vision, dental, and oral surgeons. • Very few offices take new patients (vision & dental). • Training for providers – “things aren’t getting written up correctly.” • Need more providers. • Training Issues – Getting Rx to receive additional equipment-medical bed needs repair, braces for feet (pressure soars). 	



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<p>2020-2023 Strategic Plan Discussion Continued</p>	<p><u>Barriers</u></p> <ul style="list-style-type: none"> • 21 and older only get one cleaning and one exam per year (dental). Offices will not schedule appointment. • Member chooses not to use a Medi-Cal dentist because of the quality’ prefers to pay out of pocket. “Denti-Cal is too difficult to use.” • Behavioral health takes too long to get a child an appointment. <ul style="list-style-type: none"> ○ One member nodding in agreement • Lack of providers. • Doctors who don’t take new patients don’t provide alternatives. • Kids being kicked out of school due to behavioral health. Need criteria of when/what is a “crisis.” • TBI member – breakdown (meds for depression & breakdown for anxiety) Zero appointments for therapists. 	



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<p>2020-2023 Strategic Plan Discussion Continued</p>	<p><u>Technology</u></p> <p>Positives</p> <ul style="list-style-type: none"> • You get more time with the telehealth doctor than you would with an onsite doctor who is rushing between patient rooms. • “Love It!” • Great for psychiatrists. • Less wait times and on time for appointments. • Easier to schedule if they are routine and used to doing telehealth. • Great for consults or fist visits. <p>Negatives</p> <ul style="list-style-type: none"> • Would prefer to have the doctor physically in the room with member (face-to-face). • First experience with telehealth, appointment was delayed by hours. Doctor was running late and was eventually told the appointment would have to be conducted via telephone conversation and not via television conference. • Not good for people who are autistic. <ul style="list-style-type: none"> ○ One member spoke up and disagreed saying their child is autistic and they respond really well to telehealth. • Would like to see more specialist, especially those far away from their home, use telehealth. <ul style="list-style-type: none"> ○ All nodded in agreement 	



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Agenda Topic	Discussion/Conclusions	Action Items
<p>2020-2023 Strategic Plan Discussion Continued</p>	<p><u>Community Health Issues</u></p> <ul style="list-style-type: none"> • Homelessness • HUD housing – approved only three months to find house • Fire victims are still homeless and can’t get assistance because there are no rentals available. (price gouging) • Addiction <ul style="list-style-type: none"> ○ Alcohol ○ Opioids ○ Methamphetamine ○ Heroin ○ Cocaine • Lack of housing + Substance Abuse • Shelters have a 30 day cycle (in 30 days, our 30 days) • Smoking, Vaping (tobacco + marijuana) - Lack of education and enforcement (second-hand smoke) • Dual diagnosis of mental health and substance abuse • House Flippers evict people if they can’t pay rent increase 	



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<p>2020-2023 Strategic Plan Discussion Continued</p>	<p><u>Priorities</u></p> <ul style="list-style-type: none"> • Medical respite (safe place to go until they are healthy) • More education on smoking and vaping – eliminate it • Single parents who lack responsibility with 0-5 year old children. Protect the children from “bad” parents. • Parent education • Access to PCP is within 24-48 hours (right now there is a huge delay in seeing your PCP) • Access to specialist is within 2 weeks • Educate providers on state standards on getting patients in on time • Housing (stable home life) • Housing (children with disabilities) • More places like Shasta Community – “one-stop-shop” • Expand Telehealth 	



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<p>IV. Additional Business/Other Items</p> <p>1. Open Forum for CAC Guests</p>	<p>Wendy Longwell provided handouts for upcoming events.</p> <ul style="list-style-type: none"> • Disability Action Center (DAC) Open House 3/17/2020 10:00 – 1:00pm Master Plan for Aging 4/21/2020 11:00 – 4:00pm • Disability Action Center (DAC) Birthday 7/29/2020 10:00 – 4:00pm • Power Safety Information <ul style="list-style-type: none"> ○ Independent living center are getting contract to provide equipment, supplies and services to those who have lost power. 	<p><i>None</i></p>
<p>V. Adjournment</p> <p>Next Meeting</p>	<p>Meeting adjourned at 1:57pm</p> <p>June 4, 2020 @ 2525 Airpark Dr. Redding CA 96001</p> <p>Minuets recorded by: Chelsea Breshears</p>	



Consumer Advisory Committee

Report from the Chief Executive Officer, Liz Gibboney

May, 2020

1. PHC's COVID-19 Response

2. PHC Employees
3. Members
4. Providers

2. California State Budget

3. PHC's "Big 5" Projects

- National Committee on Quality Assurance ("NCQA" Accreditation)
- Healthcare Effectiveness Data Information Set ("HEDIS" Scores)
- Core Computer System Replacement ("HealthEdge")
- Drug Treatment Services (the "Wellness & Recovery Program")
- California Advancing and Innovating MediCal (the "CalAIM" Waiver)

4. PHC's Strategic Plan for 2020-2023

5. Questions & Answers

**Consumer Advisory Committee:
Policy and Program Update**
June 2020

1. Governor's May Revise

- Compared to the January proposed budget, General Fund revenues are projected to decline over \$41 billion. This revenue drop, combined with increased costs in health and human services programs and the added costs to address COVID-19, led to a projected budget deficit of \$54 billion.
- The May Revision assumes that caseload will increase significantly due to economic conditions associated with the COVID-19 Recession.
- The May Revision assumes that caseload will peak at 14.5 million in July 2020, or about 2.0 million above what caseload would have been absent the COVID-19 pandemic.
- Impacts for Health Plans and our Members:
 - Medi-Cal Managed Care Plan Rates Cuts
 - Elimination of "optional" benefits (audiology services, speech therapy services, optometric and optician/optical lab services, podiatric services, incontinence cream and washes, acupuncture services, nurse anesthetist services, occupational therapy services, physical therapy services, and pharmacist services)
 - Elimination of the CBAS and MSSP programs no sooner than July 1, 2020.
 - California Advancing and Innovating Medi-Cal (CalAIM) postponed
 - Proposal to provide Full-Scope Medi-Cal to Undocumented Older Adults is removed
 - Reinstate the Estate Recovery policy

2. Governor's Proposal to Carve out Pharmacy

- The Governor and DHCS continue to move forward with the pharmacy benefit being carved out of managed care on January 1, 2021.
- PHC continues to work with the state to ensure continuity of care for our member and to prevent any gaps in care.

3. Wellness and Recovery (formerly Drug Medi-Cal)

- The Drug Medi-Cal Waiver would allow counties to increase access to substance use disorder (SUD) services for adolescents and adults who are eligible for Medi-Cal.
- Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties are working together with PHC to prepare a Regional Implementation Plan better integrate SUD services provided to our members. We are calling our program *Wellness and Recovery*.
- We hope to have the *Wellness and Recovery* benefit starting in July 1, 2020.



Population Needs Assessment (PNA) Update

Health Education, Cultural and
Linguistics Program

May 28, 2020



Objectives

- Overview
- Timeline
- Data Sources
- Key Findings
- Action Plan
- Questions



Population Needs Assessment (PNA)

- Formerly known as the Group Needs Assessment (GNA)
- Annual assessment to identify member health status and gaps in services.
- Goal: Improve health outcomes for our members
 - Identify member health needs and health disparities
 - Evaluate health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns;
 - Implement targeted strategies for health education, C&L, and QI programs and services

Population Needs Assessment (PNA) Report Data and Submission Timeline

**January-
February 2020**

Collect and
Compile Data
Sources
Write PNA

February 2020
(Review)

Submit to
NCQA
Submit to DHCS

March 2020

(Review and
Approval
Process)
IQI/QUAC

April 2020

(Review and
Approval
Process)
PAC

June 2020

CAC Review
Submit final
PNA to DHCS

Data Sources

- **2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results**
- **2019 Health Disparities Report**
- 2018 MY Healthcare Effectiveness Data and Information Set (HEDIS) results
- PHC Medical and Pharmacy Claims Data
- California Healthy Places Index (HPI)
- 2019 County Health Rankings
- United States Census Bureau
- County Community Health Needs Assessment

KEY FINDINGS



CAHPS

Questions	Adult	Child
Getting Care as soon as needed	84%	89%
Got check-up/routine appointment as soon as needed	76%	83%
Ease of getting care, tests or treatment	82%	85%
Personal doctor explained things	93%	92%
Personal doctor listened carefully	89%	95%
Personal doctor showed respect	91%	95%
Personal doctor spent enough time	90%	88%
Got appointment with specialist as soon as needed	76%	



2019 Health Disparities Result

Indicators	Hispanic/Latino	Black/African American	Asian	American Indian/Alaska Native
Ambulatory Care	Yes	Yes	Yes	Yes
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)	No	Yes	No	No
Annual Monitoring for Patients on Persistent Medications (MPM)	Yes	Yes	Yes	Yes
HEDIS	Yes	Yes	Yes	Yes
Children and Adolescents Access to Primary Care Practitioner (CAP)	Yes	Yes	Yes	Yes
Comprehensive Diabetes Care (CDC)	Yes	No	No	Yes
Prenatal and Postpartum Care (PPC)	Yes	No	No	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Yes	Yes	No	No
Controlling High Blood Pressure (CBP)	No	No	No	Yes
Use of Imaging Studies for Low Back Pain (LBP)	Yes	Yes	No	Yes
Plan All-Cause Readmissions (PCR)	No	Yes	Yes	No

Vulnerable Population

Limited English Proficiency

- 309,368 (58%) ethnicity other than White
- 116,398 (38%) speaking another language other than English

Homeless

- 40,706 (M 59%) (F 41%)
- Adults (85%), Children (15%)

Seniors and Persons with Disabilities

- 101,292(18.9%)
- 32,426 (75 and Older)
- 68,866 living with disability
- Sonoma, Solano and Shasta (highest number)

Children living in Poverty

- 18% of California children were living in poverty
- Del Norte, Modoc, Trinity and Lake Counties (30% incidence above state average of 18%)

Chronic School Absenteeism

- Mendocino and Lake (3 in 10 students)

High School Graduation

- 7 Counties (Highest, above State average of 83%)
- 7 Counties(below State average with lowest rate in Trinity, 74%)

Chronic Conditions

Pediatric

- Childhood Obesity **(8,213)**
- Asthma **(3,728)**

Adults

- Hypertension **27% (86,452)**
- Adult Obesity **14% (44,988)**

Preventive Services

Low Immunization Rates

- HEDIS 2018 Report (MY 2017): Children 0-2 years(below the 25th MPL)

Access to Care

- Counties with higher population to PCP ratio 1,207:1 (Trinity, Lassen, Lake, Humboldt, Del Norte, Shasta, Modoc, Solano, Siskiyou Counties)

Preventable Hospital Days

- Lassen, Lake and Solano counties (above state average of 3,507)
- Shasta is also approaching the state average



Behavioral Health

- **Mental Illness (356,122)**
 - Children (27%)
 - Adults (73%)
- **Traumatic Events (47,394)**
 - Children (33%)
 - Adults (67%)
- **Substance Use Disorder**
 - 50,146
 - 4,176 indicated homelessness
 - 187 had an SUD during pregnancy



Action Plan

- Engage with Hispanic/Latino members to increase well-child visits (W34)
- Engage with American Indian/Alaska Native members to increase Breast Cancer Screening (BCS)
- Improve gender sensitivity awareness with PHC Staff



Questions?

The COVID-19 Pandemic

COVID-19 means Coronavirus Disease 2019 and is caused by a novel (new) coronavirus, which is called SARS-CoV-2 (Serious Acute Respiratory Syndrome Coronavirus 2).

There was another coronavirus disease, SARS, which occurred in China in 2002, and was contained in 2003 with about 8,000 worldwide cases and over 800 deaths.

MERS (Middle East Respiratory Syndrome) is another coronavirus disease that started in Saudi Arabia in 2012, has about 2500 cases with over 800 deaths. It still occurs sporadically, mostly in Middle East.

COVID-19

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Infection is spread from person to person by droplets when we speak, cough or sneeze. Transmission from objects is less likely but could occur.

Up to 35% of cases may have no symptoms. 80% of infections are mild or moderate, but 20% are more severe and result in hospital or intensive care admissions.

Adults over 65 years of age and especially those with underlying medical conditions are at higher risk for severe illness and death.

Children are at much lower risk of infection, but there is a newly recognized serious illness in some infected children.

Cloth face coverings, frequent handwashing and social distancing can prevent spread of this disease. Public health testing, contact tracing, isolation and quarantine also can contain this virus. (South Korea has had less than 300 deaths)

There is no immunity to this virus, as it is new to the world. There is no vaccine available at this time. One antiviral medication has been used in the hospital, and can shorten the days in hospital from 15 to 11. It does not lessen death from infection. Many other drugs and treatments (such as plasma from previously infected persons) are being investigated.

Diagnosis of this disease is by nasal swab and can be done at no cost at the OptumServe test site at Shasta College for anyone with or without symptoms. (Children need to be at least 12 years old)

At this time, blood (serology) testing is not used for diagnosis and has real limits as far as reliability.

As this is a new virus and new disease, we are still learning and there are still many questions and concerns such as will there be a “second wave?” Will this recur next year? Will there be an effective vaccine?

COVID-19 is both more contagious and more deadly than the yearly influenza (flu) outbreaks. We have been exposed to flu for over 100 years, so have some natural immunity, there are vaccines that are effective and there are antiviral drugs that also are useful. Therefore, this is not “like the flu.”

We, with our behavior, can contain and stop the spread of this disease. If you are at more risk, don't go out if you don't need to. If you do, wear a cloth face covering, wash hands frequently, practice social distancing (at least 6 feet).

References:

Shastaready.org

cdc.gov

PHC Consumer Advisory Committee presentation, June 4, 2020

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