



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
CONSUMER ADVISORY COMMITTEE**

THURSDAY, JUNE 11, 2020 12:00pm – 1:30pm

**PHC’s Southeast Regional office at: 4665 Business Center Drive, Fairfield, CA 94534
(Conference Room C– 1st floor)**

Due to COVID-19 and Social Distancing, Committee members, members of the public, and, Partnership staff are ***strongly 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 the location listed on the meeting notice. ***In-person attendees must maintain a space of at least six feet apart from others wearing masks and follow local public health directives.***

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PHC’s Mission Statement is “to help our members, and the communities we serve, be healthy”

Note: Per Governor Newsom Executive Order, N-29-20 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.

		Lead	Page	Time
1	Introductions <i>Introduce attendees and what area they represent.</i>	Araceli Gutierrez Member Services Supervisor		12:00- 12:10
2	Public Comments <i>At this time, please review the agenda. Community advocates or members of the public who are usually not part of this committee may address the committee on any non-agenda item of interest that is within the subject matter jurisdiction of the committee. For agenda items, please wait until the committee’s consideration of that item. Speakers will be limited to three (3) minutes. Please note: Any new agenda items that require action will be scheduled for a future meeting.</i>	Araceli Gutierrez Member Services Supervisor		12:10- 12:15
3	Approval of March 2020 Minutes <i>Need a CAC member to make a motion to accept the March minutes and another member to second the motion.</i>	All	3-18	12:15- 12:20
I. Old Business				
1	Follow up questions from March CAC meeting <i>No updates</i>	Araceli Gutierrez Member Services Supervisor		12:20- 12:25
II. New Business				
1	Population Needs Assessment <i>Brief overview of report & action plan</i>	Catherine Thomas Senior Health Educator Health Services	20- 33	12:35- 12:45
2	2020-2023 Strategic Plan Discussion Update <i>Brief update of CAC member input on PHC’s development of our next Strategic Plan</i>	Amy Turnipseed Director of Policy & Program Development		12:50- 1:00 (combined)
3	COVID Update <i>Brief update on current situation</i>	Dr. Moore		1:00- 1:20
III. Standing Agenda Items				
1	HealthPlan Update <i>Brief recap of latest Board meeting & HealthPlan Updates</i>	Liz Gibboney Chief Executive Officer	19	12:25- 12:35
2	Policy and Program Update <i>Update on policies and programs</i>	Amy Turnipseed Director of Policy & Program Development	35	12:45- 1:00 (combined)
3	Report on Board Meeting from CAC Board Member <i>Brief highlights of the last Board Meeting</i>	Bill Remak Consumer Board Member		1:20- 1:25
IV. Additional Business/Other items				

1	Lasonja In Action! <i>Picture of Lasonja in action</i>	Araceli Gutierrez Member Services Supervisor	12:45- 12:50
2	Open discussion at all location sites individually <i>Information sharing by committee members</i>	All	1:25- 1:30
V. Adjournment			
1	Next Meeting: Thursday September 10, 2020		

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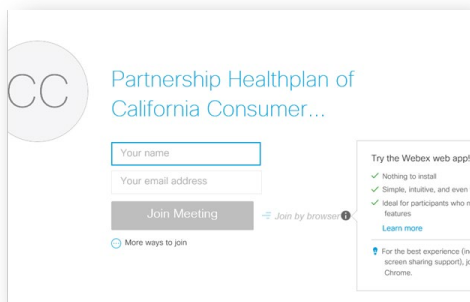
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This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.

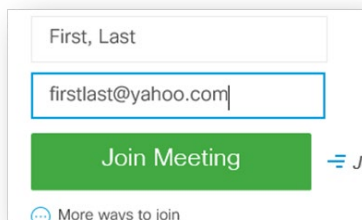
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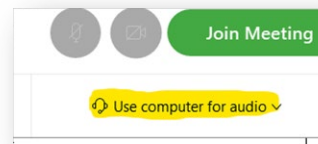
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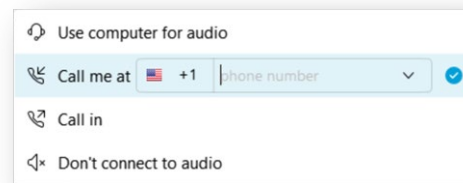
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MEETING MINUTES

Consumer Advisory Committee (Southern Region)

March 12, 2020, 12:00pm – 1:45pm

4605 Business Center Drive, Fairfield, CA 94534 (Conference Room C – 1st floor)

(Video Conference Locations)

495 Tesconi Circle, Santa Rosa, CA 95401

Attendees: Beverly Franklin, Darnice Richmond, Eugene Korte, Frances Porter, La Sonja Porter, Marcelo (Nunie) Matta, Krissie Matta, Wendy Ostergaard, Donna Ostergaard (guest), Michael Strain, Stan Gow, William Remak, Rafael A. Gomez, Frank Nelson and Diana D’Amico.

Partnership Attendees: Liz Gibboney, Sonja Bjork, Amy Turnipseed, Lisette Saldana, Catherine Thomas; Kevin Spencer, Elena Carter, Amanda Bernal, Jessica Hackwell, Ben Amparo, Tommee Naenphan, Araceli Gutierrez, Shauncey Jenkins, Catherine Esta, Natasha Dickinson, Lynn Scuri, Dr. Kubota, Anna Hernandez and Rafael Gomez.

Absent: Jeanette Perez, Patrick Stasio, Adrianna Dryden, Lance Leclair and David French.

Agenda Topic	Topics	Discussions/Action Items
<p>Introduction</p> <p>&</p> <p>Approval of Minutes</p> <p>Public Comments</p>	<p>Housekeeping rules and directions were given. Introductions from all sites were conducted.</p> <p>The Minutes of the December 2019 meeting were reviewed and approved</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>Marcelo Matta motioned to approve minutes. Beverly Franklin seconded the December 2019 were approved.</p> <p>La Sonja is the CEO of non-profit in Yolo County called Homeless Refuge Support and Advocacy, Inc. An organization that helps homeless in our community have a home and bright future through agricultural housing employment and training. Pamphlets were provided.</p>



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		<p>Krissie & Nunie: thanked Partnership for renewing the Dignity contract.</p> <p>No comments from Santa Rosa</p> <p>Sonja, presented photo showing Bill Remak, one of our CAC members and Board member, exercising his responsibility of being a representative.</p> <p>Bill shared an article in the Press Democrats on how rebates given to PBMs (managing companies in the distribution) should be passed on to the consumers.</p> <p>Dr. Kubota, spoke on the Covid-19 virus.</p>
<p>Old Business <i>Araceli</i></p>	<p>Follow up questions from December CAC meeting</p>	<p><i>No follow-up items or items that needed action taken.</i></p>
<p>New Business Advice Nurse Postcard vs Magnets <i>Kevin Spencer</i></p>	<p>Kevin Spencer, Director of Member Services, presented the Advice Nurse Postcard vs Magnets survey and requested feedback from members.</p>	<p>Surveys were given to the CAC members for input.</p> <p>Darnice indicated that she prefers both.</p>



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<p>2020-2023 Strategic Plan Discussion <i>Rafael A. Gomez</i></p>	<p>Rafael A. Gomez, Pacific Health Consulting Group, conducted the 2020-2023 Strategic Plan Discussion.</p> <ul style="list-style-type: none"> • Member Experience • Access to Care • Barriers • Technology • Community Health Issues • Priorities 	<p>Rafael: Who has been with Partnership for 10 years?</p> <p>Marcelo “Nunie” Matta Darnice Richmond Wendy Ostergaard Frances Porter LaSonja Porter Eugene Korte</p> <p>Rafael: What is your experience as a Member?</p> <p>Darnice: At Partnership, I learned what a TAR was and was able to share other services that were available with other people who were having problems.</p> <p>Rafael: Are there any areas that you see room for improvements?</p> <p>Darnice: If other members knew to ask for a TAR at the pharmacy, they would not have too many problems.</p> <p>Wendy: The only time I was questioned was when I was in the hospital. Partnership helped me get the right</p>
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		<p>medication. I worry about what has been cut back, Mental health.</p> <p>Rafael: When you say cut back you mean your ability to get in. The benefits you receive.</p> <p>Wendy: The ability to see doctors. My psychiatrist is retiring soon cause her patient load has dwindled</p> <p>Rafael: Two issues has been raised:</p> <ul style="list-style-type: none">• Member Communication. Understanding what is available and how to navigate the system.• Mental Health Services availability. <p>Nunie: Knowledge is key. Partnership educated me; there was so much I did not know. Educating me, taught me “life is valuable”. Thank you for that. When I came here, my world was falling apart. Friends and my wife did the best they could to keep me together. Partnership gave me a new wheel chair and showed me what they could do for me, like every 5 years I can get a new wheelchair. Maybe Partnership could communicate to other counties and communities what Partnership can do for them. Just one comment, when we get phone calls leaving messages on voicemail they talk so fast. Maybe they should slow down. You people are awesome.</p>
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		<p>Rafael: Santa Rosa. Are there areas in member communication or elsewhere you see big opportunities for improvements?</p> <p>Bill: My experience with Medi-Cal goes back to 1997, when Partnership took over, some good improvements were made because I think the providers I did have that who became contracted with Partnership were best in their field. I was very satisfied with that.</p> <p>The difficulty was more system rather than Plan that was having the doctors communicate with each other so they were all on the same page. Before it was fragmented and I had to manage the information myself. Now it is easier because there is a way to integrate the information. Therefore, that improved over time.</p> <p>What else has improved is dental benefit. There have been changes and shifts in the dental benefit with Partnership and that had to do with what was going on at the State level. When it was put back into place and everyone was able to receive their dental benefits. It was a real improvement since in health outcome simple people could afford dental care.</p> <p>What was difficult since the start has been transportation and that is still a challenge. Even more so where the areas where the distances are far, far greater in the Northern part of the State. It is more about the integrity of the vendors that needs to be addressed.</p>
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Rafael: When you talk about the Transportation experience, can you be more specific in terms of the challenge of accessing it? Is it knowing that it's available? Is it once you try to contact and schedule it's the integrity of them showing up? Convenience of it?

Bill: It is all the above. It needs more work. It has to be due to the quality and how it affects the person's medical appointments. It is ongoing and depends on the resources. It needs effort.

Rafael: Do others share the concern regarding the Transportation issues?

Nunie, Beverly & Bill raised their hands.

Nunie: One member found it very difficult to get rides. He learned to have the doctor call the transportation provider so that way he gets the ride faster. But those who do not know how, I feel sad for them.

Beverly: I've only had one problem. I was in San Francisco for 2 hours and 15 mins. When I called, the dispatcher said that it was a mix up. It wasn't my fault and they apologize. They do round trips but if you don't indicate, you need a round trip they will just drop you off and not wait. I had a round trip and they made a mistake. So far, it hasn't been bad.



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		<p>Rafael: I want to give Santa Rosa an opportunity to share what other comments on Member Experiences and opportunities for improvement.</p> <p>Michael: Coming from private insurance to Medi-Cal, my experience with plain Medi-Cal was spotty but when Partnership took over it was a lot smoother. Tremendous improvement. I think now when I think of Partnership it's hard to differentiate between Partnership and my clinical experience. It's the same to me. I can talk to my doctor about something and discuss the same thing with Partnership. The improvement is that it has been nicely integrated. When I go to my clinic, it's like I'm going to Partnership. I feel the others that go to my clinic feel the same way. Amazing improvement in the last 10 years. It's a much better system. You don't have to fight for your benefits.</p> <p>Wendy: Is there something like what Nunie and what Michael is saying in the newsletter that if you are having a hard time getting a ride can it be put in the newsletter to get a hold of your doctor to call the vendor to request they have someone come get you at a certain time.</p> <p>Rafael: That's a good idea.</p> <p>Rafael: Access to Care.</p> <ul style="list-style-type: none">• Has there been a change in the ability to get these services in a timely way.
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		<ul style="list-style-type: none">• Which services have been the biggest challenge and continues to be the biggest challenge. What would you highlight? <p>Stan: Since Partnership has taken over, my doctor who is under the Sutter umbrella doesn't, have a contract with Sutter labs and I have to do labs through Medi-Care or he can't read results for several days later. In that way, it hasn't been that good. Partnership has also helped me some with my chair but that's still a very slow process as far as getting chair repair. Right now I have a good repairman but it's still how you work the system but actually I have since before and after it hasn't changed that much.</p> <p>Rafael: Thank you Stan. Others in Santa Rose or here in Fairfield? Frances or LaSonja? Eugene? Any reflections, thoughts in terms of access to care where you can kind of see the biggest pain points in getting services?</p> <p>Eugene: One of the problems that I personally myself have had is access to specialty doctors like a psychiatrist, and all the contacts that I have; they either take one insurance or don't take Partnership. So I haven't been able to find a doctor for 2 or 3 years now.</p> <p>Rafael: Have you reached out to the plan for support and linking with a provider?</p>
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		<p>Eugene: Yeah I tried that on a couple occasions. I make a lot of phone calls myself and Partnership told me I have to talk to Beacon and Beacon blows me off and tells me to talk to Partnership. It's that bouncing back and forth and when I do get names of referrals they won't take my insurance. Or they have some strange thing that would make it impossible for me to get services.</p> <p>Others agree.</p> <p>Rafael: So the network not always who they have listed is not always who is actually accepting patients.</p> <p>Bill: There is one other issue that comes up which is diagnostics. I haven't seen any problems with regards to getting any kind of blood test because one can get that either at the lab or Labcore or Quest. But what I have seen is diagnostics like CAT Scans, MRIs, X-rays and some other kinds of scans sometimes and it depends on provider and the location. Sometimes it can take a week; sometimes it can take almost a month and a half. And so it depends on where one is because it's not all Diagnostics are done in a timely manner. It has more to do with the resources in that particular region as opposed to some sort of administrative issue.</p> <p>Rafael: Technology</p>
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		<ul style="list-style-type: none">• Member Portal• Virtual Visits• Telemedicine <p>How interested are you in seeing the healthplan pursue these opportunities to expand access for members and what types of things should they be thinking about as they start to invest more technology to help you get you connected to the services?</p> <p>Nunie: Technology is wonderful. But sometimes we can't access the information because we aren't techies.</p> <p>Krissie: He finally has a doctor who he likes. The doctor is not one of the ones who want to shove you off or is in a hurry. He wants to take the time to get to know who he is. He wants to see him every 3 months so he can assess him every 3 months. And Nunie is afraid that technology, as wonderful that it is, he might lose the personal touch that we all need.</p> <p>Eugene: Telecommunication might be useful to rural areas. Personally, I feel I prefer eyeball to eyeball and do the interaction that way.</p> <p>Michael: I think, for people who live way out there it's really a great thing to use if they have no access to specialist can use an app where you can have a doctor's visit, and you can reduce exposure to the Covid-19 virus by doing Telehealth. It's really good to have available.</p>
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		<p>LaSonja: I agree with Michael but do we have that in play right now for the elderly in Partnership?</p> <p>Amy: You mean for the elderly who need to avoid exposure to Covid?</p> <p>LaSonja: Yes</p> <p>Amy: It depends on the provider and facility and if they have the equipment in place. We are working on getting guidance from the State to give us some flexibility but it depends on individual providers if they are set up for Telehealth.</p> <p>La Sonja: Is there any way we can... for the ones that are elderly, at this point in time, is there a way they can... not switch just because of this situation...</p> <p>Amy: Yes. So that is what we are advocating for the State. There's flexibility around the rules so we're hoping once we get that approval the State has to get that from the Federal Government then we can act.</p> <p>La Sonja: Have we sent the message out for awareness for the elderly that we do have that for them?</p> <p>Amy: We haven't sent the notice out that we have it for them since we are waiting on approval but we have sent out communication through Member Services that</p>
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		<p>before you go into a doctor, call first to see if you have the symptoms and special protocol. If I know Member Services, they have that script to give if there are questions about “should I go to my doctor’s office?” The medical directors have advised us to call the PCPs first before going in to avoid those issues.</p> <p>LaSonja: So is it possible, we do have some out there, is it possible for those to be alerted?</p> <p>Amy: I will double check and see which providers get the provider list. I know it’s by site but not at the top of my head, which sites have them. That’s a good comment. Thank you LaSonja.</p> <p>Wendy: Does this also include shut ins. Like being in the care facilities or in home care? A health nurse coming having that ability? Or even like in the facilities when you are transitioning from a hospital to home or even if you’re in a convalescent permanently?</p> <p>Dr Kubota: Well certainly, Care Coordination, if necessary, can help in transitional positions. Partnership does not deliver direct medical care. We don’t have doctors or nurses who provide direct medical care. But we help facilitate that care if and when it is necessary. That may be in-person types of care or through types of technologies in order to reach those individuals that may be unable to come to the offices or should stay away from the offices. The State and the Medi-Cal benefit are</p>
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		<p>beginning to move toward that direction. And we have home health as a benefit.</p> <p>Bill: Everyone should check but pharmacies are providing free deliveries.</p> <p>Amy: We are working with that as well.</p> <p>Michael: Explained his confusion between telehealth and personal consult. But was informed that is still telehealth. He was referring to the patient portal.</p> <p>Rafael: How do we introduce these tools to our membership?</p> <p>Stan: Telehealth. My doctor has a portal where we can send messages to each other.</p> <p>Rafael: Community health issues. What issues are affecting you and how has it changed?</p> <p>Darnice: When I came to the last meeting, I was upset because of the homeless I see out there. Partnership had given food to the homeless. When I got there, the police had run them off. They were scattered all over the place and it took me a long time to give them the food. We should not have homeless. That's my concern, the homeless. It doesn't seem like anything is done for the homeless.</p>
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		<p>LaSonja: Rental properties are not for homeless. You need income to qualify for those rentals and the homeless do not have income. If we don't change the policy, the homeless will always be out on the streets.</p> <p>Beverly: American Canyon has new apartments with many floors and don't have elevators. I don't think they are thinking of people with disabilities. I want to one day to talk with the Mayor and ask who is on the building committee. It's ridiculous to me.</p> <p>Bill: One of the things that this brings up regarding homeless there is a slight leveling out and dip in enrollment. It's important for Partnership to emphasis enrollments into the plan for those who are eligible. There are a lot of people out there who are eligible and need to be reached. So to focus on community health this needs to be addressed. This will make Partnership a more affective organization.</p> <p>Michael: As a health plan, I think we can do something within the community regarding homelessness and the opioid issue. The real solutions has to come from the community. This current virus might be what our focus should be on right now.</p> <p>Rafael: What more or different can the health plan do for members or providers in the community?</p>
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		<p>Darnice: It would be nice to set up a station where the homeless is and ask\if they want to sign up for services.</p> <p>La Sonja: Davis Risk program where they found a location near homeless where they provided services. Doctors would come. They provided showers. The services went to the homeless.</p> <p>Bill: The showers and hygiene issues. Helping facilitate those services for the homeless can avoid any potential outbreaks of contagious diseases.</p> <p>Rafael: Is there anything we haven't talked about that's important?</p> <p>Wendy: People getting access to their meds during a disaster or evacuation status.</p> <p>Amy: We do have the protocols still available if there is any disasters. Emergency override.</p> <p>Michael: If I think of something later, can I let you know?</p> <p>Beverly: I like this opportunity to share that I did not know. It's good to share. I enjoyed this.</p> <p>Rafael: Thank you.</p>
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<p>Standing Agenda Items</p> <p>Policy and Program Update</p> <p>HealthPlan Update</p> <p>Report on Board Meeting</p>	<p>Postponed due to the 2020-2023 Strategic Plan Discussion</p> <p>Postponed due to the 2020-2023 Strategic Plan Discussion</p> <p>Postponed due to the 2020-2023 Strategic Plan Discussion</p>	
<p>Additional Business/Other Items</p> <p>Open Discussion <i>All Sites</i></p>	<p>Postponed due to the 2020-2023 Strategic Plan Discussion</p>	
<p>Adjournment</p> <p>Next Meeting</p>	<p>Meeting adjourned at 1:45pm</p> <p>June 11, 2020</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



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

- **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?

INTENTIONALLY LEFT BLANK

**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.