PARTNERSHIP HEALTHPLAN OF CALIFORNIA
PHYSICIAN ADVISORY COMMITTEE ~ MEETING NOTICE

Members:

Steve Gwiazdowski, M.D. (Chair)
Angela Brennan, D.O.
Brian Evans, M.D.
Candy Stockton, M.D.
Chester Austin, M.D.
Chris Myers, D.O.
Danielle Oryn, D.O.
Darrick Nelson, M.D.
John McDermott, FNP-PAC
Karen Sprague, MSN, CFNP
Karina Gookin, M.D.
Malia Honda, M.D.
Matthew Zavod, M.D.
Melanie Thompson, D.O.
Michelle Herman, M.D.
Mills Matheson, M.D.
Mustafa Ammar, M.D.
Noemi Doohan, M.D.
Suzanne Eidson-Ton, D.O.
Teresa Shinder, D.O.
Vanessa Walker, D.O.

Partnership Executive Staff:

Sonja Bjork, Chief Executive Officer
Patti McFarland, Chief Financial Officer
Wendi Davis, Chief Operating Officer
Kermit Jones, MD, Medical Director for Medicare Services
Robert Moore, MD, MPH, Chief Medical Officer
Katherine Barresi, RN, Chief Health Services Officer
Mark Bontrager, Sr. Director of Behavioral Health
Tina Buop, Chief Information Officer

Regional Leads and Medical Directors:

Jeffrey Ribordy, MD, North Regional Medical Director
Colleen Townsend, MD, Southeast Regional Medical Director
Marshall Kubota, MD, Southwest Regional Medical Director
R. Doug Matthews, MD, Eastern Regional Medical Director
Kermit Jones, MD, Medical Director for Medicare Services
Jeffrey DeVido, MD, Behavioral Health Clinical Director
Mark Netherda, MD, Medical Director of Quality Improvement
Tim Sharp, North Regional Director
Vicky Klakken, Northwest Regional Manager
Lynn Scuri, Southwest Regional Director
Rebecca Stark, East Regional Director
Kathryn Power, Southeast Regional Manager

Directors / Managers / Associate Directors

Nancy Steffen, Senior Director, Quality & Performance Improvement
Mary Kerlin, Senior Director, Provider Relations
Stan Leung, Pharm.D., Director., Pharmacy Services
Mohamed Jalloh, Pharm.D., Director of Health Equity
Brigid Gast, RN, Director, Care Coordination
DeLorean Ruffin, DrPH, Director, Population Health Management
Heather Esget, RN, Director of Utilization Management
Margarita Garcia-Hernandez, Director, Health Analytics
Ledra Guillory, Senior Manager, Provider Relations Reps.
Kristine Gual, Manager of Performance Improvement
Amy McCune, Manager, Quality Incentive Programs
Sue Quichocho, Manager, Quality Measurement
Kevin Jarrett-Lee, RN, Assoc. Dir. of Utilization Management
Lisa O'Connell, Associate Dir. of Housing & Incentive Programs
Bettina Spiller, MD, Associate Medical Director
Bradley Cox, DO, Associate Medical Director
Teresa Frankovich, MD, Associate Medical Director

cc: Partnership Commission Chair
Alicia Hardy, Partnership Board Chair

FROM: PAC@partnershipHP.org
DATE: May 3, 2024

SUBJECT: PHYSICIAN ADVISORY COMMITTEE MEETING

The Physician Advisory Committee will meet as follows and will continue to meet the second Wednesday of every month (July and December are tentative.) Please review the Meeting Agenda and packet, as discussion time is limited.

DATE: Wednesday, May 8, 2024 **TIME: 7:30 a.m. – 9:00 a.m.**

IN-PERSON LOCATIONS

Partnership HealthPlan of California
4605 Business Center Drive
Fairfield, CA

Partnership – Sonoma
495 Tesconi Circle
Santa Rosa, CA

Partnership – Redding
2525 Airpark Drive
Redding, CA

Partnership – Eureka
1036 5th Street
Eureka, CA

Aliados Health
1310 Redwood Way
Petaluma, CA 94999

Office of Dr. Mills Matheson
1245 S. Main St.
Willits, CA 95490

Marin Community Clinic
3260 Kerner Blvd.
San Rafael, CA 94901

Ampla Health
935 Market Street
Yuba City, CA 95991

Tahoe Forest Health Systems
Gateway Conference Room
10976 Donner Pass Rd., Suite 9
Truckee, CA 96161

Butte County Public Health
Sycamore Room
2080 E. 20th St., Ste 180
Chico, CA 95928

Placer County HHS
Silver Lupine Conference Room
11434 B Avenue, Suite 100
Auburn, CA 95603

Please contact Partnership's Executive Assistant to the Chief Medical Officer with additional questions at (707) 863-4228, or e-mail pac@partnershiphp.org.

REGULAR MEETING OF PARTNERSHIP HEALTHPLAN OF CALIFORNIA'S PHYSICIAN ADVISORY COMMITTEE (PAC) - AGENDA

Date: May 8, 2024   Time: 7:30 – 9:00 a.m.   Location: Partnership

Partnership HealthPlan of California
4605 Business Center Drive
(Please Park in Front of Bldg.)
Fairfield, CA

Partnership – Sonoma Office
495 Tesconi Circle
Santa Rosa, CA

Partnership – Redding Office
2525 Airpark Drive
Redding, CA

Partnership – Eureka Office
1036 5th Street
Eureka, CA

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Sycamore Room
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Chico, CA 95928

PUBLIC COMMENTS			Speaker	2 minutes	
			Speaker	2 minutes	
This Brown Act meeting may be recorded. Any audio or video tape record of this meeting, made by or at the direction of Partnership, is subject to inspection under the Public Records Act and will be provided without charge, if requested. **Welcome / Introductions**					
I.		**STATUS UPDATES**	**LEAD**	**PG #**	**TIME**
A.	**I**	**Chief Executive Officer Administration Updates**	**Ms. Bjork**		**7:35**
B.	**I**	**Chief Medical Officer Health Services Report** *on behalf of Dr. Moore*	**Dr. Townsend**		**7:45**
C.	**I**	**Regional Medical Director Reports**	**LEAD**	**PG #**	**TIME**
1	**I**	**Napa & Southeast Counties**	**Dr. Townsend**		**7:55**
2	**I**	**Southwest Counties**	**Dr. Kubota**		**8:00**
3	**I**	**Northwest & Northeast Counties**	**Dr. Townsend**		**8:05**
4	**I**	**Eastern Counties**	**Dr. Matthews**		**8:10**
II.	**I**	**COMMITTEE MEMBER HIGHLIGHT**	**LEAD**	**PG #**	**TIME**
A.	**I**	**John McDermott, FNP-PAC** FirstCare, Oroville, CA	**J. McDermott, FNP**	**5**	**8:15**
III.	**A**	**MOTIONS FOR APPROVAL**	**LEAD**	**PG #**	**TIME**
A.	**A**	**Review of April 10, 2024 PAC Minutes**	**Dr. Townsend**	**6 - 22**	**8:20**
B.	**A**	**Consent Review: Agenda Items III. B.1, B.2, B.3, B.5** **Consent review allows multiple agenda items to be approved with one motion.**	**Dr. Townsend**	**23-89**	**8:21**
1	**C**	**Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – April 17, 2024** ***Acceptance of Draft Meeting Minutes:*** • Q/UAC Agenda • Q/UAC Activities & Minutes • Internal Quality Improvement Meetings April 9, 2024 • Quality Improvement Update – April 2024	**Dr. Townsend**	 **23** **25** **35** **42**	**8:21**

III.	A	MOTIONS CONTINUED	LEAD	PG #	TIME
B.	A	**Consent Review: Agenda Items III. B.1, B.2, B.3, B.5**	Dr. Townsend		8:21
2	C	***Policies/Procedures/Guidelines for Action***	Dr. Townsend	N/A	8:21

Quality Improvement	
MPQP1006	Clinical Practice Guidelines
MPXG5001	Clinical Practice Guidelines for the Diagnosis & Management of Asthma
MPXG5002	Clinical Practice Guidelines for Diabetes Mellitus
Utilization Management	
MCUP3104	Emergency Services
MCUP3037	Appeals of Utilization Management/ Pharmacy Decisions
MCUP3047	Tuberculosis Related Treatment
MCUP3051	Long Term Care SSI Regulation (previously Long Term Care Admissions)
MCUP3103	Coordination of Care for Members in Foster Care
MCUP3121	Neonatal Circumcision
MCUP3146	Street Medicine
MPUD3001	Utilization Management Program Description
MPUG3031	Nebulizer Guidelines
MPUP3026	Inter-Rater Reliability Policy
MPUP3059	Negative Pressure Wound Therapy (NPWT) Device/Pump
Pharmacy	
MCRP4065	Drug Utilization Review (DUR) Program
MPRP4034	Pharmaceutical Patient Safety
Population Health Management	
N/A	Population Needs Assessment – May 2024

All versions linked within Policy Summary (See page **53***)*

- Policy Summary — 53
- Detailed Synopsis of Changes — 54

III.	A	MOTIONS CONTINUED Consent Review: Agenda Items III. B.1, B.2, B.4, B.5	LEAD	PG #	TIME
B.	C	**Consent Review: Agenda Items III. B.1, B.2, B.3, B.5**	**Dr. Townsend**		**8:21**
3	C	**Pharmacy & Therapeutics Committee** • Meeting Minutes, April 4, 2024 • Approved Criteria, April 4, 2024	**Dr. Stan Leung**	**57** **67**	
4	*C*	*Provider Engagement Group (PEG) Report* • *Meeting Minutes, March 7, 2024*	*Ms. Kerlin*		
5	**C**	**Credentials Committee Meeting** • Summary, March 13, 2023 • Credentialed List, March 13, 2023	**Dr. Kubota**	**84** **88**	**8:21**
6	*C*	*Pediatric Quality Committee*	*Dr. Ribordy*		
C.	*A*	*Physician Advisory Committee (PAC) Membership*	*Dr. Gwiazdowski*		
IV.	*I*	*Old Business*			
V.		**SPECIAL PRESENTATIONS**	**LEAD**	**PG #**	**8:25**
A.	**A**	**Mobile Mammography Program**	**Ms. Carrillo** **Ms. Selig**	**90**	**8:25**
B.	**A**	**2024 Inequity Analysis**	**Dr. Jalloh**	**117**	**8:40**
VI.	**I**	**ADJOURNMENT**	**LEAD**		**9:00**
		Next PAC on June 12, 2024 at 7:30 a.m.	**Dr. Townsend**		

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

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular committee 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 committee has designated the Executive Assistant to the Chief Medical Officer 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 Physician Advisory Committee Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all Partnership regional offices (see locations under the Meeting Notice). It can also be found online at www.partnershiphp.org.

In compliance with the Americans with Disabilities Act (ADA), Partnership 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 Executive Assistant to the Chief Medical Officer at least two (2) working days before the meeting at (707) 863-4228 or by email at pac@partnershiphp.org. Notification in advance of the meeting will enable Partnership to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it.

About me:

I have extensive experience working with the underserved medical community in rural Northern California. Born in Orland, CA and raised and educated in Chico, CA, I developed an interest in medicine thanks to the 1970s television show Emergency. I became one of the first junior volunteers at Chico Community Hospital in the mid 80s and after graduating high school, I decided to enroll in the United States Army to get money for school and see the world.

Upon returning from the military and graduating from nursing school, I wanted to learn to speak Spanish and work in a rural healthcare clinic. There I met and fell in love with family practice medicine and met a physician associate who told me I should go back to school to become a nurse practitioner to provide primary care to rural migrant communities too. After graduating from UC Davis with my Family Nurse Practitioner and Physician Associate certificates, I continued my employment with Del Norte Clinics for nine years, working at many of their sites and helping to start their telehealth program. Since 2008 I have worked at FirstCare Medical Associates in Orland, CA. I precept many mid-level and medical students using evidence-based medicine to provide high quality care to our patients and families.

I joined the Glenn County Alliance for Prevention and work on the Opioid Task Force about 8 years ago. Seeing many people die from unintentional overdoses in our county and recognizing the need for chronic pain management treatment, I applied for and received a scholarship to the Train the Trainer Fellowship in Pain Management at UC Davis, graduating in 2021. While participating in multiple community advisory committees in our area, I noticed the lack of access to psychiatric services, so I applied for and received a scholarship to the UC Irvine Train the Trainers Psychiatry Fellowship and graduated from that program in 2022.

In my spare time I am a volunteer firefighter In Orland, CA; I have served as the First Assistant Chief for many years and recently completed a three-year tenure as the President of the Glenn County Fire Chiefs Association. I was elected to the Orland City Council in 2022. I enjoy volunteering to write grants for nonprofit groups in our area and giving back to my community.

I've been married to my wonderful wife Bethany of 24 years, who is a high school Spanish teacher, and we have two amazing children, Aries and Rory. When I’m not helping others, I like to escape to Puerto Vallarta, México to decompress and relax.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES

Committee: Physician Advisory Committee
Date / Time: April 10, 2024 - 7:30 to 9:00 a.m.

Brown Act flexibilities have ended. Voting members are required to attend in-person at one of Partnership HealthPlan's posted locations.

Members Present:
Steve Gwiazdowski, MD *(Chair) (FF*
Angela Brennan, DO *(FF)*
Suzanne Eidson-Ton, MD *(FF)*
Theresa Shinder, MD, *(FF)*
Karen Sprague, MSN, CFNP *(FF)*
Candy Stockton, MD *(E)*
Chris Myers, MD, *(E*
Malia Honda, MD, *(E)*
Darrick Nelson, MD *(R)*
Danielle Oryn, DO *(A)*
Mills Matheson, MD *(OMM)*
Melanie Thompson, DO *(MCC)*
Karina Gookin, MD *(SR)*
Brian Evans, MD *(TF)*
Noemi Doohan, MD *(CC)*
Jonathan McDermott, FNP *(BC)*

FF Fairfield
SR Santa Rosa
E Eureka
R Redding
BC Butte County Public Health
MCC Marin Community Clinics
AM Ampla Health
A Aliados Health
TF Tahoe Forest
RS Sutter-Roseville
CC CenCal Health
OMM Office of Dr. Matheson

Members Excused: Dr. Vanessa Walker, Dr. Chester Austin
Members Absent: Dr. Matthew Zavod

Visitor:

Partnership Staff:
Sonja Bjork, Chief Executive Officer
Patti McFarland, Chief Financial Officer
Wendi Davis, Chief Operating Officer
Lynn Scuri, Regional Director
Mary Kerlin, Sr. Dir., Prov. Relations (PR)
Lisa O'Connell, Associate Director of Housing and Incentive Programs
Doreen Crume, RN, N. Mgr. Care Coord.
Stephanie Nakatani, Supervisor, Provider Relations Representatives
Vicky Klakken, Mgr, North Region
Brigid Gast, RN, Dir. of CC
Robert Moore, MD, Chief Medical Officer
Katherine Barresi, RN, Chief Health Services Officer
Colleen Townsend, MD, Regional Med. Director
Mark Netherda, MD, Medical Director for Quality
Jeffrey DeVido, MD, Behavioral Health Clinical Dir.
Stan Leung, Pharm.D., Director, Pharmacy Services
Debra McAllister, RN, Assoc. Dir. UM Strategies
Sue Quichocho, Mgr., Quality Measurement
Amy McCune, Manager of QI Programs
Bradley Cox, MD, Associate Medical Director
James Cotter, MD, Associate Medical Director
Jeffrey Ribordy, MD, Northern Region Medical Director
R. Doug Matthews, MD, Eastern Region Medical Director
Marshall Kubota, MD, Regional Medical Director
Teresa Frankovich, MD, Associate Medical Director
Nancy Steffen, Dir., Quality & Perf. Improvement
Heather Esget, RN, Director, Utilization Mgmt. (UM)
Kevin Jarret-Lee, RN, Assoc. Dir. of UM
Kristine Gual, Mgr. of Performance Improvement
Isaac Brown, Director, Quality Management
Mohamed Jalloh, Pharm.D., Director, Health Equity
Megan Shelton, Project Manager, Quality Improvement
Monika Brunkal, RPh, Interim Director, Population Health
David Lavine, Assoc. Dir. of Workforce Development

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC acting Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	18/21 – PAC	Committee quorum requirements met (18).	04/10/2024

DRAFT

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.

I.A. Chief Executive Officer Administration Updates	**Partnership's Chief Health Services Officer provided the following report on Partnership activities on behalf of Partnership's Chief Executive Officer (CEO).**
	• **Department of Health Care Services (DHCS) Transitional Care Services**
	  • Under the umbrella of Population Health Management for all Medi-Cal managed care plans (MCP) for which plans are responsible for having staff assist in the discharge planning as members move across care settings.
	  • MCPs are to be more actively involved in the hospital discharge planning process.
	  • Includes members in an acute-care setting as well as members who are in a skilled nursing facility (SNF) or long-term care facility (LTC).
	  • There will not be one approach applied to all situations, and multiple models of care are proposed.
	  • Partnership will heavily lean on the relationships with Primary Care Physician (PCP) community clinics that have robust connections with area hospitals and SNFs to assist with member transitions.
	  • Partnership is actively communicating to DHCS the successes of its own Transitional Care Services implemented after the implementation of an innovation grant awarded in 2015, such as those with children and youth within the California Children's Services (CCS) and Whole Child Model (WCM).
	  • DHCS is still developing expectations for MCPs for this policy.
	• **DHCS Foster Care Changes**
	  • Partnership cares for the physical health care needs for more than 8,000 youth.
	  • As part of Partnership's new contract with the state for the expansion, a Foster Care Liaison has been hired to better serve those members.
	  • The Foster Care Liaison will work closely with county welfare agencies, probation, and mental health, to help coordinate care and answer questions about appointments, especially those within the first 120 days.
	  • Beginning 2025, Partnership will be coordinating with county welfare agencies under the template released by DHCS.
	  • Partnership has begun having early conversations working with some of the other stakeholders with regards to giving feedback to ensure that the policy document is really meaningful and aligns with some of the other broader principles under the Medi-Cal transformation.
	• **Dignity Contract Updates**
	  • Despite many efforts to renew with Dignity Health, the contract expired April 1, 2024.
	  • Partnership hopes a future agreement will be possible to bring Dignity back in-network.
	  • Partnership appreciates all of the community health center support to care for those members who have been reassigned.
	  • Dignity Health requested rates far exceeding the limits of Partnership's ability to pay without risk to the financial stability of the entire organization and network of providers.
	  • Members whose primary coverage is Medicare are not affected in addition to any other members who have Partnership as secondary coverage.
	  • Partnership's Care Coordination department is working to assist members with their care and answer any questions regarding the transition.
	  • More than 17,000 members qualify for continuity of care with their Dignity providers based on certain criteria such as
	    • Patients in cancer treatment receiving chemotherapy
	    • Scheduled surgeries
	    • Members with multiple comorbidities and medication needs
	    • Pregnant members
	    • Members who have the most medical vulnerability
	  • Providers may visit Partnership's online services under eligibility to view members who have been approved for Dignity Continuity of Care.
	
	Questions/Comments:
	Who is available for specialty care for Partnership members?
	
	Partnership has mapped out providers and coordinated with Transportation to address gaps. Telehealth is also available for certain conditions. Members or providers are welcome to call Care Coordination for more information on Continuity of Care for any Partnership member experiencing a transition.

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AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.

I.B. Chief Medical Officer Health Services Report	**Partnership's Chief Medical Officer (CMO) presented a brief update on Health Services activities.**
	
	• **Regional Medical Directors' Forums**
	  • Partnership welcomes Medical Directors, Clinical Leads, Administrators, Executive Leads, Directors, and Quality Improvement Managers to attend this annual training covering information about new programs, major Partnership and state policy updates, mental health and Substance Use Disorder (SUD) treatment updates, data review, Public Health issues, and Primary Care Physician Quality Improvement Program updates. Each forum will take place from 9 a.m. - 2 p.m. each Friday through May 3, 2024 in various locations.
	• **California Conference of Local Health Officers (CCLHO) Meeting**
	  • Partnership hosted a meeting with Public Health Officers during the CCLHO spring conference.
	  • Health plans are encourage to work closely with County Public Health offices to plan public health priorities.
	  • Furnished the first view of Partnership's county-specific annual data report which was well received and will be posted online with minor changes at later date.
	  • Discussed several initiative related to maternity and pediatric care with focus on well-child visits and timely vaccinations, which aligns with several counties' maternal and child health five-year plans.
	  • Although there were six reported cases of the measles at the time of the meeting, there is little concern about a larger outbreak throughout California.
	  • California Department of Public Health (CDPH) is focusing on Substance Use Disorder (SUD) as a top priority, especially for alcohol. Hemp was also added for concerns about chemical marijuana added to foods without accurate labeling.
	• **Breakthrough in Latent Tuberculosis Treatment**
	  • Partnership's Pharmacy team identified 366 patients who had started but not complete treatment for latent tuberculosis by evaluating the state database for pharmacy prescriptions, which is not currently imported into the database for Public Health infrastructure, creating a blind spot for Public Health Officers.
	  • The information was shared with county public health officers to import the data into CalREDIE.
	  • Partnership will send another list of those who have completed and have not completed in the near future.
	  • There are four new regimens that reduce the treatment time from nine months to one month, but there has been no way to determine if patients completed their prior treatments; having this list will help reach patients to complete treatment and assist Public Health departments to eradicate tuberculosis from California.
	• **Upcoming Hospital Quality Symposium**
	  • Annual meeting for hospitals in Partnership's network to be held August 5, 2024 in Anderson and August 7, 2024 in Fairfield.
	  • Invitations will be sent at a later date.
	  • The keynote speaker will be Arianna Campbell, Master of Public Health (MPH) and Physician Assistant, Certified (PA-C), who is the principal investigator for the Bridge to Treatment program related to Substance Use Disorder (SUD).
	  • The importance of prescribing buprenorphine in the emergency department will be a topic for discussion.
	• **Quality Improvement Updates**
	  • Partnership is in the midst of dispensing the second round of point-of-care lead-testing devices to practices as an intervention for detection at practices.
	  • There are 22 provider organizations (about 10% of practices) engaged in the ColoGuard bulk ordering process and are accepting additional interested practices.
	  • Partnership is working on a cervical cancer screening pilot in which users self-swab; five sites are testing.
	  • This testing has been used in other countries and is waiting on recommendation for implementation throughout the United States.
	  • There are upcoming Improving Measure Outcomes webinars in April for pre-natal care and cervical cancer and sexually transmitted infection (STI) screening.
	  • ABCs of Quality Improvement will be held in Chico on May 1, 2024.
	  • The North Coast Clinic Network will conduct training on incorporating the patient experience and quality improvement projects and plans.

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AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.B. Chief Medical Officer Health Services Report, Continued	• **Equity Practice Transformation Updates** • There are 27 primary care sites participating. • The first deadline for self-assessment will be the first week of May 2024. • Partnership will assist sites in completing the assessment, which may be used by Department of Health Care Services (DHCS) to front-load the funding based on the assessment. • Dollars administered can be used to work on subsequent milestones. • **Change Healthcare** • Partnership is closely monitoring how the Change Healthcare cyber-attack will affect annual Healthcare Effectiveness Data and Information Set (HEDIS) measures due to a lack of data during this time. The final upload has been announced for April 24, 2024. • The IT Department does not yet have complete data on the number of providers affiliated with Change Healthcare. • Partnership's CEO will ask National Committee for Quality Assurance (NCQA) for an extension of two weeks to allow more data to be released, but approval is uncertain. ***Questions/Comments –*** Dr. Gwiazdowski shared that he attended an internet security meeting where it was mentioned Change Healthcare had additional attacks from a splitter group after the initial cyber-attack. Partnership's Chief Financial Officer explained many hacker groups have a loose affiliation of people who own the encryption and decryption software, similar to a contractor and subcontract, in which they agree to split the ransom fee. In the case of Change Healthcare, the head group received the funds but did not pay the others who still have access to the information. Concerns remain those who were not paid will threaten to release the protected information. Change Healthcare received the decryption to resume work, but there may be an additional data leak and a second ransom request paid to prevent it. This is an unusual case that may have implications for future hacker groups since most times the ransom is paid and the threat is resolved. Companies will be hesitant to pay ransom fees if threats remain after doing so. These ransom requests are for several million dollars. The systems are backed up, and Change Healthcare is working through the process, there is still risk of potential data breach. Dr. Gwiazdowski also added the importance of securing accounts with individual, unique passwords rather than the same one for multiple logins. Adding two-factor authentication provides an additional layer of protection against hacking. Dr. Doohan thanked Partnership for the Public Health Officers' meeting she attended and asked more information about how to request a data analysis offered. Partnership's CMO answered a form needs to be completed by a county's Public Health Officer for the information being requested to ensure someone with a background in interpreting data is available to review it.
I.C.1. Status Update, Regional Medical	**Partnership's Regional Medical Director for the Southeast Counties presented a brief update on activities.** • **Area Updates** • Staffing is relatively stable across Napa, Solano, and Yolo Counties. • Providence lost a primary care provider who shifted to specialty care offering weight management and working closely with bariatric surgeons. • Partnership regularly communicates recruitment and retention incentives to practices to assist in hiring and keeping more clinicians. • Working closely with doula programs for the recruitment of doulas throughout the southeast and other regions. • Doula Doula has a great model of care for training to share with others interested. • Napa Solano Medical Society released annual scholarship information which targets individuals with ties to Napa and Solano counties. Many applicants are area medical students who wish to stay in this region or are from this region and wish to return.

DRAFT

AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.C.2. Status Update, Regional Medical	**Partnership's Regional Medical Director for Southwest Counties presented a brief update on activities.** • **Area Updates** • Working with Aliados Health and other in Sonoma County are looking to elevate the use of e-consults, which is clinician-to-clinician communication between a primary care provider and specialist to reduce the need for a face-to-face patient visits with the specialist, an estimated reduction as high as 70%. Patient no-shows for visits are also greatly reduced. • There is a large shortage of physical therapists in Sonoma County. • Encouraging physicians to attend the upcoming Partnership Regional Directors Meetings. • Physical therapy (PT) shortages continue to be an issue in Sonoma County. • President of Adventist Health Clear Lake announced resignation. • Continued issues in specialty access emphasize the use and need for consults in order to reduce number of necessary face-to-face visits. Consults eliminate about 705 of the cases that would usually require a face-to-face visit with a specialist.
I.C.3. Status Update, Regional Medical	**Partnership's Regional Medical Director for the Northwest Counties presented a brief update on activities.** • **Area Updates** • The non-contracted status of Dignity Health greatly affect obstetrical care in the region as they provide the majority of all care. Partnership is submitting continuity of care requests for eligible pregnant members, but care for newly pregnant members will be challenging. • Dignity Health also purchased MD Imaging, the largest radiology provider in the area, limiting access to radiology services such as mammography. • Other providers in the area have agreed to fill gaps for mammography screening by offering set days to Partnership members. • A new ophthalmologist is moving into the region after completing a corneal fellowship and should arrive in the summer. • Dr. Eva Smith, a long-time provider in Tribal health, will retire in June. Dr. Smith was the driving force in implementing addiction treatment and getting prescribing practices under control. She will be missed throughout the communities she served.
I.C.4. Status Update, Regional Medical	**Partnership's Regional Medical Director for the Northwest Counties presented a brief update on behalf of Regional Medical Director for the Eastern counties.** • **Medical Education** • Medical Education Clubs have been implemented throughout high schools in Glenn County to encourage education and careers in the medical and paramedical fields. Healthy Rural California is a partner in these efforts. • Chico State is also working with high school students for interest in paramedical education. UC Davis partners to provide further training to clear the pathway for high school students moving into college, then on to medical school, and finally return to positions as physicians in the local areas. • Dr. David Canton of Butte County Public Health and Dr. Mark Servis, vice dean for Medical Education and leader of the Office of Medical Education at UC Davis School of Medicine, held a meeting with Healthy Rural California and local leadership on April 2, 2024 to discuss ways to instill more medical education in rural communities in Northern California. There is potential for a branch campus at UC Davis within the next 10 years or less, depending on how the program develops. • Four medical students were matched for residency into the Health Rural California program. Hopes are to meet the residents and acclimate them to the area in hopes of staying in the community long-term. • **Provider Updates** • The non-contracted status of Dignity Health greatly affects the areas of Grass Valley and Nevada City, CA. Partnership is working with a variety of clinics to ensure care for affected members. Gastroenterology (GI) and other specialty access is constrained. Looking to fill in gaps with telehealth where possible.

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AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.C.4. Status Update, Regional Medical, Continued	• **Provider Updates** • The non-contracted status of Dignity Health greatly affects the areas of Grass Valley and Nevada City, CA. Partnership is working with a variety of clinics to ensure care for affected members. Gastroenterology (GI) and other specialty access is constrained. Looking to fill in gaps with telehealth where possible. • Visited with Harmony Health Medical Clinic and Family Resource Center that recently brought on several new staff members including physicians, nurse practitioners, and midwives to work in the newly contracted birthing center. • Visits held with Colusa and Glenn Counties and scheduled with Sierra and Plumas County in May, where emergency medical services (EMS) and ambulance transportation has been a large concern.
II.A. Committee Member Highlight, Dr. Noemi Doohan, Lake County Public Health	**Dr. Noemi Doohan, Lake County Public Health Officer, shared information about her background and current focus.** Dr. Doohan is known to her friends as Mimi, nicknamed by her parents who were European immigrants. She has been married to her husband, Jim, for 32 years. They share two grown children. She started her career as a molecular biologist, obtaining her PhD in molecular biology at the University of California Santa Barbara where she did seminal work in epigenetics in yeast. She attended Stanford Medical School to receive her Medical Degree. She trained in Family Medicine at Contra Costa Regional Medical Center in Martinez, CA. Her husband is a professor in Santa Barbara, California, where she focused on starting her practice. At the same time, she started a non-profit called Doctors Without Walls (SBDWW), which provides street medicine in Santa Barbara. SBDWW was founded out of her private practice and was one of the first street medicine programs in California. The all-volunteer members practiced with backpacks, for which Dr. Doohan's practice served as the dispensary. Dr. Doohan is no longer affiliated with SBDWW, but the program is still going strong, and she remains interested in street medicine. Practicing full-scope Family Medicine was challenging in her community. Dr. Doohan did not have the opportunity to continue practicing OB work, but she is passionate about OB and proud of the work Partnership has been doing to address OB access throughout Northern California. She believes in the importance of expanding OB services beyond the OB specialty to include other types of clinicians to improve access. She began hospitalist work as a full-scope family doctor and continues work as a hospitalist. She worked for Adventist Health from 2014 to 2019 and then started a family medicine residency program for Ukiah Valley Medical center under then CEO, Glen Matthews. Partnership HealthPlan was instrumental in providing the effort with an innovation grant. The residency program is still going strong in the years since she departed. Additionally, Dr. Doohan started another street medicine program in Ukiah. She then was appointed as the Mendocino County Public Health Office in August 2019 after receiving her masters of public health degree from the University of Massachusetts Amherst. The COVID-19 pandemic began just months later, which was an experience that further shaped her career. After the first year of the pandemic, Dr. Doohan left for San Diego to work the front lines at the Chula Vista Family Medicine Residency Program near the border of Mexico. She worked in a Federally Qualified Health Center (FQHC) called the San Ysidro Health Center as well as the Chula Vista Hospital at a time before vaccines were available. Having the experience of being a Public Health Officer and working on the frontlines during the pandemic was impactful on a personal and professional level. From there, she stepped into the role at Lake County Public Health as the Public Health Officer, which had been filled on a part-time basis for two years prior. Dr. Doohan is the first full-time health officer for Lake County since the pandemic. Public Health Officers are now working on recovery and what that looks like. Many are working in rural communities where there may have been gaps in coverage for communicable diseases. In Lake County, the focus is on hepatitis C and trying to get visibility on the rates of active cases. Prior to the pandemic, there may have been more consistent data, but COVID pulled focus; and Public Health Departments are now catching up. Dr. Doohan is now taking her passion for street medicine and making a student documentary film focusing on encampment resolution. Governor Newsom provided millions of dollars for encampment resolution, but as they are resolved, there have to be places for those persons to relocate. She is interested in how they are resolved and how medical care can be provided. During those challenging transitions, there is now data to show that it can be deadly when people move out of encampments and will focus efforts there.

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AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A. Approval of Minutes	March 2024 PAC minutes were presented for approval.	**MOTION:** Dr. Eidson-Ton moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Herman. **ACTION SUMMARY:** [18] yes, [0] no, [0] abstentions. Motion carried.	04/10/24
 III.B.1 III.B.2 III.B.4 III.B.5	**Consent Calendar Review** Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – March 21, 2024 Policies, Procedures, and Guidelines for Action - Policy Summary April 2024 Provider Engagement Group Minutes – March 7, 2024 Credentials Committee Meeting – February 14, 2024	**MOTION:** Dr. Herman moved to approve Agenda III.B.1, III.B.2, III.B.4 and III.B.5, as presented, seconded by Dr. Eidson-Ton. **ACTION SUMMARY:** [18] yes, [0] no, [0] abstentions. Motion carried.	04/10/24
V.A Hospital Quality Improvement Program	Hospital Quality Improvement Program Measurement Set Proposal, Measurement Year 2024 – 2025 Measure 2: 7-Day Follow-up Clinical Visit (Risk Adjusted Readmissions) – language will be added to allow registered nurses (RNs) to determine whether a patient's care needs to be seen by a primary care physician and within what time-frame. Measure 8: Expanding Delivery Privileges – Year two will be removed to be reworked and added a later time.	**MOTION:** Dr. Eidson-Ton moved to approve Agenda V.A, as modified at PAC, seconded by Dr. Herman **ACTION SUMMARY:** [18] yes, [0] no, [0] abstentions. Motion carried.	04/10/24
V.B Perinatal Quality Improvement Program	Perinatal Quality Improvement Program Measurement Set Proposal, Measurement Year 2024 - 2025	**MOTION:** Dr. Eidson-Ton moved to approve Agenda V.B, as presented, seconded by Dr. Shinder. **ACTION SUMMARY:** [18] yes, [0] no, [0] abstentions. Motion carried.	04/10/24

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AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Hospital Quality Improvement Program Measure Set Proposal	**The Hospital Quality Improvement Program was presented for potential changes in measures.**

Summary of Approved Measure Set for Measurement Year 2024

(A) HQIP Measurement Set

Providers have the potential to earn a total of 100 points in six domains 1) Readmissions; 2) Advanced Care Planning; 3) Clinical Quality; 4) Patient Safety; 5) Operations/Efficiency; 6) Patient Experience. Individual measure values will be assigned for the final and approved measurement set.

Key:

New Measure || Change to Measure Design || ~~Measure removed~~

2023 Measures	2024 Recommendations
Clinical Domain	
Risk Adjusted Domain 1. Risk Adjusted Readmissions **Palliative Care Domain** 2. Palliative Care Capacity **Clinical Domain** 3. Elective Delivery Before 39 Weeks 4. Exclusive Breast Milk Feeding Rate 5. Nulliparous, Term, Singleton Vertex (NTSV) Cesarean Rate 6. Vaginal Birth After Cesarean (VBAC) **Patient Safety Domain** 7. CHPSO Patient Safety Organization Participation 8. Substance Use Disorder, Medication Assisted Treatment (MAT) **Operations / Efficiency Domain** 9. Hepatitis B/CAIR Utilization 10. QI Capacity **Patient Experience Domain** 11. Hospital Quality Improvement Platform 12. Cal Hospital Compare-Patient Experience 13. Health Equity	**Risk Adjusted Domain** 1. Risk Adjusted Readmissions (RAR) 2. 7-Day Follow-up Clinical Visit (RAR) **Palliative Care Domain** 3. Palliative Care Capacity **Clinical Domain** 4. Elective Delivery Before 39 Weeks 5. Exclusive Breast Milk Feeding Rate 6. Nulliparous, Term, Singleton Vertex (NTSV) Cesarean Rate 7. Vaginal Birth After Cesarean (VBAC) 8. Expanding Delivery Privileges 9. Increasing Mammography Capacity **Patient Safety Domain** 10. CHPSO Patient Safety Organization Participation 11. Substance Use Disorder Referral, Medication Assisted Treatment (MAT) **Operations / Efficiency Domain** ~~12. Hepatitis B/CAIR Utilization~~ 12. QI Capacity 13. Hospital Quality Improvement Platform **Patient Experience Domain** 14. Cal Hospital Compare-Patient Experience 15. Health Equity

Programmatic Changes:

I. Descriptions of Potential 2024 Measure Changes for Core Measurement Set

A. Change(s) to Existing Measures

1. Remove Measure 9: Measure Hepatitis B / CAIR Utilization

Rationale: Recording immunizations in the California Immunization Registry (CAIR) is now a requirement from the State of California for all hospitals. Therefore a measure to incentivize hospitals to use the registry is no longer needed.

B. Potential Additions as New Measures

1. Measure 2: 7-Day Follow-up Clinical Visit (Risk Adjusted Readmissions)

We are suggesting that a 7-day Clinical Follow-up Visit measure to be created in the Risk Adjusted Readmissions Domain. This would be for both large and small hospitals. Suggesting to remove RAR measure for Small size hospitals to only have a focus on the new measure while large hospitals would focus on both. Points would be distributed by hospital size.

Rationale: Evidence shows that patients who have follow-up visits within 7 days of discharge from a hospital do not readmit to the hospital as frequently as those who have no follow-up or a delayed follow-up appointment with a primary care doctor or specialist. Incentivizing hospitals for connecting their patients to follow-up care is a key tool to helping reduce readmissions.

Measure Summary

For assigned members 18 to 64 years of age, the percentage of acute inpatient and observation stays for which the member received follow-up within 7 days of discharge. Follow-up visits may include in person, telephone, and telehealth visits done at the hospital or outpatient setting. Clinical visits include those with a patient's primary care provider, other specialist, mental health professional, or a hospitalist/hospital based clinician in a hospital discharge visit. Visits with a nurse or a case manager would not count towards the denominator for this measure.

Targets

Baseline data will be gathered and analyzed to determine the appropriate targets for this measure.

Points for Hospital Advisory Committee Consideration:

1. Should our age range include pediatrics and newborns?
2. Would stepdown to a SNF be included or excluded from numerators and denominators?

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AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Hospital Quality Improvement Program Measure Set Proposal, Continued	**2. Measure 8: Expanding Delivery Privileges** **Rationale:** This measure is intended to increase the number of family physicians and midwives who are allowed to perform deliveries in the hospitals, which also respects the preferences of women in the community for midwifery care to be performed not just in the home. Increasing the number of family physicians performing deliveries should result in a greater continuity of care between family practitioners and the hospitals. This expansion of the clinicians available for labor and delivery services may help reduce the on-call frequency, and/or responsibility for clinicians on call at the hospitals for these services. Obstetrical privileges for family physicians may also serve as an attractor for qualified family physicians for areas with primary care shortages. **Measure Requirements** Year 1 – Hospitals' medical staff bylaws will allow qualified family physicians and midwives to perform deliveries in the hospitals. Year 2: Evidence that family physicians (non-resident) and/or midwives are on staff with privileges to perform deliveries in the hospitals. Hospitals with existing family physicians / midwives privileged to perform deliveries will get full credit so long as these clinicians remain active delivering babies in the hospital. **3. Measure 9: Increased Mammography Capacity** **Proposed Measure:** We are proposing to introduce a measure to increase capacity for diagnostics and screening for breast cancer through the HQIP. Hospitals would be able to determine the best way to increase their capacity, which may include expanding the available appointment hours, and hosting mobile mammography clinics. **Rationale:** According to the CDC, "Cancer is the second leading cause of death in the United States, and breast cancer is one of the most commonly diagnosed cancers in women. The risk of breast cancer increases with age. About 83% of breast cancer diagnoses each year are among women aged 50 or older." Increasing the access to mammograms is a powerful tool to help screen more women for breast cancer. Detecting cancers early increases the probability of curative treatment of the disease. Therefore, this measure is designed to encourage hospitals to increase capacity for mammography services. **Measure Specifications** Hospitals can be incentivized by increasing access/capacity to mammography by increasing breast cancer diagnostics and screening access/capacity by at least 5 to 10%. **Measure Requirements** **Large Hospitals and Small Hospitals with access to mammography:** Full Points = 10 Points: Increase access/capacity for breast cancer diagnostics and screening by 10% over previous year's baseline average. Partial Points = 5: Increase access/capacity for breast cancer diagnostics and screening by 5-9.9% over previous year's baseline average. **Tiny Hospitals without access to mammography:** Full Points = 10 Points: Host at least 1 mobile mammography clinic during measurement year with at least 25 exams conducted for Partnership members.

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AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.B Perinatal Quality Improvement Program Measure Set Proposal	**Perinatal Quality Improvement Program was presented for potential changes in measures.** **I. Summary of Proposed Measures** (A) Core Measurement Set Measures Participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers who provide quality and timely prenatal and postpartum care to PHC members have the option to earn additional financial incentives. The PQIP framework offers a simple and meaningful measurement set developed with PCPs and OB/GYNs in mind and includes the following measures: 1) Timely Immunization Status - Tdap and Influenza Vaccine; 2) Timely Prenatal Care 3) Timely Postpartum Care. (B) Electronic Data Measure DataLink allows for data exchange from Provider Electronic Health Records to PHC in order to capture depression screening and follow-up care. DataLink implementation is a vital component of furthering PQIP technical advancement through the capture of claims and electronic data directly exported from participating providers Electronic Health Records (EHR) systems. The measure for electronic clinical data systems (ECSD) may change to require all providers to go through a multi-step process to submit data to Partnership via secure file transfer protocol (SFTP) for the depression screening tool. The data would then go through a multiple-step process with the HEDIS team for primary source verification. DataLink is not yet an approved HEDIS aggregator, but will obtain the data for Partnership. NOTE: Measure details and specifications to be finalized in June 2024, pending DataLink pilot results and contracting. **PQIP FY 2023-24 Descriptions of Measures and 2024-25 Proposed Changes** A. Clinical Measures 1) Prenatal Immunization Status - The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy (i.e. within 40 weeks of delivery date). $37.50 (Tdap) $12.50 (Influenza) 2) Timely Prenatal Care -Timely prenatal care services rendered to pregnant PHC members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization. Alternatively, timely prenatal care services rendered to pregnant PHC members at 14 or more weeks of gestation. - $100 (<14 weeks gestation) or $25 (>14 weeks gestation) 3) Timely Postpartum Care -Timely postpartum care is a measure of quality care and can contribute to healthier outcomes for women after delivery. The postpartum visit is an important opportunity to educate new mothers on expectations about motherhood, address concerns, and reinforces the importance of routine preventive health care. Two Timely postpartum care services rendered to Partnership members with one occurring within 21 days after delivery and the other occurring between 22 and 84 days after delivery. - $25 (1st visit) $50 (2nd visit) B. Electronic Data Measure *Proposed: DataLink Implementation* - DataLink implementation for monthly timely prenatal data is optional to PHC Perinatal QIP participating providers.

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AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A and V.B Questions and Comments Hospital Quality Improvement Program Measure Set Proposal Perinatal Quality Improvement Program Measure Set Proposal	***Questions/Comments for HQIP and PQIP*** **PQIP** Dr. Gookin expressed concern about the first visit required by 21 days. Dr. Townsend explained the intent is have the first visit before three weeks and the second visit done before three months. If a baby is seen after 21 days and before 84 days, credit can be received for the second visit, but not the first. Dr. Townsend expressed the importance of seeing the birthing parent and child early to screen for interventions that may be needed for post-partum depression (PPD) or breastfeeding support. **HQIP** Partnership's CMO furthered that pediatrics would not be included in the HQIP due to taking months to receive the correct identification numbers which greatly reduces the rate of accuracy. He added excluding skilled nursing facilities from the denominator functionally works out the same, but does change the threshold Partnership will choose. Dr. Gwiazdowski asked about the newborn six-digit temporary identification number and if that could be used in lieu of the nine-digit permanent identification number or if there is something in the process that does not allow it. Partnership's CMO responded that the amount of work and time for newborn identification number to be sorted out makes including newborns in the HQIP ineffective. Dr. Herman commented on the post-hospital seven-day requirement and the exclusion of nurses for follow-ups. She explained much of that information can be shared at the nursing level to allow the nurses to choose if it should be elevated to a primary care provider. Partnership's CMO believed this was a good point to consider as the measure develops. Dr. Shinder also expressed support for nurses to be part of the follow-up care. Partnership's CMO then suggested amending the HQIP to allow a nursing visit if the committee members desired that change. Partnership would need to have a code to define that appointment for proper billing. Dr. Gwiazdowski commented on measure eight for year two that there has to be family physicians and/or midwives on staff with privileges to be able to perform deliveries in hospitals. He speculated that might force hospitals to recruit or accept a penalty if no one applies. Dr. Townsend answered that one of the barriers is that many hospitals to do not allow privileging of family physicians or certified nurse midwives (CNMs) for performing labor and delivery support. The intent is to encourage hospitals to be more open to medical staff for a broader swath of capable clinicians to provide those services. The measure is meant to be an incentive rather than a penalty in efforts to encourage hospitals to recruit midwifery and family physicians to complement those OB services. Most hospitals are actively recruiting for those roles. Dr. Eidson-Ton expressed the two-year timeline for changing the bylaws to allow those privileges is a short amount of time because there is no guarantee the hiring committee will hire those individuals and have them comfortable performing deliveries. She agrees with incentivizing the hiring, but acknowledges it will likely take longer than two years to successfully implement. Dr. Doohan added one of the issues in the bylaws will be who can proctor that new provider. Bylaws will often say a family doctor has to proctor a family doctor, but it there are no family doctors performing deliveries, there is no one to proctor them. Having some specificity that the bylaws must be changed to also include how those new providers will be proctored will be necessary. Those providers will likely require proctoring by OB/GYNs, which will likely be challenged. Dr. Doohan agreed with Dr. Eidson-Ton that the timeline is too short. Dr. Moore recommended focusing on year one for now and reevaluating year two at a future time since it would not take effect until 2025. Dr. Gwiazdowski summarized the HQIP measure eight for year two would be removed while year one will be kept. Changes to proposed HQIP measures that were approved by PAC: Measure 2: Follow up visit after hospitalization: add RN to list of clinicians who may see patients at this follow up visit. Measure 8: Section addressing year 2 is remove

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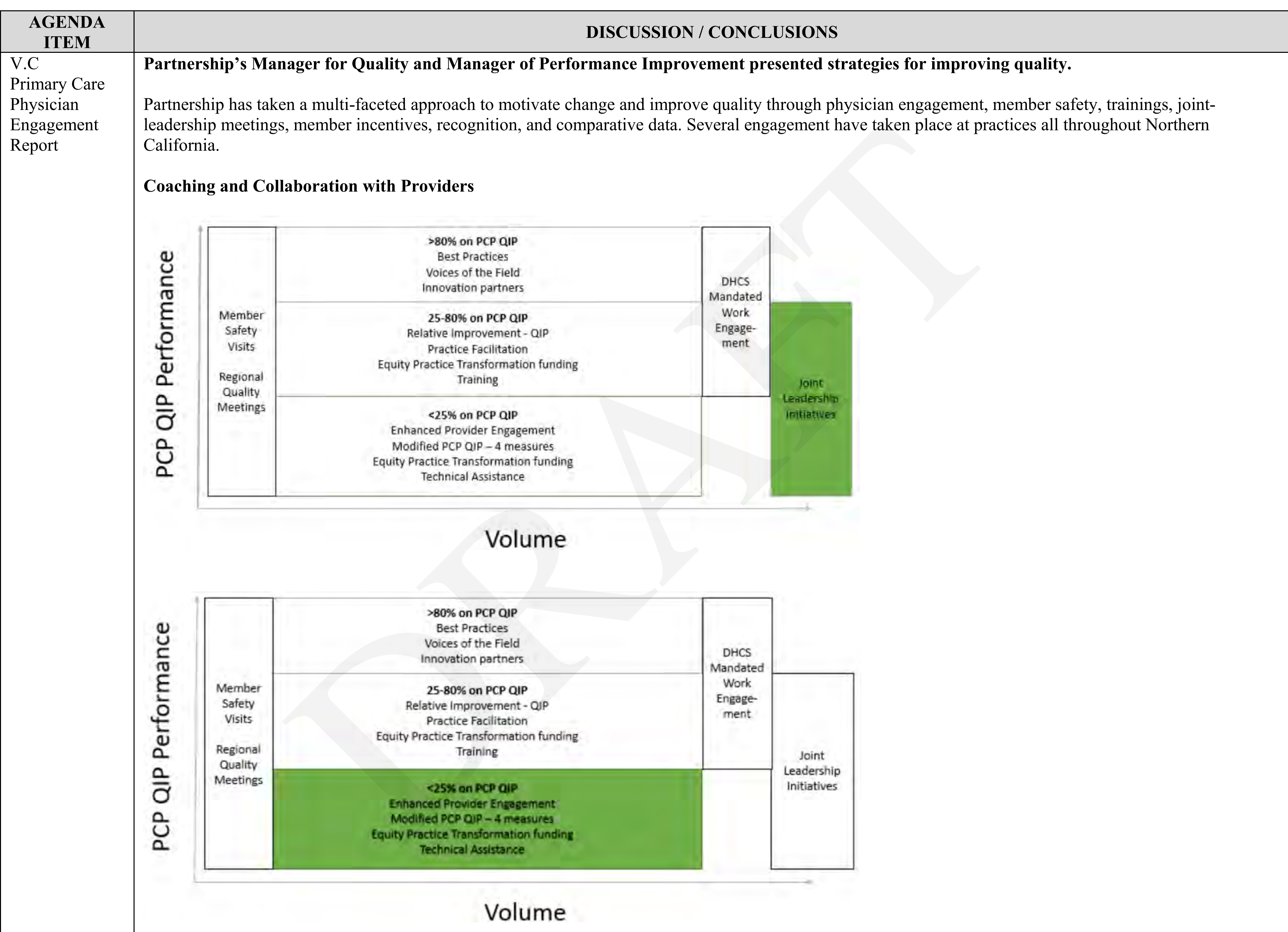
AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.C Primary Care Physician Engagement Report	**Partnership's Manager for Quality and Manager of Performance Improvement presented strategies for improving quality.** Partnership has taken a multi-faceted approach to motivate change and improve quality through physician engagement, member safety, trainings, joint-leadership meetings, member incentives, recognition, and comparative data. Several engagement have taken place at practices all throughout Northern California. **Coaching and Collaboration with Providers**



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AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.C Primary Care Physician Engagement Report	**JLI year-over-year Comparison % PCP QIP Points Earned**

JLI Provider	MY2019	MY2021	MY2022	MY2023	Sparkline
Adventist	38.3	47.4	53.4	48.4	
Fairchild Medical Clinic	56.3	45.3	50.6	56.7	
La Clinica	48.9	54.2	65.3	70.5	
Mendocino Community Health	58.2	47.1	62.6	67.2	
OLE Health	57.0	73.0	78.1	83.2	
Open Door	39.1	45.8	59.3	71.1	
Santa Rosa Community Health	59.0	82.1	86.0	79.7	
Shasta Community Health	34.6	51.7	60.6	68.9	
Solano County Health	27.0	34.7	41.1	39.2	
Planwide	43.9	51.6	56.6	57.6	

*Ole Health line represents Ole Communicare in MY 2023

JLI Comparison % PCP QIP Points Earned

JLI Provider	MY2019	MY2023	Points Change
Adventist	38.3	48.4	10.1
Fairchild Medical Clinic	56.3	56.7	0.4
La Clinica	48.9	70.5	21.6
Mendocino Community Health	58.2	67.2	9.0
OLE Health	57.0	83.2	26.2
Open Door	39.1	71.1	32.0
Santa Rosa Community Health	59.0	79.7	20.7
Shasta Community Health	34.6	68.9	34.3
Solano County Health	27.0	39.2	12.2
Plan-wide	**43.9**	**57.6**	**13.7**

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AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.C Primary Care Physician Engagement Report, Continued	**Background Information** Partnership reported several HEDIS measures performing below average in DHCS's Managed Care Accountability Set (MCAS) for Measurement Year 2021. This ultimately resulted in Partnership receiving a Corrective Action Plan (CAP) from DHCS in the fall of 2022. Additionally, Partnership aims to become a highly rated NCQA accredited health plan, of which clinical quality measure performance is a significant rating component. **DHCS CAP Resulted in Two New Tactical Strategies:** 1) Modified PCP QIP for Low Performing Providers: Develop and implement consequences for Primary Care Provider (PCP) Organizations (POs) with persistent low performance in PHC's PCP QIP. I. Reduction of QIP clinical domain measure set from 10 to 4 measures II. Required Executive meeting with PO's Board III. Required participation in Enhanced Provider Engagement coaching with PI team 2) Enhanced Provider Engagement: I. Completion of a Needs Assessment tool; II. Partnership summary and recommendation for impactful quality interventions, based on Needs Assessment; III. Coaching with planning and implementation of interventions designed to impact core quality improvement capacity and measure performance **What is the Modified PCP QIP?** The Modified PCP QIP is intended to leverage the resources and infrastructure of the PCP QIP to center the strengths of PCPs with persistent low performance. • Reduced measure set to focus efforts on 4 key measures, reflecting PHC's highest priorities in measure improvement: 1. Well-Child Visits in the First 15 Months of Life 2. Child and Adolescent Well Care Visits 3. Breast Cancer Screening 4. Cervical Cancer Screening • Each of the 4 measures carry 25% of the total available points. • Provider performance is evaluated annually for continued inclusion **Groupings – Enhanced Provider Engagement** Pilot – Four Providers and Assessment **Phase 1 – 11 Providers, Greater than 1000 Members, Less than 25% of QIP Clinical Points, Modified QIP** • 81% Engagement • 73% Completed Needs Assessment • 54% Executive Board Meeting • 73% Coaching/Technical Assistance • 73% Equity and Practice Transformation Grant phmCAT and Application, 27% Funding 1 Engaged leadership; 2 Data-driven improvement; 3 Empanelment; 4 Team-based care; 5 Patient-team partnership; 6 Population management; 7 Continuity of care; 8 Prompt access to care; 9 Comprehensiveness and Care Coordination; 10 Template of the future ©2012 UCSF Center for Excellence in Primary Care **Measure versus Foundational Building Blocks**

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.C Primary Care Physician Engagement Report, Continued	**Enhanced Provider Engagement Success Story** • On site completion of Needs Assessment with members of practice's Quality, Clinical, Operations, and Administrative teams • Spread of successful best practices identified with PDSA's completed with Improvement Advisor • Improvement Advisor and Medical Director trained four clinical groups on QIP measures and best practices during another on site visit at practice • Continuous staff training and communication • Practice used internal team challenges and prizes to motivate each other towards meeting measure benchmarks • Special events for members completing services – raffles, food **Practice improved PCP QIP performance and graduated to full QIP in 2024** **Clinical Points Comparison** Characteristics of practices that improved: existing quality program with dedicated resources, were able to quickly align with Partnership QIP Characteristics of practices that didn't improve: frequent leadership transitions or overextended leaders, lack of dedicated quality resources/time or resources pulled into other functions, infrastructure and fiscal challenges, especially vulnerable populations (i.e.: Ritter). We anticipate a longer engagement to help these practices improve. Some practices were achieving points on chronic disease measures which are a more engaged cohort by definition – M-QIP access measures are more challenging. Suspended practices did not engage with Partnership in 2023, despite multiple outreach efforts. Since the suspensions, we have seen engagement improve, there will be heavy coaching supports to help these practices return to the Modified QIP.

Parent Organization	2022 Scores	2023 Scores	Difference
PO 1	25.5%	81.6%	56.2%
PO 2	9.4%	61.2%	51.8%
PO 3	12.0%	38.0%	26.0%
PO 4	0.0%	13.0%	13.0%
PO 5	18.6%	30.5%	11.9%
PO 6	15.5%	25.0%	9.5%
PO 7	0.0%	0.0%	0.0%
PO 8	6.8%	0.0%	-6.8%
PO 9	7.0%	0.0%	-7.0%
PO 10	9.0%	0.0%	-9.0%
PO 11	19.0%	0.0%	-19.0%
Average Non-weighted Change			11.5%

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AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.C Primary Care Physician Engagement Report, Continued	**Did Warning Work? Phase 2**

Phase 2 – 12 Providers, Greater than 500 Members, Less than 33% of QIP Clinical Points, On the bubble

- 75% Engagement
- 66% Needs Assessment or phmCAT
- 42% EPT Funding
-

Phase 2 QIP Scores

Parent Organization	2022 Scores	2023 Scores	Difference
PO 1	16.1%	47.4%	31.3%
PO 2	20.0%	49.0%	29.0%
PO 3	17.1%	39.2%	22.1%
PO 4	1.4%	19.2%	17.7%
PO 5	23.0%	37.0%	14.0%
PO 6	17.0%	30.1%	13.1%
PO 7	0.0%	10.0%	10.0%
PO 8	0.0%	9.0%	9.0%
PO 9	0.0%	9.0%	9.0%
PO 10	19.0%	27.8%	8.8%
PO 11	28.0%	33.5%	5.5%
PO 12	8.0%	7.0%	-1.0%
PO 13	32.3%	30.1%	-2.1%
Average Non-Weighted Change			**12.8%**

Evaluation Decision

- Evaluation: Enhanced Provider Engagement initiative met expectations.
  - 81% Engagement Phase 1
  - 73% Assessment/phmCAT for Phase 1 and Phase 2 (80% Work plan Goal)
- Decision: Adjust and Continue into 2024-25

Lessons Learned

- Many of these groups have foundational problems. Those problems have to be solved before a more measure specific approach is effective
- Engagement works – Some require in-person meeting
- Some disconnect between senior leaders/Boards and their organizations. Some were very engaged and some were likely part of the leadership challenges
- Smaller measure set can situationally help. COVID is another example
- Working with tribal health requires adjustments – pace of decisions/change, communication method, differing measure sets, competing priorities, etc.

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AGENDA ITEM	DISCUSSION / CONCLUSIONS	
V.C Primary Care Physician Engagement Report, Continued	**What's Coming Next?** • Equity Practice Transformation funding – 27 provider organizations over 5 years • East Region engagement – Practice Facilitation, JLI's, training • Continuation/Adjustment of Enhanced Provider Engagement **Concluding Thoughts on Provider Engagement** • Engagement is a major driver of quality performance • Ties in with Partnership's brand of close relationships with practices and members • Long term commitment to partner with practices to build QI capacity	
VI. Adjournment		
PAC adjourned at 9:02 a.m.	**Next PAC on Wednesday, June 12, 2024 at 7:30 a.m. Brown Act flexibilities have ended.**	

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on ____________________ **Date** ____________________ **Steve Gwiazdowski, M.D., Committee Chairperson**

The foregoing minutes were APPROVED WITH MODIFICATION on ____________________ **Date** ____________________ **Steve Gwiazdowski, M.D..., Committee Chairperson**

DRAFT

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
QUALITY/UTILIZATION ADVISORY COMMITTEE (Q/UAC)
MEETING AGENDA

Date: April 17, 2024 **Time: 7:30 – 8:55 a.m.**

Locations: Partnership HealthPlan of California
4665 Business Center Drive, Fairfield, CA 94534 | Napa/Solano Room
2525 Airpark Drive, Redding, CA 96002 | Trinity Alps Conference Room
495 Tesconi Circle, Santa Rosa, CA 95401 | Santa Rosa Huddle Room

PHC Staff only may join by Web-ex:
https://partnershiphp.webex.com/meet/quac Meeting # 809 114 256

Other Locations:
Chapa-de Indian Health: 11670 Atwood Road, Auburn, 95603
Open Door Community Health Center, 3770 Janes Road, Arcata, 95519

PHC Staff only may join by Telephone:
1-844-621-3956 Access Code: 809 114 256

This Brown Act meeting may be recorded. Any audio or video tape record of this meeting, made by or at the direction of PHC, is subject to inspection under the Public Records Act and will be provided without charge, if requested.
Welcome / Introductions / Public welcome at cited locations

	Item	Lead	Time	Page #
I.	**Call to Order – Approval/Acceptance of Minutes**			
1	*Approval of* Quality/Utilization Advisory Committee (Q/UAC) Minutes of March 20, 2024	Robert Moore, MD	7:30	5 – 17
2	*Acknowledgment and acceptance of*			
	• Internal Quality Improvement (IQI) Committee Meeting Minutes of March 12, 2024			19 – 28
	• Feb. 20, 2024 Quality Improvement Health Equity Committee (QIHEC) *draft* Minutes			29 – 47
	• Feb. 29, 2024 Member Grievance Review Committee (MGRC) *draft* Minutes			49 – 54
II.	**Standing Updates**			
1	Quality and Performance Improvement Program Update	Nancy Steffen	7:35	55 – 65
2	HealthPlan Update	Robert Moore, MD	7:43	--
III.	**Old Business** – None			
IV.	**New Business – Consent Calendar**			
	Consent Calendar	All	7:58	66
	2024-25 Hospital QIP (HQIP) Proposed Measure Set – *direct questions to Troy Foster*			67 – 70
	2024-25 Perinatal QIP (PQIP) Proposed Measure Set – *direct questions to Deanna Watson*			71 – 73
	Quality Improvement Policies			
	MPQP1006 – Clinical Practice Guidelines			75 – 78
	MPXG5001 – Clinical Practice Guidelines for the Diagnosis & Management of Asthma			79 – 81
	MPXG5002 – Clinical Practice Guidelines for Diabetes Mellitus			82 – 84
	Utilization Management Policies			
	MCUP3014 – Emergency Services			85 – 91

	Item	Lead	Time	Page #
	MCUP3047 – Tuberculosis Related Treatment			92 – 97
	MCUP3051 – Long Term Care SSI Regulation (previously Long Term Care Admissions)			98 – 99
	MCUP3103 – Coordination of Care for Members in Foster Care			100 – 102
	MCUP3121 – Neonatal Circumcision			103 – 104
	MCUP3146 – Street Medicine			105 – 111
	MPUG3031 – Nebulizer Guidelines			112 – 114
	MPUP3026 – Inter-Rater Reliability Policy			115 – 117
	MPUP3059 – Negative Pressure Wound Therapy (NPWT) Device/Pump			118 – 121
V.	**New Business – Discussion Policies**			
	Synopsis of Changes			123 – 125
	Utilization Management			
	MCUP3037 – Appeals of Utilization Management/Pharmacy Decisions	Tony Hightower, CPhT		127 – 134
	MPUD3001 – Utilization Management Program Description			135 – 174
VI.	**Presentations**			
1	Annual Utilization Management Program Evaluation CY 2023 – NCQA UM Standard 1 Element B	Tony Hightower		175 – 197
2	Supplemental TAR Report to the 2023 UM Program Evaluation: UM & Pharmacy Reports			199 – 205
3	Population Needs Assessment – *PNA Preliminary Results begin on p. 293*	Hannah O'Leary, MPH, CHES		207 – 300
VII.	**FYI:** Pharmacy Operations Update – *direct questions to Stan Leung, Pharm.D*			301
	Adjournment scheduled for 8:55 a.m. – Q/UAC next meets 7:30 a.m. Wednesday, May 15, 2024			

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEETING MINUTES

Quality and Utilization Advisory Committee (Q/UAC) Meeting
Wednesday, April 17, 2024 / 7:32 a.m. – 8:42 a.m. Napa/Solano Room, 1st Floor

Q/UAC has now returned to in-person meetings governed by Brown Act requirements following the Feb. 28, 2023 lifting of California's Public Health Emergency.

Voting Members Present	Brandy Lane, PHC Consumer Member	Michael Strain, PHC Consumer Member
Sara Choudhry, MD	Brian Montenegro, MD	Chris Swales, MD
Steven Gwiazdowski, MD, FAAP	Meagan Mulligan, FNP-BC	Randolph Thomas, MD
Emma Hackett, MD, FACOG	John Murphy, MD	Jennifer Wilson, MD

Voting Members Absent: Robert Quon, MD, FACP

Partnership *Ex-Officio* Members Present:

Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer	Leung, Stan, Pharm.D, Director of Pharmacy Services
Bides, Robert, RN, BSN, Mgr, Member Safety – Quality Investigations, QI	Moore, Robert, MD, MPH, MBA, Chief Medical Officer – Chair
Cox, Bradley, DO, Associate Medical Director	Netherda, Mark, MD, Medical Director for Quality – Vice Chair
Frankovich, Terry, MD, Associate Medical Director	Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections
Gast, Brigid, MSN, BS, RN, NEA-BC, Director of Care Coordination	Ribordy, Jeff, MD, Northern Regional Medical Director
Glickstein, Mark, MD, Associate Medical Director	Ruffin, DeLorean, DrPH, Director of Population Health
Hightower, Tony, CPhT, Associate Director, UM Regulations	Scuri, Lynn, MPH, Regional Director (Southwest)
Jalloh, Mohamed, Pharm.D, Dir. of Health Equity (Health Equity Officer)	Spiller, Bettina, MD, Associate Medical Director
Jones, Kermit, MD, JD, Medical Director for Medicare Services	Steffen, Nancy, Senior Director of Quality and Performance Improvement
Katz, Dave, MD, Associate Medical Director	Thornton, Aaron, MD, Associate Medical Director
Kubota, Marshall, MD, Regional Medical Director (Southwest)	Townsend, Colleen, MD, Regional Medical Director (Southeast)
	Watkins, Kory, MBA-HM, Director, Grievance and Appeals

Partnership *Ex-Officio* Members Absent:

Bontrager, Mark, Sr. Director of Behavioral Health, Administration	Guillory, Ledra, Senior Manager of Provider Relations Representatives
Cotter, James, MD, Associate Medical Director	Guevarra, Angela, RN, Associate Director, Care Coordination (SR)
Devido, Jeff, MD, Behavioral Health Clinical Director	Hartigan, Nicole, RN, Associate Director, Care Coordination (NR)
Esget, Heather, RN, BSN, ACM, Director of Utilization Management	Kerlin, Mary, Senior Director of Provider Relations
	Randhawa, Manleen, Senior Health Educator, Population Health

Guests:

Armstead, Jay, Program Manager II, QI (NCQA Team)	Devan, James, Manager of Performance Improvement (NR)
Booth, Garnet, Manager of Provider Relations Representatives, PR	Erickson, Leslie, Program Coordinator I, QI (scribe)
Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance	Garcia-Hernandez, Margarita, Director of Health Analytics
Brown, Isaac, Director of Quality Management, QI	Matthews, Doug, MD, Regional Medical Director (East)
Brunkal, Monika, RPh, Assoc. Director of Population Health	McCune, Amy, Manager of Quality Incentive Programs, QI
Campbell, Anna, Health Policy Analyst, Utilization Management	O'Leary, Hannah, Senior Health Educator, Population Health
	Rodriguez, Cindy, Project Coordinator II, Member Safety – Quality Investigations

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order Public Comment – *None made* Approval of Minutes	Chair Robert Moore, MD, called the meeting to order at 7:32 a.m. The March 20, 2024 Q/UAC Minutes were approved as presented without comment. *Acknowledgment and acceptance of draft minutes of the* • Internal Quality Improvement (IQI) Committee Meeting Minutes of March 12, 2024 • Feb. 20, 2024 Quality Improvement Health Equity Committee (QIHEC) • Feb. 29, 2024 Member Grievance Review Committee (MGRC) Dr. Moore welcomed two new Partnership employees who are now *ex-officio* members of this committee: • Kermit Jones, MD, JD, Partnership's new Medical Director for Medicare Services, will lead our D-SNP (Dual-eligible Special Needs Plan) preparatory efforts for Jan. 1, 2026 go-live of our new Medicare line of business. Dr. Jones is a board-certified internal medicine physician who once worked at Kaiser and as a health policy advisor at the Department of Health and Human Services. He holds a juris doctorate. • DeLorean Ruffin, DrPH, is the new Director of Population Health Management. She is experienced in the community health sector of Federally Qualified Health Centers (FQHCs) and has a background in clinical research and health education.	Unanimous Approval of Q/UAC Minutes: Steven Gwiazdowski, MD Second: Meagan Mulligan, FNP Unanimous Acceptance of other Minutes: Steven Gwiazdowski, MD Second: John Murphy, MD
II. Standing Updates		
1. Quality Improvement (QI) Department Update *Nancy Steffen, Senior Director of Quality & Performance Improvement*	• We are near to final scoring of and payment on the Measurement Year 2023 Primary Care Provider Quality Improvement Program (PCP QIP). A provider webinar May 8 will launch the MY2024 Partnership Quality Dashboard. Our new core claims system launches this summer. • A new State-mandated collaboration between the Department of Health Care Services (DHCS) and the Institute for Healthcare Improvement (IHI) is running March 2024 through March 2025, focusing on five interventions around child health equity. Partnership's Health Equity Officer and personnel from the CMO's Office, QI, and Pop Health are participating in the effort, which pairs nicely with our quality measure score/measure improvement efforts underway for the pediatric population of focus. Partnership has also collaborated with a rural provider in family practice who serves a varying member population in which we have identified some disparities that we can work on up in Del Norte County. • We are in our second round of offering blood lead point-of-care screening devices to providers to help our members get this care completed before they leave primary care practice sites. We have distributed or reimbursed providers for their purchases of 35 devices. We are hopeful that will improve our rates, particularly in areas where we have had low performance in many of our rural counties. • Our internal presentations at various committees on the Cologuard bulk ordering process has sparked interest from several provider organizations. We currently have 22 POs engaged in varying levels from just starting the process with Partnership and Exact Sciences through being in the midst of a second participation cycle. • Our Performance Improvement Academy on May 1 will offer its first on-site East Region ABCs of Quality Improvement in Chico. • We continue to focus on improving our member experience and our Consumer Assessment of Healthcare	For information only: no formal action required. There were no questions for Nancy. *Meeting postscript:* Staff was informed via email April 30 of the following dates: • 2024 PQD launch: **April 30** • 2024 PQD Kick-Off Webinar: **Wed., May 8** • 2024 Disparity Dashboard launch: **Tues., May 7**

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Providers and Systems (CAHPS) scores. We are working with our Northern Region Consortia, the Health Alliance of Northern California, the North Coast Clinics Network and our FHQC partners on how to incorporate or integrate a patient experience component to QI projects. Providers within and without the Northern Region are welcome to enroll in the May 7 webinar. • Work continues to assure ongoing preparation for our next National Committee for Quality Assurance (NCQA) renewal survey. Several teams are engaged in quarterly file reviews. We have a file review audit coming up in May, in addition to ongoing focus in our Health Equity Accreditation. I am happy about our ongoing progress to demonstrate compliance to all of those standards. We are currently sitting at a compliance rate of just over 55 percent. We need to achieve at least 80 percent of applicable element points to obtain this accreditation. We're on track to have a mock HEA survey in August and our first HEA survey in June 2025. Some departments are further along than others because we are building infrastructure around data capture across a variety of demographics and ways to understand where disparities may exist and understand from our members how they represent themselves. These are all new elements and system changes that are underway.	

2. HealthPlan Update
 	
Robert Moore, MD, Chief Medical Officer
	• We are in the midst of our annual regional Medical Directors meetings. Meetings yet to occur are April 19 in Fairfield, April 26 in Eureka, and May 3 in Oroville. Clinician and non-clinician leaders are invited to attend.
	• A few weeks ago, Partnership met with public health officers from about one-half of our 24 counties.
	  o We shared our comprehensive collection of county-level data to assist the officers with their strategic and public planning health processes. (This data is also being shared at our regional Medical Directors meetings.) We will post this data on our website, along with a form that a county health officer may sign off on to request changes in future years.
	  o There is interest among the public health officers to do a collective maternal/child health planning process. Currently, each county is responsible to do its own plan, perhaps once every five years. The main thing counties now run is the Women, Infants and Children (WIC) program. First Five has taken on the parenting aspects. All the rest of the delivery services, however, now fall under Medi-Cal managed care. It behooves us to come up with a more regional approach, not least because the Comprehensive Perinatal Services Program (CPSP) program has been mostly phased out of the counties. Partnership will be working on this in the next year.
	  o Public health officers are now embracing receiving Partnership data on who has or has not completed latent tuberculosis treatment so that they might better interface with CalREDIE (California Reportable Disease Information Exchange that the California Department of Public Health has implemented for electronic disease reporting and surveillance) and perform case management.
	  o Dr. Tomás Aragón, the director of California Public Health, made some remarks: his main theme was focusing on the public health aspects of substance use disorder, specifically, the consequences of alcohol abuse and, on a more micro public health level, the misuse of the labeling of hemp to introduce high potency marijuana derivatives into foods in an unregulated setting.
	• Partnership is attempting to get key stakeholders together to address ambulance use for hospital-to-hospital transportation.
		For information only: no formal action required.
		
		Dr. Moore concluded his Dignity update by thanking Dignity provider Chris Swales, MD, for his continued participation as a voting Q/UAC member.
		
		A conversation about how many Partnership members are affected, how FFS Medi-Cal rates compare, and capitation or direct member status ensued between Dr. Moore, Dr. Swales, Brian Montenegro, MD, and John Murphy, MD.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	• Our Partnership contract with Common Spirit, the parent organization for Dignity, did end the last day of March. For the first time in Partnership history, we were not able to come to an agreement, and we are in the process of dealing with the consequences of that. Clinicians should be aware that both sides really do want to have an agreement, although they remain extremely far apart on the financial rates. (Partnership has publically stated that the rates being asked for as so high that it would put the Health Plan at risk of survival.) o Unlike commercial contract terminations, since Dignity is contracted with Medi-Cal, the hospitals and clinicians will be paid for any services provided to our members. On a commercial termination, the member suddenly becomes responsible if they go to an out-of-network provider. Not the case for Medi-Cal. Emergency care and inpatient care, anything that is provided through Dignity, will be paid through fee-for-service. o Certain conditions are eligible by statute for continuity of care. That includes zero to three-year-olds, pregnant patients who have established care with a Dignity provider, women who have given birth in the last three months, cancer under chemotherapy, dialysis, approved services with a Treatment Authorization Request (TAR) on file and on-going specialty care that is needed. ▪ Most continuity of care is for non-Dignity primary care patients, for patients who are seen by CommuniCare in our Southern Region or by some of the tribal health, Shasta Community Health is a big one up north. Only a small percentage are Dignity patients, and I suspect most of those are zero to three-year-olds and pregnant patients. ▪ As of April 1, all Dignity members this month are direct members, which means they can go to any provider who is willing to see them. In the absence of a contract, we pay fee for service Medi-Cal rates for any bills we get for direct members. No patient is prohibited from going to a Dignity provider. We want to stress that we value our Dignity colleagues and physicians. Trying to find a way to minimize the pain for everyone involved is a key principle. Several PCP organizations have been reaching out to their Dignity colleagues, trying to figure out how best to take care of patients, and I really appreciate that effort to put the patients first. If any patients get stuck in denial of care, we encourage them to reach out to our Care Coordination department. o All medical records for Dignity's patients are in SacValley MedShare, which providers may access online. There is no need to look at paper or send a fax request for records.	
III. Old Business – None		
IV. New Business – Consent (Committee Members as Applicable)		
Consent Calendar	2024-25 Hospital QIP (HQIP) Proposed Measure Set – *direct questions to Troy Foster* 2024-25 Perinatal QIP (PQIP) Proposed Measure Set – *direct questions to Deanna Foster* ***Health Services Policies*** Quality Improvement MPQP1006 – Clinical Practice Guidelines MPXG5001 – Clinical Practice Guidelines for the Diagnosis & Management of Asthma MPXG5002 – Clinical Practice Guidelines for Diabetes Mellitus	Motion to approve consent calendar without MCUP3121: Brian Montenegro, MD Second: Steven Gwiazdowski, MD *Approved unanimously* Motion to approve MCUP3121

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	<u>Utilization Management</u> MCUP3014 – Emergency Services MCUP3047 – Tuberculosis Related Treatment MCUP3051 – Long Term Care SSI Regulation (previously Long Term Care Admissions) MCUP3103 – Coordination of Care for Members in Foster Care MCUP3121 – Neonatal Circumcision – ***pulled from consent*** MCUP3146 – Street Medicine MPUG3031 – Nebulizer Guidelines MPUP3026 – Inter-Rater Reliability Policy MPUP3059 – Negative Pressure Wound Therapy (NPWT) Device/Pump Dr. Gwiazdowski **pulled MCUP3121 Neonatal Circumcision from consent** to question the proposed deletion of gender-specific nouns and pronouns, saying such deletions may open "Pandora's box," calling into question whether Partnership endorses female circumcision. (Partnership does not.) After some discussion, **Q/UAC agreed to substitute "penile circumcision" for "male circumcision" where appropriate.**	as amended: Steven Gwiazdowski, MD Second: Randy Thomas, MD *Approved unanimously* <u>Next Steps</u>: May 8 Physician's Advisory Committee (PAC)
V. New Business – Discussion Policies		
Policy Owner: Utilization Management – *Presenter: Tony Hightower, CPhT, Associate Director, UM Regulations*		
MCUP3037 – Appeals of Utilization Management / Pharmacy Decisions	**Section VI.B.6:** The paragraph on Extensions was deleted as DHCS APL 21-011 *Revised* calls for all appeals to be resolved within 30 days. **Section VII.** Existing References were updated for dates and hyperlinks **Section IX.** Updated Position Responsible for Implementing Procedure to "Chief Health Services Officer." **Attachments B & C are updated with** Redding's Airpark address. Tony went through the synopsis. Removal of the paragraph on extensions was a balance between the requirements dictated by NCQA and DHCS where we will abide by the more strict standard, which is DHCS's standards that do not allow for an extension of appeals requests. There were no questions.	Motion to approve as presented: Jennifer Wilson, MD Second: Chris Swales, MD *Approved unanimously* <u>Next Steps</u>: May 8 Physician's Advisory Committee (PAC)
MPUD3001 – Utilization Management Program Description	Annual updates to our UM Program Description for both UM and Pharmacy activities were made in conjunction with our annual UM Program Evaluation. **Page 3:** A Program Staff description was added for Medical Director, MD/ DO and for Medical Director of Medicare Services – MD/DO. **Pages 3 and 4:** Assigned responsibilities for the Medical Director of Quality, the Behavioral Health Clinical Director, and the Pharmacy Services Director were all updated to include serving on the Quality Improvement and Health Equity Committee (QIHEC). **Page 5:** The Program Staff description for the Senior Director of Health Services was superseded by new description and responsibilities for the Chief Health Services Officer. This title change was reflected throughout the policy. **Page 5:** Assigned responsibilities for the Director of Health Equity were updated to reflect Co-Chairing the Population Needs Assessment (PNA) committee.	Motion to approve as presented: Steven Gwiazdowski, MD Second: Chris Swales, MD *Approved unanimously* <u>Next Steps</u>: May 8 Physician's Advisory Committee (PAC)

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Page 6: Assigned responsibilities for the Director of Utilization Management were updated to clarify participation in the UM Program and audits of health services programs. **Page 7:** Assigned responsibilities for the Associate Director of Utilization Management were updated to include coordination of activities with Population Health and UM reporting duties. **Page 7:** A Program Staff description was added for Associate Director of Enhanced Care Management Operations. **Page 8:** Assigned responsibilities for the Associate Director of Utilization Management Regulations were updated for report structure and committee presentation responsibilities. **Page 9:** Program Staff descriptions were added for Manager of Long Term Support Services and Clinical Team Manager, CalAIM Justice Liaison, ECM Program. **Page 10:** Program Staff description was added for Senior Programmer Analyst. **Pages 12 and 13:** Program Staff descriptions were added for Supervisor of Utilization Management Strategies and Policy Analyst. **Pages 13 and 14:** Program Staff descriptions for Program Manager I and II as well as Project Coordinator I were modified to apply to both the CalAIM Community Supports or Enhanced Care Management teams. **Page 14:** Program Staff description for Project Coordinator I – Regulatory/ Delegation was deleted as the responsibilities of that position have been absorbed into the Program Manager I – Regulatory/ Delegation position. **Page 14:** Program Staff descriptions were added for Health Services Analyst I and Executive Assistant to the Chief Health Services Officer. **Page 15:** Program Staff descriptions for Health Services Administrative Assistant I and II in UM were clarified. **Pages 15 and 16:** Program Staff descriptions for Coordinator I and II were modified to apply to UM and CalAIM teams. **Page 17:** The Provider Advisory Group (PAG) was deleted from the list of Committees as it has been disbanded. **Page 18:** The description of the Consumer Advisory Committee (CAC) was updated to reflect that there is now one committee for all regions and a new objective of the committee will be to provide feedback on health equity initiatives. **Pages 21-22:** The Mental Health services section was updated to remove references to Kaiser and Beacon. **Page 22:** The SUD treatment services section was clarified for residential treatment and Care Coordination services. **Page 23:** The BHT section was updated to specify that PHC will provide “medically necessary” BHT services “covered under Medicaid” as per new language in APL 23-010 Revised. **Page 25:** The Referral Management section was updated to specify PHC’s Online Services Portal for submission and to clarify that requests for out-of-network referrals are reviewed to determine if services can be provided within PHC’s network. Also on this page, the QUAC committee was added as one of the committees where practitioners with clinical expertise advise PHC on the development and/or adaptation of UM criteria.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Page 29: The phone number for addressing post-stabilization care and inter-facility transfer needs 24/7 was updated. This number was changed due to its prior similarity to our Transportation phone number, which often resulted in member misdials. **Pages 31 - 33:** Much of the Appeals section was deleted from this documents because it is all stated in policy MCUP3037 Appeals of Utilization Management/ Pharmacy Decisions. A summary paragraph remains which directs the reader to the other policy. **Pages 37:** Dates and hyperlinks were updated in for existing References. Tony went through the synopsis, touching only on the major changes to this document. The bulk of the work had to do with updating staff structure and physician descriptions within that staff structure, including Medical Director, Regional Medical Director, Associate Medical Director, Medical Director for Quality, and Medical Director of Medicare Services. Updating the position of Senior Director of Health Services to Chief Health Services Officer was a major change in the UM leadership structure. Within Health Services, there was a major migration of an entire team: our Enhanced Care Management team migrated from Care Coordination to UM Strategies (CalAIM). The entire ECM team now reports to the Director of Utilization Management Strategies. Within UM operations and regulations, we added a manager of long-term support services, a senior program analyst job description and a policy analyst, as well as a health service analyst to work with our data. We made changes to remove references to our contractual arrangement with Kaiser. In the Appeals section, we removed a bulk of the language involving our appeals processes because, as reviewed with our NCQA consultant, we found the language regarding our appeals process duplicative to the language that already exists in MCUP3037 - Appeals of Utilization Management / Pharmacy Decisions. There were no questions for Tony.	
VI. Presentations		
CY 2023 UM Program Evaluation – NCQA UM Standard 1 Element B and Supplemental UM & Pharmacy TAR Report *Tony Hightower, CPhT*	UM annually evaluates a consistent set of areas within its program structure to ensure that the program continues to be aligned with obligations for NCQA accreditation and DHCS regulatory compliance. UM reviews its staffing ratios as well as its TAR-to-staff ratios to ensure staffing is appropriate to conduct the reviews for which UM is responsible. UM reviews its program scope, which includes review/maintenance of policies in accordance with DHCS and NCQA requirements. UM evaluates the timeliness of TAR processing and the consistency of applying medical necessity criteria to TAR reviews; this is accomplished in the monthly and quarterly Inter-Rater Reliability process. Appropriate level of care is assessed via continual over/under utilization monitoring. Senior physician participation within the UM program via medical reviews and participation within our committees, including PAC, Q/UAC and Pharmacy & Therapeutics (P&T), is also evaluated. Quorum was met in each 2023 meeting of each of these advisory committees. For clinical staffing, a 20 percent threshold has been applied in measuring ratios of UM staff nurses and pharmacists to medical directors. This threshold was met in CY 2023. UM's overall CY 2023 TAR volume was 246,234, which represents a 10.74% increase year-over-year from 2022. A major contribution to this uptick was the March and April 2022 system disruption Partnership experienced. Increases in membership also drove the volume increase.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	The Pharmacy department processed 7,502 TARs in CY 2023, a 3.21% decrease from 2022 driven by the continuing department scale back as the State via Medi-Cal Rx has taken on more TAR processing responsibilities. Partnership's UM TAR staffing ratios are reviewed on a month-over-month basis to evaluate staffing fluctuations. For UM, the skilled nursing facilities (SNF), inpatient, and long-term care (LTC) groups did exceed thresholds for the months between July and October 2023. This was largely driven by staff turnover and staff's leaves of absence. For Pharmacy, the TAR to Pharmacist ratio exceeded thresholds in July 2023 due to a reduction in pharmacist staffing, again, largely resulting from the transition of the Pharmacy benefit to Medi-Cal Rx. UM's timeliness goals (90% threshold) for urgent, concurrent, and urgent pre-service requests were met. UM did not meet its non-urgent pre-service and post-service request timeliness goals. This was driven by increases in volume and some restructuring that occurred this year. Some of the more veteran staff left the department, leading to some historical knowledge loss. This has been addressed by hiring permanent staff and engaging with temporary staff to address specific gaps with teams, as well as by adjusting approaches to workflows. Where historically UM focused on siloed teams doing specific reviews, UM now cross-trains staff across different review types. Pharmacy's timeliness goal was met for non-urgent pre-service and post-service requests and was not met for urgent pre-service requests. A similar issue occurred with Pharmacy as to turnover and loss of seasoned staff. Pharmacy has worked on workflows. For Inter-Rater Reliability (IRR), UM managed to exceed its 90% concurrence rate for all reviewer types. We are consistent in our application of criteria in our reviews. Level of care/ criteria evaluation through over/under utilization is performed by various groups in Partnership, not just within the UM team. Some of the areas evaluated include, within our QI department, HEDIS® scores via our IQI and Q/UAC committees, Site Review process, and evaluation through our Access/Availability Grand Analysis. Partnership's also maintains a cross-departmental Over/Under Utilization Workgroup, the work of which is summarized in this evaluation by Dr. Moore. Additional analysis and remediation actions for the detection of over/under utilization are accomplished via the QIP programs for both hospitals and providers, as well as through UM review. Annually, UM evaluates its major criteria set, InterQual®. This evaluation will be presented to QI committees in June. UM also leverages additional criteria, including Medi-Cal guidelines, Medicare criteria etc. Pharmacy criteria and pharmaceutical drug class are reviewed in collaboration with internal and external stakeholders during our P&T and PAC committees. Partnership's CMO and Medical Directors participate in the review of our policies via committee as well as participating in clinical rounds and the daily UM review and medical decision-making process. Network PCPs and specialists participate in an annual survey to gauge overall satisfaction with our UM and Pharmacy processes. This year, we had three questions that did not meet our 90% threshold amongst our specialists. The corrective action is that UM is working with Provider Relations on beefing up our provider education for accessing our information online as well as training UM staff on medical necessity denials and what information should be included in denial letters. UM evaluates Partnership's member experience via the Grievance and Appeals PULSE report. The good news is that in CY 2023 there was an overall decrease from CY 2022 in the number of grievances received related to UM processes. To conclude, Partnership's UM Program functions effectively; we have a solid program structure, a comprehensive policy library and robust guidance and support of senior-level physicians and internal and external committees. No significant changes will be required for the 2024 UM Program.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Dr. Gwiazdowski said he understood the underpinnings around metrics and audits but said he wondered how initial ratios are determined. Is it via NCQA? DHCS? Internally driven? Tony replied that the structure of this evaluation as a whole is fairly strictly dictated by NCQA. This is good because it sets us up for success with DHCS, which may not require these ratios. Furthermore, having these ratios and standards in place will help as we take on the Medicare D-SNP line of business because the Centers for Medicare and Medicaid Services (CMS) defers to NCQA for these types of measures. Stan Leung, Pharm.D, clarified that NCQA is not proscriptive in terms of a specific number or ratio. The ratios are something Partnership designed to evaluate its processes and to determine that if fluctuations occur, timeliness and other metrics are not adversely affected. Dr. Thomas pointed out that "rapid testing for strep" is misstated under HEDIS/NCQA guidelines in the evaluation for potential under-utilization. After some discussion among doctors Moore, Netherda, and Montenegro, Q/UAC directed Tony to delete the word "rapid." Dr. Murphy motioned and Dr. Gwiazdowski seconded that the UM Evaluation is accepted as amended for Dr. Thomas's suggestion and after Tony does a last search to mitigate for any gender pronouns. Q/UAC unanimously concurred.	
Population Needs Assessment CY 2023 *Hannah O'Leary, MPH, CHES, Manager of Population Health*	The PNA is an opportunity for Partnership to assess the needs of our members, pulling from different data sources. It is also used to fulfill many NCQA requirements. The PNA results can be categorized into <u>four buckets</u>: healthcare access and quality, economic instability, neighborhood and built environment, and social/community context. 1. The PNA found that many of our counties have insufficient access to healthcare services, including primary care, dental care, specialty care, mental health, substance abuse services, and inadequate prenatal care. In 2023, hypertension and tobacco use were the most common conditions diagnosed among our adult population. Pediatric members saw high rates of anxiety, stress and trauma. Breast cancer screening rates and cervical cancer rates in our Northern Region continued to underperform. The white population continues to have some of the highest numbers of mental health visits compared to other groups. 2. Our counties continue to have low income and unemployment as well as unstable housing. The median household incomes in many of Partnership's counties is lower than California's median income. Almost all counties have lack of affordable and quality housing. Many individuals who do qualify for housing assistance are unable to find a place to rent. Homelessness continues as a constant through many of our counties. For context, the most recent homeless count for the state of California was about 181,399 persons. 3. The PNA found many of our counties lack access to healthy foods and opportunities to exercise. There are high rates of violence and unintentional injury. The risk of fire is a big concern. Partnership had 176,443 acres burned in 14 fires last year. Transportation issues continue to be challenging. 4. Many persons within Partnership's counties experience much higher rates of ACEs (adverse childhood experiences) than does the general population. To address some of this, in 2023 Partnership hired a regional lead in the new East Region and one in the Northeast. Partnership continues to build out doula and community health worker (CHW) networks. Partnership will continue to work to leverage State funds, like CalAIM, the Community Support services and Enhanced Care Management. Partnership plans to offer scholarships in 2024 to Sacramento City College's CHW certificate program to help create employment opportunities in our local communities. To support the unhoused, Partnership in early 2024 distributed a total of 6,430 backpacks with essential supplies to members in 23 of our 24 counties. That completed their PIT counts at the beginning of 2024. Population Health has created a fire and disaster reporting email inbox so various Partnership departments can support members in need in real time.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	In the beginning of 2023, Partnership collaborated with providers and community agencies to provide member education and referrals to members recently diagnosed with hypertension. Partnership also supported members living with chronic conditions by conducting telephonic outreach and offering support through Population Health's Healthy Living tool, which is a self-management tool. Some other pilot programs currently underway are the colorectal and cervical cancer screenings and are resulting in increased testing. Partnership continues to contract with Alinea Medical Imaging to bring mobile mammography services to many in our rural communities and health centers that do not have access to these services. Partnership has and will continue to strengthen relationships and collaborative efforts with tribal health providers to address disparities between our American Indian and non-American members, including working with the Better Birthing Coalition.. Partnership has performed outreach to all pregnant members and their offspring from birth through age six, offering incentives to attend well-care visits and vaccinations. These efforts are ongoing into 2024. Ongoing mail-only campaigns target our teenage population to encourage vaccination and wellness visits. Partnership is allocating dollars and staff time to collaborate with local public health officials and schools to promote vaccinations and wellness visits through school-based clinics and other strategies to promote childhood wellness care. Partnership has developed a multi-prong approach to recruitment of providers. Incentive programs are continuing to evolve and expand to recruit and retain high quality health professionals and to preserve institutional knowledge in these provider networks. Partnership will continue to participate in efforts that support members recently diagnosed with diabetes and hypertension and will continue to attend mobile mammography events. Partnership will continue to collaborate with community groups, offering education to members, particularly non-English speaking ones, about available benefits, including vision, mental health services and preventive care. Flyers are being developed. Population Health's Health Education team is working closely with Communications to create member-facing videos to help members with preventive care, vaccine safety, mental health, and women's health. In conclusion, there are multiple planned and ongoing actions to address the four buckets of need, including some improvements in our organizational structure, addressing social and environmental needs, addressing member health and wellness, access to care, health disparities, health education and cultural and linguistics. There were no questions for Hannah.	
VII. FYI	Pharmacy Operations Update – *direct any questions to the Director of Pharmacy Services, Stan Leung. Pharm.D*	
VIII. Adjournment – Before adjourning at 8:43 a.m., those meeting on-site introduced themselves to new Q/UAC *ex-officios* Dr. Jones and DeLorean. Q/UAC next meets at 7:30 a.m. Wednesday, May 15, 2024.		

Respectfully submitted by: Leslie Erickson, Program Coordinator I, QI

Signature of Approval: ______________________ Date: ____________

Robert Moore, MD, MPH, MBA
Committee Chair

PARTNERSHIP HEALTHPLAN OF CALIFORNIA
INTERNAL QUALITY IMPROVEMENT (IQI) COMMITTEE MEETING MINUTES
Tuesday, April 9, 2024 / 1:31 – 2:42 PM

Members Present:
Barresi, Katherine, RN, BSN, PHN, NE-BC, CCM, Chief Health Services Officer
Bides, Robert, RN, BSN, Manager of Member Safety – Quality Investigations, QI
Boyle, Shannon, RN, Manager of Care Coordination Regulatory Performance
Brown, Isaac, Director of Quality Management, Quality Improvement
Brunkal, Monika, RPh, Assoc. Dir., Population Health
Campbell, Anna, Health Services Policy Analyst, Utilization Management
Esget, Heather, RN, BSN, ACM, Director of Utilization Management
Garcia-Hernandez, Margarita, PhD, Director of Health Analytics
Gast, Brigid, MSN, BS, RN, NEA-BC, Director of Care Coordination
Hightower, Tony, CPhT, Associate Director, UM Regulations
Innes, Latrice, Manager of Grievance & Appeals Compliance, Administration
Klakken, Vicki, Regional Manager – Northwest
Leung, Stan, Pharm.D, Director of Pharmacy Services
Moore, Robert, MD, MPH, MBA, Chief Medical Officer, Committee Chair
Netherda, Mark, MD, Medical Director for Quality, Committee Vice-Chair
Newman, Rachel, RN, BSN, Manager, Clinical Compliance – Quality Inspections
Randhawa, Manleen, Senior Health Educator, Population Health
Scuri, Lynn, MPH, Regional Director – Southwest
Sharp, Tim, Regional Director – Northeast
Steffen, Nancy, Senior Director of Quality and Performance Improvement
Villasenor, Edna, Senior Director, Member Services and G&A

Members Absent:
Ayala, Priscila, Associate Director of Provider Relations
Bjork, Sonja, JD, Chief Executive Officer
Davis, Wendi, Chief Operating Officer
Jalloh, Mohamed "Moe," Pharm.D, Health Equity Officer
Kubota, Marshall, MD, Regional Medical Director – Southwest
Kerlin, Mary, Senior Director, Provider Relations
Turnipseed, Amy, Senior Director of External and Regulatory Affairs

Guests:
Bikla, Dejene, Sr. Health Data Analyst II, Finance
Chebolu, Radha, Senior Health Data Analyst II, Finance
Clark, Kristen, Supervisor of Quality & Training, Member Services
Devido, Jeff, MD, Behavioral Health Clinical Director
Erickson, Leslie, Program Coordinator I, QI (scribe)
Fulgham, Coquise, RN, Manager of Utilization Management, UM
Gaul, Kristine, Manager of Performance Improvement (SR), QI
Harris, Vander, Senior Health Data Analyst I, Finance
Lee, Donna, Manager of Claims, Claims
Matthews, Doug, MD, Regional Medical Director (East)
Ocampo, Andrea, Pharm.D, Clinical Pharmacist, Pharmacy
O'Leary, Hannah, Manager of Population Health
Power, Kathryn, Regional Manager, Communications
Rodekohr, Dianna, Project Manager I, Configuration
Thomas, Penny, Senior Health Data Analyst I, Finance
Townsend, Colleen, MD, Regional Medical Director (Southeast)
Vaisenberg, Liat, Associate Director of Health Analytics, Finance

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
I. Call to Order Introductions – None Approval of Minutes	Chief Medical Officer and Committee Chair Robert Moore, MD, MPH, MBA called the meeting to order at 1:31 p.m. Approval of March 12, 2024 IQI Minutes *Acknowledgement and Acceptance of draft minutes of the* • Feb. 29, 2024 Member Grievance Review Committee (MGRC)	Motion to approve IQI Minutes: Mark Netherda, MD Second: Isaac Brown Motion to accept draft MGRC: Brigid Gast, RN Second: Isaac Brown
II. Old Business – None		
III. New Business (Committee Members as applicable) – Consent Calendar Policies		

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
Health Services Policies <u>Quality Improvement</u> MPQP1006 – Clinical Practice Guidelines MPXG5001 – Clinical Practice Guidelines for the Diagnosis & Management of Asthma MPXG5002 – Clinical Practice Guidelines for Diabetes Mellitus <u>Utilization Management</u> MCUP3014 – Emergency Services MCUP3047 – Tuberculosis Related Treatment MCUP3051 – Long Term Care SSI Regulation (previously Long Term Care Admissions) MCUP3103 – Coordination of Care for Members in Foster Care MCUP3121 – Neonatal Circumcision MCUP3146 – Street Medicine MPUG3031 – Nebulizer Guidelines MPUP3026 – Inter-Rater Reliability Policy MPUP3059 – Negative Pressure Wound Therapy (NPWT) Device/Pump ***Member Services Policy*** MC305 – Distribution of Member Rights and Responsibilities ***Provider Relations Policies*** MPPR203 – Provider Enrollment Status Guidelines <u>Credentialing</u> MPCR4B – Identification of HIV/AIDS Specialists MPCR13 – Credentialing of Pain Management Specialist MPCR13A – Credentialing of Hospice and Palliative Care Medicine Specialist MPCR102 – Provider Directory Accuracy MPCR304 – Allied Health Practitioners Credentialing and Re-credentialing Requirements MPCR600 – Range of Actions to Improve Practitioner Performance MPCR602 – Reporting Actions to Authorities – ***pulled and tabled for further internal discussion*** MPCR809 – Delegation of Credentialing and Re-credentialing Activities Anna Campbell **pulled MPCR602** to ask if "licensed midwives" shouldn't be included in the list of provider types subject to the 805 Report**.** After some discussion, Dr. Moore and **IQI agreed to add licensed midwives in Section III.B.** but took no action on Isaac Brown's query whether to include them under Section VI.A.1 as well. **MPCR500** – Ongoing Monitoring and Interventions **was also added as a Related Policy.**		The Consent Calendar minus the tabled MPCR602 was approved as presented: Isaac Brown Second: Stan Leung, Pharm.D <u>Next Steps:</u> • Health Services policies go to the Quality/Utilization Advisory Committee (Q/UAC) April 17 and to the Physician Advisory Committee (PAC) May 8 MS's MC305 goes to the department director for signature. PR's MPPR203 goes to CEO Sonja Bjork, JD, for signature. *Meeting Postscript:* The Credentials Committee on April 10 approved all credentialing policies but for the tabled MPCR602. Medical Director for Quality Mark Netherda, MD, and Southwest Regional Medical Director Marshall Kubota, MD, together will review MPCR602 to see if other revisions are warranted before the policy is brought back to IQI.
IV. New Business – Discussion Policies		
Utilization Management: *Presenter: Tony Hightower, CPHT, Associate Director, UM Regulations*		
MCUP3037– Appeals of Utilization Management /	**Section VI.B.6:** The paragraph on Extensions was deleted as DHCS APL 21-011 *Revised* calls for all appeals to be resolved within 30 days. **Section VII.** Existing References were updated for dates and hyperlinks **Section IX.** Updated Position Responsible for Implementing Procedure to "Chief Health Services Officer."	Motion to **approve as presented**: Mark Netherda, MD Second: Katherine Barresi, RN <u>Next Steps</u>:

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
Pharmacy Decisions	Tony remarked that the National Committee for Quality Assurance (NCQA) does grant extensions on some timeframes; however, Partnership has chosen to adapt our policies to the more restrictive DHCS All Plan Letter 21-011. Attachments B&C now reflect a pending change in office address from Redding's Avtech address to its Airpark office. There were no questions.	April 17 Q/UAC May 8 PAC
MPUD3001 – Utilization Management Program Description	Annual updates to our UM Program Description for both UM and Pharmacy activities were made in conjunction with our annual UM Program Evaluation. **Page 3:** A Program Staff description was added for Medical Director, MD/ DO and for Medical Director of Medicare Services – MD/DO. **Pages 3 and 4:** Assigned responsibilities for the Medical Director of Quality, the Behavioral Health Clinical Director, and the Pharmacy Services Director were all updated to include serving on the Quality Improvement and Health Equity Committee (QIHEC). **Page 5:** The Program Staff description for the Senior Director of Health Services was superseded by new description and responsibilities for the Chief Health Services Officer. This title change was reflected throughout the policy. **Page 5:** Assigned responsibilities for the Director of Health Equity were updated to reflect Co-Chairing the Population Needs Assessment (PNA) committee. **Page 6:** Assigned responsibilities for the Director of Utilization Management were updated to clarify participation in the UM Program and audits of health services programs. **Page 7:** Assigned responsibilities for the Associate Director of Utilization Management were updated to include coordination of activities with Population Health and UM reporting duties. **Page 7:** A Program Staff description was added for Associate Director of Enhanced Care Management Operations. **Page 8:** Assigned responsibilities for the Associate Director of Utilization Management Regulations were updated for report structure and committee presentation responsibilities. **Page 9:** Program Staff descriptions were added for Manager of Long Term Support Services and Clinical Team Manager, CalAIM Justice Liaison, ECM Program. **Page 10:** Program Staff description was added for Senior Programmer Analyst. **Pages 12 and 13:** Program Staff descriptions were added for Supervisor of Utilization Management Strategies and Policy Analyst. **Pages 13 and 14:** Program Staff descriptions for Program Manager I and II as well as Project Coordinator I were modified to apply to both the CalAIM Community Supports or Enhanced Care Management teams. **Page 14:** Program Staff description for Project Coordinator I – Regulatory/ Delegation was deleted as the responsibilities of that position have been absorbed into the Program Manager I – Regulatory/ Delegation position. **Page 14:** Program Staff descriptions were added for Health Services Analyst I and Executive Assistant to the Chief Health Services Officer. **Page 15:** Program Staff descriptions for Health Services Administrative Assistant I and II in UM were clarified. **Pages 15 and 16:** Program Staff descriptions for Coordinator I and II were modified to apply to UM and CalAIM teams. **Page 17:** The Provider Advisory Group (PAG) was deleted from the list of Committees as it has been disbanded. **Page 18:** The description of the Consumer Advisory Committee (CAC) was updated to reflect that there is now one committee for all regions and a new objective of the committee will be to provide feedback on health equity initiatives. **Pages 21-22:** The Mental Health services section was updated to remove references to Kaiser and Beacon. **Page 22:** The SUD treatment services section was clarified for residential treatment and Care Coordination services.	Motion to **approve as presented**: Stan Leung, Pharm. D Second: Katherine Barresi, RN Next Steps: April 17 Q/UAC May 8 PAC

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	Page 23: The BHT section was updated to specify that PHC will provide "medically necessary" BHT services "covered under Medicaid" as per new language in APL 23-010 Revised. **Page 25:** The Referral Management section was updated to specify PHC's Online Services Portal for submission and to clarify that requests for out-of-network referrals are reviewed to determine if services can be provided within PHC's network. Also on this page, the QUAC committee was added as one of the committees where practitioners with clinical expertise advise PHC on the development and/or adaptation of UM criteria. **Page 29:** The phone number for addressing post-stabilization care and inter-facility transfer needs 24/7 was updated. This number was changed due to its prior similarity to our Transportation phone number which often resulted in member misdials. **Pages 31 - 33:** Much of the Appeals section was deleted from this documents because it is all stated in policy MCUP3037 Appeals of Utilization Management/ Pharmacy Decisions. A summary paragraph remains, which directs the reader to the other policy. **Pages 37:** Dates and hyperlinks were updated in for existing References. Tony went through the synopsis, saying staffing structure, titles and job description updates drove many changes. UM is currently onboarding a new Medical Director for Medicare. Another position has been added for long-term support services. References to Kaiser and Beacon were removed from the Mental Health section as the only delegate now is Carelon (formerly Beacon). The Appeals section is now edited to a high-level description because much of the information was duplicative of our policy MCUP3037 Appeals of Utilization Management/Pharmacy Decisions, which also appears in this packet. Tony mentioned that MCUP3037 was updated to remove a paragraph on extensions which NCQA would allow but DHCS APL 21-011 does not allow. Dr. Moore asked if Treatment Authorization Request (TAR) timeframes are affected? Tony replied No, that the timeframes for TAR processing remain the same and no changes were necessary in this policy. There were no other questions.	
V. Presentations		

1. Quality and Performance Improvement Update
 	
Nancy Steffen, Senior Director of Quality and Performance Improvement
	• The Primary Care Provider Quality Improvement Program (PCP QIP) team is presently processing Measurement Year 2023 payment and is on track to distribute by April 30.
	• Well-child visit gap lists for assigned members turning 15 months of age (W15) can be accessed via the Preventive Care Dashboard, embedded within the eReports interface, beginning in May. A kick-off webinar will occur May 8.
	• Quality Assurance Performance Improvement (QAPI) program research and meetings with a few of our long-term care partners has been completed. Next steps are to formulate a Managed Care Plan (MCP) level QAPI program for increased quality monitoring of our skilled nursing facilities, in response to DHCS' LTC benefit standardization and subsequent APL requirements.
	• DHCS, in partnership with the Institute for Healthcare Improvement (IHI), has announced a 12-month Child Health Equity Collaborative to improve completion if well-child visits for all California MCPs. Partnership will participate in this collaboration running March 2024 through March 2025 on five focused interventions.
	• Two Quality pilots are going well. Partnership
	  o Has purchased or reimbursed primary care providers for a total of 10 point-of-care devices to make blood lead testing more accessible to members. A second round will purchase/reimburse up to 25 devices.
	  o Has 22 provider organizations (POs) engaged in the Cologuard bulk ordering process. Colorectal cancer screening is not yet a Managed Care Accountability Set (MCAS) measure; however, we expect it soon will become one.
	• This fiscal year's final "ABCS of Quality Improvement" training will be held May 1 in Chico.
		Information only.
		
		There were no questions for Nancy.

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION

	• The "Incorporating Patient Experience in Quality Improvement Projects and Plans" webinar has been scheduled for May 7. Thank you to our Consumer Advisor Healthcare Providers and Systems (CAHPS) team for putting this forward.
	• The Equity and Practice Transformation (EPT) program work continues.
	  o Partnership will be receiving approximately $1.5M in Initial Planning Incentive Payment (IPIP) from DHCS by April 30.
	  o The Statewide Learning Collaborative (SLC) is meant to support practices awarded the Provider Directed Payment Program (PDPP) funding in the implementation of practice transformation activities. All PDPP participants are required to participate in the SLC.
	  o Partnership has the most (eight) tribal health participants among California's MCPs.
	  o Based on the funding criteria, there is a possible draw-down of $45M for Partnership's 27 contracted POs upon meeting the practice transformation activities over the program's five-year timeline ending Dec. 31, 2028.
	• Our National Committee on Quality Assurance (NCQA) team continues to do great work preparing everyone for our upcoming Health Equity and Health Plan accreditations (2025 HEA and 2026 HPA, respectively).	

2. 2024-2025 Hospital QIP Proposed Measure Set
 	
Troy Foster, Project Manager II, Quality Improvement
	Providers have the potential to earn a total of 100 points in six domains 1) Readmissions; 2) Advanced Care Planning; 3) Clinical Quality; 4) Patient Safety; 5) Operations/Efficiency; 6) Patient Experience. Individual measure values will be assigned for the final and approved measurement set. The recommended 2024 measure set varies from the 2023 by the addition of three new measures and the deletion of one.
	
	• **Remove** Hepatitis B / CAIR Utilization from the Operations/Efficiency Domain because the State now requires all hospitals to record immunizations in the California Immunization Registry (CAIR).
	• **Add** "7-day Follow-up Clinical Visit" to the Risk Adjusted Domain because evidence suggests patients who have follow-up visits within seven days of discharge from hospital do not readmit as frequently as those who follow-up after the seven-day window or who do not follow-up at all. We need to collect baseline data so targets are neither too low or too high. (Unresolved questions are should our age range include pediatrics and newborns, and should stepdown to a SNF be included or excluded from numerators and denominators? Commenting on the first question, Dr. Moore noted that lack of accurate data as it relates to newborns is a major challenge.)
	• Under the Clinical Domain:
	  o **Add to or expand** privileges to increase the number of family physicians and midwives who are allowed to perform deliveries in hospital. This would be a two-year incremental measure.
	  o **Add** a measure to increase capacity for diagnostics and screening for breast cancer through the HQIP, which may include expanding the available appointment hours and hosting mobile mammography clinics. Increasing access/capacity by five percent would earn the hospital partial points; increasing by 10% or more would earn the hospital full points. We need to look at January – June 2024 data to establish a baseline for our new East Region providers. Kristine Gual noted that small hospitals would need to complete at least 25 exams. She, Nancy, and Dr. Moore agreed these POs should prioritize Partnership members whenever possible. Tiny hospitals could earn full credit by working with nearby clinics to reach the 25-exam threshold.
	
	Meeting Postscript: Troy audibled this small change from "25 exams conducted for PHC members" to "25 exams conducted and *prioritized for* PHC members" at the April 10 PAC. The PAC approved this and the other recommended changes to the 2024 measure set.	

3. 2024-2025 Perinatal QIP Proposed Measure Set	Participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers who provide quality and timely prenatal and postpartum care to PHC members have the option to earn additional financial incentives. The PQIP framework as developed with PCPs and OB/GYNs in mind, includes the following measures: 1) Timely Immunization Status - Tdap and Influenza Vaccine; 2) Timely Prenatal Care; and 3) Timely Postpartum Care.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
Amy McCune Manager, Quality Incentive Programs, QI	There are no proposed changes from 2023 to the 2024 PQIP core measure set, which begins July 1; however, there will likely be a shift later this year in the electronic data measure should testing in the new DataLink go well and implementation occurs. DataLink should help for HEDIS® in primary source extraction, Amy said. Dr. Moore noted the contract with DataLink has been signed. Amy noted there are no changes to our incentive amounts.	
4. Annual Utilization Management Program Evaluation (CY 2023) and Supplemental TAR Report to the 2023 UM Program Evaluation: UM & Pharmacy Reports *Andrea Ocampo, Pharm.D, Clinical Pharmacist, Pharmacy Services,* and *Tony Hightower, UM*	This annual evaluation analyzes all aspects of data related to the UM program, identifies gaps and opportunities for improvement, and updates the program as necessary to ensure the program remains current and appropriate. Key elements in this annual evaluation include program structure, program scope, processes, and information sources, as well as level of involvement of senior-level physicians and designated behavioral healthcare practitioners in the UM program. In addition, data for member and practitioner experience with the UM process is evaluated to identify improvement and actionable opportunities. This report does not contain Kaiser Permanente or Carelon Behavioral Health data, which is evaluated under delegation oversight. Staffing ratios within the program structure were analyzed according to NCQA and DHCS standards, Tony noted. Policy library management and the processing/ timeliness of Treatment Authorization Requests (TARs) are also evaluated. UM experienced a 10.7% increase in total TAR volume from CY2022. Part of the increase was attributed to the notable increase in the outpatient TARs processed for the months of March-April between the 2002 and 2023 calendar years. This was because many outpatient services were auto approved in 2022 during the system disruption. There were TAR: Nurse staff ratio variances exceeding the 20% threshold in July through October due to leaves of absence, declines in staffing, and then increases in staffing as temps were hired and new permanent positions were requisitioned. Andrea added that Pharmacy saw no significant changes in its TAR volumes. Tony noted that the Pharmaceutical & Therapeutics (P&T) Committee, Q/UAC, and PAC each met quorum at every 2023 meeting, thereby enabling timely policy discussions and decisions. Both UM and Pharmacy achieved some timeliness goals but missed others, in large part because of staff turnovers and a resulting loss of experienced organizational knowledge. Both permanent and temporary staff has been hired and continues to train, so we are getting back on track, Tony said. As for Inter-Rater Reliability, both UM and Pharmacy achieved 90% or better for all reviewer types. InterQual® remains our primary criteria support. UM also utilizes Medi-Cal and other national guidelines. The 2023 evaluation contains Dr. Moore's summary of Over-/Underutilization Workgroup activities in the assessment of appropriate levels of care. Throughout 2023, PHC's UM Program demonstrated active senior level physician involvement in committee work, policy decisions, clinical rounds, etc.; thus, no changes are expected to occur in 2024. The evaluation found that primary care practitioner and specialist experience with the UM process required no interventions; however, the process could be better for specialists on the following three issues, which did not meet the 90% satisfaction goal: 1. "I know how to determine whether or not a service requires that TAR be submitted to PHC." (89%) 2. "My TARS are approved in a timely manner." (85%) 3. "When a TAR for medical service is denied by the Plan, the basis for denial is clearly specified." (84%) Tony noted that this has largely been remediated through increased staff training, including how much detail is required to write more specific denial letters. Andrea added that we evaluate the member experience via Grievance and Appeals' PULSE report. Despite an increase in PHC's membership and the total number of cases received in 2023, there was a decrease in the number of grievances related to the UM process overall. Because of this decrease, PHC did not exceed the threshold in any category in 2023. Based on the results from the 2023 UM program evaluation, PHC concludes there are no significant program changes required. Activities addressing improvement opportunities will continue to be monitored, measured, and reported in future evaluations.	

AGENDA ITEM	DISCUSSION	RECOMMENDATIONS / ACTION
	The Supplemental TAR Report breaks down the 246,234 UM and 7,502 Pharmacy TARs completed across all categories in 2023 against month-to month 2022 numbers. The Pharmacy numbers include all requests for Physician Administered Drugs (PADs).	
5. Population Needs Assessment (PNA) *Hannah O'Leary, MPH, CHES, Manager of Population Health*	The annual PNA's primary focus is helping Partnership better serve its members by utilizing multiple data sources to identify member needs and health disparities. This report categorizes findings into four "buckets": 1. Healthcare Access and Quality 2. Economic instability 3. Neighborhood and built environment 4. Social/community context We continue to see insufficient access to both primary and specialty care areas, particularly in our rural areas. Almost all of our 24 counties lack affordable housing and available places to rent. Partnership members continue to face challenges posed by domestic violence, fires, and lack of transportation. To address these issues, Partnership is beefing up its organizational structure through the hiring of regional leads in the new East Region and in the Northeast Region, and by working to increase the doula and community health worker (CHW) networks. To meet social and environmental needs, Partnership is leveraging state funds (e.g., CalAIM or California Advancing and Improving Med-Cal), and creating scholarships to create and incentivize a CHW workforce. Earlier this year, Partnership completed a PIT Count (point-in-time effort to aid homeless individuals) by distributing thousands of backpacks each filled with essential supplies, and by creating and monitoring a fire and disaster reporting email inbox for members and Partnership's member-facing departments to communicate urgent needs during crises. Member health and wellness activities are ongoing around hypertension diagnoses, colorectal and cervical cancer screenings, breast cancer screenings, tribal engagement efforts and well-child visits/vaccinations. Active, incentivized provider recruitment and retention activities will help access to care. Health disparities in diabetes, hypertension and breast cancer screenings are being addressed. Benefit education in collaboration with community organizations, many of which aid non-English speakers, is occurring, and member-friendly videos on women's health and mental health have been produced or are in the process of development.	
VI. FYI and Adjournment		
FYI: Pharmacy Operations Update – *direct questions to Stan Leung, Pharm.D – The PHC Pharmacy department in 2024 will begin to prepare for operating a Medicare D-SNP (Dual Special Needs Program) by Jan. 1, 2026.*		
Dr. Moore announced that QI committees would not meet in July before adjourning the meeting at 2:42 p.m. IQI will next meet Tuesday, May 7, 2024.		
Respectfully Submitted by Leslie Erickson, Program Coordinator I, Quality Improvement *Approval Signature:* *Date:* *Robert Moore, MD* *Chief Medical Officer and Committee Chair*		

QI DEPARTMENT UPDATE
APRIL 2024
PREPARED BY NANCY STEFFEN
SENIOR DIRECTOR, QUALITY AND PERFORMANCE IMPROVEMENT

QUALITY IMPROVEMENT PROGRAMS (QIPS)

PROGRAM	UPDATE
PRIMARY CARE PROVIDER QUALITY IMPROVEMENT PROGRAM (PCP QIP)	• The Unit of Service preliminary period for Measurement Year (MY) 2023 was completed the third week of March. • PCP QIP team is presently processing MY2023 payment and is on track to distribute by 04/30/2024. • The PCP QIP team is working with expansion county providers to provide potential denominator lists for Breast Cancer Screening (BCS). Well Child Visit gap lists for assigned members turning 15 months of age (W15) can be accessed via the Preventive Care Dashboard, embedded within the eReports interface, starting in May. Lead Screening in Children (LSC) gap lists can be accessed via quarterly distribution of Blood Lead Screening reporting. • The annual eReports upload audit for MY2023 is focused on the Well-Child Visits in the First 15 Months of Life (W15) measure. This audit continues, with results due for report-out in May's PCP QIP Technical Work Group (TWG) and then with provider partners thereafter, as needed.
LONG TERM CARE QUALITY IMPROVEMENT PROGRAM (LTC QIP)	• Payment processing for MY2023, which was the final measurement year, is currently in progress and payment is on track for distribution by 04/30/2024. • Quality Assurance Performance Improvement (QAPI) program research and meetings with a few of our LTC partners has been completed. This research and related information was presented to QI leadership on 03/27/2024. Next steps are to formulate a Managed Care Plan (MCP) level QAPI program for increased quality monitoring of our skill nursing facilities, in response to DHCS' LTC benefit standardization and subsequent All-Plan Letter (APL) requirements.
PALLIATIVE CARE QUALITY IMPROVEMENT PROGRAM (PALLIATIVE CARE QIP)	• On 03/11/2024, the Palliative Care QIP team hosted a joint Office Hours meeting with the Palliative Care Quality Collaborative (PCQC) leadership. Palliative Care providers were invited to learn about the status of PCQC's transition to their new data registry, Amazon Web Services, as well as, receive an update on their new data entry site, hosted by Qualtrics. Providers were also able to ask questions and express any concerns they have with the transition, including the limitations with the new data entry site. PCQC leadership addressed provider inquiries and spoke about upcoming enhancements. On 03/26/2024, the QIP team was notified PCQC has received the historical data for the second half of MY2023 (July-December) from ArborMetrix. PCQC estimates it will take another 3-4 weeks to build the database for their registry manager to view and pull representative reporting. • The Palliative Care QIP team is processing July-December 2023 payment which is on targeted for distribution by 05/31/2024.
PERINATAL QUALITY IMPROVEMENT PROGRAM (PQIP)	• 3rd Quarter Measurement Year (MY) 2023-2024 Performance Reports will be distributed to perinatal providers this month.

	• The proposed 2024-2025 measurement set will be presented at quality committees this month.
ENHANCED CARE MANAGEMENT QUALITY IMPROVEMENT PROGRAM (ECM QIP)	• The 4th Quarter 2023 incentive payments were distributed early March. • Measure development is underway with a proposed new measure, Timely Follow-up of ED/Admissions. This measure is planned as an addition to the measurement set effective 3rd Quarter 2024, presuming it is approved by quality committees. • Our first quarterly ECM QIP newsletter debuted last month.
HOSPITAL QUALITY IMPROVEMENT PROGRAM (HQIP)	• Hospital Quality Symposium planning for August 2024 continues. Our key note speaker is Arianna Campbell, MPH, PA-C, who is the Principle Investigator for BRIDGE and will speak about the importance of prescribing Buprenorphine in the ED to those patients with withdrawal symptoms. Other speakers have also been selected and the tentative agenda is nearly complete. • MY2024-2025 measure development continues to progress with three new measures being developed in the areas of increased access to mammography, expanded delivery privileges for family physicians and nurse midwives, and a 7-day clinical visit after hospital discharge measure. • The HQIP team is working with the Hospital Quality Institute (HQI) to develop a report for providers where they can view their progress in many of the measures throughout the measurement year. The goal is to have this available in August for the 2024-25 measurement year.

QUALITY DATA TOOLS

TOOL	UPDATE
PARTNERSHIP QUALITY DASHBOARD (PQD)	• Pre-development has begun for annual updates to PQD, with final development and testing to follow through the end of April.
EREPORTS	• The QIP team has signed off on MY2024 User Acceptance Testing for HRP eReports. We are now preparing for the HRP go-live, which will coincide with the HRP release and timeline. Exact cut-over timing for eReports and PQD is still being finalized with IT.

PERFORMANCE IMPROVEMENT (PI)

ACTIVITY	UPDATE
STATE MANDATED WORK: *PERFORMANCE IMPROVEMENT PROJECT (PIP) & PLAN-TO-DO-STUDY-ACT (PDSA) CYCLE*	IHI / DHCS Medi-Cal Child Health Equity Collaborative • DHCS, in partnership with the Institute for Healthcare Improvement (IHI), has announced a 12-month Child Health Equity Collaborative to improve completion of well-child visits for all California MCPs. This collaborative will run March 2023 through March 2024 and has 5 focused interventions: o Intervention 1 (April-May 2024): Data - Equity & Transparent, Stratified, and Actionable Data o Intervention 2 (June-July 2024): Experiences - Understand Provider and Patient/Caregiver Experiences

- Intervention 3 (August-October 2024): Scheduling - Reliable & Equitable Scheduling Processes
  - Intervention 4 (November-December 2024): Partnership Identification - Asset Mapping & Community Partnerships
  - Intervention 5 (January-March 2025): Developing/Enhancing Partnerships - Partnering for Effective Education & Communication
- Partnership has assembled an internal project team of five (5) team members, representing a cross-section of expertise in affecting pediatric preventive care; the Collaborative requires a team of 4-7 members. The Collaborative recommends team meetings weekly and requires team attendance at recurring collaborative calls.
- Each MCP is required to identify a provider partner for piloting all interventions by 04/10/2024. Identification of the provider partner for Partnership is currently in progress.

Enhanced Provider Engagement (EPE) & Modified PCP QIP Strategies

- Partnership's EPE strategy, central to the recently closed 2023 Corrective Action Plan (CAP) with DHCS, has led to active and ongoing quality coaching activities with several engaged primary care provider organizations (POs).
- Based on review of final MY2023 performance in the PCP QIP, the MY2024 EPE strategy has made the following assignments:
  - Seven (7) providers will continue in the Modified PCP QIP in 2024. Within specific scenarios, Partnership will provide additional resources as part of continued practice coaching to help build provider capacity to succeed within the Modified PCP QIP measure set.
  - Two (2) providers in the Modified PCP QIP in 2023 are suspended from the PCP QIP program in 2024, and will develop corrective action plans to receive targeted support from Partnership to build their capacity for a return to the PCP QIP in the future.
  - Seven (7) additional providers will enter the Modified PCP QIP in 2024.
  - Two (2) providers in the Modified PCP QIP in 2023 achieved significant performance gains and have been returned to the full PCP QIP measure set in 2024.
  - Eight (8) providers who were at risk of falling subject to the Modified PCP QIP in 2024 will remain in the full PCP QIP in 2024 due to their 2023 PCP QIP performance.
- All impacted providers were notified of changes to their PCP QIP status in early March, in parallel to the eReports 2024 release. The PI team is in the process of completing initial coaching meetings with providers assigned to Modified PCP QIP.

Performance Improvement Projects (PIPs) Update

- As a contracted MCP, Partnership has been assigned two (2) Performance Improvement Projects (PIPs) by DHCS that will be completed over 2023–2026. Planning activities have begun on both PIP assignments:

	○ Improving Well Child Visits in the First 15 Months of Life (W30-6) Equity PIP, focused on the Black/African-American Population in Solano County ○ Improving the Percentage of Provider Notifications for members with Serious Mental Health (SMH) Diagnosis within 7 Days of Emergency Department (ED) Visit
QUALITY MEASURE SCORE IMPROVEMENT	• In order to make blood lead testing more accessible to members, Partnership has completed one (1) round of grants for point-of-care (POC) devices for primary care providers and is near the end of its 2nd grant offering. The first round resulted in 10 point-of-care awardees along with 2 reimbursements for recently purchased POC devices. The second round will purchase/reimburse up to 25 devices. • Partnership currently has twenty-two (22) provider organizations engaged in the Cologuard bulk ordering process. At present, the current status includes: ○ One (1) provider: Consolidated Tribal Health Project has completed their first cycle and is in the planning phase for a second cycle. ○ Three (3) Providers: Alliance, Mountain Communities, and Sonoma Valley Community Health Center have all completed their first cycle. ○ Three (3) Providers: Fairchild Medical Center, Petaluma Health Center, and Southern Humboldt are all currently in the pilot process. ○ Seven (7) providers: Ampla Health, Colusa Medical Center, Frontier Village, Greenville Rancheria Tribal Health, Long Valley Health Center, River Bend Medical Associates Inc, and Chapa-De Indian Health are in the planning phase for their first cycle. ○ Five (5) providers: Adventist Clearlake, Anderson Walk-in, Lake County Tribal Health Consortium, OLE, and Santa Rosa Health Center are pending a meeting with Exact Sciences to start the pilot process. ○ Two (2) providers: Marin Community Clinics and Shasta Community Health Center have met with PHC but are unsure if they will engage in a pilot at this time. ○ Three (3) providers: Families First, Mad River Community, and West County Health Centers have expressed interest with an outreach attempt being made but no initial meeting with Exact Sciences has been scheduled yet. • Partnership currently has five (5) providers engaged in the Cervical Cancer Screening Self Swab pilot to use 200 self-swab kits. ○ In total twenty-one (21) self-swab kits have been used, with seventeen (17) resulted. Of those seventeen (17), three (3) have been positive for high-risk HPV. • Practice Facilitation coaching has begun for 2024. In March, practices are focusing on creating Smart AIMs around QIP measures and locations of focus for 2024. The following practices will be participating in Practice Facilitation in 2024: ○ Solano County Family Health Services ○ Consolidated Tribal Health Project ○ Adventist Health Clearlake – Lake, Butte, and Tehama Counties ○ Adventist Health Ukiah Valley ○ Ampla Health

	○ Northern Valley Indian Health
IMPROVEMENT ACADEMY	• The 2024 *Improving Measure Outcomes* (IMO) webinar series covers Partnership's Primary Care Provider Quality Incentive Program (PCP QIP) measures. Content is focused on direct application of measure best practices in clinical workflows, health disparity analysis, and Voices from the Field provider presentations about applications of best practices yielding high performance. ○ The most recent webinars, sessions 2 and 3, focused on Chronic Diseases and Diabetes Management. They were held on 03/13/2024 (59 attendees, representing 27 unique organizations) and 03/27/2024 respectively. ○ Two final sessions remain: ▪ 04/10/2024 - Breast and Cervical Cancer Screenings ▪ 04/24/2024 - Perinatal Care and Chlamydia Screening • An *ABCs of Quality Improvement* in-person training was held on 03/20/2024 in Redding. There were 28 attendees, representing 14 unique organizations. • The final *ABCs of Quality Improvement* training for this fiscal year will be held on 05/01/2024 in Chico. This training will specifically target providers in our recently expanded counties. Registration details are posted on our website. • The *Incorporating Patient Experience in Quality Improvement Projects and Plans* webinar has been scheduled for 05/07/2024 and will be hosted by the northern consortia, the Health Alliance of Northern California (HANC) and the North Coast Clinics Network (NCCN).
JOINT LEADERSHIP INITIATIVE (JLI)	• Spring sessions are currently in the process of being scheduled for May-June 2024.
REGIONAL IMPROVEMENT MEETINGS	• The Solano County Quality Improvement meeting was held on 03/07/2024 and focused on Chronic Disease measures including an overview of the Cologuard pilot and Partnership's Medical Equipment Distribution Services Program (PMEDS), specifically how access to electronic blood pressure monitors and measure best practices. • The Southeast Regional Meeting was held on 03/14/2024. Topics included Partnership updates, Unit of Services measures and quality best practices, Enhanced Care Management Quality Incentive Program (ECM QIP), and Partnership's Medical Equipment Distribution Services Program (PMEDS). There were 34 attendees, representing 6 organizations. • The Lake and Mendocino Quality Meeting was held on 03/15/2024. Topics included Partnership updates, review of MY2023 Lake and Mendocino County PCP QIP data, review of analytic tools, and provider innovation spotlights.

Note: Detailed information and recordings of Performance Improvement related webinars are posted to the PHC Website: http://www.partnershiphp.org/Providers/Quality/Pages/PIATopicWebinarsToolkits.aspx

QI PROGRAM & PROJECT MANAGEMENT

ACTIVITY	UPDATE

STATE MANDATED WORK: *EQUITY AND PRACTICE TRANSFORMATION (EPT) PROGRAM*	• The DHCS Equity and Practice Transformation (EPT) Program is a one-time $700 million state-wide initiative. The goals of this initiative are focused on advancing health equity while reducing COVID-19 driven care disparities. The funding is divided between three (3) programs; $25M for the Initial Planning Incentives Payments (IPIP), $650M over five (5) years for the Provider Directed Payment Program (PDPP), and $25M over five (5) years for the Statewide Learning Collaborative (SLC).
	• Partnership awarded $10,000 to twenty-three (23) qualifying provider organizations through the Initial Planning Incentive Payment (IPIP) program. The IPIP is geared toward small and medium-sized independent practices to support their planning and application process for the PDPP. Ten (10) of these provider organizations were already engaged under Partnership's Enhanced Provider Engagement (EPE) strategy in 2023. Two (2) provider organizations who did not initially qualify for the IPIP program have since been approved by DHCS to participate.
	  o IPIP payments will be distributed to Managed Care Plans (MCPs) by 04/30/2024. DHCS notified Partnership will be receiving approx. $1.5 Million in IPIP funding. Validation and confirmation for how this amount was calculated is pending from the state.
	• All twenty-seven (27) provider organizations who were invited to participate in the PDPP sent acceptance responses to DHCS by their 01/26/2024 deadline. Partnership had the third most accepted applications of all managed care plans with a 49% acceptance rate vs 29% state-wide. The accepted provider organizations are spread across each of Partnership's sub-regions, including five (5) provider organizations recently contracted with Partnership from the 2024 expansion counties, eight (8) tribal health centers, and seven (7) provider organizations already engaged under Partnership's EPE program. Based on the funding criteria of the program, there is a possible draw-down of $45M for Partnership's contracted provider organizations upon meeting the practice transformation activities over the program's five-year (5) timeline (01/01/2024 – 12/31/2028).
	  o The first EPT milestone deliverable, completion of a Population Health Management Capabilities Assessment Tool (phmCAT), is due on 04/30/2024 at 11:59 p.m. to the Population Health Learning Center (PHLC) online at https://takethephmcat.com.
	  o The phmCAT is a self-administered survey assessment that is used to understand the current population health management capabilities of primary care practices. It can help organizations identify strengths and opportunities for improving population health management.
	  o EPT participants will be required to complete a total of five (5) phmCAT surveys during the program's duration to assess changes over time.

	• The Statewide Learning Collaborative (SLC) is meant to support practices awarded the PDPP funding in the implementation of practice transformation activities, sharing and spread of best practices, practice coaching activities, and achievement of quality and equity goals stated in their PDPP applications. Participation in the SLC is a requirement for all participants in the PDPP. o To support EPT practices in completing the first EPT milestone deliverable, PHLC hosted an EPT PhmCAT Webinar on 03/14/2024. o PHLC will host office hours and learning labs to help EPT practices complete the PhmCAT; more information regarding dates and times will be forthcoming. • Partnership has a team of practice coaches dedicated to supporting EPT awardees and may draw on outside experts for specific transformation topics as needed. • Partnership met with PHLC on 03/12/2024 and was able to confirm practice coaches can undergo EPT TA curriculum training to ensure there is alignment in information EPT awardees receive.
QUALITY MEASURE SCORE IMPROVEMENT MOBILE MAMMOGRAPHY PROGRAM	• Completed Mobile Mammography Events: o Between 01/01/2024 - 04/01/2024, Partnership has sponsored a total of 13 event days, with six (6) provider organizations in the following counties: Del Norte, Humboldt, Mendocino, Shasta and Sonoma. • Planning for Mobile Mammography event days for Q2 is underway for NR and SR provider organizations. Targeted providers include those who had Breast Cancer Screening HEDIS® rates below the 50th percentile benchmark in MY2023 and remain at risk of being below the benchmark in MY2024; for providers who are located in imaging center deserts with little or no access to local imaging services.
QI TRILOGY PROGRAM	• The FY 2024/25 QI Program Description is on track to be finalized by 04/26/2024. • Upcoming deliverables for the remaining QI Trilogy documents are as follows: o 2023/24 QI Work Plan (final updates) – submissions due: 05/13/2024 o 2023/24 QI Program Evaluation – submission due: 05/31/2024 o 2024/25 QI Work Plan – submissions due: 06/19/2024
CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS® (CAHPS) PROGRAM	• The Consumer Assessment of Healthcare Providers and Systems® (CAHPS) regulated survey continues for MY 2023; on track to end in early May (Table 1a). (1a) Survey Mixed Methodology (survey, reminder letters, reminder phone calls)

Task Name	Date	Status
Survey mailed (1st attempt)	02/23/2024	★
First reminder letter mailed	03/01/2024	★
Survey mailed (2nd attempt)	03/29/2024	★
Second reminder letter mailed	04/05/2024	★
Telephonic reminders begin	04/19/2024	

	• In parallel to the CAHPS® regulated survey, a non-regulated Drill Down survey was launched. The purpose of the non-regulated survey is to help identify potential root causes and/or qualitative insight to responses garnered in the regulated CAHPS® survey. To incentivize members to complete the Drill Down survey, a $30 gift card (Walmart or digital Amazon) is being offered (Table 1b).

(1b) Survey Mixed Methodology (survey, reminder letters, reminder phone calls)

Task Name	Date	Status
Survey Mailed (1st attempt)	03/18/24	★
Survey Mailed (2nd attempt)	04/03/24	★
Telephonic reminders begin	04/17/24	

GEOGRAPHIC EXPANSION: QI PROGRESS

The Quality Improvement (QI) Project Plan to onboard the East Region Expansion Counties to QI functions and programs began in June 2023 and will continue over the course of 2024. Status updates include:

- Resource planning to recruit, hire, and onboard staff dedicated to Expansion Counties is nearly complete. One (1) Improvement Advisor position remains to be filled, which is a role that will be dedicated to the Chico area on the Performance Improvement (PI) team.
- Provider onboarding events in 2024 are underway with continued planning to build out further offerings, including:
  - PCP QIP focused communications and office hours to assure providers have all the technical assistance needed to make a strong start in the PCP QIP started in February and will continue through December 2024.
    - In the March office hour session, there were sixteen (16) attendees representing seven (7) East Region organizations.
    - There are twenty-eight (28) registrants representing thirteen (13) East Region organizations for the April office hour session.
  - Partnering with PCP organizations in Regional Performance Improvement initiatives and interventions, as noted in previous sections, including organizations accepting funds and subject to deliverables under DHCS' Equity and Practice Transformation program.
  - In-depth Site Review trainings to address DHCS Site Review tool changes and help providers prepare before their next periodic review.
  - Perinatal QIP Orientation events, in alignment with this QIP's fiscal year measurement year and other efforts to strengthen perinatal provider engagement.
  - General QI Orientation Events centered on topics like: Member Experience Surveys (i.e. CAHPS/CG-CAHPS), participating in Annual HEDIS Medical Record Projects, and Member Safety oriented investigations (i.e. Potential Quality Issues and Peer Review).

QUALITY ASSURANCE AND PATIENT SAFETY

ACTIVITY	UPDATE
POTENTIAL QUALITY ISSUES (PQI) FOR THE PERIOD: **02/28/2024 TO 03/26/2024**	• There were 13 PQI referrals received during this time period which were from Grievance and Appeals (9), Other (3) and Utilization Management (1). • In total, 17 cases were processed and closed during this period. • There are 49 cases currently open. • One new case was presented during Peer Review Committee (PRC) in the March 2024 meeting. • One Focused Review, initiated as an action from PRC's review of a PQI case, was completed with significant issues identified. The concerns regarding the provider will be forwarded to Credential Committee. • On 2/28/2024, an educational meeting with an attorney specializing in Peer Review and Credentialing was held with PHC's Peer Review Committee members, Grievance and Credentials teams. The meeting aimed at improving and strengthening our processes.
FACILITY SITE REVIEWS (FSR) & MEDICAL RECORD REVIEWS (MRR) FOR THE PERIOD: **03/01/2024 TO 03/27/2024**	• As of 3/28/2024 we have a total of 482 PCP and OB Sites (Previously 453). This is an increase of 29 Sites.

Primary Care and OB Reviews:

Region	# of FSR conducted	# of MRR conducted	# of FSR CAP issued	# of MRR CAP issued
North	3	1	0	1
South	8	4	1	3
Expansion	1	0	0	0

HEALTHCARE EFFECTIVENESS DATA INFORMATION SET (HEDIS)

ACTIVITY	UPDATE
Annual HEDIS® Projects	• No specific updates this month as the team focuses on executing the Annual HEDIS® projects.

NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) ACCREDITATION

ACTIVITY	UPDATE
NCQA Health Plan Accreditation	• The NCQA Program Management Team distributed a short survey to gather feedback from HPA Renewal Survey participants about the NCQA Program at Partnership and their experience throughout the HPA Renewal Survey. Although

<table>
<tr><td></td><td>most feedback received was positive, where applicable, survey responses will be considered to drive improvements to the NCQA Program structure and processes.

The plan-wide NCQA-related HPA Department Goal for FY 23-24 focuses on sustaining key NCQA reporting requirements and maintaining up-to-date knowledge of the 2024 HPA Standards and Guidelines.
Under Milestone 3, selected departments will continue to maintain strict oversight of file review requirements by conducting quarterly file reviews. The next file review audit is due 05/15/2024. In addition, teams including Provider Relations, Pharmacy, and Utilization Management, will hold mock file reviews with our NCQA Consultant between March and May 2024.
In preparation for the 2026 HPA Renewal Survey, the NCQA Program Management team has requested Business Owners (BOs) to prepare the following documentation prior to the start of the 24-month look-back period that begins September 2024.
Prepare screenshots of online materials by 08/08/2024.
Ensure all documented processes are in compliance with the 2024 HPA Standards and Guidelines.
Policy revisions that impact NCQA requirements and require committee approval should be submitted no later than the June IQI and Q/UAC meetings to ensure timely approval at the August PAC meeting.
All other policy and/or desktop revisions should be completed by 07/25/2024.
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<tr><td>NCQA Health Equity Accreditation</td><td>
As of 03/28/2024, the overall HEA Initial Survey compliance rate is 55.56% of the total applicable points, which reflects an increase of over 11% from February 2024. In order to earn an Accredited status, Partnership must receive at least 80% of applicable element points and continue to refresh/update evidence through Initial Survey to align with NCQA’s look-back period and/or timelines.
Compliance by department is based on the total number of requirements assigned to each department, rather than the total points achieved. Currently, two (2) departments are 100% compliant, while others range from 14% - 60%.
The HEA Mock Initial Survey, with our NCQA consultant, Diane Williams, is scheduled for 08/19-08/21/2024 and will be a full scope review of evidence. Diane will review questions and address findings on the evidence submitted. A final report will be distributed after the conclusion of the HEA Mock Initial Survey. Specific calendar invitations by standard have been sent to required participants along with a detailed agenda. In addition to the specific standard discussion sessions, participants are required to attend the Opening Session the morning of 08/19/2024 and the Closing Session on 08/21/2024. Evidence preparation training will be held on 04/23/2024. Evidence collection will begin shortly thereafter, with all evidence due by 06/28/2024.
The plan-wide NCQA-related HEA Department Goal, Focus Area 2, focuses on NCQA HEA compliance with requirements assigned to a Business Owner (BO) within a department to ensure Partnership’s readiness for accreditation.
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	o Under Milestone 3, BOs were required to review the Evidence Submission Library and confirm the documents listed for each assigned requirement will be produced in alignment with NCQA's look-back period. All BOs submitted their completed Evidence Submission Libraries by 03/27/2024, two (2) days ahead of the 03/29/2024 due date. Under Milestone 4, BOs are to achieve 80% compliance with their assigned HEA requirements. All activities for Milestone 4 remain on track for timely completion. Activities by the BOs include: ▪ Submission of all draft reports as indicated in the HEA Report Schedule ▪ Update the Action Items Tracker at least monthly ▪ For departments below 80% compliance, a detailed strategic plan will be submitted to address the 20% or less non-compliant requirements. • The plan-wide NCQA-related HEA Department Goal, Focus Area 3, focuses on addressing compliance with Health Equity Standard HE 2, Race/Ethnicity, Language (REaL), Sexual Orientation and Gender Identity (SOGI) Data. The HE 2 Workgroup meets at least biweekly to develop the framework for compliance with Health Equity Standard HE 2 and includes the following activities: o The IT and HE Teams are collaborating on drafting the documented processes that outline how Partnership receives, stores, retrieves, reconciles, and collects individual level data on REaL and SOGI. The documented processes will explain the receipt of direct data from the State for 90% of more of individuals, as well as how Partnership integrates the data into our system. In addition, the documented processes will further describe how and why Partnership receives data via other methods. For example, the annual member mailing, telephone, self-reporting data via the member portal, as well as other means. o The IT Team is exploring the options of generating report(s) to demonstrate how Partnership's data collection methods follow its documented processes. • The HE 2 Workgroup will begin discussion regarding managing access to and use of REaL and SOGI data, as well as notifying members of such policies and procedures.

Partnership

Policy & Procedure Updates

May 2024

Policy Number	Policy/Procedures/Guidelines	Version Links		
The following documents were reviewed by the Quality / Utilization Advisory Committee (Q/UAC) in ***April 2024.*** ***All policy versions hyperlinked for review. Highlighted policies have significant changes, new attachments, or were amended during the Q/UAC meeting.* *Please review all drafts and the detailed* ***Synopsis of Changes*****.**				
Quality Improvement				
MPQP1006	Clinical Practice Guidelines	C	CD	RD
MPXG5001	Clinical Practice Guidelines for the Diagnosis & Management of Asthma	C	CD	RD
MPXG5002	Clinical Practice Guidelines for Diabetes Mellitus	C	CD	RD
Utilization Management				
MCUP3014	Emergency Services	C	CD	RD
MCUP3037	Appeals of Utilization Management/ Pharmacy Decisions	C	CD	RD
MCUP3047	Tuberculosis Related Treatment	C	CD	RD
MCUP3051	Long Term Care SSI Regulation (previously Long Term Care Admissions)	C	CD	RD
MCUP3103	Coordination of Care for Members in Foster Care	C	CD	RD
MCUP3121	Neonatal Circumcision	C	CD	RD
MCUP3146	Street Medicine	C	CD	RD
MPUD3001	Utilization Management Program Description	C	CD	RD
MPUG3031	Nebulizer Guidelines	C	CD	RD
MPUP3026	Inter-Rater Reliability Policy	C	CD	RD
MPUP3059	Negative Pressure Wound Therapy (NPWT) Device/Pump	C	CD	RD
Population Health Management				
N/A	Population Needs Assessment	C	CD	RD
Pharmacy				
MCRP4065	Drug Utilization Review (DUR) Program *(Internal policy)*	N/A	CD	RD
MPRP4034	Pharmaceutical Patient Safety	C	CD	RD

C = Current Policy *CD = Clean Draft* *RD = Redline Draft*

Synopsis of Changes to Discussion Policies

Below is an overview of the policies that will be discussed at the April 17, 2024 Quality/Utilization Advisory Committee (Q/UAC).
It is recommended that you look over the changes to each and note any questions or comments you may have to help keep a progressive meeting agenda.

Policy Number	**Policy Name**	**Page Number**	**Summary of Revisions** (Please include why the change was made, i.e., NCQA, APL, Medi-Cal guidelines, clarification, etc.)	**External Documentation** (Notice required outside of originating department)
Policy Owner: Utilization Management – *Tony Hightower, CPhT, Associate Director, UM Regulations*				
MCUP3037	Appeals of Utilization Management/Pharmacy Decisions	127 – 134	**Section VI.B.6:** The paragraph on Extensions was deleted as DHCS APL 21-011 *Revised* calls for all appeals to be resolved within 30 days. **Section VII.** Existing References were updated for dates and hyperlinks **Section IX.** Updated Position Responsible for Implementing Procedure to "Chief Health Services Officer." **Attachments are updated where necessary** from Redding's Avtech address to the Airpark address.	NCQA team Compliance Provider Relations
Policy Owner: Utilization Management – *Presenters: Heather Esget, RN, Director of Utilization Management,* and *Tony Hightower, CPhT, Associate Director, UM Regulations*				
MPUD3001	Utilization Management Program Description	135 - 174	Annual updates to our UM Program Description for both UM and Pharmacy activities were made in conjunction with our annual UM Program Evaluation. **Page 3:** A Program Staff description was added for Medical Director, MD/DO and for Medical Director of Medicare Services – MD/DO. **Pages 3 and 4:** Assigned responsibilities for the Medical Director of Quality, the Behavioral Health Clinical Director, and the Pharmacy Services Director were all updated to include serving on the Quality Improvement and Health Equity Committee (QIHEC). **Page 5:** The Program Staff description for the Senior Director of Health Services was superseded by new description and responsibilities for the Chief Health Services Officer. This title change was reflected throughout the policy. **Page 5:** Assigned responsibilities for the Director of Health Equity were updated to reflect Co-Chairing the Population Needs Assessment (PNA) committee. **Page 6:** Assigned responsibilities for the Director of Utilization Management were updated to clarify participation in the UM Program and audits of health services programs.	NCQA team Compliance Provider Relations

Synopsis of Changes to Discussion Policies

Policy Number	Policy Name	Page Number	**Summary of Revisions** (Please include why the change was made, i.e., NCQA, APL, Medi-Cal guidelines, clarification, etc.)	**External Documentation** (Notice required outside of originating department)
			Page 7: Assigned responsibilities for the Associate Director of Utilization Management were updated to include coordination of activities with Population Health and UM reporting duties. **Page 7:** A Program Staff description was added for Associate Director of Enhanced Care Management Operations. **Page 8:** Assigned responsibilities for the Associate Director of Utilization Management Regulations were updated for report structure and committee presentation responsibilities. **Page 9:** Program Staff descriptions were added for Manager of Long Term Support Services and Clinical Team Manager, CalAIM Justice Liaison, ECM Program. **Page 10:** Program Staff description was added for Senior Programmer Analyst. **Pages 12 and 13:** Program Staff descriptions were added for Supervisor of Utilization Management Strategies and Policy Analyst. **Pages 13 and 14:** Program Staff descriptions for Program Manager I and II as well as Project Coordinator I were modified to apply to both the CalAIM Community Supports or Enhanced Care Management teams. **Page 14:** Program Staff description for Project Coordinator I – Regulatory/ Delegation was deleted as the responsibilities of that position have been absorbed into the Program Manager I – Regulatory/ Delegation position. **Page 14:** Program Staff descriptions were added for Health Services Analyst I and Executive Assistant to the Chief Health Services Officer. **Page 15:** Program Staff descriptions for Health Services Administrative Assistant I and II in UM were clarified. **Pages 15 and 16:** Program Staff descriptions for Coordinator I and II were modified to apply to UM and CalAIM teams. **Page 17:** The Provider Advisory Group (PAG) was deleted from the list of Committees as it has been disbanded. **Page 18:** The description of the Consumer Advisory Committee (CAC) was updated to reflect that there is now one committee for all regions and a new objective of the committee will be to provide feedback on health equity initiatives. **Pages 21-22:** The Mental Health services section was updated to remove references to Kaiser and Beacon.	

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			Page 22: The SUD treatment services section was clarified for residential treatment and Care Coordination services. **Page 23:** The BHT section was updated to specify that PHC will provide "medically necessary" BHT services "covered under Medicaid" as per new language in APL 23-010 Revised. **Page 25:** The Referral Management section was updated to specify PHC's Online Services Portal for submission and to clarify that requests for out-of-network referrals are reviewed to determine if services can be provided within PHC's network. Also on this page, the QUAC committee was added as one of the committees where practitioners with clinical expertise advise PHC on the development and/or adaptation of UM criteria. **Page 29:** The phone number for addressing post-stabilization care and inter-facility transfer needs 24/7 was updated. This number was changed due to its prior similarity to our Transportation phone number which often resulted in member misdials. **Pages 31 - 33:** Much of the Appeals section was deleted from this documents because it is all stated in policy MCUP3037 Appeals of Utilization Management/ Pharmacy Decisions. A summary paragraph remains which directs the reader to the other policy. **Pages 37:** Dates and hyperlinks were updated in for existing References.	

Partnership HealthPlan of California
Meeting Minutes

COMMITTEE	Pharmacy and Therapeutics Committee Meeting (P&T)
DATE / TIME:	Thursday, April 4, 2024 / 7:30am – 10:00am PT

Practicing Members Present:	Kirsten Balano, PharmD Ryan Seo, PharmD Lilia Vargas-Toledo, RN	**PHC Members Present:** *Medical Directors:* Jeffery Ribordy, MD, MPH Mark Glickstein, MD Mark Netherda, MD Marshall Kubota, MD Richard Matthews, MD Teresa Frankovich, MD	*Director of Pharmacy:* Stan Leung, PharmD *Pharmacists:* Andrea Ocampo, PharmD Diane Wong, PharmD Erin Montegary, PharmD Susan Becker, PharmD, BCPS	Kathleen Vo, PharmD Lisa Ooten, PharmD Lynette Rey, PharmD	**Invited Guests Present:** Mohamed Jalloh, PharmD, **BCPS** Monika Brunkal, RPh DeDe Damasco, CPhT Janet Ramos, MM
Practicing Members Absent:	Jay Shubrook, DO Philip Nguyen, PharmD Antonio Olea, PharmD Jonathan Miano, PharmD Robert Yam, PharmD Andrea Jones, PharmD	**PHC Members Absent:**	Robert Moore, MD, MPH, MBA Aaron Thornton, MD Bettina Spiller, MD Bradley Cox, DO Colleen Townsend, MD Dave Katz, MD		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	SPEAKER, APPROVED ACTION ITEMS	EFFECTIVE DATE
Opening Comments	1. Introductions 2. Housekeeping (Announcement: Meeting is being recorded) 3. Reminder to speakers to announce any conflicts of interest or lack of, and the P & T COI form is to be completed annually (in January).	*Presented by Stan Leung, PharmD*	N/A
I. Approval of minutes	Quorum: met Minutes: Approved	*Presented by Stan Leung, PharmD*	N/A
II. Standing Agenda			
1. PHC Update	Dignity Health did not renew the contract with PHC with negotiations not successful to an agreement prior to the April 1, 2024 deadline and there are currently no new updates. This had affected approximately 64,000 members who will need to select a new Primary Care Physician. The Care Coordination department is handling the continuation of care for members that are affected by the nonrenewal. Due to this contract expiration, phones calls with the Care Coordination department has increased to 1,000 a day. Stan added that the IT department was also affected by this contract nonrenewal in regards to keeping the system updated in order to ensure the members are still eligible for certain types of services. This also affects the status of the expansion in the eastern region because Dignity has many members that are affected by this. In expansion office updates we have a temporary space in Chico. Dr. Matthews will work part-time out of the Chico office. The office will not be fully operational until sometime in the Fall at the earliest. The Auburn office has spaces that are ready by not all of them are fully operational. Preparation for the D-SNP (Dual Special Needs Plan) are underway and is currently in the planning phase with the subject matter experts currently working with the consultants. The Pharmacy department will have the most impact to this process. Dr. Netherda mentioned that a Medical Director has been hired for the DSNP program for Medicare. Dr. Kermit Jones has been hired to oversee the program. He is an Internal Medicine physician who previously worked with Kaiser and has a background with policies at a federal level. Dr. Jones also previously worked with former president Barack Obama. A new	*Presented by Jeffrey Ribordy, MD*	N/A

	Director of Population Health Management has also been hired, her name is DeLorean Ruffin and she will begin on April 15th along with Dr. Jones.		
2. Pharmacy Programs (D-SNP, CHW)	The Pharmacy department is currently in preparation for the Medicare DSNP program. This is a requirement as part of Cal Aim's objective to align and coordinate care. All managed care plans are required to operate a DNSP program by January 1, 2026 which includes the medical and pharmacy benefits. The Pharmacy department will have to recreate the entire benefit from scratch similar to the Medi-Cal Rx carve-out that involved a dismissal of a PBM; therefore, the Pharmacy department will need to find another PBM for the new DSNP program. We have been working with a consultant to identify a suitable PBM through a request for proposal process since the latter part of 2023. Last Tuesday, April 2nd we have released a request for proposal and will expect to get bids in the next 3 weeks. We already received 4 PBMs who we are inviting to place a bid, one of which is from our previous PBM MedImpact. The other 3 are Navitus, Prime Therapeutics (who purchased Magellan), and Optum, who is one of the big 3 National PBMs. These PBMs will be working on the requirements for the financial and the services of the Medicare, Pharmacy's Part D program. The next update is regarding the Community Health Worker pilot which is underway with 6 independent pharmacies. The service areas that are covered include Sonoma, Solano, Shasta, and Siskiyou counties. We are partnering with USC pharmacy school offering a virtual CHW certificate training program that includes a 20-hour at home study with an 8-hour Zoom meeting so that the trainees can apply what was learned in the program. Trainees will demonstrate and apply what was learned during the program which includes: blood pressure monitoring, blood sugar testing, and disposal of syringes and needles. A final exam is scheduled after the requirements are met. Once the trainees pass the exam and complete the training they become a Certified CHW and can begin to provide CHW services at the pharmacies. Currently, there are already 2 pharmacies that have had their technicians and staff complete 2000 hours during the last 3 years. Since all requirements were met through the work experience pathways, these 2 pharmacies can begin with the CHW services for their technicians. Further trainings will be provided for a USC credentialed program that will occur in May. The goal is that by June 1st, all 6 pharmacies will be able to provide and bill CHW services. There is a form that has been created that will assist the process of identifying the qualifying criteria and list the reason why a member will require CHW	*Presented by Stan Leung, PharmD*	N/A

	services. The supervising provider, who can be a pharmacist has to attest to the reason for submitting the bill. The type of service would include coordination of care, to prevent exacerbation of their condition, or just health education. There will also be a section for facilitating the referral process to include a CHW referring a member back to Partnership, to community based resources, or to a perinatal CPSP program or provider. The form is optional for the provider to use but is available for use by the pharmacy so the end to end process can be documented for identifying and providing CHW services. The 6 independent pharmacies are currently in the process of signing up for this program. In regards to recreating the formulary there are certain requirements for Medicare. Coverage for at least 2 medications with different mechanism for a given indication is one of the requirements, when 2 MOAs exist. Delegation of the Medicare requirements will involve using the PBM's criteria for the formulary for the first year. The formulary will be managed by PHC once the criteria for it is in agreement with the PBM's. We will most likely be making our own changes to the formulary versus having the PBM making them due to cost savings. There will be a process to making and submitting changes to the formulary every year due to Medicare's preference towards members' benefit and who it impacts. That's the reason for delegating the formulary the first year due to the elaborate review in changes to the process.		
3. DUR Update	<u>DUR Summary for LTBI</u> Pharmacy recently added the daily Rifapentine plus Isoniazid (1HP) regimen to its list of monitored LTBI treatment regimens based on CDC and WHO recommendations. For now, the monitoring of the 1HP regimen will be for track and trend purposes only. No anticipated prescriber outreach needed. Shorter LTBI treatment regimens have shown similar efficacy and tolerability to the 6 or 9 month of daily isoniazid therapy. A copy of this table of LTBI regimens is included in the prescriber outreach letter. Here at PHC, we see about 20 LTBI regimens per 100k members per year for the Northern Region and about 64 LTBI regimens per 100k members per year for the Southern Region. The next set of charts are summaries of the prescribed LTBI regimens and their completion and non-adherent percentage rates, divided into Northern Region and Southern Region.	*Presented by: Kathleen Vo, PharmD*	N/A

	<u>DUR Summary for AMR</u> Dr. Becker presented the following data summary for the AMR project (Asthma Medication Ratio) • The percent of members at AMR target at the time of the ED-trigger event (baseline), compared to 6-months post ED-trigger event in both the control as well as the intervention group. The intervention group saw a 20% improvement, and the control group saw a 15% improvement. • Members who were below the 0.5 target at the time of their ED trigger event, and then achieved target by 6-months later. • A comparison between the intervention group and control group: the intervention group saw 20% more members reach target. • The same data for just the intervention group split into subgroups based on how many phone calls the member took. These subgroups are very small, but it does appear that the follow up calls may have some value based on what we see. 87% of members who were below AMR target and received 3 calls hit the target 6 months later, compared to 32% of those who only got 1 call.	*Presented by Susan Becker, PharmD, BCPS*	N/A
4. Drug Benefit Review	Intro & overview of the packet contents for drug benefit review The classes for this quarter's review are: • Antihistamine, Nasal, Cough and Cold, Respiratory, Misc. • Anti-Infective Agents • Genitourinary Agents • Vaccines, Toxoids, Immunizations, Allergenic Extracts, Misc. Note that the Genitourinary and Vaccines, Toxoids, Immunizations, Allergenic Extracts, Misc classes were reviewed by the PHC Drug Benefit Team, with no changes to existing criteria, coverage status, or new criteria recommended at this time, although a few items that fall under this/these class/classes may be included in the quarterly code review section. All actions at right were approved by the committee as presented, unless otherwise noted as "*approved as modified*". All changes will be effective 7/1/24 unless otherwise noted.	*Presented by Erin Montegary, PharmD*	

Class Reviews:

1) Antihistamine, Nasal, Cough and Cold, Respiratory-Misc
   - Updates to the following were presented, with approved actions shown at right.
     - Resilizumab (Cinqair™)
     - Benralizumab (Fasenra™)
     - Omalizumab (Xolair™)
     - Cetirizine IV (Zyrtec™)

Presented by Erin Montegary, PharmD

Antihistamine, Nasal, Cough and Cold, Respiratory-Misc: Class Review, Approved Actions:	
HCPCS	**Drug**
Changes to Claim Limits &/or Requirements	
J1201	Cetirizine IV (Zyrtec™) – increased from 10 units to 20 units
TAR Criteria Updates (see attached criteria for details)	
J2786	Resilizumab (Cinqair™)
J0517	Benralizumab (Fasenra™)
J2357	Omalizumab (Xolair™)

7/1/24

2) Anti-Infective Agents
   - Updates to the following were presented:
     - Overview of sulbactam-durlobactam (Xacduro™)
     - Update to PHC case-by-case guidelines for antibiotic drugs, to include Xacduro™ within the guideline document.

Presented by Susan Becker, PharmD, BCPS

Anti-Infective Agents Class Review, Approved Actions:	
HCPCS	**Drug**
TAR Criteria Updates (see attached criteria for details)	
J3490	Sulbactam-durlobactam (Xacduro™)

7/1/24

In addition to the scheduled class reviews, PHC presented the following:

- Updates to Hematological Agents for Sickle Cell Disease
  - New criteria for Lovotibeglogene (Lyfgenia™)
  - New criteria for Exagamglogene Autotemcel (Casgevy™)
- Updates to Antineoplastic & Adjunctive Agents:
  - Updates to CAR-T criteria
  - Removal of max dose for fulvestrant (Faslodex™), retroactive so as to apply to any DOS for which claims might be currently received.

Presented by Susan Becker, PharmD, BCPS

***Ad hoc* Updates**		
HCPCS	**Drug**	**Approved Action**
J3590	Lovotibeglogene (Lyfgenia™)	New Criteria, see attached criteria for details
J3590	Exagamglogene Autotemcel (Casgevy™)	
All CAR-T	Abecma™, Bryanzi™, Carvykti™, Kymriah™, Tecartus™, Yescarta™	Removal of CD-19 testing/analysis requirement
J9395	Fulvestrant (Faslodex™)	Removal of maximum dose per day, retroactive to 3/1/23.

7/1/24

7/1/24

Entered into system on 3/12/24 for DOS from 3/1/23

	• Unclassified NDC claim benefit changes: o Removal of TAR requirements ▪ Drugs that previously required prior authorization for PAD claims except at hospital emergency departments. Drugs listed at right. o Benefit additions ▪ Drugs that were previously not covered even at emergency departments due to non-benefit status with State Medi-Cal. These have been added as a benefit enhancement for PHC. Drugs listed at right. o Removal of quantity limits to facilitate more efficient claim processing – drugs listed at right. o Effective dates for unclassified drug coverage: The first of the next quarter following PAC (Physician Advisory Committee) is the standard by when all system processes & databases are to be updated with approved changes. Note that with unclassified drugs the implementation may occur soon. This happens in cases where a claim is received & reviewed by Rx Dept in the interim time ahead of P & T and PAC; when the requested drug is approved for payment, it is added to the systems necessary for processing as of the claim approval date, with the effective date essentially being the date the drug was approved for reimbursement. For the sake of simplicity, the effective dates are listed in the packet at the first of the next quarter, knowing that the Plan may have authorized earlier payment.	*Presented by Diane Wong, PharmD* (tables below)	Effective dates are not used in the NOC databases for covered drugs. NDCs become effective for claims received on/after the date they are entered and are retroactive for any DOS in the 12 mo claim submission window. NDCs for drugs at left, or changes in limits to existing NDCs, will be entered into the NOC databases no later than 7/1/24.

Additions & Changes to Unclassified NDC Coverage (previously only covered for emergency dept)	
Removal of TAR requirements (now covered for any medical provider when medically necessary)	
Brivaracetam 10, 25, 50, 75, 100 mg tablets (Briviact™)	Linezolid 600 mg tab (Zyvox™)
Brivaracetam 10 mg/ml oral solution (Briviact™)	Mesalamine 250 mg, 500 mg tablets (Petosa™)
Brivaracetam 10 mg/ml vials (Briviact™)	Nirmatrelvir-Ritonavir (Paxlovid™)
Canagliflozin 100 mg, 300 mg tab (Invokana™)	Posaconazole 100mg DR tab (Noxafil™)
Dapagliflozin 5 mg, 10 mg tab (Farxiga™)	Potassium Chloride powder packets for suspension, 10, 20, 25 MEQ
Diltiazem SR caps, 60, 90, 120 mg (Cardizem SR™)	Rifaximin 200 mg, 550 mg tab (Xifaxan™)
Empagliflozin 10 mg, 25 mg (Jardiance™)	Mirabegron 25 mg, 50 mg ER tab (Myrbetriq™)
Hard fat/phenylephrine HCl suppository (Hemorrhoidal™)	Spironolactone 5 mg/ml oral suspension (Carospir™)
Additions (previously not covered for any medical facility location type)	
Benzocaine 10% OTC oromucosal products (Anbesol™, OraJel™)	
Docosanol 10% cream (Abreva™)	

Removal of Limits &/or requirements		
Apixaban tab	Guanfacine HCl tab ER 24H	Pregabalin cap
Atropine/Hyoscyamine/ Phenobarb. /Scop. tab	Hydroxyurea cap	Prenatal Vitamins tab
Baclofen tab	Indomethacin cap, ER	Rivaroxaban tab
Budesonide DR cap	Itraconazole cap	Rizatriptan tab
Bupropion HCL tab, ER 12 HR	Ivabradine tab	Rosuvastatin sprinkle cap
Butalbital-APAP-Caff. cap	Ivermectin tab	Rosuvastatin tab
Butalbital-APAP-Caff. tab	Ketorolac tab	Sacubitril/Valsartan tab
Cefdinir cap	Levofloxacin tab	Sevelamer Carbonate tab
Cefpodoxime Proxetil tab	Meclofenamate cap	Telmisartan tab

Clomipramine HCL cap	Meloxicam tab	Temazepam cap
Cylobenzaprine HCL tab	Mesalamine tab	Tolterodine Tartrate ER cap
Dabigatran cap	Methocarbamol tab	Tolterodine Tartrate tab
Desmopressin tab	Midodrine tab	Tramadol HCl tab
Disintegrating	Modafinil tab	Tranexamic Acid tab
Entacapone tab	Montelukast Granules	Valganciclovir HCl tab
Ergocalciferol cap	Omega3Acid Ethyl Esters cap	Vancomycin HCL cap
Eszopiclone tab	Oseltamivir cap	Varenicline tab
Famciclovir tab	Oxybutynin tab, ER	Vitamin D tab
Fexofenadine HCl tab	Pantoprazole Granules	Vitamin E cap
Fluoxetine HCL cap	Pioglitazone tab	Vortioxetine HBR tab
Gabapentin tab	Prasugrel tab	Pregabalin cap

- New HCPCS code review – listed at right, listed in 2 sections:
  - 1st time HCPCS code for drug (other than unclassified code)
  - HCPCS code changed but no change in coverage requirements for the drug itself
  - Codes were announced as benefits by DHCS on 3/29/24, with effective date 4/1/24.

Presented by Diane Wong, PharmD

New HCPCS codes (no prior code or was previously unclassified)		
HCPCS	**HCPCS Description**	**Requirements**
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	TAR
J1434	Injection, fosaprepitant (focinvez), 1 mg	TAR
J9248	Injection, melphalan (hepzato), 1 mg	TAR
J9249	Injection, melphalan (apotex), 1 mg	TAR
J2277	Injection, motixafortide, 0.25 mg (Aphexda™)	TAR
C9166	Injection, secukinumab, intravenous, 1 mg (Cosentyx IV)	TAR
J0650	Injection, levothyroxine sodium, not otherwise specified, 10 mcg (powder for solution)	Minimum age 18 yrs
J0651	Injection, levothyroxine sodium (fresenius kabi) not therapeutically equivalent to J0650, 10 mcg (solution)	Minimum age 18 yrs
J0652	Injection, levothyroxine sodium (hikma) not therapeutically equivalent to J0650, 10 mcg (solution)	Minimum age 18 yrs
J1010	Injection, methylprednisolone acetate, 1 mg (Depo-Medrol)	None
J1202	Miglustat, oral, 65 mg (Opfolda™)	TAR
J1203	Injection, cipaglucosidase alfaatga, 5 mg (Pombiliti™)	TAR

4/1/2024

C9168	Injection, mirikizumab-mrkz, 1 mg (Omvoh IV™)	TAR
J9376	Injection, pozelimab-bbfg, 1 mg (Veopoz™)	TAR
C9167	Injection, apadamtase alfa, 10 units (Adzynma™)	TAR
J0209	Injection, sodium thiosulfate (hope), 100 mg	TAR
J3424	Injection, hydroxocobalamin, intravenous, 25 mg (Cyanokit™)	None
Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	TAR

NTR = No TAR Required

New HCPCS codes replacing a prior code for same drug		
HCPCS	**HCPCS Description**	**Requirements & prior code**
J3055	Injection, talquetamabtgvs, 0.25 mg (Talvey™)	TAR *(previously C9163, TAR required)*
J9073	Injection, cyclophosphamide (ingenus), 5 mg	No requirements or limits *(previously J9070, NTR)*
J9074	Injection, cyclophosphamide (sandoz), 5 mg	Minimum age 18 yrs *(previously J9070, NTR)*
J9075	Injection, cyclophosphamide not otherwise specified, 5mg (Cytoxan™)	No requirements or limits *(previously J9070, NTR)*
J1323	Injection, elranatamab-bcmm,1 mg (Elrexfio™)	TAR *(previously C9165, TAR required)*
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	TAR *(previously C9164, TAR required)*
J0177	Injection, aflibercept hd, 1 mg (Eylea HD™)	TAR *(previously C9161, TAR required)*
J2782	Injection, avacincaptad pegol, 0.1 mg (Izervay™)	TAR (previously *C9162, TAR required)*
J2919	Injection, Methylprednisolone sodium succinate, 5 mg (Solu-Medrol™)	None *(previously J2920 & J2930, NTR)*
J7165	Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity (Balfaxar™)	TAR *(previously C9159, TAR required)*
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	TAR *(previously C9160, TAR required)*

4/1/24

II. <u>Old Business</u> **a. Policy Updates**	1) MPRP4065: Drug Utilization Review (DUR) Program a. Added wording stating there is an internal reporting process to identify unsafe and/or inappropriate prescribing & dispensing b. Added wording regarding Fraud, Waste & Abuse to specify that would include identifying and addressing fraud and abuse of controlled substances by MCP Members, health care Providers who are prescribing drugs to MCP members, and pharmacies dispensing drugs to MCP Members. c. Added wording that internal reporting will also be used to assess all use of antipsychotics, mood stabilizers, and antidepressants for all children under 18 yrs, including foster children. 2) MPRP4034: Pharmaceutical Patient Safety a. Presented for consent, no substantive edits	*Presented by Stan Leung, PharmD*	5/8/2024
<u>IV. New Business</u>	None		
<u>V. Additional Items</u>	None		
<u>VI. Adjournment</u>	Meeting adjourned at 9:55 am		

Requirements for Reslizumab IV infusion (Cinqair™)

APPROVED

Unless otherwise specified as having renewal requirements, criteria apply to new starts only. Include documentation of continuation of care if member is not new to treatment. Unless otherwise specified, brand names are shown for reference only and the criteria apply to the generic drug ingredient regardless of manufacturer or labeler.

PA Criteria	Criteria Details
Covered Uses	Add-on maintenance treatment of severe asthma in adults with an eosinophilic phenotype
Exclusion Criteria	• ~~Negative for eosinophilic phenotype~~ • Monotherapy use (reslizumab is add on therapy to the current asthma treatment regimen) • Reslizumab will not be used concurrently with other monoclonal antibodies with similar indications such as dupilumab, mepolizumab, omalizumab, benralizumab or tezepelumab ~~Combination with another monoclonal antibody/biologic therapy used for the treatment of severe asthma~~
Required Medical Information	Clinic notes must include all of the following: 1) ~~Documentation with reason(s) for failure or medical reason(s) for contraindication to dupilumab (Dupixent™, TAR required by Medi-Cal Rx), which is indicated for moderate to severe asthma with an eosinophilic phenotype or with oral glucocorticoid dependent asthma.~~ Patient has a diagnosis of severe asthma with eosinophilic phenotype and has a blood eosinophil count equal to or greater than 400 cells/µl. 2) ~~Lab report to indicate eosinophil level greater than 400 cells/µl.~~ Patient has persistent uncontrolled asthma despite at least 3 months of compliant use of high-dose inhaled corticosteroid (ICS) combined with long-acting β2 agonist (LABA) (ICS-LABA) as defined by at least one of the following: a. An Asthma Control Questionnaire (ACQ) score of 1.5 or more, or an Asthma Control Test (ACT) score less than 20 at baseline. b. At least two exacerbations in the past 12 months. c. A history of Emergency Department (ED) visits requiring use of oral/systemic corticosteroids and/or hospitalization in the past 12 months. d. Reduced lung function at baseline [pre-bronchodilator FEV1 below 80% in adults, and below 90% in adolescents]. 3) Documentation of trial and failure/or contraindication to less invasive treatment option with biologics given subcutaneously which are indicated to treat severe asthma in adults with an eosinophilic phenotype (ie., dupilumab, mepolizumab, benralizumab). 4) ~~Baseline FEV1.~~ Current patient weight for dose calculation. 5) ~~Baseline Asthma Control Questionnaire (ACQ) or Asthma Control Test (ACT) with final score indicating inadequate control with the current treatment regimen.~~ 6) ~~Current weight.~~
Age Restriction	18 years and older
Prescriber Restriction	Must be prescribed or recommended by an allergist or pulmonologist.
Coverage Duration	Initial approval: 6 months Renewal: 12 months with documentation of clinical benefit with treatment when compared to baseline (see further details in "Other Criteria" section below).
Other Requirements & Information	Renewal criteria: 1) Current FEV1, peak flow and/or other pulmonary function test that may indicate improvement in airflow limitations 2) Asthma Control Questionnaire (ACQ) or Asthma Control Test (ACT) after a minimum of 3 months after initiation of treatment with reslizumab to

	indicate improvement from baseline score. *Note: Pharmacy claim history will be reviewed for renewal requests, and rescue inhalers should not show increasing use. If the fill history does show an increase for use for rescue inhalers, then additional justification of Reslizumab efficacy may be requested.* Requests for off-label use: See PHC criteria document *Case-by-Case TAR Requirements and Considerations.*

Medical Billing:

Dose limits & billing requirements, with an approved TAR:

HCPCS	Description	Dosing, Units
J2786	Injection, reslizumab, per 1 mg (Cinqair™)	3 mg/kg IV q4 weeks

Requirements for Benralizumab (Fasenra™ AutoInjector Pen & Fasenra™ Prefilled Syringe)

APPROVED

Unless otherwise specified as having renewal requirements, criteria apply to new starts only. Include documentation of continuation of care if member is not new to treatment.

PA Criteria	Criteria Details
Covered Uses	Add-on maintenance treatment of severe asthma in adults with an eosinophilic phenotype.
Exclusion Criteria	• Monotherapy use (benralizumab is add on therapy to the current asthma treatment regimen) • Benralizumab will not be used concurrently with other monoclonal antibodies with similar indications such as dupilumab, mepolizumab, omalizumab, reslizumab or tezepelumab
Required Medical Information	Must submit clinical documentation to substantiate the following: 1) Must be used for FDA approved indications and dosages 2) Patient has a diagnosis of severe asthma with an eosinophilic phenotype and has a blood eosinophil counts equal to or greater than 150 cells/µL 3) Patient has persistent uncontrolled asthma despite at least 3 months of compliant use of high-dose inhaled corticosteroid (ICS) combined with long-acting β2 agonist (LABA) (ICS-LABA) as defined by at least one of the following: a. An Asthma Control Questionnaire (ACQ~~6~~) score of 1.5 or more, or an Asthma Control Test (ACT) score less than 20 at baseline b. At least two exacerbations ~~while on high-dose inhaled corticosteroids and long acting β2-agonists (LABA) (ICS plus LABA)~~ in the previous year. c. A history of Emergency Department (ED) visits requiring use of oral/systemic corticosteroids and/or hospitalization in the past year ~~d.~~ Reduced lung function at baseline [pre-bronchodilator FEV1 below 80% in adults, and below 90% in adolescents] ~~despite regular treatment with high-dose inhaled corticosteroid (ICS) or with medium or high-dose ICS plus a LABA with or without oral corticosteroids (OCS) and additional asthma controller medications such as antileukotriene agent, tiotropium, or sustained-release theophylline.~~ 4) State the specific dosage form that will be administered during the medical office visit: a. Fasenra™ Autoinjector pen (may be administered by patient or caregiver with proper training) OR b. Fasenra™ Prefilled syringe (administered by health care provider)
Age Restriction	Must be 12 years of age or older.
Prescriber Restriction	None
Coverage Duration	Prefilled syringes: 3 doses (3 months) to allow administration of loading doses and for self-administration training with the goal of transitioning to the autoinjector pen for maintenance treatment at home (provided by the pharmacy). Autoinjector pens: 1 time dose for training & observation of self-administration technique.

Requirements for Benralizumab (Fasenra™ AutoInjector Pen & Fasenra™ Prefilled Syringe)

Other Requirements & Information	Benralizumab (Fasenra™) is available for self-administration in the form of an auto-injector and is typically administered by the member or a caregiver at home. As soon as the maintenance dose is established and member or caregiver can be trained for self-administration, Fasenra™ autoinjector should be provided to the member by a pharmacy for administration at home whenever possible. Prefilled syringes: Requests will be approved for up to 3 months, if the healthcare provider prefers to administer the loading dose for new start requests, by obtaining it though the practice until maintenance dose and safety of self-administration is determined. Autoinjector pens: Requests will be approved for one-time to allow training of the member &/or caregiver on self-administration. Continuing to provide pens through the medical office will require information submitted with the TAR documenting the member is not a candidate for self- or caregiver administration at home. If administration by the provider is requested beyond the time frames shown above, the provider must include reason(s) on the renewal TAR stating why the member or caregiver cannot obtain the drug through the pharmacy benefit for self- or caregiver administration.

Medical Billing:

Dose limits & billing requirements (approved TAR is required):

HCPCS	Description	Dosing, Units
J0517	Injection, benralizumab, per 1 mg (Fasenra™ auto-injector pen & Fasenra™ prefilled syringe)	30 mg subcutaneously every 4 weeks x 3 doses, and then once every 8 weeks thereafter. Maximum Dose: 30 mg (30 HCPCS units)

APPROVED

Requirements for Omalizumab (Xolair™ Prefilled Syringe & Xolair™ Vial)

Unless otherwise specified as having renewal requirements, criteria apply to new starts only. Include documentation of continuation of care if member is not new to treatment.

PA Criteria	Criteria Details
Covered Uses	1) Moderate-to-severe persistent asthma in patients who have a positive skin test or in vitro reactivity to a perennial aeroallergen and whose symptoms are inadequately controlled with inhaled corticosteroids 2) Chronic idiopathic urticaria (CIU) in patients 12 years of age and older who remain symptomatic despite H1 antihistamine treatment. 3) Nasal Polyps 4) IgE-mediated food allergy
Exclusion Criteria	• Asthma treatment other than for moderate-severe persistent asthma with positive test for perennial aeroallergen. • Treatment of acute urticaria (hives that last less than 6 weeks). • Omalizumab will not be used concurrently with other monoclonal antibodies with similar indications such as benralizumab, dupilumab, mepolizumab, reslizumab or tezepelumab • The treatment of other allergic conditions or other forms of urticaria. • The relief of acute bronchospasm or status asthmaticus
Required Medical Information	TARs must include clinical documentation that demonstrates all of the following: Asthma: 1) The service is medically necessary to treat moderate-to-severe persistent asthma. Severe asthma as defined by symptoms that are persistent and uncontrolled despite: a. The use of high dose inhaled corticosteroids combined with a long-acting beta2 agonist, leukotriene receptor agonist, or theophylline for the previous one year or longer OR b. The use of systemic glucocorticoids for 50% or more of the previous year. 2) Persistent uncontrolled asthma as defined by at least one of the following: a. An ACQ score consistently greater than 1.5 (Asthma Control Questionnaire) OR ACT score less than 20 (Asthma Control Test). b. Two or more exacerbations in the previous year, each requiring 3 or more days of treatment with systemic glucocorticoids. c. A history of hospitalization, intensive care unit stay, or mechanical ventilation in the previous year. d. A FEV1 (Forced Expiratory Volume in 1 second) at less than 80% of predicted after bronchodilator administration measured by pulmonary function testing or spirometry and documented by report and interpretation. 3) A positive skin test or in vitro reactivity to a perennial aeroallergen. 4) Symptoms are inadequately controlled with inhaled corticosteroids. 5) Pre-treatment serum IgE level between 30 and 700 IU/ml. Chronic Idiopathic Urticaria (CIU): 1) The service is medically necessary to treat CIU for patients 12 years of age and older who remain symptomatic despite H1 antihistamine treatment. Nasal polyps: 1) Documentation of chronic rhinosinusitis with nasal polyposis with: a. Pretreatment serum IgE level is required for new starts, or prior to restart of treatment when there has been a break of 1 year or more. b. Current member weight.

	c. Minimum of least 2 failed prior trials of short course oral corticosteroid (7-21 days), followed by: i. A treatment course of nasal corticosteroid use at doses for the treatment of nasal polyps for a minimum of 3 months, AND ii. Adjunctive therapy with a leukotriene antagonist. 2) Documentation of trial and reason(s) for failure with dupilumab (Dupixent™). IgE-mediated food allergy: 1) Diagnosis of IgE-mediated food allergy to one or more foods documented in clinical history. 2) Positive skin prick test and/or serum IgE test confirming food allergies. 3) Dose is consistent with FDA approved dose according to pretreatment total serum IgE levels and body weight. 4) Xolair™ is being requested to use in conjunction with a diet that avoids food allergen(s). 5) Xolair™ is not used concomitantly with Palforzia™. For all indication above: 1) State the specific dosage form that will be administered during the medical office visit: a. Xolair™ Prefilled Syringes (may be administered by patient or caregiver with proper training) OR b. Xolair™ Vials (administered by health care provider)
Age Restriction	Asthma: 6 years and older. Chronic Urticaria: 12 years and older. Nasal Polyps: 18 years and older IgE-mediated food allergy: 1 year and older
Prescriber Restriction	Asthma, Chronic Urticaria, Nasal Polyps: None IgE-mediated food allergy: Prescribed or in consultations with Allergist or Immunologist
~~**Coverage Duration**~~	12 months ~~Vials and Prefilled Syringes: Requests will be approved for up to 3 months, for consideration of issuing a prescription for self-administration to allow for dose stabilization and for self-administration training with the goal of transitioning to the prefilled syringes for maintenance treatment at home (provided by the pharmacy).~~
Other Requirements & Information Needed for Continuation of Care	Note: Omalizumab (Xolair™) is available for self-administration in the form of a prefilled syringe and is typically administered by the member or a caregiver at home. As soon as the maintenance dose is established and member or caregiver can be trained for self-administration, Xolair™ prefilled syringes ~~should~~ can be provided to the member by a pharmacy for administration at home whenever possible. ~~If administration by the provider is requested beyond the time frames shown above, the provider must include reason(s) on the renewal TAR stating why the member or caregiver cannot obtain the drug through the pharmacy benefit for self- or caregiver administration.~~

Requirements for Omalizumab (Xolair™ Prefilled Syringe & Xolair™ Vial)

Medical Billing:

Dose limits & billing requirements (approved TAR is required):

HCPCS	Description	Dosing, Units
J2357	Injection, Omalizumab, 5 mg (Nucala™ prefilled syringes & Nucala™ vials)	Asthma: • ≥ 12 yrs: o 150 mg – 375 mg, every 2-4 weeks o Dose and frequency determined by initial pretreatment IgE level and body weight (kg) • 6-11 yrs: o 75 mg -375 mg every 2-4 weeks o Dose and frequency determined by initial total IgE level and body weight (kg) Chronic idiopathic urticaria: • ≥ 12 yrs: 150 – 300 mg every 4 weeks Nasal Polyps: • ≥ 18 yrs: 75 mg – 600 mg every 2-4 weeks • Dose and frequency determined by initial pretreatment IgE level and wt (kg) Food Allergy: • ≥ 1 yr: o 75 mg – 600 mg, every 2-4 weeks o Dose and frequency determined by initial pretreatment IgE level and body weight (kg)

Questions, comments: Dr. N commented on lower utilization than expected

SEction Approved as presented

Unless otherwise specified as having renewal requirements, criteria apply to new starts only. Include documentation of continuation of care if member is not new to treatment.

PA Criteria	Criteria Details
Covered Uses	1) FDA approved indications 2) Accepted off-label indications/medically accepted indications: identified using the following standard reference compendia such as, but not limited to: • Infectious Diseases Society of America Guidelines • Centers for Disease Control and Prevention (CDC) • National Institute of Allergy and Infectious Diseases • American Academy of HIV Medicine • World Health Organization (WHO) • American Society of Transplantation • National Comprehensive Cancer Network (NCCN) • American Society of Transplantation (AST)
Exclusion Criteria	Varies based on manufacturer requirements
Required Medical Information	TAR must include all necessary/relevant clinical documentation to support medical justification with the request including: • Treatment history including prior regimen(s) • Documentation of contraindication or reason(s) why treatment with preferred regimens cannot be used including reason(s) why oral therapy cannot be used if treatment option(s) are available. • Culture and sensitivity lab reports • Treatment plan with anticipated duration of treatment including when or if the patient will be transitioned to oral treatment.
Age Restriction	Dependent on FDA approved age limit
Prescriber Restriction	Consultation or recommended by Infectious Disease specialist or appropriate specialist depending on the indication submitted.
Coverage Duration	Dependent on infection and recommended treatment standards.
Other Requirements & Renewal Information	Requests for off-label use: See PHC criteria document ***Case-by-Case TAR Requirements and Considerations.***

Medical Billing:
Medical Billing Requirements, with an approved TAR:
This table is a non-exhaustive list of drugs in PHC's medical drug benefit. The above criteria apply to all antibacterial products that require a TAR and are without drug-specific criteria.

TARs must include NDC when the HCPCS is J3490.

HCPCS	Description
Aminoglycosides	
J0291	Plazomicin (Zemdri™), per 5 mg
Anti-infective Agents, Misc.	
J3490	Unclassified Drug (NDC billing): • Bacitracin 50,000 unit vials, IM (Baciim™) • Xacduro (sulbactam for injection; durlobactam for injection) • PHC reimbursement is *per vial* (1 unit of service=1 vial)
J0770	Colistimethate sodium (Coly-Mycin M™), per 150 mg
J0743	Imipenem/Cilastatin (Primaxin™), per 250 mg
J0742	Imipenem/Cilastatin/Relebactam 2 mg (Recarbrio™), per 10 mg
J0691	Lefamulin (Xenleta™), per 1 mg
J2184	Meropenem (B Braun, mfg), per 100 mg, not therapeutically equivalent to J2185
J2185	Meropenem (Merrem™), per 100 mg, not therapeutically equivalent to J2184
J2186	Meropenem/Vaborbactam (Vabomere™), per 20 mg
J2770	Quinupristin/Dalfopristin (Synercid™), per 500 mg
Antimycobacterial Agents	
J3490	Unclassified Drug (NDC billing): • Capreomycin 1 gram vials (Capastat™) • PHC reimbursement is *per vial* (1 unit of service=1 vial)
Cephalosporins	
J3490	Unclassified Drug (NDC billing): • Cefiderocol sulfate 1 gram SDV (Fetroja™) • PHC reimbursement is *per vial* (1 unit of service=1 vial)
J0712	Ceftaroline fosamil (Teflaro™), per 10 mg
J0695	Ceftolozane/Tazobactam (Zerbaxa™), per 50 mg/25 mg
Fluoroquinolones	
J2280	Moxifloxacin (Avelox™), per 100 mg
C9462	Delafloxacin Meglumine (Baxdela™), per 1 mg

Continued from previous page

HCPCS	Description
Penicillins	
J2543	Piperacillin sodium/Tazobactam sodium (Zosyn™), per 1.125 gm
Tetracyclines	
J0122	Eravacycline (Xerava™), per 1 mg
J0121	Omadacycline, (Nuzyra™), per 1 mg

Q. 0
Approved as presented

APPROVED

Unless otherwise specified as having renewal requirements, criteria apply to new starts only. Include documentation of continuation of care if member is not new to treatment. Unless otherwise specified, brand names are shown for reference only and the criteria apply to the generic drug ingredient regardless of manufacturer or labeler.

PA Criteria	Criteria Details
Covered Uses	The treatment of patients 12 years of age or older with sickle cell disease and a history of vaso-occlusive events (VOEs).
Exclusion Criteria	1. Off-label use 2. Prior use exagamglogene autotemcel (Casgevy) or lovotibeglogene autotemcel (Lyfgenia) or other gene therapy 3. Prior receipt of an allogeneic transplant 4. Positive HIV test 5. Inability to receive RBC transfusions
Required Medical Information	1) Genetic testing to confirm severe sickle cell disease genotype: β^s/β^s, β^s/β^0, or β^s/β^+ 2) Documentation that the member has had at least 4 severe vaso-occlusive events (VOE) in the prior 24 months as defined below, while receiving appropriate supportive care (e.g. pain management plan, hydroxyurea) a. No medically determined cause other than a vaso-occlusion b. Event that requires at least one of the following: i. A visit to a medical facility and administration of pain medications (opioids or intravenous non-steroidal anti-inflammatory drugs [NSAIDs]) or RBC transfusions ii. OR a ≥ 24-hour hospital or Emergency Room (ER) observation unit visit iii. OR at least 2 visits to a day unit or ER over 72 hours with both visits requiring intravenous treatment. c. Priapism lasting >2 hours OR 4 priapism episodes that require a visit to a medical facility (without inpatient admission) are sufficient to meet criterion d. Acute chest syndrome e. Splenic sequestration 3) Documentation that the member has failed hydroxyurea (HU) at any point in the past or must have intolerance to HU. Failure is defined as >1 VOE or ≥1 Acute Chest Syndrome after HU has been prescribed for at least 6 months 4) Reasons why preferred gene therapy option for sickle cell disease, exagamglogene autotemcel (Casgevy), cannot be used 5) Human immunodeficiency virus (HIV-1 and HIV-2), Hepatitis B virus (HBV), and Hepatitis C virus (HCV) testing, as well as documentation that the member does not have a clinically significant and active other viral, bacterial, fungal or parasitic infection 6) Confirmation that hematopoietic stem cell transplantation is appropriate for the patient and documentation of the following: a. Karnofsky performance status of ≥ 60 (≥16 years of age) or a Lansky performance status of ≥60 (<16 years of age) b. No advanced liver disease; severe hepatic fibrosis or cirrhosis c. eGFR is ≥ 60 ml/min/1.73m^2 d. No cardiomyopathy or severe congestive heart failure (NYHA class III or IV) and baseline LVEF is ≥45% e. Lung diffusing capacity for carbon monoxide (DLCO) is ≥40%, and baseline O2 saturation ≥85% without supplemental oxygen (excluding

	periods of SCD crisis, severe anemia or infection) f. No clinically significant pulmonary hypertension at baseline g. WBC count $\geq 3x10^9/L$ and platelet count $\geq 50x10^9/L$ (unless related to hypersplenism) h. Documentation that the member does not have any history of severe cerebral vasculopathy: defined by overt or hemorrhagic stroke; abnormal transcranial Doppler [≥200 cm/sec] needing chronic transfusion; or occlusion or stenosis in the polygon of Willis; or presence of Moyamoya disease. 7) Confirmation that the member does not have an available 10/10 HLA matched related HSCT donor 8) Treatment and medications required for mobilization, and myeloablative conditioning have been approved: a. Plerixafor (Mozobil™, TAR required), for mobilization b. Busulfan (TAR required), for myeloablative conditioning 9) Policy MCUP3138 External Independent Medical Review will apply, enabling Partnership to obtain a specialist's evaluation of the case prior to both denials and approvals (ie denials for medical necessity).

Age Restriction	12 years and older

Prescriber Restriction	Hematologist or Transplant Specialist at a Qualified Treatment Center

Coverage Duration	FDA labeling: Once per lifetime, approval should be for a 12 month duration

Other Requirements & Information	Limited to once per lifetime treatment. There will be no renewals or retreatment requests approved.

Medical Billing:

Dose limits & billing requirements, with an approved TAR:

HCPCS	Description	Dosing, Units
J3590	Unclassified biologicals; lovotibeglogene autotemcel (Lyfgenia™)	The minimum recommended dose is 3×10^6 CD34+ cells/kg

Currently in California, there is only one planned qualified treatment center: Lucile Salter Packard Children's Hospital at Stanford; Palo Alto.

Unless otherwise specified as having renewal requirements, criteria apply to new starts only. Include documentation of continuation of care if member is not new to treatment. Unless otherwise specified, brand names are shown for reference only and the criteria apply to the generic drug ingredient regardless of manufacturer or labeler.

PA Criteria	Criteria Details
Covered Uses	• The treatment of sickle cell disease (SCD) in patients 12 years and older with recurrent vaso-occlusive crises (VOCs). • The treatment of transfusion-depended β-thalassemia (TDT) in patients 12 years and older
Exclusion Criteria	1) Off-label use 2) Prior use of lovotibeglogene autotemcel (Lyfgenia) or exagamglogene autotemcel (Casgevy) or other gene therapy 3) Prior receipt of HSCT 4) For Sickle Cell Disease only: Inability to receive RBC transfusions
Required Medical Information	Requirements for all indications: 1) Confirmation that hematopoietic stem cell transplantation is appropriate for the patient and documentation of the following: a. Karnofsky performance status of ≥ 60 (≥16 years of age) or a Lansky performance status of ≥60 (<16 years of age) b. No advanced liver disease; severe hepatic fibrosis or cirrhosis c. eGFR is ≥ 60 ml/min/1.73m^2 d. No cardiomyopathy or severe congestive heart failure (NYHA class III or IV) and baseline LVEF is ≥45% e. Lung diffusing capacity for carbon monoxide (DLCO) is ≥40%, and baseline O2 saturation ≥85% without supplemental oxygen (excluding periods of SCD crisis, severe anemia or infection) f. No clinically significant pulmonary hypertension at baseline g. WBC count ≥3x10^9/L and platelet count ≥50x10^9/L (unless related to hypersplenism) h. Documentation that the member does not have any history of severe cerebral vasculopathy: defined by overt or hemorrhagic stroke; abnormal transcranial Doppler [≥200 cm/sec] needing chronic transfusion; or occlusion or stenosis in the polygon of Willis; or presence of Moyamoya disease. 2) Confirmation that the member does not have an available 10/10 HLA matched related HSCT donor 3) Human immunodeficiency virus (HIV-1 and HIV-2), Hepatitis B virus (HBV), and Hepatitis C virus (HCV) testing, as well as documentation that the member does not have a clinically significant and active other viral, bacterial, fungal or parasitic infection 4) Treatment and medications required for mobilization, and myeloablative conditioning have been approved: a. Plerixafor (Mozobil™, TAR required), for mobilization b. Busulfan (TAR required), for myeloablative conditioning 5) Policy MCUP3138 External Independent Medical Review will apply, enabling Partnership to obtain a specialist's evaluation of the case prior to both denials and approvals (ie denials for medical necessity). Additional Requirements for Sickle Cell Disease 1) Genetic testing to confirm severe sickle cell disease genotype: β^s/β^s, β^s/β^0, or β^s/β^+

	2) Documentation that the member has had at least 4 severe vaso-occlusive events (VOE) in the prior 24 months as defined below while receiving appropriate supportive care (e.g. pain management plan, hydroxyurea) a. No medically determined cause other than a vaso-occlusion b. Event that requires at least one of the following: i. A visit to a medical facility and administration of pain medications (opioids or intravenous non-steroidal anti-inflammatory drugs [NSAIDs]) or RBC transfusions ii. OR a ≥ 24-hour hospital or Emergency Room (ER) observation unit visit iii. OR at least 2 visits to a day unit or ER over 72 hours with both visits requiring intravenous treatment. c. Priapism lasting >2 hours OR 4 priapism episodes that require a visit to a medical facility (without inpatient admission) are sufficient to meet criterion d. Acute chest syndrome e. Splenic sequestration 3) Documentation that the member has failed hydroxyurea (HU) at any point in the past or must have intolerance to HU. Failure is defined as >1 VOE or ≥1 ACS after HU has been prescribed for at least 6 months Additional Requirements for Transfusion Dependent Beta Thalassemia 1) Genetic testing to confirm beta thalassemia 2) Documentation of transfusion dependence as evidenced by one of the following a. A history of at least 100 mL/kg/year in the prior 2 years OR b. 10 units/year of packed RBC transfusions in the prior 2 years 3) No severe iron overload in heart or liver or endocrine systems, evaluated within the last 6 months
Age Restriction	FDA indication: 12 years and older
Prescriber Restriction	Hematologist or Transplant Specialist at an Authorized Treatment Center
Coverage Duration	FDA labeling: Once per lifetime, approval will allow a 12 month duration
Other Requirements & Information	Limited to once per lifetime treatment. There will be no renewals or retreatment requests approved.

Medical Billing:

Dose limits & billing requirements, with an approved TAR:

HCPCS	Description	Dosing, Units
J3590	Unclassified biologicals; exagamglogene autotemcel (Casgevy™)	The minimum recommended dose is 3×10^6 CD34+ cells/kg

Currently in California, there is only one planned authorized treatment center City of Hope National Medical Center; Duarte (near Los Angeles).

Q, comments: SL - SSC population/candidates for PHC? S: 19-34 mbrs eligible for Lyfgenia; 20-28 for Casgevy. Rough estimate based on submitted Dxs & VOE incidence. Fertility impact? Yes, myeloablation causes infertility. SL - reiterated limited access which may impact our membership significantly. Lots of CC needed. Approved as presented

Requirements for Chimeric Antigen Receptor T-cell (CAR-T) Therapy

APPROVED

Unless otherwise specified as having renewal requirements, criteria apply to new starts only. Include documentation of continuation of care if member is not new to treatment. Unless otherwise specified, brand names are shown for reference only and the criteria apply to the generic drug ingredient regardless of manufacturer.

PA Criteria	Criteria Details
Covered Uses	Per FDA approved indications included in the product labeling. CAR-T immunotherapy products included in this criteria: • Idecabtagene vicleucel (Abecma™) • Lisocabtagene maraleucel (Breyanzi™) • Ciltacabtagene autoleucel (Carvykti™) • Tisagenlecleucel (Kymriah™) • Brexucabtagene autoleucel (Tecartus™) • Axicabtagene ciloleucel (Yescarta™)
Exclusion Criteria	• CAR-T will not be approved for use as first-line therapy. • Concurrent or prior treatment with another CAR-T immunotherapy. • Concurrent use with a chemotherapy regimen (excluding the necessary lymphodepleting regimen). • CNS disorders or CNS malignancy/metastasis • Active infectious disease. • Inability to remain in the vicinity of the REMS certified facility for a minimum of 4 weeks. • ECOG grade 4 or worse.
Required Medical Information	• Histologically confirmed diagnosis of one of the FDA approved indication for which therapy is being requested to treat. • ~~Testing/analysis confirming CD19 tumor expression (excluding Abecma™ and Carvykti™).~~ • Clinic notes documenting history and course of illness, including response to previous therapies. • Documentation that member does not have active infection, and the recommended screenings in the package labeling, or in treatment guidelines, have been or will be performed for (including but not limited to): Hepatitis B, Hepatitis C, and HIV~~, and TB~~. • Documentation that member does not have an autoimmune disease or graft-vs-host disease requiring immunosuppression. • Documentation that member will undergo the recommended lymphodepleting regimen prior to CAR-T treatment (cyclophosphamide + fludarabine or appropriate alternative as recommended by package labeling or treatment guidelines). • Documentation that member is able to remain in the vicinity of the certified healthcare facility for at least 4 weeks post-infusion. • Member's current bone marrow, cardiac, pulmonary, liver, and renal function (all organ function must be adequate). • ECOG (Eastern Cooperative Oncology Group) performance status grade. • Policy MCUP3138 External Independent Medical Review will apply, enabling Partnership to obtain a specialist's evaluation of the case prior to both approvals and denials not meeting medical necessity.
Age Restriction	See prescriber information per drug specific approval information. For most indications, CAR-T may be approved for members aged 18 or older. Noted exception for tisagenlecleucel (Kymriah™) when used for the treatment of precursor acute lymphoblastic leukemia which is limited to members aged 25 years and younger on the date of the infusion (date of service), not previously treated with any gene therapy.

Requirements for Chimeric Antigen Receptor T-cell (CAR-T) Therapy

APPROVED

Prescriber Restriction	Prescribed by a hematologist or oncologist
Coverage Duration	A 3-month treatment window on the authorization but limited to 1 dose only per lifetime.

Other Requirements & Information

Additional required information per FDA-approved indication, at time of publication.

Multiple myeloma, relapsed or refractory:

FDA-approved CAR-T therapies with this indication**: Abecma™, Carvykti™.**

Additional information required with request:

- Documentation of treatment failure (either due to intolerable adverse reaction or lack of efficacy) with at least 4 prior therapies, with at least one from each mechanism of action group listed below included among the prior 4 lines of treatment:
  a) An anti-CD38 monoclonal antibody: daratumumab (Darzalex), daratumumab-hyaluronidase (Darzalex Faspro), or isatuximab (Sarclisa)
  b) A proteasome inhibitor: bortezomib (Velcade), carfilzomib (Kyprolis), or ixazomib (Ninlaro)
  c) An immunomodulatory agent: lenalidomide (Revlimid), thalidomide (Thalomid, accepted off-label use), or pomalidomide (Pomalyst)

Large B-cell lymphoma, relapsed or refractory:

FDA-approved CAR-T therapies with this indication: **Breyanzi™, Kymriah™, Yescarta™.**

Additional information required with request:

- A confirmed diagnosis of ~~CD19-positive~~ large B-cell lymphoma ~~(by testing or analysis confirming CD19 protein on the surface of the B-cell and documented in the members medical record),~~ including ANY of the following types:
  - Diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from follicular lymphoma or transformed follicular lymphoma-TFL)
  - Primary mediastinal large B-cell lymphoma
  - High grade B-cell lymphoma
- Documentation of treatment of large B-cell lymphoma in adults that is refractory to first-line chemoimmunotherapy or that relapses within 12 months of first-line chemoimmunotherapy OR
- Member has evidence of disease progression after two or more chemotherapy regimens recommended as first or second-line in compendia such as NCCN which may or may not have included therapy supported by allogeneic stem cell transplant.
- Limitations of use: Not indicated for treatment of primary CNS lymphoma.

Follicular lymphoma, relapsed or refractory:

FDA-approved CAR-T therapies with this indication: **Kymriah™, Yescarta™.**

- Documentation of treatment of relapsed or refractory follicular lymphoma in adults after two or more chemotherapy regimens recommended as first or second line in compendia such as NCCN that includes a combination of an anti-CD20 monoclonal antibody (e.g. rituximab, obinutuzumab) and an alkylating agent (e.g. bendamustine, cyclophosphamide, chlorambucil)

Acute lymphoblastic leukemia (ALL), B-cell precursor, relapsed or refractory:

FDA-approved CAR-T therapies with this indication for children and young adults up to 25 years of age: **Kymriah™**.

	FDA-approved CAR-T therapies with this indication for adults 18 years and older: **Tecartus™**. • Documentation of treatment of relapsed or refractory B-cell precursor ALL. • Member has a confirmed diagnosis of ~~CD19-positive~~ B-cell precursor ALL (~~by testing or analysis confirming CD19 protein on the surface of the B-cell and documented in the members medical record)~~ and the members condition meets ONE of the additional criteria, as specified below in either item 1 or item 2: 1. Second or later relapse B-cell precursor ALL after failing at least two lines of adequate treatment (with relapse defined as the reappearance of leukemia cells in the bone marrow or peripheral blood after complete remission with chemotherapy and/or allogeneic cell transplant) OR 2. Refractory B-cell precursor ALL with refractory defined as failure to obtain complete response with induction therapy (with second or later bone marrow relapse, bone marrow relapse after allogeneic stem cell transplant, or primary refractory or chemorefractory after relapse) • Members with Ph+ ALL require documentation of failure of 2 tyrosine kinase inhibitors (e.g., imatinib, dasatinib, nilotinib, bosutinib, ponatinib) at up to maximally indicated doses is required, unless contraindicated or clinically significant adverse effects are experienced, PHC prior authorization may be required for tyrosine kinase inhibitors. **Mantle cell lymphoma, relapsed or refractory:** FDA-approved CAR-T therapies with this indication: **Tecartus™.** • Documentation of treatment of relapsed or refractory mantle cell lymphoma (MCL) in adults. • Documentation of prior treatment with, or intolerance or contraindication to, all of the following: a) Anthracycline or bendamustine containing chemotherapy b) An anti-CD20 antibody (rituximab) c) BTK (bruton tyrosine kinase) inhibitor (acalabrutinib, ibrutinib, zanubrutinib). Requests for off-label use: See PHC criteria document *Case-by-Case TAR Requirements and Considerations.*

Questions, comments -- SL elaborated on increasing number requests being seen. The whole process of coordination of the various components of treatment takes 6-8 wks before the CAR-T procedure can be done. Gaining a better understanding of how CAR-T is implemented in hospital settings. UM gets the requests for T-cell collection. CAR-T is being explored for progressive MS

Approved as presented

PHC (PARTNERSHIP HEALTHPLAN OF CALIFORNIA) MEETING SUMMARY
(Confidential – Protected by CA. Evidence Code 1157)

* = by phone conference

Committee: Credentials Committee
Date: March 13, 2024 7:00 AM
Members Present: Steven Gwiazdowski, MD*; David Gorchoff, MD*; Bradley Sandler, MD*

PHC Staff: Marshall Kubota, MD*; PHC Regional Medical Director; Robert Moore, MD, MPH, MBA, PHC Chief Medical Officer; Jeffery Ribordy, MD*; Medical Director; Bettina Spiller, MD* Medical Director; Mark Netherda, MD*; Medical Director; Mary Kerlin, Senior Director of Provider Relations; Priscila Ayala, Associate Director of Provider Relations; Heidi Lee, Senior Manager of Systems and Credentialing; Brooke Vance, Credentialing Supervisor; J'aime Seale, Credentialing Specialist; Ashley Bailey*, Credentialing Specialist; Elizabeth Rios*, Credentialing Specialist; Nolan Smith*, Credentialing Specialist.; Alisa Crews-Gerk, Credentialing Specialist.

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
I. Meeting called to order. a. Voting member reminder.	I. PHC Regional Medical Director Marshall Kubota, MD called the meeting to order at 7:00 AM. Credentials Committee roll call taken by J'aime Seale. Dr. Kubota reminded everyone that all items discussed are confidential. a. Marshall Kubota, MD, PHC Regional Medical Director, reminded The Credentials Committee of who the voting members are, and voting is restricted to non-PHC staff. Dr. Kubota reminded the committee that all information discussed is confidential in nature.			
II. Review and approval of February 14, 2024 Credentials Meeting Summary.	II. The Credentials Committee Meeting Summary for February 14, 2024 were reviewed by the Committee.	II. Summary was reviewed. A motion for approval of the Summary was made by Dr. Bradley Sandler, MD and seconded by Dr. Steven Gwiazdowski, MD. Meeting Summary were unanimously approved without changes.		03/13/2024
III. Old Business. a. No Old Business to report.	III. Old Business – a. No Old Business to report	III. Old Business a. No Old Business to Report		03/13/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
IV. New Business a. Review and Approval of Routine Practitioner List.	IV. New Business a. Dr. Kubota referred the Credentials Committee to review the routine list of practitioners.	IV. New Business a. The Committee reviewed the list of practitioners**.** A motion to approve the list of practitioners was made by Dr. Bradley Sandler, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the routine list.		03/13/2024
b. MPCR200 Clean/Routine Practitioners and Ancillary Practitioners	b. Dr. Kubota referred the Credentials Committee to the MPCR200 Clean/Routine Practitioners and Ancillary Practitioners list. These practitioners are approved by Dr. Kubota pre-Credentials Committee meeting.	b. The Credentials Committee reviewed the MPCR200 Clean/Routine list. A motion to approve the list of practitioners was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Bradley Sandler. The Committee unanimously approved the MPCR200 Clean/Routine and Ancillary Practitioners list.		03/13/2024
c. New Probationary Providers	c. Dr. Kubota referred the Credentials Committee to the New Probationary Providers. These providers received various probationary sanctions from the Medical Board of California, Osteopathic Board of California and other sanctions found or self-reported. Each entity is currently monitoring all providers.	c. The Committee reviewed the New Probationary Providers. A motion to approve the New Probationary Providers was made by Dr. Bradley Sandler, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the providers listed with monthly monitoring.		03/13/2024
d. Exception for provider	d. Dr. Kubota brought an exception to the attention of the Credentials Committee. The provider received a limitation to their clinical privileges in 2018 due to excessive prescribing of controlled substances. The provider is not on probation with the Osteopathic Board of California, information was received through NPDB search. Dr. Kubota advised approval of credentialing with monthly monitoring for one-year.	d. The Committee reviewed the Exception for provider. A motion to approve the provider with monthly monitoring for one-year was made by Dr. David Gorchoff, MD and seconded by Dr. Steven Gwiazdowski, MD. The Committee unanimously approved the revised policies.		03/13/2024

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
e. Exception for provider	e. Dr. Kubota referred the Credentials Committee to an exception for a provider. The provider received multiple sanctions within clinical privileges, license actions and liability judgements. These sanctions are due to Improper Performance, Negligence, Health Plan Termination and Clinical Privileges termination. Dr. Kubota discussed with Dr. Moore and recommends to the Credentials Committee the provider be Denied of Credentialing with Partnership HealthPlan. Dr. Gwiazdowski asked if the provider has been providing care at a hospital. Dr. Moore answered that the provider has no privileges with large hospitals. Dr. Moore elaborated that due to the provider's repetition of multiple sanctions that PHC in good conscience cannot credential the provider. The Medical Board of California and the group will be notified of the Denial of Credentialing from Partnership HealthPlan.	e. The Committee reviewed the exception for the provider and agreed to the Denial of Credentialing. A motion to approve the Denial of Credentialing was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Bradley Sandler, MD. The Committee unanimously approved the Denial of Credentialing.		03/13/2024
f. Review and Approval of Revised Policies.	f. Review and Approval of Revised Policies presented by Brooke Vance. Brooke explained policies MPCR 601 Fair Hearing Process for Adverse Decisions, MPCR101 Ensuring Non-Discriminatory Credentialing and Re-Credentialing Processes, MPCR102 Provider Directory Accuracy, MPCR400 Provider Credentialing and RE-Credentialing Verification Process and Record Security and MPCR701 Ancillary Care Services Provider Credentialing and Re-Credentialing Requirements.	f. The Committee reviewed the Revised Policies. A motion to approve the revised policies was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Bradley Sandler. The Committee unanimously approved the revised policies.		03/13/2024
g. CR5 Semi Annual Evaluation of Practitioner Specific Member Complaints 10/1/2023-12/3/2023	g. Dr. Kubota directed the Credentials Committee to the Semi-Annual Evaluation of Practitioner Specific Member complaints through 10/1/2023-12/3/2023. Dr. Kubota summarized the Summary of Findings: Number of Complaints from Perform Quality Improvement (PQI) as 20, Number of Complaints from Grievance and Appeals (G&A) as 13. Per Dr. Kubota's review there were a total of 3 practitioners involved with 4 complaints. No trend or significant clinical or service issues were identified and as a result no further actions is needed as this time. *Informational Only.*	g. *Informational only*.		
V. Ongoing Monitoring of Sanctions Report and	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.	V. Ongoing Monitoring of Sanctions Report and Practitioner Monitoring List.		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	TARGET DATE	DATE RESOLVED
Practitioner Monitoring List. a. Review and Approval of Ongoing Monitoring of Sanctions Report. b. Practitioner Monitoring List.	a. Review and Approval of Ongoing Monitoring of Sanctions Report. The Credentials Committee was asked to review and approve the Ongoing Monitoring of Sanctions Report. b. The Credentials Committee was asked to review the Practitioner Monitoring List. Dr. Kubota reminded the committee that the credentialing department monitors these boards for any actions regarding our providers.	a. The Credentials Committee members reviewed the report. A motion for approval of the Ongoing Monitoring of Sanctions Report was made by Dr. Steven Gwiazdowski, MD and seconded by Dr. Bradley Sandler. The Committee unanimously approved. b. *Informational only*.		03/13/2024
VI. Review and Approval of Consent Calendar Items. a. Report of Long Term Care Facility, Hospital, and Ancillary provider list. b. 2023 Q4 Delegated Quarterly ICE Reports	VI. Review and Approval of Consent Calendar Items. a. Dr. Kubota asked the Credentials Committee members to review the report of Long Term Care Facility, Hospital, and Ancillary provider list. b. Dr. Kubota referred the Credentials Committee to review the 2023 Q4 Delegated Quarterly ICE Reports for Carelon Behavioral Health, Dignity, Kaiser Permanente, Lucille Packard Children's Hospital, Sutter Bay and Redwoods, Sutter Palo Alto, Sutter Medical Foundation, University of California Davis, University of California San Francisco and Vision Service Plan.	VI. Review and Approval of Consent Calendar Items. a/b. The Credentials Committee members reviewed the list of Consent Calendar Items. A motion for approval was made by Dr. Bradley Sandler, MD and seconded by Dr. Steven Gwiazdowski, MD. The Credentialing Committee unanimously approved.		03/13/2024
VII. Meeting Adjourned.	VII. Meeting adjourned.			

Credentials Meeting Summary for 03/13/2024 respectfully prepared and submitted by J'aime Seale Credentialing Specialist II

Chairman Signature of Approval [signature] ***Date*** 4/10/24

Marshall Kubota, M.D., PHC Credentialing Chairman

App. Ty	Full Name	Provider Type (	Name/Street	County Name	Specialty Description	Board Name	Initial Cert Date	Board Cert	Hospital Name
I	Allen, Nathan H.,MD	SPEC	WellSpace Women's Health Center	Placer	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	12/09/1983	Yes	Admitting Agreement
I	Anand, Rohit MD	SPEC	John Muir Specialty Medical Group - Gastroenterology	Solano	Gastroenterology	ABMS of Internal Medicine	11/20/2019	Yes	John Muir Medical Center
R	Auriemma, Jason F.,MD	PCP	CommuniCare Ole -Hansen Family Medical Center	Yolo	Family Medicine	ABMS of Family Medicine	07/11/2003	Yes	Admitting Agreement
I	Baker-Bredek, Carolyn BCBA	BHP	Center for Autism and Related Disorders, LLC	Yolo	Behavioral Health	Behavior Analyst Certification Board	05/31/2011	Yes	
I	Barnet, Michelle SUDRC	W&R	Archway Recovery Services Inc W & R	Solano	Wellness and Recovery	California Substance Use Disorder	12/22/2023	Yes	
I	Barton, Allison BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	08/31/2023	Yes	
I	Baxter, Melissa CADC II	W&R	Hilltop Recovery Services - The Ranch	Lake	Wellness and Recovery	California Consortium of Addiction Programs Professionals	09/26/2023	Yes	
I	Bayliss, Kim R.,PA	SPEC	NBHG: Neurology	Solano	Physician Assistant	None		No	
I	Benson, Douglas W.,MD	SPEC	Oroville Orthopedic Clinic	Butte	Orthopaedic Surgery	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs	09/05/1980	No	Admitting Agreement
I	Bernhard, Erika RD	Allied	TeleMed2U	Yolo	Registered Dietitian	Commission of Dietetic Registration	10/01/1998	Yes	
R	Bhandal, Harjot S.,MD	SPEC	Evolve Restorative Center	Sonoma	Anesthesiology	Confirmed per AMA, AOA, ABFAS or Residency Letter		No	Sutter Lakeside Hospital
R	Bhela, Serena MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	10/03/2018	Yes	John Muir Medical Center - Concord
I	Brar, Randeep K.,MD	SPEC	WellSpace Health Oak Park Community Health Center	Placer	Pediatrics	ABMS of Pediatrics	10/18/2018	Yes	Admitting Agreement
R	Brittell, Barbara M.,PA-C	PCP	Redwood Coast Medical Services, Inc./Gualala Medical Clinic	Mendocino	Physician Assistant Certified	National Commission on Certification of Physician Assistants	12/02/1998	Yes	
I	Bustamante, Danielle I.,BCBA	BHP	Family First	Butte	Behavioral Health	Behavior Analyst Certification Board	02/28/2014	Yes	
R	Cabrera, Alliza Anne BCBA	BHP	Center for Autism and Related Disorders, LLC	Solano	Behavioral Health	Behavior Analyst Certification Board	02/28/2017	Yes	
I	Camilli, Rebecca SUDRC	W&R	Waterfront Recovery Services	Humboldt	Wellness and Recovery	California Substance Use Disorder	10/31/2023	Yes	
I	Carey-Simms, Katiana L.,CNM	SPEC	CommuniCare Ole - Davis Community Clinic	Yolo	Certified Nurse Midwife	American Midwifery Certification Board	08/01/2023	Yes	
I	Carter, Jack R.,BCBA	Allied	Autism Behavior Services Inc	Yolo	Behavioral Health	Behavior Analyst Certification Board	09/18/2021	Yes	
I	Castillo, Celine BCBA	BHP	Center for Autism and Related Disorders, LLC	Yolo	Behavioral Health	Behavior Analyst Certification Board	08/21/2020	Yes	
I	Chatterjee-Berfroid, Dipal MD	SPEC	Surgical Affiliates of California - Los Banos	Solano	Orthopaedic Surgery	None		No	Admitting Agreement
I	Cho, Peter Y.,MD	PCP	Elica Health Centers-Halyard Medical Center	Yolo	Family Medicine	ABMS of Family Medicine	07/14/1995	Yes	Admitting Agreement
I	Chun, Richard B.,MD	PCP	WellSpace Health Sunrise Community Health Center	Placer	Internal Medicine	ABMS of Internal Medicine	10/16/1967	Yes	Admitting Agreement
R	Clark, Melissa S.,AGNP-C	SPEC	West Coast Kidney	Solano	Adult-Gerontology Primary Care Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	04/25/2017	Yes	
I	Cleek, Norris E.,MD	SPEC	Enloe Trauma & Surgery Clinic	Butte	Surgery	ABMS of Surgery	02/22/1982	Yes	Enloe Medical Center
I	Cobleigh, Zoey BCBA	BHP	Autism Intervention Professional LLC	Placer	Behavioral Health	Behavior Analyst Certification Board	01/08/2024	Yes	
I	Cochran, Colleen BCBA	BHP	Autism Behavior Services Inc	Yolo	Behavioral Health	Behavior Analyst Certification Board	02/28/2014	Yes	
I	Corona - Guarado, Luana BCBA	BHP	Autism Behavior Services Inc	Yolo	Behavioral Health	Behavior Analyst Certification Board	12/22/2021	Yes	
I	Craig, Brandon T.,PA-C	PCP	Harmony Health Medical Clinic and Family Resource Center	Yuba	Physician Assistant Certified	National Commission on Certification of Physician Assistants	11/27/2023	Yes	
I	Criseno, Erwin L.,FNP-C	PCP	Modern Health and Wellness	Placer	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	12/09/2021	Yes	
R	Curzi, Mario P.,MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	11/13/1984	Yes	John Muir Medical Center - Concord
I	Davie, Tyree O.,MD	PCP	WellSpace Health Norwood Community Health Campus	Placer	Family Medicine	ABMS of Family Medicine	08/22/2023	Yes	Admitting Agreement
I	DeCarlo, Carri A.,PA-C	SPEC	Shasta Orthopedics & Sports Medicine	Shasta	Physician Assistant Certified	National Commission on Certification of Physician Assistants	08/23/2018	Yes	
I	Denjalearn, Waraporn FNP-C	SPEC	Providence Medical Group, Humboldt - Cardiology	Humboldt	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	12/01/2010	Yes	
I	Dharan, Murali MD	SPEC	East Bay Cardiovascular and Thoracic Associates	Solano	Surgery	ABMS of Surgery	09/14/1999	Yes	John Muir Medical Center
I	Dixon, Brenner F.,MD	SPEC	North Pacific Cardiology	Humboldt	General Surgery	ABMS of Surgery	05/03/2016	Yes	Mad River Community Hospital
I	Dosier, Rokzanne FNP	PCP	NBHG: Neurology	Solano	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	07/29/2019	Yes	
I	Dunn, James S.,Jr., MD	SPEC	Auburn Urogynecology and Women's Health	Placer	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	12/07/2012	Yes	Sutter Auburn Faith Hospital
I	Evans, Elisabeth BCBA	BHP	Maxim Healthcare Services, Inc.	Solano	Behavioral Health	Behavior Analyst Certification Board	11/30/2018	Yes	
I	Fleck, Michael S.,PA	SPEC	NBHG: Neurology	Solano	Physician Assistant	None		No	
I	Fletcher, Sarah L.,MD	SPEC	Tahoe Forest MultiSpecialty Clinics ENT/Audiology	Nevada	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	12/05/2014	Yes	Tahoe Forest Hospital
I	Forde, Nicholas H.,MD	PCP	WellSpace Health Florin Community Health Center	Placer	Internal Medicine	Meets MPCR #17, Verified Residency on AMA/AOIA		No	Admitting Agreement
I	Fry, Edward LAc	Allied	Coast Family Acupuncture	Mendocino	Acupuncture	None		No	
I	Fuentes, Maria BCBA	BHP	Kyo Autism Therapy, LLC	Solano	Behavioral Health	Behavior Analyst Certification Board	02/22/2020	Yes	
I	Fuller, Elizabeth A.,BCBA	BHP	Family First	Butte	Behavioral Health	Behavior Analyst Certification Board	02/28/2018	Yes	
I	Funk, Jason B.,DC	SPEC	Funk Chiropractic	Sutter	Chiropractic	None		No	
R	Galina-Da Silva, Doris S.,MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	11/12/2015	Yes	John Muir Medical Center - Concord
I	Giboney, Katelyn BCBA	BHP	Center for Autism and Related Disorders, LLC	Yolo	Behavioral Health	Behavior Analyst Certification Board	03/31/2009	Yes	
I	Gill, Jeffry M.,MD	PCP	Banner Health Clinic	Lassen	Pediatrics	ABMS of Pediatrics	10/11/1995	Yes	Banner Lassen Medical Center
I	Gonzalez, Brittany R.,BCBA	BHP	Family First	Butte	Behavioral Health	Behavior Analyst Certification Board	11/30/2018	Yes	
I	Goodman, Aaron BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	11/30/2019	Yes	
R	Grinnell, Patricia L.,FNP	SPEC	Providence Medical Group- Napa	Napa	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	12/01/1998	Yes	
I	Gruenefeldt, Alan V.,MD	PCP	Western Sierra Medical Clinic (Auburn)	Placer	Family Medicine	ABMS of Family Medicine	07/10/1992	Yes	Admitting Agreement
I	Guzzetti, Gustavo BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	02/28/2015	Yes	
I	Ha, Christopher T.,DO	SPEC	Marko Bodor MD, A Professional Corporation	Napa	Physical Medicine & Rehabilitation	Meets MPCR#17, verified residency by Residency Letter		No	Admitting Agreement
I	Hamilton, Jessica W.,MD	PCP	Women's Health Specialists	Shasta	Family Medicine	ABMS of Family Medicine	07/01/2014	Yes	Admitting Agreement
I	Harper, Baron D.,MD	SPEC	Adventist Health Physicians Network- Cardiothoracic Surgery	Yuba	Thoracic & Cardiovascular Surgery	ABMS - Thoracic and Caridac Surgery	06/02/1995	Yes	Adventist Health + Rideout
I	Hastings, Alison J.,DO	SPEC	WellSpace Health Norwood Community Health Campus	Placer	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	01/18/2013	Yes	Admitting Agreement
I	Herman, Constance NP	PCP	Lassen Indian Health Center	Lassen	Nurse Practitioner	None		No	
I	Martin Del Campo Hinman, Priscilla A.,MD	PCP	Round Valley Indian Health Center	Mendocino	Family Medicine	ABMS of Family Medicine	07/10/1981	Yes	Admitting Agreement
I	Hoppe, Hillary FNP-C	SPEC	Adventist Health Physicians Network	Napa	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	06/17/2019	Yes	
I	Hsiao, Joseph W.,PA-C	SPEC	Providence Medical Group, Humboldt : Orthopedic and Pain Mngt.	Humboldt	Physician Assistant Certified	National Commission on Certification of Physician Assistants	10/20/2023	Yes	
I	Hunt, Justin T.,MD	SPEC	Tahoe Forest MultiSpecialty Clinics IM OB RHC Gastro and General Surgery	Nevada	Colon and Rectal Surgery	ABMS of Colon and Rectal Surgery	09/19/2015	Yes	Tahoe Forest Hospital
I	Johansson, Karl H.,MD	SPEC	Oroville Women's Health	Butte	Obstetrics and Gynecology	Meets MPCR#17, Previously Board Certified in FM, IM, or PEDs		Yes	Admitting Agreement
I	Johnson, Aliyah BCBA	BHP	Burnett Therapeutic Services, Inc.	Napa	Behavioral Health	Behavior Analyst Certification Board	10/12/2023	Yes	
I	Kaiser, Thomas J.,MD	SPEC	Healdsburg District Hospital Specialty Medical Services	Sonoma	Cardiovascular Disease	ABMS of Internal Medicine	01/01/1971	Yes	Admitting Agreement
I	Karlin, Jennifer T.,MD	SPEC	Planned Parenthood Northern California-San Francisco Health Center	Solano	Family Planning	None			Admitting Agreement
I	Kasturi, Seshadri MD	SPEC	Urogynecology Consultants	Placer	Female Pelvic Medicine and Reconstructive Surgery	None		No	Sutter Roseville Medical Center
R	Keiser, Leroy W.,MD	SPEC	Providence Medical Group, Sonoma	Sonoma	California Children's Service	California Children Services	01/01/1978	Yes	Santa Rosa Memorial Hospital
I	Kerns, Jennifer MD	SPEC	Planned Parenthood Northern California-San Francisco Health Center	Solano	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	11/05/2010	Yes	San Francisco General Hospital Medical Center
I	Khurana, Monika PT	Allied	First Step Physical Therapy Inc	Placer	Physical Therapy	None		No	
I	Kieran, Michael M.,BCBA	BHP	Family First	Butte	Behavioral Health	Behavior Analyst Certification Board	05/31/2019	Yes	
R	Kim, Edward T.,MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	11/20/2007	Yes	John Muir Medical Center - Concord
I	Kinder, Kimberly MD	SPEC	Enloe Ear, Nose & Throat Clinic	Butte	Otolaryngology	ABMS of Otolaryngology	06/01/2014	Yes	Enloe Medical Center
I	King, Daniel M.,MD	SPEC	Northridge Eye Care	Tehama	Ophthalmology	AOB of Ophthalmology	05/08/1983	Yes	St Elizabeth Community Hospital
I	Knighton, Jacee D.,FNP-C	PCP	Modoc Medical Clinic	Modoc	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	06/13/2023	Yes	
I	Knoess, Camilla BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	02/28/2015	Yes	
I	Kruger, Karen J.,MD	PCP	La Clinica - North Vallejo	Solano	Pediatrics	ABMS of Pediatrics	03/29/1987		Admitting Agreement
I	Lair, Brian J.,DO	PCP	Tehama County Health Services- Medical Clinic	Tehama	Family Medicine	American Osteopathic Association	11/30/2001	Yes	St Elizabeth Community Hospital
R	Law, Jason K.,MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	10/23/2019	Yes	John Muir Medical Center - Concord
I	Lee, Jennifer G.,MD	PCP	Shriners Hospitals for Children	Yolo	Pediatrics	ABMS of Pediatrics	10/18/2017	Yes	Shriners Hospital for Children
I	Leighton, Alexander MD	SPEC	Sutter Coast Health Clinic@Brookings-Harbor	Solano	Pulmonology	AMBS of Internal Medicine	08/21/2001	No	Admitting Agreement
I	Lepore, Joshua D.,Psy.D	SPEC	Sierra Family Health Center	Nevada	Psychology	None		No	
I	Liao, Xing BCBA	BHP	Maxim Healthcare Services, Inc.	Solano	Behavioral Health	Behavior Analyst Certification Board	12/29/2021	Yes	
R	Lim, Steve MD	PCP	Concepcion & Lim M.D. Family Practice P.C.	Solano	Family Medicine	ABMS of Family Medicine	07/13/2001	Yes	Sutter Solano Medical Center
R	Loe, Louise R.,FNP	PCP	Lassen Indian Health Center	Lassen	Family Nurse Practitioner	American Academy of Nurse Practitioners Certification Board	10/04/2016	Yes	
I	Lopez Davila, Gabriela BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	11/07/2020	Yes	
I	Lusignan, Jessica L.,NP	PCP	Western Sierra Medical Clinic (Grass Valley)	Nevada	Nurse Practitioner	None		No	
I	Mansour, Michael BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	08/08/2021	Yes	
I	Marey, Gamal M.,MD	SPEC	Adventist Health Physicians Network- Cardiothoracic Surgery	Yuba	Thoracic & Cardiac Surgery	ABMS of Thoracic Surgery	09/24/2021	Yes	Admitting Agreement
I	Masek, Theodore D.,MD	SPEC	Valor Oncolcogy - Chico	Butte	Radiological Oncology	ABMS of Radiology	01/01/1987	Yes	Admitting Agreement
I	Meis, Jeremy M.,PA-C	PCP	WellSpace Health Alhambra Community Health Center + Immediate Care	Placer	Physician Assistant Certified	National Commission on Certification of Physician Assistants	06/21/2012	Yes	
I	Meter, Jeffrey J.,MD	SPEC	Banner Health Clinic	Lassen	Orthopaedic Surgery	ABMS of Orthopaedic Surgery	07/16/1999	Yes	Admitting Agreement
I	Miranda Chumpitaz, Florencia K.,NP	PCP	Lake County Tribal Health Center	Lake	Nurse Practitioner	None		No	
I	Mogul, Heather BCBA	BHP	Autism Behavior Services Inc	Yolo	Behavioral Health	Behavior Analyst Certification Board	09/15/2022	Yes	
R	Montenegro-Barreto, Maria M.,MD	PCP	Providence Medical Group- Napa	Napa	Family Medicine	ABMS of Family Medicine	07/20/2006	Yes	Queen of the Valley
I	Morris, Matthew T.,MD	PCP	Western Sierra Medical Clinic (Grass Valley)	Nevada	Family Medicine	ABMS of Family Medicine	08/13/2014	Yes	Admitting Agreement
I	Munjal, Atul K.,MD	PCP	Northeastern Rural Health Clinics, Inc.	Lassen	Family Medicine	ABMS of Family Medicine	07/01/2014	Yes	Admitting Agreement
I	Muralles, Sara A.,MD	PCP	La Clinica/ Great Beginnings Clinic	Solano	Family Medicine	ABMS of Family Medicine	08/01/2023	Yes	Admitting Agreement
I	Namdaran, Parhum MD	SPEC	Enloe Cardiology Services (Esplanade)	Butte	Internal Medicine	ABMS of Internal Medicine	08/27/2018	Yes	Enloe Medical Center
I	Naula-Quintero, Maria G.,BCBA	BHP	Family First	Butte	Behavioral Health	Behavior Analyst Certification Board	05/31/2018	Yes	
I	Newman, Cody BCBA	BHP	Autism Intervention Professionals	Solano	Behavioral Health	Behavior Analyst Certification Board	04/08/2022	Yes	
I	Nordhues, Juliana BCBA	BHP	Autism Behavior Services Inc	Yolo	Behavioral Health	Behavior Analyst Certification Board	08/11/2021	Yes	
I	Oyola, Morgan F.,AGPCNP-BC	PCP	Enloe Health and Wellness	Butte	Adult-Gerontology Primary Care Nurse Practitioner	American Nurses Credentialing Center	08/10/2020	Yes	
R	Pearce, Melissa G.,DO	PCP	Solano County Family Health Services	Solano	Family Medicine	AOB-Family Medicine	04/17/2009	Yes	Admitting Agreement
I	Perkins, Jesse M.,PA-C	SPEC	Woodland Dermatology & Skin Cancer	Yolo	Physician Assistant Certified	National Commission on Certification of Physician Assistants	09/25/2017	Yes	

I	Petriello, Marla A.,DO	SPEC	Enloe Physical Medicine & Rehabilitation Clinic	Butte	Physical Medicine & Rehabilitation	ABMS of Physical Medicine & Rehabilitation	07/01/2023	Yes	Enloe Medical Center
R	Petrovich, Rashida D.,ACNP-BC	SPEC	West Coast Kidney	Solano	Acute Care Nurse Practitioner	American Nurses Credentialing Center	09/17/2011	Yes	
I	Pham, Karen PA-C	PCP	River Bend Medical Associates	Yolo	Physician Assistant Certified	National Commission on Certification of Physician Assistants	11/22/2023	Yes	
I	Phan, Cat Tuong BCBA	BHP	Autism Behavior Services Inc	Yolo	Behavioral Health	Behavior Analyst Certification Board	11/30/2016	Yes	
I	Pucci, Nicoya N.,CNM	SPEC	Planned Parenthood Northern CA: Lake	Lake	Certified Nurse Midwife	American Midwifery Certification Board	07/01/2022	Yes	
I	Ray, Kyra E.,MD	PCP	La Clinica	Solano	Family Medicine	ABMS of Family Medicine	06/28/2023	Yes	Admitting Agreement
I	Rodgers, Bennye D.,Jr., MD	SPEC	WellSpace Women's Health Center	Placer	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	01/14/2005	Yes	Sutter Medical Center Sacramento
I	Roensch, George A.,CADC I	W&R	Archway Recovery Services Inc W & R	Solano	Wellness and Recovery	California Consortium of Addiction Programs Professionals	05/29/2013	Yes	
I	Romo, Alejandra BCBA	BHP	Autism Behavior Services Inc	Yolo	Behavioral Health	Behavior Analyst Certification Board	11/19/2022	Yes	
I	Roth, Sharon PA-C	SPEC	Planned Parenthood Northern California-San Francisco Health Center	Solano	Physician Assistant Certified	National Commission on Certification of Physician Assistants	06/06/2014	Yes	
R	Rouche, Lynde A.,PA-C	SPEC	West Coast Kidney	Solano	Physician Assistant Certified	National Commission on Certification of Physician Assistants	10/29/2001	Yes	
I	Ruggiero, Mark MD	PCP	Tahoe Forest MultiSpecialty Clinics Pediatric/Primary Care Clinic	Nevada	Pediatrics	ABMS of Pediatrics	10/09/1996	Yes	Tahoe Forest Hospital
I	Saechao, Jade BCBA	BHP	Burnett Therapeutic Services, Inc.	Napa	Behavioral Health	Behavior Analyst Certification Board	01/11/2024	Yes	
I	Saleekongprayoon, Jessica BCBA	BHP	Autism Intervention Professional LLC	Placer	Behavioral Health	Behavior Analyst Certification Board	12/07/2023	Yes	
I	Salerno, Giovanni M.,MD	SPEC	Providence Medical Group, Humboldt : General Surg	Humboldt	General Surgery	ABMS of Surgery	04/02/2001	Yes	Admitting Agreement
I	Schneider, Jonathan S.,BCBA	BHP	Family First	Butte	Behavioral Health	Behavior Analyst Certification Board	02/26/2021	Yes	
I	Schneider, Scott D.,MD	SPEC	Enloe Trauma & Surgery Clinic	Butte	Surgery	Previously Board Certified	02/15/2000	No	Enloe Medical Center
R	Schuster, Nikki A.,CNM	SPEC	Providence Medical Group, Sonoma	Sonoma	Certified Nurse Midwife	American Midwifery Certification Board	05/01/2020	Yes	
I	Selmer, Carolyn E.,DO	SPEC	Adventist Health Physicians Network- OB/GYN	Sutter	Obstetrics and Gynecology	ABMS of Obstetrics and Gynecology	01/17/2008	Yes	Admitting Agreement
R	Sharma, Rohit MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	11/04/1998	Yes	John Muir Medical Center - Concord
I	Shaw, I-Tsyr MD	BOTH	WellSpace Health Del Paso Heights Community Health Center	Placer	Internal Medicine	ABMS of Internal Medicine	08/26/2010	Yes	Admitting Agreement
R	Shey, Jason J.,MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	11/06/2002	Yes	John Muir Medical Center - Concord
R	Shiue, Zita J.,MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	10/02/2014	Yes	John Muir Medical Center - Concord
I	Simon, Natasha PA-C	PCP	SCHC: Shasta Community Health Center	Shasta	Physician Assistant Certified	National Commission on Certification of Physician Assistants	03/16/2021	Yes	
I	Smeester, Ashley R.,BCBA	BHP	Family First	Butte	Behavioral Health	Behavior Analyst Certification Board	09/30/2011	Yes	
R	Smith, Liberty CADC I	W&R	Visions of the Cross/ Women's Residential Treatment	Shasta	Wellness and Recovery	California Consortium of Addiction Programs Professionals	02/18/2023	Yes	
I	Stanley, Adrianna N.,MD	PCP	WellSpace Health Alhambra Community Health Center + Immediate Care	Placer	Internal Medicine	ABMS of Internal Medicine	08/22/2023	Yes	Admitting Agreement
I	Stough, Samantha A.,RD	SPEC	Adventist Health Physicians Network- General Surgery, Bariatric Surgery, Nutritional Consults	Sutter	Registered Dietitian	Commission of Dietetic Registration	11/26/2014	Yes	
I	Thao, Sa SUDRC	W&R	Visions of the Cross/ Women's Residential Treatment	Shasta	Wellness and Recovery	California Substance Use Disorder	11/28/2023	Yes	
I	Thirey, Kathryn PT	SPEC	Sports Rehab Physical Therapy & Pilates	Solano	Physical Therapy	None		No	
I	Vazquez, Dallas M.,SUDRC	W&R	Archway Recovery Services Inc W & R	Solano	Wellness and Recovery	California Substance Use Disorder	03/15/2024	Yes	
I	Wack, Stephanie BCBA	BHP	Burnett Therapeutic Services, Inc.	Napa	Behavioral Health	Behavior Analyst Certification Board	01/31/2013	Yes	
I	Wang, Suzanne NP	PCP	Greenville Rancheria	Shasta	Nurse Practitioner	None		No	
I	Ward, Ashely BCBA	BHP	Kyo Autism Therapy LLC, fka Gateway Learning Group	Marin	Behavioral Health	Behavior Analyst Certification Board	05/31/2017	Yes	
I	Wei, Monica MD	SPEC	John Muir Rheumatology/Physical Med & Rehab	Contra Costa	Rheumatology	ABMS of Internal Medicine	10/18/2023	Yes	John Muir Medical Center
R	Wrone, Elizabeth M.,MD	SPEC	West Coast Kidney	Solano	Nephrology	ABMS of Internal Medicine	11/04/1998	Yes	John Muir Medical Center - Concord
I	Ziehm, Christina BCBA	BHP	Autism Advocacy and Intervention, LLC	Lake	Behavioral Health	Behavior Analyst Certification Board	11/29/2023	Yes	

2023 Mobile Mammography Program Evaluation

Arelí Carrillo, Program Manager II

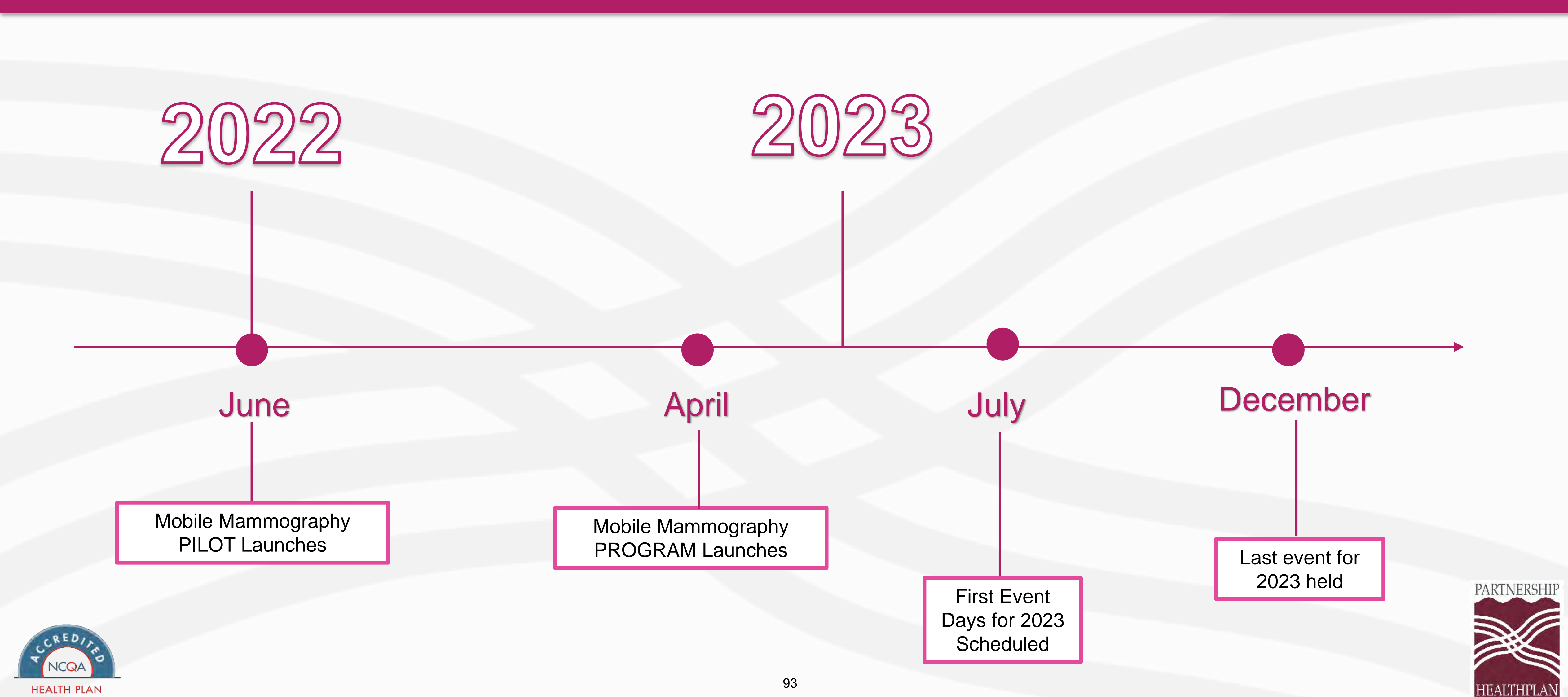
Tuesday, May 7, 2024

Agenda

- Program Overview
- Alinea Medical Imaging
- Partnership Sponsorship
- Event Days
- Impact and Successes
- Progression and Engagement Strategy
- Event Day Summary and Surveys
- Next Steps
- Questions
- Additional Resources

Program Overview

Timeline

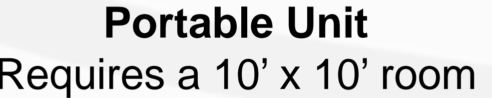


Alinea Medical Imaging

Alinea Medical Imaging

- ❖ Partnership has contracted with Alinea Medical Imaging to bring onsite breast cancer screenings to eligible provider organizations.
- ❖ Service available in all Partnership regions, including our new Eastern counties.
- ❖ Screenings are done indoors using a portable unit or outdoors using full-service, self contained 34’ coach.

34’ coach
Requires 8 – 10 uncovered parking spaces



Portable Unit
Requires a 10’ x 10’ room

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Partnership Sponsorship

Partnership Sponsorship

Eligibility

Provider locations:

- Below the 50th percentile benchmark
- In imaging center "deserts"
- With lack of access at nearby imaging centers

Criteria

- 30 patient minimum requirement.
  - Target of 80% must be Partnership members
- Providers are responsible for conducting all outreach
- Preventative screenings only

Event Days

Planning and Collaboration

Alinea

- Provides availability
- Assign technicians to routes
- Provides the screenings

Provider Organization

- Provides availability
- Conducts outreach, marketing, appointment scheduling
- Attends the check-ins
- Host the event day
- Provides completed event data to Partnership

Partnership's Project Management Team

- Identifies and meets with eligible provider organizations
- Puts together routes
- Coordinates check-ins, provides resources and support leading up to and for the event day
- Post event data collection and analysis

Partnership's Population Health Team

- Supports with the check-ins
- Attends the event day
- Provides event day summary and surveys to the PM team

A Successful Event Day

A Look into an Event Day

July 2023
Hill Country Community Clinic
(Round Mountain site)

October 2023
Marin City Health & Wellness

October 2023
Stallant Health and Wellness

July 2023
Long Valley Health Center

October 2023
Ritter Health Center

Impact and Successes

PCP QIP Breast Cancer Screening by Region

(July 2023 – December 2023)

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NW	34.71%	35.64%	38.44%	42.01%	43.47%	46.76%
NE	38.92%	40.27%	43.47%	45.44%	47.36%	50.99%
SW	48.74%	50.10%	51.43%	52.93%	54.40%	56.58%
SE	50.41%	51.91%	53.29%	54.94%	55.89%	58.09%
Org Wide	45.75%	47.10%	48.9%	50.86%	52.27%	54.87%

Regional Impact
(July 2023 – December 2023)

Organization Wide

*Data is from July to December 2023

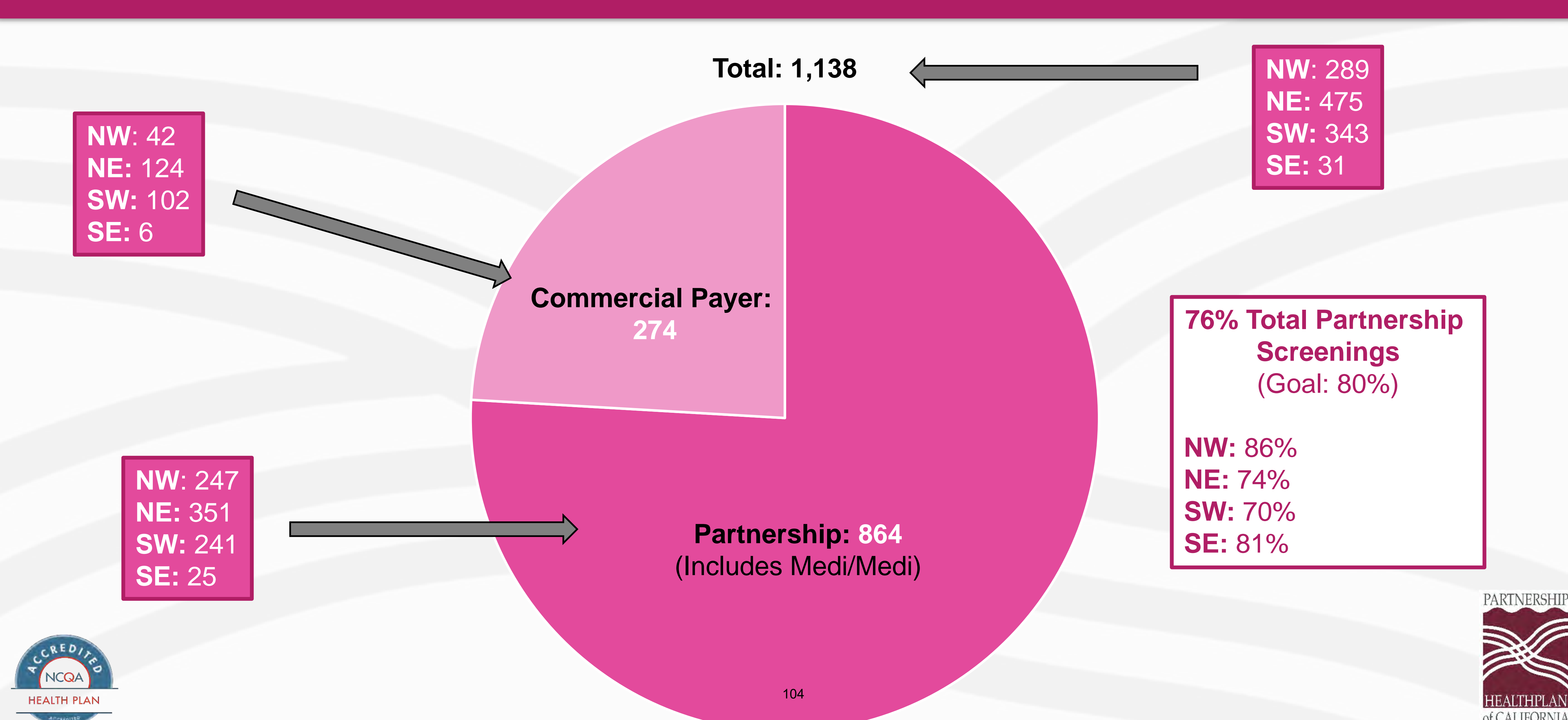
Region	PCP QIP % Change	# of Event Days in 2023	# of Provider Organizations
NW	+12.05%	9	4
NE	+12.07%	14	6
SW	+7.84%	14	9
SE	+7.68%	1	1
Organization Wide	**+9.12%**	**38**	**20**

Tribal Health Centers

*Data is from the event month to December 2023

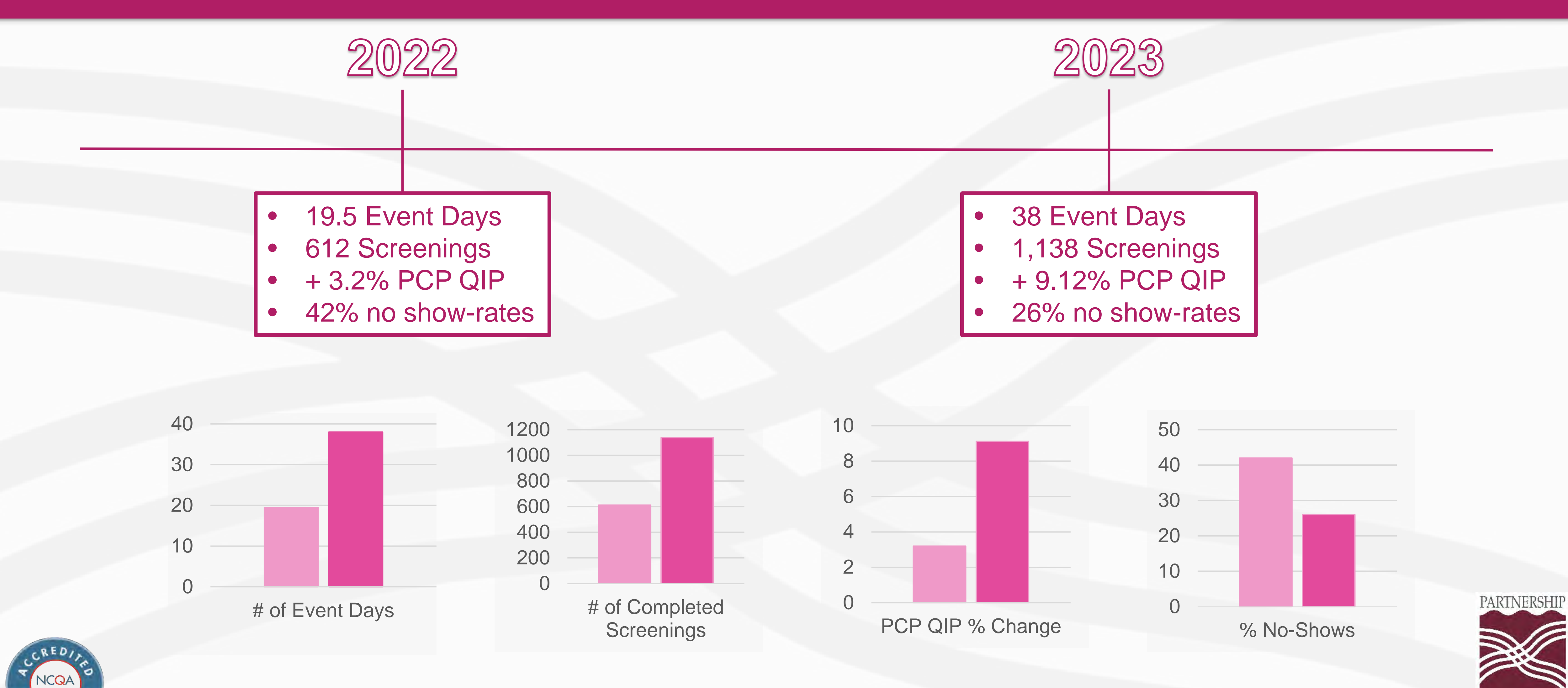
Region	Provider Organization	Event Month	PCP QIP % Change	# of Event Days in 2023	# of Completed Screenings	# of Completed Partnership Screenings
NW	K'ima:w	August	+14.34%	1	30	27
NE	Pit River	December	pending	1	30	24
	Redding Rancheria	August	+16.97%	3	97	82
SW	Consolidated Tribal	July	+16.34%	1	33	26
	Round Valley	July	+31.83%	1	29	21
Total			**+18.51%**	**7**	**219**	**180**

Breast Cancer Screenings Completed in 2023

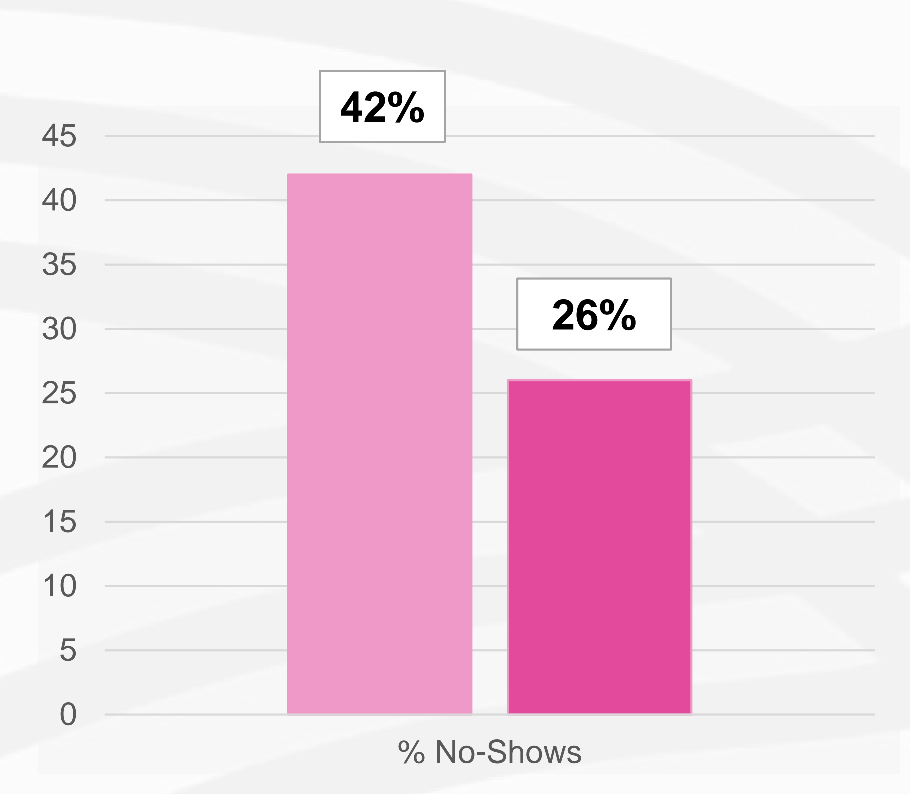


Progression and Engagement Strategy

Progression



Engagement Strategy



Current Engagement Strategy

1) **Overcoming Top Barriers**
   - Education
   - Language
   - Trusted place of care
   - Transportation

2) **Customizing Event Days**
   - Include additional preventative screenings

Event Day Summary and Surveys

Provider Feedback

"Everything ran smoothly and everyone was very professional. Our patients were so happy to have this opportunity for a local mammogram and to visit in person with Partnership representatives about other benefits. Almost every patient completed a survey and all enjoyed the gift bags." – Long Valley Health Center

"Patients were so thankful for the MM event. Plus was having bi-lingual staff helping support diversity. We were able to screen a good number of Spanish speaking patient population."
– Shasta Community Health Centers

"30 women were screened for their mammograms which saved them time from having to travel 1 hour away for this screening. The smiling faces from women who loved the experience."
– K'ima:w Medical Center

"Patients were very thankful to have this offered locally. Many are not able to travel."
– Churn Healthcare

"We love this event for our community. Many patients would not get a mammogram if not for this event."
– Open Door Community Health Centers

"Midday, we started to get very busy with many women coming in and enjoying complementary chair massage, having mammograms done, and cervical cancer screenings done. We had gift bags and snack bar. Women were having fun and once we started getting busy there was a buzz of excitement in the air."
– Stallant Health and Wellness

Provider Feedback

"It was a beautiful event that we honestly couldn't have done without Partnership's support, we truly appreciated it. It was great having Partnership's Pop Health team out there with us. The patients loved the goodie bags and blankets. We are very happy that we were able to get 31 women screened for breast cancer. Many of our patients were getting their mammograms done for the first time because it was easily accessible. For patients who weren't able to get screened, they showed interest in learning more about breast cancer screenings. Overall it was a great event with an amazing outcome.

Some highlights were having our patients who normally have difficulty accessing care, were able to get mammograms done in an environment that was comfortable and safe for them. Many of our patients that weren't able to get screened wanted to come back to get their mammograms done, this increased more breast cancer awareness. With this event, we were able to celebrate women that are unhoused, trauma victims and low income, by providing them with facials, nails, massages, grab bags etc. Being able to make them feel special and give them a day of pampering was beautiful to see.

We loved having the Partnership Pop Health team out there with us, we greatly appreciate Partnership's support with this event. It would not have been successful without them."

– Ritter Health Center

Next Steps

Next Steps

- Plans for 2024:
  - Continue outreach to Northern and Southern Region eligible provider organizations
  - Include Eastern Region counties
  - Target focus on
    - Tribal Health Centers
    - Counties impacted by loss of Dignity imaging services
    - Enhanced Provider Engagement (EPE)
    - Equity Practice Transformation (EPT)

Questions

Additional Resources

Regional Impact & Participating Providers

(July 2023 – December 2023)

Region	PCP QIP % Change	# of Event Days in 2023	# of Provider Organizations
NW	+12.05%	9	4
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SW	+7.84%	14	9
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Organization Wide	**+9.12%**	**38**	**20**

- **NW**

Humboldt County
- **K'ima:w Medical Center**
- **Open Door Community Health Centers** *(5 days, 2 sites)*
- **WeCare Group** *(2 days, 1 site)*

Del Norte County
- **Stallant Health and Wellness**

- **NE**

Shasta County
- **Hill Country Community Clinic Inc.** *(4 days, 2 sites)*
- **Mountain Valley Health Centers**
- **Pit River Health Services**
- **Shasta Community Health Centers** *(3 days, 3 sites)*

Shasta/Trinity County
- **Churn Creek Healthcare – Redding Rancheria** *(3 days, 2 sites)*

Trinity County
- **Mountain Communities Healthcare** *(2 days, 1 site)*

- **SW**

Lake County
- **Adventist Health** *(5 days, 4 sites)*

Marin County
- **Marin City Health & Wellness Center**
- **Ritter Health Center**

Mendocino County
- **Consolidated Tribal Health Project**
- **Long Valley Health Center** *(2 days, 1 site)*
- **Redwood Coast Medical Services**
- **Round Valley Indian Health Center**

Sonoma County
- **Alliance Medical Centers**
- **West County Health Center**

- **SE**

Yolo County
- **Elica Health Center**

Tribal Health Centers

Region	Provider Organization	Event Day	PCP QIP % Change	# of Event Days in 2023	# of Completed Screenings	# of Completed Partnership Screenings
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*Data is from the event day month to December 2023

- **NW**

Humboldt County
K'ima:w Medical Center

- **NE**

Shasta County
Pit River Health Services

Shasta/Trinity County
Churn Creek Healthcare – Redding Rancheria
(3 days, 2 sites)

- **SW**

Mendocino County
Consolidated Tribal Health Project
Round Valley Indian Health Center

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2024 Inequity Analysis
Mohamed Jalloh, PharmD
Director of Health Equity
(Serving as PHC Health Equity Officer)

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•Methodology
Eureka | Fairfield | Redding | Santa Rosa

Methodology

Inequity Data

2022 Data

- HEA Measures
- MCAS Measures

2023 Data

- QIP Measures

HEA/MCAS Analysis

Reviewed statistical findings for HEA (n=397)/MCAS (n=1579) measures and samples

Calculated % non-weighted avg difference from MPL

Calculated Number of Regions below MPL and 25

Stratified disparities per strong, moderate, weak taxonomy

2023 QIP Data

- 2023 PCP QIP Granular Data
- Geographic Drivers and Community Profile Analysis
- Less Effect of COVID than in 2022
- Performance of White ethnicity was benchmark

Quality Concerns

- Poor performance among majority of groups in majority of regions

Well Child Visits

2023 Equity Analysis

- American Indian/ Alaska Native Group

American Indian/Alaska Native

- **Overall Tribal Members**
  - 16,435 Members (1.8%)
- **Karuk, Hoopa, Tolowa, Wiyot, and Yurok tribes**
  - Most Common in Humboldt, Mendocino, Shasta, Del Norte, and Lake counties
- **Religion and Ceremonies**
  - World Renewal Ceremonies
- **Key Community Activities**
  - Weaving and basketry is common practice for baby baskets, collecting vessels, food bowls, cooking items, and ceremonial items
  - Poly Cal U has strong AI/AN

American Indian/Alaska Native Population: HEA/MCAS

HEDIS Measure	HPA Sample Findings	MCAS Sample Findings	Regions below 25th Performance Level	Absolute Average Percentage below MPL across regions	Category of Disparity
Controlling Blood Pressure	No significant difference with white group	No significant difference in all 4 regions	3	13.18%	Strong
Breast Cancer Screening	-----------	Performed significantly worse in 3 regions when compared to white group	4	12.84%	Strong
Cervical Cancer Screenings	------------	Performed significantly worse in 1 region when compared to white group	4	12.65%	Strong

American Indian/Alaska Native Population: QIP

	2022 Disparities	2023 Disparities
Controlling High Blood Pressure	52.95	43.92

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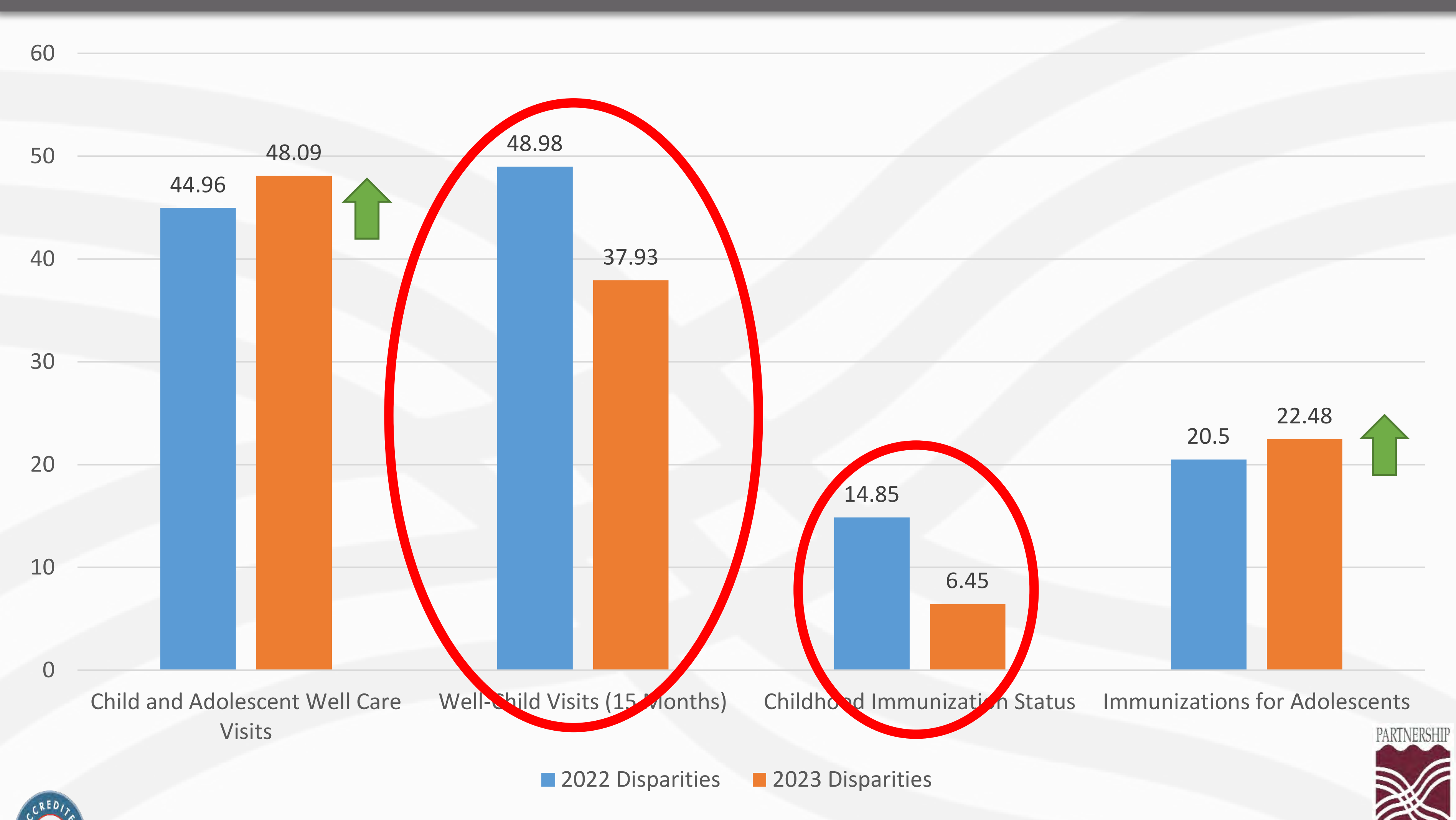
Children’s Health Disparities



2023 PCP QIP American Indian/Alaska Native Inequities

(Native American rate vs. White rate)

- Asthma Medication Ratio (67% vs. 65%) → 2% Difference
- Breast cancer screening (39% vs. 48%) → 9% Difference
- Cervical cancer screening (41% vs. 53%) → 12% Difference
- Childhood immunization (6% vs. 15%) → 9% Difference
- Colorectal cancer screening (26%vs. 35%) → 11% Difference
- Blood pressure control (44% vs. 63%) →19% Difference
- Blood sugar control (49% vs. 67%) → 16% Difference
- DM Retinopathy screening (40% vs. 50%) → 10% Difference
- Adolescent immunization (23% vs. 23%) → ~1% Difference
- Nutrition counseling – N/A
- Physical activity counseling – N/A
- Well child visits (38% vs. 57%) → 19% Difference

Further Analysis

- Blood Pressure
  - *Lowest Performance: K'ima:w; Consolidated Tribal Project, Karuk Tribal Project, Lassen Indian Health Center*
  - ****Sonoma County Indian Health Project highest performance***
- Childhood immunization (CIS-10) (*Very* low at all PCPs: average just 6.5%! with average of 1 member receiving immunization at sites)
  - Fairchild Medical Clinic (Zero)
  - *Willow Creek Community Health Center (Zero)*
  - Lake County Tribal health (Zero)
  - Stallant Health and Wellness (Zero)
- Diabetes HbA1c Good Control
  - *Lowest Performance: Crescent City Health Cener, Hillside Health Center, Potawot Health Village*
  - ****Sonoma County Indian Health Project highest performance***

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Key Priorities

Blood Pressure Control (MCAS and QIP)

Blood Sugar Control (QIP)

2023 QIP Data

- African American/ Black Group

Black Community

- **Overall Black Members**
  - 32,510 (3.5% of total Partnership population)
- **Primarily in Southern Region**
  - Solano, Butte, Yolo, Sonoma, and Marin have highest numbers
  - Vallejo and Fairfield are prominent cities
- **Key Community Activities**
  - Community Events (e.g Juneteenth) are common for gatherings

Black Population: HEA/MCAS

HEDIS Measure	HPA Sample Findings	MCAS Sample Findings	Regions below 25th Performance Level	Absolute Average Percentage below MPL across regions	Category of Disparity
Timeliness of Prenatal Care	No significant difference with white group	Performed significantly worse in 1 region (NW) when compared to white group	1	25.1%	Strong
Timeliness of Postpartum Care	No significant difference with white group	No significant difference with white group	2	9%	Strong
Follow-up for mental health within 30 days of ER	------------	No significant difference with white group	3	23.19%	Strong

Key Black QIP Findings

Further Analysis

- Colorectal Cancer Screenings
  - Southeast, South Asian, Asian Pacific Islander performed at higher level (50th percentile)
  - *Lowest Performance: Solano County FHS, La Clinica, and OLE Health Fairfield Sites*
  - ****Community Medical Center, Vacaville highest performance****

2023 PCP QIP Black Inequities

Total Number of Disparities: Five Measures out of 11 (Excluding Nutrition/Physical Activity)

- Many other measures have now reached 50th percentile (e.g., breast cancer screening, well child visits in first 15)

Strong (>15% Difference) or Moderate (>10% Difference) or Weak (>5% Difference)

- Cervical Cancer Screening (Weak)
- Colorectal Cancer Screening (Weak)
- DM Retinopathy Screening (Weak)
- DM Good Control (Weak) **Lowered from 75th percentile to 50th percentile**

Priorities

Follow-up for mental Illness post ED visit (MCAS)

Prenatal/Postpartum Care (MCAS)

Colorectal Cancer Screenings (QIP)

Summary: 2023 PCP QIP

- The largest number of inequities are in the Native American ethnicity group (10/11)
  - Key concern: Controlled Blood Pressure
- African American population has 5/11 measures with inequities.
  - Key Concern: Prenatal/Postpartum Care and F/U for mental illness
- Pacific Islander, SE Asian, Eastern Asian all show 1 inequity.
- No inequities were identified in the Hispanic, South Asian groups.
- Summary: No significant improvement in inequities from 2022 to 2023.

ACCREDITED NCQA HEALTH PLAN

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Questions?