

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES

Committee: Physician Advisory Committee
Date / Time: May 8, 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:	Angela Brennan, DO (FF) Karen Sprague, MSN, CFNP (FF) Noemi Doohan, MD (CC) Jonathan McDermott, FNP (BC) Michelle Herman, MD (FF)	Malia Honda, MD (E) Darrick Nelson, MD (R) Danielle Oryn, DO (A)	Mills Matheson, MD (OMM) Melanie Thompson, DO (MCC) Brian Evans, MD (TF) Chester Austin, MD (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
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Members Excused:	Steve Gwiazdowski, MD (Chair) Theresa Shinder, MD	Matthew Zavod, MD Vanessa Walker, DO	Candy Stockton, MD Chris Myers, MD	Suzanne Eidson-Ton, MD
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Members Absent:	Mustafa Ammar, MD	Karina Gookin, MD
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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	12/21 – PAC	Committee quorum requirements met (12).	05/08/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
<p>I.A. Chief Executive Officer Administration Updates</p>	<p>Partnership’s Chief Health Services Officer (CEO) provided the following report on Partnership activities on behalf of Partnership’s Chief Executive Officer.</p> <ul style="list-style-type: none"> • State Budget Updates <ul style="list-style-type: none"> • Partnership is watching and waiting for the Governor Newsom’s revised May budget to be announced, which is important for programs relying on government funding. • There is anywhere between a \$38B and \$70B dollar deficit. • Partnership has not heard that there will be any specific cuts to the Medi-Cal program, but something has to be done to close that gap. • The governor and the legislature have tools to look for money elsewhere <ul style="list-style-type: none"> • Pulling dollars from reserve funds • Using targeted rate increase dollars from the Managed Care Organization (MCO) tax <ul style="list-style-type: none"> • The reason for the MCO ballot initiative qualified to be on the November ballot. It would make the MCO allocation agreements permanent • It may be challenging to appeal to voters to approve a tax, but messaging informing the voters that the MCOs pay the tax may be helpful. • There was a coalition of providers and hospitals that hammered out the agreement on how to use the dollars by the MCO tax to support the health care system’s safety net. • In the past, the MCO tax dollars went into the general fund, but the advocacy now is to keep those dollars in the health care system. • Delaying programs of a certain dollar value <ul style="list-style-type: none"> • Partnership applied heavily for the Health Equity Practice Transformation grants; 27 organizations in our region were selected as grantees. The participating providers within Partnership’s network just finished Phase 1 of the requirements in completing a survey. It is possible other phases will be delayed due to the budget shortfall. • Board Updates <ul style="list-style-type: none"> • Partnership now has 24 counties in the service area and has selected new board members from each new county, which will then be approved by each County Board of Supervisors, making a total of 40 Partnership Board of Commissioners members. • All Board members came together for the annual Strategic Planning meeting in April. • The revised three-year strategic plan was approved, heavily focused on the areas of rural health leadership and advocacy, deepening community relationships in health equity, and California Advancing and Innovating Medi-Cal (CalAIM). • Within CalAIM, the board members discussed taking on community supports and getting more providers for enhanced care management (ECM). <p>Questions/Comments: None</p>
AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.

<p>I.B. Chief Medical Officer Health Services Report</p>	<p>Partnership’s Southeast Region Medical Director presented a brief update on Health Services activities on behalf of Partnership’s Chief Medical Officer (CMO).</p> <ul style="list-style-type: none">• Regional Medical Directors’ Forums<ul style="list-style-type: none">• Partnership hosted five regional medical directors’ forums this spring• The detailed notes are available at Partnership’s Office of the CMO page.• Focus on Rural Health<ul style="list-style-type: none">• Partnership is looking at policies affecting rural health in California and partnering with medical societies to emphasize rural health.• The hope is to leverage the membership of the medical societies and the medical communities to really develop policies and systems that better support rural practices.• District 10 and District 11 are supporting a proposal to include rural health equity as a major discussion topic for the October 2024 house of delegates.• Partnership Quality Dashboard (PQD)<ul style="list-style-type: none">• Partnership will be launching PQD later this month and hosting a webinar to discuss its implementation and share the disparities report.• PQD will enable Partnership to look at providers’ rates for every measure in the clinical realm for ethnicity group so each provider may evaluate its strategies internally to identify and address some disparities seen in the gaps.• Additional items:<ul style="list-style-type: none">• Health Plans are encouraged to work closely with County Public Health Officers to make requests for county level data.• There was a two-week extension granted for Partnership to submit final NCQA HEDIS data for 2023 to account for the impact of the Change Healthcare cyber-attack.
<p>I.C.2. Status Update, Regional Medical</p>	<p>Partnership’s Regional Medical Director for the Southeast Counties presented a brief update on activities.</p> <ul style="list-style-type: none">• Area Updates<ul style="list-style-type: none">• Staffing is relatively stable across Napa, Solano, and Yolo Counties.• A Southeast Regional Quality meeting, taking place quarterly, will be held in May where all of the practices in the Southeast region are invited to attend in-person or virtually. The meeting will focus on:<ul style="list-style-type: none">• Highlighting different quality measures• Sharing best practices for improving quality scores• Solano County Family Health Services has shown some of the largest gaps in quality scores, and Partnership will be working closely with those who care for patients to build quality systems and closing gaps for health disparities, especially those for pediatrics to improve well-child-visit rates. <p>Partnership’s Regional Medical Director for Southwest Counties presented a brief update on activities.</p> <ul style="list-style-type: none">• Area Updates<ul style="list-style-type: none">• Partnership’s Director of Health Equity visited the Southwest region to see efforts in those areas.<ul style="list-style-type: none">• COTS Shelter and Housing Programs in Petaluma, CA provides permanent, supportive housing and are pleased with CalAIM measures to assist. They have roughly 24 tiny houses on property.• Marin City Health and Wellness is beginning to thrive and has hired a new CEO, with whom Partnership leadership met.• Santa Rosa Community Health is doing great things with health equity.• West County Health Centers, serving Sonoma County, is led by CEO, Dr. Jason Cunningham, mapped out social, economic, health, and education movements within its community to evaluate how they interact and where the critical pressure points are.• Adventist Clearlake met with Partnership leadership and had gainful discussion.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>I.C.2. Status Update, Regional Medical, Continued</p>	<p>Partnership’s Regional Medical Director for Southwest Counties presented a brief update on activities, continued.</p> <ul style="list-style-type: none"> • Credentialing in the Expansion Areas <ul style="list-style-type: none"> • Partnership’s Peer Review Committee has done a tremendous amount of work evaluating many of the new providers. • Additional physicians attending the Credentialing Committee meeting would be beneficial. • 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 70% of the cases that would usually require a face-to-face visit with a specialist.
<p>I.C.3. Status Update, Regional Medical</p>	<p>Partnership’s Regional Medical Director for the Northwest Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Area Updates <ul style="list-style-type: none"> • In Crescent City, Sutter Coast Hospital has been working on a hospice program and is waiting to hear back about licensure. • Stallant Health, also in Crescent City, is breaking ground on a new building in June which will offer dental services and focus on wound care. • K’ima:w Medical Center is hiring a new pediatrician, Dr. Shannon Shea, who will start in June. Dr. Smith will be retiring in June. • Some of the Open Door clinics are opening up to members, but Fortuna and Ferndale are opening up to limited a zip code area. • Arcata Community Health Center just opened a brand-new building. • Optometry services have been an issue in Humboldt County. Redwood Rural will be offering optometry services, and Southern Humboldt Clinic has a mobile van for traveling to sites and performing screenings and exams. • In Redding, Pulmedica was purchased by Jiva Health. Pulmedica is a sleep medicine clinic, but there are rumors of adding additional specialty services to that site as well. • Hill Country Health and Wellness buildings: Shasta Community Health purchasing buildings and is renting hem back. They are in the process of repairing one building.
<p>I.C.4. Status Update, Regional Medical</p>	<p>Partnership’s Regional Medical Director for the Eastern Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Medical Education <ul style="list-style-type: none"> • The Butte-Glen Medical Society and Healthy Rural California hosted a dinner with Dr. Servis of UC Davis and had discussions about what a potential campus in the Chico area may look like and how it would expand medical education. • Some scholarships have been offered to local, high school students and a college student at Chico State, encouraging them to pursue a career in medicine and return to their local communities to serve. • Healthy Rural California will be welcoming its psychiatry residents in early June. • Area Updates <ul style="list-style-type: none"> • In Sierra County, there are discussions taking place about how emergency response providers may be involved in home-health and wound care. • There are large Emergency Medical Services (EMS) discussions taking place with various providers, such as NorCal EMS, regarding issues with patient transfers and movement of patients who may be too sick for gurney transport but not in need of ambulance services. • In discussions with Northern Valley Gastroenterology to serve members in the Sutter and Yuba areas. • Continuing to meet with obstetrical and pre-natal providers to address gaps in care within the Nevada City and Grass Valley areas until a resolution can be reached with Dignity Health. • Enloe Health will be ending its Behavioral Health services in August 2024. • Partnership’s Auburn office is open and staff members have been hired.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>I.C.4. Status Update, Regional Medical, Continued</p>	<p>Questions/Comments</p> <p>Dr. Chester Austin asked what the in-patient options for behavioral health are once Enloe suspends its program.</p> <p>Partnership’s Regional Medical Director for the Eastern Counties answered there are three other facilities locally, but should those fill up, it will be an issue for which Partnership will have to look in other areas for care, potentially in the Sacramento and Redding areas.</p>
<p>II.A. Committee Member Highlight, John McDermott, FNP-PAC, FirstCare, Oroville, CA</p>	<p>John McDermott, a Nurse Practitioner and Physician Assistant (NP-PAC) at FirstCare in Oroville, CA provided an overview of his path to medicine.</p> <p>NP/PA McDermott’s love of medicine started early when he watched the 70s TV show <i>Emergency</i>. His best friend’s mother was a nursing educator at the community hospital in Chico, CA. As adolescents, he and his best friend volunteered to run samples to the lab. In high school, Dr. Joe Matthews, asked John to follow him for a day since he showed an interest in medicine. Dr. Joe Matthews is a surgeon and continues to be a medical mentor who shared openly the pros and cons of working in medicine.</p> <p>After high school, John enlisted in the United States Army, where he was soon sent overseas during the Gulf War followed by two years in Germany. After his military service, he pursued a career as a nurse at the advice of his friend’s mother. He worked at a medical center in Chico on the oncology floor where he felt privileged to help people through some of the most difficult times in their life and experience death in a way many others do not outside of their own families. He completed nursing school in 1998 and began working at Enloe. Soon after, he desired to learn to speak Spanish and work at a rural health clinic. He worked as a nurse for a PA in Hamilton City, Jesse Corpus. Mr. Corpus encouraged John to return to school to become a PA. John graduated from the Nurse Practitioner program at UC Davis and felt passionately about working in rural health, especially farm workers. In 2021, John completed the UC Davis Train the Trainer Pain Management fellowship followed by the Train the Trainer Primary Care Psychiatry fellowship in 2022.</p> <p>His love of the community inspired him to volunteer as a fire fighter, which he has done for over 20 years. John provided some medical training to the fire department and served as a mentor. He has been the Assistant Fire Chief for the last seven years. John was elected to the Glen County Fire Chiefs Association five years ago and was very involved in repairing broken systems and serving the community. Volunteer fire fighting can present challenges to caring for patients when a call comes in. Because of several clinic closures, FirstCare has experienced explosive growth in caring for patients, where John spends most of his time. John is also involved with the Glen County Board of Supervisors and advises them on trends he sees in caring for community, one of which is caring for senior citizens. He also works with committees that address caring for aging members and loneliness. A senior fair will be held for the first time in June. John also assists in Orland as part of the County Alliance for Prevention of Opioid Use Task Force.</p> <p>He has been married to his wife, Bethany, a high-school Spanish teacher, for 24 years. They have a son and a daughter, Aries (15) and Marie (10). He enjoys spending quality time with his family and vacations in Puerto Vallarta, Mexico.</p>

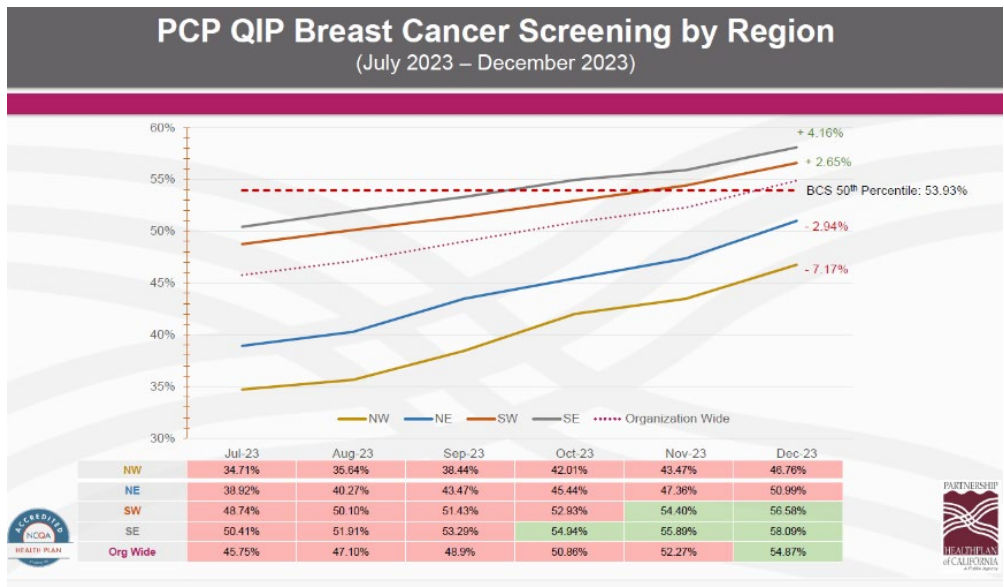
AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A. Approval of Minutes	April 2024 PAC minutes were presented for approval.	<p>MOTION: Nurse Sprague moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Brennan.</p> <p>ACTION SUMMARY: [12] yes, [0] no, [0] abstentions. Motion carried.</p>	05/08/24
III.B.1 III.B.2 III.B.3 III.B.5	<p>Consent Calendar Review</p> <p>Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – April 2024</p> <p>Policies, Procedures, and Guidelines for Action - Policy Summary April 2024</p> <p>Pharmacy & Therapeutics Committee, Meeting Minutes, April 4, 2024</p> <p>Credentials Committee Meeting – March 13, 2024</p>	<p>MOTION: Nurse Sprague moved to approve Agenda III.B.1, III.B.2, III.B.3 and III.B.5, as presented, seconded by Dr. Herman.</p> <p>ACTION SUMMARY: [12] yes, [0] no, [0] abstentions. Motion carried.</p>	05/08/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Mobile Mammography Program</p>	<p>Mobile Mammography Program was presented</p> <p>Mobile mammography started off as a pilot in June of 2022 as a strategy to increase breast cancer screening rates across provider organizations that were falling below the 50th percentile benchmark. Because of the success, in late April of 2023, the mobile mammography program officially launched with the first event days in July. Mobile mammography events offer an alternative for women ages 50 to 74 who live in rural areas and provides opportunities for women who have never received a mammogram before to be screened.</p> <p>Partnership has contracted with Alinea Medical Imaging, and they are the sole provider of mobile mammography services in Northern California, including our new expansion counties. Screenings are conducted indoors using a portable unit and a self-contained coach. They each have their own space requirements. The unit used depends on the provider site and what they are able to accommodate. Sponsorship consideration is based on meeting the listed eligibility requirements, and these are provider locations that are below the 50th percentile benchmark that have a lack of access to nearby imaging centers. Partnership covers the cost of Alinea’s event inclusive of mileage and traveling.</p> <p>Criteria</p> <ul style="list-style-type: none"> • 30 patient minimum requirement. <ul style="list-style-type: none"> ○ Target of 80% must be Partnership members • Providers are responsible for conducting all outreach • Preventative screenings only <p>Each event dates requires coordination between the Project Management team and Alinea. Partnership’s Population Health Department provides support for the event itself and passes out Partnership-branded items and benefit information. They also distribute a survey after they've completed their screening, which gives us insight on the event day on the process and the opportunity to further streamline and make improvements.</p> <p>Highlights</p> <ul style="list-style-type: none"> • Long Valley Health Center hosted the first event • Winter Health Care Center has a large unhoused population and offered a “spa-day” to every member who was screened.

AGENDA ITEM **DISCUSSION / CONCLUSIONS**

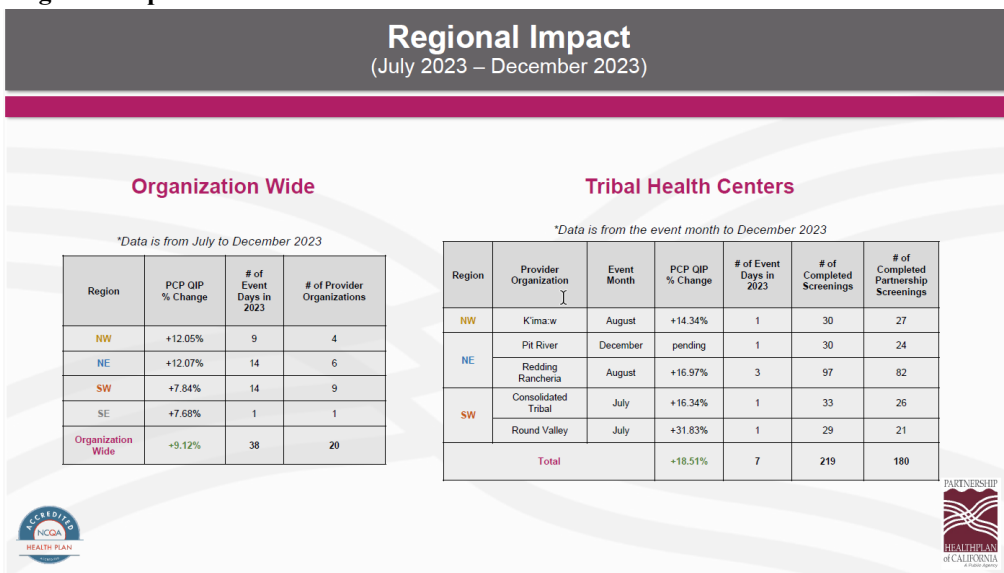
V.A
Mobile
Mammography
Program,
Continued

Scores by Region



By the end of 2023, the Southwest and Southeast regions were able to meet the benchmark for screenings.

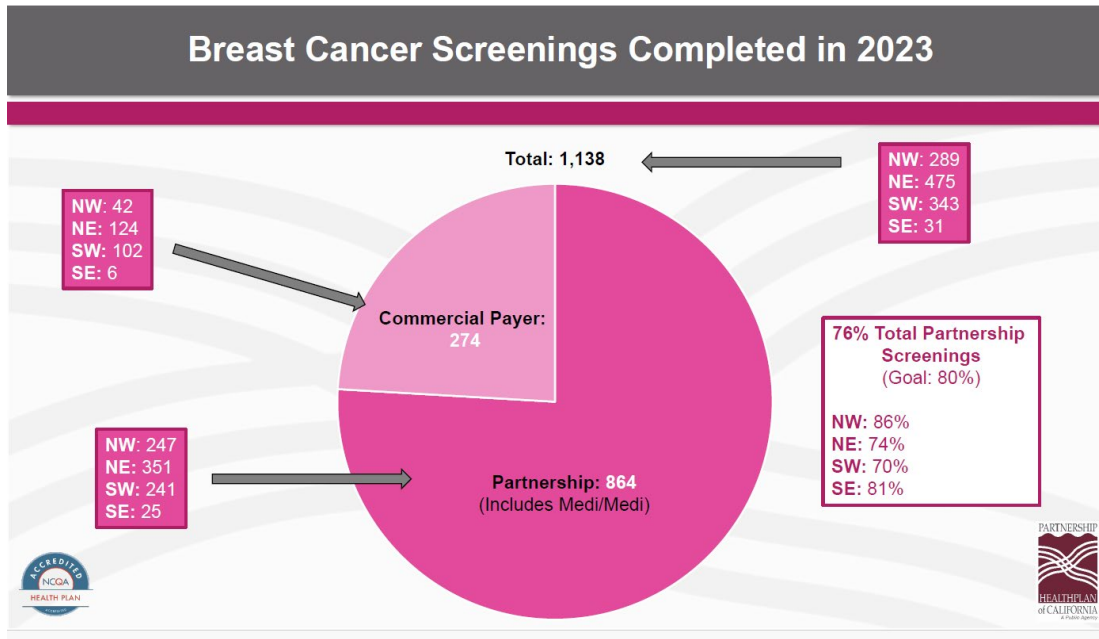
Regional Impact



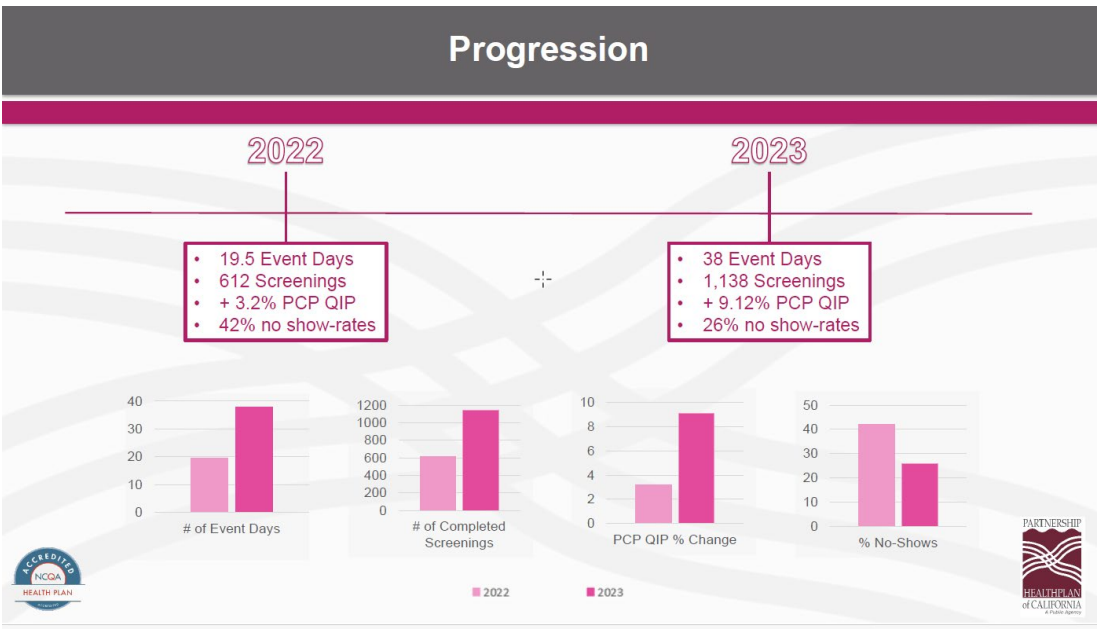
Tribal Health Centers face a handful of barriers when it comes to completing mammograms, especially given the majority are in rural areas. Most of the women screened completed their mammogram for the very first time. Without the option for mobile mammography, it would have been difficult to achieve the success.

AGENDA ITEM **DISCUSSION / CONCLUSIONS**

V.A
Mobile
Mammography
Program,
Continued



A total of 1,138 screenings were conducted in 2023. There were fewer screenings in the Southeast region because there were fewer event days completed, and this region had reached the benchmark in October. Partnership focused our event planning more in the Northern regions.





The program has grown at a very rapid rate with the number of event days increasing.

No-show rates improved by increasing engagement and finding solutions to overcome the list of barriers.

Some sites have large Spanish-speaking populations. Resources are provided in Spanish to engage Spanish speaking patients as well as in person support. Spanish-speaking Alinea technicians and Spanish-speaking Population Health healthy living coaches are available at events to support.

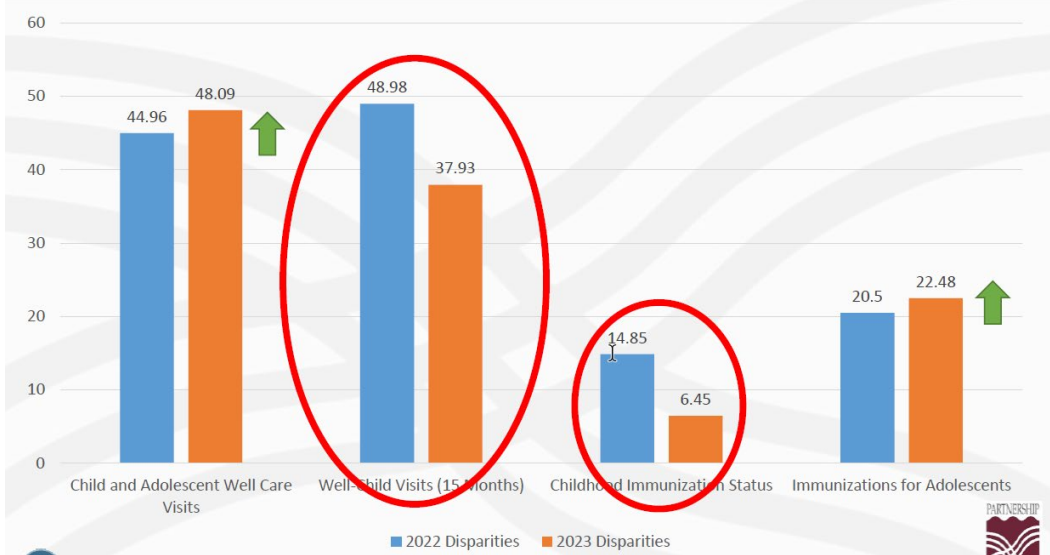
Additionally, Partnership has leveraged the Transportation Department to overcome accessibility in rural areas.

Provider feedback has been mostly very positive, but continuous improvements are being made.


AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.A Mobile Mammography Program, Continued</p>	<div data-bbox="296 201 1415 841" style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <div style="background-color: #444; color: white; text-align: center; padding: 5px;">Next Steps</div> <hr style="border: 2px solid #800040; margin: 5px 0;"/> <ul style="list-style-type: none"> ❖ Plans for 2024: <ul style="list-style-type: none"> ▪ Continue outreach to Northern and Southern Region eligible provider organizations ▪ Include Eastern Region counties ▪ Target focus on <ul style="list-style-type: none"> ○ Tribal Health Centers ○ Counties impacted by loss of Dignity imaging services ○ Enhanced Provider Engagement (EPE) ○ Equity Practice Transformation (EPT) <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;">   </div> </div> <p>Questions/Comments</p> <p>What is the minimum number of mammograms that have to be performed by Alinea that day in order for the clinic to not be billed?</p> <p style="padding-left: 40px;">Alinea charges \$150 for any no shows that result in less than the 25 screenings. Alinea can screen up to 42 patients per day. Partnership encourages providers to help schedule and create waitlists.</p> <p>Partnership’s Medical Director for Quality suggested adding adult vaccination clinics at the same events, potentially offering pediatric vaccinations as well.</p>

Mobile mammography is becoming a strategic methodology in rural areas, and it has become a key program of Partnership, which looks forward to continuing the growth and the success of the program.

AGENDA ITEM	DISCUSSION / CONCLUSIONS																														
<p>V.B 2024 Inequity Analysis</p>	<p>Partnership’s Director of Health Equity present the 2024 Health Inequity Analysis</p> <p>Methodology – Two sets of Data for 2022 and 2023</p> <p>2022 – Health Equity Accreditation (HEA) Measures and Managed Care Accountability Sets (MCAS) Measures</p> <ul style="list-style-type: none"> Reviewed statistical findings for HEA (n=397)/MCAS (n=1579) measures and samples Calculated % non-weighted average difference from Minimum Performance Level (MPL) Calculated Number of Regions below MPL and 25 Stratified disparities per strong, moderate, weak taxonomy <p>2023 – Quality Improvement Program Measures</p> <ul style="list-style-type: none"> 2023 PCP QIP Granular Data Geographic Drivers and Community Profile Analysis Less Effect of COVID than in 2022 Performance of White ethnicity was benchmark <p>One of the things that recognized when looking at the data, is that there are certain disparities that show a key difference between two groups, identifying a disparity. However, if across the board, all race groups are not performing well, it alludes to what is likely more of a quality issue versus a health equity issue.</p> <p>Quality Concerns</p> <p>Disparities are identified in many populations. However, there were the largest number of disparities for American Indian and Alaska Native. When evaluating, consideration was given to how many members of Tribal Communities Partnership where are they located and if any interventions were needed in targeted areas or certain federally recognized tribes.</p> <p>Blood pressure control worsened from 2022 to 2023 when we looked at the data for American Indian and Alaskan Natives, which showed not only was there a disparity in 2022, but that disparity worsened in 2023 and may need to be highlighted and addressed within the tribal communities.</p> <div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p>American Indian/Alaska Native Population: HEA/MCAS</p> <table border="1"> <thead> <tr> <th>HEDIS Measure</th> <th>HPA Sample Findings</th> <th>MCAS Sample Findings</th> <th>Regions below 25th Performance Level</th> <th>Absolute Average Percentage below MPL across regions</th> <th>Category of Disparity</th> </tr> </thead> <tbody> <tr> <td>Controlling Blood Pressure</td> <td>No significant difference with white group</td> <td>No significant difference in all 4 regions</td> <td>3</td> <td>13.18%</td> <td>Strong</td> </tr> <tr> <td>Breast Cancer Screening</td> <td>-----</td> <td>Performed significantly worse in 3 regions when compared to white group</td> <td>4</td> <td>12.84%</td> <td>Strong</td> </tr> <tr> <td>Cervical Cancer Screenings</td> <td>-----</td> <td>Performed significantly worse in 1 region when compared to white group</td> <td>4</td> <td>12.65%</td> <td>Strong</td> </tr> </tbody> </table> </div> <div style="width: 45%;"> <p>American Indian/Alaska Native Population: QIP</p> <table border="1"> <caption>QIP Disparities Data</caption> <thead> <tr> <th>Year</th> <th>Number of Disparities</th> </tr> </thead> <tbody> <tr> <td>2022</td> <td>52.95</td> </tr> <tr> <td>2023</td> <td>43.92</td> </tr> </tbody> </table> </div> </div>	HEDIS Measure	HPA Sample Findings	MCAS Sample Findings	Regions below 25 th 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	Year	Number of Disparities	2022	52.95	2023	43.92
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<p>V.B 2024 Inequity Analysis</p>	<p>American Indian/Alaska Native Population Children’s Health Disparities</p>  <table border="1"> <caption>Disparities Data from Chart</caption> <thead> <tr> <th>Category</th> <th>2022 Disparities</th> <th>2023 Disparities</th> </tr> </thead> <tbody> <tr> <td>Child and Adolescent Well Care Visits</td> <td>44.96</td> <td>48.09</td> </tr> <tr> <td>Well-child Visits (15 Months)</td> <td>48.98</td> <td>37.93</td> </tr> <tr> <td>Childhood Immunization Status</td> <td>14.85</td> <td>6.45</td> </tr> <tr> <td>Immunizations for Adolescents</td> <td>20.5</td> <td>22.48</td> </tr> </tbody> </table>	Category	2022 Disparities	2023 Disparities	Child and Adolescent Well Care Visits	44.96	48.09	Well-child Visits (15 Months)	48.98	37.93	Childhood Immunization Status	14.85	6.45	Immunizations for Adolescents	20.5	22.48	<p>Adolescent well-child visits slightly improved from 2022 in 2023 as well as the immunizations for adolescents. However, other data revealed well-child visits within the first 15 months and childhood immunization status worsened from 2022 to 2023. This data helped focus areas of prioritization.</p>
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	<p>(Native American rate vs. White rate)</p> <ul style="list-style-type: none"> • 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 	<p>When compared to the white community, there was a decrease in or there was a difference between all of these. Blood pressure control and blood sugar control stood out at almost a 20% difference.</p>															

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<p>V.B 2024 Inequity Analysis</p>	<p>Further Analysis for American Indian/Alaska Native Population</p> <p>Blood Pressure (Key Priorities using MCAS and QIP measures)</p> <ul style="list-style-type: none"> • Sonoma County Indian Health Project highest performance** <p>Childhood immunization (CIS-10) (Verylow at all PCPs: average just 6.5%! with average of 1 member receiving immunization at sites)</p> <p>Diabetes HbA1c Good Control (QIP Measures)</p> <ul style="list-style-type: none"> • Sonoma County Indian Health Project highest performance** <p>African American/ Black Group HEA/MCAS</p> <table border="1" data-bbox="302 480 1316 987"> <thead> <tr> <th>HEDIS Measure</th> <th>HPA Sample Findings</th> <th>MCAS Sample Findings</th> <th>Regions below 25th Performance Level</th> <th>Absolute Average Percentage below MPL across regions</th> <th>Category of Disparity</th> </tr> </thead> <tbody> <tr> <td>Timeliness of Prenatal Care</td> <td>No significant difference with white group</td> <td>Performed significantly worse in 1 region (NW) when compared to white group</td> <td>1</td> <td>25.1%</td> <td>Strong</td> </tr> <tr> <td>Timeliness of Postpartum Care</td> <td>No significant difference with white group</td> <td>No significant difference with white group</td> <td>2</td> <td>9%</td> <td>Strong</td> </tr> <tr> <td>Follow-up for mental health within 30 days of ER</td> <td>-----</td> <td>No significant difference with white group</td> <td>3</td> <td>23.19%</td> <td>Strong</td> </tr> </tbody> </table> <p>•Overall Black Members 32,510 (3.5% of total Partnership population)</p> <p>•Primarily in Southern Region Solano, Butte, Yolo, Sonoma, and Marin have highest numbers Vallejo and Fairfield are prominent cities</p> <p>•Key Community Activities Community Events (e.g Juneteenth) are common for gatherings</p>						HEDIS Measure	HPA Sample Findings	MCAS Sample Findings	Regions below 25 th 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
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<p>V.B 2024 Inequity Analysis</p>	<p>Key Black QIP Findings</p>  <table border="1"> <caption>Key Black QIP Findings Data</caption> <thead> <tr> <th>Category</th> <th>2022 Disparities</th> <th>2023 Disparities</th> </tr> </thead> <tbody> <tr> <td>Cervical Cancer Screening</td> <td>53.62</td> <td>50.85</td> </tr> <tr> <td>Colorectal Cancer Screening</td> <td>36.01</td> <td>31.7</td> </tr> <tr> <td>Diabetes - Retinal Exam</td> <td>42.46</td> <td>49.82</td> </tr> <tr> <td>Diabetes - Good Control</td> <td>63.09</td> <td>62.44</td> </tr> </tbody> </table> <p>Further Analysis African American/ Black Group</p> <p>Colorectal Cancer Screenings</p> <ul style="list-style-type: none"> • 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*** <p>2023 PCP QIP Black Inequities</p> <p>Total Number of Disparities: <u>Five</u> Measures out of 11 (Excluding Nutrition/Physical Activity)</p> <ul style="list-style-type: none"> • Many other measures have now reached 50th percentile (e.g., breast cancer screening, well child visits in first 15) <p>Strong (>15% Difference) or Moderate (>10% Difference) or Weak (>5% Difference)</p> <ul style="list-style-type: none"> • Cervical Cancer Screening (Weak) • Colorectal Cancer Screening (Weak) • DM Retinopathy Screening (Weak) • DM Good Control (Weak) *Lowered from 75th percentile to 50th percentile* <p>Priorities</p> <ul style="list-style-type: none"> • Follow-up for mental illness post ED visit (MCAS) • Prenatal/Postpartum Care (MCAS) • Colorectal Cancer Screenings (QIP) 		Category	2022 Disparities	2023 Disparities	Cervical Cancer Screening	53.62	50.85	Colorectal Cancer Screening	36.01	31.7	Diabetes - Retinal Exam	42.46	49.82	Diabetes - Good Control	63.09	62.44
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AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>V.B 2024 Inequity Analysis</p>	<p>Summary of the 2023 Primary Care Physician Quality Improvement Program Data</p> <ul style="list-style-type: none"> • The largest number of inequities are in the Native American ethnicity group (10/11) <ul style="list-style-type: none"> ○ Key concern: Controlled Blood Pressure • African American population has 5/11 measures with inequities. <ul style="list-style-type: none"> ○ Key Concern: Prenatal/Postpartum Care and follow up for mental illness • Pacific Islander, SE Asian, Eastern Asian all show one inequity. • No inequities were identified in the Hispanic, South Asian groups. • Summary: No significant improvement in inequities from 2022 to 2023. <p>Questions/Comments</p> <p>One attendee pointed out the standards for Tribal Health Centers is different, and they will have to be incentive to perform at a higher level than what is legally required of them.</p> <p>Dr. Herman if any consideration to understaffing was given when calculating the scores.</p> <p style="padding-left: 40px;">Partnership’s Director of Health Equity answered that it is worth investigating and implementing in the future.</p> <p>Dr. Thompson mentioned leveraging enhanced provider engagement and focusing and supporting Tribal Health colleagues in using more tools such as the Health Equity and Practice Transformation grants.</p> <p>An attendee asked how to determine if communities are really suffering or not.</p> <p style="padding-left: 40px;">It is controversial, and there hasn't been a gold standard, and it's not likely there is going to be an accepted gold standard. For accreditation, they as that documentation be provided to support reasoning. The consultant working with Partnership is pleased with the methodology.</p>
<p>VI. Adjournment</p>	
<p>PAC adjourned at 9:02 a.m.</p>	<p>Next PAC on Wednesday, June 12, 2024 at 7:30 a.m. Brown Act flexibilities have ended.</p>

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on 06/12/2024
Date



 Steve Gwiazdowski, M.D., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on _____
Date

 Steve Gwiazdowski, M.D., Committee Chairperson