



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES**

Committee: Physician Advisory Committee
Date / Time: August 14, 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) Angela Brennan, DO (FF) Karen Sprague, MSN, CFNP (FF) Michelle Herman, MD (FF) Noemi Doohan, MD (CC)	Darrick Nelson, MD (R) Karina Gookin, MD (AU) Teresa Shinder, DO (FF) John McDermott, FNP (C)	Mills Matheson, MD (OMM) Chester Austin, MD (C) Chris Myers, MD (E) Melanie Thompson, DO (MCC)	FF Fairfield SR Santa Rosa E Eureka R Redding C Chico AU Auburn	MCC Marin Community Clinics RS Sutter-Roseville CC CenCal Health OMM Office of Dr. Matheson
Members Excused:	Candy Stockton, MD Suzanne Eidson-Ton, MD	Danielle Oryn, DO Malia Honda, MD	Vanessa Walker, DO		
Members Absent:	Mustaffa Ammar, MD	Brian Evans, MD			
Visitor:	Christina Lasich, MD, Chief Medical Executive, Sutter Health Lakeside Dr. Brent Pottenger, Medical Director for Behavioral Health, Solano County Health & Social Services Rebecca Contreras, Workforce Development Intern, Student UC Berkeley				
Partnership Staff:	Katherine Barresi, RN, Chief Executive Officer (acting) Patti McFarland, Chief Financial Officer Wendi Davis, Chief Operating Officer Vacant, Regional Director Mary Kerlin, Sr. Dir., Prov. Relations (PR) Lisa O’Connell, Director of Enhanced Health Services Doreen Crume, RN, N. Mgr. Care Coord. Stephanie Nakatani, Supervisor, Provider Relations Representatives Vicky Klakken, Dir., North Region Brigid Gast, RN, Dir. of CC	Robert Moore, MD, Chief Medical Officer Katherine Barresi, RN, Chief Health Services Officer Colleen Townsend, MD, Southeast Region Medical Director Mark Netherda, MD, Medical Director for Quality Jeffrey DeVido, MD, Behavioral Health Clinical Dir. Stan Leung, Pharm.D., Director, Pharmacy Services Vacant, RN, Assoc. Dir. UM Strategies Sue Quichocho, Mgr., Quality Measurement Amy McCune, Manager of QI Programs Bradley Cox, MD, Northeast Region 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, Southwest Region 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 Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	14/21 – PAC	Committee quorum requirements met (14).	08/14/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
<p>I.A. Chief Executive Officer Administration Updates</p>	<p>Partnership’s Chief Operations Officer (COO) provided the following report on Partnership activities on behalf of Partnership’s Chief Executive Officer.</p> <ul style="list-style-type: none"> • Equity Practice Transformation Grant <ul style="list-style-type: none"> • The Equity Practice Transformation Grants are a state-funded Department of Health Care Services (DHCS) initiative. • Partnership has 27 practice sites within the network that were awarded a grant. • The state budget deficit announced earlier in the summer required the grant funded to be scaled back considerably, the details of which DHCS shared in a webinar the week of August 5, 2024. • Following the DHCS webinar, Partnership reached out to all awardees to encourage them to stay in the program. • Equity Practice Transformation Grants have changed from a five-year program to a three-year program, for which the first payment has been delayed until late fall 2024. • DHCS has also reduced the number of measures to 25. • Partnership stands by ready to assist any and coach any practice site who wish to remain in the program looking to improve health equity and health disparities. • Enhanced Care Management (ECM) through California Advancing and Innovating Medi-Cal (CalAIM) <ul style="list-style-type: none"> • DHCS recently announced its Enhanced Care Management and Community Supports dashboard to discuss those benefits under the umbrella of CalAIM. • The benefits under ECM are optional for Managed Care Plans (MCPs) to offer but may deliver to beneficiaries statewide. • Community Supports are offsetting direct costs with upstream drivers of health such as housing and medically tailored meals. • Partnership offers six community supports, and the data is currently available in a report through the end of 2024. • Partnership has seen tremendous growth as new populations of focus are added and new providers are contracted, especially in the 10 new counties added in the expansion. • Partnership has 6,258 members currently receiving ECM with the population of focus being those who are unhoused. • Partnership has nearly 6,000 members receiving Community Support benefits such as housing navigation, housing deposits, and asthma remediation. • Almost 6,000 members are receiving roughly two services each; the largest utilized community supports are housing navigation and housing transitions. • Prior Authorization <ul style="list-style-type: none"> • The California Health Care Foundation (CHCF) recently released a report of recommendations for California in regards to prior authorization and how commercial and state-funded health plans can improve the process in terms of using technology, interoperability for efficiencies, and reducing administrative burden to minimize costs on both the healthcare delivery side and the health plan side. • Partnership is looking to replace its ECM, Utilization Management (UM), Population Health Management (PHM), and Grievance and Appeals systems with Jiva Health, which has technology built in to improve and enhance Partnership’s authorization processes. • Partnership will be evaluating utilization rules and looking to optimize use within the provider network. • Additional legislation is expected to come from Centers for Medicare & Medicaid Services (CMS) in the near future. • Partnership is preparing to decrease provider abrasion and ensure members receive access to timely, high-quality care. • Whole Child Model (WCM) Implementation <ul style="list-style-type: none"> • The ten new counties served by Partnership will transition to the Whole Child Model for children within California Children’s Services (CCS) in January 2025. • Notices to beneficiaries will be sent at intervals of 30, 60, and 90 days ahead of the transition date. • Partnership has been working closely with CCS program managers within California Department of Public Health (CDPH) and California Health and Human Services (CHHS) on the transition. • The transition represents a change to the authorization and enrollment process from residing with the individual counties to Partnership. • Partnership will be responsible for all CCS case management activities associated with those children until they reach 21 years of age. <p><i>Questions - None</i></p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.B. Chief Medical Officer Health Services Report	<p>Partnership’s Chief Medical Officer (CMO) presented a brief update on Health Services.</p> <ul style="list-style-type: none"> • Managed Care Organization (MCO) Tax <ul style="list-style-type: none"> • Governor Newsom proposed of use Managed Care Organization (MCO) tax fill in budget gaps created by deficit. L • Legislative advocacy restored many of the proposed cuts, but did not include restoration of graduate medical education (GME), public hospital, community hospital, outpatient, or behavioral health funding. • There are concerns slated rate increases for certain specialties may be taken away in the future, resulting in the initiative to introduce Proposition 35 to lock in specialty rate increases and funding for the aforementioned public and community hospitals, GME, and behavioral health throughput. <ul style="list-style-type: none"> • As a public agency, Partnership is restricted from lobbying for Prop 35 but may address questions. • Regional Medical Directors who have been reassigned to different counties will work with each other and the counties to facilitate a warm hand-off and establish relationships. • Many specialties with eligible codes on the previously approved budget will be back-paid the increased rates dating back to January 1, 2024. Some specialties include primary care, obstetrics and gynecology (OG/GYN), mental health, pediatrics, allergists, some pulmonology, nutrition and diabetes care, skilled nursing facilities (SNFs), many ear, nose, and throat (ENT) codes, dermatology, and orthopedics. • Some other specialists will see rate increases January 1, 2025, but the exact rate is not yet available.
I.C.1. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Napa, Yolo, and Solano Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • La Clinica welcomed three new providers who will be part of Partnership’s network. • Solano Family Health Services and Communicare+Ole are the process of transitioning to Epic Health for electronic medical records requiring increased need for staff training and temporarily affecting access. • Dignity Health returning to Partnership’s network is impacting access throughout Yolo County as members are assigned and reassigned. • Back-to-School health events for physicals and vaccinations have been taking place at La Clinica in Vallejo and at Community Medical Care centers.
I.C.2. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Director of Sonoma County Department of Health Services, Tina Rivera, has resigned her position. Recruitment efforts are underway for a replacement. • Dr. Matthew Willis, Marin County Public Health Officer, announced his retirement. Dr. Lisa Santora has been appointed the new Public Health Officer for Marin County, effective September 3, 2024.
I.C.3. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Meetings between Partnership’s Region Medical Director and Region Director for the area are continuing post expansion. • Redwoods Rural Clinic is recruiting a new CEO after former announced retirement. • Adventist North Coast in recruiting for a Network President. • Mendocino Community Health Center is recruiting for a Chief Medical Officer (CMO). • Mad River Hospital is resuming home health services. • NorthBay Neonatology and Associates Dr. Gwiazdowski presented video laryngoscope demonstrations at Mad River Hospital and Sutter Coast.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>I.C.4. Status Update, Regional Medical</p>	<p>Partnership’s Regional Medical Director for Glenn, Butte, Sutter, Colusa, Yuba, Plumas, Sierra, Nevada, and Placer Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • A large fire in the area affected clinics in the Chico area largely due to employees assisting with evacuation efforts. The fire is stabilizing and has been 40% contained as of August 14, 2024. • Medical education efforts are ongoing in attempts to have a variety of medical specialists meet with high school students to consider careers in medicine. • Healthy Rural California’s four residents began the psychiatry residency in June and have been in Sacramento working on internship rotations. • A rural roundtable meeting will be held and well attended by Partnership and area physicians on August 14, 2024 at noon. • Access to gastroenterology services continues to be an issue.
<p>I.C.5. Status Update, Regional Medical</p>	<p>Partnership’s Regional Medical Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Modoc Medical Center added 50 new beds to its SNF and increased the number of hospital beds from eight to 12. • Mountain Valley Health Center added a new cardiologist. • Redding Rancheria recently held a ribbon-cutting ceremony for its Center for Advanced Care, which will house cardiology, ENT, podiatry, and rheumatology. Plans for a wellness center featuring fitness facilities and an Olympic-sized pool are underway with hopes to break ground in November.
<p>II.A. Executive Member Highlight, Ms. Tina Buop, Chief Information Officer (CIO)</p>	<p>Ms. Tina Buop, Partnership’s CIO, provided her background and introduced herself to PAC attendees.</p> <p>Ms. Buop serves as Partnership’s Chief Information Officer and Chief Information Security Officer. Her career in information technology (IT) started with managing aircraft and airline transition projects before transitioning into e-commerce and developing software in 14 different languages, which required frequent international travel. She was recruited into the healthcare industry by Blue Shield of California. Ms. Buop recognized opportunities for growth because healthcare is the second largest industry in the United States, but the last to automate, creating many opportunities for improvement. She worked with many practices to implement the use of electronic health records (EHR). As a recruiting technique, she asked every leader who came into an organization where she worked to rotate into a practice and work at the front desk to help them understand the importance of patient care and why their work meaningful.</p> <p>Ms. Buop has been with Partnership for four months and enjoys the culture of creating positive changes that consider if those changes are right for the members, providers, and the communities in Partnership’s network. Ms. Buop announced Partnership has made significant progress with our security posture and improvement from the score previously reported 90 days ago.</p>

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A. Approval of Minutes	June 2024 PAC minutes were presented for approval.	<p>MOTION: Dr. Brennan moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Herman.</p> <p>ACTION SUMMARY: [14] yes, [0] no, [0] abstentions. Motion carried.</p>	08/14/24
III.B. III.B.1 III.B.2 III.B.3 III.B.4 III.B.5	<p>Consent Calendar Review</p> <p>Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – August 2024</p> <p>Policies, Procedures, and Guidelines for Action - Policy Summary August 2024</p> <p>Pharmacy & Therapeutics Committee, July 11, 2024</p> <p>Provider Engagement Group, June 2024</p> <p>Credentials Committee Meeting – May 8, 2024 and June 12, 2024</p>	<p>MOTION: Dr. Zavod moved to approve Agenda III.B.1, III.B.2, III.B.3, III.B.4 and III.B.5, as presented, seconded by Dr. Shinder.</p> <p>ACTION SUMMARY: [14] yes, [0] no, [0] abstentions. Motion carried.</p>	08/14/24
III.C	<p>Physician Advisory Committee Membership</p> <p>Nomination of Dr. Christina Lasich</p>	<p>MOTION: Dr. Doohan moved to approve Agenda III.C, as presented, seconded by Nurse Sprague.</p> <p>ACTION SUMMARY: [14] yes, [0] no, [0] abstentions. Motion carried.</p>	08/14/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS
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IV. Old Business

V. Special Presentations, HEDIS© MY2023 Annual Summary of Performance

HEDIS© MY2023 Annual Summary of Performance was presented by Partnership’s Senior Director of Quality Improvement and Manager of Quality Measurement. Click for full slides – [Combined](#) · [MCAS](#) · [HPA](#)

From an organizational standpoint, there's increasing pressures put on Partnership as a health plan by the state relative to how they evaluate our quality outcome performance in the measures to be reviewed. Over the last several years, the state has been assessing us and has put some of our revenue stream at risk. Measurement Year 2024 (MY24) will be the first year in which a quality withhold will be applied, mean .5 % of Partnership’s revenue stream will be withheld and can only be earned back through a strong HEDIS® and member experience performance. Ultimately, Partnership wants members to receive the best quality of care. The state expects Partnership to perform above average in all indicated measures. Any measures falling below average are published publicly in a state report and Partnership receives sanctions, which impact Partnership’s reputation throughout the community.

There are two sets of measures reported. The [Managed Care Accountability Set \(MCAS\)](#) is reported to DHCS. [Health Plan Accreditation \(HPA\)](#) measures are reported to the National Coalition for Quality Assurance (NCQA) for awarded star-rating. The results reported today cover MY23.

MY2023 vs. MY2024 Reporting Populations

MY2023

Managed Care Accountability Set (MCAS) Reporting	
Northwest	Humboldt, Del Norte
Northeast	Lassen, Modoc, Siskiyou, Trinity, Shasta
Southwest	Sonoma, Marin, Mendocino, Lake
Southeast	Solano, Yolo, Napa
NCQA Health Plan Accreditation (HPA) Reporting	
Plan-Wide	All 14 Legacy Partnership Counties

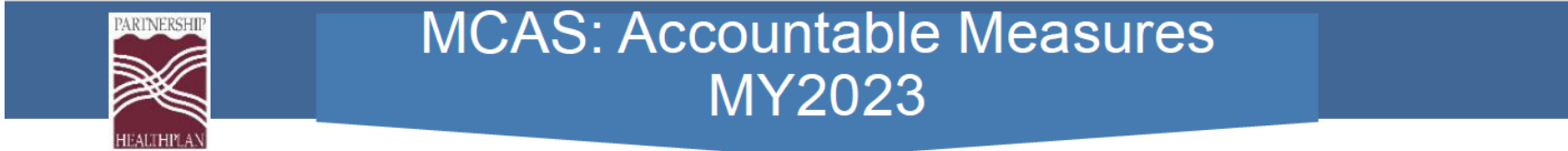
MY2024

Managed Care Accountability Set (MCAS) Reporting	
Plan-Wide	All 24 Counties – Legacy + Expansion Counties
NCQA Health Plan Accreditation (HPA) Reporting	
Plan-Wide	All 24 counties – Legacy + Expansion Counties

AGENDA ITEM	DISCUSSION / CONCLUSIONS
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V. Special Presentations, HEDIS© MY2023 Annual Summary of Performance, Continued

- HEDIS MY2023 Overview**
- Partnership membership increased by 5.80%.
 - Quality Compass Benchmarks increased versus prior year.
 - Expanded efforts to collect Electronic Clinical Data Systems (ECDS) data.
 - Challenges integrating data from regional Health Information Exchange (HIE).
 - Due to the Change Healthcare cyber-attack in Q12024, Partnership leveraged a 2-week extension to integrate additional claims data representing services in late 2023.


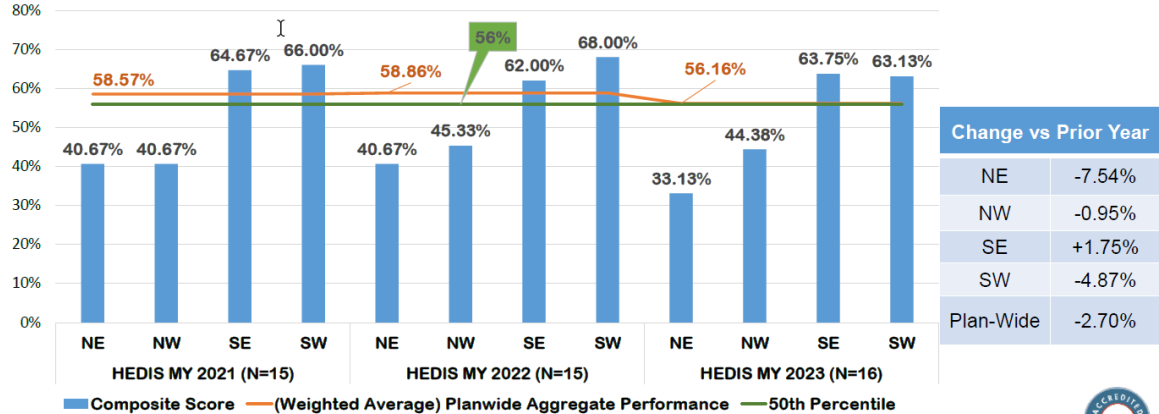




Domain		Measure
Pediatric	W30+6	Well Child Visits: 0-15 Months**
	W30+2	Well Child Visits: 15-30 Months**
	WCV	Child & Adolescent Well Care Visits**
	CIS	Childhood Immunizations**
	IMA	Immunizations for Adolescents**
	LSC	Lead Screening in Children
	TFL-CH	Topical Fluoride for Children (New)
	DEV	Developmental Screening in 0-3yrs (New)


Domain		Measure
Cancer Prevention	BCS-E	Breast Cancer Screening
	CCS	Cervical Cancer Screening
Reproductive	CHL	Chlamydia Screening
	PPC-Pre	Timeliness of Prenatal Care**
	PPC-Post	Postpartum Care**
Chronic Disease	HBD	Hemoglobin A1c Poor Control (>9%)**
	CBP	Controlling High BP**
	AMR	Asthma Med Ratio (Re-instated)
Behavioral Health	FUA-30	F-Up after ED Visit for Substance Use
	FUM-30	F-Up after ED Visit for Mental Illness

- I
- 18 measures in MY2023 vs 15 measures in MY2022
 - All 15 measures from MY2022 continue in MY2023
 - 1 measure is re-instated, following a pause to evaluate impact of Medi-Cal RX
 - 2 newly added measures are CMS Core Measures, with no national benchmarks available for scoring
 - Accountable measures must meet or exceed the Minimum Performance Level (MPL) (i.e. 50th percentile national Medicaid percentile) or Partnership is subject to enforcement actions
- ** Designates a Quality Withhold measure



AGENDA ITEM	DISCUSSION / CONCLUSIONS												
<p>V. Special Presentations, HEDIS© MY2023 Annual Summary of Performance, Continued</p>	<p>Composite Scoring Methodology</p> <ul style="list-style-type: none"> Partnership’s composite scoring methodology is based on DHCS methodology applied annually to determine Quality Factor Scores (QFS). QFS includes aggregate scoring of MCAS performance across Medi-Cal health plans and ranks each Managed Care Plan reporting unit. Because Partnership reports in 4 regions, Partnership is ranked 4x in QFS annually. In composite scoring, points are awarded per measure per reporting region based on that measure’s performance relative to Quality Compass 2023 (i.e. national Medicaid) benchmarks. <ul style="list-style-type: none"> 4 Reporting Units X 16 Scored Measures = 64 Total Scores <div data-bbox="296 480 1472 613" style="text-align: center;">  </div> <p>Partnership calculates its plan-wide aggregate score across all four DHCS MCAS reporting regions by factoring in eligible populations by region, given membership is significantly greater in the Southern region reporting populations than Northern.</p> <div data-bbox="310 678 1461 1089">  <table border="1" data-bbox="1241 784 1461 1019"> <thead> <tr> <th colspan="2">Change vs Prior Year</th> </tr> </thead> <tbody> <tr> <td>NE</td> <td>-7.54%</td> </tr> <tr> <td>NW</td> <td>-0.95%</td> </tr> <tr> <td>SE</td> <td>+1.75%</td> </tr> <tr> <td>SW</td> <td>-4.87%</td> </tr> <tr> <td>Plan-Wide</td> <td>-2.70%</td> </tr> </tbody> </table> </div>	Change vs Prior Year		NE	-7.54%	NW	-0.95%	SE	+1.75%	SW	-4.87%	Plan-Wide	-2.70%
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V. Special Presentations, HEDIS© MY2023 Annual Summary of Performance, Continued	Trend Analysis: Shifts in Scoring																																			
	<table border="1"> <thead> <tr> <th>Quality Compass Benchmarks</th> <th>% Measures Scored - MY2022</th> <th>% Measures Scored - MY2023</th> </tr> </thead> <tbody> <tr> <td>90th</td> <td></td> <td></td> </tr> <tr> <td>82.5th</td> <td>32%</td> <td>19%</td> </tr> <tr> <td>75th</td> <td></td> <td></td> </tr> <tr> <td>62.5th</td> <td></td> <td></td> </tr> <tr> <td>50th - MPL</td> <td>37%</td> <td>53%</td> </tr> <tr> <td>37.5th</td> <td></td> <td></td> </tr> <tr> <td>25th</td> <td></td> <td></td> </tr> <tr> <td>17.5th</td> <td></td> <td></td> </tr> <tr> <td>10th</td> <td>32%</td> <td>28%</td> </tr> <tr> <td><10th</td> <td></td> <td></td> </tr> </tbody> </table>	Quality Compass Benchmarks	% Measures Scored - MY2022	% Measures Scored - MY2023	90th			82.5th	32%	19%	75th			62.5th			50th - MPL	37%	53%	37.5th			25th			17.5th			10th	32%	28%	<10th				<ul style="list-style-type: none"> • Measures scored across the national benchmarks indicate a downward progression vs MY2022 • 67% of measures (43 of the total 64 measures) demonstrated less than a 5% change in rate versus MY2022. • Overall increasing trend in national benchmarks
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Assessing MCAS MY2023 Results																																				
We expected greater performance improvement coming out of the global pandemic. Why haven't we achieved it?																																				
Stagnant below MPL and declining measure rates can be categorized in three ways:																																				
<ol style="list-style-type: none"> 1.) Performance—Members qualifying under a measure did not receive the required care per measure specifications and designated timeframes 2.) Data Incompleteness—Data used to generate reported rates has gaps, decreasing confidence that reported rates accurately reflect performance 3.) Measure Limitations—Measure specifications determine how data is collected through the reporting of rate performance. Measure specifications can detract from a measure's intended purpose. In these cases, specifications can limit accurate representation of performance as well as detection of recent improvements that are in alignment with the measure's purpose and clinical practice. 																																				

AGENDA ITEM	DISCUSSION / CONCLUSIONS																									
V. Special Presentations, HEDIS© MY2023 Annual Summary of Performance, Continued	Most improved measure was Lead Screening in Children																									
	Plan-wide: Most Improved Measure																									
		NE	NW	SE	SW																					
	Lead Screening in Children (LSC)	+21% improved	+19% = improved to MPL	+10% improved	+15% improved																					
	Solutions implemented and continuing: <ol style="list-style-type: none"> Increase practice access to lead Point of Care Devices (POC) Provide lead prevention education to clinical practices, including best practices identified through Partnership’s outreach to high and low performing practices. Ensure education for clinical practices includes both information on and the importance of billing for lead testing Increase member and provider awareness of the importance of lead prevention and lead testing through educational articles and webinars. .Include in Primary Care Provider Quality Improvement Program 																									
	Measure Performance: Variation by Region																									
	<ul style="list-style-type: none"> SE and SW Regions have continued strong performance in IZs, Cancer Prevention, Asthma Care, and Chlamydia Screening 																									
		SE	SW																							
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AGENDA ITEM	DISCUSSION / CONCLUSIONS			
<p>V. Special Presentations, HEDIS© MY2023 Annual Summary of Performance, Continued</p>	A closer look at stagnant NE & NW rates			
	<p>Immunizations (IMA and CIS): Performance is primary driver; Comparable to PCP QIP rates:</p> <ul style="list-style-type: none"> Missing flu and Pneumovax (CIS) and HPV (IMA) immunizations, coupled with late doses High rates of parental refusals <p>Solutions:</p> <ul style="list-style-type: none"> New measures in MY2024 PCP QIP promote early administration of multi-dose vaccines Continue supporting and strengthen NE-based community immunization coalition 	Immunizations for Adolescents (IMA)	NE same (vs PY)	NW improved
		Childhood Immunizations (CIS)	same	declined
		Breast Cancer Screening (BCS-E)	improved	improved
	<p>Breast Cancer Screening (BCS-E): Performance is primary driver; Comparable PCP QIP rates:</p> <p>Solutions:</p> <ul style="list-style-type: none"> Improvement attributed to Partnership’s spread of Mobile Mammography program in 2023 - continuing Evaluating improvement opportunities to enhance access to fixed imaging sites – new 	Cervical Cancer Screening (CCS)	NE declined	NW improved to MPL
		Chlamydia Screening (CHL)	declined	declined
		<p>Cervical Cancer Screening (CCS): Performance is primary plus Data Incompleteness</p> <ul style="list-style-type: none"> Member engagement and provider access drive performance. Open Door Community Health Centers improved their PCP QIP rate by 46% in MY’23! Absence of SVMS data contributed to 6-8% declines in SW, SE, and NE <p>Solutions:</p> <ul style="list-style-type: none"> Work with SVMS to improve validation processes for increased confidence in seeking auditor approval -Continuing Partnership is helping to address access via ongoing pilot of self-swab test kit distribution to members via PCPs. 		
	<p>Chlamydia Screening (CHL): Performance and Data Incompleteness are drivers.</p> <ul style="list-style-type: none"> Most qualifying NE and NW members were due to pregnancy testing or filling of contraceptives ordered by non-PCPs. Absence of SVMS data may have contributed as capturing screenings completed outside of PCP network is less robust. <p>Solutions:</p> <ul style="list-style-type: none"> Data analysis on NE and NW is being shared with large PCP organizations to inform improvement activities –New Considering adding to PCP QIP –New 			
	<p>Asthma Medication Ratio (AMR): Performance and Measure Limitations are drivers.</p> <ul style="list-style-type: none"> Performance: Requires providers’ monitoring of asthma medications used by members - function of access. Measure Limitation: NCQA is slow to update medications listed for use in measure <p>Solutions:</p> <ul style="list-style-type: none"> Continue using Custom Code Mapping (with HEDIS auditor approval) to reflect medications actively used in clinical practice. New–review medication use across this population more frequently to assure optimal mapping Partnership’s Chronic Disease and Medication Management improvement workgroup is evaluating AMR improvement activities to continue/expand. 			
			Asthma Med Ratio (AMR)	NE declined

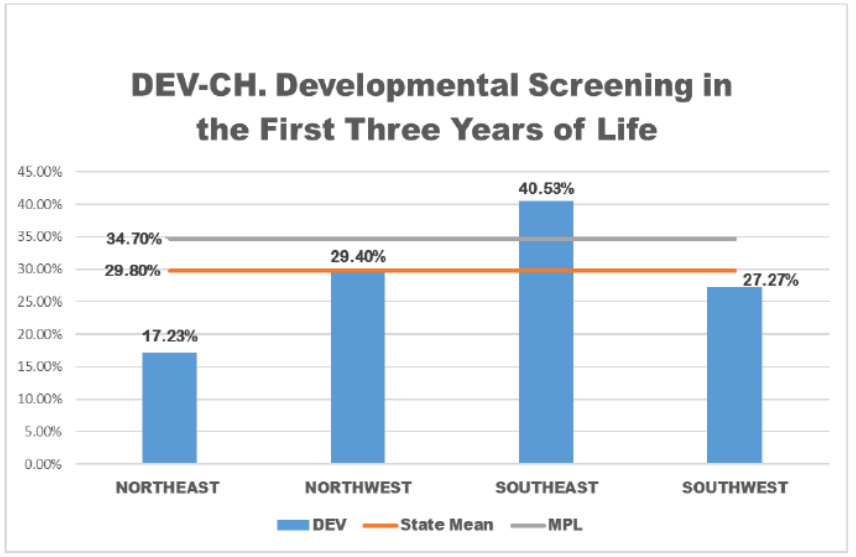
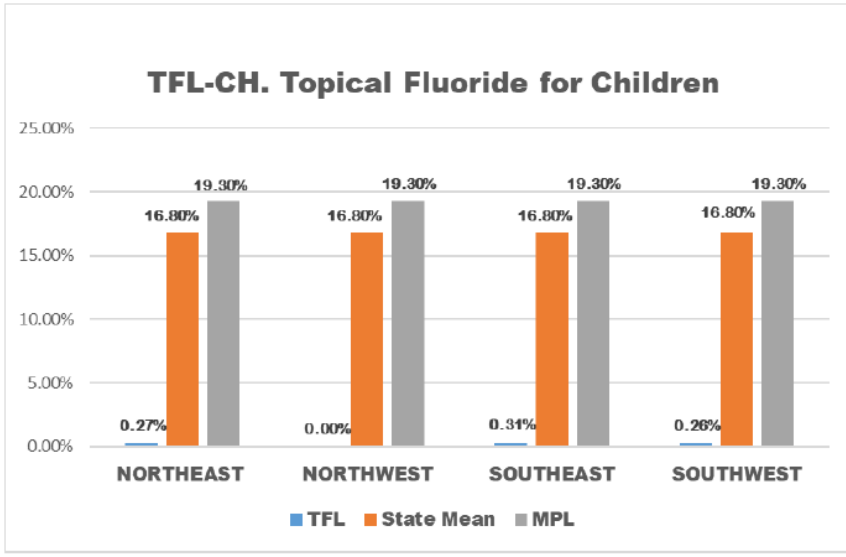
AGENDA ITEM	DISCUSSION / CONCLUSIONS																		
V. Special Presentations, HEDIS© MY2023 Annual Summary of Performance, Continued	Plan-wide Challenges All Well Child/Care Visits: <ul style="list-style-type: none"> Performance is largely impacted by access. WCV is also impacted by members’ perceived need as they age. <u>Well Child Visits in the First 15 months of Life (W30+6): Data Incompleteness is another large driver of performance.</u> <ul style="list-style-type: none"> Significant gaps in newborn data as early visits occur under a temporary ID before newborns are enrolled in Partnership Solutions: <ul style="list-style-type: none"> All visit measures: Continue advising provider practices in optimizing workflows to mitigate missed opportunities. W30+2: Considering adding W30+2 measure to PCP QIP W30+6: <i>New measure</i> permitting Group Well-Care Visits added to PCP QIP MY2024 W30+6: <i>New initiatives</i> launching this summer to expedite newborn enrollment and PCP selection. W30+6: Developing <i>new</i> supplemental data source to better leverage PCP QIP data and higher performance rates 	NE	NW	SE	SW														
	<table border="1"> <tr> <td style="text-align: center;">Child & Adolescent Well Care Visits (3-21 yr. olds) (WCV)</td> <td style="background-color: #FFD700;"></td> <td style="background-color: #90EE90;"></td> <td style="background-color: #90EE90;"></td> <td style="background-color: #90EE90; text-align: center;">improved to MPL</td> </tr> <tr> <td style="text-align: center;">Well Child Visits: 15-30 Months (W30+2)</td> <td style="background-color: #FF0000;"></td> <td style="background-color: #90EE90;"></td> <td style="background-color: #90EE90;"></td> <td style="background-color: #90EE90; text-align: center;">improved to MPL</td> </tr> <tr> <td style="text-align: center;">Well Child Visits: 0-15 Months (W30+6)</td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF8C00;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF8C00;"></td> </tr> </table>	Child & Adolescent Well Care Visits (3-21 yr. olds) (WCV)				improved to MPL	Well Child Visits: 15-30 Months (W30+2)				improved to MPL	Well Child Visits: 0-15 Months (W30+6)							
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Well Child Visits: 0-15 Months (W30+6)																			
Follow-up After Emergency Department Visits FUM-30 and FUA-30: Incomplete Data is largest driver, with Measure Limitations and Performance contributing. <ul style="list-style-type: none"> Heavily reliant on DHCS providing data on behalf of the counties, when responsible for the follow-up visits. In the past, data inconsistencies observed. In 2023, all health plans reported significant drops in monthly data. Measure specifications limit counting timely follow-up visits if they do not have a diagnosis matching the ED visit. Solutions: <ul style="list-style-type: none"> Partnership is actively pursuing data agreements with >20 counties to improve capturing follow-up visits from county mental health and SUD providers. Interventions with large PCP organizations are also underway, focused on timely referral processing and/or timely follow-up to ED discharge reporting. Partnership acknowledges significant performance improvement potential exists, which can be more fully addressed once data is more complete and anticipated specification updates occur 	NE	NW	SE	SW															
<table border="1"> <tr> <td style="text-align: center;">Follow-Up after ED Visit for Mental Illness (FUM-30)</td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF0000;"></td> <td style="background-color: #FF0000;"></td> </tr> <tr> <td style="text-align: center;">Follow-Up after ED Visit for Substance Use (FUA-30)</td> <td style="background-color: #90EE90;"></td> <td style="background-color: #FFFF00; text-align: center;">declined <MPL</td> <td style="background-color: #FFFF00; text-align: center;">declined <MPL</td> <td style="background-color: #FFFF00; text-align: center;">declined <MPL</td> </tr> </table>	Follow-Up after ED Visit for Mental Illness (FUM-30)					Follow-Up after ED Visit for Substance Use (FUA-30)		declined <MPL	declined <MPL	declined <MPL									
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AGENDA ITEM **DISCUSSION / CONCLUSIONS**

V. Special Presentations, HEDIS© MY2023 Annual Summary of Performance, Continued

New MCAS Measures –Not Scored

In MY 2023, Developmental Screening in the First Three Years of Life (DEV) and Topical Fluoride for Children (TFL-CH) measures are new accountable measures. Both measures are assessed using the CMS FFY 2022 State Median as the DHCS designated MPL benchmark.
 Drivers of Rates: Data Incompleteness and Measure Limitations, related to Prospective Payment System



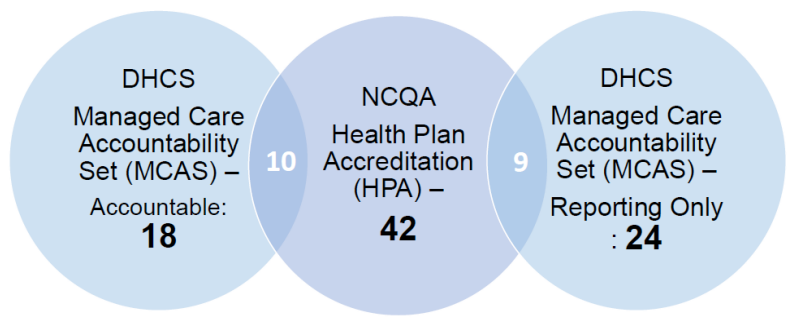
Next Steps

- In the SE and SW, where a delegated arrangement once existed between Kaiser and Partnership, the impact on accountable measures reported by Partnership is still being analyzed.
- DHCS will report Quality Factor Scoring later this year and assess mandated performance improvement activities and sanctions thereafter.
- Final assessment of results is ongoing and being used to adapt Quality Measure Score Improvement strategies and tactics in 2024-2025, as noted in the solutions outlined throughout this presentation.
- The HEDIS team continues to work with IT to strengthen existing and add new supplemental data sources to improve data completeness across MCAS.

Comparing DHCS MCAS and NCQA HPA

DHCS MCAS has greater emphasis in Childhood and Adolescent Preventive Care measures.

In contrast, NCQA HPA includes additional measures focused Adult Immunizations, Respiratory Treatment, Diabetes, Heart Disease, and Behavioral Health.



VI. Adjournment	
PAC adjourned at 9:07 a.m.	Next PAC on Wednesday, September 11, 2024 at 7:30 a.m. Brown Act flexibilities have ended.

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on 09/11/24
Date



Steve Gwiazdowski, M.D., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on _____
Date

Steve Gwiazdowski, M.D., Committee Chairperson