



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

**Committee:** Physician Advisory Committee  
**Date / Time:** September 11, 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) Mustaffa Ammar, MD (AM) Christina Lasich, MD (OMM)	Darrick Nelson, MD (R) Karina Gookin, MD (AU) John McDermott, FNP (C) Suzanne Eidson-Ton, MD (FF) Malia Honda, MD (E) Matthew Zavod, MD (FF)	Mills Matheson, MD (OMM) Chester Austin, MD (C) Chris Myers, MD (E) Melanie Thompson, DO (MCC) Danielle Oryn, DO (AD)	FF Fairfield SR Santa Rosa E Eureka R Redding C Chico AU Auburn	MCC Marin Community Clinics OMM Office of Dr. Matheson AM – Ampla Health
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Members Excused:	Candy Stockton, MD Teresa Shinder, DO	Noemi Doohan, MD Vanessa Walker, DO
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Members Absent: Brian Evans, MD

Visitor: 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 ( <i>acting</i> ) 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, 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, Region Medical Director R. Doug Matthews, MD, Region Medical Director Marshall Kubota, MD, 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
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AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	17/22 – PAC	Committee quorum requirements met (17).	09/11/24

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
<p>I.A. Chief Executive Officer Administration Updates</p>	<p><b>Partnership’s Chief Operations Officer (COO) provided the following report on Partnership activities on behalf of Partnership’s Chief Executive Officer.</b></p> <ul style="list-style-type: none"> <li>• <b>Expansion Updates</b> <ul style="list-style-type: none"> <li>• Working on stabilization of the 10 new counties in Partnership’s network.</li> <li>• The volume of requests for treatment authorization requests (TARs) and claims far exceeds previous estimates.</li> <li>• All Partnership departments have been hiring, onboarding, and training new staff members.</li> <li>• Options to alleviate TAR requirements are being evaluated.</li> <li>• Despite increased volume of requests, calls are being answered by Member Services in 30 seconds or less.</li> <li>• Transportation has provided over one million rides in the expansion regions since January 1, 2024.</li> <li>• Partnership selected Jill Blake to fill the role of Auburn Region Director.</li> <li>• Partnership selected Leigha Andrews to fill the role of Region Director for Marin and Sonoma Counties.</li> </ul> </li> <li>• <b>Medicare Dual Special Needs Program (D-SNP) Implementation</b> <ul style="list-style-type: none"> <li>• Partnership received approval from Department of Health Care Services (DHCS) to implement D-SNP with a phased approach starting in eight of the 24 counties in January 2026.</li> <li>• Planning is underway for contracts and outreach to providers; the first Medicare Advantage Contract has been signed.</li> <li>• Partnership also received DHCS approval to name the program “Partnership Advantage.”</li> </ul> </li> <li>• <b>Natural Disaster Resources</b> <ul style="list-style-type: none"> <li>• Several fires have broken out in Partnership’s service areas, which have been monitored closely by the Region Directors for impact.</li> <li>• Partnership stands ready to assist in the face of any natural disaster to help members and providers as much as possible.</li> <li>• Communication throughout Partnership is swift in order to ensure community outreach and assistance is enacted timely. Partnership staff members visit evacuation centers and coordinate with Red Cross when needed.</li> <li>• Transportation is available for evacuations. Additional fleet vehicles are moved to affected areas to assist with volume.</li> <li>• Pharmacy works with Medi-CalRX to ensure prescriptions can still be filled within seven days.</li> </ul> </li> </ul> <p><i>Questions – None</i></p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
<p>I.B. Chief Medical Officer Health Services Report</p>	<p><b>Partnership’s Chief Medical Officer (CMO) presented a brief update on Health Services.</b></p> <ul style="list-style-type: none"> <li>• <b>Changes to Prior Authorizations</b> <ul style="list-style-type: none"> <li>• Some radiologic procedures have been updated to eliminate the requirement for a TAR.</li> <li>• The information is posted in the <a href="#">Important Provider Notices</a> online and will be shared in the <a href="#">Medical Directors Newsletter for September 2024</a>.</li> <li>• Magnetic resonance imaging (MRI) and computed tomography (CT) scans for the abdomen and pelvis will still require TAR, as will scans for members under the age of 21, and MR angiograms.</li> <li>• Adult scans of the head, neck, and spine will not require a TAR.</li> </ul> </li> <li>• <b>Quality Withhold</b> <ul style="list-style-type: none"> <li>• Partnership faced penalties for eight quality measures falling below the minimum performance level (MPL).</li> <li>• DHCS has withheld fund from Partnership with the incentive those funds can be earned back through performance improvement.</li> <li>• DHCS published a <a href="#">letter</a> to explain the methodology, which states the incentive portion for calendar year 2024 (CY24)                             <ul style="list-style-type: none"> <li>• Focuses on the child/adolescent well care visits measure (WCV), which is from the quality withhold, across all plan county/regions (which aligns with the CQS and Bold Goals):                                     <ul style="list-style-type: none"> <li>• Incentivizes improving rates for the two race and ethnicity subgroups with the lowest historic performance for each plan county/region.</li> <li>• MCPs earn points on their gap closure performance against a set percentile threshold (NCQA HEDIS 66.67th percentile) with no floor.</li> </ul> </li> <li>• Partnership will be focusing heavily on improving well-child visits through Quality and Population Health departments.</li> <li>• In the southeast regions, the populations of focus are American Indian/Alaska Native (AI/AN) and Pacific Islander, primarily Filipino.</li> <li>• In the southwest region, the population of focus is (AI/AN).</li> <li>• In the northeast, the population of focus is Asian and Pacific Islander.</li> <li>• In the northwest, the population of focus is Black/African American.</li> <li>• Clinics can cross reference and list of ethnicities with their list of patients to identify any members who may need special outreach.</li> </ul> </li> </ul> </li> <li>• <b>Health Equity Accreditation</b> <ul style="list-style-type: none"> <li>• Partnership completed a mock audit and is working on improving the score by continuing work on various factors.</li> </ul> </li> <li>• <b>Quality Reporting</b> <ul style="list-style-type: none"> <li>• DHCS granted Partnership approval to report Health Equity Data Information Set® (HEDIS) measures plan-wide rather than by region for 2024</li> <li>• Overall Partnership scores above average, and high performing areas help provide balance to lower performing areas, thus improving overall scores.</li> </ul> </li> <li>• <b>Planning for Medicare D-SNP Coding</b> <ul style="list-style-type: none"> <li>• Partnership will be planning educational campaigns to help providers focus on accuracy and completeness of coding to ensure proper care and payments.</li> </ul> </li> <li>• <b>Patient Experience Survey</b> <ul style="list-style-type: none"> <li>• Partnership will be focusing on educating members of their benefits. A survey revealed many members were unaware of all the benefits available.</li> <li>• The largest areas of member dissatisfaction were appointment access and urgent care access. Partnership will be working with providers for solutions.</li> </ul> </li> </ul> <p><i>Questions - None</i></p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.C.1. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Napa, Yolo, and Solano Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Some of the larger health centers are in the process of switching to Epic for management of electronic health records (EHR), which is affecting appointment access due to the need to train staff.</li> <li>• Solano County reports success in a pilot program to improve newborn appointment access through educating new families on next step in enrolling for care prior to discharge from the hospital.</li> <li>• There has been a slight increase in provider movement, but staffing remains relatively stable across Solano County.</li> <li>• The Director of Solano County Department of Health &amp; Social Services, Mr. Gerald Huber, announced his retirement.</li> <li>• The Southeast Regional Quality Meeting will be held in September where the group will discuss improving the measures to meet Quality Improvement Program goals and incentives.</li> </ul>
I.C.2. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Providence Santa Rosa improved the average length of stay by one full day. The successes are being shared with other local hospitals.</li> <li>• E-Consults continue to fill gaps in specialty access.</li> <li>• Sonoma County Health and Human Services is recruiting a new director.</li> <li>• Working with Population Health to stay ahead of influenza season and encourage timely immunizations for members aged six months and older.</li> </ul>
I.C.3. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Long Valley Healthcare announced the retirement of their Chief Medical Officer and has selected new CMO.</li> <li>• There are two new pediatricians, emergency department physicians, and a pulmonologist in Humboldt County working for various organizations. A new dermatologist will be moving the area shortly.</li> <li>• Mad River Hospital announced the <a href="#">suspension of labor and delivery services</a> effective October 2024.</li> </ul>
I.C.4. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Glenn, Butte, Sutter, Colusa, Yuba, Plumas, Sierra, Nevada, and Placer Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Area fires have resulted in temporary loss of some medical services in evacuated areas.</li> <li>• A moment of silence was taken to honor those who perished in the attacks on September 11, 2001.</li> <li>• Medical education continues to be an area of focus in Glenn and Butte Counties.</li> <li>• Healthy Rural California envisions an inter-professional health care campus in Chico area for training many types of medical practitioners.</li> <li>• Emergency Medical Service access is an ongoing issue in rural communities and is being addressed collaboratively throughout the Partnership network areas.</li> <li>• Partnership’s new Region Director is scheduling introductions with area counties.</li> <li>• Partnership Medical Directors are meeting with DHCS to discuss advocacy at the upcoming California Medical Association (CMA) House of Delegates meeting.</li> </ul>
I.C.5. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Fairchild is building a second-story addition to its existing building. The lab will move to the second floor while the first floor will house the emergency department (ED) and five additional bays for a total of 12. The addition will allow more space for operating rooms (OR) and robotic procedures. Completion date is estimated for the end of 2024.</li> <li>• Shasta Regional has hired a new CEO.</li> <li>• Shasta Cascades has hired a new Chief Financial Officer (CFO)</li> <li>• Sierra Pacific Regional Cancer Center in Redding will have a groundbreaking ceremony in October 2024.</li> <li>• The Redding community is mourning the tragic loss of local nephrologist, Dr. Jeffrey Krahling.</li> </ul>

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>II.A. Committee Member Highlight, Dr. Christina Lasich, Chief Medical Executive, Sutter-Lakeside Hospital</p>	<p><b>Dr. Christina Lasich, Chief Medical Executive for Sutter-Lakeside Hospital, provided her background and introduced herself to PAC attendees.</b></p> <p>Dr. Lasich shared her beginnings in community service on September 11, 1988 as a firefighter for then California Division of Forestry (CDF), now California Department of Forestry and Fire Protection (Cal FIRE). She recalled two incidents where she feared for her life, and how those incidents and her service shaped her as a woman and a leader. After some time, Dr. Lasich made the decision to enter medical school and did so at UC Davis, where she was also a resident. Raised in Grass Valley in Nevada County, Dr. Lasich returned home where she served the area for more than 20 years in private practice and community services. Dr. Lasich discussed the importance of serving the communities to fill in gaps in care; the first of which was treating people for Substance Use Disorder (SUD). She had previously trained in physical medicine and rehabilitation for people with painful conditions; she saw that pain and addiction often collided and wanted to forge a path for both patients and providers. She began volunteering to treat patients in a recovery facility, then Community Recovery Resources, now Granted Wellness, where she served as the Medical Director for five years. Granted Wellness offers 70 residential beds and an intensive outpatient program along with transitional housing serving Nevada and Placer Counties, but accepts patients from other area counties as well.</p> <p>From there, Dr. Lasich transitioned to serve at Western Sierra Medical Center, a Federally Qualified Health Center (FQHC) in Grass Valley, California. She was appointed CMO there in 2018 and stayed several years. She is proud of her involvement in the beginning stages of planning for the Women’s Health Center, which was opened in August 2024.</p> <p>After many years of service in Nevada County, Dr. Lasich moved to Mendocino County to work for another FQHC, Mendocino Community Health Clinic (MCHC). There, she stood up many programs to include Population Health Management and SUD treatment with fund from a SSI/SSDI Outreach, Access, and Recovery (SOAR) grant. She noted additional gaps in care in Lake County and was selected to serve as the Chief Medical Executive at Sutter-Lakeside, a critical access hospital, with some of the lowest health outcomes in California. She feels called to serve at Sutter where they have a mission of caring for patients and envision being one of the best integrated, comprehensive health systems in California and the nation. She describes Sutter’s values and shared “Curiosity,” is one of her favorites because it helps people to wonder and create solutions to complex issues. Access is a solution-focused issue many are facing, and Sutter has added more than 600 clinicians to their footprint in 2024 in efforts to improve access to care. Sutter Lakeside doubled the number of clinicians from nine to 18, the majority of whom are Primary Care Providers (PCPs). Dr. Lasich shared her excitement for Sutter Lakeside to be involved with the Nurse Practitioner (NP) Fellowship at UC Davis, Betty Moore School of Nursing for the first time. Upon graduation, NP Fellows move into rural communities to provide care, often choosing to remain in those communities for many years.</p> <p>Dr. Lasich furthered the importance of access in rural communities and shared the story of a patient who came in to the Sutter Lakeside Birth Center to deliver her third baby. Although the patient delivered naturally, she experienced a life-threatening emergency and needed a large blood transfusion to save her life. The Sutter Lakeside Birthing Center has its own OR and was able to resolve the situation quickly, but keeping the birth center open has been challenging, and thinking about what may have happened had that patient not had access puts into perspective how critical access really is, especially for women’s health. Sutter Lakeside strives to keep as much access open as possible and has seen a 13% increase in the number of encounters and engagements in the Birth Center and in the clinic. They continue to grow and stabilize the workforce for service to the community.</p>

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A. Approval of Minutes	<b>September 2024 PAC minutes were presented for approval.</b>	<b><u>MOTION:</u></b> Dr. Brennan moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Herman. <b><u>ACTION SUMMARY:</u></b> [17] yes, [0] no, [0] abstentions.	09/11/24 Motion carried.
III.B. III.B.1 III.B.2 III.B.5	<b>Consent Calendar Review</b> Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – September 2024 Policies, Procedures, and Guidelines for Action - Policy Summary September 2024 Credentials Committee Meeting – July 10, 2024	<b><u>MOTION:</u></b> Dr. Zavod moved to approve Agenda III.B.1, III.B.2, and III.B.5, with modification, seconded by Dr. Herman. <b><u>ACTION SUMMARY:</u></b> [17] yes, [0] no, [0] abstentions.  <i>MCUG3118 was modified during PAC to correct a typo from PHQ-3 to PHQ-2.</i>	09/11/24 Motion carried.
III.C	<b>Physician Advisory Committee Membership</b> Nomination of Dr. Brent Pottenger to PAC Nomination of Dr. Phuong Luu to Q/UAC	<b><u>MOTION:</u></b> Dr. Herman moved to approve Agenda III.C, as presented, seconded by Nurse Sprague. <b><u>ACTION SUMMARY:</u></b> [17] yes, [0] no, [0] abstentions.	09/11/24 Motion carried.
III.D	<b>Enhanced Care Management</b> Quality Improvement Program Proposal	<b><u>MOTION:</u></b> Dr. Eidson-Ton moved to approve Agenda III.D, as presented, seconded by Dr. Herman. <b><u>ACTION SUMMARY:</u></b> [17] yes, [0] no, [0] abstentions.	09/11/24 Motion carried.
III.E	<b>Quality Improvement Trilogy Documents</b> •Summary of Trilogy Documents •2023-24 QI Work Plan Closeout •2023-24 QI Program Evaluation •2024-25 QI Program Work Plan •2024-25 QI Program Description	<b><u>MOTION:</u></b> Dr. Herman moved to approve Agenda III.E, as presented, seconded by Nurse Sprague. <b><u>ACTION SUMMARY:</u></b> [17] yes, [0] no, [0] abstentions.	09/11/24 Motion carried.

AGENDA ITEM	DISCUSSION / CONCLUSIONS							
<i>IV. Old Business</i>								
<p>III.D Enhanced Care Management (ECM) Quality Improvement Program (QIP) Proposal</p>	<p><b>Enhanced Care Management (ECM) Quality Improvement Program (QIP) Proposal</b> 4th Quarter 2024 ECM QIP Measure Changes / 2025 ECM QIP Measurement Set</p> <p>Total dollars available are \$100 per member per month. The Timely Reporting gateway measure determines the number of dollars placed in an incentive pool. Providers can earn up to 100% of incentive pool by meeting the other measures.</p> <table border="1" data-bbox="300 415 2001 1435"> <thead> <tr> <th data-bbox="300 415 1287 477">Current: 2024 ECM QIP Measurement Set</th> <th data-bbox="1287 415 2001 477">Proposed Q4 2024 Measurement Set Change Proposed MY 2025 Measurement Set</th> </tr> </thead> <tbody> <tr> <td data-bbox="300 477 1287 943"> <p><u>Measurement Period:</u> January 1, 2024 – December 31, 2024</p> <p><u>Description:</u> Providers are required to submit three monthly reports on or before their due date.</p> <ol style="list-style-type: none"> <li>1. Return Transmission File - RTF</li> <li>2. Initial Outreach Tracker File – IOT</li> <li>3. Provider Capacity Survey</li> </ol> <p><u>Incentive:</u> \$100 per member per month - Dollars earned are placed into an incentive pool.</p> <ul style="list-style-type: none"> <li>• 100% incentive will be placed in incentive pool if all reports are received on or before the due date.</li> <li>• 50% incentive will be placed in incentive pool if all reports are received within one week or five business days past the due date.</li> <li>• Reports received after five business days will not be eligible for an incentive pool or participation in other program measures.</li> </ul> </td> <td data-bbox="1287 477 2001 943"> <p>No Changes</p> </td> </tr> <tr> <td data-bbox="300 943 1287 1435"> <p><b>Measure 1: Care Plan and Release of Information (ROI) Forms</b> Upload into PointClickCare within 60 Days</p> <p><u>Measurement Period:</u> January 1, 2024 – December 31, 2024</p> <p><u>Description:</u> Providers must upload Care Plans and the ROI forms for ECM enrolled members into PointClickCare within 60 days of TAR request date.</p> <p><u>Incentive pool allotment:</u> 30%</p> <p><u>Targets:</u></p> <ul style="list-style-type: none"> <li>• Full credit: &gt; 80%</li> <li>• Partial credit: 70% - 79%</li> </ul> <p><u>Reporting:</u> Partnership will audit PointClickCare for evidence of uploaded documents.</p> </td> <td data-bbox="1287 943 2001 1435"> <p><b>Change:</b> Incentive pool allotment change from 30% to 25% for this measure</p> </td> </tr> </tbody> </table>		Current: 2024 ECM QIP Measurement Set	Proposed Q4 2024 Measurement Set Change Proposed MY 2025 Measurement Set	<p><u>Measurement Period:</u> January 1, 2024 – December 31, 2024</p> <p><u>Description:</u> Providers are required to submit three monthly reports on or before their due date.</p> <ol style="list-style-type: none"> <li>1. Return Transmission File - RTF</li> <li>2. Initial Outreach Tracker File – IOT</li> <li>3. Provider Capacity Survey</li> </ol> <p><u>Incentive:</u> \$100 per member per month - Dollars earned are placed into an incentive pool.</p> <ul style="list-style-type: none"> <li>• 100% incentive will be placed in incentive pool if all reports are received on or before the due date.</li> <li>• 50% incentive will be placed in incentive pool if all reports are received within one week or five business days past the due date.</li> <li>• Reports received after five business days will not be eligible for an incentive pool or participation in other program measures.</li> </ul>	<p>No Changes</p>	<p><b>Measure 1: Care Plan and Release of Information (ROI) Forms</b> Upload into PointClickCare within 60 Days</p> <p><u>Measurement Period:</u> January 1, 2024 – December 31, 2024</p> <p><u>Description:</u> Providers must upload Care Plans and the ROI forms for ECM enrolled members into PointClickCare within 60 days of TAR request date.</p> <p><u>Incentive pool allotment:</u> 30%</p> <p><u>Targets:</u></p> <ul style="list-style-type: none"> <li>• Full credit: &gt; 80%</li> <li>• Partial credit: 70% - 79%</li> </ul> <p><u>Reporting:</u> Partnership will audit PointClickCare for evidence of uploaded documents.</p>	<p><b>Change:</b> Incentive pool allotment change from 30% to 25% for this measure</p>
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AGENDA ITEM	DISCUSSION / CONCLUSIONS	
III.D Enhanced Care Management (ECM) Quality Improvement Program (QIP) Proposal	<b>Current: 2024 ECM QIP Measurement Set</b>	<b>Proposed Q4 2024 Measurement Set Change Proposed MY 2025 Measurement Set</b>
	<p><b>Measure 2: PHQ9 Depression Screening</b></p> <p><u>Measurement Period:</u> January 1, 2024 – December 31, 2024</p> <p><u>Description:</u> Depression screening should be completed with ECM enrolled members as part of initial assessment and development of Care Plan.</p> <p><u>Incentive pool allotment:</u> 35%</p> <p><u>Targets:</u></p> <ul style="list-style-type: none"> <li>• Full credit: &gt; 90%</li> <li>• Partial credit: 80% - 89%</li> </ul> <p><u>Reporting:</u> Providers will submit a screening template quarterly with member names, CIN, DOB, and PHQ-9 screening date and score.</p>	<p><b>Change:</b> Incentive pool allotment change from 35% to 25% for this measure</p>
<p><b>Measure 3: Blood Pressure Screening</b></p> <p><u>Measurement Period:</u> January 1, 2024 – December 31, 2024</p> <p><u>Description:</u> Blood pressure screening must be completed by an in-person visit by ECM staff, a clinic visit, or patient use of PHC approved home blood pressure kit for enrolled ECM members (regardless of prior diagnosis of hypertension).</p> <p><u>Incentive pool allotment:</u> 35%</p> <p><u>Target:</u></p> <ul style="list-style-type: none"> <li>• Full credit: &gt; 80%</li> <li>• Partial credit: 70% - 79%</li> </ul> <p><u>Reporting:</u> Providers will submit a screening template quarterly with member names, CIN, DOB, and PHQ-9 screening date and score.</p>	<p><b>Change:</b> Incentive pool allotment change from 30% to 25% for this measure</p>	



<p>III.D Enhanced Care Management (ECM) Quality Improvement Program (QIP) Proposal</p>	<p><b>Current: 2024 ECM QIP Measurement Set</b> <b>Not Applicable – New Measure</b></p>	<p style="text-align: center;"><b>Proposed Q4 2024 Measurement Set Change</b></p> <p><b>NEW Measure 4: Timely Review of ED/Admissions Notification Alerts in PointClickCare</b></p> <p><b>Part 1: PointClickCare Notification Alerts Set-up</b></p> <p><u>Measurement Period:</u> October 1, 2024 – December 31, 2024</p> <p><u>Description:</u> As a prerequisite for participation in Part 2 of the Timely Review of ED/Admissions Notification Alerts in PointClickCare measure, providers are required to set up the Notification Alerts function in PointClickCare properly.</p> <p><u>Incentive Amount:</u> 25%</p> <p><u>Reporting Requirements:</u> No reporting is required from providers. PHC will monitor PointClickCare and confirm the alert function is working properly.</p> <p><i>NOTE: New ECM providers are eligible to participate in the ECM QIP throughout the measurement year, and will be required to complete Part 1 of this measure during their first quarter in the program.</i></p> <p><b>NEW Measure 4: Timely Review of ED/ Admissions Notification Alerts in PointClickCare</b></p> <p><b>Part 2: Timely Review of ED / Admissions Notification Alerts in PointClickCare</b></p> <p><u>Measurement Period:</u> January 1, 2025 – December 31, 2025</p> <p><u>Description:</u> Providers receive notification alerts in PointClickCare when an ECM member visits the ED and/or is admitted to the hospital. Providers are required to review the notification alerts within 72 hours of receiving the alert.</p> <p><u>Incentive Pool Allotment:</u> 25%</p> <p><u>Targets:</u></p> <ul style="list-style-type: none"> <li>• Full credit: &gt; 80% of notification alerts reviewed in PointClickCare within 72 hours</li> <li>• Partial credit: 50%-79.9% of notification alerts reviewed in PointClickCare within 72 hours</li> </ul> <p><u>Reporting Requirements:</u> No reporting is required by providers. Partnership will audit provider performance based on ED/Admissions report results obtained from PointClickCare.</p> <p><i>NOTE: Incentive pool allotment or targets are subject to change for providers with five or fewer members.</i></p> <p><b>Questions – For health centers using Epic for EHR, is this how PointClickCare works within it?</b></p> <p>Partnership will conduct detailed reviews for those providers and come up with specifications and exact criteria. If users of other systems are receiving timely notifications of admissions, Partnership will help with a mechanism in showing that information in Q1. PointClickCare is the system ECM providers are required to use, and should already house the care plans for easy access. More will be discussed in committees for providers without any electronic medical records (EMR), but logging into PointClickCare does give them the ability to obtain admission data.</p>
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AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>III.E Quality Improvement Trilogy Documents</p>	<p><b>Quality Improvement Trilogy Documents Summary</b></p> <p>Partnership’s Quality Improvement (QI) Department updates three document annually to reflect the past, present, and future related to Quality Improvement Programs (QIPs): QI Program Description; QI Program Evaluation; QI Work Plan. Each of these documents are required by DHCS and National Coalition for Quality Assurance (NCQA) for accreditation. A team facilitates this process on an ongoing basis. These documents represent accountability of contributions to QI efforts, which is a collaborative goal spanning many Partnership departments, and are presented at the Quality/Utilization Advisory Committee (Q/UAC) and PAC meetings in August and September each year before Board of Commissioners approval in October.</p> <p><b>2023-24 QI Work Plan Closeout</b></p> <p>The Work Plan Closeout represents the major activities for the QI department and Partnership as a whole to advance quality and performance improvement, objectives, and initiatives. There are four main areas represented to monitor and increase accountability, outlined in the NCQA Health Plan Accreditation (HPA) specifications: Quality of clinical care; Safety of clinical care; Quality of service; Quality of member experience. The work plan identifies time frames for activity completions, staff members responsible such as business owners, sponsors, and contributors, and monitors previously identified issues where Partnership will focus moving forward. Partnership completed the goal set 2023 -2024 at a rate of almost 89% across seven total goals – six of which were delayed, and one was canceled. The work plan also serves as a touch point in evaluating and adapting QI work plan activities around measure score improvement, detailed in the executive summary on page 96 of the <a href="#">packet</a> for reference.</p> <p>Partnership’s Member Safety Inspections team compliments this focus and has increasingly focused on timely well visit requirements for both initial health appointments (IHA) and well child and wellness visits under quality measures. Blood-lead screening has been another increasing area of focus under the pediatric domain. Several efforts have been completed to expand and integrate new data sources, in particular, ways to integrate electronic clinical data as a representation of a new HEDIS© measure type in measure sets overall. There has been significant effort put forward to look at quality measure performance from a lens of advancing health equity and closing gaps in health disparities. DHCS has identified well-child visits as a disparity, and Partnership will focus many efforts to improve rates within those identified populations. The delayed implementation of <a href="#">Healthedge’s HealthRules Payer</a> (HRP) presented challenges in collecting data for some objectives. Partnership reprioritized some data collection and integration work based on the scope of work identified. Adjustments were made to work plan timelines based on learned feedback to ensure plans could be completed successfully. Duplication of efforts were identified between QI and Population Health Management (PHM), which lead to the termination of some QI efforts in favor of yielding to PHM’s Healthy Babies and Health Kids Program charter for the year. Those results used to define 2024-2025 work-plan goals, identified on page 592.</p> <p><b>2023-2024 QI Evaluation</b></p> <p>This document shares lessons learned in the course of completing the work plan, focusing on completed and ongoing activities to address quality and safety of clinical care as well as quality of service, highlighting quantitative and qualitative focuses in trending measure performance within those domains. The evaluation reveals effectiveness of overall QI program and progress towards influencing network-wide safe clinical practices. Barriers to QI have been included within the evaluation to address strategies and tactics for how Partnership can adapt to serving members and engaging the provider network. The geographical expansion was a large area of focus in addressing how Partnership integrated those counties into the QIP. Additionally, the growing scope and complexity of quality measurement and reporting under both DHCS and NCQA is constantly evolving and changing and the ability to complete accurate and representative measurement across as a whole – the results of which drive quality improvement initiatives and quality improvement work. Furthermore, the work plan focused on NCQA accreditation devoted to health equity and achieving a higher Medicaid health plan rating, achieving a rating of 3.5 stars.</p>

AGENDA ITEM	DISCUSSION / CONCLUSIONS
<p>III.E Quality Improvement Trilogy Documents, Continued</p>	<p><b>QI Program Description</b></p> <p>The QI Program Description content represents how the QI Program is summarized and structured for processes and intradepartmental work to support overall Partnership QI efforts, including many foundational elements in terms of personnel and functional interactions across departments. A great deal of focus is given to Behavioral Health aspects of the program and the involvement of designated physicians for oversight and monitoring.</p> <p>There are some new elements included for 2024-2025. DHCS has influenced the way Partnership defines the QI program as represented and recently released in <a href="#">APL 24-004</a>, Quality Improvement and Health Equity Transformation Requirements. QI collaborates closely with Partnership’s Director of Health Equity and Director of Population Health Management for the integration of policy language within the program description, striving to achieve equitable health for all Partnership members. Additionally, QI has been increasing efforts to support workforce development and wellbeing to ensure providers within Partnership’s network have adequate resources to provide high-quality care.</p> <p>Partnership QI efforts relate to DHCS contract requirements, but fundamentally focus on doing the right things for the members and adapting to changes needed. The QI Trilogy documents serves as a mechanism to keep the big picture in mind as Partnership continuously takes on new opportunities and innovative ways to affect quality of care for the better.</p>

**AGENDA ITEM** **DISCUSSION / CONCLUSIONS**

V.A  
2023  
Healthcare Effectiveness Data and Information Set (HEDIS®)/Quality Improvement Program Comparative Results

**2023 Healthcare Effectiveness Data and Information Set(HEDIS®)/Quality Improvement Program Comparative Results**

The results of Partnership’s overall PCP QIP and HEDIS® scores for both Health Plan Accreditation and the Managed Care Accountability Set (MCAS) were shared at last month’s PAC meeting. Many measures overlap, but a comparative analysis provides insights in performance of clinical measures throughout each county in Partnership’s network in 2023; 2023 is the last year Kaiser results will be reported to Partnership.

This a visual in three parts with maximum scores represented at the top. The maximum score for HEDIS® MCAS across 15 measures is 150. The maximum score for QIP across clinical measures is 100.

**HEDIS® MCAS Results**

Partnership Weighted Score 87

Top Performers

- Kaiser 130
- Napa County 115
- Marin County 114
- Sonoma County 101
- Yolo County 101
- Mendocino County 88

**QIP Scores 2023**

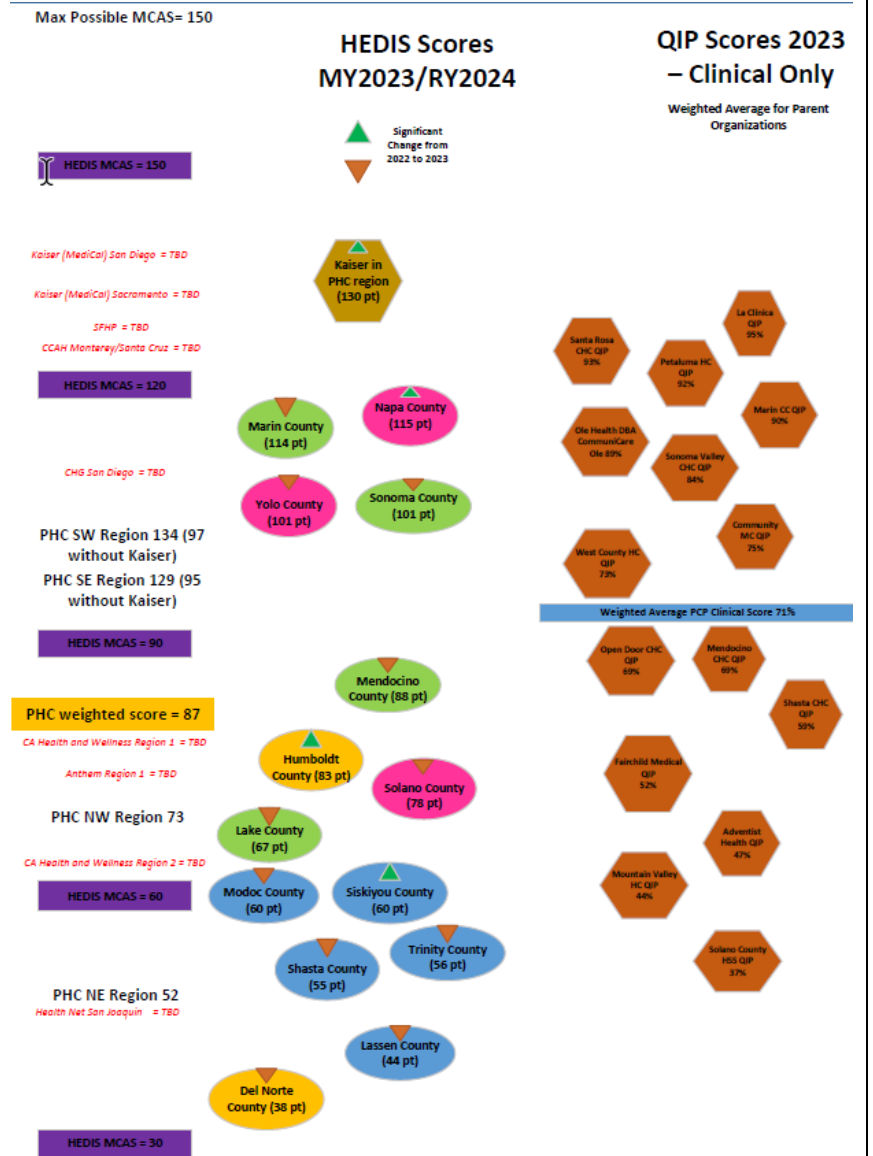
Partnership Weighted Avg. 72%

Top Performers

- La Clinica 95%
- Santa Rosa CHC 93%
- Petaluma Health Center 92%
- Marin Community Clinics 90%
- Ole Health & CommunicareOle 89%
- Sonoma Valley CHC 84%
- Community Medical Centers 75%
- West County Health Clinic 73%
- Winters Healthcare (not pictured)*

There was an unexpected decline in HEDIS® measures in other counties, however both Humboldt County and Siskiyou County showed improvement. Health centers in rural areas struggled most across both sets of measures.

*Questions – None*



VI. Adjournment		
PAC adjourned at 9:02 a.m.	<b>Next PAC on Wednesday, October 9, 2024 at 7:30 a.m. Brown Act flexibilities have ended.</b>	

**For Signature Only**

The foregoing minutes were APPROVED AS PRESENTED on 10/09/2024  
Date Steve Gwiazdowski, M.D., Committee Chairperson



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