PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES

Committee: **Physician Advisory Committee**
Date / Time: **November 13, 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)* Suzanne Eidson-Ton, MD *(FF)* Teresa Shinder, DO *(FF)* Karen Sprague, MSN, CFNP *(FF)* Brent Pottenger, MD *(FF)* Danielle Oryn, DO *(AD)* Karina Gookin, MD *(AU)*	Chester Austin, MD *(C)* John McDermott, FNP *(C)* Malia Honda, MD *(E)* Chris Myers, MD *(E)* Candy Stockton, MD *(E)*	Christina Lasich, MD *(OMM)* Mills Matheson, MD *(OMM)* Darrick Nelson, MD *(R)* Vanessa Walker, DO *(SH)*	*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* *SH Sutter Health*
Members Excused:	Noemi Doohan, MD Brian Evans, MD	Steven Gwiazdowski, MD Michelle Herman, MD	Matthew Zavod, MD		
Members Absent:	Mustaffa Ammar, MD *(AM)*				
Visitor:	Dr. Derice Seid, Marin Community Clinics				
Partnership Staff:	Sonja Bjork, Chief Executive Officer Jennifer Lopez, Chief Financial Officer Wendi Davis, Chief Operating Officer Leigha Andrews, 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		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	16/22 – PAC	Committee quorum requirements met (16).	11/13/24

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

I.A. Chief Executive Officer Administration Updates	**Partnership's Chief Operations Officer (COO) provided the following report on Partnership activities on behalf of Partnership's Chief Executive Officer.**
	• **Recently Passed Guidance**
	  • Partnership will be vigilant in monitoring changes to Medicare and Medicaid in 2025 with the changes to administration post the presidential election.
	  • Prop 35 was approved for the Managed Care Organization (MCO) tax, which is a tax paid by the MCO. The passage of Prop 35 codifies the requirement for funds to stay within MediCal, meaning more investments in the communities are expected in 2025, 2026, and into the future.
	  • Implementation of Prop 35 has a robust stakeholder process which may delay payments until the end of 2025, but information will be communicated as it is received.
	  • Partnership will be hosting webinars in the near future to share how targeted rate increases (TRI) will be administered now that the Department of Health Care Services (DHCS) shared guidance in an All Plan Letter (APL).
	  • All payments tied to January 1, 2024 paid to date through November 1, 2024 will be issued and postmarked to all providers by December 31, 2024. Moving forward, Partnership will communicate a monthly schedule related to the issuance of TRIs.
	  • California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Reentry Initiative recently took effect in select counties. The CalAIM initiative has requirements for both pre and post release services from incarceration.
	  • Yuba County, along with two counties outside Partnership's network, have gone live with pre-release services providing MediCal benefits to beneficiaries prior to release from correctional facility or institution.
	  • Two transportation providers contracted with Partnership have permission to go into the facility and transport them for transition back into the community.
	  • Siskiyou County is expected to go live sometime in 2025.
	
	Questions – None

I.B. Chief Medical Officer Health Services Report	**Partnership's Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on Health Services on behalf of the Chief Medical Officer (CMO).**
	
	• **Network Engagement**
	  • Throughout 2024, Partnership met and collaborated with several area medical societies to influence policy and advocacy within the California Medical Association (CMA).
	  • Many initiatives focused on rural health and obstetrical (OB) access in rural communities.
	  • CMA House of Delegates convened at the end of October and increased support for expanding Family Medicine OB fellowship training to increase the number of individuals able to treat pregnant members in rural and isolated areas.
	  • Additional resolutions increased support for the integration of Certified Nurse Midwives (CNMs) and expanding CNM training programs.
	• **DHCS Updates**
	  • Partnership is prepared for the DHCS audit taking place in December.
	  • Partnership continues to work on the implementation of a dual special needs program (DSNP), Partnership Advantage, as mandated by DHCS.
	  • Partnership is in the final stages of selecting a pharmacy benefit manager (PBM).
	• **Staffing Changes**
	  • Dr. Lisa Ward has been selected to the position of Partnership's Medical Director for Sonoma and Marin County, starting in February 2025.
	  • Dr. Marshall Kubota will remain at Partnership while training Dr. Ward.
	  • CMA is often dominated by urban areas. Counties proposed having a rural health caucus within CMA for a forum to discuss rural health issues.

AGENDA ITEM	DISCUSSION / CONCLUSIONS

I.B. Chief Medical Officer Health Services Report, Continued	• **Partnership Obstetrical Conference**
	  • Partnership is conducting wide-spread marketing for the upcoming all-day Obstetrical Conference held in various Partnership locations on Monday, March 10, 2025. Additional details are available by clicking here.
	  • This year's conference will feature a presentation from the Surgeon General of California and focus on several topics.
	  • Workforce Development
	  • Managing diabetes while pregnant
	  • Medication Assisted Treated (MAT) for Substance Use Disorder (SUD)

I.C.1. Status Update, Regional Medical	**Partnership's Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.** • Access to primary care is an ongoing issue in Solano County, but many providers have collaborated in efforts to see more patients through increased access and capacity. • Drug Safe Solano, the Opioid Safety Coalition in Solano County, will be hosting a MAT Harm Reduction Symposium on January 10, 2025, at Touro University, Farragut Inn, 1310 Club Drive, Vallejo, CA, 94592 from 8 a.m. to 3 p.m.
I.C.2. Status Update, Regional Medical	**Partnership's Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.** • Partnership is looking forward to welcoming Dr. Lisa Ward to the staff in February 2025. Dr. Ward has served as the Chief Medical Officer at Santa Rosa Community Health and is a graduate of University of California San Francisco (UCSF) Family Medicine Program. She is familiar with the area and will be a great asset to Partnership. • The current Regional Medical director will stay on staff, but will be transitioning to a part-time role in the spring of 2025. • Dr. Donald Goldyn has been appointed the new Chief Medical Officer of Marin City Health and Wellness. • Providence Santa Rosa Memorial is closing several urgent care clinics, which may cause utilization rates of the emergency department (ED) to increase. • Partnership hosted a successful Quality Improvement Program (QIP) meeting with Sonoma and Marin Counties. • The Regional Medical Director and Region Director have been meeting with many area hospitals and strengthening relationships within the network.
I.C.3. Status Update, Regional Medical	**Partnership's Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.** • Opendoor Community Health has hired many new providers in Humboldt County which will help improve access to primary care. • Mr. Ryan Zumwalt has been appointed the CEO at K'ima:w Medical Center, which has also hired new providers. • Redwood Rural Health Center announced the hiring of Seth Whitmer as its new Executive Director. • Sutter Coast Hospital in Crystal City added a hospice program but is not yet enrolled and fully certified through MediCal. They have begun the process in hopes of treating Partnership members in near future. • California Attorney General Rob Bonta and Providence St. Joseph came to a preliminary agreement to provide all necessary emergency care services, including abortion care, if determined by deposition. The lawsuit is ongoing.
I.C.4. Status Update, Regional Medical	**Partnership's Regional Medical Director for Glenn, Butte, Sutter, Colusa, Yuba, Plumas, Sierra, Nevada, and Placer Counties presented a brief update on activities.** • Ampla Health is opening in North Chico. • Western Sierra Medical Clinic and Sierra Foothills Clinics have completed their merger. • Chape-De Indian Health and Colusa Tribal Health are expanding. • Orchard Hospital in Gridley, CA is linking up with Partnership Telemedicine for hospitals and clinics. • Collaborative meeting with Oroville Hospital in hopes of enrollment into Partnership's Quality Incentive Program. • Met with Healthy Rural California to discuss continued medical education efforts.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.C.5. Status Update, Regional Medical	**Partnership's Regional Medical Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.** • Partnership's COO, Redding Regional Director, and Redding Regional Medical Director met with the CEO if Shasta Regional Medical Center to strengthen relationships for collaboration efforts to improve hospital outcomes for Partnership members. Partnership and Shasta Regional Medical Center have agreed to monthly meetings moving forward. • Shasta Community Health Center has been experiencing access issues and has hired six new locums providers to see patients. • Shasta Cascades had educated their providers and provided more emphasis on Partnership's Enhanced Care Management (ECM) program, enrolling 34 new providers into the ECM program and adding more in the future. • Mercy Medical Center is losing a pediatric hospitalist and is currently recruiting for the position.
II.A. Committee Member Highlight, Dr. Brent Pottenger	**Dr. Brent Pottenger, Medical Director of Behavioral Health for Solano County Health & Social Services, provided his background and path to medicine.** Dr. Pottenger has served in his position with Solano County for three years. He is from Sacramento, CA and studied with UC Davis, University of Southern California, and spent 10 years at Johns Hopkins. He comes from a family of physicians; his grandfather opened the OB unit at Kaiser Vallejo in the 1950s and served a Chief of Staff there for more than 25 years. Additionally, his wife is a child psychiatrist on Solano County. They have one son and live in the local area. Clinically, Dr. Pottenger provides most care through street medicine outreach. There is a robust team providing mobile psychiatric care who is always looking to partner with primary care providers in their efforts. **Questions/Comments** Dr. Shinder of CommuniCare+Ole showed enthusiasm for collaborative efforts for primary and psychiatric care in street medicine and will discuss possible future efforts with Dr. Pottenger.

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A.	**October 2024 PAC minutes were presented for approval.**	**MOTION:** Dr. Brennan moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Shinder. **ACTION SUMMARY:** [16] yes, [0] no, [0] abstentions.	11/13/24 Motion carried.
III.B. ▪ III.B.1 ▪ III.B.2 ▪ III.B.3 ▪ III.B.5 ▪ III.B.7	**Consent Calendar Review** • Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – October 2024 • Policies, Procedures, and Guidelines for Action Policy Summary November 2024 • Pharmacy & Therapeutics Committee - October 10, 2024 Summary and Approved Criteria • Credentials Committee Meeting – September 11, 2024 Summary and Credentialed List • Quality Improvement Health Equity Committee Meeting Minutes, September 24, 2024	**MOTION:** Nurse Sprague moved to approve Agenda III.B.1, III.B.2, III.B.3, III.B.5 and III.B.7, as presented, seconded by Nurse Sprague. **ACTION SUMMARY:** [16] yes, [0] no, [0] abstentions.	11/13/24 Motion carried.
III.C	**Physician Advisory Committee Membership** • Resignation of Dr. Noemi Doohan • Resignation of Dr. Brian Evans • Nomination of Dr. Derice Seid	**MOTION:** Dr. Eidson-Ton moved to approve Agenda III.C, as presented, seconded by Dr. Brennan. **ACTION SUMMARY:** [16] yes, [0] no, [0] abstentions.	11/13/24 Motion carried.
III.D	**Palliative Care Quality Improvement Program Proposal** Measurement Year 2025	**MOTION:** Dr. Brennan moved to approve Agenda III.D, as presented, seconded by Dr. Shinder. **ACTION SUMMARY:** [16] yes, [0] no, [0] abstentions.	11/13/24 Motion carried.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
III.D Palliative Care Quality Improvement Program (QIP) Proposal	**Palliative Care Quality Improvement Program (QIP) Proposal** Summary of Proposed Measure Changes for Measurement Year 2025

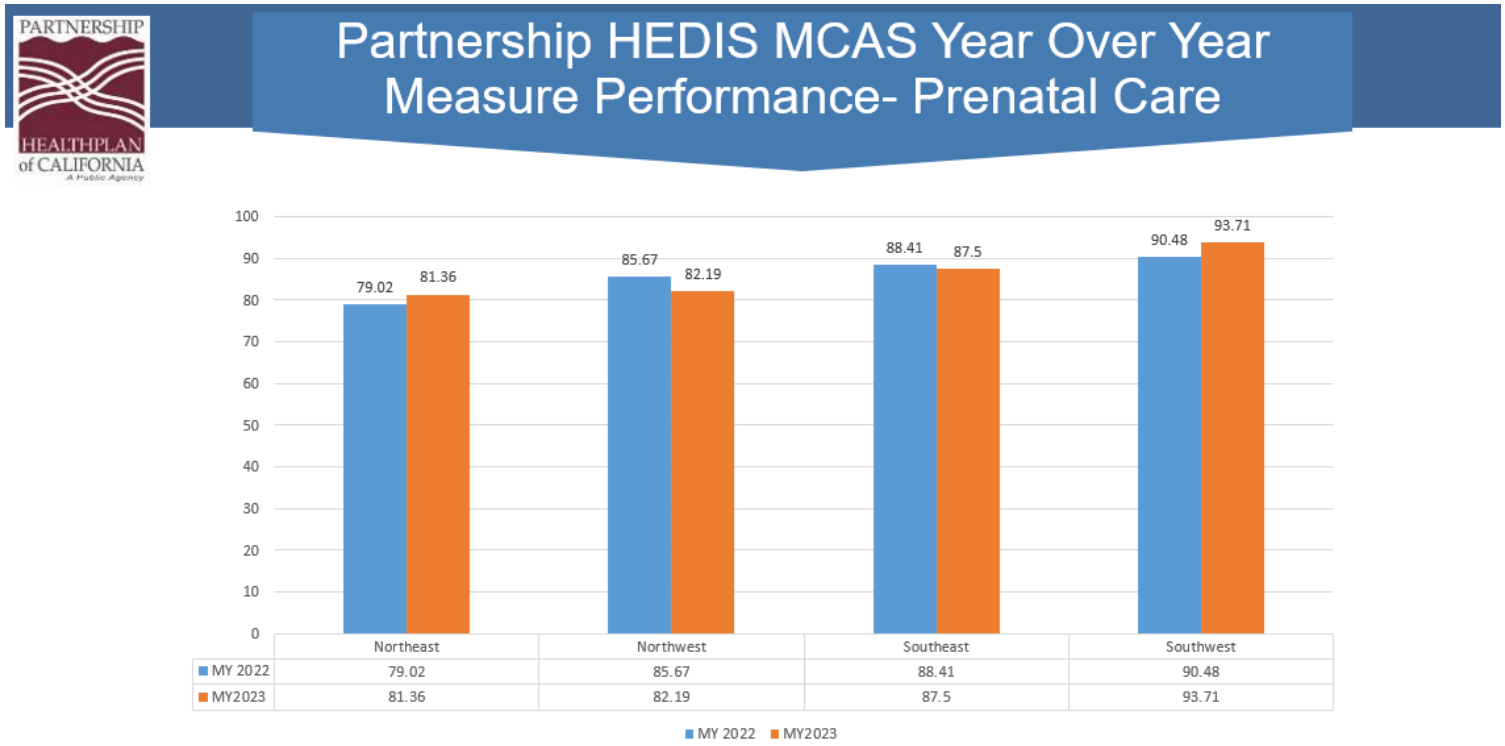
Palliative Care Quality Incentive Program
Summary of Proposed 2025 Measures

Key:

New Measure | Change to Measure Design

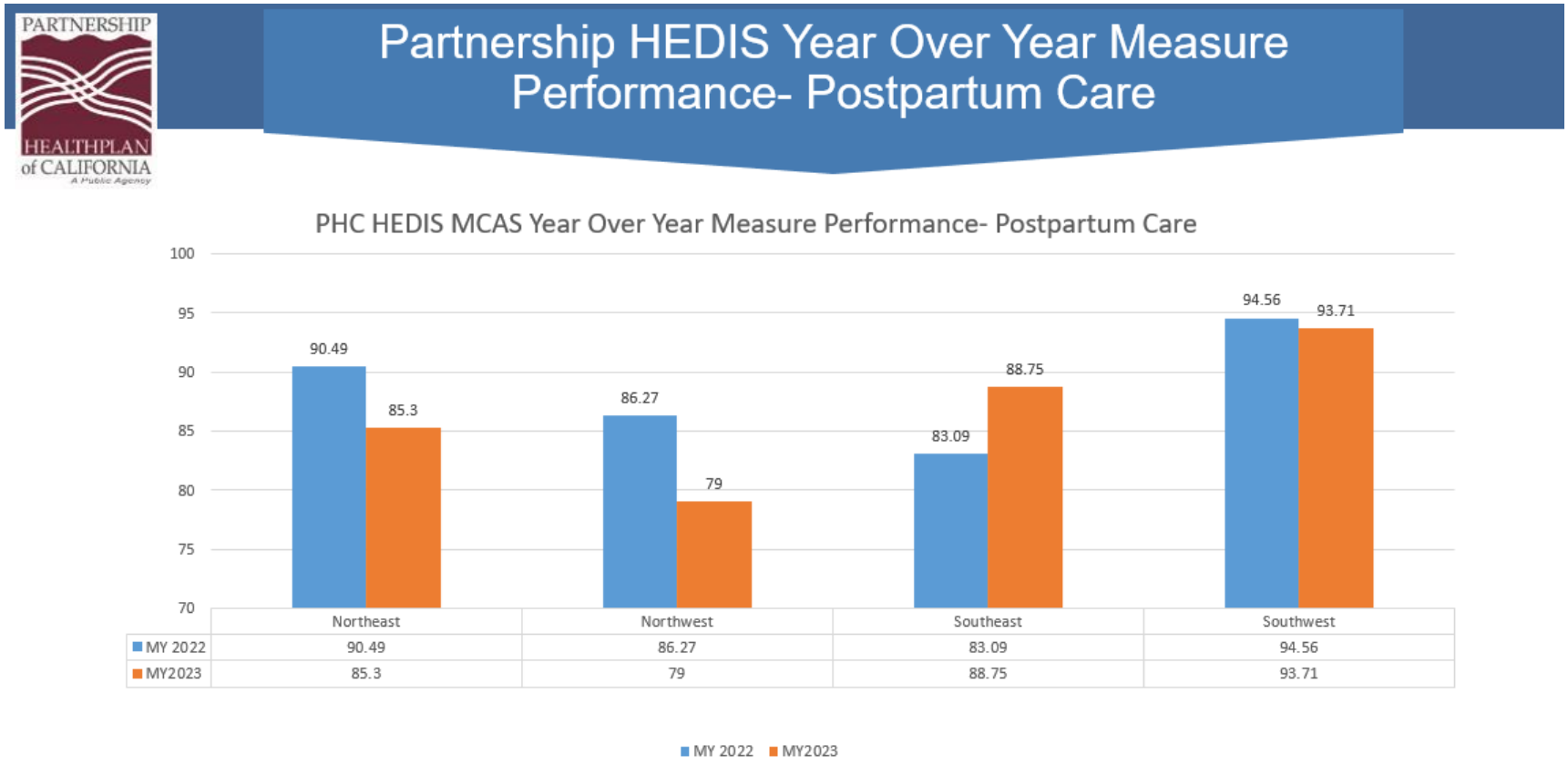
2024 Measures	2025 Recommendations
Utilization	
1. Avoiding Hospitalization & Emergency Room Visits • $240 PMPM if no inpatient or ED use per calendar month	**1. Avoiding Hospitalization & Emergency Room Visits** • $240 PMPM if no inpatient or ED use per calendar month *CHANGE:* *No recommended changes*
Quality	
2. Completion of POLST & Use of Palliative Care Quality Collaborative (PCQC) Tool • $120 PMPM once a signed POLST is documented in PCQC	**2. Completion of POLST & Use of Palliative Care Quality Collaborative (PCQC) Tool** • $120 PMPM once a signed POLST is documented in PCQC
3. Completion of Standardized PCQC Assessments & Use of Palliative Care Collaborative (PCQC) Tool • $120 PMPM if two (2) standardized PCQC assessments are documented in PCQC, with all essential data elements included. Thresholds: • ≥ 85% of data elements entered on assessments = Full points ($120 PMPM) • 70-84.9% of data elements entered on assessments = Partial points ($60 PMPM)	**3. Completion of Standardized PCQC Assessments & Use of Palliative Care Collaborative (PCQC) Tool** • $120 PMPM if two (2) standardized PCQC assessments are documented in PCQC, with all essential data elements included. Thresholds: • ≥ 85% of data elements entered on assessments = Full points ($120 PMPM) • 70-84.9% of data elements entered on assessments = Partial points ($60 PMPM) *CHANGE:* *No recommended changes*

Questions/Comments - None

AGENDA ITEM	DISCUSSION / CONCLUSIONS
IV. A Old Business	*None*
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Partnership's Regional Medical Director for Solano, Napa, and Counties provided a high-level review of how Partnership is working to address perinatal services across its network through initiatives for obstetrical and perinatal care.** *This overview provides the most comprehensive information but does not include all services available for pregnant members.* Healthcare Effectiveness Data and Information Set (HEDIS©) data drives many of the efforts in perinatal services offered by Partnership. The information below reflects HEDIS© data, much of which is positive, but some measures fall below the 50th percentile. Prenatal and postnatal care appointments have been declining in some regions. Partnership is implementing initiatives to improve those rates across the network. **Timely preventative prenatal care is an appointment within the first trimester.*  • The NCQA's Quality Compass Medicaid **50th percentile rate (84.23%)** was met across 3 of 4 Partnership regions (Northeast, Southeast, Southwest) for the HEDIS® MCAS Measure for Prenatal and Postpartum Care (PPC) – Prenatal Care in MY 2023. The NCQA's Quality Compass Medicaid **90th percentile rate (91.07%)** was met across 1 of 4 Partnership regions (Southwest) for the HEDIS® MCAS Measure for Prenatal and Postpartum Care (PPC) – Prenatal Care in MY 2023. Partnership's Northwest region did not meet the NCQA's Quality Compass Medicaid 50th percentile rate in MY2023.

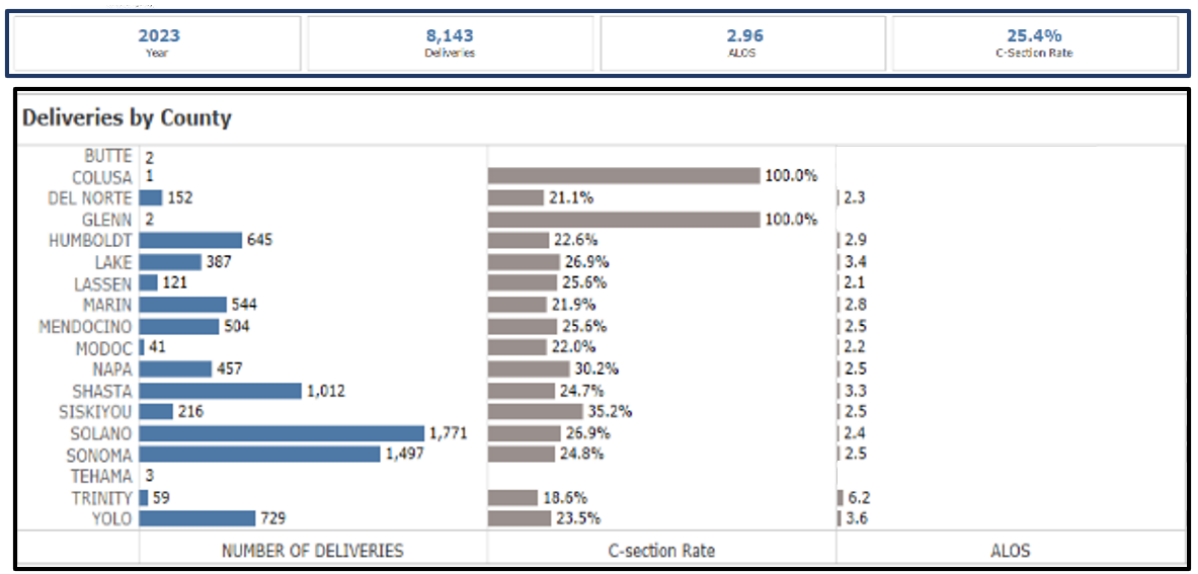
AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	

**Timely postnatal care is two postpartum visits within 84 days of delivery.*



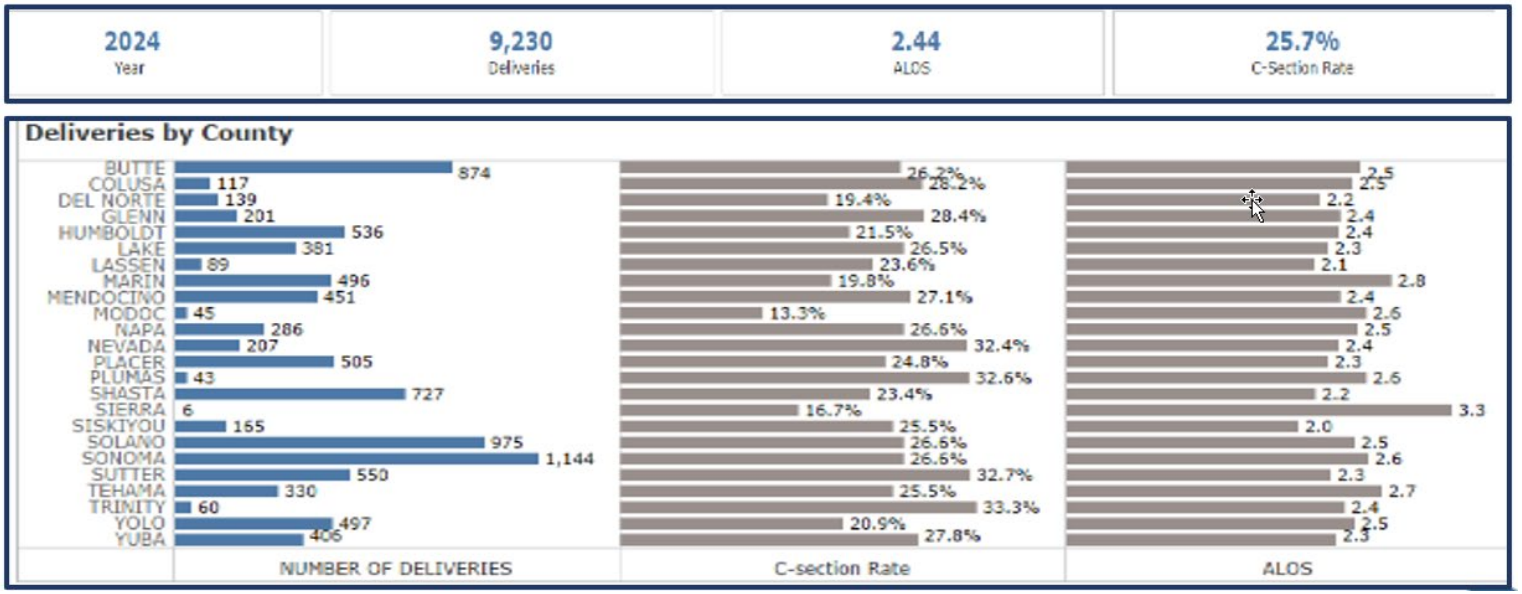
- The NCQA's Quality Compass Medicaid **50th percentile rate (78.10%)** was met across all Partnership regions for the HEDIS® MCAS Measure for Prenatal and Postpartum Care (PPC) – Postpartum Care in MY 2023. The NCQA's Quality Compass Medicaid **90th percentile rate (84.59%)** was met across 2 of 4 Partnership regions (Southeast and Southwest) for the HEDIS® MCAS Measure for Prenatal and Postpartum Care (PPC) – Postpartum Care in MY 2023. Partnership's Northeast and Northwest regions did not meet the NCQA's Quality Compass Medicaid 90th percentile rate in MY2023.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Partnership HealthPlan Perinatal Members Served in 2023**

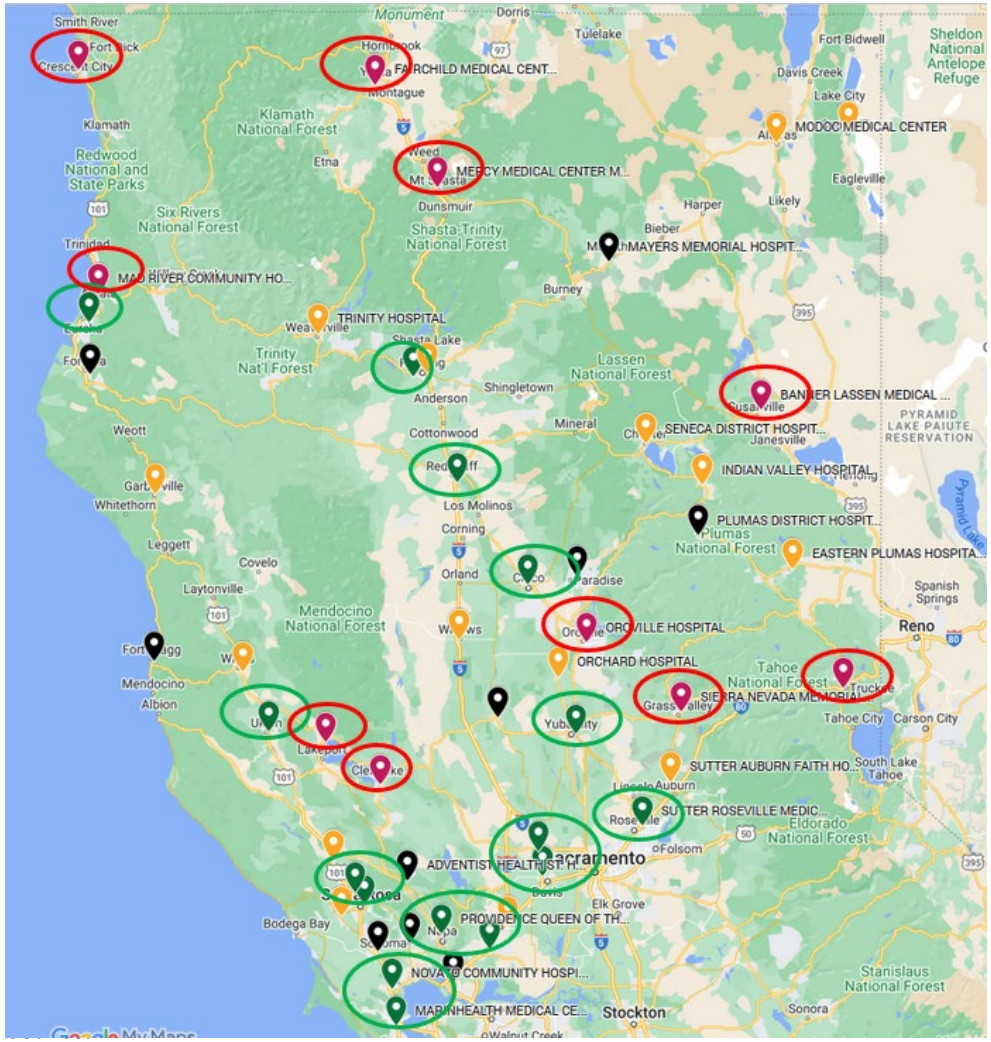


Partnership HealthPlan Perinatal Members Served in 2024

(Expansion year through November based on claims data)



AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**The Partnership Perinatal Challenge: Closure of Maternity Units** **<u>11 OB unit closures in eight years</u>** • Number of hospitals providing OB services decreased from 34 to 23. **See note below* (excluding Kaiser) • 29% of hospitals providing OB services closed their units. • Rate of about one closure per year for eight years or 3% per year. • This is part of a nation-wide trend. • **Half of all rural counties in the U.S. have no maternity services.**



Loss of Maternity Services Over Time

Maternity Units in 50 non-Kaiser hospitals in Partnership service area

- Closed>10 yrs (15)
- Current: >500 Deliveries/year (15)
- Closed <10 yrs (10)
- Current: Risk of Closure (10)

<u>Click here for link to map.</u>

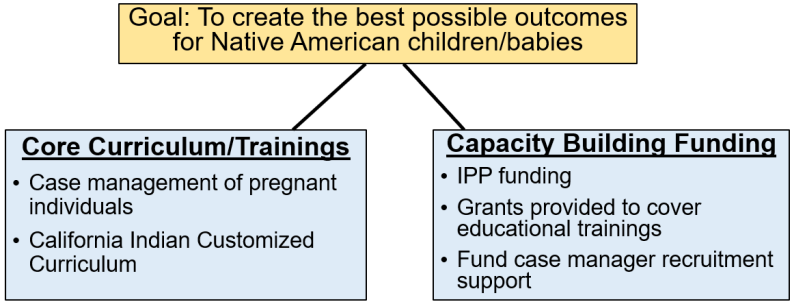
**Mad River Community Hospital in Arcata, CA, Humboldt County, closed its OB unit October 31, 2024.*

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Effect of OB Unit Closures** The loss of OB services in any community is very multi factorial. In cases of low volume in rural areas, it has become difficult to maintain staffing and recruiting care providers. Care providers are not limited to physicians and midwives performing deliveries, but also includes trained nurses and anesthesiologists. Additionally, particularly in rural areas in Partnership's region, there are financial issues related to low volume. There's a higher payer mix of MediCal members causing some of those rural hospitals to struggle financially more so than a hospital with a more diversified payer mix in an urban area. **Mitigating Closure Factors – Partnership Perinatal Portfolio** Questions Partnership considers in offering services and programs: • How do we optimize the benefits for our members? • How do we improve access via quality incentive programs for our provider network? • How do we ensure our provider practices have the education they need about services and current guidelines? 

AGENDA ITEM	DISCUSSION / CONCLUSIONS

V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Partnership Health Perinatal Services: Comprehensive Perinatal Services 2.0**
	
	Through working within our communities, Partnership has an opportunity to work in health care in policy within the health plan and in creating policy supporting workforce development both regionally and statewide.
	
	In response to changes of the state's changes to comprehensive perinatal services (CPSP), Partnership developed Partnership Health Perinatal Services (PHPS). A webinar was recently held to share information about the program. At the time CPSP was developed, there was no behavioral health or nutrition services integrated into MediCal. CPSP added those elements to support better outcomes and was a success for many years, but concerns were raised about the oversight of CPSP, and programs fell to the managed care plans (MCPs).
	
	• **Four Domains of Services**
	  • **Health Education and Care Management**
	  • Individual Assessments and Individual Care Plans: each trimester and post-partum,
	  • Health Education and Care Management during and after pregnancy
	  • **Behavioral Health**
	  • Education Perinatal Case Managers, Comprehensive Perinatal Health Worker (CPHW), LVN, RN
	  • Behavioral Health Therapy" PsyD, LCSW, MSW, SUD counsellors
	  • **Nutrition Care**
	  • Education Perinatal Case Manager, CPHW, RN, LVN
	  • Counselling, and Medical Nutrition Therapy (MNT): Nutrition Health Coaches, RD
	  • **Prenatal Medical Care**
	  • Standardized Clinical care per ACOG guidelines.
	  • Physicians, Nurse Practitioner, Physician Assistant, Nurse Midwives, Licensed Midwives
	
	• **Doula Services**
	
	• **Non-Clinical pregnancy support** demonstrated to improve pregnancy outcomes and satisfaction with birthing experience.
	• **Partnership members are eligible for up to 8 regular visits, 3 extended visits, and Labor & Delivery support.**
	  • No referral or formal recommendation for this service
	• **Current Status**
	  • 70 contracted doulas serving 17 counties and over 900 claims paid in the last 90 days.
	  • Interested doulas can contact doulaservices@partnershiphp.org
	
	These are not clinical services. They do not require a referral or a recommendation. Members can look on the Partnership website on the directory and select doula in their county. MediCal providers can connect people to doulas in their community.

AGENDA ITEM	DISCUSSION / CONCLUSIONS

V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Enhanced Care Management: Birth Equity Population of Focus**
	• **ECM**
	  • Focused efforts of outreach and support to prenatal practices and organizations that serve African American/ Black and/or American Indian/ Alaskan Native communities.
	• **Current Network**
	  • Total number of ECM providers:
	  • Multiple contracted provider organizations in each county
	• **Current Access/ Utilization**
	  • 180 members served
	
	Tribal Birth Equity Initiative Goal
	 
	Tribal Perinatal Program
	Goal is to enhance and strengthen the maternal care systems in the tribes with evidence-based practices and culturally congruent information.
	
	• **Shared Curriculum Topics, including**
	  • Family Spirit Curriculum (32 hours)
	  • Hear Her Campaign (1 hour)
	  • Trauma Informed care
	  • Mental health first aid
	  • Motivational Interviewing (Basic training 4 days)
	  • Supporting pregnant individuals with substance use disorder (2 hours initially) Potential 4P's Plus program
	  • Business support (customized to the program) 1 hour
	  • Case Management Boundary Setting
	  • ECM Care Manager Core Training (2 hours)
	  • reporting requirements, care plan components
	  • Doula Specific Training (16 hours)
	  • PHPS Case Manager Core Training
	  • Overview of other perinatal resources - CPSP, GTP, Sweet Success (1 hour)

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Tribal Perinatal Program Progress**

Cohort groups are dependent on when the tribal health center starts the Tribal Perinatal Program.

Cohort 1 April 2024	Cohort 1.5 June 2024	Cohort 2 October & November 2024
• Pit River Health Services • Northern Valley Indian Health • Lake County Tribal Health	• Round Valley Indian Health • United Indian Health Service	• Chapa-De Indian Health Project • Consolidated Tribal Health Center • Feather River Tribal Health • Greenville Tribal Health • Karuk Tribal Health • Lassen Indian Health Center • Redding Rancheria Indian Health SVS • Sonoma County Indian Health Project

Perinatal QIP

- **Perinatal QIP**
  - Incentives for perinatal practice for:
    - First Trimester Prenatal Care
    - 2 Post Partum Visits
    - Vaccines in pregnancy: TDAP and Influenza
  - 29 Parent Organizations and 97 sites
  - Year Over Year Improvement in Prenatal and Post Partum Visits
    - Vaccination rates decreased after COVID and starting to rise in some areas.
  - Areas of Focus for Improvement
    - Post Partum Care: Prenatal Care rates: Del Norte, Humboldt and Trinity Counties
    - Prenatal Care: Del Norte Humboldt, Lassen, Shasta

AGENDA ITEM	DISCUSSION / CONCLUSIONS

V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Provider Engagement and Education**
	• **Raising Quality and Improving Outcomes: Clinical Provider Engagement Series**
	  • CME earning presentations with individual prenatal care organizations
	  • Provides updates in clinical guidelines related to pregnancy care
	  • Shares data from State, County and Partnership resources regarding perinatal care
	  • Shares practice specific Perinatal Quality Incentive Program data
	  • Reviews with each organization best/promising for perinatal care
	  • 2025 to focus on PHPS and updated guidelines
	• **Perinatal Care Symposium**
	  • Next March 10, 2025 – New Solutions to Common Challenges
	  • 2023 Symposium Shuttering of Maternity Care
	• **Partnership Health Perinatal Services**
	  • Kick Off webinar in Sept 2024
	  • Monthly webinars starting in January 2025
	  • **Building a Doula Network**
	  • Partner with local initiatives to train doulas
	  • Local outreach and convening of doulas and hospital/ outpatient providers
	  • Monthly Introductory Webinars reviewing process for doulas to participate as MediCal provider, contract and credential with Partnership
	  • Ongoing trainings to meet the needs of our members:
	  • Motivational Interviewing
	  • Trauma Informed Care
	  • Mental Health First Aid
	• **Neonatal Airway Management**
	  • 2-hour hands-on experiential training to learn updated techniques and tools for airway newborn management
	  • Focusses on training L&D, Pediatric, Emergency Department and EMS teams
	  • Training + Neonatal Airway Scope provided to rural hospitals
	• **Basic Life Support/Obstetrics**
	  • Day Long experiential training to learn approaches to addressing Obstetric Urgencies
	  • For non-medical professionals who work with pregnant individuals/ families - doulas, non-medical first responders, perinatal case managers
	• **Advanced Life Support/Obstetrics**
	  • Day long experiential, CME eligible training for clinicians to address obstetrical urgencies
	  • Focus on clinicians who care for pregnant individuals: Family Medicine Providers, Midwives, Emergency Medicine providers, Nurses, EMTs

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Member Engagement: Partnership Growing Together Program**

Member Education and Engagement Through Targeted Outreach

Member Engagement

- Phone call check ins
  - Prenatal x 3
  - Postpartum x 2
  - Healthy Babies up to 7
- Perinatal incentives - $25 x 2 and $50 X 2
  - TDAP vaccine
  - Flu Vaccine
  - Postpartum exams before 84 days
- Case Management follow-up as needed
  - At-Risk Members
  - At-Risk Babies
- Healthy Baby incentives - $25 x 4
  - 2 Well-child visits before 3 months
  - 2 Well-child visits between 4-6 months
  - 2 Well Child visits between 9-15 months NEW
  - 2 Well Child visits between 15-30 months NEW
- Incentive - $100 gift card NEW
  - For receiving **all** required immunizations, including 2 flu, on time by 24 months. Requires record verification

Partnership Policy Focused Initiatives

Work Force Development

- Recruitment and Retention policies includes Midwives and
- Incentivize hospitals to include Family Medicine and Midwives as eligible medical staff to provide obstetrics care.

Leveraging advocacy through professional organizations

- **California Medical Association -- Resolutions Developed and Passed**
  - Expansion of Family Medicine+OB fellowship trained physicians to practice in rural areas
  - Integration of Certified Nurse Midwives in obstetrics teams
- **California Academy of Family Physicians Resolutions**
  - Supports Access to Safe OB Services or All Californians
  - Supports Efforts to have basic hospital maternity services within 60 minutes transport in good weather

AGENDA ITEM	DISCUSSION / CONCLUSIONS

V.A Partnership Initiatives for Obstetrical and Perinatal Care, Ensuring Access and Quality in Perinatal Care	**Policy Solutions to Consider**
	
	• **Adapt /Update Reimbursement Models**
	  • Favor changes to reflect the costs for hospital and birth center costs that are not accounted for in current models and are especially harmful to low volume facilities.
	  • An all-payer model that shifts hospital payments to an annual global hospital budget for inpatient and outpatient service – This was modelled in Maryland successfully.
	• **Consider Alternative Models for Birth Services**
	  • Stand By Perinatal Services
	  • Alternative Birth Centers (ABCs) - Revise licensing requirements focusing on existing accreditation standards.
	
	Questions regarding PHPS can be directed to
	  • PerinatalQIP@partnershipHP.org
	  • TribalBirthEquity@partnershipHP.org
	  • Dr. Colleen Townsend at ctownsend@partnershipHP.org.
	
	Questions/Comments
	
	Committee member, Dr. Christina Lasich, shared a recent case where a patient began to experience a seizure due to an amniotic fluid embolism (AFE) while undergoing a caesarian section delivery. The patient's life was saved by a locum physician, and the infant was treated by a locum pediatrician. All were exceptionally grateful both the infant and adult patient are healthy as a result.
	
	Dr. Lasich also shared the cost of the locum OB/GYN who saved the patient's life costs the hospital $42K per week due to costs of services and housing at long-term-stay hotels. She questioned the employment model of locums providers filling in gaps and how permanent residency can compete to become the employment model of choice. Dr. Lasich shared locums providers have the additional benefits of avoiding credentialing, housing payments, and logistics coordination because all of that work is completed on the locums' behalf by the hiring facility. A locums provider shows up to work and leaves after the term is completed. It is a challenging model for competition of hiring permanent staff.
	
	Partnership's Dr. Colleen Townsend responded by acknowledging the trend of hiring locums to fill in staffing shortages and the issues in addressing the root cause of locums work in trying to mitigate those conditions over time to shift to a more sustainable model allowing for more continuity and better overall cost for healthcare systems. All of Partnership's efforts to improve alternative birth sites does not negate the need for hospital-based care. It is an interesting time for staffing healthcare services.
	
	Dr. Shinder of CommuniCare+Ole furthered her experience in working with many locums over the years creates a delicate issue because the locums providers are highly skilled and have had excellent outcomes. She observed the barrier is usually flexibility afforded to locums providers and their ability to choose locations, duration, and non-working hours for optimal work-life balance many are seeking. She also shared an idea for having internal locums to see what that internal flexibility mobility could be like to staff in these situations. She noted it could be effective for outpatient side care but proposed it may be beneficial for hospitals to offer flexibility for permanent staff since locums are extremely expensive.

VI. Adjournment	
PAC adjourned at 8:48 a.m.	**Next PAC on Wednesday, January 8, 2025 at 7:30 a.m. Brown Act flexibilities have ended.**

For Signature Only

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

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