PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES

Committee: **Physician Advisory Committee**
Date / Time: **February 12, 2025 - 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:	Steven Gwiazdowski, MD *(FF)* Angela Brennan, DO *(FF)* Teresa Shinder, DO *(FF)* Brent Pottenger, MD *(FF)* Michele Herman, MD *(FF)* Karen Sprague, MSN, CFNP *(FF)*	Matthew Zavod, MD *(FF)* Suzanne Eidson-Ton, MD *(FF)* Malia Honda, MD *(SR)* John McDermott, FNP *(C)* Derice Seid, MD *(MCC)*	Christina Lasich, MD *(OMM)* Mills Matheson, MD *(OMM)* Darrick Nelson, MD *(R)* Vanessa Walker, DO *(SH)* Chris Myers, MD *(E)*	*FF Fairfield* *SR Santa Rosa* *E Eureka* *R Redding* *C Chico* *AU Auburn*	*MCC Marin Community Clinics* *OMM Office of Dr. Matheson* *SH Sutter Health*
Members Excused:	Candy Stockton, MD Karina Gookin, MD	Mustaffa Ammar, MD			
Members Absent:	Chester Austin, MD	Danielle Oryn, DO			
Visitor:	Melanie Ridley				

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, Director, Quality Measurement Isaac Brown, Director, Quality Management Mohamed Jalloh, Pharm.D., Director, Health Equity Megan Shelton, Project Manager, Quality Improvement DeLorean Ruffin, DrPH, 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	16/21 – PAC	Committee quorum requirements met (16).	02/12/25

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

I.A. Chief Executive Officer Administration Updates	**Partnership's Fairfield Regional Director provided the following report on Partnership activities on behalf of Partnership's Chief Executive Officer.**
	
	• The Physician Advisory Committee Chairperson, Dr. Steven Gwiazdowski, was presented with a plaque commemorating his honorable mention for an award from Association for Community Affiliated Plans (ACAP) for advocacy and leadership.
	• **Partnership submitted the Medicare application on February 12, 2025**, which includes information about the model of care, network, organizational structure, benefits, and services provided under the dual-eligible special needs program (D-SNP).
	  • If accepted, members may begin applying in October 2025.
	  • Coverage begins January 1, 2025 in eight counties within Partnership's network.
	• **Department of Health Care Services (DHCS) Audit Results**
	  • Partnership fared very well in the audit with only two or three findings. The final report will be released sometime in the spring.
	• **Monitoring Medicaid for Potential Administrative Changes**
	  • Partnership is keeping a close eye on policy developments, executive orders, presidential appointments, and other proposed federal changes that are likely to have big impacts on our healthcare delivery system and how our members receive care.
	  • Partnership's CEO is attending a meeting in Washington D.C. with the other safety net health plans advocating for Medicaid protections and to demonstrate to our congressional representatives how some of these proposed changes could negatively affect our vulnerable members.
	  • Federal Medical Assistance Percentage (FMAP) is how the federal government calculates the allocation of matching federal funds to the states for Medicaid programs. Any changes to this formula, such as reducing the percentage of the federal match, would likely have a sizable impact on how Medicaid is funded in all 50 states.
	  • Block grant changes could change the payment mechanism from the formula based on cost to a set amount of dollars per state that does not consider the specific needs of the population. Like FMAP, block grants have the potential to greatly reduce the amount of federal Medicaid funds that flow into California.
	  • Demonstration waivers, such as the 1115 waiver that allowed for 30 different programs under California Advancing and Innovating Medi-Cal (CalAIM), are pilots the state gets approved by the federal government to test changes and new programs to the Medicaid program. The federal government could revoke these waivers at any time, which -if implemented- could cause programs to halt operations and cancel those which have not started. Revoking these waivers would require California and other states to make difficult decisions to continue to fund if federal funds are not available.
	  • Partnership's Chief Financial Officer shared her prior experiences and wants the community to feel rest assured Partnership is prepared to face challenges as they come. Although nothing has been confirmed, it is important that the Physician Advisory Committee is tracking the potential risks that could potentially affect the health care delivery system.
	  • These trends are seen across the network.
	  • Patients are cancelling appointments or disenrolling from MediCal due to immigration related concerns.
	  • Increased no-show rates for appointments at clinics with significant immigrant populations.
	  • Increased demand for telehealth for privacy reasons
	  • Increased requests for 90 days of medication over monthly refills.
	  • Partnership is responding to trends in the following ways:
	  • Examining how to leverage and expand telehealth options
	  • Promoting transportation program to transport members to and from appointments
	  • Reactivating Member Resource page
	  • Training front-line staff to be familiar with rights to help members navigate legal resources
	
	Questions
	Will Medicare allow direct telehealth?
	Partnership will consult with policy analysts and follow up with an answer at a later time.

AGENDA ITEM	DISCUSSION / CONCLUSIONS

I.B. Chief Medical Officer Health Services Report	**Partnership's Chief Medical Officer (CMO) presented a brief update on Health Services.**
	
	• **State Government Actions**
	  • Senate Bill 228, sponsored by Senator Cervantes, would move responsibility for Comprehensive Perinatal Services Program (CPSP) from the California Department of Public Health (CDPH) to DHCS.
	  • Assembly Bill 55, introduced by Assembly Member Bonta, would change the licensing for requirements for alternative birthing centers, no longer requiring CPSP programs, and also change some other standards currently in place. There are only three licensed alternative birthing centers operating in California right now because the licensing requirements are so difficult to achieve.
	  • Senate Bill 669*, introduced by Senator McGuire, to allow standby perinatal units to discontinue the need for multiple obstetrical nurses and staff to be continuously staffed regardless of volume. Partnership has been working California Hospital Association to draft language and honored to have Senator McGuire's support. **At the time of February PAC meeting, the bill had not yet been assigned a number. SB669 was later assigned.*
	  • DHCS released the Birthing Care Pathway listing a large number of initiatives. Of note, dietic services will now be payable at a fee for service rate for pay per service (PPS) providers in addition to the PPS rate.
	• **Quality Improvement Updates**
	  • Identified mechanism to capture rates of dental fluoride treatment administered by Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and Tribal Health Center dental clinics.
	  • Special permission has been granted to allow diagnosis ICD-10 code Z29.3.
	  • Partnership will begin a large campaign with providers to begin billing for this code and will be holding a webinar for pediatric providers.
	  • Partnership has noticed a large decline in pediatric vaccinations rates, primarily for the influenza vaccine. The rates have continued to decline over the last two years. Any providers are welcome to contact Partnership's CMO to discuss insights on vaccine hesitancy and ways to improve rates.

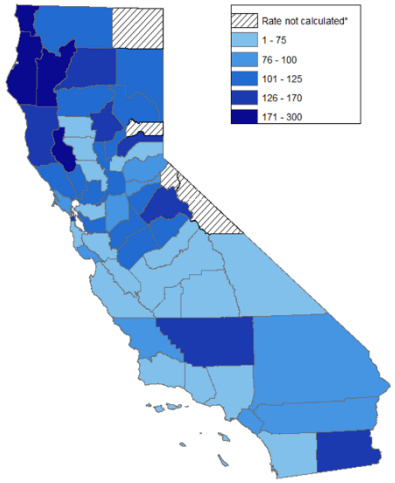
I.C.1. Status Update, Regional Medical	**Partnership's Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.** • Solano County Health and Social Services appointed Emery Cowan as the new director. • Dr. Suzanne Eidson-Ton will be departing Communicare+Ole. A new CMO has not been selected. • Adventist Health is also in need of a CMO.
I.C.2. Status Update, Regional Medical	**Partnership's Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.** • Marin Community Clinics and Alliance Medical Center are recruiting for a new CMO. • Vaccination rates have decrea • Partnership's former Regional Medical Director, will be reducing hours and taking on the role of Associate Medical Director.
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.** • Providence Gastroenterologists (GI) will only take referrals from Providence Primary Care Physicians (PCPs). • Specialty access in the are remains constrained. • Many rural clinics in Mendocino County are echoing concerns about Medicare funding and sharing apprehensions about rights and responsibilities in light of potential Immigration and Customs Enforcement (ICE) raids. The California Medical Association (CMA) provided guidance, but uncertainties remain. • Influenza A is spreading throughout the community. There have been more deaths caused by complications of the flu than there have been from COVID.
I.C.4. Status Update, Regional Medical	**Partnership's Regional Director for Glenn, Butte, Sutter, Colusa, Nevada, and Placer Counties presented a brief update on activities.** • Valley counties are experiencing substantial flooding. Oroville evacuated patients to Yuba and Sutter Counties. • Peach Tree Health in the Yuba-Sutter region appointed Michelle Woodward as interim Chief Administrative Officer. • Workforce Development is seeing an aging workforce in the area and concerned about access as providers may retire.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
I.C.5. Status Update, Regional Medical	**Partnership's Regional Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.** • Delivered sleeping bags and tents to Tehama County. • Mountain Valley Health Center in Weed, CA will be closing down for renovations on March 15, 2025 and temporarily moving to Mount Shasta, CA. • Northeastern Rural Health Clinic in Lassen County is recruiting a new CEO. • The Shasta County Board of Supervisors is hiring a consultant to assess the physician workforce gap.
II.A New Member Introduction	**Partnership's new Santa Rosa Regional Medical Director introduced herself to the committee.** Dr. Lisa ward is Board Certified Family Physician who has been practicing in Sonoma and Marin Counties for 15 years. She has worked closely with Marin Community Clinics and Adventist Health and is happy to be at Partnership.
II.B New Member Introduction	**Partnership's new Auburn Regional Medical Director introduced himself to the committee.** Dr. Matthew Morris is originally from Oklahoma and went to Oklahoma State and then Oklahoma University for medical school. Dr. Morris served his residency at the University of Iowa. He is a Board Certified Family Physician with additional training in psychiatry. He served as the medical director for the Iowa Department of Corrections Healthcare System prior to moving to California. He is passionate about serving the underserved patient population. Upon moving to California, he was the CMO at Western Sierra Medical, an FQHC. He is passionate about serving the underserved patient population and continuing that work at Partnership.

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A.	**January 2025 PAC minutes were presented for approval.**	**MOTION:** Dr. Herman moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Brennan. **ACTION SUMMARY:** [16] yes, [0] no, [0] abstentions.	02/12/25 Motion carried.
III.B. ▪ III.B.1 ▪ III.B.2 ▪ III.B.3 ▪ III.B.5	**Consent Calendar Review** • Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – January 2025 • Policies, Procedures, and Guidelines for Action Policy Summary February 2025 • Pharmacy and Therapeutics Committee Minutes Approved Criteria, January 16, 2025 • Credentials Committee Meeting Minutes and Credentialed List, December 11, 2024	**MOTION:** Dr. Pottenger moved to approve Agenda III.B.1, III.B.2, III.B.3 and III.B.5, as presented, seconded by Dr. Zavod. **ACTION SUMMARY:** [16] yes, [0] no, [0] abstentions.	02/12/25 Motion carried.
III.C	• Dr. Suzanne Eidson-Ton's resignation from PAC	**MOTION:** Dr. Herman moved to approve Agenda III.C as presented, seconded by Dr. Brennan. **ACTION SUMMARY:** [16] yes, [0] no, [0] abstentions.	02/12/25 Motion carried
IV. A Old Business	*None*		

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Reducing Barriers to Hepatitis C Treatment in Humboldt County, An Innovative Approach to Person-Centered Care	**Dr. Malia Honda presented her California Health Care Foundation leadership fellowship Community Health Improvement Project (CHIP).**

Reducing Barriers to Hepatitis C Treatment in Humboldt County, An Innovative Approach to Person-Centered Care



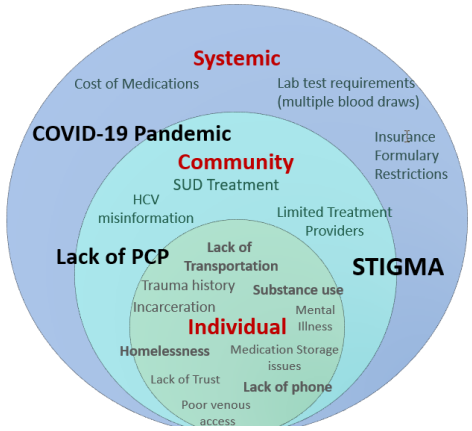
New cases of hepatitis C were disproportionately affecting younger people, especially those experiencing homelessness and addiction, as well as indigenous communities and people experiencing incarceration. Geographically, Northernmost California and other rural Northwestern regions were recognized as having some of the highest rates of new infection in the state, increasing every year. Humboldt County's Hep C rate is at least three times the state average and has increased significantly since 2000. With only two treatment providers in the county, physicians faced many challenges. Dr. Honda wanted to be part of the solution.

<u>Why we should care about Hepatitis C</u>
Curable – 97% cure rate
Cost-effective - $16K per person per year, $1.5B annually
Cases are Climbing.

Fifteen years ago, Hepatitis C accounted for nearly 50% of liver transplants in the US and treatment options were limited to aggressive medications that worked only half the time. Today, thanks to revolutionary drugs known as direct acting antivirals, it is a curable disease with only a few short months of treatment.

It is estimated that curing a single hepatitis C patient saves nearly $16K per year, which if we were to include all HCV+ patients in the US, equates to $1.5 billion in healthcare savings annually!

<u>Complexities of Challenges Facing Patient Care</u>



Dr. Honda first met Abbie in early 2020, when Abbie came to seek Hepatitis C treatment. It was not the first nor second time she had tried to get rid of this virus. Abbie was diagnosed several years prior but experienced a multitude of challenges every time she tried to get care. For insurance to approve the costly medications, she needed abdominal imaging, frequent and reliable follow-up, and numerous blood draws, where each time she felt guilty and ashamed because her scarred veins made it difficult for the lab team to obtain the needed samples. Dr. Honda recall yellow-tinged eyes and skin, and distended fluid-filled abdomen – signs of decompensated liver disease and a health system that had failed her. In that first visit, Dr. Honda learned much about Abbie's life and struggles with addiction, homelessness, trauma, and loss.

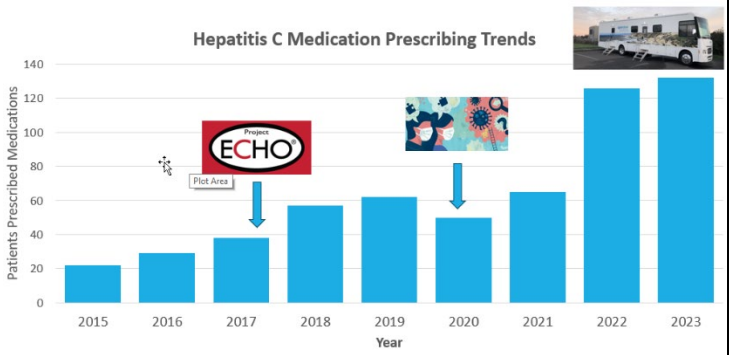
Without specialty care locally or any means to travel out of the area, treating her Hepatitis C and opioid use disorder were likely to be her best chances at survival. Dr. Honda ordered an updated set of labs and scheduled her a follow up appt, both knowing without a phone or car, the likelihood of her making it in were slim. The COVID lockdown occurred a few weeks later and she was lost to follow up amidst the chaos of those early pandemic months.

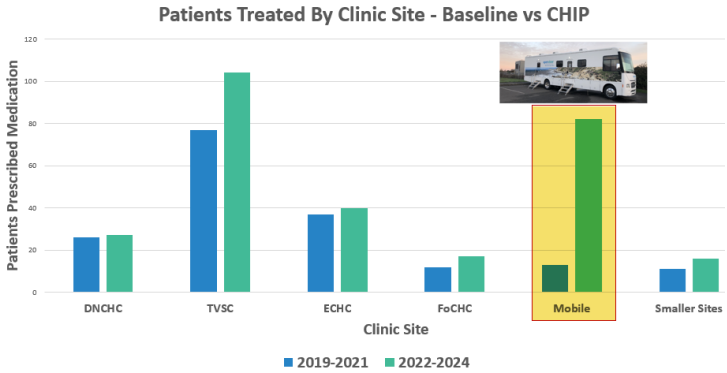
The challenges that Abbie faced are common. Complex barriers stacked against the people most affected by hep c are not solved by increased access alone. Ranging from large systemic barriers such as insurance formularies and medication cost – to more personal daily experiences of homelessness, substance use, incarceration, and mental illness. Expecting people to overcome these obstacles and show up to medical appointments is unrealistic. They deserve better. A way to challenge the usual model of care and a program designed that focused on what each person needs to be successfully treated was needed.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Reducing Barriers to Hepatitis C Treatment in Humboldt County, An Innovative Approach to Person-Centered Care, Continued	How Might We reduce transportation and access barriers for patients living with chronic Hep C by bringing screening and treatment services to places they are already seeking care? Dr. Honda received grant funding from the state in 2022 to build this person-centered program in collaboration with the county public health dept. The outcome objective was simple - increase treatment engagement by 50% within the first two years. **Where do People Living with Hep C Engage in Care or Services?** Given the strong association with injection drug use, Dr. Honda focused on partnering with agencies serving people experiencing homelessness and addiction – the local methadone clinic (AEGIS), mobile syringe exchange (HACHR), residential treatment centers, homeless shelters, and encampments. She conducted her CHIP interviews with county health officers, addiction specialists, street medicine experts, clinical staff, and many patients to inform her as the program that put patient needs and circumstances at the center of our delivery model was built. After obtaining buy-in and participation from these community organizations, her team developed several strategies to bring care out of our four clinic walls directly to patients. First, they expanded mobile clinic services to provide co-located care at the methadone clinic, where most clients access care daily and maintained hep c treatment access at other sites by ensuring all providers received training and mentorship if needed. In areas where the mobile clinic was not accessible, they leveraged telehealth with Dr. Honda and other dedicated providers to be available on-demand every day through video and phone visits. Arguably, one of the most impactful interventions was our peer HCV navigator, Susan (similar role to a Community Health Worker(CHW)) and the county public health hep c care coordinators. Collectively, they brought a depth of understanding and empathy for what patients were suffering with and were able to build a trusting relationship almost immediately. Susan's presence allowed people to bring their whole selves to the treatment process and address their needs with dignity and humanity - whether it be socks, a meal, or simply a listening ear – she was the link that was needed, and her impact is evident in our results. **Results** Dr. Honda used medication prescribing as the metric for treatment engagement – as this reflected a successful connection between patient and provider. Looking back over prescribing trends in the last decade, there was a small but significant increase in 2018, when we partnered with UCSF Project ECHO to increase treatment capacity and train and additional 25 local provider to treat hep c. We saw an expected dip in 2020 due to COVID the pandemic. ❖ *"I love that **you brought your office to the street**!"* ❖ *"I take the bus here every morning for **1.5 hours each way to get my methadone**. There is no way I would have gotten treated if you weren't here."* ❖ *"Thank you for **treating me like a person and not an addict**. I always worry about how I'll be treated when I go to doctors' appointments."*

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Reducing Barriers to Hepatitis C Treatment in Humboldt County, An Innovative Approach to Person-Centered Care, Continued	

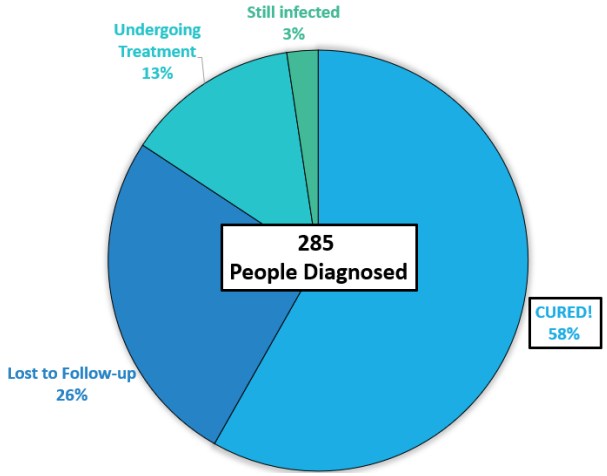
The outcome objective for this program was to increase treatment engagement by 50%; in 2022 and 2023, the numbers more than doubled! Without a doubt, the effort to reduce barriers to care was working.





This graph demonstrates a comparison of treatment numbers at different sites before and during the grant period. These first three sites have always been access points for hep c referrals, which stayed fairly consistent. The main takeaway is the profound increase in treatment through our mobile van services, which jumped from 13 patients in 2018-2020 to 82 patients in the last two years.

Clinically, the more relevant question is whether these patients successfully made it through treatment and were ultimately cured of their disease. Of the 285 people we've diagnosed since the program started, 58% have been cured, 13% are still undergoing treatment, and 3% have not yet engaged in treatment. 26% are people who started treatment but were unfortunately lost to follow up. Unable to be reached by phone and often with no address, they hope to run into them again through ongoing outreach efforts.



AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Reducing Barriers to Hepatitis C Treatment in Humboldt County, An Innovative Approach to Person-Centered Care, Continued	**Lessons Learned** • Every person treated is a HUGE success! • Power of Peer Navigation • Activism in Practice • CHIP Obstacles Abbie's story served as a good reminder that every person treated is a huge success. With the peer navigation paired with low barrier/on-demand access to care, Dr. Honda and the Open Door team have been able to extend the reach far beyond what was previously possible. The barriers are still there – many people still lack primary care, housing, transportation, and phones – but by linking to care through Hep C treatment, other doors may open to address these issues as well - "activism in practice." Dr. Honda and Open Door have encountered many obstacles in the last two years – staff turnover of several key players on our team as well as the organizations we collaborated with, invisible bureaucratic red tape, harsh weather conditions, and harsh state government policies negatively impact unhoused patients. Maintaining a consistent voice of purpose and vision; bringing stories like Abbie's out of the shadows and into our everyday line of sight, Dr. Honda's team remained motivated, found opportunities in hardship, and continued growing and learning together. **What is next?** There is still plenty of work to be done to eradicate Hep C from Humboldt County. Dr. Honda's CHIP was focused primarily on people experiencing homelessness and addiction. Dr. Honda received funding for $100K per year for three more years to reach other vulnerable populations disproportionately affected by hepatitis C. Dr. Honda works and live in the indigenous homeland of many native tribes, including Wiyot, Hoopa, Yurok, and Karuk, each with unique historical, cultural, and geographic complex barriers to care. Replicating our peer navigation/low barrier model may help build trust and address this pervasive inequity. Additionally, it is estimated that about 1 in 3 incarcerated individuals tests positive for Hep C. With the CalAIM Justice-Involved initiative in 2025, they will have the opportunity to expand treatment access for people experiencing incarceration. They are confident that with the current momentum and further expansion, they will curb the trajectory of Hep C rates in Humboldt County and improve the health of the community overall. Dr. Honda shared her gratitude to the following organizations and individuals: • Open Door Hep C Team • Community Partners • Patients (esp. Abbie) • CHCF Leadership Fellowship Cohort 22 • Leaders Among the Redwoods Pod • Her Family

VI. Adjournment	
PAC adjourned at 8:48 a.m.	**Next PAC on Wednesday, March 12, 2025 at 7:30 a.m. Brown Act flexibilities have ended.**

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on 03/12/2025
Date

Steve Gwiazdowski, M.D., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on _____
Date

Steve Gwiazdowski, M.D..., Committee Chairperson