PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES

Committee: **Physician Advisory Committee**
Date / Time: **April 9, 2025 - 7:30 to 9:00 a.m.**

Voting members are required to attend in-person at one of Partnership HealthPlan's posted locations.

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

Partnership Staff:	Sonja Bjork, Chief Executive Officer	Robert Moore, MD, Chief Medical Officer	Jeffrey Ribordy, MD, Region Medical Director
	Jennifer Lopez, Chief Financial Officer	Katherine Barresi, RN, Chief Health Services Officer	R. Doug Matthews, MD, Region Medical Director
	Wendi Davis, Chief Operating Officer	Colleen Townsend, MD, Region Medical Director	Marshall Kubota, MD, Region Medical Director
	Leigha Andrews, Regional Director	Mark Netherda, MD, Medical Director for Quality	Teresa Frankovich, MD, Associate Medical Director
	Mary Kerlin, Sr. Dir., Prov. Relations (PR)	Jeffrey DeVido, MD, Behavioral Health Clinical Dir.	Nancy Steffen, Dir., Quality & Perf. Improvement
	Lisa O'Connell, Director of Enhanced Health Services	Stan Leung, Pharm.D., Director, Pharmacy Services	Heather Esget, RN, Director, Utilization Mgmt. (UM)
		Vacant, RN, Assoc. Dir. UM Strategies	Kevin Jarret-Lee, RN, Assoc. Dir. of UM
	Doreen Crume, RN, N. Mgr. Care Coord.	Sue Quichocho, Mgr., Quality Measurement	Kristine Gual, Director, Quality Measurement
	Stephanie Nakatani, Supervisor, Provider Relations Representatives	Amy McCune, Manager of QI Programs	Isaac Brown, Director, Quality Management
		Bradley Cox, MD, Northeast Region Medical Director	Mohamed Jalloh, Pharm.D., Director, Health Equity
	Vicky Klakken, Dir., North Region	James Cotter, MD, Associate Medical Director	Megan Shelton, Project Manager, Quality Improvement
	Brigid Gast, RN, Dir. of CC		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	14/20 – PAC	Committee quorum requirements met (14).	04/09/25

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.A. Chief Executive Officer Administration Updates	**Partnership's Chief Medical Officer (CMO) provided the following Partnership activities on behalf of Partnership's Chief Executive Officer (CEO).** **Monitoring Changes to Medicaid** • House and Senate proposing Medicaid cuts different in scope. Reconciliation is in process. • California sees funding shortfalls for Cal State and University of California schools as well as MediCal. • State is moving forward with all programs with no planned changes until definitive guidance is available.

I.B. Chief Medical Officer Health Services Report	**Partnership's Chief Medical Officer (CMO) presented a brief update on Health Services.**
	
	• **Legislative Update**
	  • Senate Bill 669, SB669 Rural hospitals: standby perinatal medical services, introduced by Senator McGuire, progressed through health committees with unanimous support.
	  • Assembly Bill 55, AB55 relating to alternative birth centers, introduced by Assembly Member Bonta, progressed through health committees with unanimous support.
	• **Partnership Activities**
	  • Joint Leadership Initiative (JLI) meetings have been planned between Partnership and Oroville Hospital, WellSpace Health, Western Sierra Medical Center, and Ampla Health.
	  • JLI meetings are ongoing with Fairchild Medical Center, Shasta Community Health Center, OpenDoor Health, Adventist Mendocino, Adventist Lake, and Mendocino Community Health Center.
	  • Spring Regional Medical Directors Forums are underway.
	  • Partnership plans to distribute Primary Care Provider Quality Incentive Program (PCP QIP) payments by the end of May.
	  • Cervical Cancer self-swab approved by NCQA with new CPT code. Partnership hosted and recorded a webinar with key details.

I.C.1. Status Update, Regional Medical	**Partnership's Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.** • In Solano County, continue to emphasize collaborative efforts with Federally Qualified Health Centers (FQHCs) regarding well-child care. • Working with Solano County for a Kindergarten Round Up health fair. • In Yolo County, the residency teaching site with CommunicareCare+Ole in West Sacramento is in need of more patient volume, but in this community, there is a more limited demand for providers. Working with CommunicareCare+Ole to optimize their panel/assignment management and collaboration with local practices. • Birth Equity Week is being celebrated in both Yolo and Solano Counties with community events sponsored and attended by Partnership.
I.C.2. Status Update, Regional Medical	**Partnership's Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.** • Three mobile mammography events held in March, including health centers under a modified QIP. Additionally, education provided for Diabetes and Colorectal Cancer Screening. Working to replicate these events with Marin Health. • Outreach to community based organizations (CBO) to-build relationships in working towards enhanced care management (ECM) and California Advancing and Innovating Medi-Cal (CalAIM) integration in area clinics. • Supporting new clinical leaders after significant leadership turnover at four local health centers. Exploring options for onboarding in Partnership's QIP. • Supporting a pilot with UC Davis and Aliados for Advanced Practice Clinician (APC) fellowships to bring APCs to local health centers. • Established Santa Rosa Local Engagement Team (LET) meetings.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
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.** • Humboldt Medical Society involved in activities for growing local providers in working with high school and college students up thru college through a number of programs encouraging local youth to enter the health care fields and return to rural communities. • Dr. Antoinette Martinez, physician at United Indian Health Service, works with UC Davis in a program called RuralPRIME – placing medical students in rural areas to encourage them to practice in these communities. She also leads the state's first post-graduate education program to help prepare Native American students for medical school at UC Davis, called The Huwighurruk Health Postbaccalaureate Program. Huwighurruk is pronounced hee-way-gou-duck. In the Wiyot language, huwighurruk means plants, grass, leaves and medicine.
I.C.4. Status Update, Regional Medical	**Partnership's Regional Director for Glenn, Butte, Sutter, and Colusa Counties presented a brief update on activities.** • Plumas County Hospitals and clinics handed introduced to new Auburn Region Medical Director. • Visits in Taylorsville (population 150), confirm interest in support for Government subsidized medical insurance and care. • Plans in works to meet with Peachtree Clinics in Yuba/Sutter with new leadership, Tracie Riggs CEO and Dr. Kamara Graham as interim CMO.

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.**
	• Shasta Regional Medical Center
	  • Has capacity for more patients and is asking for more Partnership members.
	  • Emergency ambulance transfers are going to Mercy Medical Center 25% percent of the time for pediatrics, neonatal intensive care unit (NICU) needs, and level-2 traumas. Attempting to determine reasons and speculate patient requests may be a reason.
	  • Emergency department wait times have improved.
	  • Reviews for inpatient services are improving as several patients have left positive reviews.
	  • Hired two cardiologists, one gastroenterologist, and potentially an orthopedic specialist in the near future.
	  • Partnership is assisting with provider education, quality incentive work, and site visits.
	• Rolling Hills Clinic
	  • Opening site in Red Bluff, CA on Main Street one year from now.
	  • Plans to visit site soon.
	• Mayers Memorial Hospital has hired a new Medical Director.

I.C.6. Status Update, Regional Medical	**Partnership's Regional Director for Plumas, Sierra, Nevada & Placer presented a brief update on activities.**
	• Plumas County
	  • Seneca Hospital has broken ground on new 45,000 square foot hospital set to open 2027.
	  • Plumas District Hospital is opening new 36-bed skilled nursing unit in Summer 2025.
	• Nevada County
	  • Sierra Nevada Family Medicine Residency filled their two residency spots (one from University of Wisconsin and one from Florida State University).
	• UC Davis has applied for a grant opportunity that would allow for medical students from their three-year program to rotate with Sierra Nevada Memorial Hospital, Western Sierra Medical Center, and Chapa De Indian Health.

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A.	**March 2025 PAC minutes were presented for approval.**	**MOTION:** Dr. Pottenger moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Brennan. **ACTION SUMMARY:** [14] yes, [0] no, [0] abstentions.	04/09/25 Motion carried.
III.B. III.B.1 III.B.2	**Consent Calendar Review** • Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – March 2025 • Policies, Procedures, and Guidelines for Action Policy Summary March 2025	**MOTION:** Dr. Shinder moved to approve Agenda III.B.1, III.B.2, III.B.4, III.B.5 and III.B.7, as presented, seconded by Ms. Sprague. **ACTION SUMMARY:** [14] yes, [0] no, [0] abstentions.	04/09/25 Motion carried.
	Cultural & Linguistic Program Description was pulled for a brief discussion to explain the new trilogy documents contained within the program description. The following documents were highlighted: • Cultural & Linguistic Program Description • Cultural & Linguistic Program Evaluation • Cultural & Linguistic Program Workplan A separate motion was taken to approve after discussion.	**MOTION:** Dr. Brennan moved to approve Cultural & Linguistic Program Description after it was pulled for a brief discussion, seconded by Dr. Herman. **ACTION SUMMARY:** [14] yes, [0] no, [0] abstentions.	04/09/25 Motion carried.
III.B.4 III.B.5 III.B.7	• Provider Engagement Group (PEG) Report Summary, March 18, 2025 • Credentials Committee Meeting Minutes and Credentialed List, February 12, 2025 • Quality Improvement Health Equity Committee Minutes and Credentialed List, March 18, 2025		
III.D	**Hospital Quality Incentive Program Proposal** Measurement Year 2025-2026	**MOTION:** Dr. Brennan moved to approve Agenda III.D as presented, seconded by Dr. Herman. **ACTION SUMMARY:** [14] yes, [0] no, [0] abstentions.	04/09/25 Motion carried
III.E	**Perinatal Quality Incentive Program Proposal** Measurement Year 2025-2026	**MOTION:** Dr. Pottenger moved to approve Agenda III.E as presented, seconded by Ms. Sprague. **ACTION SUMMARY:** [14] yes, [0] no, [0] abstentions.	04/09/25 Motion carried

IV. A Old Business	*None*
AGENDA ITEM	**DISCUSSION / CONCLUSIONS**
III.D Hospital Quality Incentive Program Proposal, Measurement Year 2025-2026	**Partnership's Program Manager for the Hospital Quality Incentive Program (HQIP) presented proposed changes for measurement year 2025-2026.**

Hospital Quality Incentive Program (HQIP) Measurement Set
Providers have the potential to earn a total of 100 points in six domains:
1) Readmissions
2) Advanced Care Planning
3) Clinical Quality
4) Patient Safety
5) Operations/Efficiency
6) Patient Experience.

Individual measure values will be assigned for the final and approved measurement set.

2024-25 Measures	2025-26 Recommendations
Risk Adjusted Domain	**Risk Adjusted Domain**
1. Risk Adjusted Readmissions (RAR)	1. Risk Adjusted Readmissions (RAR)
2. 7-Day Follow-up Clinical Visit (RAR)	2. 7-Day Follow-up Clinical Visit (RAR)
Palliative Care Domain	**Palliative Care Domain**
3. Palliative Care Capacity	**3. Palliative Care Capacity**
Clinical Domain	**Clinical Domain**
4. Elective Delivery Before 39 Weeks	4. Elective Delivery Before 39 Weeks
5. Exclusive Breast Milk Feeding Rate	5. Exclusive Breast Milk Feeding Rate
6. Nulliparous, Term, Singleton Vertex (NTSV) Cesarean Rate	6. Nulliparous, Term, Singleton Vertex (NTSV) Cesarean Rate
7. Vaginal Birth After Cesarean (VBAC)	7. Vaginal Birth After Cesarean (VBAC)
8. Expanding Delivery Privileges	**8. Expanding Delivery Privileges**
9. Increasing Mammography Capacity	**9. Doula Support**
Patient Safety Domain	**10. Increasing Mammography Capacity**
10. CHPSO Patient Safety Organization Participation	**11. Vaccines For Children Enrollment**
11. Substance Use Disorder Referral, Medication Assisted Treatment (MAT)	**Patient Safety Domain**
Operations / Efficiency Domain	12. CHPSO Patient Safety Organization Participation
12. QI Capacity	13. Substance Use Disorder Referral, Medication Assisted Treatment (MAT)
13. Hospital Quality Improvement Platform	**Operations / Efficiency Domain**
Patient Experience Domain	14. QI Capacity
14. Cal Hospital Compare-Patient Experience	15. Hospital Quality Improvement Platform
15. Health Equity	**Patient Experience Domain**
	16. Cal Hospital Compare-Patient Experience
	15. **Health Equity**

Programmatic Changes:
I. Descriptions of Potential 2025-26 Measure Changes for Core Measurement Set
A. Change(s) to Existing Measures for 2025-26

1. **Palliative Care Measure 3:** Remove references to the Palliative Care Quality Collaborative (PCQC)

Rationale: PCQC dissolved in March 2025. A note was added mid-year to the 2024-25 specifications to reflect change, but change is needed for this year. Hospitals will use data from their inpatient electronic medical records (EMR) to report to Partnership.

Measure Requirements for X-Large hospitals with > 100 beds
Required to provide the following to Partnership:
Part 1. Hospitals must submit a report summarizing the number of palliative care consults per month for the measurement year July 1, 2025 – June 30, 2026
Part 2. Rate of consults who have completed an Advance Care Directive or have a signed POLST to be included in the report described in Part 1:
- Numerator: Anyone with an Advance Directive or POLST status in the hospital's inpatient EMR and on the palliative care service at either the time of consult or the time of discharge.
- Denominator: Patients with a palliative care consult recorded in the hospital's inpatient EMR and on the palliative care service, discharged alive from July 1, 2025 – June 30, 2026.

Part 3. Submit Attestation form Appendix II showing inpatient palliative care capacity: at least two trained* Licensed Clinician (RN, NP, or PA), and an arrangement for availability of either video or in-person consultation with a Palliative Care Physician

AGENDA ITEM	DISCUSSION / CONCLUSIONS
III.D Hospital Quality Incentive Program Proposal, Measurement Year 2025-2026, Continued	**2. Measure 8: Expanding Delivery Privileges:** Since we have moved into the second year of this measure and it is a multi-phase measure, it is suggested to replace "phase one" language with "phase two' language: **Measure Specification:** In this second phase of measure implementation, hospitals are now required to work toward actively recruiting, granting privileges, and demonstrating evidence of family physicians' and nurse midwives' clinical activity. **Measure Requirements** This multi-phase measure began with Phase One in the 2024-25 measurement year, which asked hospitals to develop by-laws and/or policy and procedure to expand delivery privileges to midwives and family physicians. With Phase One completed in 2024-25, this measure moved into Phase Two for the 2025-26 HQIP Measurement Year starting July 1, 2025. **Phase Two Requirement:** Hospital's that have developed by-laws and/or policy and procedure allowing midwives and family physicians to hold delivery privileges, must now show evidence that they are actively recruiting and/or share their provider privileges list of midwives and family physicians who have been granted delivery privileges. **3. Revise Health Equity Measure: Switch from an annual report on Health Equity to submission of CMS Health Equity Attestation as written below:** **Measure Specifications** Partnership recognizes that health equity work can be very diverse and take many forms and Hospitals are being asked by multiple agencies to be committed to health equity. Since all hospitals need to report to CMS on health equity, rather than ask organizations to produce additional proof of their health equity work, Partnership has decided to reduce the administrative burden on hospitals by aligning our measure with CMS requirements. Hospitals may now report their health equity work to Partnership by submitting the same documentation submitted to the Centers for Medicare & Medicaid Services (CMS) for the Hospital Commitment to Health Equity Measures. **Measure Requirements** Hospitals shall submit a copy of their most recent CMS program attestation for the Hospital Commitment to Health Equity Measure to earn points for this measure. The attestation should cover part of the HQIP measurement year. **Target** Full Points: 5 Points earned for submitting current CMS Health Equity Attestation that meets all five domains. **Exclusions** Very Small sized hospitals with less than 25 Licensed General Acute beds are excluded from participation in this measure.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
III.E Perinatal Quality Incentive Program Proposal, Measurement Year 2025-2026	**Partnership's Program Manager for the Perinatal Quality Incentive Program (PQIP) presented proposed changes for measurement year 2025-2026.**

I. Summary of Current and Proposed Measures and/or Measure Changes

(A) Core Measurement Set Measures
Participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers who provide quality and timely prenatal and postpartum care to PARTNERSHIP members have the option to earn additional financial incentives. The PQIP framework offers a simple and meaningful measurement set developed with PCPs and OB/GYNs in mind and includes the following measures: 1) Timely Immunization Status - Tdap and Influenza Vaccine; 2) Timely Prenatal Care; and 3) Timely Postpartum Care.

(B) Electronic Data Measure
DataLink allows for data exchange from Provider Electronic Health Records to PARTNERSHIP in order to capture depression screening and follow-up care. DataLink implementation is a vital component of furthering PQIP technical advancement through the capture of claims and electronic data directly exported from participating providers Electronic Health Records (EHR) systems.

PQIP FY 2024-25 Descriptions of Measures and 2025-26 Proposed Changes

A. CLINICAL MEASURES *NO CHANGES BEING MADE IN 2025-26*

Prenatal Immunization Status - The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy.

Timely Prenatal Care - Timely prenatal care services rendered to pregnant Partnership members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization.

Alternatively, timely prenatal care services rendered to pregnant Partnership members at 14 or more weeks of gestation.

Key:
New Proposed Measures || Change to Measure Design

Current FY2024-25 Measures	Proposed FY2025-26 Measures
ECDS & Clinical Domains	
Perinatal Medicine:	**Perinatal Medicine:**
1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care	1. Electronic Clinical Data Systems (ECDS) 2. Prenatal Immunization 3. Timely Prenatal Care 4. Depression Screening 5. Timely Postpartum Care 6. Timely Comprehensive Assessments Monitoring

Timely Postpartum Care - Timely postpartum care is a measure of quality care and can contribute to healthier outcomes for women after delivery. The postpartum visit is an important opportunity to educate new mothers on expectations about motherhood, address concerns, and reinforces the importance of routine preventive health care.

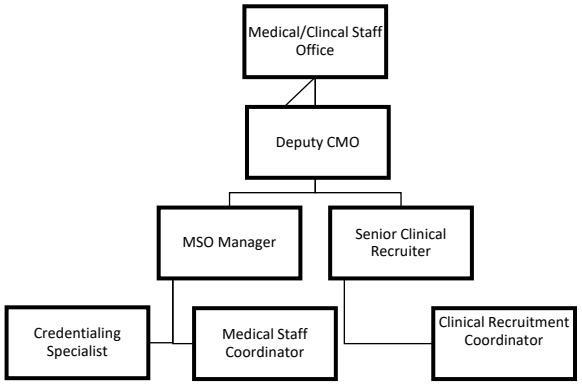
AGENDA ITEM	DISCUSSION / CONCLUSIONS
III.E Perinatal Quality Incentive Program Proposal, Measurement Year 2025-2026, Continued	**B. Electronic Data Measure** **Proposed change: ECDS DataLink Gateway Measure 1** DataLink contracting was incentivized in the 2024-25 measurement year. This year, the ECDS measure would become a *Gateway Measure* requirement for perinatal providers to receive incentive dollars. Some providers may have completed this during the 2024-25 measurement year. However, if a perinatal provider did complete a contract and implementation with DataLink during the 2024-25 measurement period, they must complete all *Implementation Phases* and *Participation Requirement Steps* below by June 30, 2026 in order to be eligible for incentive payment in the 2025-26 measurement year. **C. Proposed Monitoring Measure 6: Timely Comprehensive Assessments** During the 2025-26 Measurement Year, Partnership will be monitoring claims data looking for members receiving full psychosocial, nutrition, and behavioral health assessments each trimester of pregnancy and once postpartum (up to 1 year after delivery). This measure is a monitoring only measure, without any incentive dollars attached to the measure. This measure may be developed into an incentive measure in future years. **D. Measure Incentive Breakdown**

Measure	Incentive Per Submission	Measure Requirement
Gateway Measure: ECDS: DataLink Implementation	**None.** Requirements must be met to be eligible to receive PQIP incentive dollars.	DataLink contracting and implementation completed by June 30, 2026.
Prenatal Immunization Status	$37.50 (Tdap) $12.50 (Influenza)	The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date and an influenza vaccine during their pregnancy (i.e. within 40 weeks of delivery date).
Timely Prenatal Care	$100 (<14 weeks gestation) $25 (≥14 weeks gestation)	Timely prenatal care services rendered to pregnant Partnership members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization. Alternatively, timely prenatal care services rendered to pregnant Partnership members at 14 or more weeks of gestation.
Timely Postpartum Care	$25 (1st visit) $50 (2nd visit)	Two Timely postpartum care services rendered to Partnership members with one occurring within 21 days after delivery and the other occurring between 22 and 84 days after delivery.
Monitoring Measure: Timely Comprehensive Assessments	**None.** This measure is a monitoring only measure with no incentive amounts attached.	Partnership will monitor the use of timely comprehensive assessments through claims data and potentially site audits.

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**Dr. Darrick Nelson, Physician Advisory Committee voting member and Chief Medical Officer of Shasta Community Medical Center in Redding, CA presented their efforts to retain and recruit for improved workforce development.** ***Disclosures*** *Darrick Nelson, MD – No financial interest, arrangement or affiliations with commercial organizations that may have a material interest in the subject matter of this presentation.* *Dorothy Bratton, PA-C – No financial interest, arrangement or affiliations with a commercial organization that may have a material interest in the subject matter of this presentation.* **Objectives** 1.**Educate Attendees on SCHC's MSO Framework**: Provide a detailed overview of the MSO's structure and its role in clinician recruitment, onboarding, and retention. 2. **Encourage Adoption of Creative Retention Plans**: Inspire attendees to consider implementing long-term appreciation incentives, such as sabbaticals, to foster clinician well-being and loyalty. 3. **Demonstrate the Effectiveness of Performance-Based Incentives**: Present data or case studies showing the impact of SCHC's three incentive programs on clinician performance and patient outcomes. 4. **Share Best Practices for Loan Repayment Program**s: Offer actionable insights into setting up internal loan repayment systems and supporting clinicians in accessing state and national programs. 5. **Foster Discussion on Workforce Sustainability**: Engage attendees in a conversation about the challenges and solutions for sustaining a strong healthcare workforce in underserved areas. **About Shasta Community Health Center** • Mission: To provide high-quality healthcare to the community with compassion and understanding • Located in Redding, California • Founded in 1988 • Federally Qualified Health Center (FQHC) **Services Offered:** • Primary Care • Women's Health • Urgent Care • Pediatrics • Behavioral Health • Specialty Services • Dental Care • Integrated Behavioral Health • Chiropractic and Acupuncture

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**Patient Volume (2024)** • Unique Patients: 36,400 • Total patient visits: 159,559 **About SCHC Clinicians** • 83 FTE (full-time equivalents) • Approx. 95 individual clinicians **Sites** • 6 fixed sites across 3 towns and 77 square miles • 1 Mobile van • 1 Homelessness outreach team • 1 Respite house **Costs to Replace a Physician** Recruiter Fees $50, 000 Advertising & Marketing $10,000 Lost Revenue @ $82, 000/month Over 6 months $492,000 Sign-on bonus $35,000 Relocation $15,000 **AT LEAST** **$602,000** **Other Indirect Costs** • Reduced productivity of new or temp replacement • Impact on remaining staff morale • Onboarding costs, revenue, licensing credentialing • Replacing experience with inexperience

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**<u>The Kite String as a Metaphor for a Medical Staff Office</u>** **What does the kite string do? Hold the Kite Down?** In reality, it holds the kite up. A kite can only soar high because of its string. The string provides connection, confidence, and support, keeping it stable even against strong winds **<u>The String That Keeps Clinicians Soaring</u>** **The string symbolizes:** • **Support**: Robust onboarding, mentorship, and accessible leadership • **Stability**: Work-life balance, recognition, and fair policies • **Guidance**: Growth opportunities and career development *A strong string ensures our clinicians stay engaged, effective, and fulfilled.* **What happens when the string breaks?** When clinicians feel unsupported, they: • Face burnout and frustration • Lose connection with organizational goals • Ultimately drift away for other opportunities *Retention is not a cost—it's an investment in keeping our team strong and soaring.* 

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**Medical Staff Office (MSO)** **Top Ten Functions of MSO:** 1. Clinician Recruiting 2. Clinician Credentialing 3. Onboarding 4. Licensing and Certification 5. Patient templates, Time off management 6. Coverage scheduling, Clinical Team Associate 7. Continuing Medical Education (CME) program management 8. Loan repayment program(s) 9. Incentive & Retention management 10. Ongoing Engagement  **Senior Clinical Recruiter: A Concierge Service** • Review Candidate CV • Phone Screen candidate • Present Candidate to CMO and DCMO • Coordinate with MSO for Site Visit • Maintain Close Contact with Candidate • Ensure candidate arrives safely and knows where to go on day of site visit • Tour candidate during site visit • Follow up with candidate after site visit • Determine salary range with HR • Prepare offer letter • Send offer letter to recruiter or directly to candidate • Coordinate with Credentialing to begin • Process any sign-on bonuses • Work with MSO to coordinate onboarding day • Communicate weekly with candidate during credentialing process to give updates • Help with housing needs for new clinicians if needed • Meet new clinician on first day • Onboard & train new clinician over 2-week period **Touch base weekly with new clinicians after arrival at SCHC to ensure they feel supported with the goal of long-term retention, 2:10:30**

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**MSO Manager** • MSO Staff Management • Retention bonus management & tracking • Loan repayment verification & tracking • Recruitment efforts • Locums • Inter-department communications: staffing needs • Tracking of recruitment, hiring and retention steps • Development of new programs relating to recruitment and retention • MSO budget and purchases • Scheduling, credentialing & privileging, CME approval & tracking **Medical Staff Coordinator Lead** • Manages Clinician schedules • Manages Schedules of covering Clinical Team Associates* • Monitors staffing balance • Creates patient schedule templates • Communicates with department managers • Blocks clinician schedules for time-off • Manages Locums Tenens schedules • Manages Urgent Care evening and weekend schedules • After hours call schedule **Clinical Team Associate (CTA)--***A Satisfaction and Retention Position* • CTA is typically a NP/PA • Hybrid work from home position • 80% work from home ▪ 66% of time covering indirect care ▪ 33% doing telehealth visits (8 per day) • 20% in office managing their own panel • Covering inboxes for clinicians on vacation • Covering tasks and refills for departed clinicians • Clinicians returning from vacation report less in-box dread **Credentialing Analyst** • Initiates credentialing new hires • Manages ongoing credentialing and privileging • Manages ongoing peer-review • Manages all licenses and certifications • Manages CME program • Manages professional association reimbursements • Monitors NPDB, ongoing • Books travel, lodging and processes reimbursements for site visits **Clinical Recruitment Coordinator** • Supports Clinical Staff Recruiter • Facilitates communication between internal departments • Facilitates communication between external recruitment firms • Facilitates communication with candidates • Coordinates site visit and interview schedules • Manages hospitality, lunch, dinner • Communicates with candidate regarding site visit schedule • Coordinates on-boarding schedule • Meets with clinicians on day 1

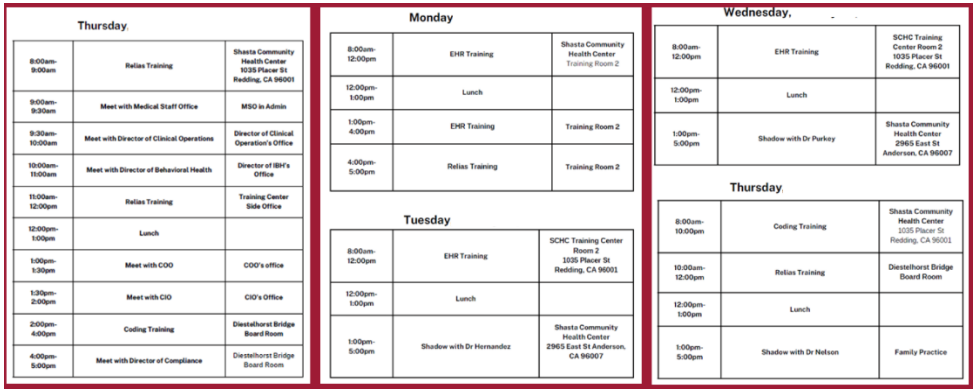
AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**Site Visit Agenda for Prospective Hire** • For candidates outside the area, we generally fly them (+1) to Sacramento or Redding. • Put them up in a local nice hotel near the famous Sundial Bridge. • Prefer a Friday or Monday site visit so they can use the weekend to explore the area • We cover additional nights if desired **Sample Two Week Onboarding Schedule**

SCHC Site Visit Agenda:
MD
Family Medicine

SHASTA COMMUNITY HEALTH CENTER

8:00am-8:30am	Welcome	Shasta Community Health Center 2965 East St Anderson, CA 96007
8:30am-9:30am	Meet with Medical Director	Medical Director's Office
9:30am-10:30am	Meet with Center Manager	Center Manager's Office
10:30am-11:00am	Meet with HIS Manager	Anderson's Conference Room
11:00am-12:00pm	Meet with Director of Quality	Anderson's Conference Room
12:00pm-1:00pm	Lunch	
1:00pm-1:30pm	Meet with Director of Billing	Shasta Community Health Center 1035 Placer St Redding, CA 96001 John's Office
1:30pm-2:00pm	Meet with Clinical Pharmacist	Clinical Pharmacist'sOffice
2:05pm-2:35pm	Meet with CMO, Dr Darrick Nelson	CMO's Office
2:45pm-5:00pm	Relias Training	Training Center Side Office

10:00am-11:00am	Meet with Recruiter	Shasta Community Health Center 1035 Placer St Redding, CA 96001
11:00am-12:00am	Review of Shasta Community Health Center Benefits with Benefits administrator	HR Office in Admin
12:00pm-1:00pm	Luncheon with Senior Management & key staff	Sundial Bridge Boardroom
1:00pm-2:00pm	Leadership Interview	CMO's Office in Administration
5:15pm	Dinner with Senior Management	TBD



Thursday

8:00am-9:00am	Relias Training	Shasta Community Health Center 1035 Placer St Redding, CA 96001
9:00am-9:30am	Meet with Medical Staff Office	MSO in Admin
9:30am-10:00am	Meet with Director of Clinical Operations	Director of Clinical Operation's Office
10:00am-11:00am	Meet with Director of Behavioral Health	Director of IBH's Office
11:00am-12:00pm	Relias Training	Training Center Side Office
12:00pm-1:00pm	Lunch	
1:00pm-1:30pm	Meet with COO	COO's office
1:30pm-2:00pm	Meet with CIO	CIO's Office
2:00pm-4:00pm	Coding Training	Diestelhorst Bridge Board Room
4:00pm-5:00pm	Meet with Director of Compliance	Diestelhorst Bridge Board Room

Monday

8:00am-12:00pm	EHR Training	Shasta Community Health Center Training Room 2
12:00pm-1:00pm	Lunch	
1:00pm-4:00pm	EHR Training	Training Room 2
4:00pm-5:00pm	Relias Training	Training Room 2

Tuesday

8:00am-12:00pm	EHR Training	SCHC Training Center Room 2 1035 Placer St Redding, CA 96001
12:00pm-1:00pm	Lunch	
1:00pm-5:00pm	Shadow with Dr Hernandez	Shasta Community Health Center 2965 East St Anderson, CA 96007

Wednesday

8:00am-12:00pm	EHR Training	SCHC Training Center Room 2 1035 Placer St Redding, CA 96001
12:00pm-1:00pm	Lunch	
1:00pm-5:00pm	Shadow with Dr Purkey	Shasta Community Health Center 2965 East St Anderson, CA 96007

Thursday

8:00am-10:00pm	Coding Training	Shasta Community Health Center 1035 Placer St Redding, CA 96001
10:00am-12:00pm	Relias Training	Diestelhorst Bridge Board Room
12:00pm-1:00pm	Lunch	
1:00pm-5:00pm	Shadow with Dr Nelson	Family Practice

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**Incentives at Shasta Community Health Center** **SCHC Short- Term Incentives** • Not everyone is incentivized monetarily • Some value time off or work-life balances • Some value recognition • Some value autonomy • Some value professional development opportunities **Frequent and Short-Term Incentives** **1. Quality and Citizenship** a) Incentivizes completing charts, tasks, peer review, document review timely b) Has 3-4 quality measures determined by CMO annually c) Assessed and paid quarterly, up to $5,000 per quarter Maximum of 20 points - $250 per point Up to $5,000 per quarter Clinicians usually earn between 10-20 points Q3, 2024 Average Payment = $3,450 **2. Access Incentive** a) Incentivizes clinicians to take extra patients above a daily threshold b) Assessed and paid quarterly, $50 per patient over threshold daily **3. Continuity Incentive** a) Incentivizes clinicians to do more ½ days per week in primary care continuity clinics b) Assessed and paid quarterly, between $5,000-$9,000 depending on number of half days of continuity clinic completed per week Daily Encounter Thresholds by Role: FM MD/DO = 17 FM NP/PA = 15 Peds = 19 OB = 16 Urgent Care = 20 Chiro = 30 PMHNP = 12 Mobile Van = 14 Payment is $50 for each billable encounter over daily threshold

Family Medicine Clinician Bonus Rubic 2024

Citizenship and Quality Measures					
Panel Size (0-3) (double QE points if no panel)	<80%	80-89%	90-100%	>100%	
Citizenship (0-5) (1 point each)		**Timely Documentation = 2 points**	**Task Completion**	**PAQ Completion**	**Chart Review**
		≥90% in 24 hours	≤72 hours	≤72 hours	≥90%
Quality Measures (0-12) (3 points each)	**0**	**1**	**2**	**3**	
Statin Therapy	<70%	70-80%	80-90%	90-100%	
Colorectal Cancer Screening	**<32.8%**	**32.8 - 40.22%**	**40.23 - 50%**	**>50%**	
Cervical Cancer Screening	<57%	57-61%	61 - 66%	≥66%	
Ischemic Vascular Disease	<70	70-80	80-90%	>90%	

Notes:

- Quality measure scores now based upon rolling 12-month period.
- Targets for Blood lead screening, colorectal and cervical are based on achieving QIP 50th percentile (1), QIP 75th percentile (2), **and QIP 90th percentile (3)**
- Targets for statin therapy and ischemic vascular disease are based on achieving at/above organizational performance as of **10/31 (1), 2022 UDS national performance (2), or stretch goal of 90% (3).**

Quarterly Board Report

Summary Q1, 1/1/2024 – 3/31/2024

• Number of extra patients	446
• Total Incentive Paid	$22,300
• Total Expected Revenue	$133,800

Summary Q2, 4/1/2024 – 6/30/2024

• Number of extra patients	479
• Total Incentive Paid	$23,950
• Total Expected Revenue	$143,700

Summary Q3, 7/1/2024 – 9/30/2024

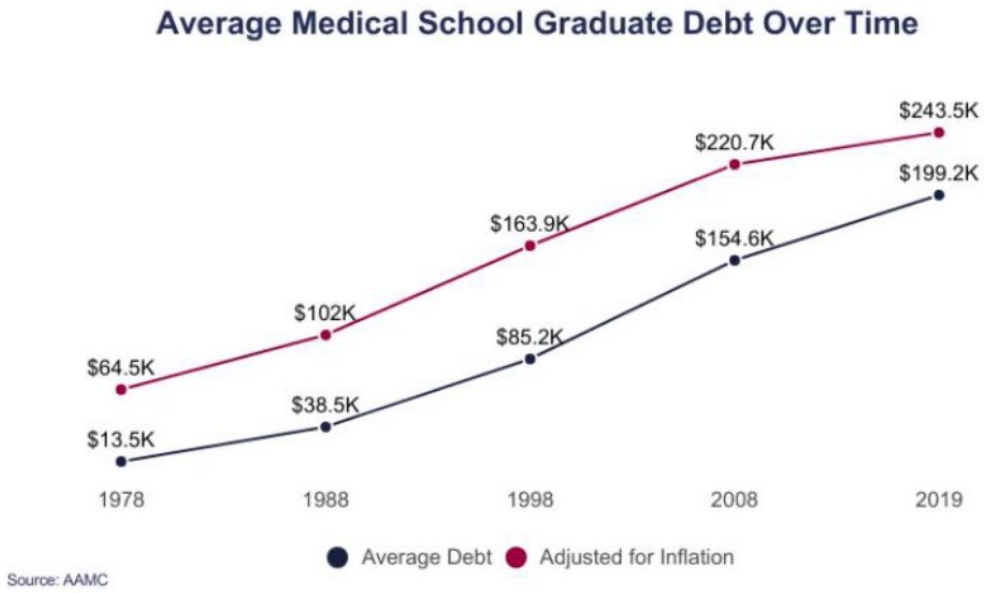
• Number of extra patients	399
• Total Incentive Paid	$19,950
• Total Expected Revenue	$119,700

Summary Q4, 10/1/2024 – 12/31/2024

• Number of extra patients	361
• Total Incentive Paid	$18,100
• Total Expected Revenue	$108,300

AGENDA ITEM	DISCUSSION / CONCLUSIONS

V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**Continuity Incentive: Burnout is Real**
	
	At Shasta Community Health Center there are several alternative schedules and clinical activities clinicians can do to help mitigate clinician burnout.
	
	• Alternative schedules e.g., 2 -12s and 2 - 8s
	• 32 hours per week, 24 hours continuity, 8 hours "elective" such as:
	  • Urgent Care
	  • Gender Health
	  • Homelessness Clinics
	  • Precepting Residents or Fellows
	  • GYN clinics,
	  • Well-child only clinics
	  • Medication Assisted Treatment, and so on
	
	***The Unintended Consequence: Diminishing Access to Primary Care Continuity Clinics*
	
	To qualify, clinician (only FM or IM) must already be doing at least 6 half days per week in Primary Care continuity clinic.
	1. If clinician does 7 half-days per week for 9 weeks out of a 12-week quarter, bonus is $5,000 per quarter.
	2. If clinician does 8 half-days per week for 9 weeks out of a 12-week quarter, bonus is $7,000 per quarter.
	3. If clinician does 9 half-days per week for 9 weeks out of a 12-week quarter, bonus is $9,000 per quarter.
	
	There are a few clinicians that earn some level of bonus each quarter, and we have observed that many are very judicious with how they spend their time off.
	
	SCHC Long-Term Retention Incentive
	
	Eligibility - an employee must be a salaried clinical provider and have one of the following licenses.
	• Physician – Medical Doctor (MD), Doctor of Osteopathic Medicine (DO)
	• Advanced Practice Providers – Nurse Practitioner (NP), Physician Assistant (PA)
	• Dentist – Doctor of Dental Surgery (DDS), Doctor of Medicine in Dentistry (DMD)
	
	Retention Incentive
	
	Beginning 2025, and after 7 years of service:
	$10,000* per year
	Between years 10-15, $10,000/yr plus one fully paid* 28-day sabbatical
	(Must commit to staying one year after returning from sabbatical)
	
	Between years 15-20 years:
	$10,000/yr Plus another fully paid* 28-day sabbatical
	(Must commit to staying one year after returning from sabbatical)
	
	* $ and sabbatical pay are prorated to FTE effort

AGENDA ITEM	DISCUSSION / CONCLUSIONS
V.A Investing in Clinicians for the Long Run: Shasta Community Health Center's Multi-faceted Retention and Recruitment Approach, Continued	**The Burden of Debt** **According to the AMA, the average medical school student loan debt is around $200K. "a figure that can play a factor in their first position out of residency."** *(AAPA: "PA student loan debt is $112k")* *(BLS: NP student loan debt $129K)* **Internal Loan Repayment** **Annual application February each year** • >$100k in debt, $25,000 in loan repayment • <$100k in debt, $12,500 in loan repayment • 2-year service commitment required • SCHC "gross-up" of payment. SCHC pays the taxes. • Assist with applying for external loan repayment  **Future of SCHC** • Reduction of use of recruitment firms • One-year onboarding plan • Leveraging professional social networks • Understanding multi-generational work-life balance expectations • Improved marketing materials • Ongoing clinician engagement • Clinician retreats ***Questions about this presentation can be directed to Dr. Darrick Nelson at*** danelson@shastahealth.org

VI. Adjournment	
PAC adjourned at 9:03 a.m.	**Next PAC on Wednesday, May 14, 2025 at 7:30 a.m.**

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on 05/14/2025
Date

Steve Gwiazdowski, M.D., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on _____
Date

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