AGENDA
PHYSICIANS ADVISORY GROUP

DATE: Thursday, March 7, 2019

TIME: Noon – 12:10 p.m.: Call to Order and Catered Lunch
12:10 – 1:30 p.m.: Meeting of the Group

PLACE: In Santa Cruz County:
Central California Alliance for Health Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA

In Monterey County:
Central California Alliance for Health Board Room
950 East Blanco Road, Suite 101, Salinas, CA

In Merced County:
Central California Alliance for Health Board Room
530 West 16th Street, Suite B, Merced, CA

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1. Call to Order by Chairperson Bishop. 12:00 p.m.
   A. Roll call.
   B. Supplements and deletions to the agenda.
   C. Catered lunch for Group and Staff.

2. Oral Communications. 12:10 p.m.
   A. Members of the public may address the PAG Committee on items not listed on today’s agenda
      that are within the jurisdiction of the PAG Committee. Presentations must not exceed five
      minutes in length, and any individuals may speak only once during Oral Communications.
   B. If any member of the public wished to address the PAG Committee on any item that is listed on
      today’s agenda, they may do so when that item is called.

3. Comments and announcements by Commission members.
   A. Board members may provide comments and announcements.

Consent Agenda Items: 12:15 p.m.

4. Approve PAG meeting minutes of December 6, 2018.
   A. Reference materials: Minutes as above.
Regular Agenda Items: 12:20 p.m

5. Old Business – Updates
   A. Urgent Visit  G. Guez, MD./ D. Bishop, MD
   B. CBI 2020  D. Bishop, MD

6. New Business
   A. Pediatric Care  Hilary Gillette-Walch, RN MPH
   B. Integrated Case Management Planning  M. Rager
   C. 2018 Provider Satisfaction Survey  J. Turetsky

7. Open Discussion: 1:15
   A. Group may discuss any urgent items.

8. Adjourn: 1:20pm

The next Physicians Advisory Group meeting is on Thursday, June 6, 2019, 12:00 – 1:30 p.m.
Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas and Merced.
Members of the public interested in attending should call the Alliance at (831) 430-5523 to verify meeting dates and locations prior to the meetings.

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items of discussion and/or action must be placed on the agenda prior to the meeting.
Meeting Minutes
Thursday, December 6, 2018
12:00 – 1:30 p.m.

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:
Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

Commissioners Present:
Dr. Larry DeGhetaldi  Board Representative
Dr. Allen Radner  Provider Representative
Dr. Barry Norris  Provider Representative
Dr. Carolyn Kennedy  Provider Representative
Dr. Casey Kirkhart  Provider Representative
Dr. Devon Francis  Provider Representative
Dr. James Rabago  Provider Representative
Dr. Jennifer Hastings  Provider Representative
Dr. Patrick Clyne  Provider Representative
Dr. Anjani Thakur  Provider Representative
Dr. Brian Moore  Provider Representative

Commissioners Absent:
Dr. Amy McEntee  Provider Representative
Dr. Chuyen Trieu  Provider Representative
Dr. Shirley Dickinson  Provider Representative

Staff Present:
Dr. Dale Bishop  Chief Medical Officer
Ms. Suzanne Skerness, RN  Chief Health Services Officer
Dr. Gilly Guez  Medical Director
Dr. Marko Rakic  Medical Director
Mr. Eric McKeenby  Communications Director
Ms. Jennifer Mockus, RN  Regional Operations Director Monterey
Ms. Jordan Turestsky  Provider Services Director
Ms. Lilia Chagolla  Regional Operations Director Monterey
Ms. Mary Brusquelas, RN  Utilization Management Director
Ms. Melanie Rager  Care Management Director
Mr. Michael Blatt, Pharm D  Pharmacy Director
Ms. Michelle Stott, RN  Quality Improvement Director
Ms. Hilary Walch                     Clinical Decision Quality Manager
Ms. Jacqueline Van Voerkens        Clerk of the Advisory Group

Public Representatives Present:
Becky Shaw                         Public Representative
Michael Molesky                    Public Representative
Mai Bui-Duy, MD                    Public Representative
Scott Prysi, MD                     Public Representative

1. Call to Order by Chairperson Dr. Bishop.

Group Chairperson Dr. Dale Bishop called the meeting to order at 12:01 p.m.
Roll call was taken.

No changes to the agenda were made.

2. Oral Communications.

Chairperson Bishop opened the floor for any members of the public to address the Group on
items not listed on the agenda.

No members of the public addressed the Group at this time.

It was announced that the Quality Improvement team will be hosting a Quality Collaborative focus
on reducing avoidable ED visits in the Santa Cruz area on December 18th.

It was announced that a topic of discussion at the recent Alliance Board meeting was of
California’s Managed Medi-Cal Health Plans present financial stressors due to a notable rise in
inpatient and ED utilization. The Commission approved to continue the CBI incentive program.

3. Consent Agenda

The group reviewed the September 6, 2018 Physicians Advisory Group (PAG) minutes.

Minutes approved as written.

4. Old Business – Updates

   A. Emergency Department (ED) Navigator

      ED Navigators are assisting members with making appointments with specialists, which
      includes contacting their patient centered medical home to make the referral. The ED
      Navigators also help those who want to change their PCP’s. The ED Navigators also
      work closely with our Transportation Coordinators and Case Management Department
      to ensure members receive needed services. The number of patients seen by the ED
      Navigators have decreased. The decrease is possibly due to seasonal variation, but also
due to the success of interventions within community. Some of the challenges noted by
the ED Navigators are the patients with unaddressed or under-addressed mental health
issues who return to the ED for ongoing medical needs, and those with alcohol use disorder.

A group member inquired if the Navigator checks if the member scheduled a follow up appointment with their PCP, so the PCP can receive the data? Unfortunately the Navigators do not have a good feedback mechanism. Navigators are only able to receive this information presently from the members if they return to the ER, or if the Navigator directly calls the clinic. The success rate can eventually be seen in the claims data.

B. Intensive Case Management

The Intensive Case Management (ICM) program was presented to the group. The program launched in January 2018, and was approved by the Alliance Board for an initial two-years, during which it will be evaluated for future efforts. ICM clinic data, and claims data are evaluated for pre and post evaluation of the plan. Early results are positive, but full data is only available for a limited number of enrollees so far. A Group member suggested adding analysis of how long each clinic is spending with each member to the evaluation plan’s pre/post analysis. A success story was presented to the group.

Group member asked how often the Alliance provides the high utilizer data to the clinics. The concern is to ensure the data is recent and accurate for when they engage with their patients. The list is sent quarterly, but the clinics can nominate members for ICM as well because clinics see first-hand who can benefit from ICM. Dr. Bishop informed the group that the Alliance Board approved the purchase of Business Intelligence Software, which will allow for predictive modeling, will provide pharmacy data, limited lab and clinical data, and more real time lists for interventions. Some providers are utilizing data in the portal to review their high utilizer member data. The Alliance has a report that refreshes weekly that could be uploaded weekly.

C. Urgent Visit

In January 2018, the Urgent Visit Access initiative was implemented in order to address access to urgent care as part of the Alliance Care Improvement Projects for 2017 with the goal of reducing avoidable ED visits. January 1, 2019, to allow direct access for members to Urgent Visit PCPs when needed, the Alliance is removing the barrier of the requirement for a referral from Nurse Advice Line. The new access process allows members to walk in to an Urgent Visit PCP; the Urgent Visit providers have agreed to issue an after visit summary to the member’s PCMH and the member as a form of communication of the visit. Members will be informed via the Member Newsletter and new member orientation of the new process.

A Group member asked how the Urgent Visit PCP can gain the PCMH fax number? The Plan is presently aware of the issue, and is brainstorming ideas, such as entering fax numbers in the Provider Portal. When the Urgent Visit provider checks eligibility, they are able to see the PCMH/PCP office number. In the interim, the Urgent Visit Providers can gain the fax numbers from the provider directory. Dr. Prysi suggested having the PCP fax number on the back of the member’s cards, and, in the meantime, distributing a list of PCP fax numbers to the Urgent Visit PCPs.
Group member inquired about the scheduling of the follow-up appointment after an Urgent Visit. The Urgent Visit office staff can call the PCMH and inquire if there is an available appointment if Urgent Visit PCP feels the member needs to be seen the next day. If an appointment is not available, then have the member return to Urgent Care.

A group member inquired on how many Urgent Visits can members have? Members will be able to access care with unlimited access. This is the initial roll out of the program for planning, evaluating, and to manage continuous quality improvement of how we can redirect members to their PCMH.

Group member mentioned this will inspire a “shift in thinking” for Urgent Visit providers staff when checking eligibility. Urgent Visit providers are being informed now to allow for time to educate front staff and create workflows.

Group member asked why the faxing of a completed encounter report isn’t expected, instead of after visit care summary? Alliance didn’t want to mandate too much paperwork. Group member encouraged the urgent care providers to send as much information as possible.

Group discussed referrals. ED’s have the ability to bypass the PCP RAF requirement for orthopedic, Cholecystitis, and ophthalmologic referrals.

Group member inquired on the possibility of an ED copay. There was an attempt by DHCS to require an ED copay in 2010, but CMS denied it.

D. Follow Up CME Discussion
The Alliance collaborates with Health Improvement Partnership to organize CME events. The Alliance and HIP are working together to organize the 2019 schedule. “Value of Social Determinants of Health” is successfully created in webinar format. One and a half hours of “Enduring CME” can be earned by listening to this webinar. A partial webinar was presented in Merced, which was also successful.

Suggested topics that came to the top of the list include pediatric, infectious disease, trauma informed care, childhood experiences, and developmental assessments.

5. New Business – Updates

A. Draft Alliance Vision and Mission Statement
As times change, mission and vision statements must be reviewed to ensure their relevance and meaningfulness to an organization, members and providers. At the recent Board Retreat, the Alliance leadership and the Board reflected on the current mission and vision statement, brainstorming ideas. Input is presently being requested from stakeholders including members, providers, and staff, to assist in the development of mission and vision statements that reflect who we are and who we serve today.

Suggestions from Group:
Vision:
- Make sure everyone in the county has good quality health care
• Cutting edge Health Care
• Optimize access to care
• Partnership to Care
• Timely Care

Mission:
• Make best use of assets provided to us
• Partnership & Alliance
• Participate in member wellbeing

Group member suggested working the social media image of CCAH, suggest media campaign, social media (Facebook) to improve public image.

B. Incentives 2020
Incentives will continue, although the amount budgeted for incentives have unfortunately decreased due to inpatient medical utilization and a lag in rates from the state. Business Intelligence Software, which the Alliance is in the process of purchasing, has a better risk stratification multiplier for the CBI, by diagnosis to reimburse at a more fair rate.

Group member suggested that physicians should be encouraged to do pre-discharge planning (contact the specialists, etc.,) while the patient is in the hospital, versus post-discharge planning.

Group member is interested in the data of the Asthma Medication Ratio. Some members may not belong on the list; it may be a more “reactive” measure, and maybe that this measure may not be useful.

Group discussed the clinical depression data, and the SBIRT measure. ER use is lower in members that have Initial Health Assessments and have connected with a PCP, and post discharge visits do decrease readmissions.

Dr. Clyne had posed the questions about the screening of mothers for depression in the Pediatric setting. Specifically, if baby is your patient, not mom, how to manage the mother’s health information? Medi-Cal released guidelines around billing and records maintenance for postpartum screening for depression.

• Bright Futures recommends screening for maternal depression at the infant’s one-month, two-month, four-month and six-month visits, with referral to the appropriate provider for further care if indicated. Medi-Cal allows Providers to submit claims for maternal depression screening up to four times during the infant’s first year of life.
• Screens that are positive for depression must be billed using HCPCS code G8431 and modifier HD. Screens that are negative for depression must be billed using HCPCS code G8510 and modifier HD. When a postpartum depression screening is provided at the infant’s well-child visit, the screening must be billed with the infant’s Medi-Cal ID. The only exception to this policy is that the mother’s Medi-Cal ID may be used during the first two months of life if the infant’s Medi-Cal eligibility has not yet been established.
• Records for maternal depression screenings must be maintained in a separate medical record to document the mother’s screening results and any recommendations/referrals that were given.

6. Open Discussion.

Chairperson Bishop opened the floor for Group to have open discussion.

Group member inquired if the recent fires increase ED visits? The Alliance does not have the numbers. Present ED numbers are low in the 3rd quarter, but we have a claims lag.

Have any dislocated Butte County residents appearing in our service area to be linked? We are presently not aware, but Member Services would have this data.

The meeting adjourned at 1:30 p.m.
Respectfully submitted,

Ms. Jacqueline Van Voerkens
Clerk of the Advisory Group

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Care-Based Incentives (CBI): 2018 Outcomes and Proposal for 2020

Dale Bishop, MD
Topics

CBI 2018
- Background
- Outcomes
- Summary

CBI 2020
- Planning
- Recommendations
CBI Purpose

Promotion of Patient Centered Medical Home

- PCP encouraged to move from illness treatment to a population-based treatment paradigm:
  - Access
  - Optimal Preventive Care
  - Management of Chronic Conditions
  - Pharmacy Management

- Payment reform that promotes practice reform (value-based payments—upside risk)
Improve health outcomes and reduce cost of care through creative contracts and programs.

**VALUE-BASED PAYMENT**
Develop and assess new contracting, risk and incentive arrangements that promote better health outcomes and expand access.

**PROGRAMS TO SERVE MEMBERS WITH COMPLEX NEEDS**
Implement programs and partnerships to serve members with complex needs, including adult high-users and children with special needs.

**COMMUNICATION**
Effectively communicate with stakeholders about strategic priorities, programs and investments.
<table>
<thead>
<tr>
<th>VALUE-BASED PAYMENT</th>
<th>PROGRAMS TO SERVE MEMBERS WITH COMPLEX NEEDS</th>
<th>COMMUNICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Reward quality care through distribution of Care Based Incentives (CBI) and reports to Primary Care Providers.</td>
<td>▪ Intensive Case Management toward Health Homes Program.</td>
<td>▪ Create new Communications Department.</td>
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<td>▪ Reward access to specialty care through Specialty Care Incentive (SCI) to specialty care providers.</td>
<td>▪ Participate in Whole Person Care Pilots in Monterey and Santa Cruz counties.</td>
<td>▪ Develop organization-wide communications plan.</td>
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<td>▪ Research, identify and prioritize contracting opportunities for 2019/2020 implementation.</td>
<td>▪ Implement the Whole Child Model to integrate the California Children’s Services (CCS) program into the health plan operations.</td>
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<td>▪ Promote palliative care benefit for eligible members.</td>
<td>▪ Promote palliative care benefit for eligible members.</td>
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2018 – 2020 STRATEGIC PLAN
Federal and State Alignment

The PCMH model of care is promoted through federal and state policy including:

- Federal Medicaid HEDIS measures
- The DHCS Quality External Accountability Set
- Statewide Medi-Cal Managed Care comparative data on utilization and quality
- Medi-Cal P4P Advisory Group core measure set
CBI Program Summary

- “Race to the top” -- Programmatic measures for care coordination and quality are based on comparison to prior year peer median or national Medicaid benchmarks
- “Do it and get paid” -- Fee-For-Service measures
- Performance Improvement: 5% improvement from prior year are rewarded
- “We’re listening” -- Input from the Physician Advisory Group, Clinical Quality Improvement Committee and informal provider conversations are part of the CBI evaluation and continuous improvement process
## Changes for 2018

### 8 FFS measures moved to Programmatic

### Measure Change
- 90 day readmissions to 30 Day readmissions

### New Provisionary Measures
- Clinical Depression Follow-up Care
- Formulary Medication Utilization: AirDuo
- Formulary Medication Utilization: Basaglar
- Adolescent Immunizations (IMA)

### New FFS Measure
- Buprenorphine License

### Discontinued Measures
- Asthma Action Plans, Electronic Claims & Referrals Submittal, & Advanced Care Planning
2018 Provider Portal Enhancements

New CBI Forensics Report

New site roll up for CBI reports

Enhanced data for the linked member roster, inpatient admissions, and ED visits report

Data Submission Tool (DST) added 4 new data types:

- Depression Screening and Follow-up
- Monitoring for Member on Persistent Medications
- Immunizations
- Alcohol Misuse Screening and Counseling (SBIRT)
2018 Provider Outreach

- Completed 33 in person CBI Forensics site visits
- Completed 15 data investigations for providers
- Continued sharing talking points for Provider Relation Reps
- Supported the immunization webinar series through collaboration of the Quality Improvement, Pharmacy and Provider Services Departments in addition to the County of Merced and CA Dept. of Public Health
- Initiated new county CBI Collaborative in partnership with Health Improvement Partnership of Santa Cruz County (HIP)
Care Coordination Measure Results

Care Coordination- Hospital Measures

• Ambulatory Care Sensitive Admissions
• Preventable Emergency Visits
• 30 Day Readmissions

Care Coordination - Access Measures

• Initial Health Assessment
• Post-Discharge Care
• Screening, Brief Intervention and Referral to Treatment (now Alcohol Misuse Screening and Counseling (AMSC))
Preventable Emergency Visits
Trending by Quarter

<table>
<thead>
<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>2015</td>
<td>24.0</td>
<td>20.0</td>
<td>17.0</td>
<td>21.0</td>
<td>19.61</td>
<td>17.65</td>
<td>17.17</td>
<td>21.49</td>
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<tr>
<td>2016</td>
<td>22.42</td>
<td>18.57</td>
<td>17.34</td>
<td>21.21</td>
<td>19.53</td>
<td>15.54</td>
<td>13.20</td>
<td>15.47</td>
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Percent of Total Emergency Visits
Ambulatory Care Sensitive Admissions
Trending by Quarter

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<tr>
<th>Year</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
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<th>Q4</th>
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<tr>
<td>2015</td>
<td>12.93%</td>
<td>10.10%</td>
<td>9.70%</td>
<td>11.30%</td>
<td>11.15%</td>
<td>11.53%</td>
<td>10.08%</td>
<td>9.79%</td>
<td>10.44%</td>
<td>9.90%</td>
<td>9.25%</td>
<td>10.82%</td>
<td>10.73%</td>
<td>8.39%</td>
<td>8.40%</td>
<td>8.16%</td>
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30 Day Readmissions
Trending by Quarter

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<th>Year</th>
<th>Q1</th>
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<td>2016</td>
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<td>13.25</td>
<td>12.97</td>
<td>13.49</td>
<td>14.81</td>
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<td>2017</td>
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Percent of 30 Days Readmissions

5.0% 7.0% 9.0% 11.0% 13.0% 15.0% 17.0%
# Care Coordination – Access Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>2017</th>
<th>2018</th>
<th>2017-2018 Trend</th>
<th>% Change</th>
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<tbody>
<tr>
<td>Initial Health Assessments (IHA)</td>
<td>40.16%</td>
<td>45.14%</td>
<td>↑</td>
<td>4.98%</td>
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<tr>
<td>SBIRT / AMSC</td>
<td>38.33%</td>
<td>60.87%</td>
<td>↑</td>
<td>22.56%</td>
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<tr>
<td>Post-Discharge Care</td>
<td>30.38%</td>
<td>38.35%</td>
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<td>7.97%</td>
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Initial Health Assessments
Trending by Quarter

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<td>42.10</td>
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<td>42.02</td>
<td>45.04</td>
<td>48.55</td>
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Quality of Care Measures  
(HEDIS Administrative Data Reporting Years 2017 and 2018)

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<tr>
<td><strong>Santa Cruz/Monterey</strong></td>
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<tr>
<td>Cervical Cancer Screening</td>
<td>59.57%</td>
<td>62.93%</td>
<td>↑</td>
<td>3.36%</td>
<td>53.37%</td>
<td>56.88%</td>
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<td>3.51%</td>
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<tr>
<td>Childhood Immunization (Combo 3)*</td>
<td>67.48%</td>
<td>70.51%</td>
<td>↑</td>
<td>3.03%</td>
<td>26.56%</td>
<td>29.27%</td>
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<td>2.71%</td>
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<tr>
<td>Maternity Care: Post Partum Care</td>
<td>72.00%</td>
<td>77.83%</td>
<td>↑</td>
<td>5.83%</td>
<td>57.36%</td>
<td>63.61%</td>
<td>↑</td>
<td>6.25%</td>
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<tr>
<td>Well Adolescent Visit (12-21 years)</td>
<td>55.84%</td>
<td>57.64%</td>
<td>↑</td>
<td>1.16%</td>
<td>42.62%</td>
<td>42.31%</td>
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<td>-0.31%</td>
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<td>Well Child Visit (3-6 years)</td>
<td>80.15%</td>
<td>80.72%</td>
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<td>0.57%</td>
<td>68.72%</td>
<td>66.89%</td>
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Quality of Care Measures  
(HEDIS Administrative Data Reporting Years 2017 and 2018)

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<tbody>
<tr>
<td>Annual Monitoring for Pts on Persistent Medications – ACE/ARB</td>
<td>85.15%</td>
<td>87.29%</td>
<td>↑</td>
<td>2.14%</td>
<td>86.16%</td>
<td>87.61%</td>
<td>↑</td>
<td>1.45%</td>
</tr>
<tr>
<td>Asthma Medication Ratio</td>
<td>73.72%</td>
<td>71.67%</td>
<td>↓</td>
<td>-2.05%</td>
<td>67.37%</td>
<td>63.28%</td>
<td>↓</td>
<td>-4.09%</td>
</tr>
<tr>
<td>Diabetic Retinal Exams</td>
<td>55.44%</td>
<td>53.27%</td>
<td>↓</td>
<td>-2.17%</td>
<td>47.04%</td>
<td>42.21%</td>
<td>↓</td>
<td>-4.83%</td>
</tr>
<tr>
<td>HbA1C Testing</td>
<td>86.31%</td>
<td>87.71%</td>
<td>↑</td>
<td>1.40%</td>
<td>82.70%</td>
<td>84.93%</td>
<td>↑</td>
<td>2.23%</td>
</tr>
<tr>
<td>HbA1C Good Control &lt;8%</td>
<td>27.60%</td>
<td>39.26%</td>
<td>↑</td>
<td>11.66%*</td>
<td>23.09%</td>
<td>27.65%</td>
<td>↑</td>
<td>4.56%</td>
</tr>
</tbody>
</table>

*Strong performance improvement
# Fee-for-Service CBI Measures: Performance

<table>
<thead>
<tr>
<th>Measure</th>
<th>Total Completed 2016</th>
<th>Total Completed 2017</th>
<th>Total Completed 2018</th>
<th>Trend 2017-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Centered Medical Home</td>
<td>7 sites</td>
<td>5 sites</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Healthy Weight for Life</td>
<td>13,276</td>
<td>15,870</td>
<td>18,654</td>
<td>↑</td>
</tr>
<tr>
<td>Buprenorphine License</td>
<td>NA</td>
<td>NA</td>
<td>48</td>
<td>NA</td>
</tr>
<tr>
<td>Maternity Care: Timely Prenatal Care</td>
<td>NA</td>
<td>202</td>
<td>293</td>
<td>↑</td>
</tr>
</tbody>
</table>
CBI Payments 2018

• Scoring
  - Performance for care coordination and quality measures is determined by relative ranking and comparison to benchmarks
  - Top 50% and those showing 5% improvement from prior year are rewarded
  - Points per measure are assigned
  - Volume of members is multiplier
  - SPD weighting factor is included

• Earnings: Board approved 10M for programmatic distribution
California Department of Health Care Services

Overall Most Improved Award
Runner Up 2018

Presented to
Central California Alliance for Health – Monterey/Santa Cruz Counties

On October 11, 2018

In recognition of your efforts for going above and beyond for Medi-Cal managed care beneficiaries on behalf of the Managed Care Quality and Monitoring Division, Department of Health Care Services.

Jennifer Kent, Director, DHCS
2018 CBI Summary

- Increased CBI outreach and continued improvements to provider report and data submission infrastructure
- Positive trends in Care Coordination Measures
- High performance in Quality of Care measures with improvements in most from 2017-2018
- Increased participation in Healthy Weight for Life and Maternity Care (Timely Prenatal Care) FFS measures
- Drive to share best practices and increase peer-to-peer learning environments among provider network
Care Based Incentives (CBI)
Proposed Changes for 2020
Considerations

- Stakeholder input
- Best Practice
- Keep it simple
- Promote access, value and quality of care
- Alignment with Alliance Strategic Plan
Planning

- Planning process
  - Provider input
  - CBI Workgroup
  - Program Design Committee
  - Medi-Cal P4P Advisory Committee
  - DHCS External Data Set
  - Results
  - Physician Advisory Group
  - Strategic Plan
Current (2019) Programmatic

Care Coordination - Hospital & Outpatient Measures
- Ambulatory Care Sensitive Admissions
- Preventable Emergency Visits
- 30 Day Readmissions

Care Coordination - Access Measures
- Initial Health Assessment
- Post-Discharge Care
- Alcohol Misuse Screening and Counseling (formerly SBIRT)

Quality of Care
- Asthma Medication Ratio
- Cervical Cancer Screening

Quality of Care, continued
- Depressions Screening and Follow-up
- Immunizations: Children (Combo 3)
- Immunizations: Adolescents
- Diabetic HbA1c Good Control <8.0%
- Diabetic Retinal Exam
- Maternity Care: Post-Partum
- Well Adolescent Visit (12-21)
- Well Child Visit (3-6)

Performance Target Measures
- Formulary Adherence
- Performance Improvement
- Member Reassignment Threshold
Proposed 2020 Programmatic Measures

Care Coordination - Hospital & Outpatient Measures
- Ambulatory Care Sensitive Admissions
- Preventable Emergency Visits
- 30 Day Readmissions

Care Coordination - Access Measures
- Initial Health Assessment
- Post-Discharge Care
- Alcohol Misuse Screening and Counseling

Quality of Care
- Asthma Medication Ratio
- Cervical Cancer Screening

Quality of Care, continued
- Move: Depression Screening and Follow-up
- Immunizations: Children (Combo 3)
- Immunizations: Adolescents
- Diabetic HbA1c Good Control <8.0%
- Diabetic Retinal Exam
- Maternity Care: Post-Partum
- Well Adolescent Visit (12-21)
- Well Child Visit (3-6)

Performance Target Measures
- Performance Improvement
- Member Reassignment Threshold
- Retire: Formulary Adherence
Current (2019) Fee-For-Service Measures

• Buprenorphine License
• Healthy Weight for Life (HWL)
• Maternity Care: Timely Prenatal Care
• Patient Centered Medical Home
• eConsults
Proposed 2020 Fee-For-Service Measures

- Buprenorphine License
- eConsult
- Healthy Weight for Life (HWL)
  - Change the $50 follow-up payment to:
    - $25 payment for visit completed
    - $25 payment for weight outcome met
- Maternity Care: Timely Prenatal Care
- Patient Centered Medical Home including PCMH Distinction in Behavioral Health Integration
2019 Provisionary Measures

• Preferred Medication
  – Basaglar for Lantus
  – AirDuo for Advair

• Initiation of outreach, measure design and reporting for:
  – CG CAHPS survey
    • Access to Care
    • Provider Communication
  – Referral Completion
Proposed 2020 Exploratory (formerly Provisionary) Measures

• Referral Completion
• CG CAHPS survey
• Depression Screening and Follow-Up
• Risk of Continued Opioid Use (COU)
  – The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use.
  – Rate = % of members whose new episode of opioid use lasts at least 15 days in a 30-day period
  – reverse measure--lower rate is better
Index for Patient Severity

• Currently linked Seniors and Persons with Disability (SPD) indexed as 3 points and non SPD as 1
• BI Software tool adds severity score depending on diagnoses
  – More precise representation of individual patient severity
  – Better recognition of differences in patient panels
• Recommend incorporation for 2020 if practical
Shared Savings Discussion for 2020

• Captures the concept that savings helps fund the CBI Program

• Savings in CBI can be derived from:
  – Care Coordination
    • 30 Day Readmissions
    • Ambulatory Care Sensitive Admissions
    • Preventable Emergency Visits
  – Preferred Medication
    • Basaglar for Lantus
    • AirDuo for Advair
    • Admelog for Humalog
Proposal

Staff propose the Board approve the following for CBI 2020:

• Retire Formulary Adherence measure
• Change Provisionary category to Exploratory
• Move Depression Screening and Follow-up to Exploratory.
• Add Risk of Continued Opioid Use to Exploratory.
• Add an outcomes-based component to the HWL follow-up payment.
• Add Distinction in Behavioral Health Integration to PCMH measure.
• Employ BI software severity index to linked member panels if practical.
• Begin discussions of funding CBI through savings derived from improved care coordination and pharmacy management.
Care-Based Incentives

END
# HEDIS 2018 Administrative Measures

## Medical Record Review Not Permitted

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Measure</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR</td>
<td>All-Cause Readmissions</td>
<td>Claims</td>
</tr>
<tr>
<td>AMB</td>
<td>Ambulatory Care</td>
<td>Claims and Pharmacy Data</td>
</tr>
<tr>
<td>MPM</td>
<td>Annual Monitoring for Patients on Persistent Medications</td>
<td>Claims and Pharmacy Data</td>
</tr>
<tr>
<td>AAB</td>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>Claims and Pharmacy Data</td>
</tr>
<tr>
<td>CAP</td>
<td>Children &amp; Adolescents’ Access to Primary Care Practitioners</td>
<td>Claims</td>
</tr>
<tr>
<td>AMR</td>
<td>Asthma Medication Ratio</td>
<td>Claims and Pharmacy Data</td>
</tr>
<tr>
<td>LBP</td>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>Claims</td>
</tr>
<tr>
<td>DSF</td>
<td>Depression Screening and Follow-Up for Adolescents and Adults</td>
<td>ECDS: EHR, HIE, case management registry, claims</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Measure</td>
<td>Data Source:</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>CIS</td>
<td>Childhood Immunization Status</td>
<td>Immunization Registry, Claims</td>
</tr>
<tr>
<td>IMA</td>
<td>Immunizations for Adolescents</td>
<td>Immunization Registry, Claims</td>
</tr>
<tr>
<td>W34</td>
<td>Well-Child Visits in the 3 to 6 Years of Life</td>
<td>Claims</td>
</tr>
<tr>
<td>WCC</td>
<td>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity</td>
<td>Claims</td>
</tr>
<tr>
<td>CCS</td>
<td>Cervical Cancer Screening</td>
<td>Claims, Lab Data and Provider Submission Data</td>
</tr>
<tr>
<td>PPC</td>
<td>Prenatal and Postpartum Care</td>
<td>Claims</td>
</tr>
<tr>
<td>CDC</td>
<td>Comprehensive Diabetes Care</td>
<td>Claims, Lab and Pharmacy Data, Provider Submission Data</td>
</tr>
<tr>
<td>CBP</td>
<td>Controlling High Blood Pressure</td>
<td>100% Medical Record Review</td>
</tr>
</tbody>
</table>
2018 CIS Rates by County

- Merced: MPL = 65.25%, HPL = 63.07%
- Santa Cruz: MPL = 65.25%, HPL = 81.93%
- Monterey: MPL = 65.25%, HPL = 79.08%
Childhood Immunization Status by Ethnicity and Region, HEDIS 2018

Number of Children Up to Date on Immunizations

- Black: 0.00%
- White: 55.56%
- Asian or Pacific Islander: 10%
- Other: 0.00%
- Hispanic: 81.98%
- Filipino: 60.00%
- Asian Indian: 0.00%
- Grand Total: 79.93%

- Santa Cruz - Monterey: 54.55%
- Merced: 53.85%
- MPL: 65.80%
- HPL: 83.33%

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2018 W34 Rates by County

Merced: MPL = 66.18%, HPL = 70.18%
Santa Cruz: MPL = 66.18%, HPL = 74.58%
Monterey: MPL = 66.18%, HPL = 87.43%
WELL-CHILD VISITS (W34) by Ethnicity - 2018

Percent of Children Up to Date on Well Child Visits

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>SC-Mo</th>
<th>Merced</th>
<th>MPL</th>
<th>HPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>85.05%</td>
<td>72.41%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>83.33%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filipino</td>
<td>92.31%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other</td>
<td>72.73%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>75.76%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>84.40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>70.18%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2018 WCC-Nutrition Rates by County

- **Merced**
  - MPL = 58.56%
  - HPL = 82.53%
  - Rate: 77.13%

- **Santa Cruz**
  - MPL = 58.56%
  - HPL = 82.53%
  - Rate: 85.53%

- **Monterey**
  - MPL = 58.56%
  - HPL = 82.53%
  - Rate: 90.20%
2018 WCC-Activity Rates by County

- **Merced**: MPL = 49.06%, HPL = 64.48%
- **Santa Cruz**: MPL = 49.06%, HPL = 82.89%
- **Monterey**: MPL = 49.06%, HPL = 83.27%
2018 WCC-BMI Rates by County

- Merced: 89.05% (MPL = 49.06%, HPL = 75.40%)
- Santa Cruz: 76.32% (MPL = 49.06%, HPL = 75.40%)
- Monterey: 93.88% (MPL = 49.06%, HPL = 75.40%)
MEASURE DESCRIPTION:
• 12 years and older

• Screened for depression using standardized tool and appropriate code

• Positive screening with follow up care within 30 days

ELIGIBLE CODES:
G8431, G8510 and G8511

HELPFUL TIPS:
• Commonly used screening tools: PHQ-2 and PHQ-9

• Establish policy for routine depression screening in the clinic

• Create clear roles and responsibilities of who will screen
**Measure Description:**

- 12 months – 19 years of age, who had a visit with a PCP
- Four age stratifications
- Ambulatory and preventative care visits meet requirements

**Eligible Codes:**

*(see tip sheet for full list of codes)*

**Helpful Tips:**

- Establish method to ensure members receive one visit with PCP per year
- Use the Provider Portal reports as an office tracking tool, and reach out to non-compliant members
### 2018 CAP Rates by County

<table>
<thead>
<tr>
<th>County</th>
<th>12-24 Months</th>
<th>25 Months - 6 Years</th>
<th>7-11 Years</th>
<th>12-19 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced</td>
<td>95.20%</td>
<td>87.85%</td>
<td>89.38%</td>
<td>88.01%</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>96.76%</td>
<td>90.53%</td>
<td>93.99%</td>
<td>91.78%</td>
</tr>
<tr>
<td>Monterey</td>
<td>96.38%</td>
<td>91.06%</td>
<td>92.73%</td>
<td>89.12%</td>
</tr>
<tr>
<td>MPL</td>
<td>85.65%</td>
<td>93.27%</td>
<td>84.95%</td>
<td>87.58%</td>
</tr>
<tr>
<td>HPL</td>
<td>94.72%</td>
<td>97.89%</td>
<td>93.16%</td>
<td>96.06%</td>
</tr>
</tbody>
</table>

**Legend:**
- **Light Blue:** Merced
- **Purple:** Santa Cruz
- **Green:** Monterey
- **Red:** MPL
- **Dark Green:** HPL
2018 LCS Rates by County

- **Merced**: 48.96%
- **Santa Cruz**: 76.76%
- **Monterey**: 82.79%

**MPL = 59.65%**

**HPL = 86.37%**
2018 W15 County Rates

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced</td>
<td>4.24%</td>
<td>5.22%</td>
<td>7.83%</td>
<td>15.72%</td>
<td>29.85%</td>
<td>29.74%</td>
<td>7.40%</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>2.52%</td>
<td>2.23%</td>
<td>2.80%</td>
<td>6.24%</td>
<td>19.48%</td>
<td>50.79%</td>
<td>15.84%</td>
</tr>
<tr>
<td>Monterey</td>
<td>2.67%</td>
<td>1.77%</td>
<td>2.77%</td>
<td>6.81%</td>
<td>18.83%</td>
<td>43.81%</td>
<td>23.34%</td>
</tr>
<tr>
<td>MPL</td>
<td>0.98%</td>
<td>1.04%</td>
<td>2.21%</td>
<td>3.86%</td>
<td>7.21%</td>
<td>13.88%</td>
<td>56.11%</td>
</tr>
<tr>
<td>HPL</td>
<td>5.05%</td>
<td>3.72%</td>
<td>5.08%</td>
<td>7.47%</td>
<td>12.31%</td>
<td>21.95%</td>
<td>72.46%</td>
</tr>
</tbody>
</table>

Rate
## Survey Outcomes – Child

<table>
<thead>
<tr>
<th>Composite/Measure/Attribute</th>
<th>Summary Rate and Percentile Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td>Getting Needed Care</td>
<td>77.6%</td>
</tr>
<tr>
<td>Getting Care Quickly</td>
<td>82.4%</td>
</tr>
<tr>
<td>How Well Doctors Communicate</td>
<td>91.1%</td>
</tr>
<tr>
<td>Health Plan Customer Service</td>
<td>89.3%</td>
</tr>
<tr>
<td>Shared Decision Making</td>
<td>71.9%</td>
</tr>
<tr>
<td>Rating of Health Care</td>
<td>82.9%</td>
</tr>
<tr>
<td>Rating of Personal Doctor</td>
<td>91.2%</td>
</tr>
<tr>
<td>Rating of Specialist</td>
<td>85.4%</td>
</tr>
<tr>
<td>Rating of Health Plan</td>
<td>85.6%</td>
</tr>
</tbody>
</table>
CHILD 2017/2018 TREND — PERCENTAGE POINT CHANGES

- Getting Needed Care: 5.1% to 0.8%
- Getting Care Quickly: 0.8% to 1.0%
- How Well Doctors Communicate: 1.0% to 0.4%
- Customer Service: 1.0% to 0.9%
- Shared Decision Making: 1.0% to 0.8%
- Rating of Health Care: 4.0% to 0.4%
- Rating of Personal Doctor: 0.8% to 4.0%
- Rating of Specialist: 0.4%
# BOTTOM THREE MEASURES — CHILD

## GETTING CARE QUICKLY

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child got care as soon as needed when care was needed right away</td>
<td>87.8%</td>
</tr>
<tr>
<td>Child got check-up/routine care appointment as soon as needed</td>
<td>77.0%</td>
</tr>
</tbody>
</table>

## GETTING NEEDED CARE

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ease of getting necessary care, tests, or treatment child needed</td>
<td>80.5%</td>
</tr>
<tr>
<td>Getting child’s appointments with specialists as soon as needed</td>
<td>74.8%</td>
</tr>
</tbody>
</table>

## SHARED DECISION MAKING

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor/health provider talked about reasons you might want your child to take a medicine</td>
<td>82.4%</td>
</tr>
<tr>
<td>Doctor/health provider talked about reasons you might not want your child to take a medicine</td>
<td>59.2%</td>
</tr>
<tr>
<td>Doctor/health provider asked you what you thought was best for your child when starting or stopping a prescription medicine</td>
<td>74.3%</td>
</tr>
</tbody>
</table>
## ACCESS TO CARE

### 2018-2020 STRATEGIC PLAN OUTCOMES

- 5% point increase in adult and child members indicating they are usually or always able to get care quickly by 2020 (*Getting Care Quickly*)

<table>
<thead>
<tr>
<th></th>
<th>2017 Baseline</th>
<th>2020 Goal</th>
<th>2018 Actual</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADULT</td>
<td>76.7%</td>
<td>81.7%</td>
<td>73.7%</td>
<td>-3.0 PP</td>
</tr>
<tr>
<td>CHILD</td>
<td>81.6%</td>
<td>86.6%</td>
<td>82.4%</td>
<td>+0.8 PP</td>
</tr>
</tbody>
</table>

*ADU = Adult, LT = Long Term, CHIL = Child*
FLUORIDE VARNISH AND SUPPLEMENTS

Underutilized throughout all regions
High rate of dental anesthesia for severe dental pathology in Merced county
THANK YOU!

Collaborative effort.

Excellence in member care.

Commitment for success.
HEDIS Resources
http://www.ccah-alliance.org/hedis.html
INTEGRATED CASE MANAGEMENT

Melanie Rager, Care Management Director

Physician’s Advisory Group
March 7, 2019
OBJECTIVE

Create a more integrated case management model to collaboratively partner with providers to meet members’ increasingly complex needs and promote appropriate utilization.
INTEGRATED CASE MANAGEMENT

Alliance supports Patient Centered Medical Home

Member
TWO-PRONG APPROACH

- Meet with providers and other partners to inventory practice and community-based case management initiatives that are in place or being considered, and/or those that are needed.

- Evolve the Alliance approach— through grant initiatives and our in-house case management program— to better complement.
PHASE 1 STRATEGIES- CURRENT

- Engage in conversations with clinics who serve our highest cost and highest-utilizing members.
  - How can we work together more collaboratively to manage member/patient needs and health outcomes?

- Collect and evaluate data on the efficacy of grant-funded case management efforts.
  - What services or models are most responsive and effective for meeting complex members’ needs?
PHASE 2 STRATEGIES - FUTURE

- Explore opportunities and options for building and supporting ongoing case management in a variety of settings.

- Utilize Business Intelligence software to improve risk stratification and promote a population health approach.

- Evolve our Alliance case management program in two key areas: (1) Increased collaboration with the Patient Centered Medical Home, and (2) Improved integration of medical and behavioral health needs.
**INTEGRATED CASE MANAGEMENT**

<table>
<thead>
<tr>
<th>COMPLEMENT</th>
<th>ACCOMPANY</th>
<th>SUPPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>How can the Alliance serve as a resource for clinics that don’t have case management services?</td>
<td>How can we partner to build capacity for clinic-based case management?</td>
<td>How can we support clinics that are offering or building programs to provide clinic-based case management?</td>
</tr>
</tbody>
</table>

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QUESTIONS?
2018 PROVIDER SATISFACTION SURVEY
OUTCOMES AND NEXT STEPS

Physicians Advisory Group
Jordan Turetsky, Provider Services Director
March 7, 2019
• Background
• Methodology and Sampling
• Satisfaction: Standard Questions
• Satisfaction: Custom Questions
• Next Steps
The Alliance Provider Satisfaction survey is:

- Conducted annually by SPH Analytics and includes all in-area PCPs and Specialists.
- Comprised of a set of standard and custom questions, the former of which are benchmarked against the vendor’s Medicaid book of 20,660 provider respondents. Satisfaction is rated on a 5-point scale.
- A snapshot of provider’s experience with the Alliance in the areas of health plan operations and perception of access to services.
### Survey Sample

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>Number of Responses</th>
<th>Provider Response Rate</th>
<th>Group Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>219</td>
<td>15%</td>
<td>45%</td>
</tr>
<tr>
<td>2018</td>
<td>244</td>
<td>20%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Respondents by County**

- Santa Cruz: 27%
- Monterey: 35%
- Merced: 31%

- Response rate improved by provider and group
- 50% of total respondents were Office Managers
OVERALL SATISFACTION RATINGS

Satisfaction by Provider Type:
- PCP Satisfaction: 85%
- Specialist Satisfaction: 90%

Satisfaction by County:
- Merced: 92%
- Monterey: 90%
- Santa Cruz: 82%

Note: top 2 ratings on a 5-point scale
N = 199-210
<table>
<thead>
<tr>
<th>Category</th>
<th>2017 Alliance Summary Rate</th>
<th>2018 Alliance Summary Rate</th>
<th>2018 Percentile Ranking</th>
<th>2017 Medicaid BOB Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliance comparison with other health plans</td>
<td>67%</td>
<td>69%</td>
<td>95&lt;sup&gt;th&lt;/sup&gt;</td>
<td>36%</td>
</tr>
<tr>
<td>Provider Relations</td>
<td>65%</td>
<td>67%</td>
<td>97&lt;sup&gt;th&lt;/sup&gt;</td>
<td>37%</td>
</tr>
<tr>
<td>Call Center/Alliance Staff</td>
<td>68%</td>
<td>68%</td>
<td>97&lt;sup&gt;th&lt;/sup&gt;</td>
<td>38%</td>
</tr>
<tr>
<td>(all health plan call center staff)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilization &amp; Quality Management</td>
<td>57%</td>
<td>65%</td>
<td>99&lt;sup&gt;th&lt;/sup&gt;</td>
<td>33%</td>
</tr>
<tr>
<td>Finance Issues (Claims)</td>
<td>56%</td>
<td>57%</td>
<td>96&lt;sup&gt;th&lt;/sup&gt;</td>
<td>31%</td>
</tr>
<tr>
<td>Network/Coordination of Care</td>
<td>42%</td>
<td>44%</td>
<td>91&lt;sup&gt;st&lt;/sup&gt;</td>
<td>29%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>34%</td>
<td>40%</td>
<td>93&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>23%</td>
</tr>
</tbody>
</table>

Note: top 2 ratings on a 5-point scale
### Loyalty Analysis

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018*</th>
<th>Medicaid Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Loyal</strong></td>
<td>42%</td>
<td>37%</td>
<td>51%</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>88% [52%]</strong></td>
<td><strong>31%</strong></td>
<td><strong>69%</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Indifferent</strong></td>
<td>57%</td>
<td>60%</td>
<td>49%</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>10% [48%]</strong></td>
<td><strong>65%</strong></td>
<td><strong>20%</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Defection</strong></td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>2% [1%]</strong></td>
<td><strong>4%</strong></td>
<td><strong>11%</strong></td>
<td></td>
</tr>
</tbody>
</table>

- **Loyal** = Recommend the Alliance and Somewhat or Completely Satisfied
- **Indifferent** = other responses
- **Defection** = Would not recommend the Alliance and Somewhat or Completely Dissatisfied

*Survey methodology changed from 2016/2017 to 2018. 2018 performance applying historic methodology is captured in brackets for comparison to prior years.*
• Satisfaction with core health plan functions is above the 90th percentile when compared to SPH Analytics Medicaid book of business.

• Overall satisfaction has increased year over year, and satisfaction with areas of core health plan operations has increased or remained stable compared to 2017.

• Half of survey respondents were Office Managers, who were less satisfied with core health plan operations than physician respondents.

• Larger practices were less satisfied with the Alliance than smaller practices
CUSTOM QUESTIONS
Custom questions measure satisfaction in the following categories:

- Provider portal/web services
- Cultural and linguistic services
- Timely access
- Incentive programs
- Care management (includes NAL)

Demographic questions assess practice size, area of medicine, Medi-Cal practice volume, and preferred communication style.
Portal Use/Awareness:

- 21% never use the portal.
- 34% aren’t sure how using the portal can improve their processes.
- 26% aren’t aware of services available on the portal.
- 13% need training on how to use the services on the portal.

How satisfied are you with the Provider Portal?

- 69% in 2016
- 73% in 2017
- 71% in 2018

N = 185
Accessibility to Services Ratings

- Satisfaction with access to urgent and routine visits increased.
- Dermatology and Orthopedics remain difficult to access specialties throughout the Service Area.

### Top 3 specialties most difficult to access, by county

<table>
<thead>
<tr>
<th>Merced</th>
<th>Monterey</th>
<th>Santa Cruz</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2018</td>
<td>2017</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>ENT</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Orthopedics</td>
<td>Dermatology</td>
</tr>
<tr>
<td>ENT</td>
<td>Dermatology</td>
<td>Cardiology/Pulmonology</td>
</tr>
</tbody>
</table>
Do the resources listed below help you understand and succeed on individual incentive measures?

<table>
<thead>
<tr>
<th>Resource</th>
<th>Yes</th>
<th>No</th>
<th>Have Not Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Portal</td>
<td>48%</td>
<td>62%</td>
<td>59%</td>
</tr>
<tr>
<td>Provider Workshops</td>
<td>48%</td>
<td>36%</td>
<td>58%</td>
</tr>
<tr>
<td>Provider Website Resources and Forms</td>
<td>58%</td>
<td>36%</td>
<td>41%</td>
</tr>
<tr>
<td>Provider Bulletin Articles</td>
<td>41%</td>
<td>56%</td>
<td>38%</td>
</tr>
<tr>
<td>Fax/Email Communications</td>
<td>38%</td>
<td>59%</td>
<td>53%</td>
</tr>
<tr>
<td>In Person Training (PSR)</td>
<td>53%</td>
<td>59%</td>
<td>38%</td>
</tr>
<tr>
<td>In Person Training (Clinical Staff)</td>
<td>38%</td>
<td>41%</td>
<td>56%</td>
</tr>
</tbody>
</table>

N = 151-156

Does the incentive program offered by the Alliance motivate you to improve access and quality of care for Alliance members?

- Yes: 71%
- No: 13%
- Uncertain: 11%
- Not Aware: 5%

N = 188

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Incentive Programs

Provider Portal
Provider Workshops
Provider Website Resources and Forms
Provider Bulletin Articles
Fax/Email Communications
In Person Training (PSR)
In Person Training (Clinical Staff)
Do you refer your patients to the Nurse Advice Line?

If not, why?
• “Didn’t know about it”
• “Never needed it”
• “Is confusing for Spanish speakers”
• “It’s our responsibility to answer urgent questions”
Takeaway: email and mail communications are preferred over fax/portal communications.
• **Provider portal** awareness and engagement can be improved.

• The majority of providers do not engage with **cultural and linguistic services** and communication materials.

• **Satisfaction with access to urgent and routine care increased.** Access to Dermatology and Orthopedics remains an area for improvement.

• The majority of respondents are **driven by incentive programs to improve access and quality** of care.

• **Fax/email communications** and Provider Bulletin articles are the most useful incentive resources.

• **Email and mail communications** are preferred overall.

• 50% of respondents do not refer members to the NAL.
To improve satisfaction with Alliance services, the following actions are recommended:

- Utilize 2018 Survey data to inform a Provider Education Curriculum
- Meet with “defected” providers to learn more about their unfavorable rating of the Alliance
- Target resources and support to office staff and larger practices
- Evaluate and improve provider portal education and training.
- Assess opportunity for enhancing communication around incentives, C&L services, and the NAL.
- Promote eConsult to increase access to Dermatology services.
- Investigate the potential for network development and recruitment in the indicated difficult-to-access specialties.
PHYSICIANS ADVISORY GROUP MEETING
CALENDAR FOR 2019

Thursday, March 7 12:00 PM to 1:30 PM
Thursday, June 6 12:00 PM to 1:30 PM
Thursday, September 5 12:00 PM to 1:30 PM
Thursday, December 5 12:00 PM to 1:30 PM

All meetings will be held via video conference at the Alliance offices listed below:

Alliance Main Office: 1600 Green Hills Road, Suite 101, Scotts Valley, CA 95066
Alliance Salinas Office: 950 East Blanco Road, Suite 101, Salinas, CA 93901
Alliance Merced Office: 530 West 16th Street, Suite B, Merced, CA 95340

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