



# Physicians Advisory Group

## Meeting Agenda

Date: **Thursday, December 5, 2024**

Time: **12:00 p.m. – 1:30 p.m.**

Place: **Santa Cruz County:**

Central California Alliance for Health - Board Room  
1600 Green Hills Road, Suite 101, Scotts Valley, CA

**Monterey County:**

Central California Alliance for Health - Board Room  
950 East Blanco Road, Suite 101, Salinas, CA

**Merced County:**

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

**Mariposa County:**

Mariposa County Health & Human Services – Cathey's Valley Room  
5362 Lemee Lane, Mariposa, CA

**San Benito County:**

Community Services & Workforce Development Building - Conference Room  
1161 Felipe Road, Bldg. B, Hollister, CA

1. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Advisory Group or to address an item that is listed on the agenda may do so in one of the following ways.
  - a. Email comments by 5:00 p.m. on Wednesday, December 4 to the Clerk of the Advisory Committee at [tneves@ccah-alliance.org](mailto:tneves@ccah-alliance.org)
    - i. Indicate in the subject line "Public Comment." Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
    - ii. Comments will be read during the meeting and are limited to five minutes.
  - b. In person, from an Alliance County office, during the meeting when that item is announced.
    - i. State your name and organization prior to providing comment.
    - ii. Comments are limited to five minutes.

\*\*\*\*\*

### 1. **Call to Order by Chairperson Hsieh. 12:00 p.m.**

- A. Roll call.
- B. Supplements and deletions to the agenda.

### 2. **Oral Communications. 12:10 p.m.**

- A. Members of the public may address the Advisory Group on items not listed on today's agenda that are within the jurisdiction of the Advisory Group.  
Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

- B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

**Consent Agenda Items: 12:15 p.m.**

**3. Approve PAG Meeting minutes of September 12, 2024.**

- A. Reference materials: Minutes as above.

**Regular Agenda Items: 12:20 p.m.**

**4. New Business**

- |  |   |
|--|---|
| A. BH Insourcing Update, Questions, Concerns | K. Sullivan, PhD.                       |
| B. BHT Services Discussion                   | K. Sullivan, PhD, M. Kanafani, MBA, MPH |
| C. Medi-Cal Capacity Grant Program           | J. Finney                               |
| D. Health Equity                             | V. Paz                                  |
| E. Oral Health                               | S. King                                 |

**5. Open Discussion: 1:20 p.m.**

- A. Group may discuss any urgent items.

**6. Adjourn: 1:30 p.m.**

**The next meeting of the Physicians Advisory Group, after this December 5, 2024 meeting:**

Date/Time: Thursday, March 6, 2025, 12:00-1:30 p.m.

Location: All Alliance counties

*The complete agenda packet is available for review on the Alliance website at [www.ccah-alliance.org/boardmeeting.html](http://www.ccah-alliance.org/boardmeeting.html). The Alliance complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Clerk of the Advisory Group at least 72 hours prior to the meeting at (831) 430-5556.*

# Physicians Advisory Group



## Meeting Minutes

**Thursday, September 12, 2024**

12:00 - 1:30 p.m.

**Santa Cruz County:**

Central California Alliance for Health – Board Room  
1600 Green Hills Road, Suite 101, Scotts Valley, CA

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**Mariposa County:**

Mariposa County Health & Human Services – Alliance Suite  
5362 Lemee Lane, Mariposa, CA

**San Benito County:**

Community Services & Workforce Development Building - Conference Room  
1161 Felipe Road, Bldg. B, Hollister, CA

**Group Members Present:**

Dr. Shirley Dickinson	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Mai-Khanh Bui-Duy	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. Charles Harris	Board Member
Dr. Donaldo Hernandez	Board Member

**Group Members Absent:**

Dr. Casey KirkHart	Provider Representative
Dr. Jason Novick, DPM	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Mimi Carter	Provider Representative
Dr. Cheryl Scott	Provider Representative
Dr. Salvador Sandoval	Provider Representative
Dr. Misty Navarro	Provider Representative
Dr. Ralph Armstrong	Board Member

**Staff Present:**

Dr. Dianna Myers	Medical Director
Dr. Mike Wang	Medical Director
Ms. Monica Parra	Senior Program Development Analyst
Ms. Maribel Quintero	Provider Relations Supervisor
Ms. Navneet Sachdeva	Pharmacy Director
Ms. Elizabeth Leary	Care Management Director

Mr. Krishan Patel  
Ms. Sarina King  
Ms. Tracy Neves

Data Analytics Services Director  
Quality & Performance Improvement  
Clerk of the Advisory Group

**Public Representatives Present:**

Ms. Becky Shaw

Provider Representative

1. Call to Order by Dr. Dianna Myers.

Group Chairperson Myers called the meeting to order at 12:05 p.m.  
Roll call was taken.

2. Oral Communications.  
Chairperson Myers 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.

**Consent Agenda Items:**

- A. The Group reviewed the May 30, 2024 Physicians Advisory Group (PAG) minutes.

**Action:** Minutes approved.

3. **Regular Agenda Items:**

- A. Care Management at the Alliance  
Elizabeth Leary asked the Group for feedback regarding care management services. The Alliance has a robust care management (CM) program and would like to hear from providers. The Group was asked what the Alliance can do better and whether providers are familiar with the referral process and website. A provider asked about Medi/Medi members. It was noted the Alliance receives quite a few self-referrals from these members. The Alliance will be officially managing these members beginning in 2026. A provider noted she has referred patients to CM, and it has been beneficial, and wishes she could get more patients to agree to services. Another provider noted, at Dominican there is frustration with the healthcare navigators. Some of the issues are navigators are in remote locations and don't understand the needs of patients. There needs to be a person in the community to help with challenging transitions of care. Providers are not happy with the current transitions of care navigation out of hospital. There are specific issues to each county, and having someone remotely is not helpful. It was suggested to have someone in-person that understands the counties (navigators for the Alliance). Another provider noted the process is very frustrating and she needs to do lots of coordination.

Another provider asked why referrals are needed and not utilization, medication and claims to identify patients. A provider noted the program is underutilized and educating staff and physicians may be helpful. Dr. Myers noted the CM team can attend physician meetings to provide education. The Group was asked how the Alliance can support providers, physicians' offices, and opportunities to partner with other entities. It was suggested to utilize data and identify individuals for transitions of care and embed a person onsite in the hospital to be able to coordinate services.

Dr. Wang noted the Alliance is actively working with hospitals to identify patients. Elizabeth noted an increased presence in the hospitals for engagement, and acknowledged an in-person presence could assist patients in accepting services. The Alliance is currently participating in IDT meetings to identify patients.. A provider suggested community health worker (CHW) assistance as patients may be more willing to accepting care. Another suggestion was to maximize the data to effectively assist individuals. It was noted, there are multiple data sources, and many referrals come from the hospital and the population health database to identify high-risk members. If there are any issues with referrals, please reach-out to CM and/or Elizabeth. It was suggested maybe the CHW can be part of the ECM program. A provider noted her limitation is that she cannot do ECM without anyone to manage the program. Another provider noted there are restrictions with ECM.

B. Data Sharing with Hospitals & Clinics

Dr. Wang asked the Group what data they feel is missing that the Alliance can help supplement. A provider noted she would like up to date data, information currently received is out of date. The Care Based Incentive (CBI) information and data is not helpful, and more real time data would be excellent. A provider suggested a list of enhanced care management (ECM) patients.. Also, the ability to receive special reports would be helpful otherwise it takes lots of time to gather the information. The information between hospitals and clinics needs to be improved so the provider is aware of what is going on with patients. The discharge information is different for the hospitals and clinics and some providers do not have access to the information. A provider noted she is able to get most of the information but not from SVMH. Another provider noted challenges with EHR, and the Group was made aware that the Alliance provides technology grants to support clinics. The Alliance is investing in resources to make connections more robust. Other suggestions included making systems compatible and data more transmissible. Dr. Wang noted he is meeting with SCHIO, and they are contracted with all of the Alliance counties. The hospitals should be onboard soon. In area hospitals are being targeted first, and other hospitals with high volumes.

A provider noted what is most important is getting the patient in for care, and data is secondary. A clinic is working on the data sharing incentive and working with Dignity. Another provider noted she has not had the health information exchange (HIE) work well in her county and each region is very different. A provider suggested a possible two tier plan that takes care of patients while changes are being made for the future. Some providers receive clinical notes, and it is working well while others have issues. Salud is working closely with the HIE but there are limitations. The provider also noted, she appreciates the grants, but more resources are needed. The primary care providers (PCPs) need to be able to read each other's notes. Utilize this Group to be mindful about the approach and how to harness the data. Dr. Wang noted a follow-up survey will be sent to providers regarding the asking what EHR you are using and your general data completeness.

C. Equity Transformation Program (EPT) and Practice Coaching

Monica Parra provided an overview of the EPT Payment Program. The program has changed, and the budget has decreased, and it is now a 3 year program. The program is a CMS directed payment program. The goal of the program is primary care practice transformation to advance health equity, address COVID-19 driven care disparities and enhance the health and wellness of Medi-Cal enrollees. There were 25 providers that applied for the EPT program and 15 were awarded.. The Alliance is supporting the 4<sup>th</sup>

most projects out of all health plans in the state. Monica reviewed the revised EPT structure which includes a 3 year program, 25 required milestones for all practices, reduction in payment and PhmCAT 1 delayed payment. The Population Health Management (PHM) building blocks were reviewed and include empanelment and access, data to enable PHM, care delivery model, value based payments and key performance indicators. The payment structure and payment cycle were reviewed with the Group. There are 5 EPT components that will train and support the implementation of PHM best practices. Participation will enable practices to meet EPT milestones and receive payment. Sarina King presented on provider partnerships and practice coaching. There was a pilot program in Merced that partnered with 5 practices to help them with quality areas and disparities. The Alliance will leverage the information to find synchronicity with EPT and provide partnerships and improvement efforts. The EPT program spans across all counties. A provider asked how to access coaching, Sarina noted that providers can reach out to the Alliance interested. It was also noted, the payment structure has not been finalized. An information session for providers regarding next steps will be offered. The next steps were reviewed with the Group. A provider noted they have the system in place and changes and improvements have been made.. Dr. Myers noted the Alliance appreciates feedback regarding the program and is excited to move into the additional counties.

#### 4. Open Discussion

It was noted Proposition 35 is an MCO mechanism to increase the number of resources going to the Medi-Cal system. It is a system for taxing existing Medi-Cal programs which brings down federal funding. The funds collected from the state go back to Medi-Cal organizations. A fee schedule was negotiated with an increase in the MCO funds that assist with an array of services. If individual practices would like more information,, contact Dr. Hernandez and he can provide additional information for providers and patients.

A provider noted she is seeing many sick children and is overwhelmed, and there is a need for more providers. Dr. Myers asked the provider if she has accessed provider support through the Alliance's grant program. The provider did receive grants in the past, but retention is difficult. Dr. Hernandez noted in California there is federal loan forgiveness for physicians to assist entities providers are serving.. The benefit has been in place for 18 months. There requires a demonstrated willingness to pay back the loan, and once paid back, the entity of the loan is reimbursed. Dr. Hernandez will send additional information to pass along to the grants team.

#### **Adjourn:**

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves  
Clerk of the Advisory Group

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items for discussion and/or action must be placed on the agenda prior to the meeting.



# Behavioral Health Insourcing Update

Program Sponsor: Kristynnn Sullivan, PhD

Physicians Advisory Group  
December 5, 2024



## BEHAVIOR HEALTH INTEGRATION PROGRAM (BHIP)

### Agenda

1. BHIP Objectives
2. Benefits and Challenges
3. Strategic Goal Alignment
4. Key Program Components
5. Questions, Concerns, Feedback



# BHIP: Program Objectives



# BHIP: **Benefits and Challenges**

## Benefits

- Maximum flexibility and control
- Simplified care integration
- Leverages Alliance Strengths in BH space
- Aligns with vision and values

## Challenges

- Significant lift across all departments
- Lengthy planning process
- Competes with other priorities



# BHIP: Strategic Goal Alignment

## Health Equity

Eliminate health disparities and achieve optimal health outcomes for children and youth



## Person-Centered Delivery System Transformation

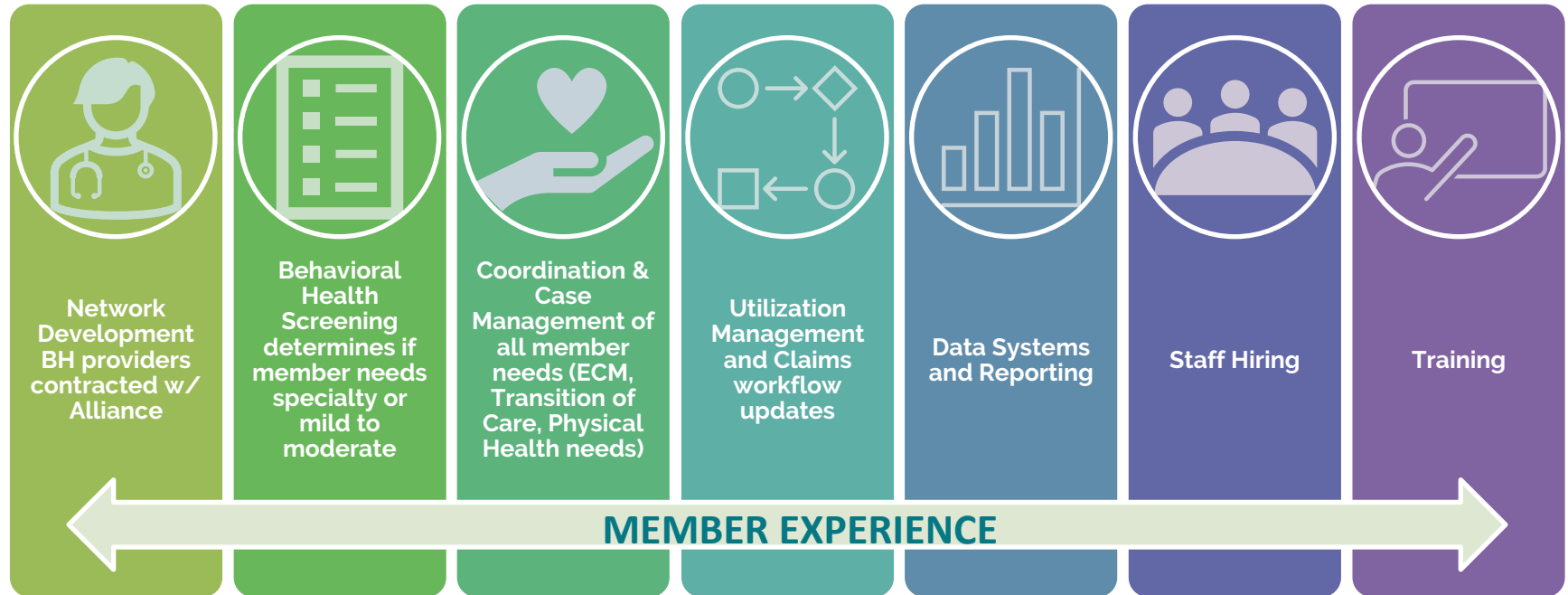
Improve behavioral health services and systems to be person-centered and equitable



# Member Centered Care



# BHIP Key Program Components



# QUESTIONS, FEEDBACK, CONCERNS?

Program Sponsor: Kristynnn Sullivan





# Behavioral Health Therapy

Kristynnn Sullivan, PhD & Marwan Kanafani, MBA



# BEHAVIOR HEALTH INTEGRATION PROGRAM (BHIP)

## Agenda

1. Carelon CAP
2. Provider Feedback



# Carelon **Corrective Action Plan**

## Problem Statement

- On March 8th, 2024, Carelon notified the Plan that it had identified over 500 Alliance members who had not been adequately captured on Carelon's waitlist to receive BHT services. As a result, the members did not receive outreach from Carelon and were not connected to referred and/or requested services.
- CAP through DHCS and CCAH officially opened on 4/17/24, with 11 deficiency areas identified.

## Alliance Actions

- Alliance Behavioral Health team met weekly from April 2024-October 2024 with Carelons BHT team to monitor progress and CAP requirements.
- Alliance required Carelon to create several new reports to show improvement in CAP requirements and Gaps that were identified, including but not limited to: weekly member referral tracking, Coordination of Care, Case management reports and updated policies and operating procedures; Alliance reviewed, provided feedback and had ultimate approval of updated standards.

## Outcome

- Timely access to appointments (within 10 business days) increased from start of CAP ( ~20%) to end of CAP (~75%)
- CAP closed on 10/9/24, as all 11 deficiencies were completed to Alliances standard. However, Alliance BH team will continue to meet with Carelon BHT team monthly and require ongoing weekly reporting.



## Feedback from Providers

- Have you seen improvement?
- What are the current sticky points?
- What would you like to see when we insource?
- Other comments?







# Medi-Cal Capacity Grant Program Investment Priorities

Jessica Finney  
Community Grants Director  
Physicians Advisory Group  
December 5, 2024



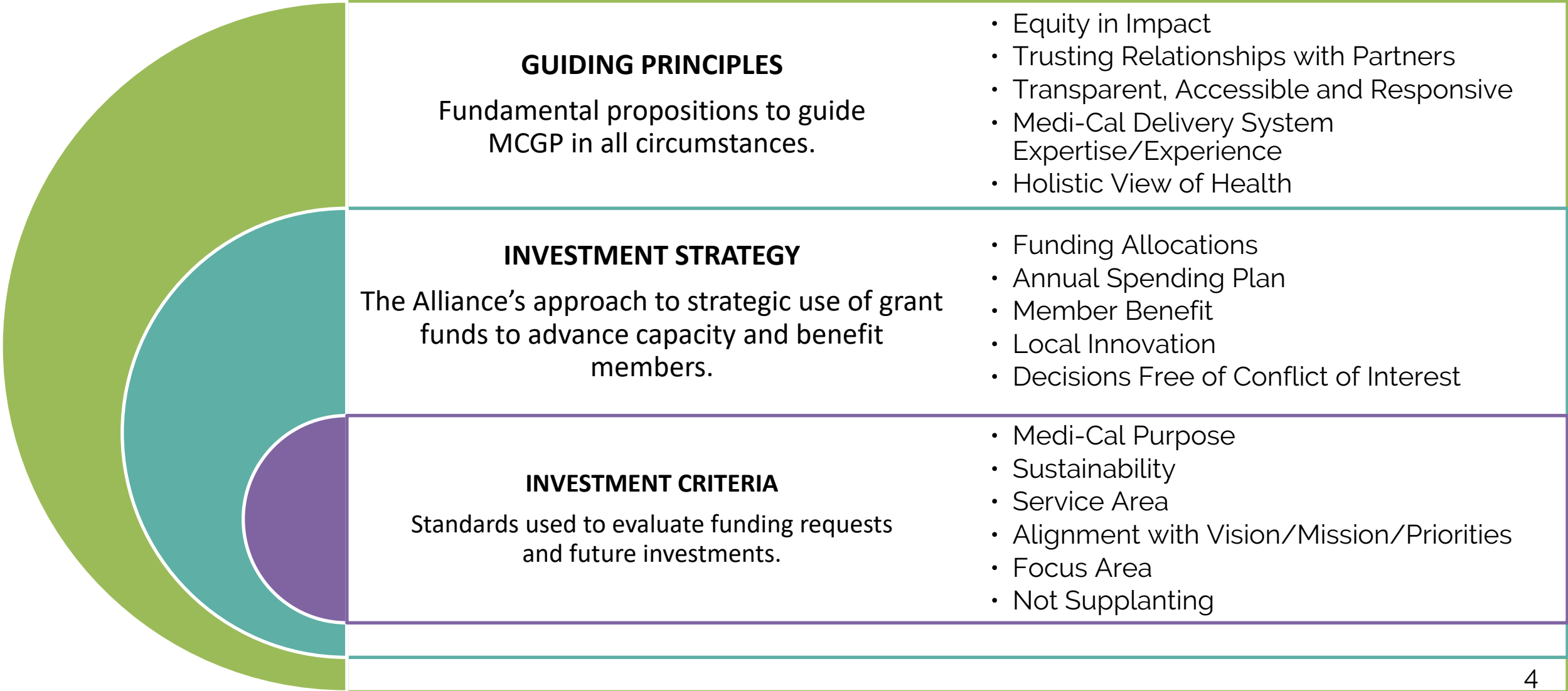
# TOPICS

- Background and framework for MCGP planning.
- Community needs and service gaps identified through data and stakeholder feedback.
- Emerging priorities for MCGP investments.

# MCGP ANNUAL PLAN GOVERNANCE

- The Board provides strategic direction for the MCGP through an annual investment plan.
  - Input on community needs and grantmaking priorities in the Alliance's service area.
  - Funding allocations for Board-directed strategies.
  - Review progress from previous allocations to make adjustments as needed.
- 2025 Investment Plan will be presented for Board approval in January 2025.

# MCGP FRAMEWORK



# MED-CAL CAPACITY GRANT PROGRAM

## CURRENT FUNDING OPPORTUNITIES

FOCUS AREAS	ACCESS TO CARE	HEALTHY BEGINNINGS	HEALTHY COMMUNITIES
STRATEGIES	Health Care Workforce  Health Care System Infrastructure	Parent/Child Health & Wellness  Parent Education & Engagement	Social Determinants of Health  Community Resources  Engagement & Empowerment
GRANT PROGRAMS	<b>Workforce Recruitment</b> <i>Provider, CHW, MA, Doula</i> <b>Network Doula TA</b> <b>Healthcare Technology</b> <b>Equity Learning</b> <b>Data Sharing Support</b> <b>Capital</b>	<b>Home Visiting</b>  <b>Parent Education &amp; Support</b>	<b>Community Health Champions</b>  <b>Partners for Active Living</b>
DIRECT GRANTS & OTHER INVESTMENTS	<b>Workforce Support for Care Gap Closures</b> <i>(one-time direct grants for primary care in Merced)</i>  <b>Workforce Development</b> <i>(e.g., CHW training)</i>	<b>Children's Savings Account Pilot</b> <i>Santa Cruz County only; direct grant</i>	<b>Community Partnerships on Social Drivers</b> <ul style="list-style-type: none"> <li>• Housing Fund</li> <li>• CHA/CHIP (Population Health)</li> </ul>

# 2025 INVESTMENT PLAN INPUTS

- Environmental Scan
  - Scan of current health care landscape
    - Quality Performance, CalAIM ECM/CS, BH Insourcing, D-SNP
  - Review of Community Needs Assessments and Community Health Improvement Plans
- Stakeholder Interviews
- Grantee Survey
- Internal Grants Review Committee
- Advisory Groups
- Board



# BACKGROUND ON HEALTH ASSESSMENTS

- Local health departments currently develop CHAs/CHIPs on varying cycles.
  - **Community Health Needs Assessments (CHAs):** Information about the community's current health status, needs, and issues.
  - **Community Health Improvement Plans (CHIPs):** A long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process.

# CHA & CHIP PRIORITIES ACROSS SERVICE AREA

## Top Health Issues (CHA)

1. Mental health and SUD
2. Access to care
3. Housing
4. Nutrition, Physical Activity & Weight

## Top Priorities (CHIP)

1. Mental health and SUD
2. Access to health care
3. SDOH (housing, employment, etc.)
4. Preventable Chronic Diseases: Heart Disease, Stroke, and Diabetes
5. Support for Families with Young Children

# BACKGROUND ON STAKEHOLDER INTERVIEWS

- **Purpose:** Gather insights on critical needs and opportunities to inform the development of the MCGP's 2025 Investment Plan.
- **Stakeholders Interviewed:** 11 community leaders
  - At least two from each county
  - Leaders representing:
    - Primary/specialty care providers (5)
    - Community-based organizations, some of which are ECM/CS providers (4)
    - Hospitals (2)
    - County health department (1)
    - County Behavioral Health Department (1)
  - Varying degrees of familiarity with the MCGP

# CRITICAL NEEDS IDENTIFIED BY STAKEHOLDERS

Access to  
Health Care  
Services

Health Care  
Workforce

Culturally and  
Linguistically  
Competent  
Care

Community  
Education and  
Engagement

Mental Health  
and SUD  
Treatment

Social  
Determinants of  
Health

Affordable  
Housing/Home  
lessness

Chronic Disease  
Prevention

Early Childhood  
Support

Affordable  
Child Care  
Options

# OPPORTUNITIES: ACCESS TO CARE

Challenge	Opportunities
Access to Care	<ul style="list-style-type: none"><li>• Increase the number of healthcare providers</li><li>• Increase/expand the number of healthcare facilities</li><li>• Improve access to primary care and early screenings</li><li>• Expand services for specific populations (e.g., aging population)</li><li>• Expand technology for improved access to care and data-sharing</li></ul>
Behavioral Health	<ul style="list-style-type: none"><li>• Address the shortage of behavioral health providers</li><li>• Build up the non-MD behavioral health workforce</li><li>• Create more options for mental health crisis care</li></ul>

## OPPORTUNITIES: ACCESS TO CARE (CONT.)

Challenge	Opportunities
Workforce Development	<ul style="list-style-type: none"><li>• Attract and retain qualified healthcare professionals</li><li>• Develop healthcare career pathways/pipeline programs</li><li>• Focus on “growing our own”</li><li>• Increase integration of CHWs and non-traditional providers</li></ul>
Cultural Competence	<ul style="list-style-type: none"><li>• Increase the number of bilingual, bicultural providers</li></ul>

# OPPORTUNITIES: HEALTHY COMMUNITIES

Challenge	Opportunities
Housing and Homelessness	<ul style="list-style-type: none"><li>• Increase housing options</li><li>• Leverage current state funding for housing</li><li>• Expand awareness of new housing benefits</li></ul>
Social Determinants of Health	<ul style="list-style-type: none"><li>• Increase access to healthy food options</li><li>• Expand broadband access</li><li>• Address transportation barriers</li></ul>
Community Outreach and Education	<ul style="list-style-type: none"><li>• Educate underserved populations about Medi-Cal services and accessing care</li><li>• Conduct outreach and education through community channels (e.g., churches, grocery stores, etc.)</li><li>• Encourage collaboration between health care providers and CBOs</li><li>• Provide capacity build support for CBOs</li></ul>

# GRANTEE SURVEY HIGHLIGHTS

- Surveyed all active Alliance grantees.
  - 40% response rate (n=52).
- 97% reported familiar with MCGP focus areas, goals and priorities.
- 76% of grantees responded “to a great extent” the MCGP funding priorities reflect a deep understanding of Medi-Cal member needs in their community.
- 84% reported the Alliance’s grant program has a significant positive impact on their local community.



## GRANTEE SURVEY HIGHLIGHTS (cont.)

- Themes on needs for investment:
  - Access to and availability of Medi-Cal services
  - Workforce recruitment/retention
  - Housing via capital grants
  - Access to healthy food

# EMERGING **2025 PRIORITIES**

- Workforce Development
- Behavioral Health Access
- Parent Support and Engagement
- Community Education and Engagement
- Social Drivers of Health

# EMERGING PRIORITIES: **ACCESS TO CARE**

- **WORKFORCE DEVELOPMENT:** Support initiatives to address access to care and grow a diverse healthcare workforce that reflects the communities the Alliance serves.
  - Key investments may include:
    - Partnering with educational institutions to create healthcare pipeline and pathway programs.
    - Implementing “grow our own” strategies by offering local healthcare education scholarships to develop homegrown talent.
    - Supporting targeted recruitment efforts and workforce interventions to address specific gaps.
- **BEHAVIORAL HEALTH:** Expand access to comprehensive behavioral health services. Investments could focus on:
  - Integrating behavioral health into diverse community settings
  - Enhancing the crisis care continuum
  - Addressing identified service gaps

## EMERGING PRIORITY: **HEALTHY BEGINNINGS**

- **PARENT SUPPORT AND ENGAGEMENT:** Invest in programs that empower parents and caregivers through education and support, ensuring access to timely prenatal and postnatal care, preventative health services, and community resources.

# EMERGING PRIORITY: **HEALTHY COMMUNITIES**

- **COMMUNITY EDUCATION AND ENGAGEMENT:** Invest in trusted, community-based organizations serving historically marginalized communities to educate members about Medi-Cal services, improve access to care, and promote the importance of preventative care and regular screenings.
- **SOCIAL DRIVERS OF HEALTH:** Continue investing in social drivers of health, such as access to nutritious food, safe spaces for recreation, and permanent supportive housing.

# DISCUSSION

- Do the community needs identified align with what you observe in your community?
  - What surprises you?
  - Is anything missing?
- Which of the emerging priorities should we focus on that you think will make the biggest difference in the long run?
- What changes would you recommend for existing grant programs?

END



# Upcoming Listening Sessions

Diversity, Equity, and Inclusion Training for Providers

Vanessa Paz, Health Equity Program Manager

December 5, 2024





Upcoming Listening Sessions  
to Shape Provider Training on  
Diversity, Equity and Inclusion

Facilitated by Mersman Enterprises  
(MEI)

## Agenda:

- Introduce DEI Training
- Listening Sessions
- More information on Sessions to come

# Diversity, Equity, and Inclusion (DEI) Training

- **Facilitated by MEI** – a collaborative of experts in educational and health equity
- Diversity, Equity, and Inclusion training will be a 2025 requirement for all network providers
- Training will be co-written by the community and providers
- Your feedback matters



# Purpose of Listening Sessions

- **Why We Need Your Help**

We are working on improving how doctors and healthcare staff in the Alliance Health Plan provide care. These listening sessions are your chance to tell us about your experiences so we can make sure future training programs for healthcare workers reflect the real needs of the community.

- **How Your Input Will Be Used**

Your stories will directly shape the training program that helps healthcare workers:

- Understand and respect different cultures and backgrounds.
- Provide better, more personalized care for everyone.

- **Our Goal**

To create a training program that makes sure all members, no matter their background or health needs, receive high-quality and respectful care.



# Key Areas of Focus

## Quality of Care

What does good care look like to you?

## Trust

How can we build and keep your trust?

## Cultural Responsiveness

How can we provide healthcare that you connect with and feel understood by?



Which communities are particularly important and unique to your region?



# Key Areas of Focus

## Quality of Care

- Think about a time when you received very good healthcare.
- What made it good?
- Was it the way the staff treated you, the care you received, or something else?

## Trust

- Recall an experience where you felt you could trust your healthcare provider.
- What did they do to earn your trust?
- Was there ever a time you didn't trust them? Why?

## Cultural Responsiveness

- Describe a time when a healthcare provider respected your culture or background.
- How did it make you feel?
- Was there a time when they didn't understand or respect your culture? What happened?



# Questions?



# Physicians Advisory Group Meeting Calendar 2025



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Thursday, March 6	12:00 - 1:30 PM
Thursday, June 12	12:00 - 1:30 PM
Thursday, September 4	12:00 - 1:30 PM
Thursday, December 4	12:00 - 1:30 PM

❖ Lunch Provided

