



# Physicians Advisory Group

## Meeting Agenda

Date: **Thursday, March 2, 2023**

Time: **12:00 p.m. – 1:30 p.m.**

Place: **Santa Cruz County:**

Central California Alliance for Health – Monterey 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 – Los Banos 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.

**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.
- 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 December 1, 2022.**

- A. Reference materials: Minutes as above.

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

**4. Old Business**

- A. Care Based Improvement/Care Based Incentives 2024 D. Bishop, MD, D. Diallo, MD

**5. New Business**

- A. Specialist Access C. KirkHart, DO
- B. Urgent Care Access D. Bishop, MD

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

**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

A. Group may discuss any urgent items.

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

**The next meeting of the Physicians Advisory Group, after this March 2, 2023 meeting:**

Date/Time: Thursday, June 1, 2023, 12:00-1:30 p.m.

Location: All Alliance locations

*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



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## Meeting Minutes

Thursday, December 1, 2022  
12:00 - 1:30 p.m.

### Held via Teleconference

#### **Group Members Present:**

Dr. Shirley Dickinson	Provider Representative
Dr. Michael Yen	Provider Representative
Dr. James Rabago	Provider Representative
Dr. Caroline Kennedy	Provider Representative
Dr. Cristina Mercado	Provider Representative
Dr. Casey Kirkhart	Provider Representative
Dr. Misty Navarro	Provider Representative
Dr. Amy McEntee	Provider Representative
Dr. Devon Francis	Provider Representative
Dr. Salvador Sandoval	Provider Representative

#### **Group Members Absent:**

Dr. Anjani Thakur	Provider Representative
Dr. Patrick Clyne	Provider Representative
Dr. Jennifer Hastings	Provider Representative
Dr. Scott Prys	Provider Representative

#### **Staff Present:**

Dr. Dale Bishop	Chief Medical Officer
Dr. Dianna Diallo	Medical Director
Dr. Gordon Arakawa	Medical Director
Ms. Navneet Sachdeva	Pharmacy Director
Ms. Jennifer Mockus	Community Care Coordination Director
Ms. Shaina Zurlin	Behavioral Health Director
Ms. Alex Sanchez	QI Program Advisor
Ms. Michelle Stott	QI & Population Health Director
Ms. Kristen Rohlf	QI Program Advisor
Ms. Tammy Brass	Utilization Management Director
Ms. Jessie Dybdahl	Provider Services Director
Mr. Jim Lyons	Provider Relations Manager
Ms. Ronita Margain	Community Engagement Director
Ms. Lilia Chagolla	Community Engagement Director
Ms. Veronica Lozano	Quality Improvement Program Advisor
Ms. Van Wong	Chief Operating Officer
Ms. Tracy Neves	Clerk of the Advisory Group

#### **Public Representatives Present:**

Ms. Becky Shaw	Public Representative
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1. Call to Order by Chairperson Dr. Dale Bishop.

Group Chairperson Bishop called the meeting to order at 12:00 p.m.  
Roll call was taken.

No supplements or deletions were made to the agenda.

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.

### **Consent Agenda**

- A. The group reviewed the September 1, 2022 Physicians Advisory Group (PAG) minutes.

**Action:** Minutes approved as written.

3. **New Business**

- A. 2022 Care Based Incentive (CBI) Adjustment and 2023 Improvement Plan

Dr. Bishop provided an overview of the CBI Adjustment. The intent of CBI is to improve care coordination, access, and quality. The Alliance assumed in the past that when providers received an incentive, it was helpful to reinvest it in quality improvement strategies to continue to do well in CBI. But reinvestment in quality improvement does vary among practices. An adjustment factor was put in place due to DHCS requirements. To achieve medical quality metrics above the 50th percentile. Previously the metric was the 25<sup>th</sup> percentile but changes were made and sanctions but in place beginning in 2021. Also, DMHC has set goals for quality improvement. In 2020, the Board approved putting an adjustment factor in place and the Alliance removed it temporarily in 2021 due to the severity of the pandemic. The adjustment ranges from a multiplier of .75 of the earnings on CBI down to a multiplier of zero. If you have one of three metrics between 25th and 50th, there is a .75 adjustment factor. Four or more metrics below the 25th CBI payment is removed. The Alliance has contacted providers to work on gaps in care and reporting.

A provider asked if the CBI is proportional in all three counties. It was noted incentive payments which are based on achieving higher scores are higher in Santa Cruz and Monterey Counties. The Alliance is looking to develop a program to make investment to assist lower performing practices which will result in a higher proportion of funds directed to Merced County. There was another question regarding data reporting. It was noted the Alliance is reaching out to all providers that have gaps in care, and Provider Services is collaborating with providers that will have adjustments. A provider asked how many providers are facing adjustments. Dr. Bishop noted about half of the providers will have an adjustment. The complete data is only through Q2, and the Alliance is finishing the Q3 data now.

Provider noted the 15-month well child check-up is exceedingly difficult because patients can transfer in at 14 months of age and she is still required to get their visits done. She also noted that she spends hours just letting the Alliance know the data is flawed. The provider suggested that those below the 25th percentile be allowed to

work the Quality Improvement (QI) department to obtain extra data to help them catch up. Provider suggested the Alliance consider being a little more flexible and build tools for those that are going to be hit hard on the CBI.

It was noted, CBI practice profiles for quarter three will begin to be released next week and in the provider portal quarter 3 CBI reports are available for review by the CBI team and should be available soon for providers. The Alliance is aware there is missing information, and the QI team or Provider Services Representatives can work with clinics. Dr. Bishop noted with Board approval, CBI improvement funding could be made available to providers for reports and EMR upgrades. There is an opportunity to use this funding for improvement. Also noted, QI is actively soliciting ideas from providers about how to make improvements to the data and how to make it more actionable. If there are any suggestions that providers have in terms of what would be easier for the clinics, please reach out to your representatives,

B. CBI Performance Improvement Project

Dr. Diallo reviewed the performance improvement project. The Alliance is requesting Board approval for funds to support practices and improvement projects with the goal to support targeted process improvement in a way that can be sustainable in order to increase measure performance to meet the minimum performance levels in 2023.

The intent is to reinvest these funds back into practices that are losing funds through their CBI 2022 payments. This goal ties into our strategic plan of Health Equity and the key objective of getting to the green for pediatric measures. The aim is to NCQA 90th percent for 2026. This performance improvement proposal and plan is just one of the means the Alliance is working on to support pediatric Health Equity.

In particular, the Alliance would like to prioritize the pediatric measures and also address the efforts needed to achieve these measures. The Alliance is looking primarily at the well child visits in the first 15 months, and immunizations for children and adolescent well care visits. Adolescent immunizations, diabetes control and cervical cancer screening are some of the measures. There are a few adult measures as some practices do not have pediatrics or many pediatrics patients. The Alliance is looking at a possible five points for that first well child visit, six visits and 15 months and in the first two years of immunizations to be the highest priority, along with the child and adolescent well care visits.

The Alliance is trying to determine how the funding would be distributed based on provider challenges, and how best to support provider approaches. A provider asked if the Alliance determines root cause of performance issues. Dr. Diallo noted that practices know their issues best and they may vary by practice, region, and specialty. Access issues, staffing, and data collection challenges are the issues that have been expressed by providers. Also noted, was it can be overwhelming for practices to figure out the problems, and any suggestions would be helpful for practices. It was noted, if a practice is on the borderline with some well child visits, nothing can be done for those that do not have any workable solutions.

Provider Services noted there is an opportunity when the quarter three profiles come out for practices to submit extra or supplemental data. Providers were encouraged to reach out to representatives for more assistance with data. The Alliance suggested

practice coaching and practices in targeted geographic areas working together that have similar challenges to discuss projects and solutions.

The data is an issue, and the Alliance does not have all the records, It was suggested if a trained person could go out to the practices, it would be a huge relief for clinics. A centralized person that can help practices reach goals would be helpful. Practice coaches can provide some support. **Action:** The Alliance will investigate how to better support data collection. Data collection and reconciliation and maximizing the electronic health records (EHR) system is critical. Best practices can be shared and the Alliance is open to strategies and improvements for electronic medical records. Provider noted that assistance to offset the cost of EHR would help providers. The proposed project timeline was shared with the Group.

#### C. Care Based Incentives 2024

Dr. Diallo shared ideas for CBI for 2024. The Alliance is looking to continue to prioritize pediatric measures and support quality care through the incentive program and reward the practices. In addition, we are preparing for DSNP administration in 2026. Also, the Alliance is working to prioritize some of the adult measures. Care Coordination measures include:

##### Hospital and Outpatient Measures

- Ambulatory Care Sensitive Admissions
- Plan All-Cause Readmissions
- Preventable Emergency Visits

##### Access Measures

- Adverse Childhood Experiences (ACEs) screening in Children and Adolescents
- Application of Dental Fluoride Varnish
- Developmental Screening in the First 3 Years
- Initial Health Assessment
- Unhealthy Alcohol Use in Adolescents and Adults
- Post-Discharge Care

BMI Assessment and Screening and Screening for Depression and follow-up will be removed.. Proposed additions include:

- Colorectal Cancer Screening
- Well-Child Visits for Age 15 Months–30 Months
- Chlamydia Screening in Women
- Controlling High Blood Pressure

Provider noted chlamydia screening is difficult in EPIC. Provider also noted this measure is based on whether the patient is sexually active and has a prescription for birth control. The Alliance noted the measure is for ages 16-24 years. Also noted, controlling high pressure, criteria ages 18-85 years and criteria for two diagnoses dates within the year. Available on the data submission tool. Provider suggested removing measures if others are being added.

Dr. Diallo acknowledged the challenges in collecting and exchanging data, and added the Alliance is looking at adding a measure to promote health information exchange (HIE) enrollment. A provider noted she believes the data is not dependable. Another provider expressed concerns over whether it will be supported, Another concern is

many practices do not send practices the information that they need and there is a constant need to fax and/or call to follow-up..

Next steps include:

- Review proposed changes and discuss CBI 2024 proposal with clinic staff to provide additional feedback to the Alliance.
- Finalized CBI 2024 proposal will be shared with PAG in Q1 2023.
- CBI 2024 Board presentation in March-April 2023 for approval.

#### D. Hospital Incentive Program

Dr. Bishop provided an overview of the Hospital Incentive Program. The Board approved the incentive program last month. The objectives of the program include better health outcomes for members, advance value-based payment promotion of quality of care, reduce avoidable use of services, improve coordination of care, and collaboration with physicians lower total cost of care

Program Overview:

- In-area contracted hospitals qualified to participate (9)
- Four measurements
- Payment is based on achieving the target
  - ✓ Target: Measure of performance for each measure
  - ✓ Target Baseline: CY2021 Hospital's actual results for the Alliance.
  - ✓ Performance Year = Calendar Year 2023
  - ✓ Payout = Q2-2024 (90 days for claims to run out)
- Proposed funding: **\$10M** for the calendar year 2023.

Provider noted a shared EHR with hospitals would be helpful for communication and scheduling. Another provider noted working with the hospitals is challenging and not certain whether hospitals will be incentivized. Also working to have patients utilize in network hospitals would be another approach.

#### E. New Immunization Member Incentives Proposal

Veronica Lonzo gave an overview of the Immunization Member Incentive Program. Childhood immunization rates for Combination 10 for 2021 were reviewed.. Proposal #1 is for the Combination 10 immunization series. This would be a direct incentive of a \$100 Target gift card for completion by the second birthday. The start date would begin January 1, 2023 and use of existing vendor customer motivators would be utilized on a monthly basis. A provider noted this might help motivate patients to obtain immunizations. Provider suggested getting the word out to WIC and First 5. It was noted, the Alliance is currently conducting outreach.

Proposal #2 would focus on adolescent immunizations The proposal is a direct incentive of a \$50 Target gift card for completion of IMA series and completing at least one well care visit in the previous 12 months. Current vendor customer motivators will be mailed out monthly. The program would begin January 1, 2023. Provider noted this age is harder to get in for immunizations, and this incentive may help.

#### 4. Open Discussion

Provider inquired about ACE Training and requested the Alliance's assistance.. The provider also had a question regarding the Depo shot needing to take place in 90 days or there is no reimbursement. **Action:** The Alliance will follow-up with provider on both of the requests.

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.





# Care-Based Quality Improvement Program

Dale Bishop, MD, Chief Medical Officer  
Physicians Advisory Group

March 2, 2023



## Care-Based Quality Improvement Program

### AGENDA:

1. Care-Based Incentive Purpose
2. Payment Adjustment
3. Care-Based Quality Improvement Program Overview

## CARE-BASED INCENTIVE (CBI) PURPOSE

- Promotion of the 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
- Payment reform that promotes practice reform
- High performing practices have reinvested CBI payments into improvement



# PAYMENT **ADJUSTMENT**

- A CBI Payment adjustment was recommended by staff and approved by the Board to reduce earnings for performance below the NCQA Medicaid 50<sup>th</sup> percentile for quality measures.

Tier	Quality of Care Performance <50 <sup>th</sup> Percentile	CBI Programmatic Payment Adjustment
1	1-3 measures between 25 <sup>th</sup> and 49 <sup>th</sup> and on metrics <25%	25% payment reduction
2	4 or more measures between 25 <sup>th</sup> and 49 <sup>th</sup> and no metrics <25 <sup>th</sup>	50% payment reduction
3	1-3 measures ≤24 <sup>th</sup>	75% payment reduction
4	4 or more measures ≤24 <sup>th</sup>	No CBI payment



# CBI ADJUSTMENT AND **SUPPORT FOR PERFORMANCE IMPROVEMENT**

- The purpose of the adjustment is not to penalize, but to reward achievement, focus on optimizing health outcomes, and eliminate disparities by encouraging performance above national Medicaid average.
- In addition to providing incentives, we must provide support for providers to address barriers and achieve high quality and equitable results for Alliance members.



# CARE-BASED QUALITY IMPROVEMENT PROGRAM

## OVERVIEW

- In 2023, \$5M allocated to the Care-Based Quality Improvement Program for CBI practices that received CBI adjustments due to results below the 50<sup>th</sup> percentile in 2022.
- The target goal is to raise scores above the 50<sup>th</sup> percentile in 2023 focusing on the Alliance strategic priority of health equity and goal to eliminate health disparities and achieve optimal health outcomes for children and youth.
- Providers with metrics below the 50<sup>th</sup> percentile will have the opportunity to put forward a plan for performance improvement and earn dollars for resources needed to address barriers to performance.
- Alliance staff will review and approve project applications using a select set of criteria, and provide ongoing support including best-practice information, regular reports, and coaching through a rapid Plan Do Study Act (PDSA) cycle process.



## CARE-BASED QUALITY IMPROVEMENT PROGRAM OVERVIEW

Project AIM	Financial investment (\$5 million) for quality improvement practices to target staffing, processes, and technology for sites that have CBI metrics below the 50 <sup>th</sup> percentile for Medicaid.
Application Opening	March 9, 2023.
Application Due	April 28, 2023.
Eligibility	Sites with a 25-100% CBI payment reduction for 2022.
Measures	Well Child Visits in the First 15 Months, Immunization: Children, Immunizations: Adolescents, Diabetic HbA1c Poor Control >9%, Child and Adolescent Well-Care Visits, Cervical Cancer Screening, Breast Cancer Screening, Chlamydia Screening in Women.
Payment Stream	80%/10%/10%
Payment Model	<ol style="list-style-type: none"><li>1) Linked member months.</li><li>2) Effort required to complete measure for a member.</li><li>3) Gap between current performance and 50th percentile MPL (minimum performance level).</li></ol>
Project Requirements	Application, Letters of Agreement, Funding Guidelines, Meeting Participation.

## CARE-BASED QUALITY IMPROVEMENT PROGRAM IMPLEMENTATION TIMELINE

Steps	Timeline
CCAH CB QIP Request for Applications	March 9, 2023
2022 CBI Q4 Practice Profiles shared by PRRs to CBI groups	April 21, 2023
CB QIP Applications due to CCAH	April 28, 2023
CCAH reviews applications based on a standardized scoring tool. Medical Directors outreach to applicants not meeting application criteria.	May 1, 2023-May 5, 2023
Providers return requested application updates	By May 10, 2023
CCAH provides eligible CBI Providers final determination letters, and Letter of Approvals for signature	By May 16, 2023
Participating CB QIP providers submit signed LOA to CCAH	May 31, 2023
CB QIP start date	June 1, 2023
CB QIP operations duration	June 1, 2023-December 31, 2023



# Application Content

## ☐ Well-Child Visits in First 15 Months

- |  |  |
|--|--|
| <input type="checkbox"/> Early Scheduling              | <input type="checkbox"/> Identify a Prevention Champion              |
| <input type="checkbox"/> Leverage Missed Opportunities | <input type="checkbox"/> Patient/Family Education                    |
| <input type="checkbox"/> Group Well-Care Visits        | <input type="checkbox"/> Enroll newborns into Medi-Cal               |
| <input type="checkbox"/> Standing Orders               | <input type="checkbox"/> Monitor the <a href="#">Provider Portal</a> |
| <input type="checkbox"/> EHR Prompts and Templates     | <input type="checkbox"/> Routine Recalls and Outreach                |
| <input type="checkbox"/> Prep For Success              | Strategies using EHR reports   |

SMART Aim Statement: \_\_\_\_\_

## Best Practices for Implementation:

**Early Scheduling:** Schedule the next visit before the member leaves the exam room or clinic to ensure that members stay on schedule with the [Bright Futures Periodicity Schedule](#) or maintain follow-up on key care plan needs. Examples include routine HbA1c testing and ensuring that all children receive developmental screenings at minimum occurring at 9 months, 18 months, 24 or 30 months of age. For other members, this may mean a patient portal reminder before screening is due, such as a prompt 1 month before cervical cancer screening is due.

**Leverage Missed Opportunities:** Utilize episodic and sick visits to increase preventive services such as immunizations, as well as convert acute visits into well-visits (sports physicals). Similarly, a well visit or acute care visit for an adult can have a screening for cervical cancer or chlamydia added to it with staff training and change in work instructions.

## How funding can be used:

- ✓ EMR Improvements
- ✓ Consultant Assistance
- ✓ Process redesign (standing orders, etc.)
- ✓ Data submission improvements
- ✓ Engagement projects
- ✓ FNP/PA recruitment
- ✓ Other Staff recruitment\*

\*Staffing must be sustainable, do not use on these funds for salary fulfillment





# Care-Based Incentive 2024

Dianna Diallo, MD, Medical Director  
Physicians Advisory Group  
March 2, 2023

# CBI CARE COORDINATION MEASURES

## Care Coordination - Hospital and Outpatient Measures

- Ambulatory Care Sensitive Admissions
- Plan All-Cause Readmissions
- Preventable Emergency Visits

## Care Coordination – Access Measures

- Adverse Childhood Experiences (ACEs) screening in Children and Adolescents
- Application of Dental Fluoride Varnish
- Developmental Screening in the First 3 Years
- [Initial Health Appointment](#)
- Unhealthy Alcohol Use in Adolescents and Adults
- Post-Discharge Care



# CBI QUALITY OF CARE & PERFORMANCE MEASURES

## Quality of Care Measures

- **Body Mass Index (BMI) Assessment: Children & Adolescent**
- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care
- Diabetic HbA1c Poor Control >9%
- Immunizations: Adolescents
- Immunizations: Children (Combo 10)
- **Screening for Depression and Follow-up Plan**
- Well-Child Visits in the First 15 Months

## Proposed additions:

- Chlamydia Screening in Women
- Controlling High Blood Pressure
- Lead Screening in Children

## Performance Threshold

- Performance Improvement
- Member Reassignment Threshold



# CBI FEE-FOR-SERVICE, HEALTH EQUITY AND EXPLORATORY MEASURES

## Fee-For-Service Measures

- Adverse Childhood Experiences (ACEs) Training and Attestation
- Patient Centered Medical Home (PCMH)
- Behavioral Health Integration
- Diagnostic Accuracy and Completeness Training
- Inclusion of Social Determinants of Health (SDOH) ICD-10 Z-Codes, LOINC, and SNOMED codes

## Health Equity Measures

- Health Equity: Child and Adolescent Well-Care Visits

## Exploratory Measures:

- Colorectal Cancer Screening
- Immunizations: Adults
- Well-Child Visits for Age 15 Months–30 Months



# CBI PAYMENT ADJUSTEMENT

- Managed Care Plans (MCP) must meet:
  - Department of Health Care Service's (DHCS) Minimum Performance Level (MPL) for their Managed Care
  - MPL = the national Medicaid 50th percentile
- MCPs that fail to meet MPLs are subject to:
  - Plan Do Study Act (PDSA), Performance Improvement Projects (PIPs), or SWOT (strength, weaknesses, opportunities, and threats)
  - Sanctions
  - Corrective Action Plans (CAPs)

*CBI Payment Adjustment impacts Quality of Care metrics*



# CBI PAYMENT ADJUSTMENT

- For Quality of Care measures below the 50th percentile, payment will be adjusted as follows

Tier	Performance <50 <sup>th</sup> Percentile	CBI Programmatic Payment Adjustment
1	1-3 measures between 25 <sup>th</sup> and 49 <sup>th</sup> and no metrics <25 <sup>th</sup>	Payment reduction of 25%
2	4 or more measures between 25 <sup>th</sup> and 49 <sup>th</sup> and no metrics <25 <sup>th</sup>	Payment reductions of 50%
3	1-3 measures ≤24 <sup>th</sup>	Payment reduction of 75%
4	4 or more measures ≤24 <sup>th</sup>	No CBI Payment



# CBI 2024 PAYMENT ADJUSTMENT

## **Measures with Adjustment**

- Breast Cancer Screening
- Cervical Cancer Screening
- Child and Adolescent Well-Care
- Diabetic HbA1c Poor Control >9%
- Immunizations: Adolescents

## **Measures without Adjustment**

- Immunizations: Children (Combo 10)
- Well-Child Visits in the First 15 Months
- Chlamydia Screening in Women
- Controlling High Blood Pressure
- Lead Screening in Children



## NEXT STEPS

- CBI 2024 Board presentation in April 2023 for approval.



# Suggestions?





# Specialty Access for Community Health Centers

Casey KirkHart, DO  
Santa Cruz Community Health  
Physicians Advisory Group  
March 2, 2023

# Challenge = Opportunity

- Collaboration across specialties, agencies.
- Refinement of workflows, efficiency.
- Enhance PCPs' experience.



# Timeline

- May 2022 - PAFMG closes to external GI, rheum, neuro, derm. At risk: cards, **allergy**, nephro. Clinical and agency leads meet.
- July 2022 - Adopted cards referral guidelines
  - Test -> Dx -> RN triage -> Consult.
- August 2022 - Discussion re: AristaMD functionality.



# Timeline

- October 2022 - SCCH reviews allergy & nephrology.
- December 2022 - PAFMG to close allergy to adults in February 2023; pediatrics also at risk. SCCH starts "eConsult First" for allergy.
- February 2023 - Data review between SCCH and PAFMG.



## Outcome: Cardiology

- January 2022 – 8.4 referrals/month.
- January 2023 – 3.1 referrals/month
  - 63% reduction in external Medi-Cal referrals.



# Take-home Cardiology

- Management guidance from specialists and clear workflows improve referrals and access.
- Continue workflow.
- PAMF adopting this workflow internally.





## Outcome: Allergy "eConsult First"

- December 2022 SCCH data - 4 pts referred
  - 2 - eConsult then PAMF
  - 2 - direct to PAMF, no eConsult
- January 2023 SCCH data - 13 pts referred
  - 9 - direct to PAMF, no eConsult (7 peds, 2 adult)
  - 3 - eConsult, no PAMF (1 peds, 2 adult)
  - 1 - direct to Central Coast Allergy in Salinas
- January 2023 PAMF data - 24 pts referred (9 peds, 15 adults).



## Outcome: Allergy "eConsult First"

- January 2023 data breakdown
  - 24 pts - 9 from SCCH, 15 from other
    - 15 adults - 2 from SCCH, 13 from other
    - 9 peds - 7 from SCCH, 2 from other



## Take-home: Allergy "eConsult First"

- Closure to adult allergy affects other clinics
- "eConsult First" fell flat.
- Screen allergy referrals for appropriateness, more to be done in clinic.
- Implement "eConsult First" for adult allergy
- Develop referral guidelines for allergy.
- AristaMD functionality.



# Timeline

- February 2023 - PAFMG closes to external gynecology, general surgery up to 9 months.



# Questions? Comments?

[ckirkhart@schealthcenters.org](mailto:ckirkhart@schealthcenters.org)





# Urgent Care

Dale Bishop, MD, Chief Medical Officer  
Physicians Advisory Group  
March 2, 2023



## AGENDA

1. History and Considerations for UC contracting
2. Avoidable ED Utilization Trends
3. Summary
4. Recommendation

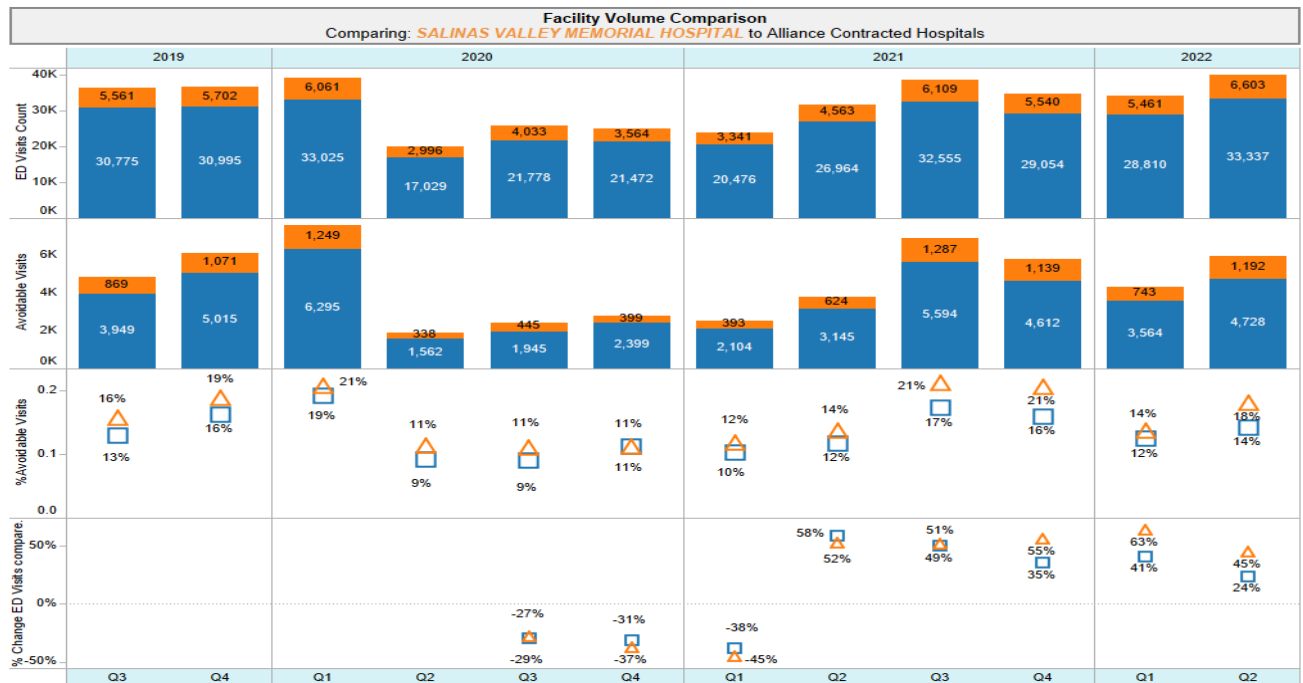
# HISTORY and CONSIDERATIONS

- 1996 - Historic Alliance PCMH model promotion and discouragement of UC.
- 2010 - CBI for reducing Avoidable ED.
- 2017 - Allowance of UC visits for non-linked members for participating PCPs.
- 2020 - 2022 Pandemic effects on decreasing all ED visits including AED.
- 2022 - Return to care and need for PCPs to prioritize chronic care and preventive care.
- Mid-2022 - Increasing AED rates.





## AVOIDABLE ED UTILIZATION



Avoidable ED utilization (second row) e.g. for SVMH (orange) and regional contracted hospitals (blue) has risen to 2019 levels in 2022.



## SUMMARY

- Members are returning to care and as we promote preventive care visits, PCP walk-in appointments are limited.
- Avoidable ED has returned to 2019 levels.
- UC visits offer additional same-day access but opening up UC contracts risks decreasing visits to the PCMH.



# Discussion



# Physicians Advisory Group Meeting Calendar 2023

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Thursday, March 2	12:00 - 1:30 PM
Thursday, June 1	12:00 - 1:30 PM
Thursday, September 7	12:00 - 1:30 PM
Thursday, December 7	12:00 - 1:30 PM

**All meetings to be held 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

