Clinicians Committee

Wednesday, October 3, 2018

9:00 a.m. - 10:00 a.m.

Ellen Piernot, Chair

	ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I.	Call to Order		Ellen Piernot	A
II.	Approval of Agenda		Ellen Piernot	A
III.	Approval of Minutes		Ellen Piernot	A
IV.	CPCA CMO Report		Mike Witte	I
V.	Legislative Report	• Refer to Legislative Committee packet	Beth Malinowski	I
VI.	CP3 & Data Report	• Memo	Cindy Keltner	I
VII.	Behavioral Health PN Report	• Memo	Peter Dy	I
VIII.	CDPH Immunization	• Memo	Allie Budenz	D/A
IX.	Primary Care Peer Network		Shadi Kanaan	D
X.	Announce New Chair		Mike Witte	I
XI.	Adjourn			A

CALIFORNIA PRIMARY CARE ASSOCIATION
CLINICIANS COMMITTEE
July 13, 2018
9:00am-10:00am

Members: Deb Farmer, Susie Foster, Cathy Frey, Kerry Hydash, Deborah Lerner, Anitha Mullangi, Rakesh Patel, Mary Szecsey, Christina Velasco

Guests: Sabra Matovsky, Doreen Bradshaw, Tim Rine, David Vliet, Louise McCarthy, Linda Costa, Christine Noguera, Nik Gupta, Scott McFarland, Chad Varga

Staff: Mike Witte, Janelle Mollgaard, Michael Helmick, Andie Patterson, Ginger Smith, Shadi Kannan, Jodi Samuels, Emili LaBass, Cindy Keltner, Nenick Vu, Buddy Orange, Kearsten Shepherd, Allie Budenz, Lucy Moreno, Beth Malinowski

I. Call to Order
Danielle Myers, called the meeting to order at 9:01am.

II. Approval of Agenda
A motion was made to approve the agenda as presented. **The motion carried. (Szecsey/Mullangi)**

III. Approval of Minutes
A motion was made to approve the minutes of April 27, 2018. **The motion carried. (Mullangi/Lerner)**

IV. CMO Report
Mike Witte reviewed his CMO report with priorities of focus workforce, provider and employer of choice, and increasing outreach to safety-net clinicians.

V. Legislative Report
Malinowski provided an update on bills of interest to clinicians.

VI. CP3 & Data Report
Budenz provided a brief update on the continued success of the CP3 program.

VII. Peer Network Report

a. Budenz provided an update on the Behavioral Health Peer Network and its continued efforts to provide education on the CMS Targeted Probe and training on the NCQA PCMH with Behavioral Health Distinction.
b. Xiong provided an update on the Dental Directors Peer Network and its efforts to expand and engage additional dental director participation.

VIII. Primary Care Peer Network
Witte brought up establishing a new PN to share best practices in an effective platform. A survey will go out to determine interest.

IX. Adjourn
The meeting was adjourned at 10:04am.

Respectfully submitted, Janelle Mollgaard, Meeting Minutes Recorder

California Primary Care Association

INFORMATIONAL

Date: October 3, 2018
To: Clinicians
From: Cynthia Keltner, Deputy Director of Health Center Transformation
Re: Practice Transformation and Readiness for Value Based Payment

MEMORANDUM

I. Capitation Payment Preparedness Program

CPCA continues to support health centers to be successful within a value-based, managed care capitated system. CPCA provides technical assistance and training to all CPCA members through a number of electronic and in-person mediums. This memo provides information on the training and technical assistance CPCA has implemented since the last board memo was presented.

Steering Committee

The CP3 steering committee continues to meet to review updates on the payment reform preparedness progress and resources including peer to peer sharing and discussions on topics identified as important by the group. In September, we provided updates and a discussion on empanelment and training and technical assistance needs to begin to capture data in a consistent and concerted manner for non-traditional services clinics are providing to their members. We also plan on having an in-person Steering Committee meeting on Friday, October 5th, as part of CPCA's Annual Conference.

II. Technical Assistance/Training

CP3 CFO Financial Health Plan Data Bootcamp

CP3 provided CFOs from 13 pilot sites the opportunity to attend a working meeting on September 26th with Curt Degenfelder where they were given the opportunity to receive support in developing a number of data reports from their health plan claims data. The training will assist sites in better understanding their data in key areas such as rate setting, member utilization, and panel sizes.

Non-Traditional Services

CPCA is working with multiple stakeholders such as EHR vendors, health plans and Health Center Controlled Networks (HCCNs) to ensure readiness to implement tracking of non-traditional services. We are having conversations and getting feedback from all stakeholders on training needs for clinic sites. Additionally, CPCA will coordinate with the health plans so that health centers will be successful in transmitting the codes to the health plans. We expect this effort to launch in the latter part of 2018.

Patient Centered Health Home (PCHH)

CPCA is hosting a three-part PCHH webinar series regarding the NCQA PCMH 2017 Standards, sustaining and spreading PCMH across multiple sites, and integrating quality improvement throughout community health center organization. To find more information about our webinars, click on the following titles:
Webinar 1: NCQA PCMH 2017 Standards: A Primer for Health Centers
Webinar 2: Using Non-Billable Staff in Care Teams for Quality Outcomes
Webinar 3: Sustaining and Spreading PCMH for Multi-Site Health Centers (TBD)

CPCA continues to support PCHH through in-person trainings, webinars and coaching services. CPCA is still recruiting for additional PCHH coaches through our Practice Transformation Coaching RFA.

NCQA-HRSA relationship is going well and their Government Recognition Initiative and Programs PCMH contract is expected to renew after their fiscal year ends on September 30, 2018. Future HRSA Quality Improvement Awards are expected for PCMH recognition in 2019.

Social Determinants of Health (SDOH)

CPCA has collaborated with the National Association of Community Health Centers and the Association of Asian Pacific Community Health Organizations and four Consortia to lead our original cohort including 8 FQHCs from throughout the state to begin to more effectively understand how CHCs are participating in leading SDOH efforts.

On February 7, 2018 CP3 launched the SDOH learning cohort for interested preparedness pilot sites, Consortia, and CPCA members, to begin the process of working with SDOH tools to collect data, analyze the data and develop needed resources for their members.

In May, these 52 participating sites began to collect data on their member's social determinant of health needs. We are working closely with those sites to address the challenges or barriers that are surfacing in this process and report out lessons learned. One such identified challenge was enhanced interviewing skills needed by staff. To address this concern we are provided a webinar training in July on motivational interviewing techniques. We are in the process of working with sites to identify their top 3 social determinants of health needs for resources, tools and support needed to address these needs.

CPCA is in the planning stages of rolling out our 3rd cohort beginning in January 2019.

California Primary Care ASSOCIATION

Informational

Date: October 3, 2018
To: Clinicians
From: Peter Dy, Program Coordinator
Re: Behavioral Health Peer Network Report

MEMORANDUM

Substance Use Disorder Treatment and Medication Assisted Treatment

The BPHC has committed to more funding for substance use disorder treatment within health centers. In addition to the $350 million BPHC has committed to health centers through the Expanding Access to Quality Substance Use Disorder and Mental Health Services, BPHC confirmed at the 2018 Policy and Issues forum that they are trying to ensure that a yearly $200 million allocation.

CPCA and the California Hub and Spoke System are co-convening a series of half-day trainings throughout California to enable providers to learn from experts about the management of patients with opioid dependence and chronic pain, as well as how to manage opioid use disorder in primary care. CPCA is working with UCLA Integrated Substance Abuse Programs on the four in-person trainings that will be hosted in Northern California (TBD), Southern California (San Bernardino, 9/26/18), Bay Area (Oakland, 9/18/18) and Central Valley (Fresno, 10/10/18). CPCA hopes these trainings will encourage providers to become DATA-2000 waivered so they can start prescribing buprenorphine for addiction after they learn more about the science of treating pain and opioid use.

CPCA's Behavioral Health Peer Network meets on a quarterly basis and attendees consist of Integrated Behavioral Health Directors and providers to share learning opportunities regarding provision of behavioral health services in primary care settings. BHPN attendees also troubleshoot current issues in an open forum styled roundtable as it relates to current barriers in 42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records, recruitment and retention of BH workforce, becoming a trauma-informed organization, SBIRT, etc. On CPCA's next Behavioral Health Peer Network meeting, there will be a joint Community Clinic Association of Los Angeles County Behavioral Health Roundtable.

California Primary Care Association

Discussion

Date: September 20, 2018
To: Clinicians Committee
From: Mike Witte, Chief Medical Officer; and Allie Budenz, Associate Director of Quality Improvement
Re: Improving Immunization Rates for Adult Medi-Cal Beneficiaries

MEMORANDUM

I. Background

The California Department of Public Health (CDPH) reached out to CPCA several months ago to inquire how we can partner to improve the rate of adult immunizations among Medi-Cal beneficiaries. Vaccines are among the most valuable, cost-effective and high yield preventative measures that our healthcare system can contribute to prevent disease and improve public health. Yet, several vaccination rates for adults – including for Hepatitis A, meningococcus, and herpes zoster - are staggeringly low for Medi-Cal beneficiaries. The CDPH has identified several potential reasons for the low vaccination rates among Medi-Cal adults in FQHCs:

- Some vaccines are prohibitively expensive and cannot be purchased within the existing PPS rate and no triggering event occurs to add the vaccine to the rate;
- CHCs without an on-site pharmacy have no means of reimbursement for the purchase costly vaccines;
- CHCs may prescribe a vaccine to be filled at a pharmacy but patients often do not follow through on getting the vaccine;
- Vaccine-only nurse-visits are non-reimbursable;
- Vaccines for Adults (VFA) program only provides no-cost vaccines for uninsured adults and most adults are covered by Medi-Cal. This is in contrast to the Vaccines for Children (VFC) program that provides no-cost vaccines for all children, regardless of coverage;
- Vaccines are actually being provided at the average rate but not being documented in the encounter as a coded claim.

CDPH has committed to working with the Department of Health Care Services to advocate for removing barriers that impede vaccinations within FQHCs. They have asked CPCA to weigh in on what the request of the Department should be. In order to better understand the barriers and suggest actionable steps for CDPH, CPCA would like to better understand the obstacles our CHCs face and think through potential solutions.

II. Opportunities to Consider

We anticipate all of the above barriers make it difficult to vaccinate, *but does this list seem comprehensive and accurate? What protocol do CHCs use to vaccinate adult Medi-Cal beneficiaries?*

CDPH suggested the following as potential action steps to address financial barriers health centers face in purchasing vaccines for insured patients.*

**For Medi-Cal patients in FQHCs, which (if any) of the following recommendations are feasible to act on?*

a. Work with DHCS to allow FQHCs to keep any reimbursement they receive for adult immunizations from MCPs. CDPH understands that some of the MCPs permit direct billing to the plan for the cost of the vaccine (outside the capitation payments), but that the FQHC must pay this cost back DHCS in reconciliation.
b. Work with DHCS to explore centralized purchasing for adult immunizations for Medi-Cal members.
c. Work with MCPs and the DCHS to identify an incentive structure (free from threats of reconciliation) for adult vaccinations.

CPCA staff also believes that vaccination rates would improve if limitations to the VFA program, like insurance coverage, were removed. We hypothesize that if the VFA program mirrored VFC eligibility guidelines allowing for primary or secondary Medi-Cal coverage, vaccination rates, particularly for costly immunizations, would improve. CDPH argues that VFA expansion is cost-prohibitive. CPCA's counter argument is that any solution will have associated costs but increasing immunization rates saves downstream costs. As an important precedent, the VFC program has proven effective at reducing access barriers for patients and providers; therefore any adult program should mirror these principles.

Finally, how much attention does the Committee wish for CPCA staff to engage in this effort? CDPH has committed to approaching DHCS directly, but the requests will be on behalf of CHCs. *In light of all the negotiations currently underway between DCHS, CPCA, and health centers, is this a member priority?*