



Clinicians Committee

Friday, July 13, 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	<ul style="list-style-type: none"> Memo 	Mike Witte	I
V. Legislative Report	<ul style="list-style-type: none"> Refer to Legislative Committee packet 	Beth Malinowski	I
VI. CP3 & Data Report	<ul style="list-style-type: none"> Memo 	Allie Budenz	I
VII. Peer Network Report a. Behavioral Health PN b. Dental Directors PN	<ul style="list-style-type: none"> Memo 	Bao Xiong/Allie Budenz	I
VIII. Primary Care Peer Network		Mike Witte	D
IX. Adjourn			

**CALIFORNIA PRIMARY CARE ASSOCIATION
CLINICIANS COMMITTEE
April 27, 2018
8:30am-10:00am**

Members: Danielle Myers, Debra Farmer, Cathy Frey, Kerry Hydash, Deborah Lerner, Rakesh Patel, Mary Szecesey, Anthony White, Rachel Farrel

Guests: Christina Lasich, Nik Gupta, Tim Rine, Doreen Bradshaw, Richard Veloz, Glenn Ford, Carl Coan, Joe Waller, Linda Daniels

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 8:37am.

II. Approval of Agenda

A motion was made to approve the agenda as presented. **The motion carried. (Frey/Lerner)**

III. Approval of Minutes

A motion was made to approve the minutes of January 19, 2018. **The motion carried. (Frey/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. CP3 & Data Report

Moreno provided an update on capitation payment preparedness program, pod casts, steering committee, and re-assessment data.

VI. Behavioral Health/MAT

Budenz and Helmick gave an update on the list of known resources to support the health centers in accessing needed training and technical assistance support to develop or expand their MAT programs.

VII. Legislative Update

Malinowski provided an update on AB3087 and AB2682 for clinicians to keep on the radar.

VIII. Workforce Update

Diaz provided an update on CHCU and working with Gallagher to create webinars for provider compensation.

IX. Health Professions HS

Guest speaker Marla Johnson discussed how a new high school program is aiding in getting young students involved in all aspects of health care fields.

X. Adjourn

The meeting was adjourned at 10:00am.

Respectfully submitted, Janelle Mollgaard, Meeting Minutes Recorder

CMO Quarterly Report

Date: July 13, 2018

CLINICIANS COMMITTEE

From: Dr. Mike Witte

CMO Guiding Principle:

Working together, each member organization, each consortium, and CPCA—will be able to strategically manage our opportunities to move our Health Centers to become centers of excellence in this rapidly evolving world of primary healthcare, and community health.

UPDATED PRIORITY AREAS:

- **Workforce:**
 - Pipeline development of our future healthcare teams.
 - Building teams for the future primary care workforce.
- **Provider and Employer of Choice:**
 - Recruiting, Training, and Retaining the best workforce under a value-based care model of work.
 - Build on the concept of resiliency and joy in the workplace, as an antidote to burnout.
- **Increasing Outreach To Safety-Net Clinicians:**
 - Develop meaningful involvement of increased numbers of clinicians in managing change as we work toward health center and health system transformation.
 - Define and reach out to our evolving universe of primary care clinicians.

Updated Strategic Directions for 2018:

- **Clinician Peer Network**
 - Continue to expand our **clinician database**. Reach out to CMO's as access points to clinicians in our member organizations.
 - Define our "universe" of clinicians. **How do we define what a clinician is, as we evolve into team care?**
 - MD/DO/RN/PA/NP/CNM/DDS/BH providers, etc.
 - **Identify clinician leaders**: Behavioral, Dental, Medical, Specialty Services
 - Reach out to and meet with Clinical Leaders in the Regional Associations.
 - Enhance networking possibilities: conferences, in-the-field outreach, webinars, etc.
1. Develop trainings and other ways to reach out to clinicians, based on feedback.
 2. Expand work in partnership with **State AHEC** to further support the 13 regional AHECs.
 3. Research and develop partnership with best available **MA training/certification programs** for CHC's MA role.

4. Identify best practices in **integrating** medical, dental and behavioral health.
5. Develop **new workflows** with providers in CP3 pilots—value-based, team care.
6. Incorporate **Social Determinants of Health** into primary care:
 - Spread awareness of screening tools, such as PRAPARE.
 - Best practices in working with Community Based Organizations.
7. Develop the concepts of **shared decision-making and patient engagement**.
8. Support Motivational Interviewing Training, for all CHC staff.
9. Develop New Partnerships/relationships in the primary care world:
 - Our current and potential partners:
 - State Agencies: DHCS, DMHC, CDPH, MBC, BRN
 - CMA, CAFP
 - AT Still University
 - Sutter Medical Foundation, Dignity, Et Al.
 - Kaiser Community Benefits
 - Academic Centers: UCSF, UC Davis
 - Managed Care Medi-Cal Health Plans and other Payers.
 - Weitzman Institute
10. Work toward development of a training Academy at CPCA, to make workforce training available to all CPCA member organizations and their staff.

ACTIVITY AREAS DURING THIS PAST QUARTER:

College for Healthy Communities and the Under-Served (CHC-U):

We have had extended conversations with Dr. Gary Cloud and members of CHC-U's Board to see how we might work with them to continue to grow our primary healthcare workforce.

CHC-U is (in their words!) "An educational entity committed to responding to the needs of health centers that will look to educate the next generation of clinical team members with the competencies necessary to improve the health of underserved communities and vulnerable populations." Their first endeavor is a physician assistant (PA) program that will apply a learning model, based on "current cognitive science and proven competency-based educational strategies". CPCA is working with CHC-U to help identify health centers in California that may be interested in serving as training sites for the development of their PA Program.

- A health center campus can be made up of one health center or a group of health centers who would be interested in training 5 second-year PA Students per year, beginning in 2021.
- They are currently looking for commitments from at least 20-25 health centers across the nation as soon as possible so that they can begin the process as an accredited Physician Assistant training school.

If you would like more information regarding CHC-U please contact my colleague: Shadi Kanaan <skanaan@cpca.org>

Provider Directory Utility (UMC): State law SB 137 has required Blue Shield, as an undertaking of their becoming a Managed Care MediCal provider, to finance the development of a Provider Directory Utility, with all Health plans responsible for providing valid, updated information to all their eligible providers, with an end goal being improved timely access to care for enrolled patients. It is in development, with a vendor to be selected in February, a pilot to be done in late 2018, and State-wide roll-out in 2019. I sit on the Utility Management Committee (UMC), which has interviewed and rated vendor candidates for this Directory. Gaines and Availability submitted the winning proposal to produce the Directory. IHA (Integrated Health Association) will continue to act as the governing body overseeing its quality and function.

AHEC—Scholars Program—who is eligible? (40 hours/year for 2 years): AHEC has re-invented its Community Health Fellowship, as a Healthcare Scholars program. The details of eligibility for this are still being discussed, since it could be made available to many different members of the clinical team. The program calls by the Scholar at one of our member organizations, for 40 hours of participation per year for 2 years. Scholars must be enrolled in a health career certification program.

CMO List Serve & Newsletter: We are developing a comprehensive list of Chief Medical Officers, which I intend to expand to all clinical leaders in our organization. We now reach an “opt-in”, much smaller, list of clinicians. We want to expand this list to share information regarding best practices and mutual concerns as effectively as possible to as large a group of clinicians as possible. An “opt out” complete list of clinicians is our goal.

We have just sent out the third edition of

Primary Care Peer Network: I envision this Clinicians Peer Network as a unique way to share, both virtually and with face-to-face educational and networking opportunities, our best practices and our challenges.

Community Health Center Mode of Practice Forum within CMA House of Delegates:

At CPCA, we are working with FQHC physicians who are also members of the CMA house of Delegates to develop a formal pathway to enable CHC physicians to become directly involved in the California Medical Association. As CMA Members, we together, will form a “**Community Health Center Mode of Practice Forum**”.

Important Action*: A Mode of Practice Forum requires 500 active CMA members. As a Member of our CHC Practice Forum, we can work together, to effectively author and recommend resolutions and policy for consideration by the CMA House of Delegates on important issues such as:

- Sustaining and improving access to care under Medi-Cal;
- Enhancing the implementation of telehealth and mobile technology to enhance patient benefits under value based care;
- Assuring ongoing access to affordable prescribed medications to patients of CHC’s under 340B

- Coordinating resources to advance access to and efficacy of integrated medical-mental health care services;
- Sustaining the State Loan Repayment Program as a means of addressing the challenges of primary care workforce shortage
- Engaging managed Medicaid payers in a new relationship that better aligns incentives on quality.

***CPCA is continuing to seek information from all member organizations as to which physicians are active members of CMA. Please contact my colleague, Shadi Kanaan, if you have this information: <skanaan@cpca.org>**

IMPROVING SPECIALTY AND PRIMARY CARE ACCESS:

The Maven Project facilitates timely access to quality medical expertise by matching their national corps of volunteer physicians, with specialist knowledge and experience, with organizations caring for underserved populations via telehealth. They are funded by the California Endowment, Health Net Foundation, Harvard Medical School Center for Primary Care, among several other organizations, and provide the following services for community health centers:

- **Advisory Consults:** Provider to Provider Consultation in which Physician Volunteers connect with primary care providers via HIPAA-secure telehealth technology to discuss de-identified clinical cases and population health approaches.
- **Education:** Presentations on Varied Topics where Physician Volunteers lecture to primary care providers via HIPPA-secure telehealth technology on topics based on clinics' needs.
- **Mentoring:** Mentor-Mentee Matches where Physician Volunteers offer guidance and support for primary care providers, especially those who are newly trained.
- **Direct to Patient:** Specialist Appointments where Physician Volunteers connect with patients and primary care providers via HIPAA-secure telehealth technology to diagnose, treat, and manage conditions.

<http://www.mavenproject.org/>



Date: July 13, 2018
To: Clinicians
From: Cynthia Keltner, Deputy Director of Health Center Transformation
Re: Practice Transformation and Payment Reform Readiness

MEMORANDUM

I. Capitation Payment Preparedness Program

CPCA's Capitation Payment Preparedness Program (CP3) continues to support health centers to be successful within a value-based, managed care capitated system. CPCA provides technical assistance to CP3 sites 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 CP3 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 June, we provided updates and a discussion on care management including care teams and data stewardship. Our next meeting is scheduled for September 2018 and we will be providing peer to peer sharing on empanelment and risk stratification.

II. Technical Assistance/Training

TeleHelp

Based on the success of our first round of TeleHelp services for CP3 sites CPCA, through the preparedness program, will be offering a second round of one-on-one telephone consultation options for addressing specific challenges or barriers identified by the preparedness pilot sites. The TeleHelp individualized consultation is available during the 3rd quarter of 2018 with a maximum of 40 hours available to each organization.

CP3 CFO Financial Data Bootcamp

CP3 will be offering CFOs from pilot sites the opportunity to attend a working meeting with Curt Degenfelder where they will be supported in developing data reports from 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 EHR vendors, such as NextGen and eClinicalWorks, to ensure readiness of their systems to enter the codes in specified fields. We have met with the vendors to discuss the training that we expect to host for pilot sites. We will begin to develop a curriculum to train health centers on proper coding of non-traditional services. 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 training to launch in the latter part of 2018.

Patient Centered Health Home (PCHH)

CPCA worked with one of our PCHH Practice Transformation Coaches to give a presentation to CPCA's Behavioral Health Peer Network about the new Behavioral Health Integration (BHI) Distinction in the NCQA PCMH 2017 Standards. The BHI Distinction recognizes primary care practices that put resources, evidence-based protocols, tools and quality measures in place to support the broad needs of patients with behavioral health conditions within the primary care setting. This distinction is a way for health centers to highlight their success in behavioral health integration by exceeding national standards.

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.

Social Determinants of Health (SDOH)

On Tuesday, 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. The CP3 team worked with partners to develop the curriculum outline and launch the series of trainings. Our goal with this work is to advance SDOH implementation across our members and to inform continued development in this area. As part of the cohort we have engaged the EHR vendors to ensure that the systems are set up for health centers to properly collect and report data on SDOH. Since the launch we have hosted three training webinars and one in-person meeting with the participants.

In May, the 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 interviewing skills needed by staff. To address this concern we are providing a webinar training in July on motivational interviewing techniques.

Date: July 13, 2018
To: Clinicians Committee
From: Allie Budenz, Associate Director of Quality
Re: Integrated Behavioral Health and Behavioral Health Peer Network

MEMORANDUM

Integrated Medication Assisted Treatment (MAT)

HRSA announced \$350 million in supplemental funding for [Expanding Access to Quality Substance Use Disorder and Mental Health Services \(SUD-MH\)](#), due July 16, 2018. The purpose of this supplemental funding opportunity is to support health centers in implementing and advancing evidence-based strategies to:

- Expand access to quality integrated substance use disorder (SUD) prevention and treatment services, including those addressing opioid use disorder (OUD) and other emerging SUD issues to best meet the health needs of the population served by the health center; and/or
- Expand access to quality integrated mental health services, with a focus on conditions that increase risk for or co-occur with SUD, including OUD.

Additionally, HRSA released a grant opportunity for rural communities. The [Rural Communities Opioid Response Program Planning \(RCORP\)](#) is to support treatment and prevention of SUD, including OUD in rural counties at the highest risk for SUD. Grants are due July 30, 2018.

The availability of training and technical assistance support for practices to improve their integrated medication assisted treatment programs has increased exponentially in the last year. CPCA is trying to maintain an accurate and comprehensive list of resources and supports to developing or expanding MAT within community health centers; including a FAQ on about MAT within CHCs to answer common questions health centers have about financial and programmatic implications of MATs.

CPCA received a grant from the California Department of Public Health to coordinate a MAT Expansion Alumni Learning Network for graduates of the Treating Addiction in Primary Care (TAPC) and Camden Coalition programs. The grant is from May 1, 2018 through August 31, 2018. While offered only for a short while, it provides clinics with 10 hours of expert consultation and free connection to two webinars on MAT best practices. CPCA will use part of this funding to pass through scholarships for 7-10 health center clinicians to participate in the next cohort of the UC Davis Train the Trainer in Primary Care Pain Management fellowship.

Behavioral Health Peer Network

The CPCA BHPN continues to meet quarterly (in person with webinar option) and is a very collaborative and supportive group of colleagues. We average 13 health centers represented in person and 13 health centers and RAC on the virtual platform. In 2018 we have provided education on 1) the CMS Targeted Probe on behavioral health documentation and 2) training on NCQA PCMH with Behavioral Health Distinction. During the roundtable sharing, health centers continue to report challenges in balancing the

productivity-driven stand-alone therapy model (and underlying financial needs) with the desire to innovatively integrate brief interventions in primary care.

One of the biggest challenges the peer network contends with is maintaining meaningful connection and dialogue between meetings. We have tried using social media (Google+) to keep conversation going, but it does not have a high adoption rate among members. Various CPCA staff are researching a potential solution.

The BHPN meets next on September 13th and December 13th from 10 a.m. to 1 p.m. The BHWG meets immediately following from 1 – 2 p.m.

Resources:

- HRSA Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Funding: <https://bphc.hrsa.gov/programopportunities/fundingopportunities/sud-mh/>
- Rural Communities Opioid Response Program- Planning (RCORP-Planning): <https://www.grants.gov/web/grants/view-opportunity.html?oppld=305116>
- National, State, and Other Training and Technical Assistance for MAT: <https://bphc.hrsa.gov/programopportunities/fundingopportunities/sud-mh/>



INFORMATIONAL

Date: July 13, 2018
To: Clinicians Committee
From: Bao Xiong, Associate Director of Health Center Operations
Re: Dental Directors Peer Network

MEMORANDUM

Dental Directors Peer Network (DDPN)

The CPCA DDPN continues to meet in person bi-annually to share information and best practices, learn from oral health experts, and advise on dental-related matters facing community health centers. Meetings are well-attended with an average attendance of 30. On May 24, 2018, 35 individuals attended the DDPN meeting held in Sacramento, CA. During this meeting, CPCA staff provided updates on dental-related legislation, the State Plan Amendment, and MIP audits. Additionally, attendees heard from industry experts on value-based oral health, sliding fee discount program requirements, and workflows in oral health.

CPCA seeks to engage additional dental directors to participate in the DDPN and strives to provide a forum that is conducive to peer-to-peer learning and collaboration.

The next DDPN meeting is scheduled for October 18, 2018 from 10AM to 3PM at the CPCA Office.