

Care Coordination Work Group

Meeting Minutes

January 23, 2017, 3:00 PM – 5:00 PM

DHHS Administration

7001-A East Parkway
 Sacramento, CA 95823
 Conference Room 1

COMMITTEE MEMBERS			
X	Advocate – Jenni Gomez (LSNC)	X	Health Plan – Steve Soto (Molina) – Chair
X	Clinic – J. Miguel Suarez, MD (HALO)	X	Health Plan – Lydia Mata (Anthem Blue Cross)
X	Clinic – Jonathan Porteus, PhD (WellSpace)	X	Health Plan – Jane Tunay (Health Net)
X	DHHS Primary Health – Sandy Damiano, PhD	X	Health Plan – Cathy Lumb-Edwards (Kaiser)
	DHHS Behavioral Health – Uma Zykofsky – <i>Excused</i>		Health Plan – Kevin Kandalaft (UnitedHealthcare) – <i>Excused</i>
X	IPA – Janice Milligan (River City Medical Group)		Health Plan – Sylvia Gates Carlisle, MD (Aetna)
	IPA – Anna Berens (EHS) – <i>Excused</i>	X	Hospital – Tory Starr (Sutter Health) – Co-Chair
		X	Hospital – Rosemary Younts (Dignity Health)

Group Members in Attendance: 11

Public in Attendance: 15

Staff: Sherri Chambers

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Topic	Minutes
<p>Welcome and Agenda Review - <i>Steve Soto, Chair</i></p>	<p>Steve Soto welcomed group members and members of the public and facilitated introductions.</p> <p><u>Materials:</u> All members received a copy of the agenda, 2017 Meeting Dates, 2017 GMC Enrollment Data, 2011-2016 Enrollment and Net Increase Data, Washington State Health Home Information Sharing Consent Form, 2017 Committee Planning Handout, and Health Plans 2015 Data Summary Report. <i>All meeting materials are posted on the website.</i> Link: http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx</p>
<p>Announcements & Work Group Planning – <i>Steve Soto and Sandy Damiano</i></p>	<p><u>2017 Meeting Calendar</u> – <i>Included in meeting packet and posted on the website.</i> Group Members: If you will not be attending a meeting, please notify Sherri Chambers at ChambersS@SacCounty.net as early as possible.</p> <p><u>Data</u> – Sandy Damiano reviewed the 2017 GMC Enrollment Data and the 2011-2016 Enrollment and Net Increase Data – <i>Posted on the website.</i></p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • As of January 1, Sacramento County GMC enrollment was 438,490 with a default enrollment rate of 32%. This represented a net decrease of 4,072 members from prior month. Many counties experienced similar decreases. San Diego enrollment decreased by 5,878. Their default rate was 47%. • For Sacramento County GMC, there was a net increase of 10,369 enrollees in 2016. ACA growth occurred in 2014 and 2015. • The State projects statewide Medi-Cal enrollment of 14.3 million with 4.1 million in the optional Medi-Cal Expansion in Fiscal Year 2017/18. <p><u>Care Coordination Release of Information (ROI)</u> – Sandy Damiano reviewed the Washington State Health Home Information Sharing Consent Form. This form was tailored for the Health Home and differs from prior samples reviewed. Following a brief discussion, Sandy agreed that staff would put together a draft ROI and bring it to the Committee for review.</p> <p><u>2017 Work Group Planning</u> – Sandy Damiano facilitated a discussion about planning for 2017. Steve Soto and Jonathan Porteus requested that the Committee begin a discussion about Health Information Exchange (HIE). They feel this is the best forum due to the stakeholder representation. Rosemary Younts also wanted information regarding information sharing between Avatar and Hospitals. A sense of urgency was expressed about the HIE. It was agreed that this topic would be added to the planning list and to the agenda for the</p>

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	<p>February meeting of the Medi-Cal Managed Care Committee. The Planner will revise the work group planning document for the next meeting. Topics for February include: Homeless Death Report, New Plans Status Updates, HIE, and Care Coordination ROI.</p>
<p>Data Summary Reports – <i>Sandy Damiano, Lydia Mata, Jane Tunay, Steve Soto and Tory Starr</i></p>	<p>Sandy Damiano recapped the 2015 data summary process. Health Plans pulled data for the top 50 adult utilizers based on non-primary care encounters for calendar year 2015. During the October 24 meeting, additional information was requested. The new data elements are included in the updated Health Plans Data Summary Report – <i>Posted on the website.</i></p> <p>Plans were asked to send the members to their primary care medical homes or IPAs. Plans also agreed to make sure members were connected with care management. For today’s meeting, each Plan was asked to:</p> <ol style="list-style-type: none"> 1. Review the new data indicators, highlighting any observations, themes, and learning lessons. 2. Describe any strategies or interventions planned or implemented as a result of the data. 3. Note any best practices suggested by the data. <p><u>Anthem Blue Cross</u> – Lydia Mata reviewed and discussed the new Data Summary information.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • 90% of members had a behavioral health diagnosis; 74% were diagnosed with comorbid physical and behavioral health conditions. • Anthem is looking to partner physical health and behavioral health through a High Intensity Outreach Program. • They are looking at gaps in care for members who had a primary care provider visit vs. members with high ED usage. • Also looking at more regular reporting with IPAs (from quarterly to monthly). • Currently Anthem provides case management telephonically. They are considering face-to-face care management. <p><u>Health Net</u> – Jane Tunay reviewed and discussed the new Data Summary information.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • Behavioral health conditions were based on the primary diagnosis only. • Very high number (96%) had ten or more ED visits. They notified their Care Management Department. • They plan to complete the 2016 data pull and compare it with the 2015 data prior to planning any interventions.

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<p>Data Summary Reports – <i>Sandy Damiano, Lydia Mata, Jane Tunay, Steve Soto and Tory Starr</i></p>	<p><u>Molina</u> – Steve Soto reviewed and discussed the new Data Summary information.</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none">• There was an anomaly with the average length of stay data. When revised, it dropped to 4 days.• Working with discharge staff to avoid readmissions.• Implementing provider education to improve accurate SUD diagnoses.• Resumed meetings with County Mental Health Plan to reestablish linkages and data-sharing practices.• Implemented several programs including Complexist Program and Emergency Department Support Unit (EDSU) with staff available 24/7 to consult with ED staff. They also have Community Connectors who assist in the field.• They are receiving real-time ED utilization data from Kaiser and submitting data to primary care providers. Work is in process on information sharing with Dignity Health. <p><u>Group discussion:</u> Many observed the variation in data among Health Plans. It was concluded that some of the variation was due to differences in how the data was pulled. It was agreed by all that more consistency was needed in the data pull parameters for 2016. Many complimented the Plans for their investment in the data pulls, review and beginning strategies.</p> <p><u>Strategies:</u></p> <p>Tory Starr identified five areas for the group to consider in designing strategies based on the data summaries:</p> <ul style="list-style-type: none">• <u>Identify</u> members based on data parameters. For “high utilizers,” what are their portals of entry?• <u>Connect</u> with members. This population is relationship-based. Face-to-face interventions are preferred. Telephonic methods can be disadvantageous until a relationship is established. How do we facilitate continued engagement?• <u>Coordinate</u> among different partners (based on the individual client needs) once the connection to case management has been established.• <u>Build partnerships</u> between providers and Plans. What can each entity contribute? Where are the gaps, and how can the gaps be filled?• <u>Accountability</u> – Are activities handled internally by the Plans, or are they delegated? How do providers connect with programs? <p><u>Next Steps:</u></p> <ul style="list-style-type: none">• Conference call to discuss the 2016 Data Parameters. – <i>Health Plans and County</i>
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	<ul style="list-style-type: none"> • Pull point-in-time data for 12/1/16 and send information to respective Plans. – <i>County Mental Health</i> • Complete data pull for 1st six months of 2016. – <i>Health Plans</i> • Identify next steps and take appropriate actions based on data review. – <i>Health Plans</i> • Email Plans and County Mental Health assignments. – <i>Planner</i> 	
Public Comment	<p>The following provided public comment:</p> <ul style="list-style-type: none"> • Fahm Saetern, Project Director, Capitol Health Network: Ms. Saetern facilitates the Care Navigation Council. They are currently working on curriculum for Care Navigators. She thanked the Work Group for the Health Plans’ Care Coordination Guides and the information regarding transportation and interpreters. These are helping with the creation of flow charts. She thanked Mr. Soto for connecting her with Ms. Gonzales. She thanked the group for its support in giving navigators updated information. 	
Closing Remarks and Adjourn	<p>Steve Soto thanked everyone for attending and participating in today’s meeting. He encouraged everyone to pay attention to the national news over the next few weeks, after which we will know much more about the future of Medi-Cal. With no additional business to discuss, the meeting adjourned.</p>	
Next Meetings	<p><i>Medi-Cal Managed Care Advisory Committee Meeting</i> Monday, February 27, 2017 / 3:00 – 5:00 PM</p>	<p>Location: DHHS Admin Building Conference Room 1 7001A East Parkway</p>
	<p><i>Care Coordination Work Group Meeting</i> Monday, March 27, 2017 / 3:00 – 5:00 PM</p>	