

**Sacramento County
Department of Health and Human Services
Medi-Cal Managed Care Stakeholder Advisory Committee**

Meeting Minutes

March 26, 2012, 2:00 PM – 5:00 PM

DHHS Administration

7001A East Parkway
Sacramento, CA 95823
Conference Room 1

Chair: Sandy Damiano, PhD, DHHS
Facilitator: Bobbie Wunsch, Pacific Health Consulting Group
Scribe: Chris Silva

Committee Members in Attendance:

DHHS: Ann Edwards
Advocates: Sujatha Branch, Jennifer Smith
Hospitals: Rosemary Younts, Claudia Crist
Clinics: Jonathan Porteus, PhD, Marty Keale
Physicians: Marvin Kamras, MD, Anthony Russell, MD
PHAB: Morgan Staines
Pharmacy: Frank Cable
B of Sup: Ted Wolter

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Health Plans: Sean Atha, Cathy Lamb-Edwards, Janice Milligan, Steve Soto

Staff: Marcia Jo, DHHS

Public in Attendance: 17

Topic	Minutes
Welcome and Introductions	<p>Sandy Damiano welcomed members and the public and facilitated introductions.</p> <ul style="list-style-type: none"> ▪ She acknowledged new member, Frank Cable, Pharmacy. ▪ Thanked Committee Members who participated in the Healthy San Diego Call which was inspiring. They have a very long history and collaborative work at the local level. ▪ Briefly discussed work for today's session, contents of the packet and turned the agenda to Bobbie Wunsch.
Strategic Planning	<p>Bobbie Wunsch welcomed everyone and explained that today would be a strategic planning meeting. She gave a brief overview of the Committee's Charter and Legislation, explaining that over the past year the main focus has been looking at data and becoming familiar with each other as a group. Now it is time to decide which direction we would like to go, and begin planning. Looking ahead:</p> <ul style="list-style-type: none"> ▪ What issues should be addressed in regards to Sacramento Medi-Cal Managed Care over the next 18 months? ▪ How does the committee want to operate? It is time to decide the structure of the committee. Areas of focus: meetings, organization and leadership <p>Bobbie explained that today the Committee would be breaking into smaller groups to discuss various topics and would be reporting back to create a list of values. The public was invited to join the smaller groups to observe, but asked not to comment.</p>

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Values	<p>Bobbie asked members to break into groups of three and discuss guiding principles and values that should be incorporated to guide the Committee's work. The health plans were asked to contribute as resources, sharing their extensive knowledge and experience. The groups were given 15 minutes to discuss and were asked to report back. The responses would be used to develop values statements. Groups noted the following themes: access to care, outcomes and communication / collaboration. We will be drafting a summary document for review.</p>
Areas of Focus	<p>The Committee was placed into small groups and asked to discuss areas of focus for the next 18 months. The groups were given 10 minutes to discuss and were asked to report back on two items. Responses included:</p> <ul style="list-style-type: none"> ▪ Access (increase access, decrease barriers) ▪ Quality Outcomes ▪ Prevention (using costs and resources effectively) ▪ Coordination of Care ▪ Determining what to measure and how to measure it ▪ Shared innovations ▪ Focus on what is ahead
Structure	<p>Bobbie asked the group to think about how they would like the committee to be structured. Areas included meetings, membership, leadership, and administration.</p> <p><u>Meetings:</u> Meeting frequency, length, structure, and agenda were discussed.</p> <ul style="list-style-type: none"> ▪ Frequency and Length: Considering the intended agenda based on the areas of focus, it was decided that the group should meet monthly to keep momentum. Meetings will continue to be two hours in length. Meetings will be scheduled as soon as possible. ▪ Additionally, it was proposed that subcommittees be developed to address the various agenda items. This will be addressed and explored further at the next meeting. Various recommendations were offered including a structured set agenda, planning the next agenda at the end of the meeting, assigning someone to keep the agenda on track, integrate telecommunications, and more education for members. Possible agenda structure could

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Structure Continued	<p>include an example of program or project, dashboard review, subcommittee reports and agenda building for subsequent session.</p> <p><u>Leadership:</u> Discussed the Chair and Facilitator roles. Decided to maintain both. Also decided to add a co-chair. Morgan Staines graciously volunteered the role.</p> <p><u>Membership:</u> Members discussed the desire for Medi-Cal Managed Care beneficiary committee members. There are difficulties due to volunteer nature, transportation, keeping members informed and involved. There is not a budget or mechanism to provide assistance or incentives. However, we will explore how to add members and funding for assistance or support.</p> <p>The group offered ideas about potential participants or members. They included State DHCS, Health Care Options, IPA, Sierra Health, PCPs, and Health Officer. Options to explore include liaison, periodic reporting or membership. Also discussed ways to link with Dental and Behavioral Health. The latter are carved out services but the group discussed possible liaisons.</p> <p><u>Administration:</u> Bobbie noted that Healthy San Diego receives approx. \$950K. At the time of the Sacramento legislation the State stated there was not any GF available. County also does not have funding. Currently Sandy Damiano and Marcia Jo have taken this work on in addition to their other duties.</p>
Public Comment	<p>Nathan Allen, MD: Expressed concern that County Health Officer is not on the committee. The County Health Officer protects the safety net of the county and should be involved.</p> <p>Michael Monasky, PHAB: Feels that there is poor representation of the public on the committee and that the charter segregates services. Mental Health and Dental should be represented. Also echoed comment re: Health Officer.</p> <p>Abraham Daniels, Sierra Health Foundation: Commented that the forum is a community in and of itself. Strengths can be leveraged to make positive change.</p>

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	<p>Olivia Kasirye, MD, Health Officer: Stated that she is committed to the improvement of access to care and reinforced the need to have clients at the table. She stated that she would support the Committee in whatever way necessary.</p>
<p>Next Steps</p>	<p>Will obtain a date for a meeting next month and send it out to members next week. We will use that meeting to finish our planning work.</p> <p>Items needing action include: committee structure (members, setting meeting dates, agenda), planning summary, list of measurements (will use to select a dashboard), updates from State DHCS and Plans regarding current activities and timeframes.</p>
<p>Meeting Closure</p>	<p>Bobbie facilitated closing comments from each committee member. All members expressed positive feelings as a result of today's meeting. The most common feelings expressed were "energized" and "encouraged."</p> <p>Sandy thanked everyone for their participation, acknowledged Morgan's new role as Co-Chair, recalled progress made from our very first meeting and adjourned the meeting.</p>