

**Regular Meeting of the  
Santa Clara County Health Authority  
Provider Advisory Council (PAC)**

Wednesday, May 12, 2021, 12:15 – 1:45 PM  
Santa Clara Family Health Plan - Teleconference  
6201 San Ignacio Ave, San Jose, CA 95119

## **MINUTES - Approved**

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### **Committee Members Present**

Thad Padua, MD, Chair  
Clara Adams, LCSW  
David Mineta  
Dolly Goel, MD  
Michael Griffis, MD  
Bridget Harrison, MD  
Jimmy Lin, MD  
Peter L. Nguyen, DO  
Sherri Sager  
Meg Tabaka, MD

### **Committee Members Absent**

Pedro Alvarez, MD

### **Staff Present**

Christine Tomcala, Chief Executive Officer  
Laurie Nakahira, DO, Chief Medical Officer  
Dang Huynh, PharmD, Director, Pharmacy &  
Utilization Management  
Janet Gambatese, Director, Provider Network  
Operations  
Brandon Engelbert, Manager, Provider Network  
Operations  
Rita Zambrano, Executive Assistant  
Robyn Esparza, Administrative Assistant

### **Additional Staff**

Tyler Haskell, Director, Government Relations  
Tami Otomo, Clinical Pharmacist, Pharmacy  
Karen Fadley, Analyst, Provider Network Operations  
Natalie McKelvey, Manager, Behavioral Health  
Lucille Baxter, Manager, Quality & Health Education  
Claudia Graciano, Provider Network Associate, Lead,  
Provider Network Operations

#### **1. Roll Call/Establish Quorum**

Thad Padua, MD, Chair, called the meeting to order at 12:20 pm. Roll call was taken and a quorum was established.

#### **2. Meeting Minutes**

The minutes of the February 10, 2021 Provider Advisory Council (PAC) meeting were reviewed.

**It was moved, seconded, and the February 10, 2021 Provider Advisory Council (PAC) were unanimously approved.**

Motion: Dr. Padua

Second: Dr. Michael Griffis

Ayes: Dr. Lin, Ms. Adams, LCSW, Dr. Goel, Dr. Harrison, Dr. Nguyen, Dr. Tabaka, Ms. Sherri Sager,  
Mr. Mineta; Dr. Padua

### 3. Public Comment

There was no public comment.

### 4. Chief Executive Officer Update

#### Enrollment Summary:

Ms. Christine Tomcala, CEO, presented the May 2021 Enrollment Summary, noting total enrollment of 281,235, with 9,989 members in Cal MediConnect and 271,246 members in Medi-Cal.

#### Pharmacy Carve-out Update:

Ms. Tomcala advised the council that Mr. Haskell described at the last PAC meeting there was late breaking news on February 10, 2021 regarding the planned Pharmacy Cave-out that was to take effect April 1, 2021. She noted it may or may not take place. If it does happen, it will not be until January 2022.

#### COVID Update:

Ms. Tomcala updated the council on COVID vaccination efforts. She was happy the Plan was able to extend the use of our new Blanca Alvarado Community Center as a community vaccination site. She further noted that everyone is seeing a drop off in vaccination due to hesitancy issue.

#### Health Plan's Vision

Ms. Tomcala advised the council that the Plan has been going through the process for many months of refreshing our mission values and the Plan's vision for the organization, as well as our strategic plan, which were happily approved by the Board in March. She shared the new mission of SCFHP. She noted it's always been our mission to improve the wellbeing of our members by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations in our shared commitment to the health of our community. While the mission is all about the work we do today, the vision is more of an aspirational statement and a place where we would like to be in maybe twenty years, and is something we can't necessarily accomplish on our own. So SCFHP's new vision is 'health for all, a fair and just community, where everyone has access to opportunities to be healthy'. SCFHP also created a new list of values. Finally, SCFHP updated our strategic plan over the next three years, and focuses on three primary goal categories: community health leadership, quality access and equity, and organizational excellence.

Mr. Mineta asked at what point it was approved by the Board. Ms. Tomcala noted the development process started last fall. Ms. Sherri Sager, Stanford Children's Health, shared it was a really interesting process because the Executive Committee thought that they had worked all the details out, however every time it was presented to the Board, it was pushed back as they wanted to have input on it. So, there was so much discussion, we ended up having to have special meetings, to get it accomplished. It was very thorough and all perspectives were brought into account to make sure that we came up with something that reflected the diverse inclusive communities and that have equity provisions throughout. The wording was careful and deliberative.

Dr. Padua inquired as to which stakeholders other than the Board and other groups assisted with the development. Ms. Tomcala noted our staff was surveyed so that they could have input. Then, we did focus groups with the community clinics, which many of them participated. We also included various stakeholders, elected officials, provider groups, and IPAs. We included information that we had recently gathered via another process through our Marketing Department that included a survey of people in the community, such as The Second Harvest Food baskets. The information gathered was referenced as we developed the strategic plan.

Ms. Tomcala noted there was a good discussion when refreshing the Plan's vision. Focus groups with community groups, elected officials, IPA(s) were conducted. In addition, Marketing also surveyed members in the community to solicit information as well. Ms. Tomcala noted the information on the vision statement is a just preview and that a final statement will be posted in the near future and Plan will be more than delighted to share copies with the council.

## 5. Quality

### How to Improve Quality Measures Rates by Documentation:

Ms. Lucille Baxter, Manager, Quality and Health Education, gave an extensive presentation on ‘How to Improve Quality Measures Rate by Documentation’. She provided examples of fall outs during chart review, for example, weight assessment (height, weight, BMI percentile), blood lead screening, immunization, controlling blood pressure, comprehensive diabetes care, cervical cancer and colorectal cancer screening, advanced directives, medical list and review, pain screening (except chest pain), discharge summary, medication reconciliation, and documentation. Dr. Padua inquired if a pattern or trend was identified and whether some clinics do better than others on Well Child Visit Weight Assessment. Ms. Baxter confirmed this, noting that some clinics do BMI, rather than BMI percentile. Dr. Peter Nguyen noted that it would be beneficial for providers to be made aware of the fall outs. Ms. Baxter encourage members of the council to take back and share with their providers. She also noted that Ms. Gambatese and Mr. Engelbert of PNO will be communicating the information as well.

Dr. Laurie Nakahira, CMO, noted the Plan is trying to work with providers. There is an issue with providers using paper charts vs. EMRs (electronic medical records). When using EMR, the templates must be turned on to alert them to missing documentation. So we have been working on the education part of it. She noted that, as Ms. Baxter indicated, we are trying to target some of our providers on documentation. We actually just did a survey of all of our providers to see who are doing paper charts versus EMRs. We'll take a review of that and then start breaking it down and working with our practice transformation group. We've hired two vendors, who will be assessing the EMR to see if they are getting a lot of the documentation if they just have to change our template, turning on the percentiles versus just putting the BMI which automatically calculates it correctly, so this is part of our process that we're reviewing.

Dr. Griffis commented that as a delegate of SCFHP, we meet with Lucille and the Quality Team on a very regular basis It has been very helpful in terms of helping us to teach the providers around documentation. It has been really instrumental in how we've been able to do it even better. He noted he really wanted to comment on this presentation, which he thought was a lot of complex information and put forth in a very straightforward fashion and much appreciated.

## 6. Pharmacy

### Standing Reports:

Dr. Dang Huynh, Director, Pharmacy and Utilization Management, presented the “2021 Q1 Top 10 Drugs by Total Cost” and the “Top 10 Drug Classes by Prior Authorization Volume” for reporting period of January 1, 2021– March 31, 2021. For the Medi-Cal line of business, it was noted that prior authorizations for both Humira and Golytely have had significant increases over the last quarter. With regard to the CMC line of business, it is similar to that of the last quarter. There was an increase in total utilization cost for Jardiance and Trulicity.

### Pharmacy Updates:

Dr. Huynh advised the council we are working on increasing utilization of our 30 day supply to a 90 day supply. Dr. Harrison inquired if this is a new process, as she believed it to be only 30 day supply for Medi-cal. Dr. Huynh noted opioid maybe limited, but maintenance drugs are billable for 90-day supply. With regard to birth control, it is a year supply. Dr. Laurie Nakahira noted fee-for-service (FFS) also allows for a one-year supply.

He noted updates from the last March P&T Committee meeting including adding additional Vitamin D3 over the counter products, diclofenac 1% gel, and Movantik for opioid-induced constipation.

Dr. Huynh highlighted some medications in the pipe line that are coming on to market. Generic glucagon was approved in December. Generic Lyrica has been out on the market quite some time with the controlled-release recently approved in April. We're waiting to see if that actually gets circulated onto the market. The plan is excited for Bystolic's generic pipeline approval in September of this year.

## 7. Utilization Management:

Dr. Dang Huynh, Director, Pharmacy and Utilization Management, provided the council with operational related to Utilization Management. He noted the following updates:

The Plan's I.T. Department developed an internal prior authorization platform. It's currently being tested with some selected providers. The online submission portal will save time, confusion, and a lot of fax papers. Dr. Huynh noted he will bring an update and statistics when available.

Dr. Huynh advised that the UM Department is doing a lot more delegation oversight of our delegates. We are taking a deep dive into UM program descriptions identifying best practices. SCFHP has partnered up with the Care Management Team at Connor, Regional, St. Louise, Good Samaritan, El Camino, Valley Medical Center and Stanford. We're meeting with them on a consistent basis to discuss complex cases, helping to provide proactive authorizations to get patients discharged timely and appropriately to improve our quality metrics as a managed care plan.

## 8. Provider Network Operation (PNO) Updates

### Provider Network Access:

Ms. Karen Fadley, Provider Data Analyst, PNO, provided a presentation on a FY20/21 Plan Objective She reviewed the following topics:

- We are expanding our Provider Network in Accordance with DHCS Standards which is at the overall network level. Next year it will be at the delegate/individual network level..
- DHCS Standards are run against SCFHP membership and anticipated membership using a Census File.
- We have a new analytics tool for this work called the QES Tool through Quest Analytics. She reviewed a dashboard, which broke out Independent Physicians, Physicians Medical Group of San Jose, Premier Care, and Valley Health Plan, noting the percentage of members within access stands time or distance.
- Our action plan for gaps: we are working with delegates to identify gaps and contracting accordingly.
- Annual Network Certification was completed and submitted to DHCS at the beginning of May. She noted improvements of HIV/AIDS/Infectious Disease gaps before and after the contracting efforts. The gap ultimately filled the Plan is now working on contracting with Endocrinology, Physical Therapy and Rehab providers.

Dr. Peter Nguyen inquired about referrals too behavioral health, noting it can take a month. Ms. Natalie McKelvey noted this is currently be addressed. Rather than routing call directly to Call Center, working on getting calls routed directly to contracted provider. She noted, she is excited about the Array Empathy being contracted, who have Psychiatrists, MFTs. Ms. Clara Adams also noted that there is always Michelle Webber, LCSW, who is actually physically located next to SCFHP. Ms. Adams noted that council should feel free to contact her and she will do her best to reach out to Ms. Webber.

### Provider Training:

Mr. Brandon Engelbert, Manager, Manager, Provider Network Operations, encouraged the council to let him know of any initiatives or education needs they are interested in learning about, either by way of presentations or personal training. Mr. Engelbert informed the council not to hesitate to reach out to him to alert him to their wants / needs for educational training(s).

## 9. Old Business

### CME Update:

Dr. Laurie Nakahira, Chief Medical Officer, advised the council on the previously discussed Continuing Medical Education (CME) planning. She briefly noted the two previous providers who planned to provide CME are unable to because they are inundated with patients. She noted the plan is to continue to provide a CME within the fiscal year.

## 10. New Business

### Chief Medical Office Update:

- **Appropriate ED Utilization**

Dr. Laurie Nakahira, CMO, provided presentation on Low Acuity and Non-Emergent (LANE) Clinical Efficiency to the council. Dr. Nakahira informed the council instances of LANE, which include low acuity of non-emergency services; potentially preventable ER visits for conditions that can be addressed in an ambulatory or primary care setting, and quantifies potential cost savings if the services were delivered in a more appropriate level of care. The presentation identified which ED visits are considered LANE, SCFHP Top 15 Grouped LANE Diagnosis Codes, California LANE visits by dates of the week, and Strategies to reduce LANE visits, which include working on script for WEB, newsletter and education, identifying qualification for urgent vs PCP visits, and strategies to reduce LANE visits.

- **Trauma Screening / Family Therapy Benefit**

Ms. Natalie McKelvey, Manager, Behavioral Health, provided a presentation on Trauma Screening / Family Therapy Benefit, noting she is working on a new initiative related to trauma screening. She noted ongoing trauma effecting health and the need to understanding trauma screening. She reminded council that Medi-Cal providers can complete the 2-hour training via ACEs Aware and that they need to attest to completing the training on the DHCS website at [www.medi-cal.ca.gov/TSTA/TSTAattest.aspx](http://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx). Providers receive \$100 incentive from SCFHP if training and attestation is completed by June 30, 2021.

Ms. McKelvey voiced her interest in hearing from the council members of their trauma screening barriers. She wanted providers to know what they can do. That they can learn how to be trauma informed and that there is a resource available for them on the SCFHP provider portal. She noted that with regard to Family Therapy, the extension on outpatient treatment still does not include treatment for couples and that a DSM diagnosis is needed. With regard to Family Therapy risk factors, she noted if a score of 4+ or any risk factor to go ahead and refer. She noted COVID is not on the list, as well as gender identity. Additional information related to trauma screening details, screening tools, barriers known to completing screening, possible interventions, family therapy eligibility, family therapy risk factors, ongoing needs and concerns, as well as her contact information can be found in detail in the presentation.

- **Governmental Affairs**

- **CalAIM**

Mr. Tyler Haskell, Director, Government Relations, briefed the council on CalAIM, a set of changes to Medi-Cal that includes the following: a new Enhanced Care Management and In Lieu of Services programs, a carve-in of major organ transplants, new mandatory managed care populations, a requirement to implement a population health management program, the transition from Cal MediConnect to a D-SNP, regional capitation rates, and a new NCQA accreditation requirement.

## 11. Discussion / Recommendations

There were no further discussions and/or recommendations.

## 12. Adjournment

The meeting adjourned at 2:05 p.m. The next meeting is scheduled for Tuesday, August 10, 2021.

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Dr. Thad Padua, Chair

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Date