

**SACRAMENTO COUNTY  
HEALTHY PARTNERS ADVISORY GROUP**

**Meeting Minutes**

June 7, 2017, 3:00 PM – 4:00 PM

Primary Care Center (PCC)  
Community Room #2020, 2<sup>nd</sup> Floor  
4600 Broadway  
Sacramento, CA 95820

<b>ADVISORY GROUP MEMBERS</b>			
X	DHHS – Sandy Damiano, PhD – Chair		FQHC (community) – Christy Ward (Cares) – <i>Excused</i>
X	DHHS – Marcia Jo	X	Employee Health Systems (EHS) – Anna Berens
X	DHHS – Jodi Nerell	X	Hospital – Ashley Brand (Dignity Health)
	Advocate – Kim Williams (BHC)	X	Hospital – Carol Serre (Kaiser)
X	Advocate – Amy Williams (LSNC)	X	SPIRIT – Myel Jenkins (Medical Society)
X	Advocate – David Ramirez (Sac ACT)		Physician – Glennah Trochet (SaLMA) – <i>Excused</i>
X	Advocate – Kelly Bennett (Sacramento Covered)	X	Physician – Mark Henderson (UCD Internal Medicine)

Group Members in Attendance: 11

Public in Attendance: 2

Staff: Sherri Chambers

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TOPIC	MINUTES
<p>Welcome, Agenda Review &amp; Announcements – <i>Sandy Damiano</i></p>	<p>Sandy Damiano welcomed the members and public and reviewed the agenda and meeting materials.</p> <ul style="list-style-type: none"> <li>▪ <u>Agenda Review</u>: Today’s meeting will have Announcements, Budget Updates, Staff Report, Specialty Phase In Updates, Next Meeting Agenda, and Public Comment.</li> <li>▪ <u>Materials</u>: All members received a copy of the agenda, Healthy Partners Zip Code Report, Fiscal Year 2016/17 Disenrollment Report, and Healthy Partners Dashboard (April Data).</li> <li>▪ <u>Meeting materials are now posted</u>: See the Healthy Partners Advisory Group website. Link: <a href="http://www.dhhs.saccounty.net/PRI/Pages/GI-Healthy-Partners-Stakeholder-Advisory-Group.aspx">http://www.dhhs.saccounty.net/PRI/Pages/GI-Healthy-Partners-Stakeholder-Advisory-Group.aspx</a></li> <li>▪ <u>Announcements</u>: None.</li> </ul>
<p>Budget – <i>Sandy Damiano</i></p>	<p>Sandy stated she would provide an overview of budget status for FY 2017/18 and FY 2016/17.</p> <p><u>Fiscal Year (FY) 2017/18</u></p> <ul style="list-style-type: none"> <li>▪ The County fiscal year runs from July 1 through June 30.</li> <li>▪ “Proposed” Budget Hearings are scheduled to begin on June 13<sup>th</sup> at 9:30 AM and will continue as necessary.</li> <li>▪ The County Executive’s Budget Letter has not been released yet, but is expected late today.</li> <li>▪ The Healthy Partners Program budget is status quo for FY 17/18 with no changes for expansion, age or other items. Most unfunded requests were not approved with some exceptions including the homeless initiatives and the Sheriff’s intelligent-led policing initiative.</li> <li>▪ The CEO letter will outline revenue issues and “growth” initiatives that are recommended. New initiatives or growth requests are usually included in the June Proposed Budget. September Final Budget is targeted for changes in state or federal funding (growth or reductions).</li> </ul> <p><u>FY 2016/17</u></p> <ul style="list-style-type: none"> <li>▪ Budget for this program has been explained in previous meetings but can be confusing. There is not a “Healthy Partners” program budget. Funding is in three budget units – Clinic Services (contains multiple programs), Pharmacy Services (provides support to county programs such as Clinic Services, Public Health / TB, Mental Health Services, etc.), and the Medical Treatment Account (provider payments). The Medical Treatment Account is outside of the “division” and “department budget.” These funds cannot be transferred into Clinic Services or Pharmacy without board approval.</li> </ul>

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- Primary Care/Behavioral Health, simple films, care coordination/referrals, member services, etc. were absorbed into the Clinic Services budget. Staff said they could absorb the population during the ACA transition. The same was true for pharmacy.
- Since the Medical Treatment Account was dramatically reduced due to the ACA, new funding was approved for limited specialty services for the HP program (\$1.5 million GF / redirected \$1 million health realignment funds). The Treatment Account is used for Quest (laboratory services) and EHS (advanced diagnostics / specialty services). Staff focused on the EHS roll out of advanced diagnostic services during the initial fiscal year. This began in April/May. SPIRIT also had a late start and continues its phase in of services. Program and EHS worked on many challenges in order to execute an amendment last week. Challenges include the provider shortage and hesitation to treat patients under a limited benefit program. Additionally IPAs do not typically work with ambulatory care centers. Creating a limited care benefit has been a steep learning curve for program and EHS. Several services are in process.
- Expenditures were minimal due to enrollee ramp up, late start up (SPIRIT/EHS), the difficulty of implementing a limited benefit program, and phase in.

Group Discussion –

- Members stated the BOS should be asked to rollover the unused funds (approximately \$1.8 million) from FY 2016/17 to FY 2017/18. *Sandy – Funds are not rolled over. The county carefully reviews and counts on unexpended funds. Funds are not being cut. The same amount is budgeted for next year.*
- Can the Advisory Group look at the budget in October or November, determine where we are with spending the funds, and identify needs for one-time services that could be purchased to avoid having unused funds? *Sandy – The services would need to be broadband due to the inequity of evaluating needs on a case-by-case basis.*
- The Advisory Group should have more say in how the funds are spent. The community wants enrollment expanded beyond 3,000 and the age cap lifted. *Sandy – Both requests were submitted to the Department, however, it was determined that there would be no changes for this budget.*
- The Advisory Group would like more information on costs and available funds. *Sandy – We can report on costs and project expenditures at the September meeting. However it will be early in the fiscal year. It is more accurate at midyear.*
- Spending more on specialty vs. increased enrollment – It was generally concluded that specialty services were rolling out well. Most members agreed that the Advisory Group should focus on increasing enrollment.

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<p>Staff Report</p>	<p>Due to time constraints, the full staff report was cancelled. Sandy briefly highlighted some information from the handouts.</p> <ul style="list-style-type: none"> <li>▪ <u>Zip Code Report</u> (<i>posted on the website</i>) – The current report has data as of March 31. The percentage of enrollees who live in zip codes with high rates of poor health has remained consistent at <b>74%</b>. This means we targeted people who need the services.</li> <li>▪ <u>Disenrollment Report</u> (<i>posted on the website</i>) – This report is due to an Advisory Group request.</li> <li>▪ <u>Dashboard</u> (<i>posted on the website</i>) – The current dashboard reflects data as of April 30, 2017. <ul style="list-style-type: none"> <li>○ Demographic data has remained consistent.</li> <li>○ EHS has provided 1,408 diagnostic services and has started specialty services with dermatology and gastroenterology. <i>Thank you, EHS!</i></li> <li>○ Onsite specialty through DHHS/UCD service utilization has increased.</li> <li>○ Service utilization has increased for specialty outpatient and surgery through SPIRIT and for Collaborative Clinic services through DHHS/SPIRIT. <i>Thank you, SPIRIT!</i></li> </ul> </li> <li>▪ <u>Enrollment</u>: The wait list has <b>367</b> individuals (point in time data).</li> </ul>
<p>Specialty Update – <i>Anna Berens and Myel Jenkins</i></p>	<ul style="list-style-type: none"> <li>▪ <u>EHS</u> – Anna Berens reported that EHS has added ophthalmology and eye surgery, which involved contracting with a surgery center. They have also added general surgery, which required a different surgery center. Gynecology specialty was added. There are 80 patients (combination of referrals and surgeries) pending referral.</li> <li>▪ <u>SPIRIT</u> – Myel Jenkins reported that SPIRIT has a few new volunteers: <ul style="list-style-type: none"> <li>○ Orthopedic volunteer for the Collaborative Care Clinic;</li> <li>○ Orthopedic volunteer has expanded the number he will serve;</li> <li>○ ENT physician;</li> <li>○ Two GI physicians;</li> <li>○ Dermatologist.</li> </ul> </li> <li>▪ <u>Collaborative Care Clinic</u> – The last Collaborative Care Clinic was held April 22. County staff are currently evaluating the need for a future Saturday clinic.</li> </ul>

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<p>Next Meeting Agenda – <i>All</i></p>	<p>Sandy Damiano facilitated a discussion on the topics for the next meeting. Tentative topics – specialty services rollout, expenditure data.</p> <p><u>Committee Discussion</u> –</p> <p>Some members wanted to revisit the issue of meeting frequency, stating that meeting quarterly was insufficient. Others indicated that there was not enough new content for monthly meetings. A suggestion was made to meet every other month. The group voted on changing the meeting frequency to every other month. Five out of eleven members were in favor of changing the meeting frequency, therefore, the meeting frequency will remain quarterly.</p> <p>Another suggestion was made to increase the length of each meeting by 30 minutes. The group generally agreed that the meetings needed to be 30 minutes longer, and it was decided that future meetings would be held from 2:30 to 4:00 PM.</p>
<p>Public Comment</p>	<p>There was no Public Comment.</p>
<p>Closing Remarks and Adjourn</p>	<p>Sandy Damiano thanked everyone for attending and participating in today's meeting. With no additional business to discuss, the meeting adjourned.</p>
<p>Next Meeting</p>	<p><b>Wednesday, September 6, 2017 / 2:30 PM – 4:00 PM – NOTE THE CHANGE TO THE START TIME.</b> Primary Care Center, Community Room 2020, 2<sup>nd</sup> Floor, 4600 Broadway, Sacramento, CA 95820</p>