Sacramento County
Public Health Advisory Board

Meeting Minutes
October 4, 2017 (12:07 PM - 1:25 PM)

Meeting Location
Primary Care Center
4600 Broadway
Sacramento, CA 95820
Conference Room 2020

Moderator:	Dr. Steven Orkand
Scribe:	Theresa Vinson
Board Attendees:	Felicia Bhe, Sandy Damiano, Adam Dougherty, Steve Heath, Olivia Kasirye, Farla Kaufman, Martha Moon, Steve Orkand, Jefferey Rabinovitz, Kimberly Sloan, Jack Zwald
Board Members Excused:	Jofil Borja, Cathleen Ferraro, Paula Green, Barbara Law, Emanuel Petrisor, Sherry Patterson-Jarrett,
Board Members Absent:	None
Guest Speakers:	Jason M. Guardino, DO MS Assistant Physician in Chief (APIC) Quality, Chief Department of Gastroenterology Assistant Chair, Regional GI Chiefs, Kaiser Permanente, South Sacramento Cathy Lumb-Edwards, Director Geographic Managed Care (GMC), Kaiser Permanente, Sacramento Valley
Guests:	Deborah Forrester, County of Sacramento, Public Health Lab

Meeting Opened at 12:06 PM

Welcome and Introductions

Dr. Orkand welcomed PHAB members and guests.

Minutes Review

Minutes from the September meeting were approved as submitted.

PHAB Vacancies and Appointments

There is currently 1 vacancy.

Public Health Division

Dr. Kasirye provided an update regarding the Hepatitis A epidemic. The groups most impacted are homeless and IV drug users. In San Diego, there have been 400 cases and at least 16 deaths. These populations have compromised immune systems. As part of prevention, two things must be carefully reviewed. First is vaccination for these at risk-populations as well as service the providers; the second part is sanitation for the community. In Sacramento, working together with directors of homeless shelters work is moving forward to set up clinics, maybe not large clinics because the homeless are not expected to show up to get vaccinated. However, the plan is to take it to where the homeless are, for example, the shelters and places such as Loaves and Fishes. The Primary Care Homeless Program has been very generous providing resources to assist with this effort. Meetings have occurred with the directors and dates are currently being set. Notification was sent to healthcare providers to let them know they should consider getting the vaccine. They are being advised that if they are taking care of any homeless persons getting the vaccine, they need to be sure to report that in the CARE database to avoid giving the vaccine twice to the same persons. Meetings have taken place with city and county agencies (public works and environmental management) to start looking at what our sanitation issue looks like because Hepatitis A is passed through fecal matter. Several complaints have come in from the public regarding streets that are not clean. There are protocols in place for cleaning and addressing the difficult issue of access to public bathrooms, and wash stations for the homeless that are currently under review.

Yesterday information regarding a Hepatitis A case at a local restaurant was received.

Q: Do you have any sense of the percentage of county population already vaccinated?
A: No, the vaccine is recommended for children but our providers do not consistently use the CARE database, so it's hard to pinpoint how many have been vaccinated. Individual's receiving the vaccine from the County is being tracked.

Q: Does being in the same space put one at risk; say one is a navigator and drives an infected person in a car to/from appointments?
A: Not ordinarily, but in a case like that, the vaccine is recommended for the navigator.

Q: Do you check with Correctional Health?
A: Yes, someone from the Sheriff's office attended one of our meetings, and they received the information.

Q: Sporadic Hepatitis A shows up from time to time, is there anything different about this Hepatitis A epidemic from Southern California?
A: There's no thought that it is different, it just happened to hit in a vulnerable population.

Q: Flu season is beginning, Kaiser sends out demographics of the flu breaking it down by A and B. Can we send demographics of the disease to Board members, broken down by A and B so the disease can be watched as it progresses?
A: Yes, I had to get permission to distribute it. I did receive approval, but my contact has now changed so I need to reach out and remind them to send it to me once they start. Kaiser is one of the sentinel sites the State uses to monitor flu locally, what kind of flu is circulating (A or B), and the predominant strain. As soon as the reports are in, I will share them.

Q: Have you seen any correlations between Hepatitis A and HIV?
A: No, but notification has been received that there is a Hepatitis A outbreak now in New York city and it is among the MSM population.

Q: CARE is included in education about the clinics?
A: This was given to us by the State, there is currently nothing locally but should anything be noticed locally, they will be notified. There is a collaboration working on HIV and STD issues with Sacramento County, St. Luke and Harm Reduction Services (for IV drug users) to be sure the get the Hepatitis A vaccine.

Q: Anything new with funding for Nurse Family Partnership (NFP)?
A: Nothing new, down to one team. If you heard the recent Board of Supervisors hearings, there was a lot of interest by the Board of Supervisors of the future of NFP. A report is being provided to them about the status but as far as we know, the funding is currently stable.

Primary Health Services Division

Medi-Cal Managed Care

- GMC Enrollment - data was distributed and reviewed.
- IPA Enrollment – data was distributed and reviewed. Plan networks are posted on our webpage.
- Emergency Department – the summary data was distributed and reviewed. Individual hospital reports are also posted.
- UnitedHealthcare - enters the local market and begins services this month.
- Mental Health Split Benefit – Health Plans and County Mental Health Plan will present on this topic at our October meeting.

Medi-Cal Managed Care Advisory Committee
http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/BC-MCMC.aspx

Care Coordination Work Group
http://www.dhhs.saccounty.net/PRI/Pages/Sacramento-Medi-Cal-Managed-Care-Stakeholder-Advisory-Committee/GI-MCMC-Care-Coordination-Work-Group.aspx

Healthy Partners
As of Monday, October 2, 2017 there were 368 individuals on the wait list. This is a point in time count as the number waiting is dynamic. I recently provided PHAB the annual report.

Healthy Partners Advisory Group
http://www.dhhs.saccounty.net/PRI/Pages/GI-Healthy-Partners-Stakeholder-Advisory-Group.aspx

Emergency Medical Services (EMS)
Dave Magnino, EMS Administrator, will attend the next PHAB Meeting with me. He will report on some preliminary data for ambulance patient offload time.

Q: Are you able to look at any data regarding getting those follow-up appointments or within the specialty follow-up times through Medi-Cal? Are they getting seen as mandated by Medi-Cal?

A: I believe that is why there is a special review going on by (EQRO) – they typically do the audits, once that is completed we can bring the report back to PHAB. Specialty is out there a ways, particularly for certain types of specialist. It's gotten worse as more people have become insured. For primary care, there are certain sites where it takes months to get in as a new member, so that can vary as well.

Guest Speakers
Dr. Orkand introduced, Jason M. Guardino, DO, MS Kaiser Permanente Medical Center (KPMC) South Sacramento. Cathy Lumb-Edwards, Director, Geographic Managed Care Program, Kaiser Permanente Medical Center, Sacramento Valley.

PRESENTATION – CANCER SCREENING RATES IN SACRAMENTO COUNTY FOR DIFFERENT POPULATIONS-KAISER PERMANENTE MEDI-CAL STRATEGIES FOR DIFFERENT POPULATIONS

Cathy Lumb-Edwards, Director of GMC Program in Sacramento Area. Kaiser has 289,671 lives in all of Northern California – Sacramento is the only direct contract. The other northern California Kaisers serves as a subcontractor for different health plans. Here Kaiser Permanente is the direct provider and those counties include Sacramento, Placer, Amador and El Dorado – all under the GMC contract, currently at approximately 92,000.

In 2013, there were 46,000 Medi-Cal members in Sacramento County; there has been a 98% increase in Medi-Cal membership. This growth resulted in a huge strain on the delivery system (2014); higher cost and differences were realized that hadn't been seen before. Food insecurities; homeless members different from homeless patients; Kaiser has treated the homeless through the Emergency Room (ER) for years but homeless members were not being enrolled into the plan. ER visits skyrocketed, as well as failures to keep appointments. In the summer of 2014, several upper level management staff visited the hospitals and asked them to figure out how to ensure Kaiser's Medi-Cal patients who access

us differently and cost more, were receiving the same treatment and getting the same or similar outcomes as non-Medi-Cal patients, and then make a recommendation to Leadership. Kaiser Permanente staff met with colleagues from outside and also within Kaiser Northwest and Southern California. A focus group was created specific to Medi-Cal membership. Data was used more in the last 3 years than the last 27 years and a recommendation was made to senior leadership. Based on some findings and focus groups for specific Medi-Cal membership, it was found that while there are transportation barriers, food deserts and unplanned pregnancy, Medi-Cal members look a lot like everyone else around the table. There are staff at Kaiser who are GMC Medi-Cal members – Kaiser is dealing with the working poor. Recently, comprehensive care coordination model plans were developed. Kaiser wanted to prop up Medi-Cal members so they have the same high quality outcomes as other Kaiser members. At Kaiser, every patient is treated the same; treating them the same is a given however, there are still equity issues. In summer of 2015, Kaiser Permanente developed and implemented a comprehensive coordination model starting at Orientation.

Care Coordination Team: There are 15 Member Outreach Specialists; there are about 3,000 GMC members monthly coming into the health plan. Member outreach involves two phone calls and two mailings. To be compliant, this had to be done from a regulatory standpoint so to maximize on that, staff was increased. Every member gets multiple phone calls and driven by the data, if they have missed an appointment, a list of those missed appointments/patients is generated and they get another phone call. There is a robust onboarding script that covers everything from the regulatory assignments to getting the Primary Care Physician (PCP) assigned, initial health assessments and cancer screenings. The dashboard indicates whether or not they are current with cancer screenings and other assessments. From there, fit kits are being sent home and mammograms and other screenings are being scheduled. This is the way to maximize the integrated system so patients are caught upstream. GMC is a department of the health plan (part of the medical group not the whole hospital) but this is how the departments are working together. There are 24 health care coordinators, 8 nurses and 16 social workers. Based on feedback from the workgroup, the Medi-Cal population is a little weary of the term social worker so their titles were changed to Healthcare Coordinators (HC); something the focus groups thought a little less intimidating. There is a pharmacist dedicated to Kaiser's Medi-Cal population. There are two medical directors, all health plans have them but GMC has two who are also working physicians, and they are the leaders in Sacramento. There is a Data Analytics person and having this individual allows us to have this information frontline, and eliminates the need to go to a data department.

Patient population is being managed by making sure they have a PCP assigned and a HC assigned. The HC's work in teams of three; two social worker's to a nurse. Social workers have panels similar to our physician panels; the number is about 6,000 per panel, per social worker. They do not see all 6,000, they are assigned by zip codes, and the social workers typically are assigned where they live. This is currently being evolved to be more medical-center based. Kaiser

treats the entire family, Medi-Cal members come on as individual subscribers but using our database, we are pulling the healthcare and treatment of families together.

Kaiser does not have the same population of homeless as our colleagues. Kaiser has homeless members and started identifying them (in 2014) by a P.O. Box address that belongs to Department of Human Assistance (DHA). They are put on a panel with a social worker who has history working with the homeless population. 6000 per HC is a lot so prioritization is important. A tool was developed based on utilization; an overlay was completed a year ago with the seniors and persons with disability requirements.

Care Coordination, 'Leverage the technology,' (KP's mantra)
KP.org is the secure messaging system members use to interact with providers. Texting is huge; all HC's have iPhones so they have the ability to text members and providers, send photos, etc. It was huge for Kaiser to learn that members want to text. Kaiser is moving to a texting platform and engaging with a vendor where bi-directional texting is an option so for example, in the evening thousands of text messages can be sent and responses reviewed the next morning, HC's can then plan the day accordingly (by the responses). Video visits are big, currently pharmacies are using it. Kaiser has a great Electronic Medical Record (EMR) and HC's get a daily report (data) that identifies which members were in the hospital, and they call to follow-up; outreach is absolutely expected and required. Kaiser has witnessed great results using kp.org in general, and as it relates to cancer screening.

Data
The data is so important and through kp.org members can book appointments, talk with providers, and view lab results. Staff can assist members getting them signed up and getting passwords set up for kp.org. Currently, through kp.org staff interacts with between 300-500 members daily.

Jason M. Guardino, DO, MS
In 2014, there was no solidified plan, but since that time Kaiser rolled out PROMPT (Prevention Reminder Outreach Management and Population Tracking); a very powerful program integrated in our healthcare system – staff could immediately see if people were due for cancer screenings, it integrated into a solidified platform so it is possible see what is happening with our members. There was not much training, no one knew much about this tool or how to use it. At that time, utilization was low, but now it's about 90% every month. Many strides were made in about a year in a half but Kaiser needed more.

In 2015, the ‘Stay Around’ campaign was developed throughout the medical centers; these were anatomy based, bold title posters saying, ‘Smoking Destroys Your Body and Colon Cancer Shouldn’t Happen.’ Kaiser wanted to integrate national guidelines, like Breast Cancer is the number one cancer and second leading cause of death of women. There was a call to action on every poster, everything that could be handled on the same day or within two days would be. 480 exam rooms were renovated across three facilities that have these new posters displayed and now they are in digital science everywhere. They all have these posters, messaging was consistent no matter which department patients were being seen in, the message was the same. The same scripts were used on the phones for many of the centers as well. The medical staff, physicians, and medical assistants had to be educated so Kaiser embarked on creating a CME program, for two consecutive years, a two hour course wherein everyone was mandated to attend. Real people who worked in the hospitals who had been diagnosed with cancer came up and spoke to the group; this changed the tone of the training. From there, everything happening with PROMPT (data) was tracked. Managers now had the ability to drill down and see who in which department was clicking where, who was talking to patients about screenings and who was not. Over two years 800 employees were trained. A formal policy that says no elective surgery would happen unless the three cancer screenings (breast, cervical and colon) were done was rolled out. Many cancers were caught early after this policy was rolled out.

A program called House Calls was started and this works like a radio talk show, there’s a new topic each month. For example, in March when its colon cancer screening month, members due for colon cancer screenings are identified, they are sent an email and a flier is also sent via U.S. mail. These notifications inform patients they are going to receive a call, they indicate the date and time of this call, and they say we hope you can participate. There’s a physician on line doing an introduction to the topic. Our records indicate 14,000 stay on line for 8 minutes and another thousand stay on for over 45 minutes. The same thing happens when it’s time for Breast Cancer awareness.

Cards were made to be issued to parents and guardians in Pediatrics so when a family comes in they are given a card that says ‘your family wants you to Stay Around.’ When guardians check in with kids they are given this at the registration desk. It is the same mantra repeated. Eight months ago, a new onboarding center opened where patients come an hour before their scheduled appointment to have a health history review. They are given a fit test to take home, meet with pharmacist and nurse practitioners. They get educated about the hospital systems, learn how to use the secure messaging system, when and how to access the Emergency Room and when not to, they receive immunizations, etc. Kaiser is creating the culture to get where they want to be. Kaiser worked on the values and attitudes with the course that was created, the visible by emphasizing the behaviors, and changing the working environments by providing the same training to all employees and departments involved with patient care.

Q: Do you have a poster for STDs?
A: Not at the moment but we do want to create a whole new set of posters just for pediatrics for childhood obesity, STDs and Immunizations. The current posters are not in Oncology for obvious reasons and they are not in pediatrics.

Q: Prior to 2014, how did Kaiser manage homeless members?
A: We didn't have homeless members prior to 2014 because before the adult expansion they wouldn't qualify.

Q: When you talk about treating the entire family, do they all have to be on Medi-Cal?
A: Yes, and they generally are. If not, we do what we can, recognizing they are not Kaiser members because we can provide resources.

Q: Would you say having an integrated system makes Kaiser unique and more difficult to bring into the community, compared to other physicians who do not want to be told how to treat their patients? How do you tell us this is how to make this system work in an independent organization?
A: I'm biased but integration is the best way. The incentives are aligned correctly because we get paid a certain amount of dollars to pay for patients no matter what the diagnosis. If we prevent you from getting cancer through preventative services, it's likely it is going to cost $19.00 for a fit test opposed to the $6,000 that has to be spent on chemo, and meds and other things, if we do not take the necessary steps, tests, etc. to prevent it. That $6,000 comes from the TMG budget not Kaiser.

Q: What would you say is the first thing physicians should try when it comes to getting patients to come for cancer screening?
A: Prevention is key and physicians have to take the time to inform their patients in a serious way.

Q: How do you get more Kaiser Medi-Cal members in and what are some of the barriers?
A: That's a very good question and I really don't know the answer. It's integration because fragmentation hurts everyone.

Announcements
Guest Speakers for November 1, 2017
Jamie White, MPH
Epidemiology Program Manager, Division of Public Health, Sacramento County

Perinatal Periods of Risk: Disparities in Feto-Infant Mortality

Dave Magnino, EMS Administrator, Sacramento County
Preliminary Data, Ambulance Patient Offload Time Update

Public Comment

There was none.

Adjourn
The meeting was adjourned at 1:20 PM.
Submitted by Theresa Vinson, Scribe and Dr. Steven Orkand, Chair

Next Meeting of PHAB:

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