



Health care you can count on.  
Service you can trust.

# **Board of Governors Retreat**

**Friday, January 31<sup>st</sup>, 2025  
9:00 a.m. – 3:30 p.m.**

**Video Conference Call and**

**1240 S. Loop Road, Alameda, CA 94502  
Emeryville Conference Room**

# AGENDA

BOARD OF GOVERNORS  
Annual Retreat Meeting  
Friday, January 31<sup>st</sup>, 2025  
9:30 a.m. – 3:30 p.m.

In-Person and Video Conference Call

Emeryville Conference Room  
1240 S. Loop Road  
Alameda, CA 94502

**PUBLIC COMMENTS:** Public Comments can be submitted for any agenda item or for any item not listed on the agenda, by mailing your comment to: “Attn: Clerk of the Board,” 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at [brmartinez@alamedaalliance.org](mailto:brmartinez@alamedaalliance.org). You may attend meetings in person or by computer by logging in to the following link: [Click here to join the meeting](#). You may also listen to the meeting by calling in to the following telephone number: [1-510-210-0967](tel:1-510-210-0967) conference id [618713268#](#). If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agenda item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Board of Governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

**PLEASE NOTE:** The Alameda Alliance for Health is making every effort to follow the spirit and intent of the Brown Act and other applicable laws regulating the conduct of public meetings.

**RETREAT GOALS:**

- Provide succinct updates on organizational progress and position
- Facilitate Board discussion and guidance on advancing health equity, quality and access to care for members
- Introduce the 2025 strategic planning process, timeline and activities
- Engage Board perspectives on critical strategic issues and factors to address in planning

**1. MEET AND GREET – LIGHT BREAKFAST** (9:00 A.M. – 9:30 A.M.)

**2. CALL TO ORDER**

*(A retreat meeting of the Alameda Alliance for Health Board of Governors will be called to order on January 31<sup>st</sup>, 2025, at 9:30 a.m. in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place in person and by video conference call)*

**3. ROLL CALL**

**4. MEDICARE FINAL DECISION DISCUSSION - VOTE** (9:30 A.M. – 10:30 A.M.)

**5. WELCOME, INTRODUCTIONS AND REVIEW OF MEETING GOALS/AGENDA**  
(10:30 A.M. – 10:45 A.M.)

**6. LEADERSHIP UPDATE AND BOARD DISCUSSION: QUALITY, ACCESS AND HEALTH EQUITY**  
(10:45 A.M. – 12:15 P.M.)

- a) What have we achieved, where have we made progress?
- b) Where have we struggled and what have we learned?
- c) What directions and strategies are we exploring for the future?

**7. WORKING LUNCH – PRESENTATION AND DISCUSSION OF POLITICAL ENVIRONMENT**  
(12:15 P.M. – 1:15 P.M.)

**8. LEADERSHIP UPDATE AND BOARD DISCUSSION: FINANCIAL POSITION, PROJECTIONS AND STRATEGIC APPROACH**  
(1:15 P.M. – 2:10 P.M.)

**9. CHARTING THE FUTURE – STRATEGIC PLANNING PROCESS OVERVIEW AND EXTERNAL ENVIRONMENT/STRATEGIC ISSUES DISCUSSION**

**10. ANNOUNCEMENTS**  
(2:10 P.M. – 3:30 P.M.)

**11. PUBLIC COMMENT (NON-AGENDA ITEMS)**  
(3:30 P.M. – 3:32 P.M.)

**12. BOARD REFLECTIONS AND ADJOURNMENT**  
(3:32 P.M. – 4:00 P.M.)

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**NOTICE TO THE PUBLIC**

The foregoing does not constitute the final agenda. The final agenda will be posted no later than 24 hours prior to the meeting date.

The agenda may also be accessed through the Alameda Alliance for Health's Web page at: [www.alamedaalliance.org](http://www.alamedaalliance.org)

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Board of Governors meetings are regularly held on the second Friday of each month at 12:00 p.m., unless otherwise noted. This meeting is held both in person and as a video conference call. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at [www.alamedaalliance.org](http://www.alamedaalliance.org).

**Additions and Deletions to the Agenda:** Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the agenda and must be acted upon prior to the next Board meeting. For special meeting agendas, only those items listed on the published agenda may be discussed. The items on the agenda are arranged in three categories. **Consent Calendar:** These items are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Board as one item and a single vote is taken for their approval, unless an item is pulled from the consent calendar for individual discussion. There is no public discussion of consent calendar items unless requested by the Board of Governors. **Public Hearings:** This category is for matters that require, by law, a hearing open to public comment because of the particular nature of the request. Public hearings are formally conducted, and public input/testimony is requested at a specific time. This is your opportunity to speak on the item(s) that concern you. If in the future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Board at or before the hearing. **Board Business:** Items in this category are general in nature and may require Board action. Public input will be received on each item of Board Business.

**Supplemental Material Received After the Posting of the Agenda:** Any supplemental materials or documents distributed to a majority of the Board regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at (510) 747-6160.

**Submittal of Information by Members of the Public for Dissemination or Presentation at Public Meetings (Written Materials/handouts):** Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting by sending it to "Attn: Clerk of the Board", 1240 S. Loop Road, Alameda, CA 94502. This information will be disseminated to the Committee at the time testimony is given.

**Americans With Disabilities Act (ADA):** It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Martinez, at (510) 747-6160 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at [www.alamedaalliance.org](http://www.alamedaalliance.org) by January 28<sup>th</sup>, 2025, by 9:30 a.m.



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Brenda Martinez, Clerk of the Board

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# Alameda Alliance for Health Budget Update

## Calendar Year 2024 Rate Update

- ▶ On December 30, the Department of Health Care Services (DHCS) provided amended CY24 rates removing negative adjustments related to the Targeted Rate Increase program and population acuity.
- ▶ AAH CY24 rates increase by approximately 1.38% or \$26M.
- ▶ Additional revenue was fully reflected in December preliminary financial results, offsetting losses that occurred in the month.

## Calendar Year 2025 Rate Update

- ▶ October draft rates reflected a 4.3% increase in base rates from original CY24 rates.
- ▶ Updated rates were received December 18. Some details are still needed but sufficient data was shared to determine potential base rate increase.
- ▶ An additional 5% increase was added to the 4.3% increase from October.
- ▶ Estimated additional revenue approximately \$100M for the second half of FY25 (Jan-June).

# Calendar Year 2024 Financial Results

## FY25 Updated Results

- ▶ Estimated December Net Loss of \$8.6M.
- ▶ Calendar year 2024 results recorded a \$201M Net Loss for the year.
- ▶ This includes additional revenue from recent CY24 rate increase.
- ▶ Final budget estimated \$65.2M Net Loss for FY25 (July 2024-June 2025).
- ▶ Updated forecast estimates based on November and December actual results plus updated CY24 rate increase slightly reduce FY25 Net Loss to \$64.7M.



## Initiatives Starting

- ▶ Avoidable Readmission Reduction-Estimating a 1.5% reduction resulting in a decrease in medical expenses of \$900K annually.
- ▶ Community Supports criteria update will result in \$2M of annual cost savings.
- ▶ Claims and authorizations alignment project will result in \$5M in cost savings annually.
- ▶ Close collaboration with our Fraud Waste and Abuse department avoids \$500K of unnecessary payments annually.

Questions?

# Alameda Alliance for Health

## DSNP Scenarios Summary



# DSNP Scenarios

- ▶ Scenario 1 - Business as usual
- ▶ Scenario 2 - Start small, reduced scale

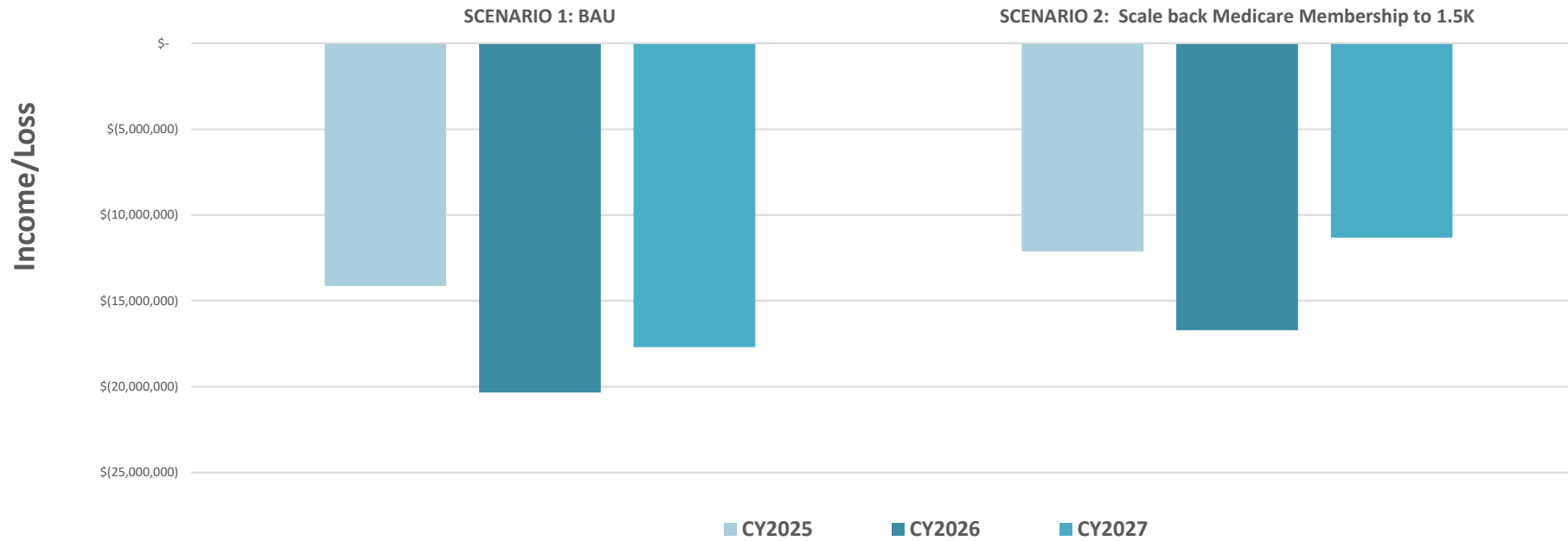
# Business as Usual - Scenario 1

- ▶ Assumes enrollment of approximately 4,000 members in 2026.
- ▶ Approved FTEs for FY25 move forward, assume FTE count grows for DSNP in CY26 and CY27.
- ▶ FTE assumptions were compiled as part of an exercise determining what departments needed to stand up the DSNP program.
- ▶ Total FTEs dedicated to DSNP are 75 costing \$34.7 million for Calendar Years 2025 through 2027.
- ▶ Consulting and vendor costs estimated to be \$15.5 million for the same period.
- ▶ Total estimated cost to stand up the DSNP is \$216.4 million.
- ▶ Total costs include FTEs, Operating and Vendor cost plus Medical Expenses.
- ▶ Revenue begins in 2026 to offset some expenses.

## Reduced Scale - Scenario 2

- ▶ Assumed enrollment builds up to 1,500 members by the end of 2026.
- ▶ Limited savings related to volume related departments (Call Center, Claims, etc.).
- ▶ Fixed cost to stand up a DSNP remain.
- ▶ This allows the Alliance to enter the market on a small scale while learning from 2026 experience.
- ▶ Total FTEs dedicated to DSNP are 60 costing \$27.3 million for Calendar Years 2025 through 2027.
- ▶ Consulting and vendor costs estimated to be \$16.0 million for the same period.
- ▶ Total estimated cost to stand up DSNP is \$131.7 million.
- ▶ Total estimate includes scaled back revenue stream but begins in 2026.

## D-SNP Projections - Scenario Analysis



# Findings

- ▶ Business as usual maintains existing projected expenses with the full impact of FTEs and operating costs plus medical expenses. Total estimated loss for three years is \$52.1M.
- ▶ Reduced scale results in some FTE and OPEX costs savings but fixed costs remain to ensure compliance and readiness for CY26. Total estimated loss is \$40.1M.



Questions?

# Medical Management

Donna White Carey, MD,MS - CMO

Date: 2023 Average – September 2024

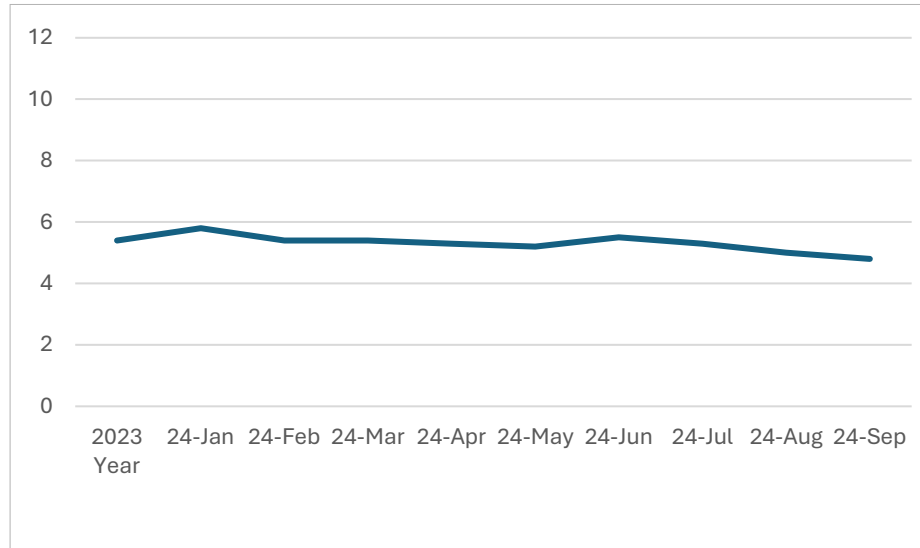
PowerBI: #12005 IP Claims Utilization

*Excluded: LTC AID Categories, LTACs and Sutter Herrick Psych Unit facilities, except readmissins data*

# Average Length of Stay (ALOS)

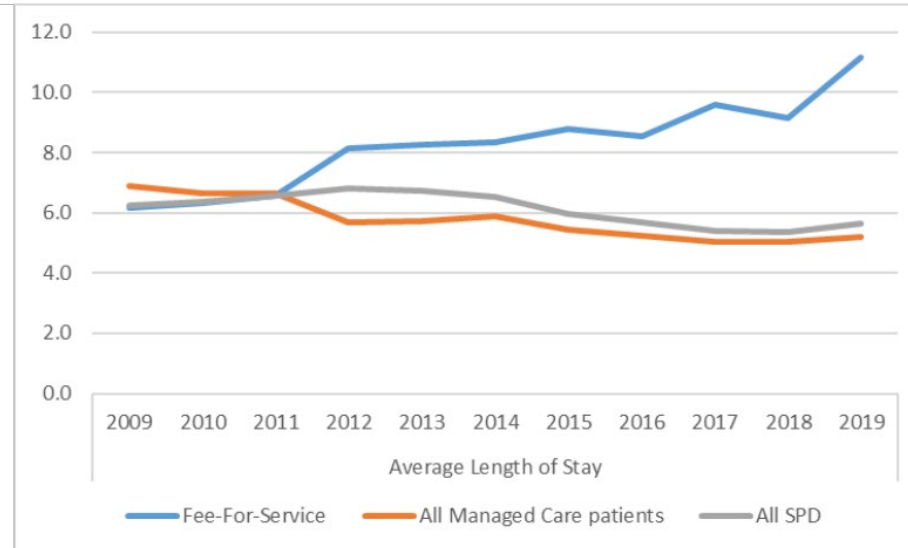
## 1/1/24 - 9/30/24

Average Length of Stay (ALOS)- AAH



AAH ALOS Data 2023-2024

Figure 11: Average Length of Stay



DHCS ALOS Data 2009-2019

- The AAH ALOS has remained below 6.0 since prior to 2023- as compared to the April 2022 released Seniors and Persons with Disabilities Program Evaluation which shows the FFS Populations trending upward since 2011
- AAH 2024 ALOS decreased to an average of 5.3 which is a (-0.1) change from the 2023 average based on claims data available for January through September 2024

# AAH Admits/1000 (1/1/24-9/30/24)

## ➤ Alliance

- 2024 Admits/1000 decreased to an average of 68.7 which is a (-1.0) change from the 2023 average based on claims data available for January through September 2024
- Admits/1000 by delegate- Alliance has the highest Admits/1000 at 127.9 and CFMG the lowest at 9.3
- Admits/ 1000 by Facility: Highland has the highest at 11.1 and LPCH is the lowest at 0.1
- Admits/1000 by aid category: Duals is the highest at 217.1 and Adults are the lowest at 38.3

## ▷ DHCS

- Dual Admits/1000 per DHCS average 44.86
- SPD Admits/1000 per DHCS average 33.03

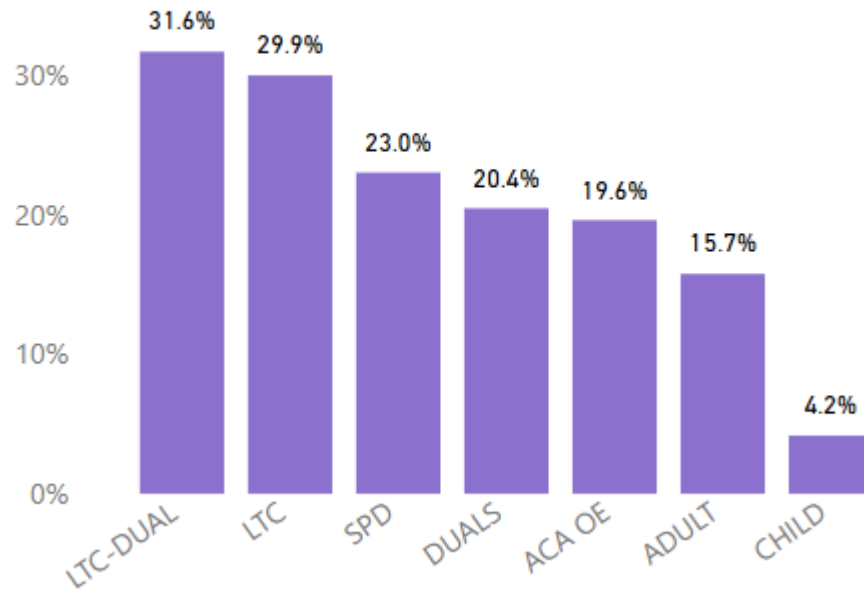
# Paid vs Actual Days (1/1/24-9/30/24)

## Overall Rates for Date Range Selected

ALOS	Admits/1000	Paid Days/1000	Actual Days/1000
5.5	66.1	364.2	376.3

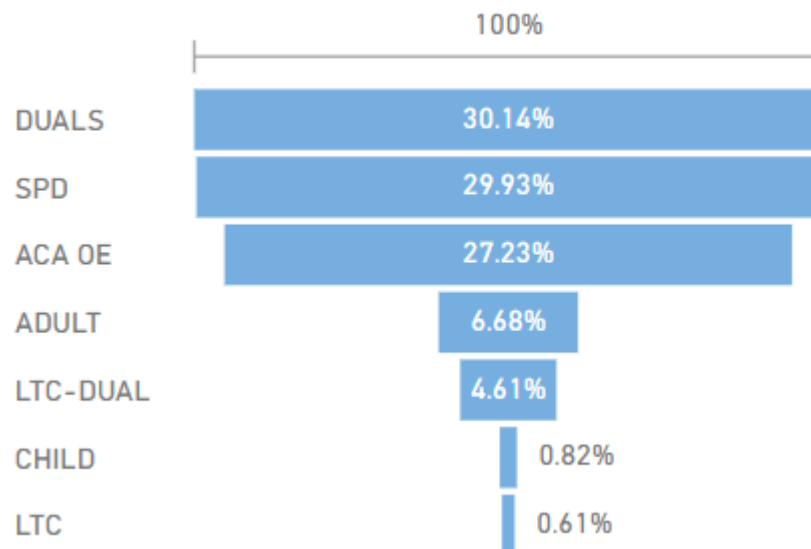
# Readmission Rates (1/1/24-9/30/24)

**By Aid Category**



SPD continues to carry the highest readmission rate 23.%, followed by DUALS 20.4%  
ACA OE 19.6%  
Adult 15.7%  
Child 4.2%

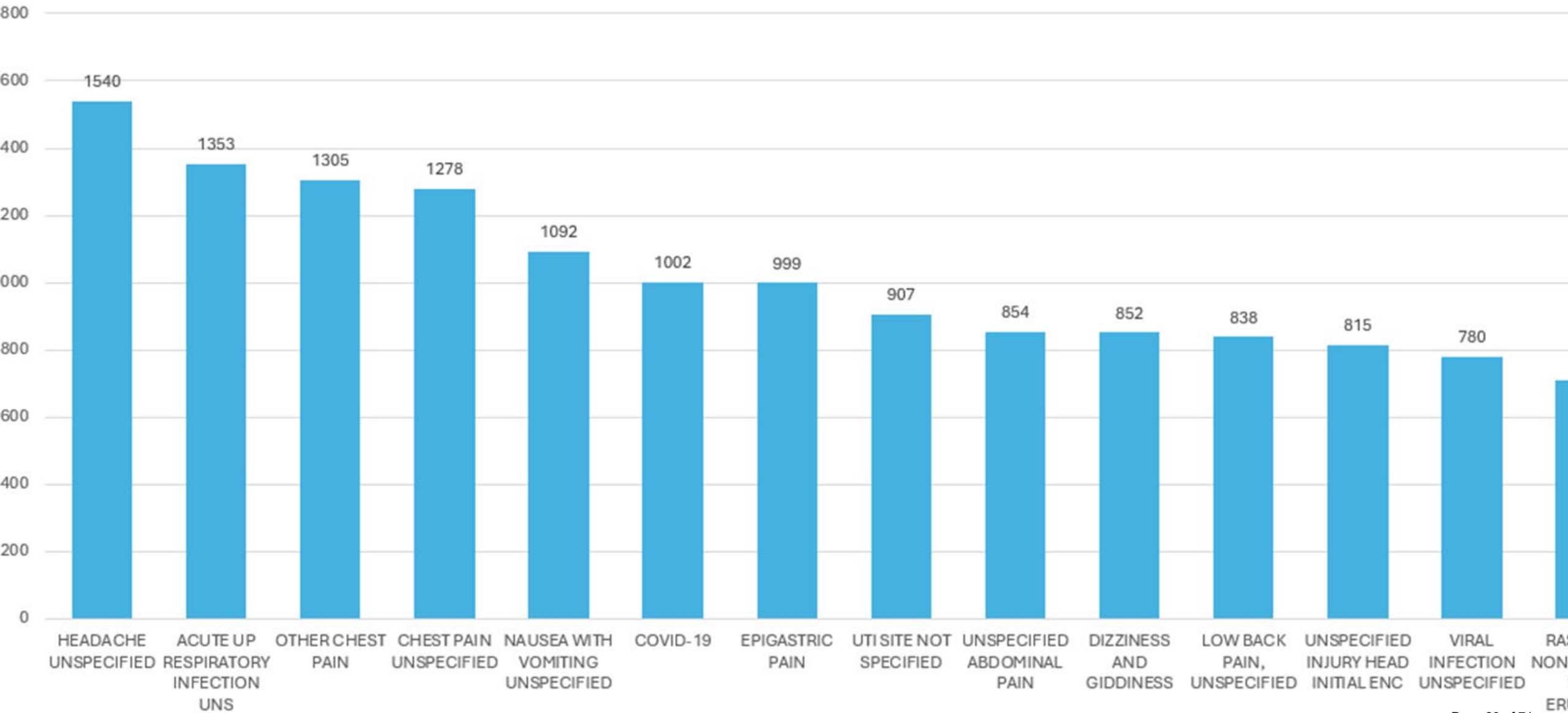
**Distribution By Aid Category**



Duals readmits comprise ~30.1% of total readmits followed by SPD ~29.9%, ACA OE 27.3%

# Top 15 Diagnosis by ER Visits Q3-Q4 2024

\*excludes December 2024 data



## Summary (data through 9/30/24)

- ▶ Most admissions are appropriate
- ▶ ALOS on par with plans MCP across CA
- ▶ IP UM Team rounds with acute hospitals beneficial for discharge planning & LOS
- ▶ Focused strategies, particularly on high impact areas



# Medical Management Strategies

- **1. Inpatient strategies**
  - Enhanced Care Management (expansion, TCS, prioritize MIF)- future
  - Over/Under Utilization Workgroup- current
  - Hospital partner rounds - current
  - On-site staffing (vendor partner)- future
- **2. Long term care strategies**
  - Implement Care Sitter criteria-future
  - Community Supports criteria update –current
  - Alliance staff on-site visitation in LTC facilities-current
- **3. Pharmacy strategies**
  - Heart Failure/Sepsis pilot- current
  - Process improvements- ex- carve-out drugs-Sept 2024/Dec 2024
  - Pharmacy network update -current
  - Formulary/PA review and updates-current

# Medical Management Strategies – cont'd

- **4. Improving Access to clinical care (Avoidable ED visits)**
  - ED navigators (partner with AHS)-future
  - Member education campaign- current
    - Telehealth
    - Urgent Care
  - Expand networks (PCP, Urgent care)- future
- **5. Reduce Avoidable Re-admissions**
  - Designated analyst - current
  - Transition of Care Services
    - High/low risk outreach - current
    - Vendor contract - future

**Thank You!**  
Questions?



# Alliance D-SNP Name and Logo Refresh

**Board of Governors Retreat**  
**Friday, January 31, 2025**

# Project Background

- ▶ A cross-departmental workgroup at the Alliance partnered with **The Creative Department (TCD)**, a healthcare marketing agency in the fall to develop a brand strategy for the **new D-SNP product** that aligns with our mission and vision focused on supporting our members and ensuring they get the care they need.
- ▶ An **Alliance logo refresh** was later added to the project scope, using the same timeline as the D-SNP product name process to minimize third-party expenses.
- ▶ **5 rounds of reviews and revisions** were completed, incorporating research, member and prospect surveys, and feedback from the Consumer Advisory Committee (CAC) to expand options.
- ▶ Ensured all D-SNP product names were vetted by **Legal** for trademark compliance.

## Key Deadline:

- ▶ Finalize both the **D-SNP product name** and the **logo refresh** by February to align with the CMS application timeline and avoid additional costs.

# Option 1: Shapes of Community



- ▶ Reflects diversity and vibrancy of the community we serve, using geometric shapes and bold colors to create a conceptual metaphor for inclusivity, collaboration, and unity.
- ▶ Shapes represent unique perspectives and needs, coming together to form a cohesive, balanced composition.

# Option 2: Shapes of Community v2



- ▶ Embodies the diversity of the communities we serve, presenting a bold and conceptual metaphor that reflects our mission.
- ▶ Emphasizes the word “Alameda” which is the community that we serve and the heart of who we are.

## Option 3: Shapes of Community



- ▶ Visual representation of our commitment to diversity, inclusivity and care.
- ▶ Vibrant color palette symbolizes the multifaceted nature of the community we serve.
- ▶ The bold, clean typography communicates strength, reliability, and clarity, reflecting our role as a trusted partner in delivering health services.



## Option 4: Simple Refresh



- ▶ A modernized take of our established brand, maintaining the core elements of our identity while infusing a fresh and contemporary design approach.
- ▶ Teal rectangle beneath the tagline “FOR HEALTH” adds a vibrant, professional touch, providing a clear emphasis on health and wellbeing.
- ▶ Teal accent within the “i” adds a pop of color, symbolizing innovation and progress.

# D-SNP Proposed Names

## ▶ Alameda Alliance Wellness

- ▶ The "Wellness" concept highlights commitment to supporting members in maintaining and improving their health and underscores the comprehensive benefits tailored for dual-eligible members.

## ▶ Alameda Alliance Well+

- ▶ The "+" signals added value. The symbol provides a visual emphasis on enhanced support, helps the plan stand out and conveys a proactive approach to wellness and whole-person care.

# Alameda Alliance for Health

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*Board of Governors Annual Retreat*

*January 31<sup>st</sup>, 2025*

# Meeting Goals and Agenda

## GOALS

- Provide Quality, Access, and Equity updates and solicit Board guidance on 2025 activities
- Introduce the 2025 strategic planning process and Board role
- Engage Board perspectives on strategic issues and factors to address in strategic planning

## AGENDA

- 9:30 – 10:30 Medicare Final Decision Discussion – VOTE
- 10:30 -10:45 Welcome, Introduction, and Review of Meeting Goals
- 10:45 – 12:15 Leadership Update/Board Discussion: Quality, Access and Health Equity
- 12:15 – 1:15 LUNCH and Presentation/Discussion of Political Environment
- 1:15 – 2:10 Leadership Update/Board Discussion: Financial Position, Projections and Strategic Approach
- 2:10 – 3:30 Charting the Future: Strategic Planning Process Overview and External Environment/Strategic Issues Discussion
- 3:30 – 4:00 Board Reflections and Adjourn

# Leadership Updates

*Quality, Access to Care and Health Equity*

# What to expect...

## **Brief Staff Presentations with Q&A**

- What have we achieved, where have we made progress?
- Where have we struggled and what have we learned?
- What directions and strategies are we exploring for the future?

## **Board Input and Guidance Exercise**

- Feedback on lessons learned
- Guidance on proposed directions, strategies, and Board engagement



# Quality and Access to Care

*Donna Carey MD, Chief Medical Officer*

# California's "Bold Goals"



Close racial/ethnic disparities in childhood well-child visits and immunization



Close disparity gap in maternity care for Black and Native American persons



Improve maternal and adolescent depression screening



Improve follow-up for mental health and substance abuse



Improve children's preventative care measures



# Alliance 2024 Quality Programs

## State Mandated PIPs

- Improve FUM/FUA
- WCV 0-15 months AA Children

## MCAS

## Health Equity

## Community Programs

- CFMG
- Washington Hospital
- Roots

### DHCS 2024 Focus

- Health equity
- Quality
- Access
- Accountability
- Transparency

# 2025 QIHE Key Priorities

- **HEDIS**
  - Achieve rates *above MPLs* and incremental *improvement above HPLs*
- **Access to Care/Member Experience**
  - Improve *timely access to care* survey scores (i.e. CAHPS, CG-CAHPS) and the number of corrective action plans
- **Population Health & Equity**
  - Implement data-driven and coordinated efforts to address health disparities in *prioritized sub-populations*
- **Utilization**
  - Identify and act on trends of over and under-utilization of services

# PCP Network Access

- DHCS PCP Time Standard – 30 minutes, Distance Standard – 10 miles
  - ***Met for 98% of Alliance members with a PCP assignment***
- DHCS Annual Network Certification requires the FTE ratio of 1 FTE PCP to every 2,000 members (1:2,000)
  - ***No need to request alternative access standards for primary care***
- While DHCS requirements are met, the data does not account for potential delays or access issues members may experience when trying to obtain an appointment with their assigned PCP.

# Mental Health and Behavioral Health Therapy Network Access

	Total Credentialed at Go-Live (4/1/2023)	Total Credentialed as of 1/21/2025
Prescribers	90	374
Non-prescribers	350	1,252

	Total Credentialed at Go-Live (4/1/2023)	Total Credentialed as of 1/21/2025
Practitioners	255	981
Groups	29	51

# What are we doing to improve access?

- Local network expansion
- Transitions of Care
- Telehealth Providers
- Provider incentives/retention



# Health Equity

*Lao Paul Vang, Chief Health Equity Officer*

# Achievements

1. Established 3-year HE & DEIB Roadmap (6 milestones & Goals)
2. Regulatory Compliant Issues: DHCS APL 23-025/APL 24-016 DEI Training Curriculum and DMHC APL-24-018 (SB 923) TGI Training.
3. Established intersectoral collaboration with key stakeholders (Providers, CBOs & Faith-Based Communities).



# Challenges & Lessons Learned

1. Unfunded Health Equity Mandate & Structure.
2. System Approach to effectively mitigate SDOH, institutional racism & systemic inequities in healthcare practices.
3. Organizational Transformation – can be challenging, expensive, and time-consuming.
4. Overlapping and gaps in Health Equity Activities; and parallel operations.
5. Community Engagement and Intersectoral Collaboration.



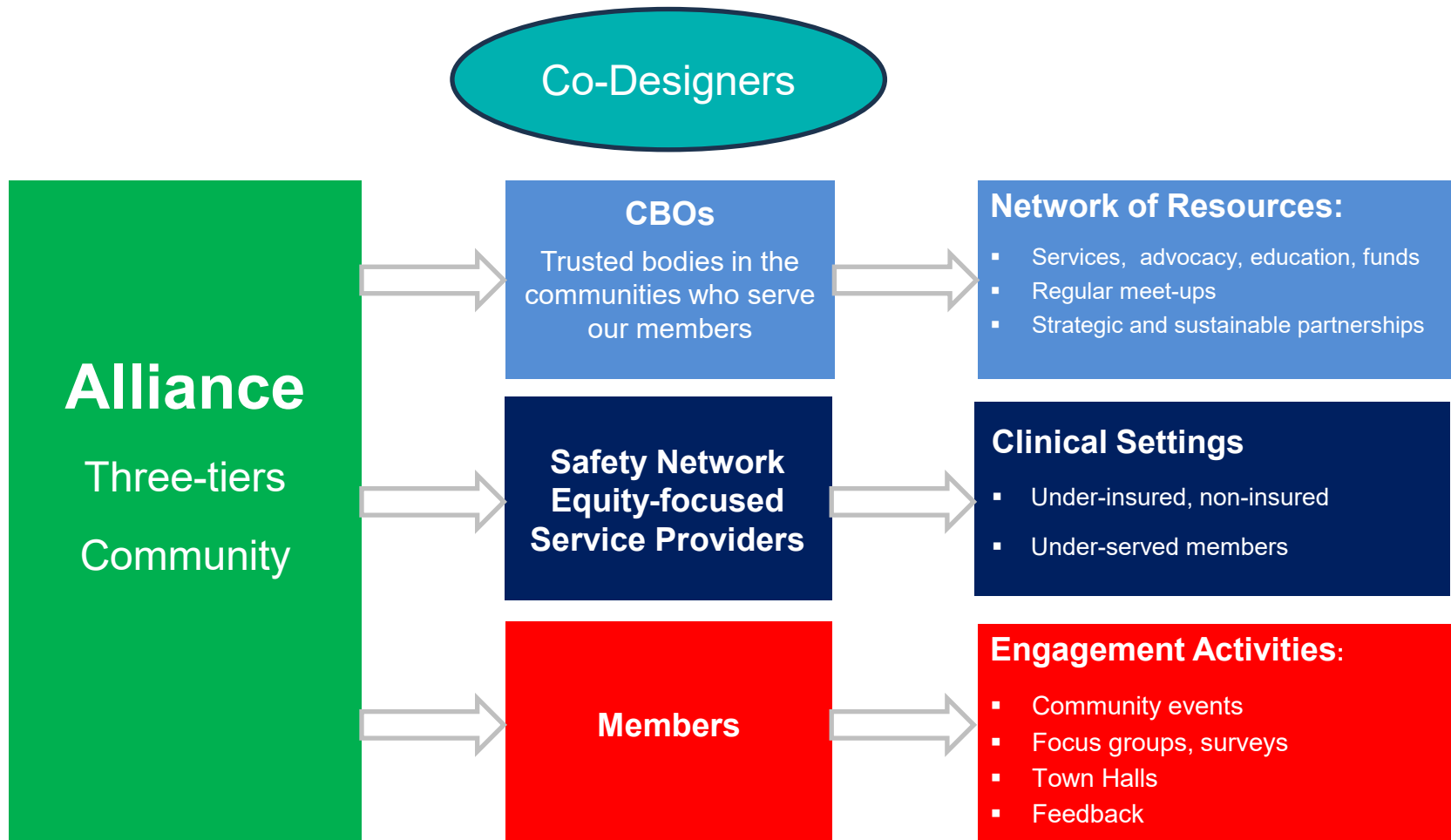


# 2025 Strategies / Directions

1. Implement 3-Year Roadmap Strategies (2025 – 2028) - Solicit BOG feedback on milestones.
2. Advocate and integrate HE & DEIB into healthcare policies and services.
3. Establish health equity data governance system to comprehensively assess and identify health disparities.
4. Collaborate and support HCS, PHM, QI & UM to ensure quality and access.



# Health Equity Engagement Strategy



# Board Discussion Questions

1. **Lessons Learned.** Are there other Board reflections on what worked and what didn't in quality, access, and health equity in 2024?
2. **2025 Strategy Feedback.** What ideas or suggestions do you have for how the Alliance can strengthen its quality, access and health equity strategies?

**Quality.** How to engage members that don't utilize services?

**Access.** Other ideas or strategies to expand access?

**Health Equity.** Guidance on effectively engaging network providers and CBOs as 'co-designers' of health equity interventions



# Financial Position, Projections and Strategic Approach

*Gil Riojas CPA, Chief Financial Officer*

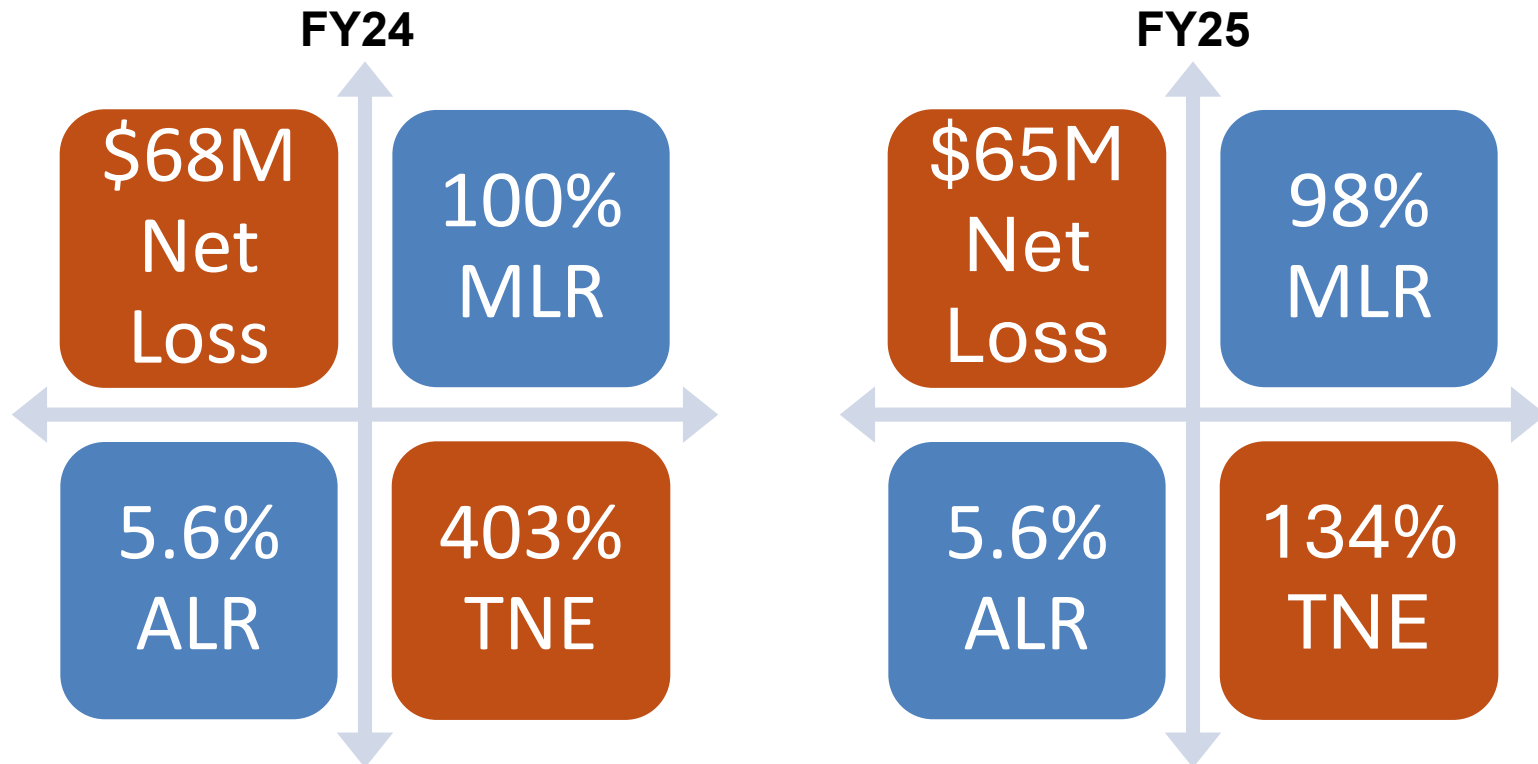
# Presentation Overview

**Our Position.** Fiscal Year 2024 experience/ drivers, Fiscal Year 2025 projections

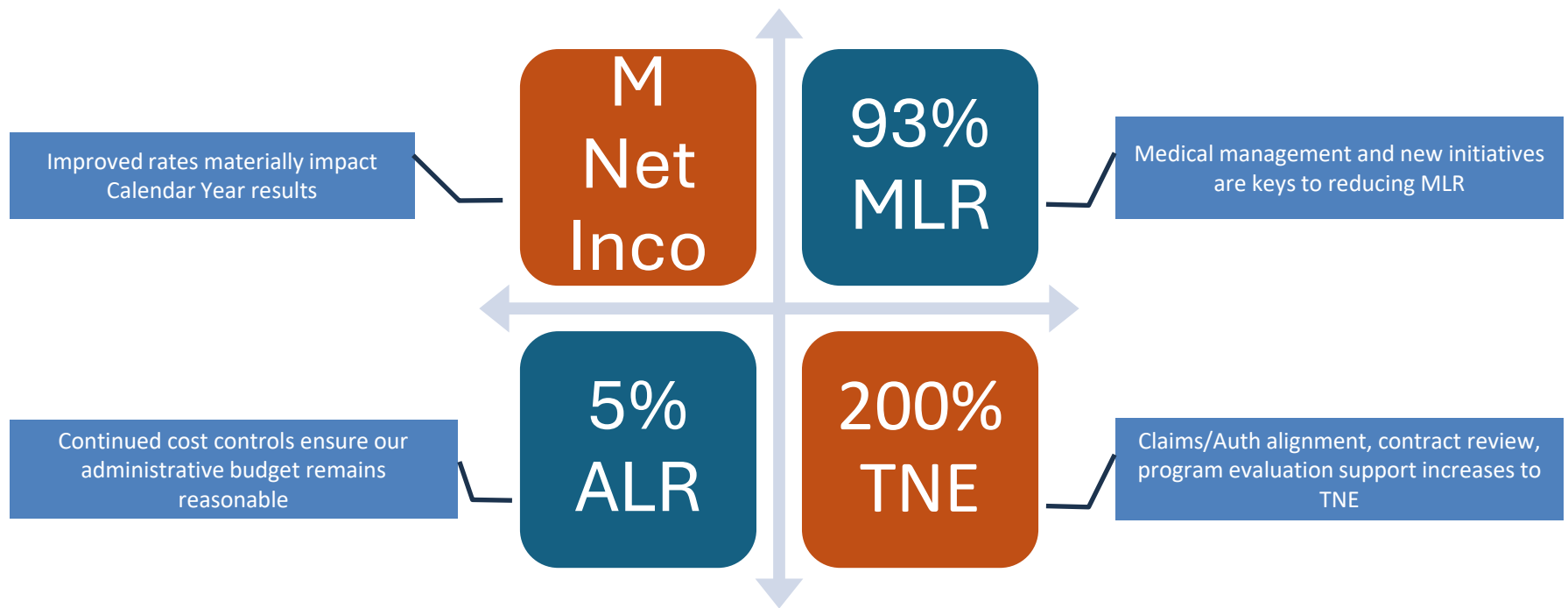
**2025 Forecast.** Alliance Calendar Year 2025 forecast, anticipated drivers of success, and factors we will be monitoring

**AAH Strategic Approach and Framing.** Overview of short- and long-term strategies to facilitate financial strength *and* how this frames our strategic orientation for the future

# Fiscal Years 2024 and 2025 - Material losses, focus on stabilization



# Calendar Year 2025 Financial Forecast- Building reserves, preparing for change



# Alameda Alliance Financial Strategy, Short-Term and Long-Term

- Short-Term
  - Medical management initiatives begin in 2025
  - Provider and hospital contract management (billed charges, DRG) ongoing
  - Authorization and claims alignment project goes live March 2025
  - Fraud waste and abuse avoidance
  - Continued advocacy with the state (DHCS, DMHC) executive leadership
- Long-Term
  - Provider and hospital contract process revamp
  - Complete program evaluation of CalAIM and in lieu of services savings
  - High-cost member engagement and management
  - Preparation for policy changes related to federal administration changes



# Charting the Future:

## Overview of Strategic Planning Process and Reflections on the External Environment

# Discussion Goals

- Introduce strategic planning, outline Board role and input opportunities
- Share staff leadership preliminary reflections on strategic issues, questions, and directions to address in planning
- Solicit Board perspectives on key environmental factors and strategic issues to address in planning

# Strategic Planning Goals

- 5-year strategic plan that serves as a roadmap for the future
- Craft a strategic plan that is...
  - Clear, simple, focused and flexible
  - Has a broad vision but offers achievable steps
  - Looks forward and outward, not just internally or immediate
  - Prioritizes wide buy-in and participation by the Board, executives, staff leaders, and stakeholders
  - Has clear outcomes that let us know if we have been successful

# Planning Activities and Calendar

## Jan - Mar

- Executive Team Kick-Off
- Board Retreat Kick-Off
- Staff Leadership Session
- Board of Governor Interviews
- Stakeholder Interviews

## Mar – May

- Executive Team Planning Sessions
- Board SPC Check-Ins
- Development of Strategic Plan Product

## Jun - July

- Board Review and Approval
- Staff and Stakeholder Communication

### Board Engagement:

- Retreat Input
- Individual Zoom/Phone Interviews
- SPC Updates and Feedback
- Review and Approval

# Preliminary Staff Leadership Reflections on External Environment and Strategic Issues

## Our market is changing

- Compete against Kaiser
  - Quality
  - Service
  - Workforce
- Engage employees, providers and CBOs
  - Education
  - Shared learning
  - Grants

# Preliminary Staff Leadership Reflections on External Environment and Strategic Issues

## Growth

- New benefits
  - Medi-Cal – state run
  - Group Care – no growth
  - Medicare - creative
- New Product Lines
  - D-SNP/Medicare Advantage
  - Dental
  - Covered CA
  - Behavioral Health Integration

# Preliminary Staff Leadership Reflections on External Environment and Strategic Issues

## Growth

- New Providers
  - All lines of business
  - Exceptions
- Political Environment
  - Most vulnerable

# Board Discussion

- Small Group exercises to address the following questions
  - **Planning Assumptions.** What are some key assumptions about the future that the Alliance should use to inform its next strategic plan?
  - **Strategic Issues and Questions.** What strategic directions, issues or questions do you think are the most critical to address during strategic planning?
  - **Preliminary Priorities.** Preliminarily, what are one or two top strategic priorities that you would articulate right now for the Alliance in the next 5 years?



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# Appendix

# Overall QIHE Program Goals

- Monitor, evaluate, and take timely action to address necessary improvements in the quality of care and **to improve upon Health Equity**



- *Strategically* ensure the quality of care in the following areas *by identifying and acting on trends that maximize efficiency and reduce medical costs:*
  - Clinical quality of **physical and behavioral** health care
  - **Access to care**
  - **Continuity and Care Coordination**
  - **Member Experience**

# MCAS Performance

Measure Description	MY2023	MY2024 As of 1/5/2025	50th Pctl (MPL)
<b>Behavioral Health</b>			
Follow-Up After Emergency Department Visit for Substance Use (30-Day)	38.90%	52.72%	36.18%
Follow-Up After Emergency Department Visit for Mental Illness (30-Day)	54.69%	35.66%	53.82%
<b>Children's Health</b>			
Childhood Immunization Status—Combination 10	45.74%	35.29%	27.49%
Developmental Screening in the First Three Years of Life	54.39%	60.85%	35.70%
Immunizations for Adolescents—Combination 2	49.27%	47.02%	34.30%
Lead Screening in Children	61.31%	66.69%	63.84%
Topical Fluoride for Children	14.13%	11.34%	19.00%
Well-Child Visits in the First 15 Months - Six or More Well-Child Visits	58.67%	64.14%	60.38%
Well-Child Visits for Age 15 Months to 30 Months -Two or More Well-Child Visits	74.03%	77.60%	69.43%
Child and Adolescent Well-Care Visits	56.30%	55.08%	51.81%
<b>Chronic Disease Management</b>			
Asthma Medication Ratio	69.88%	68.59%	66.24%
Controlling High Blood Pressure	65.21%	49.83%	64.48%
Glycemic Status Assessment for Patients With Diabetes (>9%)	30.37%	36.59%	33.33%
<b>Reproductive Health</b>			
Chlamydia Screening in Women	67.14%	69.65%	55.95%
Prenatal and Postpartum Care - Timeliness of Prenatal Care	90.87%	86.24%	84.55%
Prenatal and Postpartum Care - Postpartum Care	89.95%	86.00%	80.23%
<b>Cancer Prevention</b>			
Breast Cancer Screening	59.59%	59.57%	52.68%
Cervical Cancer Screening	60.58%	49.59%	57.18%

# Health Equity Quality Programs

- **Roots Community Health Center:**

By December 2024, Roots Community Health Center, in partnership with Alameda Alliance for Health, will increase completed well-child visit rates for:

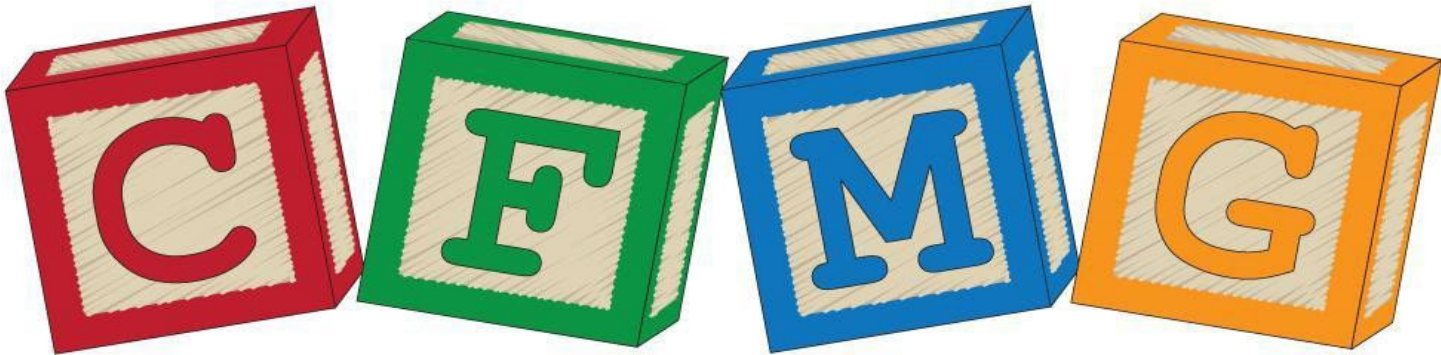
- Black/African Americans Medi-Cal Patients:
  - 4-6 years old, from 27.27% to 48.07%. 9-14 years old, from 25.00% to 48.07%.
- Hispanic Medi-Cal Patients:
  - 4-6 years old, from 40.00% to 48.07%. 9-14 years old, from 38.46% to 48.07%.

- **Lifelong Lenoir**

By December 2024, LifeLong LeNoir Health Center, in partnership with Alameda Alliance for Health, will increase completed well-child visit rates for:

- Black/African Americans Medi-Cal Patients:
  - 4-6 years old, from 56.10% to 61.15%. 9-12 years old, from 57.47% to 61.15%.
- Hispanic Medi-Cal Patients:
  - 4-6 years old, from 77.78% to 100.00%; 9-12 years old, from 52.63% to 55.08%.

# Better Practices Addressing Hesitancy in HEDIS Measures

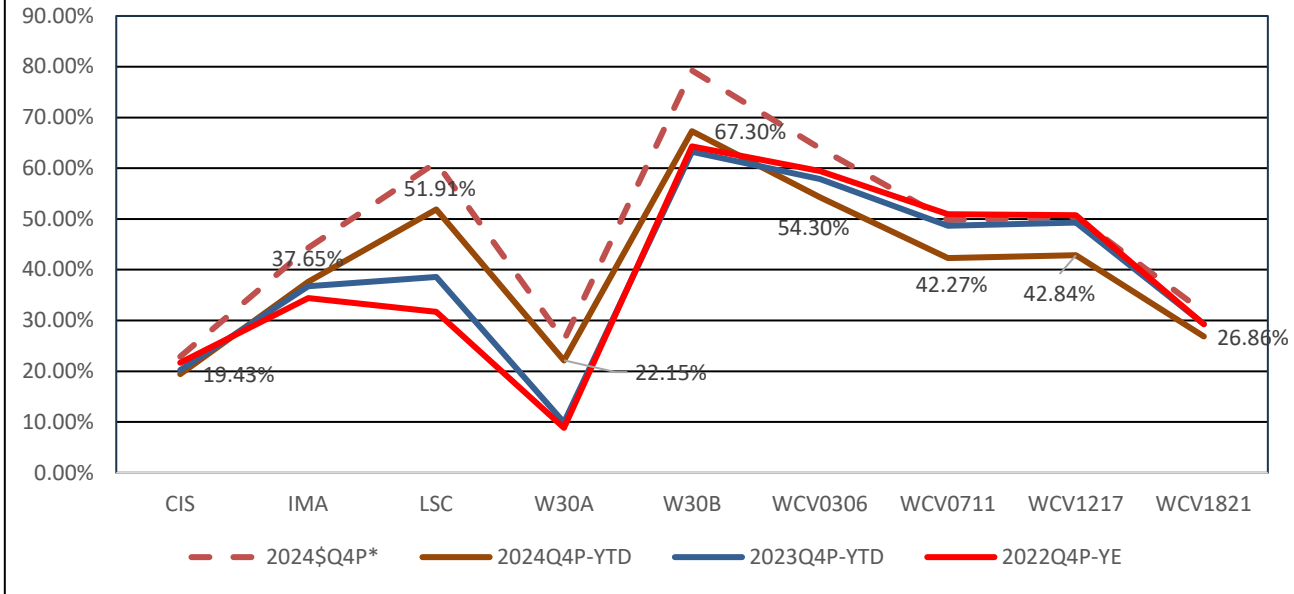


**James Florey, M.D., M.M.M.  
Chief Medical Officer**

### CFMG HEDIS Relative Performance

MY2022Q4 thru MY2024Q4 as of 11/03/2024

\* Gold Dashed Line Estimated End of Quarter Numbers at Current Pace



# Lessons Learned for CFMG

- The best data wins
- Know your audience (Tone + Channel)
- Know what's important to your audience (Aligned Incentives)
  - *Vouchers for visits*
  - *Dollars for Doctors*
- Hesitancy isn't always hesitancy
  - *The overlooked importance of convenience*
- Close your virtuous PDSA cycle

# PCP Network Access

Percentage of Medi-Cal Members PCP Assignment by Delegated Provider Group or Alliance Direct Network

Delegate	Percentage
AHS	21.9%
CFMG	10.9%
CHCN	43.5%
Alliance	22.2%



# Q4 2024 Geo-Access Update

## Specialties that **did not meet both Time and Distance\***

- Pediatrics Endocrinology – Discovery Bay
- Adult Ent/Otolaryngology – Tracy
- Pediatric Ent/Otolaryngology – Tracy
- Pediatric Hematology – Tracy, Mountain House
- Pediatric HIV AIDS – Discovery Bay
- Pediatric Nephrology – Byron, Discovery Bay, Dublin, Livermore, Pleasanton, Sunol, Tracy, Mountain House
- Pediatric Oncology – Tracy, Mountain House
- Adult Ophthalmology – Tracy
- Pediatric Ophthalmology – Tracy
- Pediatric Physical Medicine – Discovery Bay
- Pediatric Pulmonology – Discovery Bay

\* Distance: within 15 miles

\* Time: within 30 minutes

# Ancillary Provider Access

- Doulas - 17
- Speech therapy-63
- Registered Dietician - 20
- PT-6
- OT-13
- Chiro-15