ALAMEDA Alliance FOR HEALTH

Health care you can count on.
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Strategic Planning Committee Report

Thursday, May 29, 2025
4:00 pm to 5:00 pm

IN-PERSON AND VIDEO CONFERENCE

Alameda, CA 94502

AGENDA

Strategic Planning Committee Meeting

May 29th, 2025
4:00 PM – 5:00 PM

In-Person and Video Conference Call

Oakland/Hayward Conference Room
1240 S. Loop Road
Alameda, CA 94502

1733 Channing Way
Berkeley, CA 94703

147 Arbor Drive
Piedmont, CA 94610

PUBLIC COMMENTS: Public Comments can be submitted for any agendized 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. 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 conference id 319570166#. If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agendized 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.

1. CALL TO ORDER

A regular meeting of the Alameda Alliance for Health Strategic Planning Committee will be called to order on May 29th, 2025, at 4:00 PM in Alameda County, California, by Dr. Marty Lynch, Presiding Officer. This meeting is to take place in person and by video conference call.

2. ROLL CALL

3. AGENDA APPROVAL OR MODIFICATIONS

4. INTRODUCTIONS

5. CONSENT CALENDAR

(*All matters listed on the Consent Calendar are to be approved with one motion unless a member of the Strategic Planning Committee removes an item for separate action. Any consent calendar item for which separate action is requested shall be heard as the next Agenda item.*)

6. COMMITTEE BUSINESS

a) REVIEW AND DISCUSS STRATEGIC PLANNING FIRST DRAFT RESULTS

7. UNFINISHED BUSINESS

8. PUBLIC COMMENT

9. ADJOURNMENT

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

NOTICE TO THE PUBLIC

An agenda is provided for each Strategic Planning Committee meeting. Please call the Clerk of the Board at 510-995-1207 for assistance or any additional information. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at www.alamedaalliance.org.

An agenda is provided for each Committee meeting, which list the items submitted for consideration. Prior to the listed agenda items, the Committee may hold a study session to receive information or meet with another committee. A study session is open to the public; however, no public testimony is taken and no decisions are made. Following a study session, the regular meeting will begin at 3:00 PM. At this time, the Committee allows oral communications from the public to address the Committee on items NOT listed on the agenda. Oral comments to address the Committee are limited to three minutes per person. Staff Reports are available. To obtain a document, please call the Clerk of the Board at 510-995-1207.

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 Strategic Planning Committee 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 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 Committee 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 Committee.

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 Committee at or before the hearing. **Committee Business:** Items in this category are general in nature and may require Committee action. Public input will be received on each item of Committee Business.

Public Input: If you are interested in addressing the Committee, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Strategic Planning Committee," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at brmartinez@alamedaalliance.org. You may also provide comments during the meeting at the end of each topic.

Supplemental Material Received After The Posting Of The Agenda: Any supplemental writings or documents distributed to a majority of the Committee 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 510-995-1207.

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 the 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 510-995-1207 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.alamaedaalliance.org by May 28th, 2025.

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Clerk of the Board – Brenda Martinez

Alameda Alliance for Health ("Alliance")
Board of Directors: Strategic Planning Committee Packet
May 29, 2025

Prepared by El Cambio Consulting

The enclosed packet includes a summary of strategic plan feedback/themes from Board of Director individual interviews and six stakeholder interviews. While subsequent pages include a detailed review of feedback, the below grid summarizes key pieces of feedback from the Board and stakeholders.

Strategic Area. FINANCIAL SUSTAINABILITY
✓ Short-term stabilization and local determination a tier 1 priority for Board
✓ Executive leadership aligned, sees stabilization as a threshold to meet before pursuing new LOBs/investments – short and long-term financial strategies are already well-defined
✓ Leadership projecting up to 20% Medi-Cal membership decline by end of 2026
✓ New LOBs may provide long-term financial benefit but short-term financial outlays and resources to execute are a challenge
✓ Board recognizes need for difficult program decisions (e.g. CalAIM) but want decisions rooted in comprehensive criteria from a strategic lens (not just short-term financial) – see some CalAIM elements as aligned with broader health plan goals
✓ Board priority to resource core responsibilities related to medical access and networks
Strategic Area. QUALITY, ACCESS & EQUITY
✓ Board focus on protecting core mission and responsibilities (medical access, network stability, financial viability)
✓ Board encouragement to lean on network partners to help meet Alliance quality/access goals
✓ Board comments to lean into innovation and as response to crisis and tool to meet core mission
✓ Board wants balance of compliance with focus on practical improvements in member health and population health
✓ All network stakeholders seeking collaboration around coverage change projections, planning for network implications
✓ Commercial network stakeholder particularly prioritizing resources/focus on "core" Medi-Cal responsibilities and network stability
Strategic Area. LINES OF BUSINESS AND REACH
✓ Board reflections on placing D-SNP approach in broader strategic focus – how do infrastructure investments and financial strategy relate and impact to broader goals?
✓ Some Board concern about trying to do more while facing short-term sustainability challenges and difficulty adequately resourcing requirements
✓ Executive leadership shares concerns about short-term cost and resource requirements for new LOBs/benefit responsibility
✓ Board encouragement to have a strategic framework for evaluating new LOBs… and to not do so until the Alliance crosses certain financial sustainability thresholds
Strategic Area. COMMUNITY PARTNERSHIP
✓ Board sense that stepping into single plan role raises the bar for community partnership and collaboration
✓ Many Board members want the Alliance as a more visible partner in big community health and coverage conversations (not necessarily to take ownership)
✓ Safety net stakeholder interest in Alliance role in community health planning and initiatives
✓ Board/Stakeholder perceived opportunities to better leverage partners to play bigger role on SDOH

Board Interview Themes (*prepared May 1, 2025)*

Between late January and March 2025, El Cambio Consulting conducted 12 individual Board interviews. Findings and themes from the interviews are outlined below.

- **Health Plan Performance.** How would you describe the organizational strengths and weaknesses of the Alliance in administering its health plan responsibilities? What would you highlight as opportunities for improvement?

Strong Core Functions, Improved Transparency and Strong Board Relationships. Multiple board members shared that general operations/plan functions, staff to Board communication and transparency has improved over the last years. In terms of strengths, multiple Board members highlighted core functions, such as paying claims, IT, compliance and network provider responsiveness as well-functioning and improved. They also noted that the new CEO has prioritized individual Board member relationships and transparency around the organization's position as a positive step forward. That said, there were multiple comments that medical management (and linkage of that work to a broader strategic framework) was a weakness within the plan. Examples of Board comments included the following:

> *"Things have improved year over year in general in terms of operations from a provider perspective. It's challenging with so much changing and so many new programs to implement. You sometimes feel that impact of fragmentation…. But overall, they have navigated as well as possible…. Overall, seems thing to be on a good path in terms of core functions."*
>
> *"As far as I know the infrastructure is generally ok in terms of paying claims, compliance and IT. I think the Alliance was seen at least before the recent financial troubles more favorably. I think they're generally seen positively for the most part."*
>
> *"I think they are communicating with the Board pretty well. Really deliberating about big decisions. They are doing that better."*
>
> *"In the last two years I would highlight a couple of things as positives – compliance, working with partners by the book, they seem to understand the basics and how that works. But I see compliance as something basic that every organization should know. It is important but also very technical in their thinking."*
>
> *"I have been impressed with the rigor that [the CEO] is bringing to the Alliance. The leadership has more clarity than I expected."*
>
> *"I think the leadership is great, the Board is committed. I've been pleased."*

Internal Focus, Opportunities to Engage Partners and Longer-Term Strategic Orientation. While Board members acknowledged the importance of compliance, the majority of respondents expressed concerns that the Alliance may be too "compliance" focused and internally oriented. First, they indicated an interest in more strategic engagement with network providers and community partners to address the most vexing challenges facing the health plan/members and safety net network, particularly in an environment where coverage and benefits are expected to constrict. Additionally, multiple board members expressed concern that Alliance decisions are often rooted in short-term and tactical considerations, rather than embedded in a longer-term strategic framework or direction. They highlighted examples related to medical management

(and the cost/utilization consideration for duals), D-SNP success being driven by effective integration, and ECM/CS decisions aligned with long-term member outcome and network sufficiency goals. Stated one Board member, “The Alliance is responsible for about one-quarter of the lives in Alameda County – over 400,000. I really like the idea of thinking about how the Alliance can really try to intentionally improve the lives of residents of Alameda County…. I think they are really focused on their required reporting and compliance…. and that’s important… but I want to prioritize health higher.”

Concern and Lack of Clarity Around Causes and Next Steps Related to Financial Sustainability. Board interviews were conducted in the midst of unfolding financial position and sustainability discussions. This was highlighted as a vulnerability and worry by board members, who also conveyed multiple sub-themes. First, board members expressed a lot of confidence in the CEO and CFO and many noted that a portion of the challenges appear to be attributable to decisions preceding or outside of the control of current leadership. They also applauded leadership for the transparency of recent updates and multiple board members shared an understanding that difficult choices will need to be made going forward.

That said, they also voiced some concerns. These included uncertainty around the extent to which some of these challenges could have been prevented, desire for more confidence and outside validation in the assessment, and a longer-term framework and criteria for making strategic financial decisions.

Transition to Single Plan Raises the Bar. Lastly, multiple board members noted that the Alliance has consistently set itself apart from Anthem Blue Cross in terms of provider network engagement, responsiveness and program commitment. They noted, however, that the transition to a single plan model eliminates that comparison and elevates expectations for the plan going forward. Some also emphasized that this elevates the Alliance’s responsibility and potential leadership role in facilitating a healthier community and safety net delivery system.

- **Planning Assumptions and Principles.** Acknowledging that there are a lot of threats and uncertainties in the environment, are there some over-arching planning assumptions that you would make about the future environment that the Alliance will face over the next couple of years? What does that imply about the principles that the Alliance should follow as it develops its next strategic plan?

Prioritize our Core Mission and Business. Nearly all board members are anticipating a constricting coverage environment and challenges to CalAIM / SDOH components of the Medi-Cal program. In this context, many members are anticipating a focus on the core or traditional responsibilities of the Alliance related to member access, network stability and financial viability.

Leverage Community and Network Partners Where They Bring Strength and Capacity. While perspectives varied somewhat, most board members are prepared for reduced focus on Community Supports and other social determinants of health program elements. That said, many encouraged the plan to explore how it could strategically leverage and align with other community partners to flex their natural strength in these areas. This included both their work impacting SDOH and creative opportunities for network partners to extend or expand access and impact member health outcomes.

Manage Core Business Effectively, Be Clear on Desired Impact of CalAIM Programs. Board members noted that a constrictive environment elevates the importance of core

operational performance and efficiency, as well as a clear understanding of the desired measurable outcomes for individual program components. Importantly, while there was general understanding that future CalAIM investments (ECM, CS, behavioral health integration) are likely to be reduced, a few board members noted that there will be opportunities to advance these elements strategically. They urged the plan to evaluate carefully which CalAIM elements could contribute to core member outcomes and plan performance goals. For example, could strategic use of specific ECM or CS benefits be leveraged to drive improved health outcomes, utilization or cost for key populations?

Balance Compliance with Broader Mission to Improve Community Health. As noted, Board members applauded Alliance leadership for its commitment to compliance and internal plan requirements, but urged a broader orientation that also elevated the organization's mission of improving community health and its role as a community partner and delivery system leader.

Use Crisis as an Opportunity for Creativity and Innovation. Lastly, while board members are expecting a return to 'core', a few emphasized that this increases rather than minimizes the importance of creativity and innovation. Ideas shared by board members included leveraging technology, considering creative provider partnerships, thinking 'outside the box' about how to facilitate provider capacity and leaning into community partnerships.

A sample of board comments included the following:

> *"We should be improving care for our members and making sure they are getting high quality and accessible care. That's for me is number one and access to as many people as possible. The second thing is to do so in partnership with community organizations and stakeholders. This is a community plan and we want to see it be a community plan. One of my principles is that we manage whatever resources we have and that we manage them carefully and creatively. This is not just an old school health plan. We have to be in it with the community providers and the community."*
>
> *"The way I would frame principles and values – how do we focus on our core business? And from there, how do we think through sustainability but that long view process. And how do we make decisions for sustainability of the plan, how do we work with and leverage our partners (while also understanding what their core business is). I think we are duplicating in a lot of areas. As we think through sustainability and collaboration, how do we think about our own adaptability. We need to respond but we don't need to be reactive to everything that comes our way. We don't have to be reactive to everything that comes our way. When we make decisions, let's have a criteria for things that we do and don't do. Does it align with our core business? Does it contribute to our long-term sustainability? Does it align and support our partners?"*
>
> *"The Alliance has been a little stuck in their ways as an organization…. So for me, enabling and facilitating access and engagement with our providers (e.g. credentialing providers). Get good at some things in facilitating the success of our provider network. From a more visionary and innovative standpoint, why don't they look at the definitions of what providers can and cannot do."*
>
> *"I think about it in terms of how do we want to think about the core services and what we really need to provide. But how do we look at each of these core services. How are we defining them. If we are able to look at each of those core activities in terms of mission impact and financial impact. Can we do an ROI? That may take a type of expertise that we*

don't have…. I know we have mandates, but we also have choices. It is very helpful to have a tool to do planning."

"If we are going to do it, it needs to result in better care and outcomes, and we need to do it in a way that effectively manages our resources. And I include the SNF transition as well. For that, we can't just take it on in a business as usual way. Be more creative in getting people out of nursing homes, getting people in…. And we are not actually interacting with PACE programs."

"In general, I am supportive of contracting down to do the core mission, first and foremost. I also think that [the CEO] has inherited a situation where the plan is in tenuous financial times going into this period. That concerns me that this will be a dual tsunami…. Sometimes we live in a space in California where we think the State will help us through tough times, I'm not sure if that will happen. I know many community partners want us to do all these community services and I'm not sure that will be possible."

"In this context, the plan needs to really focus on what our priorities are because at some point we may have to streamline what we offer and make some hard decisions. My sense is that this will be really difficult for the plan – not just the leadership – because we haven't been in the position having to cut stuff. I think that there is no question in my mind that we'll need to cut back on the services we offer."

"The plan needs to be more dynamic. Leverage technology to bring down costs, how can we use AI…. How to move beyond meat and potatoes of access. How can the plan find a way to leverage technology differently and move to responding instead of reacting."

"I know they are going to cut CS, I appreciate that, but how can we leverage partners to do more at less cost – or a deeper reach. I think this is a very different muscle memory than we have in the past."

"I feel like the Alliance struggles with polyamory in trying to do everything for everybody. What sets us apart? What do we do exceptionally well?"

"We can assume that funding will be shrinking, that there will be more focus on traditional medical services rather than the social determinants direction that we have been moving in…. My prior experience when there is contraction due to external factors, you use that as a way to prioritize what you have wanted to cut but haven't been able to. Hoping there is an ROI, evidence of impact/effectiveness, and customer service. Less about politics and the interest of providers…. If there are services that we have suspected that they aren't working that well, this is the time."

"If you can't adequately resource a thing then don't do a thing. Coming from a county that routinely took things on and then couldn't resource them and fails… it's a set up. If we are going to do something then let's go 100% to resource ourselves."

"First principle, what are you fundamentally responsible for. It's gotten too far away from the core and in a constricting Medi-Cal environment we are forced to be excellent at the core. And when you are imploding, you need to be totally internally focused."

"First, the members need to be prioritized. More than that, the members need to know what is going on. Especially things like the uncertainty – not hypotheticals) – but when there are changes. We'll need to focus on the social determinants of health. It is under-rated. This is something we'll need to bridge that knowledge of the providers and members no matter what happens on the federal level."

"I think the level of disruption we could be seeing in the environment may not be imaginable. Paying attention to what it means for providers, partners and members will be really important."

"It is important for the Alliance to find ways to be more deeply connected with community partners and to figure out how to be a calm steady presence for the communities it serves AND how to pay attention to continuity of care for its members."

- **Preliminary Priorities.** Preliminarily, what are your biggest priorities for the Alliance for the coming years? How would you define 3-5 year success right now? Are there specific directions on quality, access, line of business or financial priorities that you would like to share?

Board members shared a range of priorities for the future addressing financial sustainability, core performance, CalAIM, community partnership and other areas. A few themes, as well as, a sample of board member comments are included below.

Ensure Optimal Financial Management. Address core elements of financial performance, including claims management, hospital contracting, duals/high-utilizer avoidable utilization and costs, D-SNP financial performance and sustainability.

Strengthen Medical Management for High Utilizers. Establish clear metrics and significantly strengthen operations related to medical management, care transitions / avoidable ER utilization, internal care management / care coordination AND integration with provider care management / care coordination.

Compliance and Quality Forest for the Trees. Maintain a commitment to compliance and quality metrics, but at the appropriate 'dose' and in the context of real and practical improvements in member access and population health.

Alliance Leadership Alignment and Empowerment. Prioritize better communication and alignment between Alliance staff to ensure aligned guidance/communication with provider partners *and* empower/prepare leaders beyond executives to coordinate with network partners.

Network Access and Stability. Prioritize stability of the Medi-Cal provider network, creatively leverage opportunities / partnerships for providers to expand capacity, and pursue innovative technology/other solutions to expand access.

Place D-SNP in Strategic Focus. Opportunities to leverage D-SNP to strengthen care management/coordination and high-utilizer medical management functions, align with long-term care strategy, though concern by some board members about the financial impact.

Strategically Narrow, Leverage ECM/CS. Be strategic and ROI/data-driven in how ECM/CS are implemented and utilized to impact health and cost outcomes.

Build Better Partnership Structure and Culture. Build a stronger internal culture, commitment and 'know-how' to serve as a participant and convener of community partnerships – and use Alliance data as an asset in these partnerships.

Leverage Community Partnerships to Address SDOH and Equity. Deliberately and strategically lean on community partners to advance SDOH and health equity efforts.

A sample of Board member comments about priorities included the following:

"The way we can be both aspirational and realistic is finding a way to better collaborate with partners to enhance access, improve quality through a population health standpoint while taking on risk and driving more value-based arrangements. Role of the Alliance versus role of CHCN. It's not even innovative, but it is a more integrated and practical way to focus on the core issues that we do by doing them well. And is quality and access just metrics or is it a more thoughtful definition."

"I think bringing together through data sharing trying to help people figure out how can we link to partners (e.g. social services) and leverage other parts of the system in other ways. And I think changing how we interact with big systems that we will continue to interact with – e.g. jails, foster system, social services."

"Long-term viability, compliance with regulation, continuing to serve its members with required services, and providing high quality and appropriate scope of services in our community."

"Understanding how we are spending money and where we are spending money is really important – and managing how we spend our money. I think the medical management stuff, keeping folks from being re-admitted, keeping folks from the ER, supporting primary care. It is really important. All these other services are likely to be cut."

"Affirm medical management infrastructure – not a sexy new initiative but core infrastructure. That is a big one for me and has a lot to do with where we are financially."

"I also do believe in the Medicare D-SNP product rollout. I think holding people who are duals gives us the opportunity to provide better care IF we can manage case management. I think there is a huge opportunity but we have to be better able to manage people's care, especially the high utilizers."

"From my perspective, instead of chasing shiny new objects, this is where we strive for excellence. Do we do dental, do we do behavioral health, I would say nope. Not until our core is better."

"[The Alliance] needs to be totally internally focused, and he needs to be totally focused on the core. And he should be bringing in external resources to either validate or guide. And bring in your partners to be allies and help on the core…. Think about creative partnerships… You don't have to solve everything. What are the things that only you can and should be doing."

"Plan needs to invest a lot more in care transitions. Forty percent of our Sutter patients in our 5 emergency rooms are in Medicaid. Eighty percent of those forty percent are showing up for things that could have been seen in primary care or urgent care."

"We are really not good at controlling high-cost services and utilization. That is priority #1."

"And bring in your partners to be allies and help on the core…. Think about creative partnerships… You don't have to solve everything. What are the things that only you can and should be doing?"

"There is not strategic engagement right now. There is a lot of compliance engagement, a lot of compliance conversations and oversight. Maybe important but not producing value… and you are probably eroding relationships by being in a constant punitive state."

“Make older adults and D-SNP a flagship focus. This is a great opportunity and requires some important capabilities.”

“Provider groups need to both be involved in the care and have incentives in the care. If you craft payment in a way that does not incentivize or provide skin in the game. They need to be thinking creatively about how they incentivize providers and that can’t be sitting down and saying here is how it is going to work.”

“I think with CS we need to have data on which CS really do have an impact on our cost drivers – ER visits or SNF days as an example. You need to have that data help inform which one of those CS will continue or how much resource/programmatic attention they will get…. Unfortunately, we are at a time where if an SDOH doesn’t have the same impact as another SDOH, you might have to fund the one that has impact.”

“Now we have to have reserves for this, but I would like us to be a better partner within the SDOH space. That means someone in the plan needs to come out of their box and see something differently.”

Community Stakeholder Interview Themes (*prepared May 1, 2025)*

Between March and April 2025, El Cambio Consulting conducted 6 individual interviews with selected community stakeholders to solicit stakeholder input on health plan performance and strengths/weaknesses, implications of the external policy environment on stakeholder organizations, opportunities for increased partnership/collaboration, and guidance regarding future Alliance priorities. Interviews were conducted with the following stakeholders:

- Kimberly Hartz, CEO, Washington Hospital
- Aneeka Chaudhry, Assistant Agency Director, Alameda County Health Care Services Agency
- Joe Greaves, Executive Director, Alameda – Contra Costa Medical Association (ACCMA)
- Stacey Hunt, MD, President of Board of Directors, Sinkler Miller Medical Association (SMMA)
- Kristin Spanos, CEO, First 5 Alameda County
- James Slaggert, CEO, Children First Medical Group (CFMG)

Each stakeholder represented distinct organizations with unique interests and considerations, and stakeholder-specific input is outlined below. That said, there were a few over-arching themes, including the following:

Recognize Improved Alliance Communication. All stakeholders pointed to increased communication, accessibility and responsiveness by Alliance leadership over the last couple of years. Non-safety-net organizations, in particular, such as CFMG, SMMA and ACCMA, indicated that the Alliance is uniquely collaborative and responsive compared to other payers.

Encourage a Broader Community Health View and Partnership. While acknowledging good communication, safety-net leaders (AHCSA and First 5) echoed Board encouragement for the Alliance to engage more deliberately in community health and safety-net system planning and to embrace a collaborative partner or leadership role beyond that of a traditional health plan payer. Shared one stakeholder, “in my perspective, prioritization requires them to think beyond the plan a little bit. They are a local plan. I don’t always get a sense of how well they understand the community and its priorities. I feel it requires them to think beyond the transactional payer-provider relationship. How do we work to ensure that there are enough services for people. I think there are some conversations to be had to think about the whole safety net. Not just protecting our individual corners.”

Engage and Support the Entire Provider Network. Provider partners that are not part of the traditional safety-net shared a sense that they may not always be engaged or considered for communication, planning, partnership or support in the same ways that safety-net systems are. They urged the Alliance to consider their role and importance in the network when engaging partners or considering community investments or supports. One system, for example, noted its continued interest in growing membership and value-based care.

Looking for Leadership and Information on Future Medi-Cal Membership Planning. Multiple stakeholders, including AHCSA, Washington Hospital, CFMG and ACCMA, expressed interest in better understanding the different scenarios/projections and implications for their systems (and the community) of proposed Medicaid funding and eligibility cuts. As one example, a provider network partner highlighted the extent to which the Blue Shield transition impacted their membership. They encouraged proactive information sharing and collaborative planning to prepare the network for the federal and state policy impacts on membership.

Focus on the Bread and Butter in Times of Threats. A couple of stakeholders urged the Alliance to refocus on core 'bread and butter' responsibilities related to traditional benefit access and network stability. While supporting the concepts articulated in CalAIM, they expressed concern about the resiliency of access to core benefits. As they stated, "we are very proud of California's expansion of Medicaid, and at the same time California has been very generous about eligibility and benefits without expanding the size of the pie – just cutting it into smaller and smaller pieces. At the end of the day, if we faced a big cut I think physicians would encourage getting back to the basics – meeting acute needs and medical needs". They further encouraged the Alliance to focus on "the fundamentals", or as they said "stay alive and keep doing good".