

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)
MEETING MINUTES**

Committee: Physician Advisory Committee
Date / Time: March 12, 2025 - 7:30 to 9:00 a.m.

Brown Act flexibilities have ended. Voting members are required to attend in-person at one of Partnership HealthPlan's posted locations.

Members Present:	Steven Gwiazdowski, MD (FF) Angela Brennan, DO (FF) Teresa Shinder, DO (FF) Brent Pottenger, MD (FF)	Michele Herman, MD (FF) Karen Sprague, MSN, CFNP (FF) Malia Honda, MD (SR) John McDermott, FNP (C) Chester Austin, MD (C)	Derice Seid, MD (MCC) Mills Matheson, MD (OMM) Darrick Nelson, MD (R) Chris Myers, MD (E)	FF Fairfield SR Santa Rosa E Eureka R Redding C Chico AU Auburn	MCC Marin Community Clinics OMM Office of Dr. Matheson SH Sutter Health
Members Excused:	Candy Stockton, MD Vanessa Walker, DO	Mustaffa Ammar, MD Matthew Zavod, MD	Christine Lasich, MD		
Members Absent:	Danielle Oryn, DO				
Visitor:					
Partnership Staff:	Sonja Bjork, Chief Executive Officer Jennifer Lopez, Chief Financial Officer Wendi Davis, Chief Operating Officer Leigha Andrews, Regional Director Mary Kerlin, Sr. Dir., Prov. Relations (PR) Lisa O'Connell, Director of Enhanced Health Services Doreen Crume, RN, N. Mgr. Care Coord. Stephanie Nakatani, Supervisor, Provider Relations Representatives Vicky Klakken, Dir., North Region Brigid Gast, RN, Dir. of CC	Robert Moore, MD, Chief Medical Officer Katherine Barresi, RN, Chief Health Services Officer Colleen Townsend, MD, Region Medical Director Mark Netherda, MD, Medical Director for Quality Jeffrey DeVido, MD, Behavioral Health Clinical Dir. Stan Leung, Pharm.D., Director, Pharmacy Services Vacant, RN, Assoc. Dir. UM Strategies Sue Quichocho, Mgr., Quality Measurement Amy McCune, Manager of QI Programs Bradley Cox, MD, Northeast Region Medical Director James Cotter, MD, Associate Medical Director	Jeffrey Ribordy, MD, Region Medical Director R. Doug Matthews, MD, Region Medical Director Marshall Kubota, MD, Region Medical Director Teresa Frankovich, MD, Associate Medical Director Nancy Steffen, Dir., Quality & Perf. Improvement Heather Esget, RN, Director, Utilization Mgmt. (UM) Kevin Jarret-Lee, RN, Assoc. Dir. of UM Kristine Gual, Director, Quality Measurement Isaac Brown, Director, Quality Management Mohamed Jalloh, Pharm.D., Director, Health Equity Megan Shelton, Project Manager, Quality Improvement DeLorean Ruffin, DrPH, Director, Population Health David Lavine, Assoc. Dir. of Workforce Development		

AGENDA ITEM	DISCUSSION / CONCLUSIONS	RECOMMENDATIONS / ACTION	DATE RESOLVED
Public Comments	PAC Chairperson asked for any public comments. None presented.	N/A	N/A
Quorum	14/20 – PAC	Committee quorum requirements met (14).	03/12/25

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.A. Chief Executive Officer Administration Updates	<p>Partnership’s Chief Executive Officer (CEO) provided the following report on Partnership activities.</p> <p>Monitoring Changes to Medicaid</p> <ul style="list-style-type: none"> • Local, nonprofit safety-net plans have been meeting regularly, including a meeting in Washington D.C. advocating to preserve Medicaid. • Partnership is monitoring for all possible scenarios and taking every opportunity to advocate, including meeting with Republican Congressman Doug LaMalfa and Congressman Kevin Kiley to discuss what cuts will mean for members received MediCal. Partnership received very good reception from them and their staff. <ul style="list-style-type: none"> • In Congressman LaMalfa’s district, 42% of residents receive MediCal with Partnership. • In Congressman Kiley’s district along the Nevada border, 21% of residents receive MediCal with Partnership. • Partnership works closely with all of the hospitals, physicians, help centers, and other in the network to carry the message forward. • The most persuasive arguments come from the true stories of members in their districts. • Should cuts be made, Partnership is preparing for many possible scenarios to be determined at state or federal levels: <ul style="list-style-type: none"> • Reduction in targeted rate increases and hospital-directed payments • Implementation of work requirements • Changing eligibility requirements • Partnership is working closely with the California Medical Association (CMA) and California Primary Care Association (CPCA) to advocate for Medicaid. • California Advancing and Innovating Medi-Cal (CalAIM) Justice Involved Implementation <ul style="list-style-type: none"> • Yuba County has implemented. • Siskiyou and Sutter Counties aim to go live by April 1, 2025. • All remaining counties aim to go live before October 1, 2026. <p>Questions</p> <p>How do you stay informed with accurate, up-to-date information?</p> <p>Partnership has relationships with key stakeholders and lobbyists with whom we compare notes and align approaches. Additionally, Partnership is a member of The Association for Community Affiliated Plans (ACAP) who monitors and reports to health plans. Partnership’s vast network of subject matter experts can be trusted to provide reliable information coming out of D.C. Partnership stands ready to responds to any legislative actions as they are implemented.</p> <p>How do we become involved or make advocacy easier?</p> <p>Some of the partnering associations have provided templates and scripts. Because Partnership is a public agency, advocacy must be done carefully, but constituents are people who live and work in the areas Partnership serves. Local district offices are excellent points of contact for advocacy via a phone call or a letter. Personal stories from people living in those areas are most persuasive. Partnership can share different templates we have received upon request via email.</p>

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I.B. Chief Medical Officer Health Services Report	<p>Partnership’s Chief Medical Officer (CMO) presented a brief update on Health Services.</p> <ul style="list-style-type: none"> • Annual Residency Quality Meeting <ul style="list-style-type: none"> • Physician Residency program performance improvement forum where residents from any of the residency programs in our regions presented their quality improvement projects as part of residency requirements. • Six presentation were given across five Partnership offices. • The top three were chosen by a panel of judges and received an award of all expenses paid to attend the National Quality meeting in the future. • Residency Programs <ul style="list-style-type: none"> • Match day will be held later in March. • The new family residency in Chico, CA will be getting their first match. • State Government Actions <ul style="list-style-type: none"> • Senate Bill 669*, introduced by Senator McGuire, to allow standby perinatal units to discontinue the need for multiple obstetrical nurses and staff to be continuously staffed regardless of volume. It is one of only two bills Senator McGuire has agreed to personally champion this year after a meeting was held with Plumas District Hospital and several other who provided a compelling case. • Partnership Events <ul style="list-style-type: none"> • Held third Basic Life Support in Obstetrics (BLSO) training in Redding on February 28, 2025, which was well-attended by several nurse practitioners and doulas. • Two Advanced Life Support in Obstetrics (ALSO) courses are planned for May at Mercy Medical Center and Fairchild Medical Center. • Partnership hosted an Obstetrics Conference, Addressing Challenges in Perinatal Care, on Monday, March 10, 2025 across three Partnership offices in Fairfield, Eureka, and Redding on the following topics. <ul style="list-style-type: none"> • A representative from the California Surgeon General’s Office attended to speak on initiatives, maternal mortality, and ideas for screening. • Gestational diabetes and screening • Substance Use Disorder (SUD) screening • Perinatal services • Partnering Agencies <ul style="list-style-type: none"> • Advancing Health for Northern California, a magazine published by Healthy Rural California, will be publishing a future article summarizing the many activities Partnership has been involved in over the past few years.
I.C.1. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • The OB Conference was attended by more than 100 attendees across Partnership’s network. • Comprehensive Perinatal Services Program (CPSP) has transitioned out of the purview of California Department of Public Health (CPDH) and into the MediCal Managed Care Plans (MCP). • Partnership has implemented and is accepting applications for Partnership Health Perinatal Services (PHPS) which updates <ul style="list-style-type: none"> • OB practices • Prenatal and postpartum care • Nutrition • Social health education • Behavioral health services • Applications for PHPS ensure that our claims and configurations are aligned for your practices for reimbursement and effective tracking of utilized services across the network. • Southeast Region Quality meeting will be held where colon-cancer screening and the use of Cologuard implementation will be a primary focus. • Planning for Kindergarten Roundup and school vaccination drives are underway. • In Yolo County, Partnership is working on solutions to challenges for childhood vision screening.

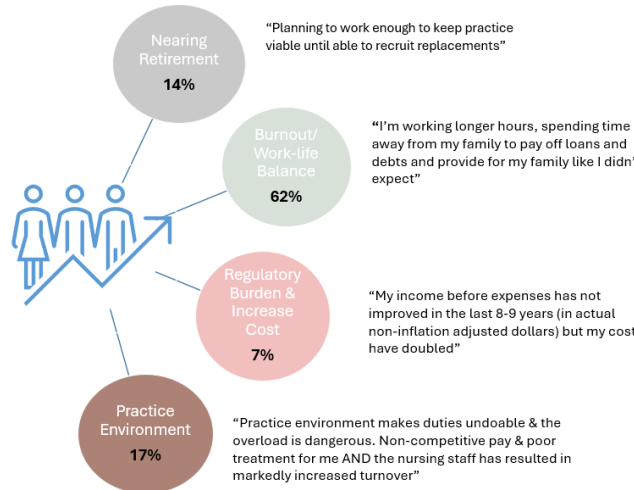
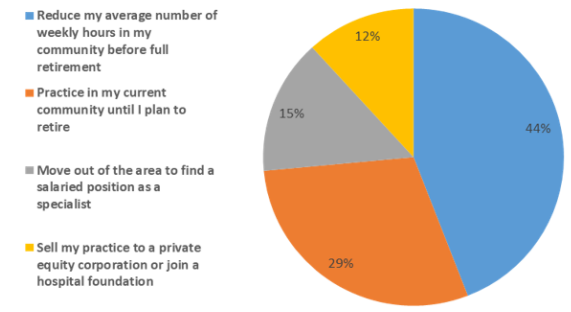
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I.C.2. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Several meetings have been held with Partnership and local leaders. • Santa Rosa Community Health has selected Dr. Patricia Padilla for Chief Medical Officer. • Dental directors meeting was held to promote the implementation of fluoride treatment code Z29.3. • Future meetings are scheduled with rural health centers to discuss quality improvement programs. • The Santa Rosa Regional Medical Directors Forum will be held on April 25, 2025.
I.C.3. Status Update, Regional Medical	<p>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Mad River Hospital is adding home health services back in after recent cuts and attempting to expand primary care services, including pediatrics. • Held meetings with Adventist in Clearlake and Mendocino as they have undergone several changes in leadership. • Areas report increased no-show rates among the undocumented population in response to fears about Immigration and Customs Enforcement (ICE) raids. • Smaller clinics in the areas are experiencing anxiety about funding in the face of proposed cuts to Medicaid.
I.C.4. Status Update, Regional Medical	<p>Partnership’s Regional Director for Glenn, Butte, Sutter, and Colusa Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • March is Colorectal Cancer Awareness month, and Partnership will be campaigning for awareness and screening throughout the network. • Met with new leadership at Peachtree Health Clinic. • Fostering inter-clinic collaboration with Yuba and Sutter-region clinics.
I.C.5. Status Update, Regional Medical	<p>Partnership’s Regional Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.</p> <ul style="list-style-type: none"> • Visited Good News Rescue Mission to see their 17-unit micro housing complex as they focus on helping transition unhoused individuals to permanent housing and are working on building a day-resource center. <ul style="list-style-type: none"> • The facility can hold 21 people. • Two units have two beds to accommodate a parent and child if needed. • There are separate shower and bathroom facilities. • The units have both heat and air conditioning. • There are vouchers for housing, meals, showers, computers, and bike repair available. • Mobile mammography screening was completed for Pit River Health Services.
I.C.6. Status Update, Regional Medical	<p>Partnership’s Regional Director for Plumas, Sierra, Nevada & Placer presented a brief update on activities.</p> <ul style="list-style-type: none"> • Chapa-De Indian Health will be hosting a ground-breaking event on March 18, 2025, for their new healthcare center offering medical, dental, and behavioral health services to 15,000 more patients at the end of 2026. • Wellspace Health is partnering with Sutter Roseville for an obstetrical residency program for a total of 12 residents, admitting three per year over four years. • Western Sierra Medical Center has hired two new family medicine physicians who will be joining their team later this fall.

AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A.	February 2025 PAC minutes were presented for approval.	<u>MOTION:</u> Dr. Herman moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Brennan. <u>ACTION SUMMARY:</u> [14] yes, [0] no, [0] abstentions.	03/12/25 Motion carried.
III.B. ■ III.B.1 ■ III.B.2 ■ III.B.5 ■ III.B.7	Consent Calendar Review • Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – February 2025 • Policies, Procedures, and Guidelines for Action Policy Summary February 2025 • Credentials Committee Meeting Minutes and Credentialed List, January 8, 2025 • Quality Improvement Health Equity Committee Minutes and Credentialed List, January 21, 2025	<u>MOTION:</u> Dr. Pottenger moved to approve Agenda III.B.1, III.B.2, III.B.5 and III.B.7, as presented, seconded by Dr. Shinder. <u>ACTION SUMMARY:</u> [14] yes, [0] no, [0] abstentions.	03/12/25 Motion carried.
III.C	Dr. Brent Pottenger nomination for Credentials Committee.	<u>MOTION:</u> Dr. Herman moved to approve Agenda III.C as presented, seconded by Dr. Brennan. <u>ACTION SUMMARY:</u> [14] yes, [0] no, [0] abstentions.	03/12/25 Motion carried

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V.A Partnership Workforce Development Update, Continued	<p>The program was revamped in 2024 based on feedback from provider partners with these changes:</p> <ul style="list-style-type: none">Increased from \$50,000 to \$100,000 dollars for primary care physicians, payable over five years,Increased from \$25,000 to \$50,000 for advanced practice clinicians, payable over five years.Added OB as an eligible providerAdded a \$20,000 residency and retention bonus incentiveAny third-year resident training within our footprint who commits to five years of practice upon their graduation, can receive an additional \$20,000 in their third year at residency.	<div><h3>2024/2025 Physician Recruitment Program (PRP)</h3><table><thead><tr><th>2024 – YTD</th><th></th></tr></thead><tbody><tr><td>Physicians</td><td>54</td></tr><tr><td>• OB/GYN</td><td>4</td></tr><tr><td>• FP/OB</td><td>1</td></tr><tr><td>• Mental Health</td><td>1</td></tr><tr><td>• Family Medicine</td><td>32</td></tr><tr><td>• Internal Medicine</td><td>4</td></tr><tr><td>• Pediatrics</td><td>12</td></tr><tr><td>APCs</td><td>98</td></tr><tr><td>• Women’s Health PAs</td><td>2</td></tr><tr><td>• Women’s Health NPs/Nurse Midwives</td><td>7</td></tr><tr><td>• Mental Health</td><td>7</td></tr><tr><td>• Family Medicine</td><td>78</td></tr><tr><td>• Internal Medicine</td><td>3</td></tr><tr><td>• Pediatrics</td><td>1</td></tr><tr><td>BH Clinicians</td><td>34</td></tr><tr><td>Total</td><td>186</td></tr></tbody></table><table><thead><tr><th>Award Year</th><th>Count (average)</th></tr></thead><tbody><tr><td>2014 – 2023</td><td>706 (86 per year)</td></tr><tr><td>2024 – YTD</td><td>186 (160 in 12 months)</td></tr></tbody></table><p>Bar chart showing recruitment counts for Expansion (blue) and Legacy (orange) across categories: APC (26 vs 63), Physician (12 vs 31), Behavioral Health/SUD (4 vs 30), APC OB (0 vs 9), and Physician OB (2 vs 3). Legend: Expansion (blue), Legacy (orange).</p></div>	2024 – YTD		Physicians	54	• OB/GYN	4	• FP/OB	1	• Mental Health	1	• Family Medicine	32	• Internal Medicine	4	• Pediatrics	12	APCs	98	• Women’s Health PAs	2	• Women’s Health NPs/Nurse Midwives	7	• Mental Health	7	• Family Medicine	78	• Internal Medicine	3	• Pediatrics	1	BH Clinicians	34	Total	186	Award Year	Count (average)	2014 – 2023	706 (86 per year)	2024 – YTD	186 (160 in 12 months)
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<p>This type of adjustment was needed based on the, the, the fierce competition within our region for providers relative to the salaries and bonuses payable in other areas near our network area, such as the San Francisco Bay Area.</p> <p>We have seen positive movement within the program and accomplishing goals.</p>	<div><h3>2024 Primary Care Provider Vacancy Rate Survey</h3><table><thead><tr><th>Scope</th><td>Organizations with at least 500 Partnership members assigned to their practice sites</td></tr><tr><th>Focus</th><td>Identify staffing gaps by comparing current PCP numbers to the desired staffing levels for each organization</td></tr><tr><th>Purpose</th><td>Collect data to inform access - related strategic planning. Vacancy rate is different from the number of PCPs that are needed to fully meet the needs of the population</td></tr><tr><th>Who</th><td>107 total organization respondents, 87% response rate 24 counties represented</td></tr><tr><th>Findings</th><td><ul style="list-style-type: none">25.6% Primary Care Provider (PCP) Vacancy Rate88% actively recruiting primary care providersVacancy rate represents 359 Total FTE:<ul style="list-style-type: none">204 physician155 NP/PA33% Obstetrics (OB)/ Prenatal Vacancy Rate49% respondents (52 organizations) provide prenatal careVacancy rate represents 83 Total FTE:<ul style="list-style-type: none">49 physician34 NP/PA</td></tr></thead></table></div>	Scope	Organizations with at least 500 Partnership members assigned to their practice sites	Focus	Identify staffing gaps by comparing current PCP numbers to the desired staffing levels for each organization	Purpose	Collect data to inform access - related strategic planning. Vacancy rate is different from the number of PCPs that are needed to fully meet the needs of the population	Who	107 total organization respondents, 87% response rate 24 counties represented	Findings	<ul style="list-style-type: none">25.6% Primary Care Provider (PCP) Vacancy Rate88% actively recruiting primary care providersVacancy rate represents 359 Total FTE:<ul style="list-style-type: none">204 physician155 NP/PA33% Obstetrics (OB)/ Prenatal Vacancy Rate49% respondents (52 organizations) provide prenatal careVacancy rate represents 83 Total FTE:<ul style="list-style-type: none">49 physician34 NP/PA																															
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V.A Partnership Workforce Development Update, Continued	<div><div><p>We attempted to understand optimal staffing is in terms of what is structurally possible given the existing infrastructure. The graph represents a sample size of 707 total-organization, Partnership providers.</p></div><div><h3>PCP Vacancy Rate Survey</h3><p>Other than the three highest counties (Del Norte, Glenn, Trinity) and three lowest counties (Modoc, Plumas, Yolo) all counties had vacancy rates at or greater than 20%, with a slight trend for higher vacancy rates in rural counties compared to suburban counties</p><table><tr><th>County</th><th>Vacancy Rate</th></tr><tr><td>Butte - 40*</td><td>28%</td></tr><tr><td>Colusa - 17</td><td>29%</td></tr><tr><td>Del Norte - 43</td><td>44%</td></tr><tr><td>Glenn - 19</td><td>48%</td></tr><tr><td>Humboldt - 138</td><td>28%</td></tr><tr><td>Lake - 25</td><td>20%</td></tr><tr><td>Lassen - 37</td><td>27%</td></tr><tr><td>Marin - 80</td><td>27%</td></tr><tr><td>Mendocino - 98</td><td>28%</td></tr><tr><td>Modoc - 8</td><td>13%</td></tr><tr><td>Napa - 42</td><td>24%</td></tr><tr><td>Nevada - 28</td><td>25%</td></tr><tr><td>Placer - 28</td><td>20%</td></tr><tr><td>Plumas - 38</td><td>18%</td></tr><tr><td>Shasta - 121</td><td>20%</td></tr><tr><td>Sierra - 4</td><td>24%</td></tr><tr><td>Siskiyou - 48</td><td>25%</td></tr><tr><td>Solano - 72</td><td>28%</td></tr><tr><td>Sonoma - 247</td><td>22%</td></tr><tr><td>Sutter - 82</td><td>21%</td></tr><tr><td>Tehama - 60</td><td>28%</td></tr><tr><td>Trinity - 15</td><td>39%</td></tr><tr><td>Yolo - 54</td><td>14%</td></tr><tr><td>Yuba - 59</td><td>34%</td></tr></table><p>*County and total FTE (working and vacancies)</p><p>Average - 25.6%</p></div><div><h3>PCP Vacancy Rate Survey - Rural Insights</h3><p>Rural survey insight based on the US Census Bureau definition. Of our 24 counties, Modoc, Plumas, Sierra and Trinity are entirely rural. Only Yolo, Marin, and Solano have rural populations under 10%.</p><table><tr><th>Rural</th><th>Counties</th></tr><tr><td>0 - 25%</td><td>Solano, Marin, Yolo, Sonoma, Placer, Napa, Sutter, Butte</td></tr><tr><td>26 - 50%</td><td>Yuba, Humboldt, Shasta, Lake, Glenn, Colusa, Del Norte, Nevada, Mendocino</td></tr><tr><td>51 - 75%</td><td>Tehama, Siskiyou, Lassen</td></tr><tr><td>76 - 100%</td><td>Sierra, Modoc, Plumas, Trinity</td></tr></table><table><tr><th>Rural Category</th><th>FTE Vacant</th><th>Total FTE</th><th>Vacancy %</th></tr><tr><td>0 - 25%</td><td>149</td><td>647</td><td>23%</td></tr><tr><td>26 - 50%</td><td>156</td><td>544</td><td>24%</td></tr><tr><td>51 - 75%</td><td>39</td><td>146</td><td>27%</td></tr><tr><td>76 - 100%</td><td>15</td><td>66</td><td>23%</td></tr></table></div></div>	County	Vacancy Rate	Butte - 40*	28%	Colusa - 17	29%	Del Norte - 43	44%	Glenn - 19	48%	Humboldt - 138	28%	Lake - 25	20%	Lassen - 37	27%	Marin - 80	27%	Mendocino - 98	28%	Modoc - 8	13%	Napa - 42	24%	Nevada - 28	25%	Placer - 28	20%	Plumas - 38	18%	Shasta - 121	20%	Sierra - 4	24%	Siskiyou - 48	25%	Solano - 72	28%	Sonoma - 247	22%	Sutter - 82	21%	Tehama - 60	28%	Trinity - 15	39%	Yolo - 54	14%	Yuba - 59	34%	Rural	Counties	0 - 25%	Solano, Marin, Yolo, Sonoma, Placer, Napa, Sutter, Butte	26 - 50%	Yuba, Humboldt, Shasta, Lake, Glenn, Colusa, Del Norte, Nevada, Mendocino	51 - 75%	Tehama, Siskiyou, Lassen	76 - 100%	Sierra, Modoc, Plumas, Trinity	Rural Category	FTE Vacant	Total FTE	Vacancy %	0 - 25%	149	647	23%	26 - 50%	156	544	24%	51 - 75%	39	146	27%	76 - 100%	15	66	23%
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V.A Partnership Workforce Development Update, Continued	<p><u>Key Barriers: PCP Vacancy Rate Survey Responses</u></p> <ul style="list-style-type: none"> • Location cited as the common barrier, including: • Rurality of the area and lack of community amenities (e.g., schools, healthcare, career options for partners/spouses) • Revenue: Reduced relative reimbursements w/increasing costs • Housing: Lack of adequate or affordable housing, including high costs of living • Talent: Difficulty attracting applicants despite marketing efforts, with positions receiving little to no interest. <p><u>Next Steps</u></p> <p>Will conduct a new vacancy rate survey again in 2025. We established the new recruitment program and our retention initiative, but we want to make sure that those programs accomplish the intended goals. Partnership will be conducting an ongoing needs assessment to make sure that we have a good understanding of the needs within our network</p> <p><u>Question</u></p> <p><i>In defining rural, is there a difference between the U.S. Census and Health Resources and Services Administration (HRSA) data?</i></p> <p>For the purposes of the survey, population density by area was used. Between the two sets of data, there is not a significant difference.</p> <p>This is based on feedback from the specialty community and a concern that, without some type of intervention, access to specialty care might get worse, particularly in our more real rural geographic areas. We were able to survey nearly 40 specialists; 35 were practicing across 17 specialties; four retired across three specialties.</p> <div data-bbox="886 721 1915 1365"> <h3 style="text-align: center;">Rural Specialty Access Survey</h3> <table> <tr> <td>Scope</td><td> <ul style="list-style-type: none"> • The survey was distributed to physician specialists inside and outside of our provider network </td></tr> <tr> <td>Focus</td><td> <ul style="list-style-type: none"> • Gather data to guide strategic planning related to specialty access </td></tr> <tr> <td>Purpose</td><td> <ul style="list-style-type: none"> • Analyze trends in the specialty physician workforce. Understand the current challenges organizations and specialists are facing </td></tr> <tr> <td>Who</td><td> <ul style="list-style-type: none"> • Surveyed physicians: <ul style="list-style-type: none"> • 35 practicing in 17 different specialties • 4 retired in 3 specialties • Met with Shasta County hospital executives • Follow-up interviews completed with 17 physicians representing 11 specialties (Allergy Immunology, Dermatology, Gastroenterology, General Surgery, Neurology, Obstetrics/Gynecology, Orthopedic Surgery, Podiatry, Pulmonology, Radiation Oncology, and Vascular Surgery) </td></tr> <tr> <td>Counties Served</td><td> <ul style="list-style-type: none"> • Butte • Humboldt • Lake • Mendocino • Shasta </td></tr> <tr> <td>Findings</td><td> <ul style="list-style-type: none"> • Validated that specialists believe access to care has worsened over time. Without significant intervention they believe access will continue to worsen </td></tr> </table> </div>	Scope	<ul style="list-style-type: none"> • The survey was distributed to physician specialists inside and outside of our provider network 	Focus	<ul style="list-style-type: none"> • Gather data to guide strategic planning related to specialty access 	Purpose	<ul style="list-style-type: none"> • Analyze trends in the specialty physician workforce. Understand the current challenges organizations and specialists are facing 	Who	<ul style="list-style-type: none"> • Surveyed physicians: <ul style="list-style-type: none"> • 35 practicing in 17 different specialties • 4 retired in 3 specialties • Met with Shasta County hospital executives • Follow-up interviews completed with 17 physicians representing 11 specialties (Allergy Immunology, Dermatology, Gastroenterology, General Surgery, Neurology, Obstetrics/Gynecology, Orthopedic Surgery, Podiatry, Pulmonology, Radiation Oncology, and Vascular Surgery) 	Counties Served	<ul style="list-style-type: none"> • Butte • Humboldt • Lake • Mendocino • Shasta 	Findings	<ul style="list-style-type: none"> • Validated that specialists believe access to care has worsened over time. Without significant intervention they believe access will continue to worsen
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<p>V.A Partnership Workforce Development Update, Continued</p>	<p>Specialty physicians in rural areas largely felt a moral obligation to their patients and to their communities to stay in practice and would be doing a disservice to their communities to leave. Many have families and strong connections to the area built over many years. More than half of the respondents have practiced for at least 20 years.</p> <p>Specialty Access Survey Insights:</p> <p>Respondents shared reasons why they plan to change their practice status in the next 5 years</p>  <ul style="list-style-type: none"> Nearing Retirement (14%): "Planning to work enough to keep practice viable until able to recruit replacements" Burnout/Work-life Balance (62%): "I'm working longer hours, spending time away from my family to pay off loans and debts and provide for my family like I didn't expect" Regulatory Burden & Increase Cost (7%): "My income before expenses has not improved in the last 8-9 years (in actual non-inflation adjusted dollars) but my costs have doubled" Practice Environment (17%): "Practice environment makes duties undoable & the overload is dangerous. Non-competitive pay & poor treatment for me AND the nursing staff has resulted in markedly increased turnover" <p>Specialty Access Survey Insights:</p> <p>"What motivates you to practice medicine in your community?"</p> <ul style="list-style-type: none"> About 60% of survey respondents cited the overwhelming needs of the community and positive impact they can make in their patients' lives as the key motivating factor to continue to practice medicine About 40% of respondents cited hometown, family, social connections, and love of the geographic area as other reasons specialists remain in the community 57% of survey respondents have been practicing for at least 20 years <p>"What are your plans for the future?"</p>  <ul style="list-style-type: none"> Reduce my average number of weekly hours in my community before full retirement Practice in my current community until I plan to retire Move out of the area to find a salaried position as a specialist Sell my practice to a private equity corporation or join a hospital foundation <ul style="list-style-type: none"> 70% plan to change their practice status before they fully retire 60% plan for the change to occur in the next 5 years <p>Provider Feedback: What can help with specialty care?</p> <p>Recommendations from specialty providers to help improve access to care -</p> <p>Strengthening PCP-Specialist Collaboration: Encouraging better communication and coordination between primary care physicians and specialists can improve patient care and reduce unnecessary referrals.</p> <p>Expanding Primary Care Access: Increasing the availability of primary care services in the region can help reduce the strain on specialists and improve overall patient outcomes.</p> <p>Support for Community Health Centers: Helping community health centers, rural health clinics and/or tribal health entities hire specialists directly, or collaborate with existing specialty groups, can expand access to care in underserved areas.</p> <p>Recruitment Programs: Establishing targeted recruitment programs for specialty providers could help address workforce shortages and improve care access.</p> <p>Multi-Stakeholder Coalitions: Forming coalitions with various stakeholders (hospitals, health centers, community organizations) to focus on specialty access and rural healthcare needs can drive systemic change and ensure long-term solutions.</p> <p>Targeted Rural Incentives: Augmenting financial incentives for rural specialty care can make it more attractive for specialists to practice in these areas.</p> <p>Specialty-care access is a multi-valued, multi-payer, multi-year issue that has now come to a head. These recommendations are how we frame questions moving forward year after year. Partnership will be conducting additional analysis for feasibility based on the provided feedback.</p> <p>Partnership constantly evaluates workforce developments and engages with providers to bring and keep needed physicians in service areas where they are needed.</p>

VI. Adjournment		
PAC adjourned at 8:54 a.m.	Next PAC on Wednesday, April 9, 2025 at 7:30 a.m. Brown Act flexibilities have ended.	

For Signature Only

The foregoing minutes were APPROVED AS PRESENTED on 04/09/2025
Date


Steve Gwiazdowski, M.D., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on _____
Date

Steve Gwiazdowski, M.D., Committee Chairperson