

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

**Committee:** Physician Advisory Committee  
**Date / Time:** May 14, 2025 - 7:30 to 9:00 a.m.

*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)	Chris Myers, MD (E) Candy Stockton, MD (E) Malia Honda, MD (E) Karina Gookin, MD (AU)	John McDermott, FNP (C) Chester Austin, MD (C) Vanessa Walker, DO (SH)	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:	Mustaffa Ammar, MD Matthew Zavod, MD	Christine Lasich, MD Karen Sprague, MSN, CFNP	Mills Matheson, MD Darrick Nelson, MD	Derice Seid, MD	
Members Absent:	Danielle Oryn, DO				
Visitor:	John Murphy, MD, Chief Medical Officer, LaClinica Zoe Cappe, MD, Medical Director for Solano County, LaClinica				
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	12/20 – PAC	Committee quorum requirements met (12).	05/14/25

AGENDA ITEM	DISCUSSION / CONCLUSIONS For information only, no formal action required.
I.A. Chief Executive Officer Report	<p><b>Partnership’s Chief Executive Officer (CEO) provided the following Partnership activities.</b></p> <p><b>Monitoring Changes to Medicaid</b></p> <ul style="list-style-type: none"> <li>Partnership has been teaming up with many different stakeholders to advocate for the safety net and preservation of Medicaid.</li> <li>There are several proposals, but four are likely to come to fruition.             <ol style="list-style-type: none"> <li>Freeze on Provider Taxes                 <ul style="list-style-type: none"> <li>In 2024, California voted to increase the Managed Care Organization (MCO) tax through <a href="#">Proposition 35</a>, which would ensure dollars California can bring in from the federal government through provider taxes get used to support the safety through increased provider rates.</li> <li>The federal government is aiming to freeze rates and limit increases for each state.</li> </ul> </li> <li>Work Requirements                 <ul style="list-style-type: none"> <li>Federal requirement that every single state implement work requirements for adults who don't have children and who are not disabled or senior citizens.</li> <li>There are no details on implementation, but other states where it has been attempted have seen reductions in enrollment through loss of eligibility.</li> <li>Medicaid beneficiaries would have a larger administrative burden to prove they are either working, enrolled in school to pursue a degree or certification, or volunteering by submitting proof to an eligibility worker.</li> <li>Many Medicaid beneficiaries do work, either employed part-time or where health coverage is not provided.</li> </ul> </li> <li>Eligibility Checks                 <ul style="list-style-type: none"> <li>Federal government is recommending income and asset verifications every six months rather than annually.</li> </ul> </li> <li>Reduced federal match rates would be likely for states providing Medicaid coverage to those who have uncertain immigration status.                 <ul style="list-style-type: none"> <li>California would potentially see a match rate of 90% reduced to 80% resulting in the loss of millions of dollars of funding.</li> </ul> </li> </ol> </li> <li>Governor Newsom will announce the revised May budget at 10:30 a.m. on May 14, 20256 (the day of the PAC meeting)             <ul style="list-style-type: none"> <li>Budget deficits and the Los Angeles fire recovery expenses and efforts will force tough budget decisions.</li> </ul> </li> </ul> <p><b>Dual Special Needs Program (D-SNP)</b></p> <ul style="list-style-type: none"> <li>Partnership Advantage will be implemented in eight counties in January 2026 for members who are eligible for both Medicaid and Medicare.</li> <li>Open enrollment begins October 2025 with initial estimates of enrollees to be between 5,000 and 6,000.</li> <li>Program regulations will be monitored by Centers for Medicaid and Medicare Services (CMS), California Department of Managed Health Care (DMHC), and the Department of Health Care Service (DHCS).</li> <li>The Partnership Advantage application and Model of Care were approved and received a score of 100%.</li> <li>Partnership is preparing the bid to the federal government and working with actuaries to explain financial feasibility.</li> <li>Partnership continues to work on contracting with providers to expand the network coverage.</li> </ul> <p><b>California Advancing and Innovating Medi-Cal (CalAIM)</b></p> <ul style="list-style-type: none"> <li>Enhanced case management (ECM) remains a high priority along with community supports.</li> <li>Several grants have been issued to help agencies expand CalAIM services or start new ones. Partnership has received 25 proposals and expects to receive more before the deadline.</li> </ul> <p><b>Question</b></p> <p>CalAIM was funded through federal grants which are expected to end in 2026. Has there been any communication from the state about continuing beyond 2026?</p> <p>CalAIM was implemented with a waiver to allow every state to apply to make changes to its Medicaid program. CMS recently sent a letter to notify plans anything far removed from health services will likely not be renewed. The state has said very clearly their next waiver application will still include all CalAIM services. There is no indication anything will be retroactively unapproved. California has long relied on waivers for programs and has a precedent for the principle of reliance to prevail.</p>



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I.B. Chief Medical Officer Health Services Report	<p><b>Partnership’s Chief Medical Officer (CMO) presented a brief update on Health Services.</b></p> <ul style="list-style-type: none"> <li>• <b>Legislative Update</b> <ul style="list-style-type: none"> <li>• Governor Newsom <a href="#">proposed changes</a> to Medicaid for undocumented workers in efforts to save an estimated \$5 billion.</li> <li>• Beginning January 2026, new enrollees aged 19 years or older would no longer be accepted if they lack permanent legal status</li> <li>• Those already enrolled will not lose Medi-Cal coverage, and children are still eligible, but adults may face a \$100 per month premium starting in 2027.</li> </ul> </li> <li>• <b>Partnership Activities</b> <ul style="list-style-type: none"> <li>• Nitrous Oxide webinar will be hosted by Partnership’s Clinical Director of Behavioral Health on Friday, June 6, 2025, at noon, highlighting <ul style="list-style-type: none"> <li>• Potential overuse</li> <li>• Vitamin B12 deficiency</li> <li>• Potential paralysis and neurological deficits</li> </ul> </li> <li>• Shasta County saw several cases, initially undiagnosed, but later linked to <a href="#">sales of nitrous oxide containers sold at vaping shops</a>.</li> <li>• National Coalition for Quality Assurance (NCQA) Health Equity Accreditation submission will take place in June 2025. Subsequent meetings will take place, but Partnership anticipates receiving the Health Equity accreditation later this year.</li> <li>• Primary Care Physician (PCP) Quality Incentive Program (QIP) payments will be going out the second week of June; notification letters will be sent mid-May.</li> <li>• Healthcare Effectiveness Data and Information Set (HEDIS) project is in its final stages for 2024 data measurement. Results will be presented in August or September 2025.</li> <li>• Regional Medical Director Forums were held in six locations throughout Partnership’s network. The detailed notes are available at Partnership’s <a href="#">Office of the CMO site</a>.</li> <li>• Partnership’s Medical Director for Medicare Services has been heading the large effort to update relevant Partnership policies for implementation of D-SNP, Partnership Advantage, going live in January 2026.</li> </ul> </li> </ul>
I.C.1. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Napa, Solano, and Yolo Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Communicare+Ole is opening a new clinic in Fairfield, CA on May 15, 2025, which will expand primary care access.</li> <li>• Prenatal care is fluctuating in Solano County. Pregnant members are given a warm handoff to clinics capable of absorbing first-trimester visits to ensure members are seen timely.</li> <li>• Solano County and Yolo County are experiencing reduced vision screening access. In Yolo County, Partnership is partnering with Public Health Officers and local community health centers to understand how Partnership can impact and improve access, specifically for children who are having trouble getting follow up exams after initial screenings and showing a need for corrective lenses.</li> <li>• The Southeast Regional Quality meeting will be held in late May.</li> <li>• Two Partnership network physicians were awarded Physician of the Year, Dr. Tom Suard of Napa, and Dr. Emily A. Fisher of Solano County by the Napa Solano Medical Society.</li> </ul>
I.C.2. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Marin and Sonoma Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Continuing to build relationships through meetings with key state and local stakeholders.</li> <li>• Efforts are ongoing with clinics to improve cervical cancer screenings with vaginal self-swabs.</li> <li>• Promoting academic detailing with Partnership’s Director of Pharmacy Operations. Two of nine clinics have completed sessions.</li> <li>• Working on improving lead-screening rates by rolling out lead-testing machines at point-of-care sites.</li> <li>• Collaborating with Aliados Health to develop an advanced practice clinician training program to pool resources from health centers across the region for support of a pilot with UC Davis for Advanced Practice Clinician (APC) fellowships to bring APCs to local health centers for procedural care, mentoring, didactic lectures, new grad set up, and improvement of retention and support.</li> <li>• Brenda Ship has been appointed CEO at Marin Community Clinics. Sarah Brewer has been appointed CEO of Sonoma Valley Community Health Clinic.</li> </ul>

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I.C.3. Status Update, Regional Medical	<p><b>Partnership’s Regional Medical Director for Lake, Mendocino, Humboldt, and Del Norte Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Governor Newsom announced first round of funding from <a href="#">Prop 1</a> for mental health facilities and treatment centers in the amount of \$3.3 billion across California, of which Partnership’s region is to receive roughly \$400 million. <ul style="list-style-type: none"> <li>• Humboldt County was granted \$45 million for new inpatient mental health facility.</li> <li>• Yurok Tribe was awarding \$26 million to build a health and wellness center in Weitchpec, CA. The center will be 24,000 sqft with 53 beds to care for the physical, mental, and social health needs of three tribal communities treating infants through elders.</li> <li>• Lake County Behavioral Health received nearly \$8 million for mental health clinic expansion.</li> <li>• Consolidated Tribal Health Clinic received \$9 million for behavioral health expansion.</li> <li>• United Indian Health Service (UIHS) received \$6 million to open a child and family wellness center.</li> <li>• K’ima:w received \$6 million for behavioral health wellness support.</li> <li>• Two Feathers Native American Family Services in McKinleyville, CA received \$8 million for their mental health facility.</li> </ul> </li> <li>• United Indian Health Service is breaking ground on new youth housing project for homeless and foster youth with 39 units.</li> </ul>
I.C.4. Status Update, Regional Medical	<p><b>Partnership’s Regional Director for Glenn, Butte, Sutter, and Colusa Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Counties also received Prop 1 funding <ul style="list-style-type: none"> <li>• Butte County Behavioral Health received \$7.7 million for a 40-bed mental health rehabilitation center to be built at the former Chico Community Hospital complex.</li> <li>• Colusa Indian Health received \$21 million for a mental wellness center.</li> </ul> </li> <li>• Butte County Public Health will open a new clinic in Chico on May 27, 2025.</li> <li>• Healthy Rural California has appointed Michelle Powers to serve as interim CEO.</li> <li>• North Valley Medical Society and Butte Glenn Medical Society has a new Executive director: Bridget McBride.</li> </ul>
I.C.5. Status Update, Regional Medical	<p><b>Partnership’s Regional Director for Siskiyou, Modoc, Shasta, Lassen, Trinity, and Tehama Counties presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Completed leadership visits with Surprise Valley, Mountain Valley, and Warner Mountain Tribal Health.</li> <li>• A new endocrinologist has moved to Redding and will see patients starting in June.</li> <li>• Empire Recovery Center in Redding will continue inpatient treatment for drug and alcohol rehab but has closed the outpatient clinic.</li> <li>• Three area behavioral health clinics were awarded Prop 1 funding.</li> </ul>
I.C.6. Status Update, Regional Medical	<p><b>Partnership’s Regional Director for Plumas, Sierra, Nevada &amp; Placer presented a brief update on activities.</b></p> <ul style="list-style-type: none"> <li>• Met with Public Health Department for California Health Improvement Project (CHIP) committee meeting to discuss early goals for nutritional food access, recreation, and community communication.</li> <li>• The provider network is expanding with the addition of cardiologists and a dermatologist in the area.</li> <li>• The Sierra Nevada Wilderness Conference takes place September 5 through 7 and will be discussing several topics of interest including field management of trauma, ski and snowboards field injury management, travel medicine, heat related illnesses, and wilderness medicine therapy.</li> </ul>

<b>AGENDA ITEM</b>	<b>DISCUSSION / CONCLUSIONS</b> For information only, no formal action required.
II.A Office Practice Update, LaClinica	<p><b>LaClinica Office Practice Update with Chief Medical Officer, Dr. John Murphy, and Medical Director for Solano County, Dr. Zoe Cappe.</b></p> <p>Dr. John Murphy introduced the presentation with contextual framing: La Clinica is navigating a pivotal moment within the safety-net system. He outlined three major areas of focus for the discussion:</p> <ol style="list-style-type: none"> <li>1. Recruitment and Retention in Solano County</li> <li>2. Impact of Federal Changes</li> <li>3. Contingency Planning for operational and financial resilience</li> </ol> <p>The intention was to address these domains from both strategic and practical viewpoints relevant to Federally Qualified Health Centers (FQHCs) and broader healthcare settings.</p> <p>Dr. Murphy thanked Partnership HealthPlan for its support in provider workforce stability, emphasizing that La Clinica works with multiple managed Medicaid plans, but Partnership is notably the most generous in recruitment support, with tools such as:</p> <ul style="list-style-type: none"> <li>- Recruitment incentives</li> <li>- Retention pilot initiatives</li> <li>- Recruitment agency access</li> </ul> <p>These efforts have helped prevent provider attrition to competitors and bolstered membership growth in Solano County, particularly at the North Vallejo site.</p> <p>The workforce at La Clinica is predominantly composed of Advanced Practice Clinicians (APCs): Nurse Practitioners (NPs), Physician Assistants (PAs), and Certified Nurse Midwives (CNMs).</p> <p>Key challenges and context include:</p> <ul style="list-style-type: none"> <li>• Most APCs are new graduates or lack recent primary care experience.</li> <li>• Many come from Touro University, with others from Chamberlain, Sonoma State, and UCSF.</li> <li>• A shift toward doctoral-level NP training has increased student debt, making safety-net employment less appealing.</li> <li>• Retention is fragile, especially during the first two years, partly because many APCs work multiple jobs simultaneously.</li> </ul> <p>Dr. Murphy noted that while outcomes between APCs and MD/DOs converge over time, it takes several years to reach equivalent chronic condition management outcomes.</p> <p><b>Recruitment and Retention</b></p> <p>The urgent need to rethink onboarding, which currently places too much strain on site medical directors, was emphasized. Key developments:</p> <ul style="list-style-type: none"> <li>• Exploring centralized onboarding resources to support new hires.</li> <li>• Building internal residency and fellowship opportunities, though concerns remain over lower residency salaries.</li> <li>• La Clinica applied for a CMSP workforce grant to subsidize training costs.</li> <li>• Interest in leveraging Encore Physicians—retired MDs (often from Kaiser) who wish to continue working in low-pressure, flexible roles—both for clinical service and possibly training newer staff.</li> </ul>

<b>AGENDA ITEM</b>	<b>DISCUSSION / CONCLUSIONS</b> For information only, no formal action required.
II.A Office Practice Update, LaClinica, Continued	<p><b>Recruitment and Retention – MD/DO Focus</b></p> <p>While MD/DO recruitment remains challenging due to uncompetitive salaries, several recruitment levers were identified:</p> <ul style="list-style-type: none"> <li>• Prenatal care and delivery opportunities make some roles more attractive. La Clinica offers these through its Great Beginnings outpatient prenatal program.</li> <li>• La Clinica hosts residency rotations, though mandatory ones yield few hires. Elective rotations may be more promising due to self-selection.</li> <li>• Like APCs, many MDs/DOs also moonlight for income or scope enhancement.</li> <li>• There's increasing awareness of loan repayment and forgiveness programs, which could influence MD recruitment and retention trajectories.</li> </ul> <p><b>Recruitment and Retention – Encore Case Study</b></p> <p>Encore Physicians stand out as a bright spot:</p> <ul style="list-style-type: none"> <li>• These experienced MDs typically avoid panel management, preferring urgent care or coverage roles.</li> <li>• At the Georgia Street site, nine applicants competed for three APC positions. Six declined due to low salary, but three were hired—a success tempered by the challenge of sustaining them beyond year two.</li> <li>• There's optimism around ambient AI charting as a long-term retention solution, though its effectiveness depends on having a standardized, linear clinical workflow.</li> </ul> <p><b>Impacts of Federal Changes to Date</b></p> <p>Recent federal policy shifts are fueling fear and instability in vulnerable patient populations:</p> <ul style="list-style-type: none"> <li>• Immigrants and transgender patients are reluctant to engage with Medi-Cal.</li> <li>• Outreach is harder as patients avoid contact or fear being dropped from benefits ("last-in, first-out").</li> <li>• Membership has declined with redetermination cycles, even as self-pay numbers rise, straining La Clinica's budget.</li> <li>• Title X funding is now frozen. La Clinica had preemptively withdrawn during the Trump gag rule but had hoped for restoration.</li> <li>• Vaccination-focused grants have also been cut.</li> <li>• 330 grants are under renewed scrutiny—particularly clauses requiring compliance with executive orders, prompting legal review.</li> <li>• There is concern over staff and leadership burnout given the complex regulatory climate.</li> </ul> <p><b>Response to Federal Changes</b></p> <p>Dr. Murphy encouraged the team not to fall into "learned helplessness." Instead, he outlined a mission-protective strategy that balances compliance with both state and federal mandates:</p> <ul style="list-style-type: none"> <li>• For gender-affirming care, California's guidance (e.g., via AG Rob Bonta) may conflict with federal orders—but providers are expected to follow California's non-discrimination rules.</li> <li>• Strategic focus areas where Medicaid support is likely to persist: <ul style="list-style-type: none"> <li>• Pediatrics</li> <li>• Prenatal care</li> <li>• Medicare for seniors</li> </ul> </li> <li>• Call to collaborate with MCPs like Partnership HealthPlan to grow membership before further eligibility restrictions take effect.</li> <li>• Enhanced training and information-sharing for staff on topics like ICE procedures, legal warrants, and patient protections.</li> <li>• Emphasis on trusted relationships with elected officials and external partnerships to keep Medi-Cal patients out of high-cost emergency settings.</li> </ul>

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II.A Office Practice Update, LaClinica, Continued	<p><b>Contingency Planning</b></p> <p>Forward-looking approach to mitigate risk:</p> <ul style="list-style-type: none"> <li>Financial modeling should begin with pre-ACA payer mix assumptions (e.g., a drop from 90% to 70% Medi-Cal).</li> <li>Planning for 20% reductions in Medi-Cal reimbursement as part of annual budgeting.</li> <li>Considering dual-structure entities (e.g., one arm with federal funding, another without) to shield “mission-central” programs from policy shifts. This approach echoes models used by organizations like Planned Parenthood.</li> <li>Acknowledgment that such structures are complex and resource-intensive, requiring the right expertise and legal frameworks to succeed.</li> </ul> <p><b>Final Reflections</b></p> <p>Dr. Murphy closed with dual invocations:</p> <ul style="list-style-type: none"> <li>A paraphrased Rahm Emanuel quote: “Never let a serious crisis go to waste.”</li> <li>And a quote tracing back to Martin Luther King Jr.: “The arc of the moral universe is long, but it bends toward justice”— to which Eric Holder, former Attorney General under President Obama stated, “but not without a lot of hard work.”</li> <li>This work demands persistence, courage, and long-term dedication.</li> </ul> <p>He invited input from colleagues and acknowledged the crucial role of community health workers in assisting patients through redetermination.</p>		
AGENDA ITEM	MOTIONS FOR APPROVAL	RECOMMENDATIONS / ACTION	DATE RESOLVED
III.A.	April 2025 PAC minutes were presented for approval.	<p><b><u>MOTION:</u></b> Dr. Pottenger moved to approve Agenda III.A as presented, seconded by, seconded by Dr. Brennan.</p> <p><b><u>ACTION SUMMARY:</u></b> [12] yes, [0] no, [0] abstentions.</p>	05/14/25 Motion carried.
III.B. III.B.1 III.B.2 III.B.3 III.B.5 III.B.6	<p><b>Consent Calendar Review</b></p> <ul style="list-style-type: none"> <li>Quality / Utilization Advisory Committee (QUAC) Activities Report with Attachments – April 2025</li> <li>Policies, Procedures, and Guidelines for Action Policy Summary April 2025</li> <li>Pharmacy &amp; Therapeutics Committee Summary &amp; Approved Criteria, April 10, 2025</li> <li>Credentials Committee Meeting Minutes and Credentialed List, March 12, 2025</li> <li>Pediatric Quality Committee Minutes, November 13, 2024</li> <li>Minutes, February 4, 2025</li> </ul>	<p><b><u>MOTION:</u></b> Dr. Brennan moved to approve Agenda III.B.1, III.B.2, III.B.3, III.B.5 and III.B.6, as presented, seconded by Dr. Pottenger.</p> <p><b><u>ACTION SUMMARY:</u></b> [12] yes, [0] no, [0] abstentions.</p>	05/14/25 Motion carried.

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III.C Physician Advisory Committee Membership	<b>Physician Advisory Committee (PAC) Membership</b>  The PAC Chairperson shared intent to retire later this year and interest in seeking a replacement chairperson. Dr. Angela Brennan, a long-time voting member and NorthBay Health Primary Care Physician, expressed interest and shared her background.  Any other interested candidates were asked to contact Partnership’s Chief Medical Officer directly.																																																																																																																																																									
IV. A Old Business	None																																																																																																																																																									
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V.A Partnership County Level Profile Review	<b>County Level Profile – Shasta County provided as example for reference only</b> <div><div><div>Table of Contents (1/2)</div><table><tr><td><a href="#">County Data Introduction</a></td><td>4</td><td><a href="#">Obstetrics / Maternity Data</a></td><td>24</td></tr><tr><td><a href="#">Membership / County Overview</a></td><td>5</td><td><a href="#">County Maternity Data and Resources</a></td><td>25</td></tr><tr><td><a href="#">Partnership's Regional Structure</a></td><td>6</td><td><a href="#">Maternity Data by Provider</a></td><td>26</td></tr><tr><td><a href="#">County Member Enrollment Trend</a></td><td>7</td><td><a href="#">Member Deliveries</a></td><td>27</td></tr><tr><td><a href="#">Current County Enrollment</a></td><td>8</td><td><a href="#">Substance Use Disorder Data</a></td><td>28</td></tr><tr><td><a href="#">County Member Age Groups and Gender</a></td><td>9</td><td><a href="#">County Substance Use Disorder 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iteration of a county-level data summary produced by Partnership HealthPlan. The intent is to provide counties with curated data to assist with their Community Health Assessments. The responsibility for creating these profiles lies with the Population Health Management team. This 2025 version is a semi-final draft, distributed to attendees across multiple sites for review and feedback. The audience is advised to review packets provided.</p> <p>Partnership’s CMO clarified that while the structure of the data resembles the previous year’s version, it includes additions and refinements suggested by County Public Health Officers. Counties wishing to propose further changes are instructed to funnel suggestions through their respective health officers. Many requests pertain to data already available through other local or state systems, such as County Health Rankings, Health Status Profiles, and the Healthy Places Index. The presenter acknowledges that this dataset is not exhaustive; rather, it offers a focused view using Partnership HealthPlan’s internal data. Moreover, important caveats are discussed: the presence of missing data, delays in claims reporting (claims lag), and inconsistent data coding. Therefore, the profile should not be interpreted as an authoritative source but rather as the best available representation based on internal claims and programmatic data.</p>		<a href="#">County Data Introduction</a>	4	<a href="#">Obstetrics / Maternity Data</a>	24	<a href="#">Membership / County Overview</a>	5	<a href="#">County Maternity Data and Resources</a>	25	<a href="#">Partnership's Regional Structure</a>	6	<a href="#">Maternity Data by Provider</a>	26	<a href="#">County Member Enrollment Trend</a>	7	<a href="#">Member Deliveries</a>	27	<a href="#">Current County Enrollment</a>	8	<a href="#">Substance Use Disorder Data</a>	28	<a href="#">County Member Age Groups and Gender</a>	9	<a href="#">County Substance Use Disorder Claims</a>	29	<a href="#">County Member Ethnicity and Preferred Language</a>	10	<a href="#">County Demographics of Members Diagnosed with SUD</a>	30	<a href="#">County Homeless Demographics</a>	11	<a href="#">County Top Reasons Members with SUD Used Health Services</a>	31	<a href="#">County Member Assignment Status</a>	12	<a href="#">County Homeless with SUD</a>	32	<a href="#">Emergency Department, Hospital, and Provider Utilization Data</a>	13	<a href="#">County Homeless and SUD Utilization</a>	33	<a href="#">County Annual Emergency Department Use Trend</a>	14	<a href="#">County Behavioral Health Services Used by Patients with SUD</a>	34	<a href="#">Emergency Department Utilization</a>	15	<a href="#">County Tobacco Screening and Referral by Demographics</a>	35	<a href="#">County Hospital Use Rates: Acute Hospital Admissions and ALOS</a>	16	<a href="#">Tobacco Screening and Referral by Region and County</a>	36	<a href="#">County Primary Care Visit Rates and Telehealth Trends</a>	17	<a href="#">County Tobacco Screening and Referral by PCP</a>	37	<a href="#">County Specialty Visits Provided by Telehealth</a>	18	<a href="#">County Disparities Data</a>	38	<a href="#">Mental Health Utilization by Region</a>	19	<a href="#">County Top Disparities Below MPL</a>	39	<a href="#">County Mental Health Utilization</a>	20	<a href="#">County Breast Cancer Screening Disparities</a>	40	<a href="#">County Behavioral Health Use</a>	21	<a href="#">County Colorectal Cancer Screening Disparities</a>	41	<a href="#">ACEs Screening Rates</a>	22	<a href="#">County Cervical Cancer Screening Disparities</a>	42	<a href="#">County ACEs Screenings and Member Assignments</a>	23	<a href="#">County Well-Care Visit Disparities</a>	43	<a href="#">County Disparities Data (Continued)</a>	44	<a href="#">Supplementary Data</a>	61	<a href="#">County Diabetes Mellitus Poor Control Disparities</a>	44	<a href="#">County Chronic Conditions Prevalence</a>	62	<a href="#">County Controlled Blood Pressure Disparities</a>	45	<a href="#">County Fluoride Varnish Treatment Demographics</a>	63	<a href="#">Child Welfare-Involved Youth Data</a>	46	<a href="#">Fluoride Varnish Trend by County</a>	64	<a href="#">Child Welfare Demographics</a>	47	<a href="#">County Fluoride Varnish Treatment by PCP</a>	65	<a href="#">County Child Welfare Utilization</a>	48	<a href="#">Pre-Exposure Prophylaxis for HIV</a>	66	<a href="#">Child Welfare ECM Services Utilization</a>	49	<a href="#">Appendix: HEDIS Information</a>	67	<a href="#">Child Welfare Community Support Services</a>	50	<a href="#">HEDIS HPA Rate Performance by County</a>	68-71	<a href="#">Surveys and Screening Data</a>	51	<a href="#">HEDIS HPA Measure Set Descriptions</a>	72-80	<a href="#">Workforce Point in Time Survey</a>	52	<a href="#">HEDIS Performance by Partnership County</a>	81-84	<a href="#">CAHPS Survey Results: Flu and Smoking Cessation</a>	53	<a href="#">MCAS Measurement Set Descriptions</a>	85-87	<a href="#">CAHPS Survey Results: Advanced Directives</a>	54	<a href="#">Contact Us</a>	88	<a href="#">County Lead Screening Data</a>	55			<a href="#">Transportation Services Data</a>	56			<a href="#">County NMT and NEMT Transportation Services: KPIs</a>	57			<a href="#">County NMT and NEMT Transportation Services: Trip Details</a>	58			<a href="#">County NMT and NEMT Transportation Services: Demographics</a>	59			<a href="#">NMT and NEMT Transportation Services Utilization</a>	60		
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<b>VI. Adjournment</b>		
PAC adjourned at 9:03 a.m.	<b>Next PAC on Wednesday, June 11, 2025 at 7:30 a.m.</b>	

**For Signature Only**

The foregoing minutes were APPROVED AS PRESENTED on

06/11/2025

Date



Steve Gwiazdowski, M.D., Committee Chairperson

The foregoing minutes were APPROVED WITH MODIFICATION on

Date

Steve Gwiazdowski, M.D., Committee Chairperson