



April 27, 2018

To: California Department of Health Care Services (DHCS)
Re: Medi-Cal Managed Care Quality Strategy Report (QSR)
Via e-mail: publicinput@dhcs.ca.gov

To Whom it May Concern:

The California Primary Care Association (CPCA) appreciates the opportunity to comment on the Department of Health Care Services (DHCS) Medi-Cal Managed Care Quality Strategy Report (QSR). CPCA represents more than 1,300 community clinic and health center (CCHC) sites in California that provide services to 6.5 million Medi-Cal beneficiaries in both fee-for-service (FFS) and managed care delivery systems.

CPCA commends DHCS for bringing together the quality strategies for all four of the Medi-Cal delivery systems into a single document. CCHC patients navigate between care delivered by Medi-Cal Managed Care Plans (MCP), Specialty Mental Health Plans (MHP), (Drug Medi-Cal (DMC) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) and dental managed care every day. Although we have seen some recent advances through policy changes under the ACA and federal and state rulemaking, California's safety net behavioral health delivery system remains fractured and largely uncoordinated. Our ultimate goal is to create a seamless feeling for our patients even as they utilize services from each of these delivery systems.

CPCA has focused our behavioral health work around a concerted effort to open collaborative dialogue with counties, community based mental health agencies, residential treatment facilities, hospitals, and substance use and alcohol treatment providers to create bridges between fractured funding streams and delivery systems in order to create an efficient and seamless feeling for our mutual patients.

It takes thoughtful relationship-building and growing trust to begin thinking together about how to de-duplicate and de-complicate a challenging infrastructure. DHCS can play an important role in furthering this work by pushing for greater alignment between the delivery systems and creating accountability for ensuring that the patient experience is seamless. The inclusion of quality strategies for all delivery systems in this document is an important first step, and we encourage DHCS to build upon this work by incorporating the following suggestions:

Incorporate Care Coordination

For many Medi-Cal patients, their health care involves providers across more than one delivery system, more than one level of care, as well as services outside of the health system such as housing, WIC, or CalFresh. CPCA believes strongly that care coordination is best delivered closest to the patient, which often means within the primary care health home. We remain concerned that the quality improvement strategies applied to all of the delivery systems does not go far enough in incentivizing and standardizing expectations around care coordination and communication between delivery systems. **We recommend that DHCS work with stakeholders to develop a process to create a strong inter-system care coordination strategy with thoughtful and straightforward reporting requirements, and a process for ensuring that providers are adequately reimbursed for the coordination they do, even when coordination takes place across delivery systems and funding streams.**

Incorporating the Impact of Social Determinants of Health

There is widespread acknowledgement in the health services field that the social determinants of health have a negative impact on health. However, we are in the early stages of understanding how health care systems can leverage their resources to address these underlying issues or how to measure our success in those endeavors. Through Whole Person Care Pilots, 2703 Health Homes, MHSA-funded programs, and other funding sources, California is working to coordinate care across delivery systems, including health, mental health, and substance use services, and to bring partners together such as jail, housing, eligibility, and other social supports to address all the needs of the patient.

The movement to incorporate social determinants of health into health care services population and quality monitoring is still in its infancy. Enrollment, utilization, and quality data is not stratified, for example, based on housing stability, or linkage to other benefits like CalFresh. And relatedly, there is no systematic method in California of authorizing or tracking plan investment in social determinants that could impact health outcomes. California should be a leader in addressing the social determinants given that approximately one-third of the state is enrolled in the Medi-Cal program, meaning there is widespread poverty in our state. **CPCA recommends that DHCS convene a group of stakeholders to identify ways in which the state can support sustainable investments social determinants of health, what the anticipated outcome from this investment would be, and then ultimately how to incorporate social determinants of health into quality monitoring and oversight. This group should work together to leverage existing models underway in California and establish a foundation that can be strengthened over time.**

Continue Building on Disparities Work

CPCA is pleased to see that the department and plans are working to reduce health disparities in the managed care quality strategy, both through data collection and reporting, and through targeted performance improvement projects. CCHCs work closely with other health care

providers, behavioral health providers, health plans, advocacy groups, and local government, among others, to ensure that health care services are available and accessible for all Californians, regardless of race, ethnicity, and primary language. Ensuring that all Californians, regardless of race, ethnicity, or primary language, are able to equally access services is a critical priority for the state, and we are gratified to see it reflected in the QSR.

Thank you for the opportunity to comment on the Medi-Cal Managed Care Quality Strategy Report. If you have any questions, please contact Meaghan McCamman, Assistant Director of Policy, at mmccamman@cpcpa.org.

Sincerely,

Andie Patterson
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California Primary Care Association