



## Population Health Management (PHM) Advisory Group Meeting

July 27, 2022

### Chat Log

**13:31:17 From Alice H - Manatt Events to Everyone:**

For both English and Spanish captioning:  
<https://www.streamtext.net/player/?event=PHM-Advisory-Group-Meeting-3&chat=false&start=0&bgc=d9d9d9&fgc=000000>

**13:37:53 From Alice H - Manatt Events to Everyone:**

CORRECTION:

For both English and Spanish captioning:  
[https://www.streamtext.net/player?event=CalAIM\\_AdvisoryGroupMeeting](https://www.streamtext.net/player?event=CalAIM_AdvisoryGroupMeeting)

**13:37:58 From Jeannine Nash to Everyone:**

that is so awesome

**13:39:19 From Palav Babaria to Everyone:**

More info on CA Bridge if you'd like to learn more: <https://cabridge.org/>

**13:40:00 From sean pepper to Everyone:**

Thank you

**13:40:16 From Doug Major OD FAAO to Everyone:**

When will patient's who want to leave MediCal to private insurance be allowed no to switch? With a lot of job re-entry post COVID shut down many people want to join their employers plans.

**13:40:34 From Kiran Savage-Sangwan to Everyone:**

thank you, Cesar, for your really important work!

**13:44:52 From Tyler Sadwith to Everyone:**

On July 15, DHCS announced awards of \$9.6M to 81 EDs across California to continue expanding the CA Bridge program

**13:45:17 From Gary Tsai to Everyone:**

Appreciate the case presentation, Cesar.

**13:48:57 From David Tian to Everyone:**



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For Advisory Group members who want to read more about the CA Bridge program, here is their website: <https://cabridge.org/>

**13:49:09 From Cesar Vasquez to Everyone:**

thank you everyone for allowing me to be a part of this discussion. I am very fortunate to be able to help others in this manner

**13:49:49 From Cesar Vasquez to Everyone:**

thank you Dr. Tian for the CA Bridge link

**13:50:18 From Sharon Woda to Everyone:**

Re: the question re: ECM. The case study was from 18+ months ago and prior to ECM launch. If today, the patient could be screened for ECM eligibility at time of initial contact.

**13:50:52 From Palav Babaria to Everyone:**

Thank you so much Cesar--for being here and sharing your experience--but more importantly, for the amazing work you do every day !

**13:50:54 From Kiran Savage-Sangwan to Everyone:**

does "short-term" hospital stay include ED visits?

**13:53:28 From Cesar Vasquez to Everyone:**

thank you everyone. I hope to continue making a difference in peoples lives for the better. I love and live for this

**13:57:17 From Cesar Vasquez to Ana Blanco (she/her) and all panelists:**

youre welcome, and I totally agree. I just wish I could provide more and reach out to more.

**14:04:29 From Cesar Vasquez to Everyone:**

is there any work I can do to help reach out to more individuals? anywhere

**14:07:31 From Alice H - Manatt Events to Everyone:**

Meeting materials, transcript and recording will be made available at: <https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>



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**14:10:28 From Kiran Savage-Sangwan to Everyone:**

+1 Heyman - I think having coordination/navigation services that are physically based at the facility is really important, as Cesar's story demonstrates too.

**14:13:15 From Cesar Vasquez to Everyone:**

i agree, i think that networking with other areas of care helps to facilitate a more robust treatment with all aspects of care being addressed. That's why i try to go the distance with providing a more broader range of services for our community.

**14:16:31 From Doug Major OD FAAO to Everyone:**

What is best practice between the hand off between county Jail/Probation to Managed Care? It seems that there is no communication between these two stakeholders in our county. Does it have to be two separate systems? Will CALAIMS help with case data sharing?

**14:19:03 From Michelle Rosaschi to Everyone:**

If Paula was a patient at a Community Health Center, many of those now have Care Transitions case managers who are searching hospital admissions and discharges for their patients then trying to work with hospital discharge staff and in this case county MH. Definitely not 100% of clinics, hospitals or cases but has been strengthening.

**14:19:46 From David Tian to Everyone:**

@Michelle: Thank you for that context! In your experience, how are the CHCs getting this information on admissions and discharges?

**14:20:23 From Michelle Rosaschi to Everyone:**

They have access to hospital EHR through Epic Care Everywhere I believe - via appropriate BAAs etc.

**14:21:35 From Michelle Rosaschi to Everyone:**

When I last worked in CHCs, it was not consistently "pushed" to them so we worked with hospital partners to gain access we could search.

**14:22:56 From Nicole LeMaire to Everyone:**

Amie - 100% agree with your comments.



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**14:24:28 From Carmen Katsarov to Everyone:**

Need both the MCP and MHP have bidirectional info at the time of admit/discharge

**14:26:00 From Carmen Katsarov to Everyone:**

also need this in the space of the outpatient MH providers such as therapist or psychiatrist to be involved.. many times they have no line of sight that their pt was inpatient and or med changes etc

**14:26:26 From Richard Pitts, Do, PhD, CMO to Everyone:**

Maybe we need an "Air Traffic Control" system in each county for managing/coordinating acute psychiatric cases or more. We find a lot of barriers for psych patients when moving through the "BH/MH" systems. Thoughts?

**14:26:40 From Allison Lam to Everyone:**

What barriers have the Mental Health Plans experienced when attempting to coordinate with MCOs?

**14:28:08 From Carmen Katsarov to Everyone:**

CalOptima here :)

**14:29:47 From Tami Mariscal to Everyone:**

One area is how can we effect physical health and inpatient physicians to provide more medications than one week from discharge.

**14:29:51 From Richard Pitts, Do, PhD, CMO to Everyone:**

Great point and way to frame this. Big C and small c

**14:30:03 From Richard Pitts, Do, PhD, CMO to Everyone:**

Katherine

**14:33:39 From Kiran Savage-Sangwan to Everyone:**

to the "small c" point, it seems like more could be done or required on the facility side to make sure that a plan or provider has actually picked up the next step of care before the person is discharged.



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**14:36:51 From Tangerine Brigham to Everyone:**

what information can be provided to her provider? is her primary care provider notified of her discharge?

**14:38:04 From Carmen Katsarov to Everyone:**

needed is info back to PCP or other identified prescriber- what was prescribed, last dose when in residential etc so the outpatient MAT provider can continue care

**14:39:37 From Doug Major OD FAAO to Everyone:**

Is there any well established connections between School Nurses and Community College Health care and MCP/County Mental Health. This member might be taking a college class and that connection could be used. School Nurses are truly on the front line and often forgotten,

**14:40:06 From D. Bowie Russ to Everyone:**

Rebecca Boyd Anderson, your coordination-centered approach and lens is greatly appreciated.

**14:43:12 From Cesar Vasquez to Everyone:**

thanks everyone for your information. unfortunately have to get to work and continue helping our community with services. Have an awesome week everyone!

**14:43:26 From David Tian to Everyone:**

Thanks again for joining, Cesar!

**14:44:31 From Tangerine Brigham to Everyone:**

thanks for presenting Cesar!

**14:46:41 From David Tian to Everyone:**

To Gary's point about characterizing treatment gap for OUD in California, there is some modeling/analysis from the Urban Institute that breaks down data by California county. Passing along if this is helpful for issue framing for any stakeholders! <https://www.urban.org/policy-centers/health-policy-center/projects/california-county-fact-sheets-treatment-gaps-opioid-agonist->



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medication-assisted-therapy-oa-mat-and-estimates-how-many-additional-prescribers-are-needed

**14:47:06 From Carrie Whitaker (she/her) to Everyone:**

Thanks David!

**14:47:17 From Stephanie Spencer to Everyone:**

Not to introduce an entirely new level of coordination, but in communicating with counties, it can also be important to include a way for county communicable disease programs to either flag or share information about patients who are being treated, or have been diagnosed with a communicable disease and have been lost to follow-up. Tuberculosis is the most salient example--there is a lot of overlap in the population at risk for TB and those eligible for PHM services.

**14:48:20 From Kiran Savage-Sangwan to Everyone:**

really appreciate the important updates on data gathering!

**15:00:51 From Robert Scrase to Everyone:**

excellent session! Thank you everyone

**15:01:09 From Zeinab Dabbah to Everyone:**

Thank you for the updates and the discussion

**15:01:27 From Allison Garcimonde to Everyone:**

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<https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx>

**15:01:38 From Tangerine Brigham to Everyone:**

thanks all