**Healthcare Delivery Workgroup**
**March 13, 2024**
**11:00 am - 1:00 pm**

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# CHIS 2025-2026 Healthcare Delivery Workgroup Meeting

## NOTES

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**Usual Sources of Care**

Nady- This question is helpful to see if respondents have a usual source of care or not. If Emergency room is answered, that indicates they do not have a usual source of care.

In better understanding the types of usual sources of care, such as clinic vs a doctor's office, most respondents don't know the difference. Researchers are interested in private settings vs public centers – FQHCs, etc.

Doreena – looking at this question, I'd separate hospital and clinic as two categories. Unsure if patients know the difference between a public and private clinic. It would be interesting if they knew this.

Shana – aggregates this questions as yes/no usual source of care.

Amy – CHCF tends to use this information and agrees with the flexibility to have ER as an option and be able to sort it out as not a usual source of care. If interested in parsing out private practice vs a community clinic or other kind of clinic, this is very difficult. What Is the language used to describe these categories?

Nady – I'd propose to change the question to say, when you go to see a provider at your usual source of care, what kind of place is it? Hospital, clinic, FQHC – that might be challenging to get. There is an interest in understanding where people are going.

Michael – we would all love to know this info. The level of health literacy could limit us to fractionate down to it. Might ask to free response this answer. We'd have to do the work to get this info.

Todd – we can cognitively test this in the summer. Coding will be a lot and we would need funding for this. What is the common terminology people use when on the street? People say urgent care when taking their kid to a location when a child has a fever. Need to delineate better for ER, hospital, clinic.

Royce – 90% of responses are on the web, 10% on the phone. If taking the survey via phone and the respondent says Kaiser, there are instructions for the interviewer to select medical doctor's office.

Andrew – an issue with surveys in general is if there are too many categories, it confuses everyone. Could be more prone to error. Consider the confusion around who a doctor is in general (many non-MD positions can obtain doctorate degrees, e.g. DNPs, PhD for Nurse Practitioners).

Summary – Nady – This question can be more clear. It has been on CHIS since the start, if not mistaken. People using it would like continuity. Nady to consider reorganization and make a proposal to the CHIS team and this workgroup for people to react to.

**Personal Doctor**

If individuals do not say they have a usual source of care they do not get this question. The use of the word personal intends to capture the usual person the respondent sees.

Doreena – Is this question to see if they have a primary care doctor vs a clinic?

Nady – this was associated with a patient centered medical home (PCMH) back in 2009. The question is focused on the primary care provider.

Amy – my memory is that this came out of the PCMH. It was expanded to medical provider because not everyone is a doctor. People that go to community clinics might see a nurse practitioner, for example.

Nady – this should then remain as is.

Amy – will ask colleagues for their thoughts.

**Care Coordination**

How has this question and their responses been used? Does it need updates? (Is there anyone at your doctor's office or clinic who helps coordinate your care with other doctors or services such as tests or treatments?)

Shana – hasn't used this question that much. Does this capture the reality when people are in these situations? It is more of a whole team approach. Even if one person is not making appointments, you have 4-5 people making appointments in a one-month timeframe or someone monitoring your vitals daily, that can still be a medical home. This is not capturing the diversity of this experience.

Nady – is there anyone to help get services outside?

Shana – with KP, nothing is outside.

Michael – I love the intent but am not sure of the responses you'd get. If the intent is to think about classically care coordination – someone behind the scenes. You're not thinking of the front office staff as the care coordinator. Not sure how best to get this. Would have to be more specific about people and things and there is not a lot of real estate for this.

Royce – I don't think people have issues with this question.

Todd – If we think they are answering it correctly, this won't raise concern. People may be interpreting the front office scheduler as care coordination. If we really want to understand what we are capturing, we can add this into the cognitive interviewing and include programs on the roles and services provided. This could tell us if there is a problem.

Anthony – What is visible to patients vs what is going on behind the scenes.

Nady – did Doctor's offices facilitate that in any way?

Dylan – If these came from interest in understanding medical homes and they are not used, we could save time to alter module for Cal AIM waiver and attempts to address social needs. Consider use of a navigator to other resources and challenges faced. If this is an unused question or people aren't understanding it, argue to make a change and add other elements that are relevant to things happening 10 years later, like help getting social supports as seen with Cal AIM. This becomes a module of questions asking if medical records are shared, do organizations/clinicians talk to each other, do you have to tell your story 13 times to different providers? A small proportion of the population is likely to experience it. Maybe use in a chronic disease module as a typical person does not need care coordination.

Shana – questions on social support is huge right now. Cal AIM and moving toward housing supports or food supports, etc. KP is now getting into this. CHIS could ask about it.

Amy – the kinds of things Dylan is saying makes sense. I'm not advocating to keep this question. It could be useful to ask people how they perceive it such as, I feel like my care is coordinated or I feel like no one is talking to each other.

Anthony – if not used or well funded, drop the question. You could ask patients perception. Do you think your specialist talks to your pcp? Is your care coordinated or do they not talk to each other?

Royce – this question is asked for those with a usual source of care and doctor and they have a chronic condition.

Nady – Cal AIM, Enhanced Care Management (ECM) – there are many individuals with complex conditions, mental health issues and substance abuse.

Does your PCP help you get access to specialty care or additional treatments?

**Delays in Care and Forgone Care**

Nady – should we extend this question to include delays in others types of care – mental health, dental care, substance abuse?

Royce – there are not questions on delaying mental health care for adults but do have it for the teen.

Doreena – that is useful for adults to have as well.

Shana – delays in care are my bread and butter. Politicians get this. Keep the delays in care questions going, they're working great.

7+ hands up from the workgroup that delay in mental health is important to include in adults.

Doreena – For delays in care AJ254, the response, language understanding problems, does not seem clear to me. Another way to say this is the doctor or nurse did not speak or understand my language. Consider making that option clearer.

Royce – this may be a difference between the web and phone surveys. Communication issues due to language is the intent of the response.

Amy – interest in how other people are using these questions. We are constantly using the did you have trouble finding a medical specialist who would see you? AJ137.

Anthony – AJ138 is not helpful, asking if a respondent was not seen because the medical specialist's office is not accepting new patients is a subset of the issue.

Nady – it sounds like AJ137 is important but AJ138 is not. Should AJ138 remain or is it of limited value?

Doreena – Could a list of reasons as to why someone is not finding a specialist be included here?

Nady – you can then ask why or what is the trouble you are having?

Michael – this is still happening, specifically in mental health. I would suspect this is still important to know – if patients are being turned away or are limited in making specialist appointments. If there is trouble in finding a specialist, what is the problem? Both are important concepts.

Andrew – have follow-up to why for 137. Can still capture 138 but capture other reasons as well.

All workgroup members voted that getting a specialist is important as are understanding the challenges.

**Telehealth**

Royce – had a telehealth workgroup last year and incorporated recommendations into the 2023-2024 CHIS. We are in process of processing that data.

Dylan – AJ220 is this through your medical provider vs using a separate telehealth service by another entity? There are policy changes for COVID where waivers to do audio only were available during the pandemic. With the pandemic ending, the waivers went away.

Doreena – are we proposing to keep questions or propose changes in the telehealth sections?

Nady – we will ask the workgroup to review and provide comments outside of this session.

**High Deductible Health Plans**

Royce – How we define high deductible health plan has changed in terms of the $ value.

Dylan – high deductible market is dictated by federal thresholds released every year in May.

Andrew – this changes every year. We can have categories $2,000, 3,000, 4,000, categories captures this and are comparable to previous years.

Royce – we can look at the response categories as a range, e.g. $1,000 - $2,000.

**Overall workgroup next steps:**

Nady and CHIS questionnaire team to review proposed edited usual sources of care question. This will then be sent to the workgroup for review.

Workgroup to review the telehealth questions and provide any feedback to the group.