

# OHCA Investment and Payment Workgroup

December 17, 2025

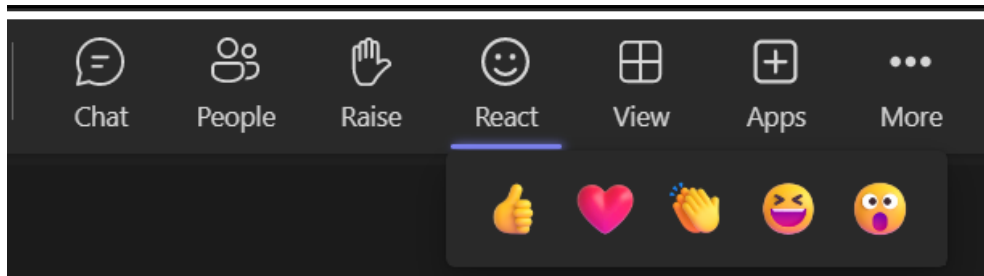
# Agenda

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|------------|---|
| 9:00 a.m.  | <b>1. Welcome, Updates, and Introductions</b>   |
| 9:10 a.m.  | <b>2. Update on Data Submission Guide (DSG 3.0) for 2026 Primary Care and Alternative Payment Model Data Collection</b> |
| 9:20 a.m.  | <b>3. Review of Behavioral Health Spending Definition</b>   |
| 9:40 a.m.  | <b>4. Update on Health Care Payments Database (HPD) Behavioral Health Spending Analyses</b>                             |
| 9:50 a.m.  | <b>5. Introduction to the HCAI Health of Primary Care in California Snapshot</b>  |
| 10:20 a.m. | <b>6. Next Steps</b>  |
| 10:30 a.m. | <b>7. Adjournment</b>   |

# Meeting Format

**Reminder:** Workgroup members may provide verbal feedback during the meeting. Non-Workgroup members are welcome to participate during the meeting via the chat or provide written feedback to the OHCA team after the meeting.

- Workgroup purpose and scope can be found in the [Investment and Payment Workgroup Charter](#)
- Remote participation via Teams Webinar only
- Meeting recurs quarterly
- We will be using reaction emojis, breakout rooms, and chat functions:



Date: December 17, 2025

Time: 9:00 am PST

Microsoft Teams Link  
for Public Participation:  
[Join the meeting now](#)

Meeting ID: 277 838 571 616 1  
Passcode: Dm3cE6MV

Or call in (audio only):  
+1 916-535-0978

Conference ID:  
950 188 695#

# Investment and Payment Workgroup Members

Providers & Provider Organizations	Health Plans	Academics/ SMEs
<b>Bill Barcellona, Esq., MHA</b> Executive Vice President of Government Affairs, America's Physician Groups	<b>Marie M. Eppler</b> Associate General Counsel, Anthem Blue Cross (Elevance)	<b>Sarah Arnquist, MPH</b> Principal Consultant, SJA Health Solutions
<b>Lisa Folberg, MPP</b> Chief Executive Officer, California Academy of Family Physicians (CAFP)	<b>Waynetta Kingsford</b> Sr. Director, Provider Delivery Systems, Kaiser Foundation Health Plan	<b>Crystal Eubanks, MS-MHSc</b> Vice President Care Transformation, California Quality Collaborative (CQC)
<b>Paula Jamison, MAA</b> Senior Vice President for Population Health, AltaMed	<b>Nicole Stelter, PhD, LMFT</b> Director of Behavioral Health, Commercial Lines of Business, Blue Shield of California	<b>Kevin Grumbach, MD</b> Professor of Family and Community Medicine, UC San Francisco
<b>Amy Nguyen Howell MD, MBA, FAAFP</b> Chief of the Office for Provider Advancement (OPA), Optum	<b>Yagnesh Vadgama, BCBA</b> Vice President of Clinical Care Services, Autism, Magellan	<b>Reshma Gupta, MD, MSHPM</b> Chief of Population Health and Accountable Care, UC Davis
<b>Parnika Prashasti Saxena, MD</b> Chair, Government Affairs Committee, California State Association of Psychiatrists	Consumer Reps & Advocates	<b>Vickie Mays, PhD</b> Professor, UCLA, Dept. of Psychology and Center for Health Policy Research
<b>Catrina Reyes, Esq.</b> Deputy General Counsel, California Primary Care Association (CPCA)	<b>Beth Capell, PhD</b> Contract Lobbyist, Health Access California	<b>Catherine Teare, MPP</b> Associate Director, Advancing People-Centered Care, California Health Care Foundation (CHCF)
<b>Janice Rocco</b> Chief of Staff, California Medical Association	<b>Jessica Cruz, MPA</b> Executive Director, National Alliance on Mental Illness (NAMI) CA	State & Private Purchasers
Hospitals & Health Systems	<b>Nina Graham</b> Transplant Recipient and Cancer Survivor, Patients for Primary Care	<b>Cristina Almeida, MD, MPH</b> Medical Consultant II, CalPERS
<b>Ash Amarnath, MD, MS-SHCD</b> Chief Health Officer, California Health Care Safety Net Institute	<b>Héctor Hernández-Delgado, Esq.</b> Senior Attorney, National Health Law Program	<b>Teresa Castillo</b> Chief, Program Policy Section, Medical Behavioral Health Division, Department of Health Care Services
<b>Kirsten Barlow, MSW</b> Vice President Policy, California Hospital Association (CHA)	<b>Cary Sanders, MPP</b> Senior Policy Director, California Pan-Ethnic Health Network (CPEHN)	<b>Jeffrey Norris, MD</b> Value-Based Care Payment Branch Chief, California Department of Health Care Services (DHCS)
<b>Jodi Nerell, LCSW</b> Director of Local Mental Health Engagement, Sutter Health		<b>Monica Soni, MD</b> Chief Medical Officer, Covered California
		<b>Dan Southard</b> Chief Deputy Director, Department of Managed Health Care

# Focus of Investment and Payment Workgroup

## APM Adoption

Define, measure, and report on alternative payment model adoption

Set standards for APMs to be used during contracting

Establish a benchmark for APM adoption

## Primary Care Investment

Define, measure, and report on primary care spending

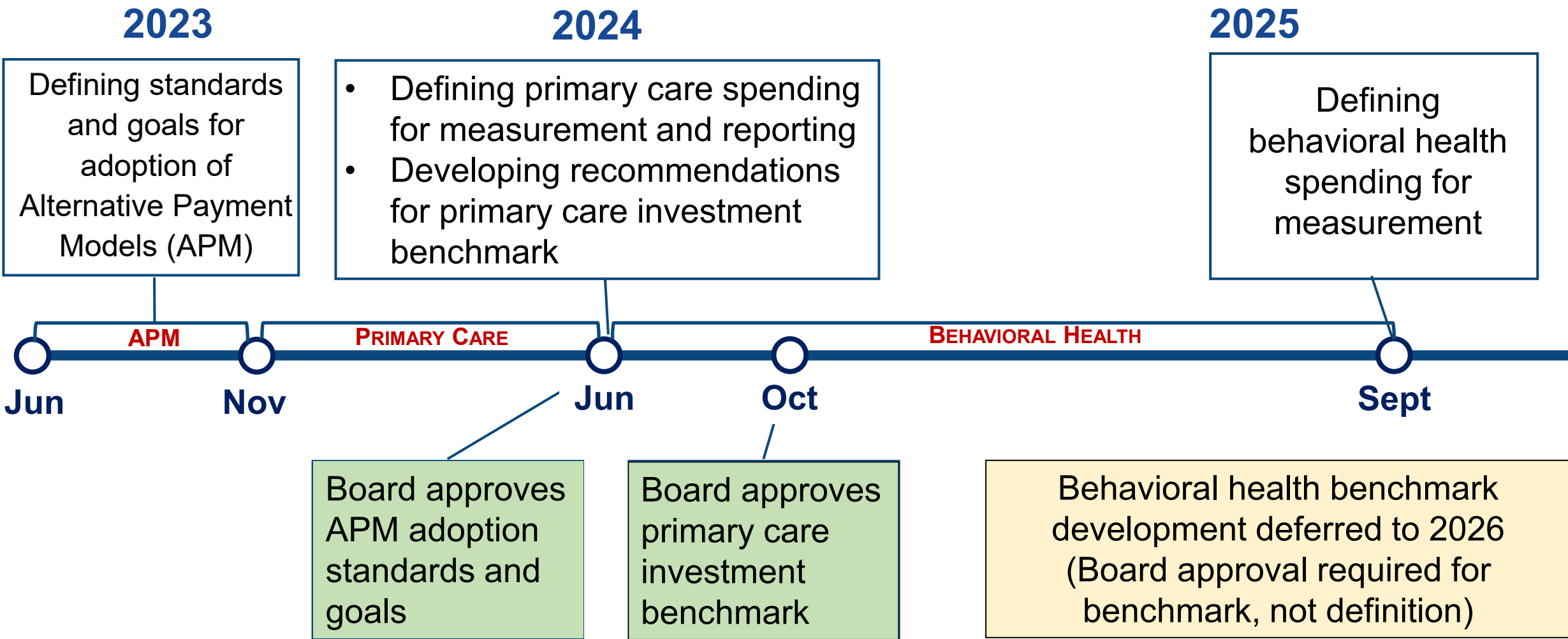
Establish a benchmark for primary care spending

## Behavioral Health Investment

Define, measure, and report on behavioral health spending

Establish a benchmark for behavioral health spending

# Workgroup Activities to Date



# Current and Upcoming Workgroup Activities

- Shift from development to implementation of APM, primary care, and behavioral health workstreams
- Advise on new HCAI Health of Primary Care in California Snapshot work

## **APM and Primary Care**

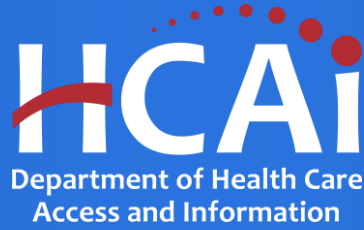
- Review primary care and APM data analyses
- Review progress towards primary care investment benchmarks and APM adoption goals
- Consider best practices to support implementation of goals and benchmarks

## **Behavioral Health**

- Review behavioral health data analyses to inform development of benchmark
- Consider additional spending analyses
- Discuss recommendations to Board for behavioral health investment benchmark

## **Health of Primary Care Snapshot**

- Receive updates and offer feedback on the development of the Snapshot



# Update on Data Submission Guide (DSG 3.0) for 2026 Primary Care and Alternative Payment Model Data Collection

Margareta Brandt, Assistant Deputy Director



# Proposed Changes for APM and Primary Care Files for 2026 Data Collection (DSG 3.0)

Alternative Payment Model (APM) File	Primary Care File
<ul style="list-style-type: none"><li>• Provided additional guidance on how member months are attributed based on member coverage</li><li>• Streamlined instructions by reorganizing into step-by-step process for easier use</li><li>• Added a process map illustrating how member expenses are reported in the APM file</li></ul>	<ul style="list-style-type: none"><li>• Clarified primary care spending methodology for non-claims payment subcategories</li><li>• Clarified primary care spend is reported at the claim line level</li><li>• Updates to primary care code set<ul style="list-style-type: none"><li>○ e.g., added "363A00000X Physician Assistant, General" taxonomy code; added new CMS Advanced Primary Care Management service codes</li><li>○ Codes updated to reflect behavioral health in primary care portion of behavioral health code set</li></ul></li></ul>

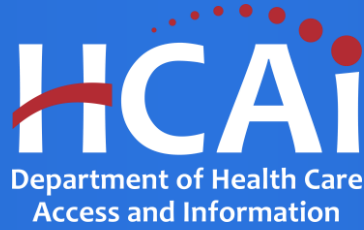
# Proposed Changes for APM and Primary Care Files for 2026 Data Collection (DSG 3.0)

## **Medi-Cal Managed Care Plans only:**

- Added reporting requirements clarifying which DHCS payments to include or exclude from measurement of primary care spending (numerator and denominator) and APM spending
  - e.g., exclusion of pass-through payments; inclusion of Vaccines For Children (VFC) Program vaccine administration fees
- In the primary care file, revised the methodology for MCPs to identify physician, nurse practitioner, and physician assistant primary care providers to enable use of 274 file submitted to DHCS as part of their Annual Network Certification

# Discussion

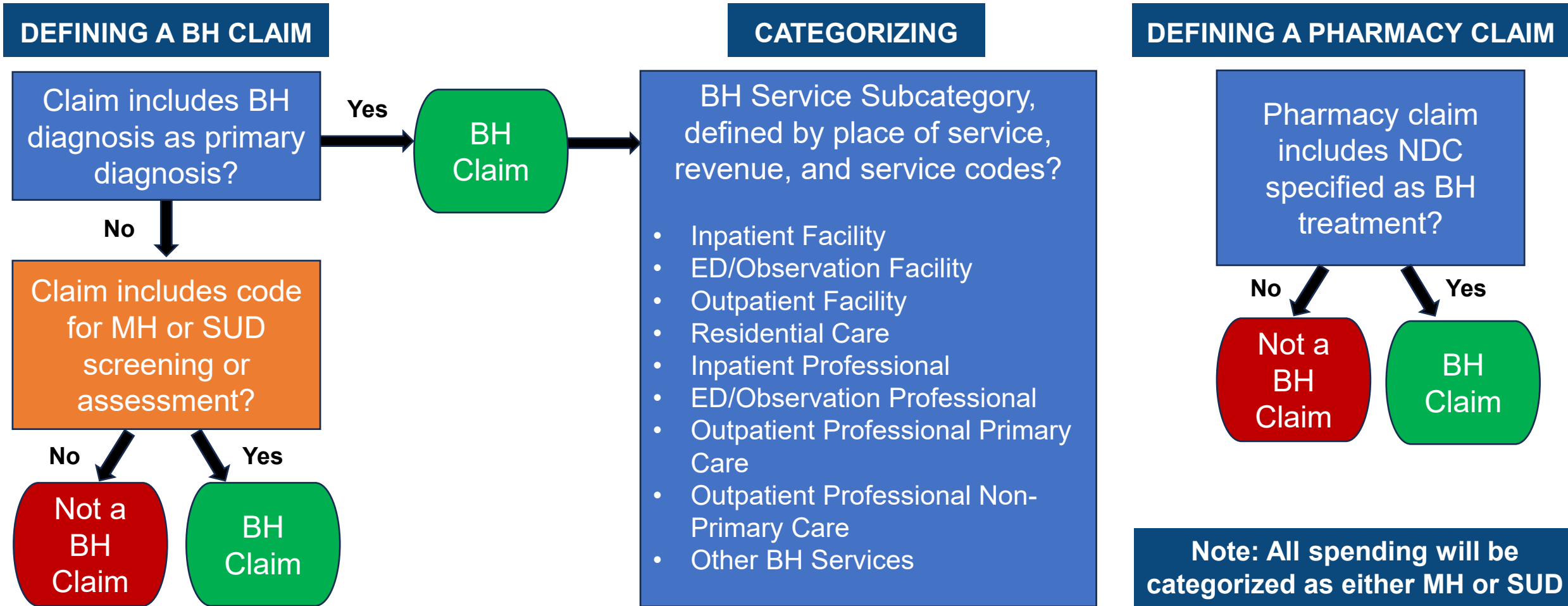
- Do you have comments or questions about OHCA's primary care and APM data collection updates?



# Review of Behavioral Health Spending Definition

Debbie Lindes, Health Care Delivery System Group Manager

# Process Map for Identifying Behavioral Health (BH) Claims



# Behavioral Health Non-Claims Measurement Definition Principles

- Data collection via Expanded Non-Claims Payments Framework.
- Include all behavioral health non-claims subcategories.
- Allocate payments to behavioral health by various methods:
  - **Population health, behavioral health integration, and care management payments** only when paid to behavioral health providers.
  - **Practice transformation, IT infrastructure, and other analytics payments** not to exceed a set upper limit.
  - **Behavioral health capitation payments** included in full.
  - **Professional and global capitation payments** and **payments to integrated, comprehensive payment and delivery systems** allocated to behavioral health using a method similar to that for primary care.

# September Advisory Committee Feedback

Feedback	OHCA Response
<ul style="list-style-type: none"><li>• Support for measuring behavioral health occurring in primary care and incentivizing integration efforts</li></ul>	<ul style="list-style-type: none"><li>• OHCA will continue to develop the behavioral health in primary care module, which aims to capture integrated behavioral health care and care provided by primary care providers, informed by HPD analysis.</li></ul>
<ul style="list-style-type: none"><li>• Request to analyze claims and spending for secondary behavioral health diagnoses</li></ul>	<ul style="list-style-type: none"><li>• OHCA plans to conduct HPD analyses to identify spending associated with secondary diagnoses.</li></ul>
<ul style="list-style-type: none"><li>• Request to consider how to capture behavioral health spending for Medi-Cal members under 21 years old, for whom a diagnosis is not required to receive behavioral health services</li></ul>	<ul style="list-style-type: none"><li>• OHCA's measurement methodology in DSG 3.0 will include spending on a defined set of behavioral health services for Medi-Cal members under 21 years, regardless of diagnosis.</li><li>• OHCA will revisit the suggestion to include some core behavioral health services regardless of diagnosis, across markets, for DSG 4.0.</li></ul>

# September Advisory Committee Feedback

Feedback	OHCA Response
<ul style="list-style-type: none"> <li>Recommendation to consider ways to measure out-of-pocket, out-of-plan spend</li> </ul>	<ul style="list-style-type: none"> <li>OHCA is exploring data sources and methodologies to analyze out-of-pocket, out-of-plan spending by consumers.</li> </ul>
<ul style="list-style-type: none"> <li>Suggestion to analyze behavioral health quality of care</li> </ul>	<ul style="list-style-type: none"> <li>OHCA is researching behavioral health quality measures to monitor in addition to those included in the OHCA Quality and Equity Measure Set.</li> </ul>
<ul style="list-style-type: none"> <li>Appreciation for delayed benchmark; continued support for a spending benchmark focused on outpatient behavioral health care and in-network care</li> </ul>	<ul style="list-style-type: none"> <li>OHCA will conduct further analyses and plans to revisit benchmark setting with the Board in Summer 2026.</li> </ul>
<ul style="list-style-type: none"> <li>Comments on impacts of immigration policy and funding for school-based care on access</li> </ul>	<ul style="list-style-type: none"> <li>OHCA acknowledges the impact of the recent federal policy changes on healthcare access for California's most vulnerable populations, including immigrants.</li> </ul>
<ul style="list-style-type: none"> <li>Desire to better understand reasons for lower spend on substance use disorders and acknowledgement of frequent co-existence of mental health and substance use conditions</li> </ul>	<ul style="list-style-type: none"> <li>OHCA is conducting HPD analyses to identify drivers of spending for mental health and substance use disorder observed in prior analyses.</li> </ul>



# November Board Feedback

Feedback	OHCA Response
<ul style="list-style-type: none"> <li>Recommendation to prioritize incorporating Medi-Cal County behavioral health spending in measurement.</li> </ul>	<ul style="list-style-type: none"> <li>OHCA continues to actively collaborate with DHCS, and with HPD, to establish a methodology for including County behavioral health spending in its measurement and reporting.</li> </ul>
<ul style="list-style-type: none"> <li>Request to understand OHCA's approach to measuring out-of-pocket, out-of-plan spending for behavioral health services.</li> </ul>	<ul style="list-style-type: none"> <li>OHCA explored using Medical Expenditure Panel Survey (MEPS) data to estimate out-of-plan spending; these estimates were unreliable. OHCA will work with other institutions to make further progress on this effort.</li> </ul>
<ul style="list-style-type: none"> <li>Concern that measurement of screening and assessments may result in over-counting of behavioral health spend during preventive visits.</li> </ul>	<ul style="list-style-type: none"> <li>When the primary diagnosis is not behavioral health, OHCA's methodology counts spending on claim lines for behavioral health screening and assessment services only, without counting spending from the entire claim.</li> </ul>
<ul style="list-style-type: none"> <li>Question about OHCA's ability to attribute behavioral health spending to provider organizations.</li> </ul>	<ul style="list-style-type: none"> <li>OHCA does not collect behavioral health spending attributed to provider organizations.</li> </ul>

# November Board Feedback

Feedback	OHCA Response
<ul style="list-style-type: none"><li>Interest in understanding how commonly psychotherapy services are provided without a behavioral health diagnosis.</li></ul>	<ul style="list-style-type: none"><li>OHCA can consider HPD analyses to evaluate how often common behavioral health services such as psychotherapy are provided without a behavioral health diagnosis.</li></ul>
<ul style="list-style-type: none"><li>Question about whether OHCA's measurement will capture payments made to third party vendors.</li></ul>	<ul style="list-style-type: none"><li>OHCA's methodology captures payments to providers made by health plans, whether claims-based or non-claims. This includes payments to third-party vendors, such as telehealth vendors. Payments made directly to vendors, for example by individuals or an Employee Assistance Program, would not be captured.</li></ul>

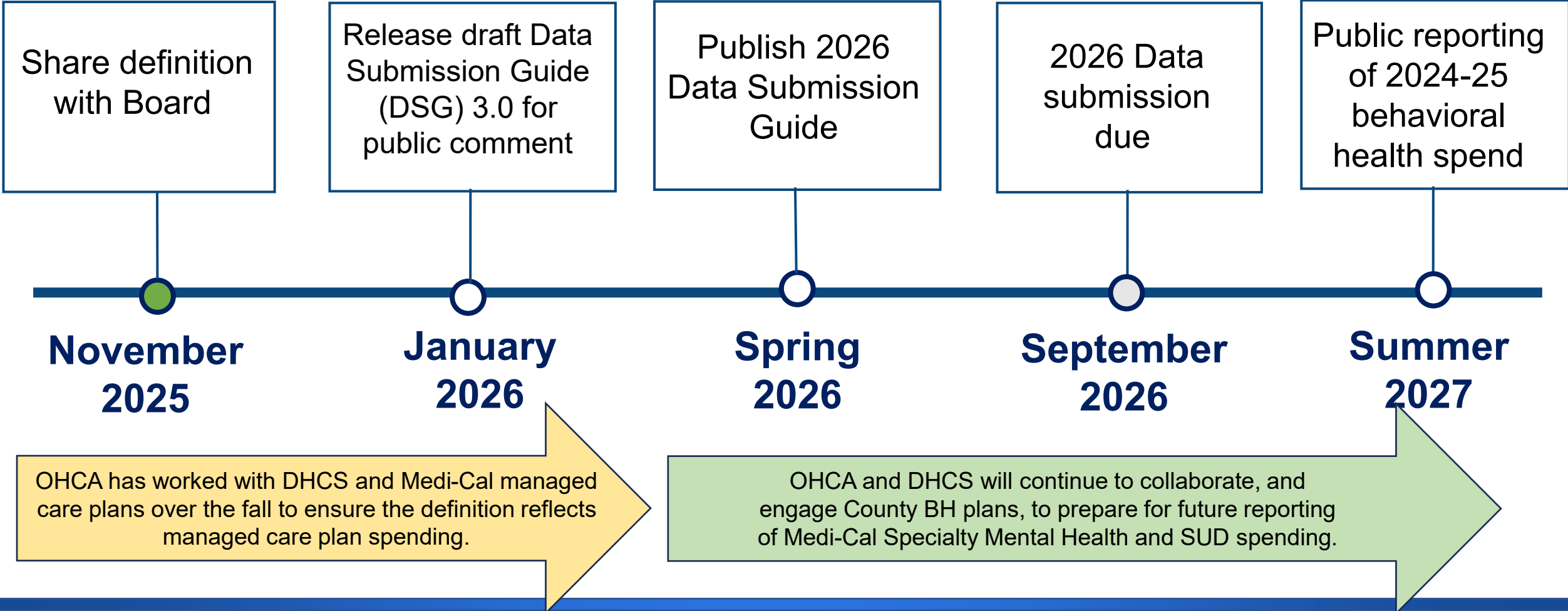
# Recent Changes to the Behavioral Health Code Set and Methodology

- Updated the Outpatient Professional Primary Care subcategory
  - Removed codes from original Milbank list that do not align with OHCA's vision for and existing definition of primary care
- Incorporated new service (HCPCS/CPT) codes
  - New codes in CMS Physician Fee Schedule 2025 and 2026
    - e.g., Care management services for behavioral health conditions (G0570)
- Added codes based on Department of Health Care Services (DHCS) feedback
- Updated screening and assessment codes based on review of DHCS manuals

# Medi-Cal Considerations

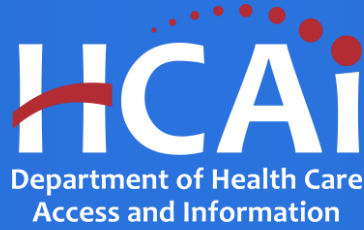
- Added methodology to measure behavioral health spend for Medi-Cal members under age 21 to reflect that youth can receive behavioral health services without a behavioral health diagnosis
- Medi-Cal Managed Care Plans to submit behavioral health spending data in 2026
- OHCA continues to work with DHCS regarding measurement of county Specialty Mental Health and Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS) spending data

# Detailed Timeline for Finalizing Behavioral Health Measurement Definition



# Discussion

- Do you have comments or questions about OHCA's behavioral health measurement definition and data collection?



# Update on Health Care Payments Database (HPD) Behavioral Health Spending Analyses

Debbie Lindes, Health Care Delivery System Group Manager

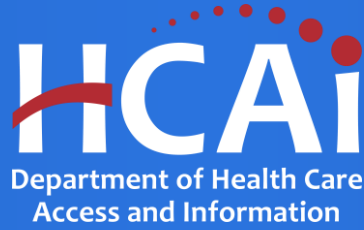
# Planned Analyses to Inform 2026 Behavioral Health Investment Benchmark Discussions

- Priorities for benchmark development using HPD behavioral health spend analysis
  - What is the variation in spending and growth trends across markets and individual payers?
  - How does behavioral health spend differ by age?
  - How does behavioral health spend differ based on geography (Covered California regions)?
  - Is spending driven more by increases in price or utilization?
- Effect of including secondary behavioral health diagnosis in behavioral health spending measurement, in addition to primary diagnosis



# Lessons Learned from HPD Behavioral Health Analyses

- Developed detailed guidance for submitters to categorize behavioral health spending into service subcategories, such as identifying an order for categorization of spending
- Recategorized some spending in “Other Services” subcategory to specific subcategories (e.g., ambulance services into Emergency/Observation subcategory)
- Continuing to analyze Medicare Advantage and Medi-Cal data and top spend diagnoses in each service subcategory
- Exploring whether spending data reflects policy changes (e.g., 2021 Medicare Advantage coverage of hospital outpatient opioid treatment programs)



# Introduction to the HCAI Health of Primary Care in California Snapshot

Debbie Lindes, Health Care Delivery System Group Manager  
Miranda Werts, Senior Primary Care Specialist

# Context

- The NASEM 2021 *Implementing High-Quality Primary Care* report proposed a US scorecard on the health of primary care to track implementation and progress towards high-quality primary care
- National level and state level scorecards have been developed since then
- California Health Care Foundation's (CHCF) Primary Care Investment Coordinating Group of California (PICG) recommended a primary care scorecard for California in 2022



# One Vision for Primary Care Delivery in CA

Accessible

Person- and family- centered

Relationship-based

Integrated

Team-based

Coordinated

Comprehensive

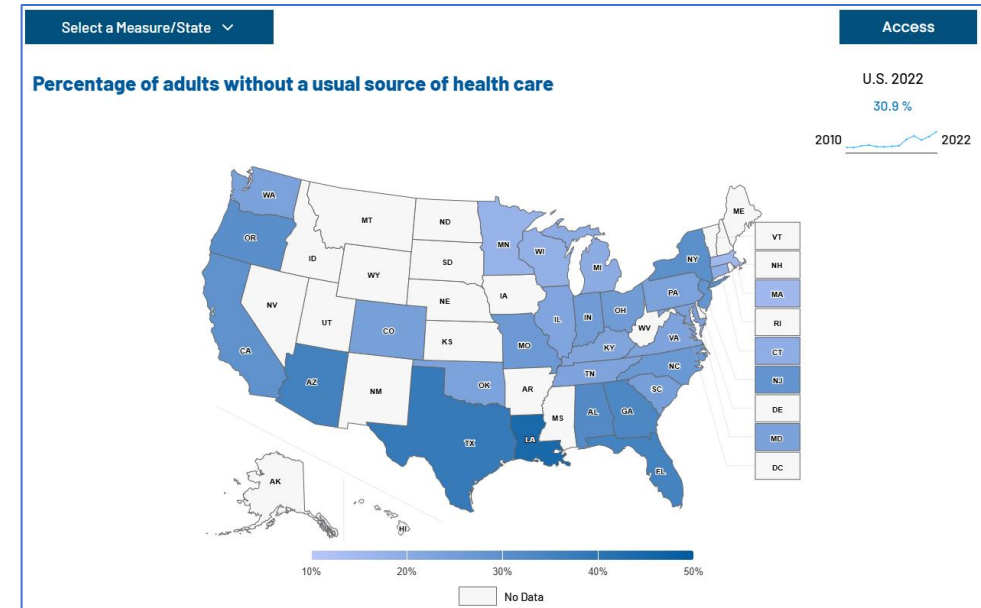
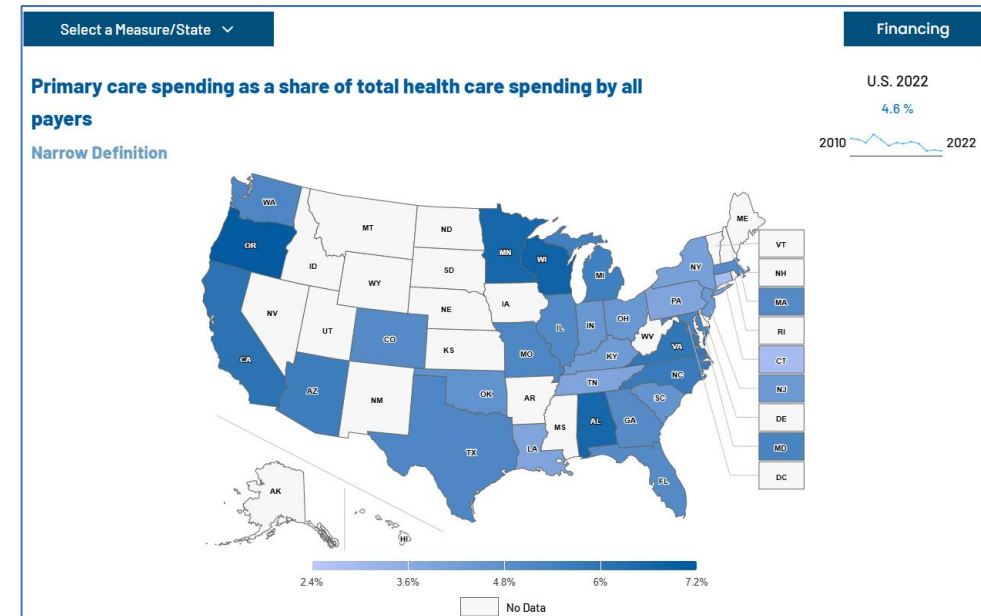
Equitable



The Investment and Payment Workgroup noted the need for sustainable and well-resourced primary care to achieve the vision.

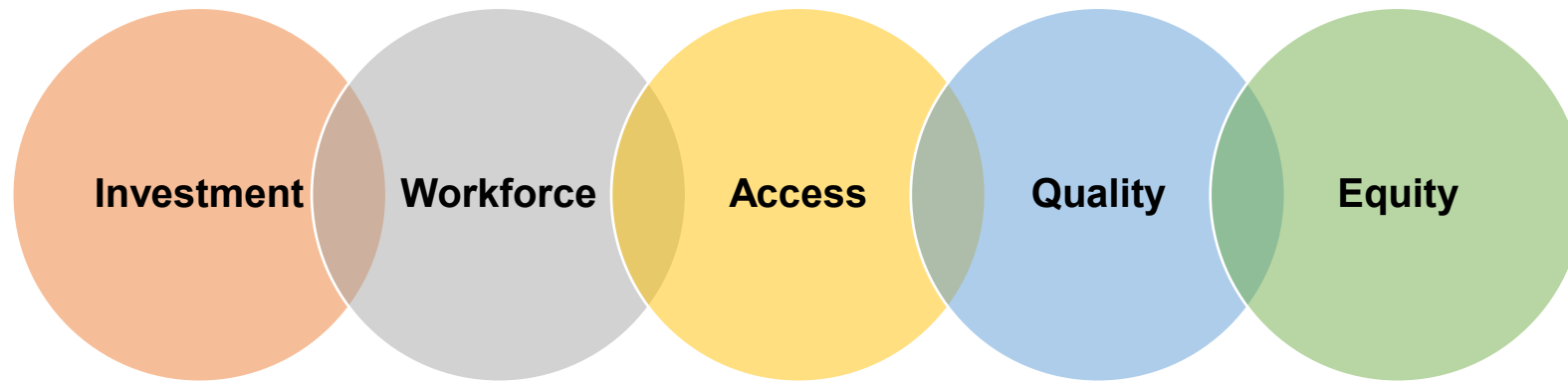
# Snapshot Purpose

- Create a **shared understanding** of the health of California's primary care sector, both statewide and for geographic regions within the state
- **Track progress** toward equitable, high-quality, sustainable primary care for all Californians
- Monitor performance on **key elements of the health of primary care**, including spending and outcomes
- **Identify gaps and challenges** to inform action on access, workforce, and payment



# Snapshot Approach and Audiences

- **Compile data** from across HCAI and other sources to create a comprehensive picture of primary care in California, at the statewide level and regionally
- Focus on **five key domains**

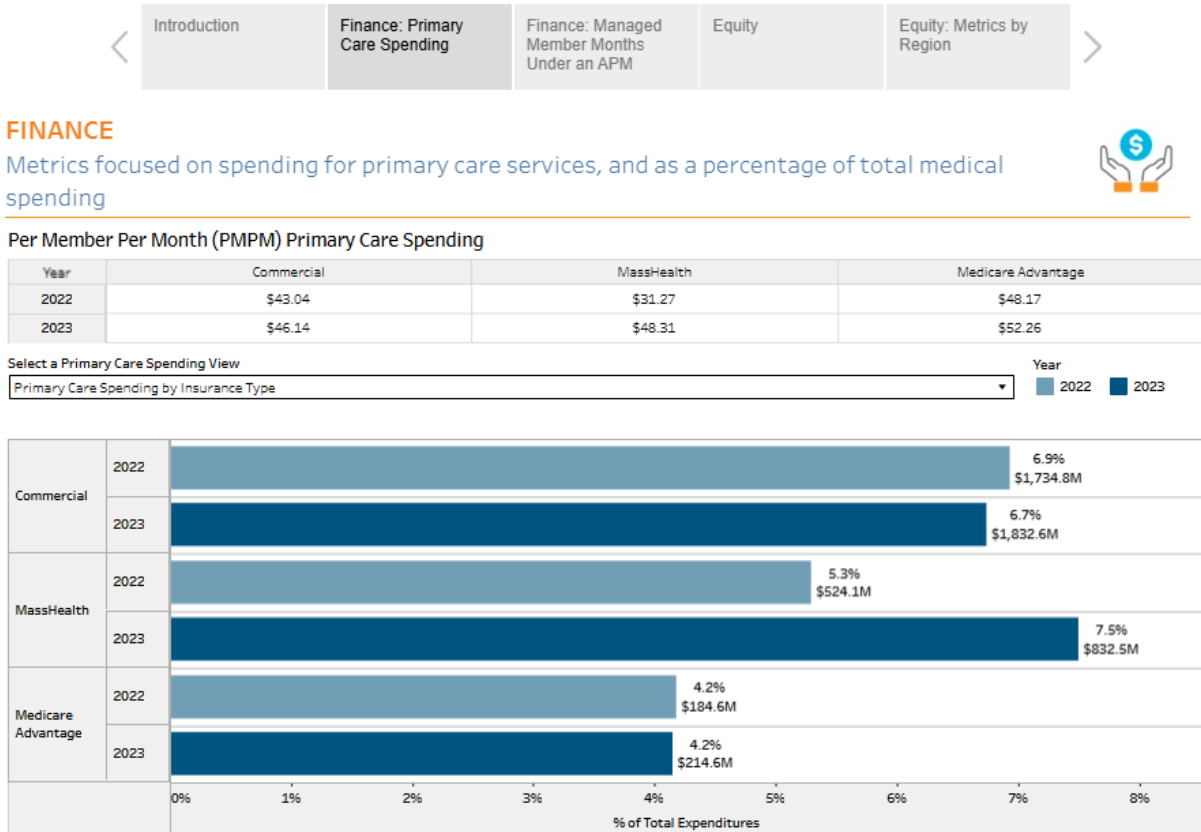


- Adopt a **phased approach** that begins with a static report on the key domains and adds indicators and interactive features over time
- The primary audiences are **engaged stakeholders** (purchasers, payers, providers, state government, policymakers, consumer advocates, and researchers)

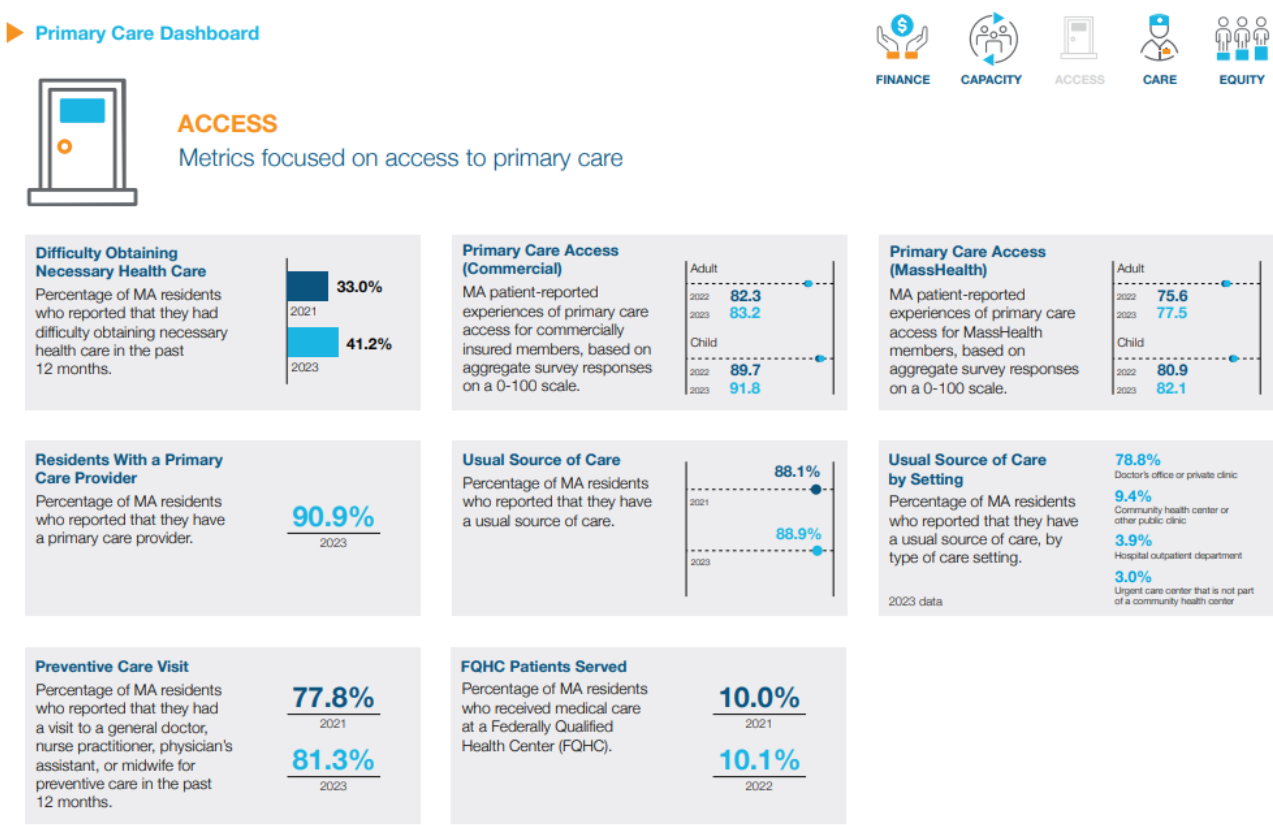


# Example: Massachusetts Primary Care Dashboard

## Interactive dashboard



## Static dashboard



# HCAI Snapshot Project Team

- The Snapshot is a collaborative HCAI project leveraging expertise in data, workforce, spending, equity, and quality
- Contractor support from Freedman HealthCare and Diane Rittenhouse, Mathematica
- Collaborating with CHCF on communications to support dissemination of the Snapshot

Office of Health  
Information (OHI)  
(Healthcare  
Payments Data)

Office of Health  
Workforce  
Development  
(OHWD)

Office of Health  
Care Affordability  
(OHCA)

Office of the  
Patient Advocate  
(OPA)



# Snapshot Deliverables

**Early 2026**

HCAI Brief on the Health of Primary Care in California

- **Introduction to Snapshot:** Timeline, approach to the static and interactive Snapshots, stakeholder engagement
- **Content Overview:** Current state of primary care in California, domains for future snapshots

**Fall 2026**

Health of Primary Care in California Snapshot (static version)

- **First Static Report:** Baseline performance on key indicators for each domain to be included in interactive Snapshot
- **Update on Interactive Snapshot:** Timeline and any other updates for development and release

**Fall 2027**

Health of Primary Care in California Snapshot (interactive)

- **First Interactive Snapshot:** Data dashboard featuring key indicators in each domain
- **Accompanying Static Report:** Easily downloadable digest of performance on key indicators

**2028 and beyond**

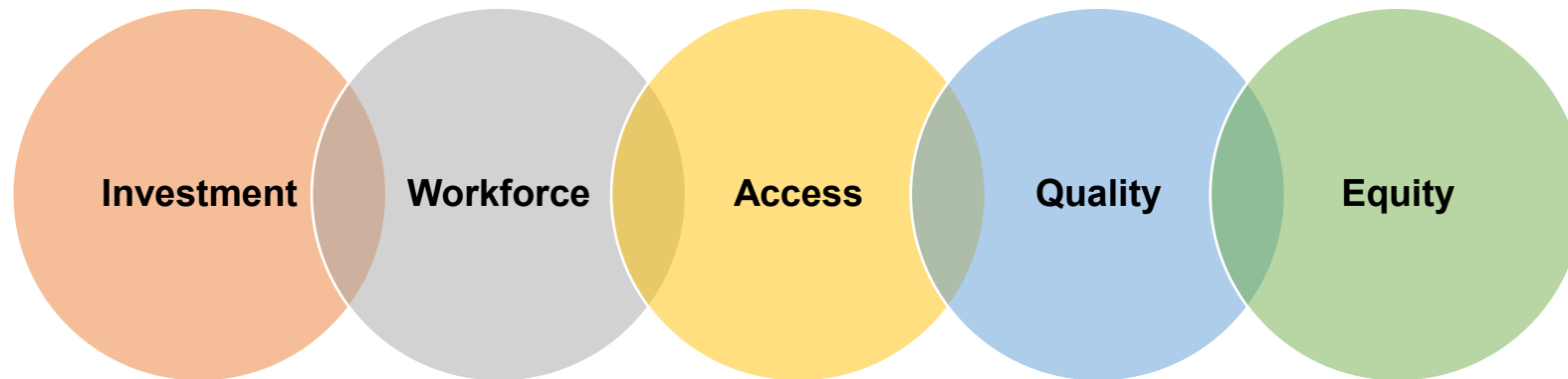
Annual updated Interactive and Static Snapshots

# Snapshot Primary Care Indicator Development

## Initial criteria for state and national indicators for the Snapshot

- ✓ Interest to California stakeholders
- ✓ Concise set of indicators aligned with **five key domains** that will signal a positive change in California's primary care infrastructure
- ✓ Supported by existing, accessible California data sources or national data sources with California-specific data
- ✓ Are trackable over time, evidence-based, relevant, and actionable

*Example indicator:* primary care investment by health plan and statewide



# Example Indicators for 2026 Static Report

Example Indicator*	Domain and Rationale	Data Source
<b>Primary Care Investment by Market Category/Product Type</b>	<b>Investment</b> – Indicator for baseline investment that OHCA reporting can build on in future Snapshots.	OHCA
<b>Rate of avoidable emergency department visits (per 1,000 member years)</b>	<b>Access</b> – Indicator of level of access to primary care settings across payer types and geographic data. Utilizes HCAI data.	Healthcare Payments Data (HPD)
<b>Core 4 Quality Measures: Colorectal cancer screening, controlling high blood pressure, glycemic status assessment for patients with diabetes, childhood immunization status</b>	<b>Quality</b> – Core 4 quality measures that are indicators of primary care quality, widely used, and measured by multiple agencies.	OPA and other CA agencies
<b>Primary Care Providers per 100,000 people in areas above and below median Social Deprivation Index</b>	<b>Equity</b> – Indicator of equity via access and workforce availability, using an index to assess differences by multiple social drivers of health.	AHRQ, Milbank Primary Care Scorecard
<b>New Primary Care residency positions in California</b>	<b>Workforce</b> – Indicator of primary care workforce supply and changes in California’s primary care physician training capacity.	ACGME

**Discussion:** Based on this list and the Snapshot domains, what is an important measure of primary care that comes to mind for you that we should explore?

\*These are example indicators and not a comprehensive list of all the indicators that will be included in the 2026 Static Report.

# Stakeholder Engagement

## Guiding Principles

- Engage a diverse set of stakeholders and seek their input to create a relevant slate of primary care indicators
- Present stakeholders with a focused goal for the Primary Care Snapshot, based on current capabilities and an aligned vision for primary care
- Convene a **new workgroup bi-monthly** for technical input, discussion among stakeholders, and Snapshot development through at least year-end 2026
- Report on Snapshot progress to **existing HCAI stakeholder groups** for feedback, quarterly or as needed
- Conduct **individual meetings with stakeholders and experts**, as needed, to elicit candid feedback on indicator domains, preferences, and tradeoffs

## Stakeholder Groups



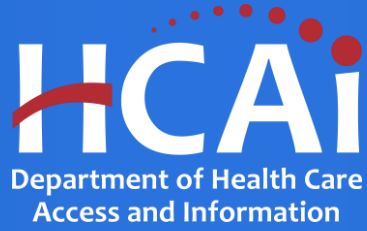
# Upcoming: HCAI Brief on Primary Care in California

- A primary care brief is scheduled for publication on the HCAI website early January 2026 and will include:
  - Purpose of the Snapshot initiative
  - Current state of primary care in California including baseline and contextual statistics from existing reporting in each of the five domains
  - Vision for Snapshot describing the phased approach and timeline for interactive Snapshot development
- Publication will be distributed via HCAI listserv and announced via social media (e.g., LinkedIn)

# Discussion

- Do you have comments or questions about HCAI's Health of Primary Care in California Snapshot?

*OHCA will periodically provide updates and solicit input on the Snapshot from the Investment and Payment Workgroup.*



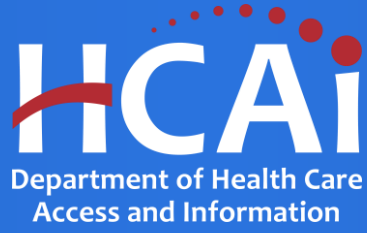
# Next Steps

Margareta Brandt, Assistant Deputy Director

# Next Steps

- Next meeting March 18, 2026
- Upcoming topics
  - Primary care and alternative payment model (APM) data analyses
  - Updates on HCAI's Health of Primary Care in California Snapshot
  - Additional behavioral health spending analyses
  - Discuss recommendations to Board for behavioral health investment benchmark
  - APM adoption and primary care investment best practices





# Adjournment

# Appendix: Additional Details for Behavioral Health Spending Definition

# Behavioral Health Reporting Categories

Reporting Categories	Service Subcategories
Outpatient/Community Based	Outpatient Professional Primary Care
	Outpatient Professional Non-Primary Care
	Outpatient Facility
Emergency Department	Emergency Department / Observation; Facility
	Emergency Department / Observation; Professional
Inpatient	Inpatient; Facility
	Inpatient; Professional
Residential	Residential Care
Other <sup>†</sup>	Other Behavioral Health Services
Pharmacy	Mental Health (MH) Prescription Drug Treatments Substance Use Disorder (SUD) Prescription Drug Treatments

<sup>†</sup>All spending for claims with a primary behavioral health diagnosis is included (i.e., spending not in other subcategories goes to “Other”).

# Measuring Behavioral Health in Primary Care

To promote policy priorities, such as promoting integrated behavioral health and primary care and greater attention to preventive behavioral health care, OHCA proposes to measure behavioral health in primary care two ways:

1. Behavioral health spending data in OHCA's Total Health Care Expenditure (THCE) data collection
2. Behavioral health data in the Health Care Payments Database (HPD)

Utilizing both data sources will allow OHCA to optimize its ability to understand this critical component of spending while minimizing data submitter burden.

# Behavioral Health in Primary Care Module: Proposed Approach

1. **Short term** (2026 Data Collection): Capture a portion of behavioral health in primary care spending in OHCA's THCE data collection
  - Claims: Outpatient Professional Primary Care subcategory of behavioral health spend measurement
  - Non-claims: Primary Care and Behavioral Health Integration payments (subcategory A2)
2. **Longer term:** Analyze HPD data to measure integrated behavioral health provided by behavioral health clinicians with methodological nuance
  - Refine methodology for future THCE data collection, perhaps in concert with benchmark development

# Appendix: Primary Care Snapshot Workgroup

# Primary Care Snapshot Workgroup Members

## Providers & Provider Organizations



### Eric Ball, MD

Chair, Board of Directors, American Academy of Pediatrics in California (AAP-CA)

### Rene Bravo, MD

President, California Medical Association (CMA)

### Lisa Folberg, MPP

Chief Executive Officer, California Academy of Family Physicians (CAFP)

### Susan Huang, MD

Chief Medical Officer, America's Physician Groups (APG)

### Melissa Marshall, MD

Chief Medical Officer, California Primary Care Association (CPCA)

### Jeremy Meis, PA-C, MPH

Immediate Past President, California Academy of Physician Associates (CAPA)

### Aimee Paulson, DNP, MSN

President, California Association for Nurse Practitioners (CANP)

## Health Plans



### Edward Juhn, MD, MBA, MPH

Chief Medical Officer, Inland Empire Health Plan (IEHP)

### Todd May, MD

VP Medical Director, Health Net

## Consumer Reps & Advocates



### Selene Betancourt, MPP

Senior Policy Manager, California Pan-Ethnic Health Network (CPEHN)

### Diana Douglas, MA

Director of Policy and Legislative Advocacy, Health Access

## Hospitals & Health Systems



### Shunling Tsang, MD, MPH

Chair of Family Medicine, Riverside University Health System (RUHS)

### Raul Ayala, MD, MHCM

Ambulatory Medical Officer, Adventist Health

## Academic/SMEs



### Kevin Grumbach, MD

Professor of Family and Community Medicine, UC San Francisco (UCSF)

### Sunita Mutha, MD

Director, Healthforce Center at UCSF

### Carlina Hansen, MHA

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# Snapshot Workgroup

**Purpose:** Provide primary care policy, data, and clinical expertise in the development and implementation of the HCAI Health of Primary Care in California Snapshot.

## Workgroup Objectives

- Offer a transparent, public forum to understand stakeholders' priorities for the Snapshot.
- Engender thoughtful, comprehensive, and balanced stakeholder engagement to ensure strong buy-in and smooth implementation.
- Provide expert technical input on the availability and feasibility of primary care indicators for inclusion.

## Workgroup activities will include:

- Reviewing best practices and lessons learned from other states, previous work in California, and literature on primary care measurement and reporting.
- Informing the development of primary care indicators for the HCAI Health of Primary Care in California Snapshot that promote equitable, high-quality, and cost-efficient care.
- Engaging stakeholders to gain the benefit of their knowledge and experience.
- Discussing strategies how to catalyze collective action towards high-quality, sustainable primary care in California through the Snapshot.