March 4, 2025

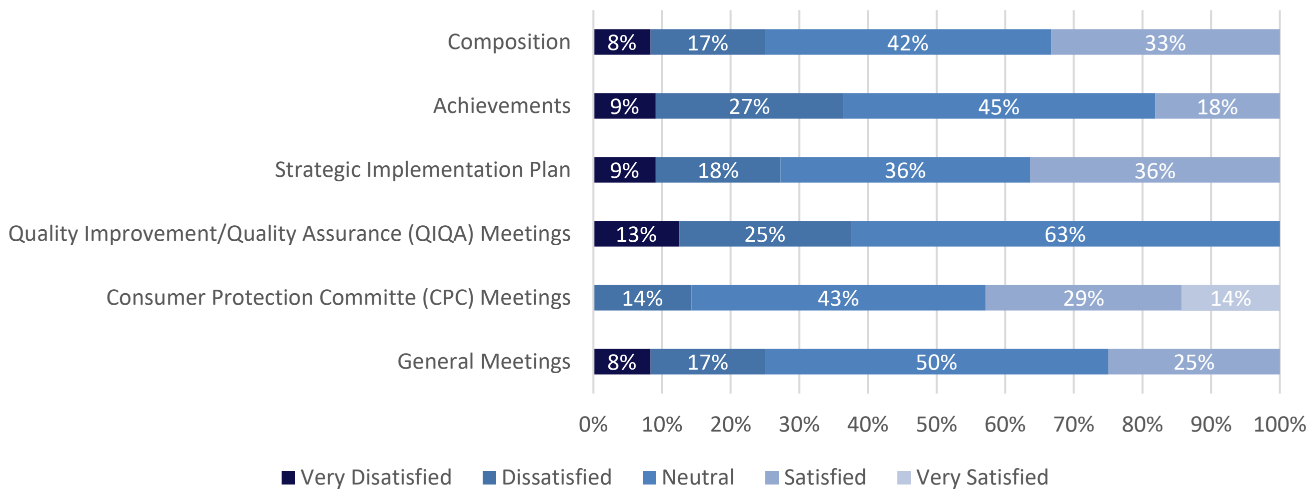
Sacramento Health Authority Commission Experience & Satisfaction Survey Results

Sacramento Health Authority Commission (SCHA) Experience & Satisfaction Survey

This is the first survey for the Sacramento County Health Authority Commission, and it was conducted to gather feedback from current and former Commissioners to inform future operations for the SCHA. The survey was open from October 10, 2024 – October 30, 2024, and it was distributed to both active and former members of the Commission. A total of 13 responses were received, and some responses have been edited for anonymity.

Overall

Question 1. Overall Satisfaction with SCHA (n= 7-12)



**Totals based on responses received per question.*

Question 2. What do you consider the SCHA's greatest strength? (n=12)

A. <u>Commitment to Mission & Community Well-being</u>

- “Support of the mission. Members want to do the right thing for our population.”
- “It’s commitment to improve systems for all.”
- “We appreciate the SCHA’s interest in supporting the health and wellbeing of our community, breaking down silos, and improving the experience of members and providers as they interface with the managed care delivery system. We share in the desire to make healthcare delivery better and look forward to continued collaboration to achieve these goals.”

B. <u>Diverse & Passionate Representation</u>

- “A team of diverse leaders dedicated to supporting the Medi-Cal population.”
- “Concerned diverse group.”

- “As designed, the Commission should be comprised of multiple voices and perspectives that can influence care delivery for Medi-Cal beneficiaries.”
- “The Health Authority has a remarkable membership, with representatives from a broad swath of experiences and expertise. In spite of this, the Authority worked very well together, aligning around a shared goal of improving health care for Sacramentans.”
- “The make-up of the committee – largely individuals who are passionate about the community.”

C. <u>Commitment to Member and Stakeholder Voices</u>

- “The concept of Medi-Cal members having a voice in the care and goals of the program and being compensated for their efforts.”
- “Pretty consistent representation by the members.”

D. <u>Effective Collaboration and Leadership</u>

- “The leadership/talent in the room – there is a lot of potential to galvanize and affect changes in the system if people would participate more. Support staff commitment to the Commission: Jenine, Gina, (and Eddie stepping up in Chair's absence).”
- “Convening of all MCPs to hear about priority areas, movement towards BOLD goals, quality work, etc.”

Question 3. In your view, what are SCHA's greatest areas for improvement? (n=12)

A. <u>Governance, Participation, and Accountability</u>

- “The need to re-engage the Commission. Revitalize the team's focus, direction, and drive.”
- “Commissioners' absences, only certain people participate regularly in meetings and others rarely speak up if at all. Gina & Jenine do a great job to try and keep us organized, but if commissioners aren't participating, then it can only go so far. QIQA: as far as I know, this committee doesn't exist anymore or hasn't met regularly in all of 2024? Sometimes it seems like the only working sessions that are happening lately are on the CPC. However, I am hopeful that the new ad hoc committee will help. Lack of Medi-Cal beneficiary voice. I'm not sure exactly what we have achieved other than putting pressure on the two MCPs who were holding out to eventually align with others on home goods covered in housing deposits, but that was a big win for CalAIM CS providers and most importantly the clients we serve.”
- “In between meetings, there was relatively little involvement on the part of SCHA commission members. The team supporting the Health Authority did a lot of work, but I wonder if there could be room for more asynchronous involvement in between meetings.”
- “Nobody on the Commission has had Medi-Cal anytime recently if at all and outside of their executive positions and multiple roles on all the healthcare commissions, are completely biased and only there seeking to expand their agency. Young people freshly hired with a complete lack of understanding of Medi-Cal outside of what was learned by an equally unqualified college professor. Some of the members have had previous experiences with Medi-Cal members where they demonstrated that the member was irrelevant and elected officials were more important as volunteers.”

- “Health plans are very heavily regulated and accountable to the California Department of Health Care Services and the California Department of Managed Care for achieving compliance and delivering on performance. The regulators have mechanisms in place to conduct appropriate oversight of the plans, align their payment models with desired performance levels and use various enforcement actions, including sanctions to hold plans to account. We strongly believe oversight of the plans is the responsibility of these regulators. Members and providers have options to engage with health plans to ensure their needs are supported. It is important that the mechanism the plans offer to educate members

and providers, address issues and drive accountability should always be the first line of defense. Our websites, member handbooks, contracts, and provider manuals have clear guidance on paths available to engage. Plans also very much appreciate the need to minimize unnecessary burden and are grateful for feedback to continuously improve. We thank SCHA for sharing feedback and supporting the discussions we facilitate with our providers to be certain they have what they need to effectively engage with the plans' team members."

B. Communication and Strategic Planning

- "Increased communication between members and improved execution of strategic plans."
- "While there are great benefits and thought with the strategic plan, ensuring that we are focusing on realistic and measurable goals for completion. Additionally, when bringing in new commissioners, creating a designated training plan that helps those new commissioners understand their role and responsibilities."
- "It's often not clear where discussions are heading, or how the work of the commission is making a difference in the community."
- "Focus on areas the Commission can and should influence. Look for permanent funding solutions."

C. Stakeholder Engagement and Systemic Healthcare Gaps

- "SCHA needs to provide a space to enable providers, MGs, and Plans to engage in meaningful dialogue about access to care."
- "Would like to include more patient perspectives and provider perspectives incorporated."
- "I think the strategic plan initiatives will help align this, but Stepping back and understanding the entire Medi-Cal landscape in Sacramento. One example is the elephant in the room is that over 80% of specialists are aligned with the health systems, who (with some exceptions) don't accept Medi-Cal patients. More focus on the healthcare delivery systems gaps, and how we can leverage our authority with the health plans at that level."

Question 4. What Changes Would You Recommend? (n=11)

A. Governance and Leadership

- "As a start, the need for having a dedicated County leader to help drive the commission's strategic plan, similar to the initial launch of the commission where we had the involvement of the County Leadership."
- "I think it was a mistake to change meetings to every other month; there is too much time between meetings to get anything done and we lose any momentum we had on this meeting cadence. For example, we always have to dust off the strategic plan because of the gaps in time between meetings. We need to meet more regularly to be able to affect any change; if that's too much of a commitment for Commissioners, they should rethink their willingness to participate on the Commission. Commissioners should participate more in building meeting agendas/future topics. We should consider holding time in each meeting to take suggestions on future agenda items. I think we did that once recently and it was useful, should do more of that going forward. Revise bylaws or have BOS more involved so that we can consider a Chair that can participate more regularly."
- "Manage and conduct the meetings as formal Brown Act meetings. Focus on specific goals and tie all presentations to those goals."

B. Stakeholder Engagement and Collaboration

- "More discussion regarding problems on the ground and not at 35,000 ft."

- “While there are great benefits and thought with the strategic plan, ensuring that we are focusing on realistic and measurable goals for completion. Additionally, when bringing in new commissioners, creating a designated training plan that helps those new commissioners understand their role and responsibilities.”
- “As we move into the next phase of the SCHA, we would support evolving back to county control and welcome a discussion on how to leverage existing MCP/County forums to accomplish the stated Strategic Priorities of the SCHA, notably, increased coordination to improve health plan performance in the areas of equity, quality, timely access, integration of care, and reduction of health disparities. As a collective healthcare delivery system, we must join forces to break down silos and achieve deeper levels of integration between physical health, behavioral health, oral health, and social services. We believe that SCHA and/or county agencies can partner with plans to focus on this goal as well as to share insights that will allow plans to drive the improvements necessary to make it easy for members to get the care they need when they need it, eliminate unnecessary barriers for providers, and allow all parts of the broader ecosystem to work well together. To achieve these goals, health plans do have a special role to play in sharing population-level insights on performance, disparities, and areas that may require a joining of collective forces to address. Plans should be allowed to hold their network accountable for performance and to identify areas where the broader community can come together to address.”
- “In line with the above, setting priorities and goals for SCHA members regarding deliverables and contributions to occur in between meetings, beyond occasional reviews of documents. One idea would be to include more engagement with their constituent groups (e.g., physician groups, patient groups, health systems).”
- “Rather than focus on report-outs, spend more effort on community collaboration to improve the health and well-being of Medi-Cal recipients in the county.”

C. Medi-Cal Beneficiary Representation and Focus

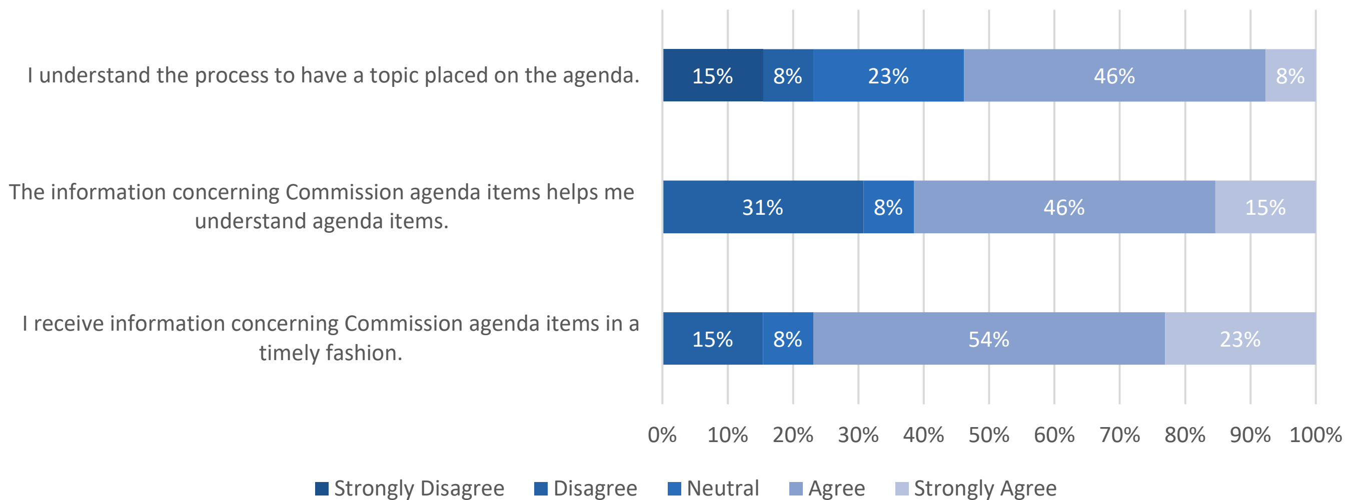
- “The commission should be made up primarily of Medi-Cal beneficiaries, chaired by a supervisor, and no funded agencies should have representation. These officials have plenty of venues where they can discuss their issues and Medi-Cal beneficiaries are not allowed or included. When a DHA representative does make a claim, report, or is invited to speak; what they say should actually be factual. Despite multiple presentations by the DHA, the phone system never worked as presented, which a Medi-Cal member can easily verify. When it comes to the program, the beneficiaries are the only subject matter experts, everyone else is just providing information or goals that accurately reflect their paid career or job title, or employment with a health plan. Simply complementing the beneficiary while dismissing their concerns or problems due to conflicts of interest. The county is yet to provide any real evidence that this is anything more than just another political scheme to make it seem as if the county is addressing an issue, which they haven't. After 19 years and what has happened in the meantime, the care is at the same level as prior to the implementation of GMC, it just costs the state far more to provide increasingly abysmal care. When it comes to language, the words used to define the bodies should be accurate; a Consumer Protection Committee should simply be consumers and legal representation (not the overwhelmed and inaccessible Volunteer Legal Services, it needs to be medical-issue-focused licensed attorneys). County officials need to understand that once somebody understands the regulatory structure, once violated, will be moved on to the federal government. California legislators do not sit on any congressional oversight committees for Health and Human Services, however, when it reaches that level, the member will work with those members who do sit on those committees to achieve a desired outcome.”

D. Transparency and Accountability

- “Identify action to be taken at the meeting and have prep materials clearly providing information to educate on the topic.”
- “As above, deeper, transparent conversations about the delivery system.”

Prior to Meetings

Question 5. Satisfaction Prior to Meetings (n=13)



**Totals based on responses received per question.*

Question 6. What would help improve the information you receive prior to Commission meetings to help you understand and prepare for agenda items? (n=7)

A. Meeting Preparation and Agenda Clarity

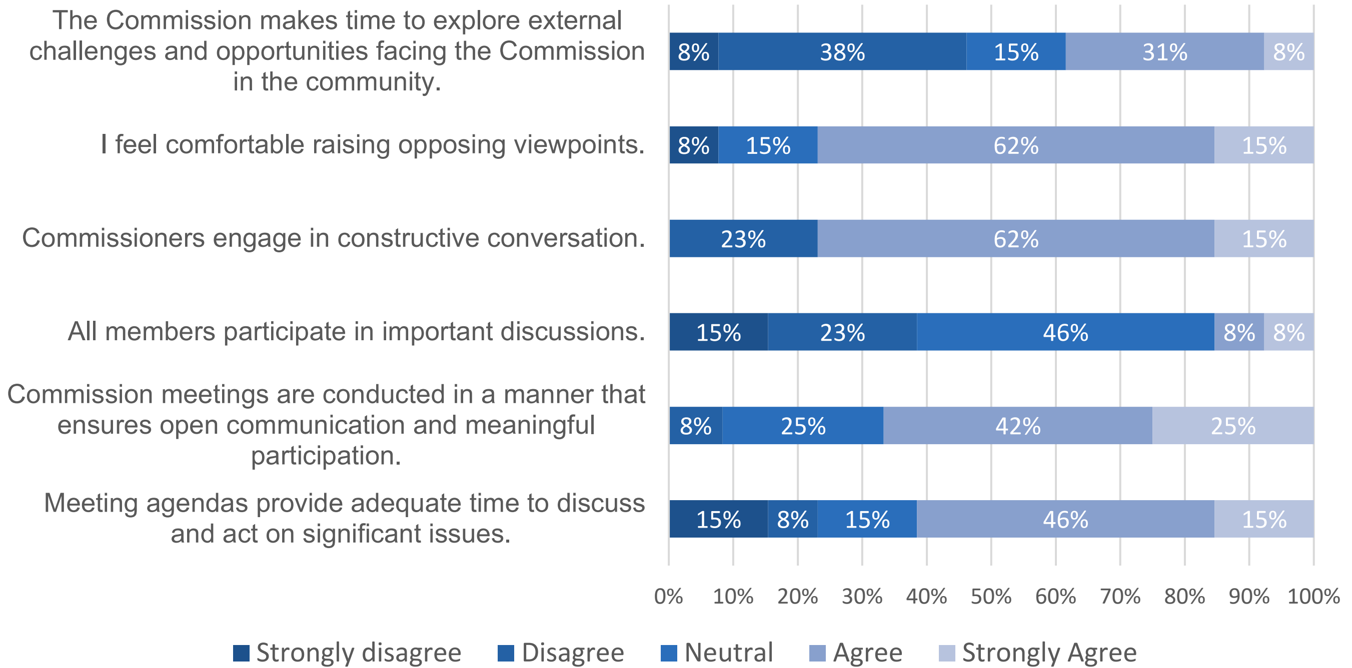
- "The PowerPoint presentations and/or relevant data would be useful to get (either before or after the meeting)."
- "Meeting materials are clear, though communication about the Committee meeting dates/times is not always posted to the SCHA website/communication publicly in a timely manner."
- "Would like to see agendas 1-2 weeks in advance for review and comment."
- "What are the anticipated actions and areas that need to be resolved by the end of the meeting, if any. Help to set the intention so that we are all on the same page, as well as understanding of the expectations by the end of the meeting, if any."
- "I sort of understand the process to agendize a topic - only that it takes a long time and certain things depend on BOS approval. Again, this becomes challenging when we have to wait two months for the full group to meet."

B. Inclusivity and Beneficiary Perspective

- "As a beneficiary, the commission never really interested in how I personally felt, my priorities, or actually having an agenda remotely relevant to a beneficiary. Since the goals are not consistent with the needs of the population, there is no way to present government agendas that have any meaning to the beneficiary, when the government is unwilling to accept dissenting opinions on bad policies. If they were unwilling to even have the conversation, what is the point?"

Meetings

Question 7. Satisfaction with Items During Meeting (n= 12-13)



**Totals based on responses received per question.*

Question 8. Do you have any input to improve the effectiveness of SCHA meetings? (n=5)

A. Progress Review and Goal Focus

- “Having sometime during each meeting to discuss/share progress towards our stated goals.”
- “The Commission seems to be floundering and looking for purpose. There are plenty of issues confronting Medi-Cal patients and those who serve them, yet we don't seem to talk about them. Recently, we spent about 5 minutes on a DHCS proposed regulation that will drive financial support into the community and we did not discuss it at all. This seems to me to be exactly the thing we should focus on.”

B. Open Communication and Engagement

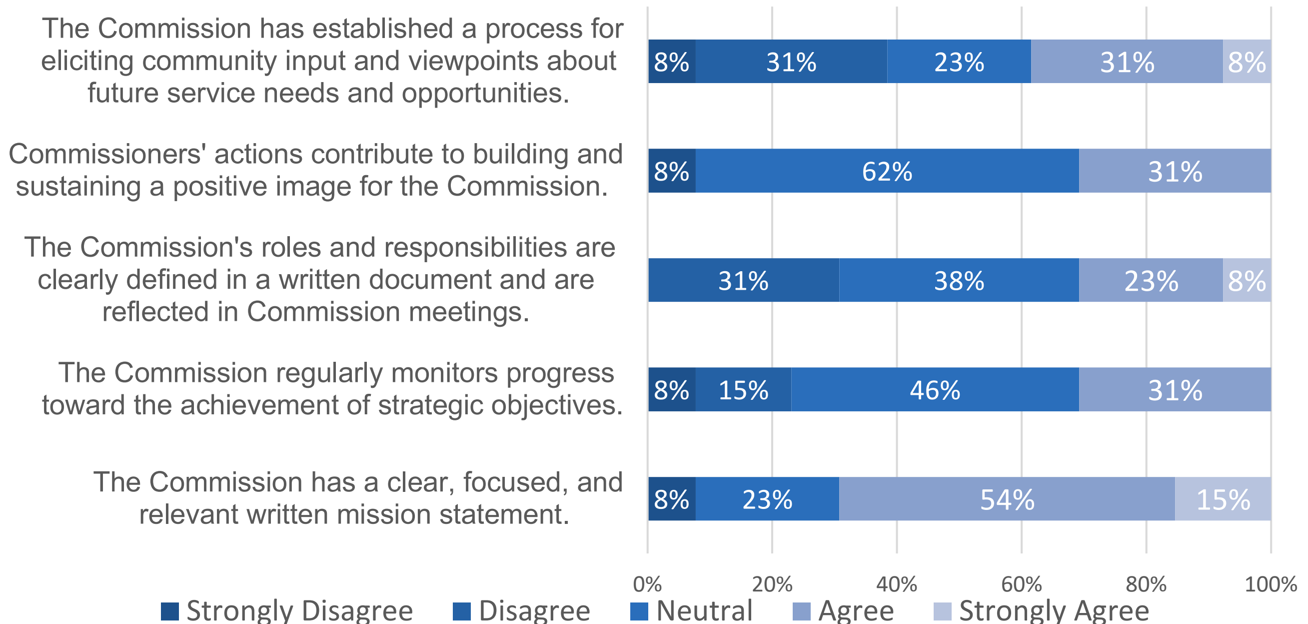
- See feedback on first page to address some of this. Re ensuring open communication: it's worth noting that in the beginning - as someone new to this type of process - I did not feel comfortable speaking up with questions (like the one about why we never talked about the procurement decision, KP's override of staying in the market, how our work was basically disregarded). A few years in I feel more confident to speak up and regret not doing it in real time.
- “There are some members who are less engaged during meetings. Others tend to dominate the discussions. Sometimes breakout discussions can facilitate this better. I'm not sure if there is a creative way of accomplishing this that would be concordant with Brown Act requirements, but it can allow quieter voices to be heard.”

C. Structure

- "Due to multiple years of failed participation and attendance, and the easily accessible minutes, agendas, and attendance records prove that there was no genuine interest by this committee to improve the system. A new body with a completely different structure is the only way anyone would bother, we live here, we go to the clinics, it is our personal health and until regulators realize this, social services will not pay dividends."

Strategy and Operations

Question 9. Satisfaction with SCHA Strategy and Operations (n=13)



**Totals based on responses received per question.*

Question 10. What priorities do you think the Commission should be focused on? (n=9)

A. <u>Improving Access to Care and CalAIM Sustainability</u>

- "In the current state, many Medi-Cal members cannot get the services they urgently need due to a tedious and fragmented system that doesn't support the most vulnerable patients. As a commission, we should be focused on finding ways of reducing fragmentation in the health system and ensuring/advocating for better implementation of CalAIM."
- "Number one priority should be the ability of the Medi-Cal patient population to access care in a timely manner and limit barriers to care."
- "Digging into CalAIM sustainability challenges. Having more Medi-Cal voices represented in a meaningful way."

B. <u>Strategic Priorities and Health Plan Performance</u>

- "Monitoring health plan performance and measuring the health of the community."
- "As we move into the next phase of the SCHA, we would support evolving back to county control and welcome a discussion on how to leverage existing MCP/County forums to accomplish the stated Strategic Priorities of the SCHA, notably, increased coordination to improve health plan performance in the areas of equity, quality, timely access, integration of care, and reduction of health disparities."

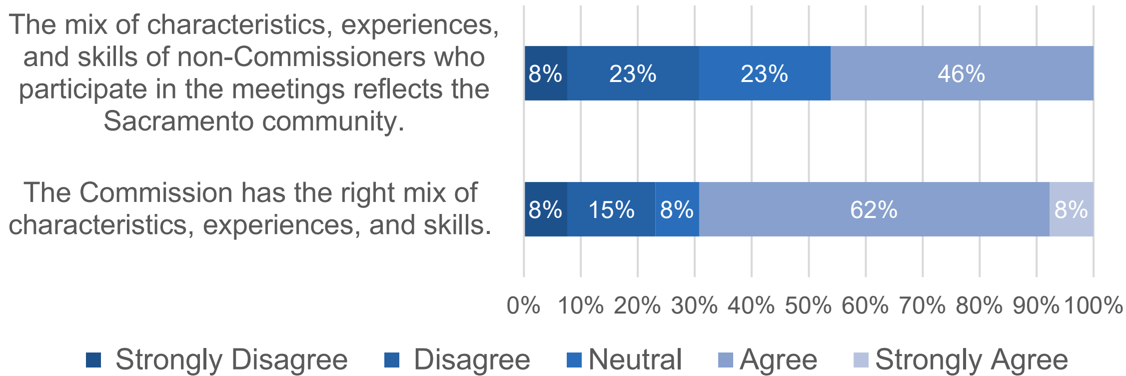
- “We have a strategic plan and need to focus on implementing it.”
- “Execution of the strategic plan.”

C. Engaging with Beneficiaries and Community Providers

- “A new format actually made to address the issues of beneficiaries, not NGOs, non-profits, DHCS, DMHC, DHAI, Sacramento County, or the governor's office. It also must be purposefully non-partisan and beneficiary-driven.”
- “I think the Commission should engage more with health systems and clinics providing care to Medi-Cal beneficiaries in Sacramento.”

Composition

Question 11. Satisfaction with the SCHA’s Composition (n=13)



**Totals based on responses received per question.*

Question 12. What characteristics or skills would you like to see represented to a greater degree, and why? (n=4)

A. Medi-Cal Beneficiary and Provider Representation

- “More direct providers of care.”
- “I agree that the composition is good, the issue is that only a select few are consistent participators. We desperately need a Medi-Cal beneficiary back in the conversation.”

B. Diverse Perspectives and Independent Voices

- Free thinking individuals, non-industry employed individuals, no executives outside of an elected official who is accountable to the beneficiaries and the community for their successes or failures.
- It would be great if the non-Commissioner participant pool could expand to reflect a broader swath of Medi-Cal beneficiaries (people experiencing homelessness, asylum-seeking residents, people speaking languages other than English).

Question 13. Is there anything else you would like to note? (n=4)

A. **Appreciation and Positive Feedback**

- "Thank you for your work and allowing us to provide input."
- "In general, I think the SCHA has been a phenomenal initiative and the Commission and its leaders/staff should be very very proud!"

B. **Financial and Operational Concerns**

- "We need to confront the financial situation of the Commission. County DHS has been extremely generous with financial and staff support for the Commission, but we need more information and a more informed Commission if we're going to make real progress."
- "I was told before even submitting an application that compensation was going to be part of this and I dedicated significant time to participation. Ultimately I had to fight for what amounted to pennies and being a member of the Medi-Cal community, the SCHA cannot rewrite what has happened, nor counter my story as even the BOS received a huge raise during this time period. Medi-Cal as well as many social services are all about the administration of the programs, that's where the majority of the funding ends up. California has reached a point where there are so much regulations regarding healthcare, it is counterproductive and many of my providers have relocated due to irresponsible and illogical government intervention. My only hope of even getting medical treatment is by getting off Medi-Cal, Patient's Rights and government labor contracts are incompatible, there is zero regulation or enforcement, and substantial waste."