



June 6, 2019

Shelley Rouillard, Director  
Dan Southard, Deputy Director—Office of Plan Monitoring  
Jennifer E. Marsh, Attorney III—Office of Enforcement  
James A. Willis, Senior Counsel  
Department of Managed Health Care  
980 9th Street, Suite 500  
Sacramento, CA 95814-2725

RE: KAISER FOUNDATION HEALTH PLAN INC. ENFORCEMENT MATTER NOS. 11-543  
& 15-082

Dear Ms. Rouillard, Mr. Southard, Ms. Marsh and Mr. Willis:

On behalf of the National Union of Healthcare Workers ("NUHW"), I am writing to provide the Department of Managed Health Care ("DMHC") with evidence of Kaiser Foundation Health Plan, Inc.'s ("Kaiser") continuing noncompliance with California law and the DMHC's Cease and Desist Order issued in June of 2013. Specifically, NUHW is forwarding two of Kaiser's internal records indicating that the HMO is continuing to violate thousands of patients' rights to timely and appropriate care under state law.

According to the records—a PowerPoint dated April 24, 2018 and an email dated April 11, 2019—Kaiser failed to provide timely access to thousands of its enrollees across Northern California who sought first-time non-urgent individual appointments from their HMO for mental health conditions and substance use disorders.

- During a weeklong period in April 2018, Kaiser failed to provide timely non-urgent appointments to 673 of its enrollees, including one of every five adults and nearly one of every three children seeking appointments with a non-physician behavioral therapist. At some clinics, Kaiser failed to provide timely appointments to more than 80% of its enrollees.
- One year later, Dr. Shellie Kahane, the Chair of Chiefs of Psychiatry & Addiction Medicine for Kaiser's Northern California Region, reported to psychiatrists via an email message that Kaiser failed to deliver timely non-urgent appointments to 400 adults and children across the region during March 2019. The email indicates that similar access failures have taken place over multiple months and were expected to continue to the present time.

These failures represent violations of at least three areas of California law regarding consumers' right to timely access to health services, provider network adequacy, and quality management/access and availability of services. NUHW is extremely concerned that these

violations are taking place six years after the DMHC fined Kaiser \$4 million and ordered it to cease and desist from committing further violations of these precise areas of law. Furthermore, we are concerned that the violations are taking place in the midst of the DMHC's multi-year outside monitoring program initiated in July 2017 due to Kaiser's repeated violations of state law. NUHW urgently requests that the DMHC employ its full statutory authority to compel Kaiser to comply with these standards in order to safeguard consumers' right to timely access to appropriate behavioral health care.

**I. Evidence:** NUHW is attaching two internal records from Kaiser as Exhibits A and B.

A. PowerPoint Presentation to Chiefs of Psychiatry (April 24, 2018): Exhibit A is a PowerPoint presentation dated April 24, 2018 and entitled "2018 MH Priorities: Update to Chiefs of Psychiatry." It appears that the PowerPoint presentation was delivered by the Chair of the Chiefs of Psychiatry and Addiction Medicine in Kaiser's Northern California Region during a meeting of the Chiefs of Psychiatry from each of Kaiser's medical center service areas across the region.

The second slide of the presentation, titled "Access," presents a table containing appointment-access data for mental health/behavioral health appointments during the week of April 8, 2018 through April 14, 2018. The table's title ("TPMG Operational Timeliness of Access Report") and header ("Appt Type: NEW:ALL") specify that the data describe enrollees' access to "new appointments," which is a reference to enrollees' first-time appointments.

The table displays various measures describing the timely access performance of each of Kaiser's 41 clinics across Northern California for child, adult and chemical dependency appointments with both physician and non-physician behavioral health providers. Specifically, the table indicates the number of "new" appointments requested at each of the 41 clinics during this period, the number of appointments actually delivered to enrollees within the maximum allowable wait times specified by the California's Timely Access Regulation (i.e., 10 or 15 business days), the percentage of appointments at each site delivered within these maximum allowable wait times, and the average days wait for appointments.

The table notes that Kaiser's internal goal is to comply with the state's maximum wait times for 80% of its enrollees' appointments, rather than 100%.<sup>1</sup> The table highlights in red the timeliness outcomes that fall beneath Kaiser's internal goal of 80% compliance. (Note: The table's last column, labelled "Non-Physician, Total % of Appts within 10 Business Days," fails to correctly highlight in red all of the clinics that fail to meet Kaiser's internal 80% compliance goal.)

According to the table, Kaiser failed to provide 673 enrollees with timely access to appointments during this weeklong period.<sup>2</sup>

---

<sup>1</sup> In its "Final Report" of the Routine Behavioral Health Survey dated March 18, 2013, the DMHC described Kaiser's goal of achieving 80% compliance with California's timely access regulation as "noncompliant" since Kaiser would only begin to take action when more than 20% of its members cannot obtain an appointment within the Timely Access Regulations. See page 17 of the "Final Report."

<sup>2</sup> This figure (673) was computed using the figures from the table's bottom row labeled "REG-REG," which contains total figures computed across Kaiser's 41 clinics in the Northern California region. The computations are detailed in Table 1 below.

Nearly one-third of children failed to receive timely appointments from non-physician therapists. Among adults, more than one of five enrollees failed to receive timely appointments performed by either a psychiatrist or non-physician therapist. The following chart summarizes figures from the table.

**Table 1: No. of Timely Mental Health Appointments that Kaiser Permanente Failed to Deliver to Patients in Northern California from April 8-April 14, 2018**

	Physician			Non-Physician			Total
	Adult	Child	CDS*	Adult	Child	CDS*	
Total # of Appts Requested	485	30	35	1,729	615	294	3,188
# of Appts Delivered Timely	380	29	33	1,373	414	286	2,515
# of Appts Not Timely	105	1	2	356	201	8	673
% of Appts Not Timely	21.6%	3.3%	5.7%	20.6%	32.7%	2.7%	21.1%

Source: Kaiser Permanente, “2018 MH Priorities: Update to Chiefs of Psychiatry,” April 24, 2018.

\* The term “CDS” refers to “Chemical Dependency Services.”

The table indicates that Kaiser’s poor performance was not due to a handful of poorly performing clinics. For example, more than half (56%) of Kaiser’s 41 clinics are highlighted in red for child appointments with a non-physician therapist, meaning they failed to meet Kaiser’s internal 80% compliance standard. Only four of the 41 clinics provided timely access to 100% of its child patients. As for adult patients, 17 of Kaiser’s clinics failed to meet Kaiser’s internal 80% compliance standard and only two provided timely access to 100% of Kaiser’s enrollees awaiting appointments with a non-physician therapist. The following chart summarizes figures from the table.

**Table 2: No. of Kaiser’s Mental Health Clinics in Northern California that Failed to Deliver Timely Appointments to Patients from April 8-14, 2018**

	Physician			Non-Physician		
	Adult	Child	CDS	Adult	Child	CDS
# of Clinics Providing Appts	32	14	5	36	39	23
# of Clinics with < 100% Compliance	20	1	1	34	35	7
% of Clinics with < 100% Compliance	63%	7%	20%	94%	90%	30%
# of Clinics with < 80% Compliance	8	1	1	17	22	1
% of Clinics with < 80% Compliance	25%	7%	20%	47%	56%	4%

Source: Kaiser Permanente, “2018 MH Priorities: Update to Chiefs of Psychiatry,” April 24, 2018.

B. Email from the Chair of the Chiefs of Psychiatry and Addiction Medicine (April 11, 2019):  
Exhibit B is an email message from leaders of Kaiser’s behavioral health services in Northern California indicating that Kaiser failed to provide timely appointments to approximately 400 adult and child patients who sought first-time mental health appointments in Northern California during the month of March 2019. Furthermore, the email indicates that similar access failures have taken place over multiple months and were expected to continue to the present time.

The email in Exhibit B was sent to all of Kaiser’s psychiatrists in Northern California on behalf of Shellie Kahane, M.D., the Chair of the Chiefs of Psychiatry and Addiction Medicine in Kaiser’s Northern California Region. Dr. Kahane’s email reports that Kaiser failed to provide timely access to approximately 400 first-time adult and child patients in Northern California during March 2019. Dr. Kahane writes:

“In March, we were short meeting access for Adult MD by ~30 appts/week and for child non-MD by only ~70 appointments a week!”

Additionally, Dr. Kahane writes that Kaiser was struggling to deliver timely appointments during April 2019. After reporting that multiple Kaiser sites struggled in March 2019 to meet “outpatient PSY access targets,” she writes that “we have therefore gotten approval to pull all levers to accomplish this goal [of meeting access targets]. To do so—we need support from all of you!” The “levers” apparently refer to Kaiser’s paying its psychiatrists to work extra hours in order to perform diagnostic intake assessments of first-time patients over the telephone. Dr. Kahane instructs psychiatrists to contact Carrie Graham Lee, the Director of Kaiser’s “Connect 2 Care” tele-psychiatry center in San Leandro, to make arrangements to perform such telephone intake assessments.

Additionally, Dr. Kahane reports that multiple Kaiser medical centers “are at risk for not meeting access targets” in May of 2019. She writes:

“We are asking for MDs who would be willing to work extra hours doing phone intakes to support medical centers who are at risk for not meeting access targets for Adult MD and child non-MD access for May.”

The email was copied to Agnes M. Amistoso (Regional Director Mental Health Strategy and Programs, TPMG) and references Dr. Sameer Awsare (Associate Executive Director, TPMG), who is responsible for overseeing mental health services.

## **II. Apparent Violations of California Law:**

The aforementioned appointment-access failures appear to violate three areas of California’s laws and regulations enforced by the DMHC: (1) timely access standards, (2) provider network adequacy standards and (3) quality management/access and availability of services.

A. Timely Access Standards: §1300.67.2.2 of Title 28, California Code of Regulations (the “Timely Access Regulation”) requires HMOs to provide their enrollees with non-

urgent appointments with a non-physician behavioral health provider and a physician behavioral health provider within 10 and 15 business days, respectively.

B. Provider Network Adequacy Standards: California law requires HMOs to “establish and maintain provider networks, policies, procedures and quality assurance monitoring systems and processes” in order to ensure that enrollees have access to timely and appropriate behavioral health services. Among other requirements, California law requires Kaiser to accurately track, measure, monitor, and document the capacity and availability of its provider network as well as maintain a Quality Assurance Program that takes effective action when deficiencies are detected (§1300.67.2.2(c)(1); §1300.67.2.2(c)(5); and §1300.67.2.2(d)).

C. Quality Management/Access and Availability of Services: §1300.70(a)(1) of Title 28, California Code of Regulations requires HMOs to ensure “that effective action is taken to improve care where deficiencies are identified, and that follow-up is planned where indicated.” Among other requirements, §1300.70(a)(3) “requires a plan’s Quality Assurance Program to address service elements, including accessibility, availability, and continuity of care.”<sup>3</sup>

In March of 2013, the DMHC cited and fined Kaiser \$4 million for violating these and other standards and furthermore ordered it to “cease and desist” from committing further violations, which it characterized as “systemic.”<sup>4</sup> For example, the DMHC noted the following in its March 2013 report: “Access and Availability of Services: The Plan does not sufficiently monitor the capacity and availability of its provider network in order to ensure that enrollee appointments are offered within the regulatory timeframes” (Executive Summary). According to the attached records, Kaiser apparently has been and continues to violate these standards today.

In February 2015, the DMHC cited Kaiser for “significant delays in timeliness” of both initial and return appointments.<sup>5</sup> A team of DMHC investigators reviewed a random sample of 297 patients’ medical records from 11 medical centers and found that 22% of the Northern California records and 9% of the Southern California records indicated excessive delays for either initial and/or return appointments (p. 19). The DMHC concluded that Kaiser’s access failures were fundamentally rooted in its failure to have sufficient numbers of mental health providers available for patients. For example, the report states that Kaiser’s “monthly access reports suggest that the Plan’s current behavioral health provider network remains inadequate to serve the needs of its enrollee population” (p. 26) and that Kaiser’s provider network inadequacies “present significant barriers to enrollees who need behavioral health services” (p. 28).

---

<sup>3</sup> DMHC, “Routine Medical Survey of Kaiser Foundation Healthcare Plan, Inc. Behavioral Health Services,” March 18, 2013, p. 13.

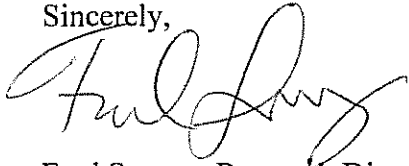
<sup>4</sup> DMHC, “Routine Medical Survey of Kaiser Foundation Healthcare Plan, Inc. Behavioral Health Services,” March 18, 2013.

<sup>5</sup> DMHC, “Routine Survey Follow-Up Report of Kaiser Foundation Healthcare plan, Inc. Behavioral Health Services,” February 24, 2015, p. 23.

Given the evidence of Kaiser's ongoing violations of California law, NUHW urgently requests that the DMHC employ its full statutory authority to compel Kaiser Permanente, our state's largest HMO and its largest provider of private-sector mental health services, to comply with the DMHC's Cease and Desist Order as well as California's laws and regulations. We stand ready to assist the Department in safeguarding patients' right to timely and appropriate mental health services.

As always, please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Fred Seavey", written in a cursive style.

Fred Seavey, Research Director

# Exhibit A

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

# 2018 MH Priorities

Update to Chiefs of Psychiatry  
April 24, 2018





**IPMG Operational Timeliness of Access Report - MH/BH**  
**Regional View / Facility Level**  
**Weekly View: 04/08/2018 to 04/14/2018**

Appt Type: **NEW:ALL**

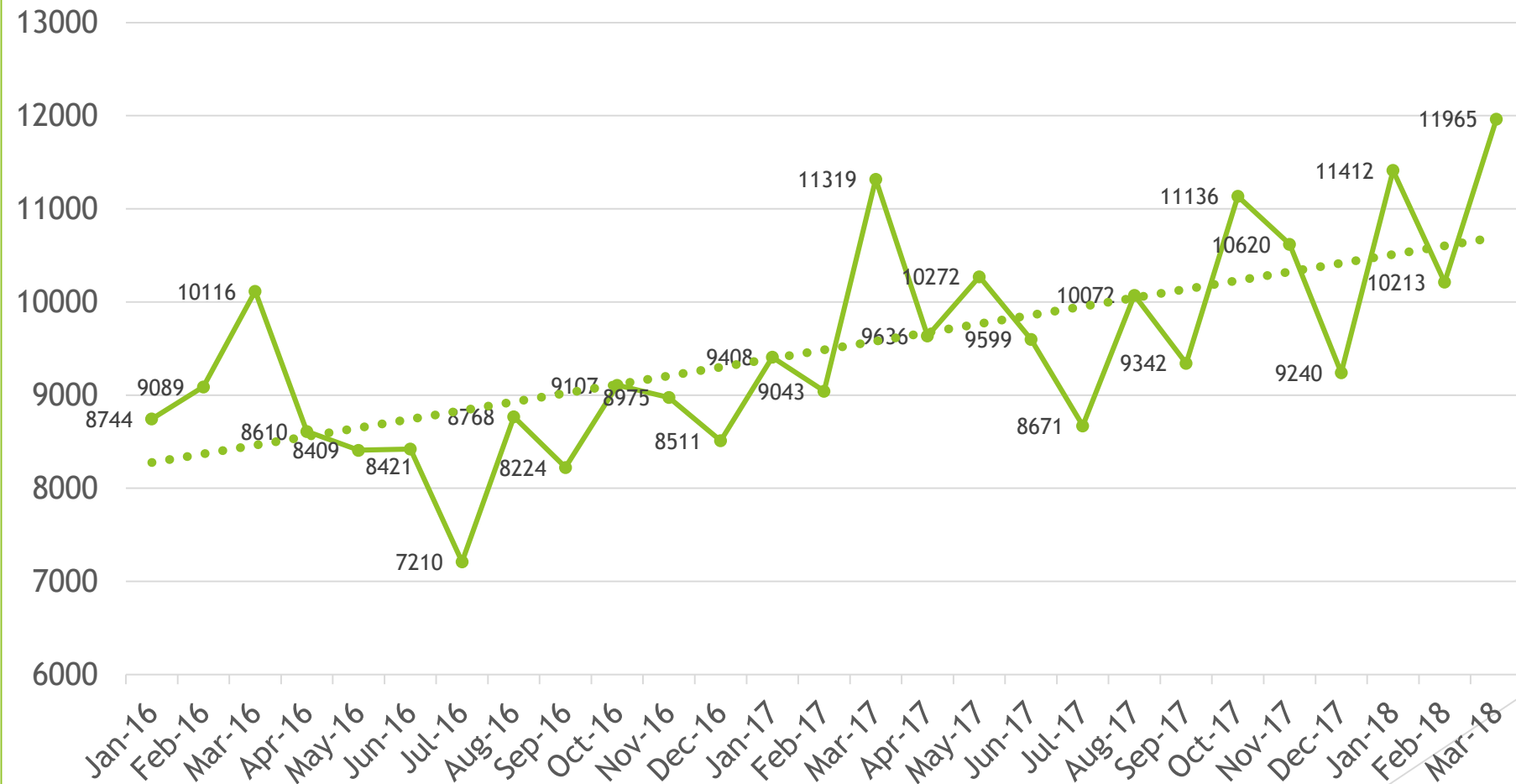


**CONFIDENTIAL - TPMG Proprietary**

The Permanente Medical Group, Inc. - Supported by Quality and Operations Support

Facility Name	Physician													Non-Physician												
	Adult				Child				CDS				Total % of Appts within 15 Business Days	Adult				Child				CDS				Total % of Appts within 10 Business Days
	Number of Appts	# of Appts within 15 Business Days (ITS)	% of Appts within 15 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Number of Appts	# of Appts within 15 Business Days (ITS)	% of Appts within 15 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Number of Appts	# of Appts within 15 Business Days (ITS)	% of Appts within 15 Business Days (ITS)	Average Days Wait in Business Days (ITS)		Number of Appts	# of Appts within 10 Business Days (ITS)	% of Appts within 10 Business Days (ITS)	Average Days Wait in Business Days (ITS)	Number of Appts	# of Appts within 10 Business Days (ITS)	% of Appts within 10 Business Days (ITS)	Average Days Wait in Business Days (ITS)					
80%*	80%*				80%*				80%*	80%*				80%*												
CVL-MAN	4	4	100%	10.25	0	0	n/a	n/a	0	0	n/a	n/a	100%	14	10	71%	6.43	2	1	50%	11.00	11	11	100%	4.09	81%
CVL-MOD	17	17	100%	8.47	0	0	n/a	n/a	0	0	n/a	n/a	100%	57	40	70%	6.37	17	9	53%	7.12	0	0	n/a	n/a	66%
CVL-STK	8	7	88%	8.50	1	1	100%	3.00	0	0	n/a	n/a	89%	56	50	89%	2.39	12	11	92%	3.33	0	0	n/a	n/a	30%
CVL-TRA	7	7	100%	4.71	0	0	n/a	n/a	0	0	n/a	n/a	100%	14	5	36%	11.86	7	5	71%	5.57	0	0	n/a	n/a	48%
DSA-ANT	10	8	80%	12.90	0	0	n/a	n/a	0	0	n/a	n/a	80%	54	42	78%	6.15	19	8	42%	13.11	2	2	100%	8.00	69%
DSA-PLS	3	2	67%	11.00	0	0	n/a	n/a	0	0	n/a	n/a	67%	56	46	82%	6.09	23	22	96%	4.39	4	4	100%	4.00	87%
DSA-WCR	16	15	94%	7.94	0	0	n/a	n/a	0	0	n/a	n/a	94%	72	57	79%	7.65	27	19	70%	9.22	24	24	100%	2.50	81%
EBA-OAK	49	27	55%	11.29	3	3	100%	3.67	0	0	n/a	n/a	58%	134	97	72%	7.53	39	18	46%	10.95	27	26	96%	5.44	71%
EBA-RCH	12	11	92%	3.75	1	1	100%	3.00	0	0	n/a	n/a	92%	55	46	84%	5.55	26	24	92%	4.54	2	2	100%	1.00	87%
FRS-FRS	44	44	100%	2.41	7	7	100%	6.57	0	0	n/a	n/a	100%	40	37	93%	5.68	16	12	75%	8.44	11	11	100%	3.27	30%
GSA-FRE	2	2	100%	8.00	0	0	n/a	n/a	0	0	n/a	n/a	100%	32	31	97%	6.16	5	4	80%	6.20	0	0	n/a	n/a	35%
GSA-SLN	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	0	0	n/a	n/a	2	1	50%	12.50	0	0	n/a	n/a	50%
GSA-UNC	18	16	89%	7.22	1	1	100%	5.00	0	0	n/a	n/a	89%	56	31	55%	9.30	36	31	86%	6.89	14	14	100%	4.57	72%
NSA-NAP	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	0	0	n/a	n/a	3	0	0%	14.67	0	0	n/a	n/a	0%
NSA-VAC	17	17	100%	11.18	1	1	100%	13.00	0	0	n/a	n/a	100%	54	29	54%	8.80	21	5	24%	11.48	7	7	100%	1.86	50%
NSA-VAL	20	20	100%	7.70	0	0	n/a	n/a	0	0	n/a	n/a	100%	40	33	83%	6.33	18	4	22%	10.06	18	18	100%	1.67	72%
NVL-DAV	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	0	0	n/a	n/a	2	1	50%	7.00	0	0	n/a	n/a	50%
NVL-FOL	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	65	62	95%	6.55	16	13	81%	7.75	7	6	86%	6.43	92%
NVL-RCO	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	11	4	36%	11.27	3	8	83%	8.00	0	0	n/a	n/a	60%
NVL-ROS	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	154	128	83%	16.54	45	38	84%	7.44	1	0	0%	13.00	83%
NVL-SAC	0	0	n/a	n/a	0	0	n/a	n/a	27	27	100%	0.00	100%	155	143	92%	5.06	32	29	91%	8.25	44	43	98%	0.91	93%
RWC-RWC	26	15	58%	13.42	2	1	50%	20.50	1	1	100%	1.00	59%	37	23	62%	8.11	13	10	77%	5.77	5	5	100%	2.60	69%
RWC-SMM	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	0	0	n/a	n/a	2	2	100%	5.50	0	0	n/a	n/a	100%
SCL-CMB	7	5	71%	10.86	2	2	100%	8.00	0	0	n/a	n/a	78%	16	2	13%	13.75	6	0	0%	15.67	0	0	n/a	n/a	3%
SCL-MIL	7	6	86%	8.43	0	0	n/a	n/a	0	0	n/a	n/a	86%	23	20	87%	8.26	7	5	71%	8.43	0	0	n/a	n/a	83%
SCL-MTN	7	2	29%	18.57	0	0	n/a	n/a	0	0	n/a	n/a	29%	17	17	100%	6.00	0	0	n/a	n/a	0	0	n/a	n/a	100%
SCL-SCH	35	32	91%	3.43	0	0	n/a	n/a	0	0	n/a	n/a	91%	55	19	35%	3.45	18	6	33%	10.89	30	29	97%	2.43	52%
SFO-SFO	37	8	22%	16.38	0	0	n/a	n/a	0	0	n/a	n/a	22%	90	74	82%	6.37	23	11	48%	10.48	26	26	100%	4.27	80%
SJO-GIL	3	3	100%	7.67	0	0	n/a	n/a	0	0	n/a	n/a	100%	10	9	90%	8.10	3	3	100%	5.33	0	0	n/a	n/a	32%
SJO-SCZ	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a	2	1	50%	8.50	3	2	67%	16.67	1	1	100%	3.00	67%
SJO-STR	5	5	100%	12.80	2	2	100%	7.50	3	3	100%	4.67	100%	101	99	98%	5.35	32	29	91%	3.38	21	21	100%	3.19	97%
SJO-SYM	8	8	100%	8.00	1	1	100%	8.00	1	1	100%	2.00	100%	6	5	83%	7.33	1	1	100%	10.00	0	0	n/a	n/a	86%
SJO-WTV	2	2	100%	8.50	0	0	n/a	n/a	0	0	n/a	n/a	100%	15	14	93%	7.73	2	2	100%	3.00	0	0	n/a	n/a	34%
SRF-PET	14	13	93%	8.21	2	2	100%	11.50	0	0	n/a	n/a	94%	22	17	77%	6.18	6	4	67%	11.83	0	0	n/a	n/a	75%
SRF-SRF	20	19	95%	3.60	5	5	100%	7.80	3	1	33%	11.67	89%	26	19	73%	6.04	11	9	82%	6.45	15	14	93%	0.80	81%
SRO-RPK	6	5	83%	14.17	0	0	n/a	n/a	0	0	n/a	n/a	83%	0	0	n/a	n/a	0	0	n/a	n/a	0	0	n/a	n/a	n/a
SRO-SMW	23	18	78%	3.74	0	0	n/a	n/a	0	0	n/a	n/a	78%	20	10	50%	12.55	32	26	81%	8.06	4	4	100%	2.75	71%
SRO-SRO	23	9	39%	14.09	1	1	100%	3.00	0	0	n/a	n/a	42%	30	17	57%	10.97	15	8	53%	10.13	5	5	100%	4.60	60%
SSC-ELG	10	9	90%	3.30	1	1	100%	1.00	0	0	n/a	n/a	91%	10	10	100%	5.70	13	4	31%	10.46	0	0	n/a	n/a	61%
SSC-SSC	14	13	93%	6.86	0	0	n/a	n/a	0	0	n/a	n/a	93%	73	71	97%	4.67	33	14	42%	3.94	6	6	100%	1.33	81%
SSF-SSF	11	11	100%	8.27	0	0	n/a	n/a	0	0	n/a	n/a	100%	57	55	96%	4.75	18	15	83%	5.72	9	7	78%	6.22	92%
REG-REG	485	380	78%	9.85	30	29	97%	8.77	35	33	94%	1.49	80%	1729	1373	79%	7.59	615	414	67%	8.57	294	286	97%	3.10	79%

## Total # of Regional Non-MD Appointments\*



\*includes outside referrals

# C2C

- Positions
  - 10 Hired
    - 6- 40 hour
    - 3- 32 hour
    - 1- 24 hour
    - 6 external, 4 internal
    - 4 LCSW, 2 LMFT, 4 PhD
- Hiring Fair Round II scheduled for Friday, April 27<sup>th</sup> : 12 candidates for 10 positions
- BHM: II posted
- 8 IACs starting May 29<sup>th</sup>
- 2 IACs starting June 11<sup>th</sup>
- Replacing internal positions
- ***Telepsychiatry Center go-live with SFO and SRF on June 4th***

# SITE VISITS

- All the site visits have been scheduled.
- Sharon is reaching out to each of you to schedule a prep call
- Data packet for your review that includes
  - The total number of visits from 2016 to current month
  - Access Rates
  - Inpatient and Readmission data
  - MPS
    - Clinician Ave
    - Service and Helpfulness
    - Timeliness and Convenience
  - AOQ & POQ Participation Rates

<b>GSA</b>	<b>11-May</b>
<b>SJO</b>	<b>21-May</b>
<b>SSC</b>	<b>1-Jun</b>
<b>CVL</b>	<b>12-Jun</b>
<b>NVL</b>	<b>29-Jun</b>
<b>DSA</b>	<b>3-Aug</b>
<b>FRS</b>	<b>7-Aug</b>
<b>SFO</b>	<b>10-Aug</b>
<b>SRF</b>	<b>24-Aug</b>
<b>SSF</b>	<b>31-Aug</b>
<b>EBA</b>	<b>14-Sep</b>
<b>NSA</b>	<b>2-Oct</b>
<b>SCL</b>	<b>5-Oct</b>
<b>RWC</b>	<b>26-Oct</b>

# MOOD: Feb 2018 Regional Report

QOS - Monthly MOOD and PMOOD Report							
Category	Medical Center	Denominator 5Mo.	CQC Significant Improvement 5Mo. Goal 45%	Both Baseline & Last AOQs(PHQ9s) 5Mo.	Baseline AOQs(PHQ9s) 5Mo.	Last AOQs(PHQ9s) 5Mo.	Remission 5Mo.
MOOD	REGION	7,014	34%	67%	81%	71%	18%
MEDICINE MOOD		3,101	38%	67%	83%	72%	20%
PSYCHIATRY MOOD		3,163	35%	74%	90%	77%	17%
OBGYN MOOD		310	32%	64%	73%	73%	17%
OTHER DEPARTMENTS MOOD		440	4%	11%	18%	22%	2%
PMOOD		213	37%	77%	86%	85%	18%

# MOOD: February 2018 Report by MC

Category	Medical Center	Denominator 5Mo.	CQC Significant Improvement 5Mo. Goal 45%	Both Baseline & Last AOQs(PHQ9s) 5Mo.	Baseline AOQs(PHQ9s) 5Mo.	Last AOQs(PHQ9s) 5Mo.	Remission 5Mo.
PSYCHIATRY - MOOD BY MC	FRS	128	57%	88%	92%	91%	27%
	CVL	149	48%	83%	90%	86%	21%
	SSF	123	45%	85%	98%	86%	23%
	NVL	400	42%	78%	95%	80%	17%
	SJO	274	39%	76%	93%	79%	21%
	GSA	263	38%	84%	96%	85%	21%
	SSC	191	38%	76%	90%	81%	18%
	SFO	165	36%	73%	90%	76%	19%
	SCL	375	34%	75%	92%	78%	17%
	DSA	267	31%	75%	88%	77%	18%
	SRO	133	29%	67%	88%	70%	14%
	SRF	99	28%	52%	69%	62%	18%
	RWC	117	26%	69%	85%	74%	15%
	EBA	303	20%	63%	82%	68%	10%
	NSA	176	20%	61%	81%	65%	9%

# MD Panel Size

- ▶ In the process of reviewing the work started by the Chiefs and Directors Subgroup
- ▶ Begin work at future Chief's meetings
- ▶ Let Linda know if you are interested in leading some of the work.

## **Exhibit B**



**From:** Sharon B. Mendoza  
**Sent:** Thursday, April 11, 2019 2:50 PM  
**To:** TPMG Psychiatrists-KPNC  
**Cc:** Shellie M. Kahane; Agnes M Amistoso; Carrie G Lee  
**Subject:** PLS READ - Additional Pay for Telephone Intakes (On Behalf of Shellie Kahane, MD - Chair of Regional Mental Health)

***\*\*This email is sent on behalf of Shellie Kahane, MD - Chair of Regional Mental Health\*\****

RESPONSE REQUESTED ASAP: OPPORTUNITY FOR ADDITIONAL COMPENSATION FOR PSYCHIATRISTS TO PERFORM CHILD NON-MD AND ADULT MD MH TELEPHONE INTAKES

Greetings All:

As you may have heard our AED, Dr. Sameer Awsare, has tasked us with the SMART goal of meeting outpatient PSY access targets for April—particularly for those sites that struggled in March. This is not only the right thing to do for our patients, but a high priority for leadership, and we have therefore gotten approval to pull all levers to accomplish this goal. To do so—we need support from all of you!

We are asking for MDs who would be willing to work extra hours doing phone intakes to support medical centers who are at risk for not meeting access targets for Adult MD and child non-MD access for May. In March, we were short meeting access for Adult MD by ~30 appts/week and for child non-MD by only ~70 appointments a week! Your collective contributions can be the difference maker to meet this target by May 1.

What we ask of you if you are interested in offering this kind of support:

- Due to PARRs limitations, you need to be able offer time in 4-hour increments (for example, 4 hour or 8 hour is ok, but not 6 hour).
- Send an email with the complete the attached form, your start date, and your dates/times of availability to: [Carrie.Graham@kp.org](mailto:Carrie.Graham@kp.org).
- You will be able to recharge your hours to C2C. Carrie will let you know these details.

**Please reach out to Carrie Graham ([Carrie.Graham@kp.org](mailto:Carrie.Graham@kp.org)) TODAY if this is something you are interested in! Time is of the essence!**

Best,

Shellie  
Chair of Chiefs of Psychiatry & Addiction Medicine  
Regional Mental Health