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AGENDA

Technical Advisory Committee (TAC) Meeting

Thursday, August 24, 2023 at 2:00 P.M.
L.A. Care Health Plan
1055 W. 7th Street, 10th Floor, CR 1017 & 1018, Los Angeles, CA 90017

Members of the committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/weblink/register/rbaafe6f6ac20c1930ff14bd5eb8fcd57

To listen to the meeting via teleconference please dial:
Dial: 1-213-306-3065

Meeting number: 249 846 11601

Event Password: lacare

Teleconference Site

Elaine Batchlor, MD	**Santiago Munoz**	**Paul Chung, MD**
1680 East 120th Street	757 Westwood Plaza	98 S. Los Robles Ave.
Los Angeles, CA 90059	Los Angeles, CA 90095	Pasadena, CA 91101

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

Attendees who log on to lacare.webex using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into WebEx to use the "chat" feature. The log in information is at the top of the meeting Agenda. The chat function will be available during the meeting so public comments can be made live and direct.

The "chat" will be available during the public comment periods before each item.
To use the "chat" during public comment periods, look at the bottom right of your screen for the icon that has the word, "chat" on it.
Click on the chat icon. It will open two small windows.
Select "Everyone" in the "To:" window,
The chat message must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
Type your public comment in the box that says "Enter chat message here".
When you hit the enter key, your message is sent and everyone can see it.
L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M., August 24, 2023, it will be provided to the members of the committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received

on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.
The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

	Welcome	Alex Li, *MD* *Chief Health Equity Officer*
1.	Approve today's meeting agenda	Alex Li, *MD*
2.	Public Comment	Alex Li, *MD*
3.	Approve Meeting Minutes • February 9, 2024 Meeting Minutes P.3 • May 11, 2024 Meeting Summary P.13	Alex Li, *MD*
4.	Chair and Vice Chair Election	Committee
5.	Chief Health Equity Officer Update	Alex Li, *MD*
6.	Chief Medical Officer Update P.21	Sameer Amin, *MD* *Chief Medical Officer*
7.	Health Equity Impact Assessment Tool P.39	Marina Acosta, *MPH* *Manager, Health Equity*
8.	Health Equity Improvement Zones and Community Resource Centers Update P.46	Marina Acosta, *MPH*
	Adjournment	

The next meeting is scheduled on November 9, 2023.
Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE TECHNICAL ADVISORY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.
NOTE: THE TECHNICAL ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY OF THE MEETING MONTH AT 8:30 A.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA, or online at http://www.lacare.org/about-us/public-meetings/board-meetings and by email request to BoardServices@lacare.org

Any documents distributed to a majority of Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at https://www.lacare.org/about-us/public-meetings/public-advisory-committee-meetings and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.
An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS
Technical Advisory Committee
Meeting Minutes – February 9, 2023

1055 W. Seventh Street, Los Angeles, CA 90017

Members
Sameer Amin, MD
John Baackes, CEO
Elaine Batchlor, MD, MPH
Paul Chung, MD, MS*
Muntu Davis, MD, MPH*
Hector Flores, MD
Rishi Manchanda, MD, MPH
Santiago Munoz*
Elan Shultz
Stephanie Taylor, PhD*

Management
Katrina Parrish, *Chief Quality and Information Executive, Health Services*
Wendy Schiffer, *Senior Director, Strategic Planning*

** Absent ***Present (Does not count towards Quorum)*

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Sameer Amin, *MD*, *Chief Medical Officer,* called the meeting to order at 2:05 p.m. without quorum.	
APPROVAL OF MEETING AGENDA	The committee reached a quorum at 2:25 p.m. **The Agenda for today's meeting was approved as submitted.**	**Approved Unanimously. 6 AYES (Amin, Baackes, Batchlor, Flores, Manchanda, Shultz)**
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	**The September 7, 2022 meeting minutes were approved as submitted.**	**Approved Unanimously. 6 AYES**
CHAIR AND VICE CHAIR ELECTION	Member Hector Flores, *MD*, nominated Member Sameer Amin, *MD*, as Chair. He said that the Chief Medical Officer of L.A. Care brings a unique perspective as the	

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	committee Chair. Member Elaine Batchlor, *MD*, agreed with Member Flores. Member Flores presided over the election. There were no other nominations. **Member Sameer Amin, *MD*, was approved as Chair of the Technical Advisory Committee.** Member Baackes nominated Member Flores as the Vice Chair of the committee. No other nominations were made. **Member Hector Flores, *MD*, was approved as Vice Chair of the Technical Advisory Committee.**	 **Approved Unanimously. 6 AYES** **Approved Unanimously. 6 AYES**
CHIEF EXECUTIVE OFFICER UPDATE	Member John Baackes, *Chief Executive Officer*, gave the following update: The signature item for 2023 is the redetermination for all 14 million Medi-Cal beneficiaries. Eligibility redetermination has been suspended for three years. Now that the public health emergency is over the redetermination process will resume. It has been announced the redetermination packets will be mailed in April to beneficiaries with effective dates renewing in June. It is anticipated that ineligible determinations will fall into three categories: people that moved and no longer reside in Los Angeles County, people whose income is now above the ceiling of 138%, people who fail to respond to the redetermination package. L.A. Care built this into its budget for this year and next year, because its fiscal year runs from October 1 to September 30. L.A. Care is budgeting based on all of the recommendations from various sources. About 13% of L.A. Care's Medi-Cal membership are expected to lose coverage, but may be eligible for premium subsidies for health coverage through Covered California. L.A. Care's goal is to make sure that everyone who is eligible completes the redetermination process. He thinks this the most critical challenge L.A. Care is facing and L.A. Care is working closely with state representatives and with the Los Angeles County Department of Public Social Services, because that's where the actual redetermination process is housed. L.A. Care will be doing extensive outreach with providers and in the clinic at the hospital levels, and the doctors' offices. L.A. Care will use its community resource centers to assist people completing the paperwork. The community resource centers give L.A. Care an advantage, because qualified enrollment assistors will help people complete the process.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	L.A. Care enrollment will be impacted by losing members, but it will also gain new members. In January 2024, undocumented residents between ages 26 and 49 will be eligible for Medi-Cal. Just like with the undocumented Medi-Cal beneficiaries age 50 and up, L.A. Care will be trying to match those people to existing primary care doctors they may be already seeing. L.A. Care has a new coding system that will make that facilitation go a lot easier. On January 1, 2020, members who are with L.A. Care through its plan partner arrangement with Kaiser will no longer be enrolled with L.A. Care. L.A. Care factored this into its planning. L.A. Care protested the direct Medi-Cal contract, because Kaiser does not abide by the same rules as all other health plans. About 260,000 members will be leaving L.A. Care through the Kaiser contract. Also, January 1, 2024 is the effective date for re-procurement of the commercial Medi-Cal plans in all California counties. Awards were announced in August. Molina Healthcare would now be the commercial plan in Los Angeles County. Health Net, Blue Shield Promise, and Community Health Plan in San Diego felt that they did not get a fair shot and protested in court in late December. The state announced that they were canceling the entire re-procurement process. They announced that they had reached a settlement agreement with those three plans for coverage beginning in January 2024. Health Net will still be a commercial plan in Los Angeles County, but they are required to seed 50% of their members to Molina, who will work as a subcontractor plan with Health Net, which has always been their relationship. There is no obligation on the part of any enrolled member to remain with any health plan. Enrollees still have freedom of choice and they could all return to Health Net the following month. He noted that the Molina/Health Net arrangement and the Kaiser contract will cause confusion for members. Member Rishi Manchanda, *MD*, asked Member Baackes how L.A. Care will be leveraging the community resource centers to help members with their redeterminations. He asked if they will help get the word out or will they provide assistance with filling out their paperwork. Member Baackes responded that the CRCs will do both. For the latter, he thinks there will be various ways that people will hear about the redeterminations. L.A. Care is telling its members that they can come to resource centers and someone will be there to help them. Member Manchanda asked if L.A. Care will need to hire more staff or use existing capacity. Member Baackes responded that staff will be trained on this new process. There may be staff added so that someone is at the CRC full time focusing on just redeterminations.	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Manchanda asked for more information on L.A. Care's approach to the Community Health Worker (CHW) benefit. Member Baackes responded that L.A. Care employs CHWs mainly at the community resource centers. This allows CHWs to work with their customer base in the community. L.A. Care also trained CHWs that are now working at Federally Qualified Health Centers. That was a program L.A. Care did a few years ago and it is planned to continue using CHWs.	
CHIEF MEDICAL OFFICER UPDATE	Sameer Amin, MD, *Chief Medical Officer,* gave the following updates: COVID-19 Update The Federal Government announced that on May 11, the Federal Public Health Emergency will end. Additionally, it has been announced that the California Public Health Emergency will end on February 28. The termination of the public health emergencies will impact Medi-Cal redetermination as well as potentially other issues like the cost share for commercially covered individuals for in-home COVID-19 testing. L.A. Care will have more details in the future. L.A. Care may also see a rise of appeals and grievance cases as members and providers adjust to the impact and confusion associated with the conclusion of the public health emergency. Looking at the County and Statewide COVID-19 dashboards, L.A. Care is relieved to see the continued decline in the number of people hospitalized or whose death was associated with COVID-19. The trend began in the second week of January and continues. Local public health colleagues have also expressed a sense of relief. L.A. Care does not currently see any immediate threat from new variants. The Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) are making a big push towards quality, equity and preventive services. Managed Care Accountability Set will be moving from 15 to 20 measures and there are now penalties if L.A. Care does not achieve the 50th percentile of national benchmark. In order to treat vulnerable communities, L.A. Care will need to solidify its race and ethnicity data so that it treat its members better based on their race and ethnicity. There is a heavy emphasis on addressing the decline in pediatric well visits and vaccinations during the pandemic. He noted that there was a decrease during the pandemic. L.A. Care hopes to see an improvement on its 2022 scores. There are new Long Term Care measures such as Quality Accountability and will be facilitated by Supplemental Payments. It will be managed jointly by DHCS and Los Angeles County Department of	

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	Public Health as these incentives are related to setting workforce staffing ratios at long term care and skilled nursing facilities as well as improving quality of care. National Committee for Quality Assurance and DHCS Audit L.A. Care teams are hard at work in preparation for its DHCS audit. The audit will be done from February to March. Health Services L.A. Care is changing the structure of Health Services to better meet the basic needs of members. It is redesigning departments with clear charters, roles, and responsibilities. He believes this will have a better outcome for members.	
GUN VIOLENCE PREVENTION	*(Member Baackes and Member Manchanda joined the meeting.)* Marina Acosta, *MPH, Manager, Health Equity*, gave a report about L.A. Care's Gun Violence Prevention Summit *(a copy of the full report can be obtained from CO&E.)*. • L.A. Care convened a Gun Violence Prevention Summit on December 9, 2022 with the Los Angeles County Office of Violence Prevention, under Los Angeles County Department of Public Health. • Speakers and moderators included: o Deborah Prothrow-Stith, *MD, Dean of College of Medicine, Charles R. Drew University* o Susan Stone, *MD, Senior Medical Director, Utilization and Care Management Services* o Member Baackes o Barbara Ferrer, *MD, Los Angeles County Public Health Director* • The day consisted of two breakout sessions consisting of questions and dialogue among the attendees on how to curb gun violence. • More than 70 registered participants attended. • Attendees came from the fields of: o health care o mental health o public health o academia o advocates o survivors	

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	o faith-based organizations o community-based organizations (CBO) o L.A. Care RCAC members • Evaluations we received all rated the event as "Excellent" or "Very Good" • Final overview is being finalized and will be shared with attendees. • Themes from the day include: o A number of summit attendees reported personal experiences with gun violence o Attendees are working on : - Increasing coordination among key players working to reduce gun violence, - Creating the infrastructure needed to ease re-entry for individuals, - Improving healthcare professionals' preparedness and willingness to assess trauma and its impact on clients, and - Strengthening community-based efforts to reduce person-on-person violence. o Barriers: - limited budget and lack of resources - lack of culturally appropriate and compassionate language when engaging with survivors of violence, and limited stakeholder buy-in. o Improving System Coordination - engaging with and understanding the different roles that stakeholders are playing, - improving data collection, reporting, and sharing procedures that allow different key players to gather and use input directly from community members, and redesigning funding structures in a manner that requires collaboration. o Summit recommendations include: - Continue to include and amplify the voice of survivors. - Training medical professionals on firearm screening. - More non-traditional forms of care in healthcare settings i.e. cooking classes, etc. - Ongoing improvements in community building and cohesion. - Help communities secure long-term funding to showcase best strategies and practices.	

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	- Increase the number of jobs and economic opportunities allowing individuals to re-enter and re-integrate with society successfully. o L.A. Care's has been: - Highlighting as an urgent public health (PH) issue and must be addressed like other PH issues. - Working on a provider training about firearm safety. - Assessments: Reviewing assessments used to ensure gun safety is included. - Adding additional firearm safety resources on our L.A. Care website and communicating these resources. - Potentially adding a Preventive Health Guideline for clinicians on this topic. - Identifying opportunities with new Medi-Cal benefits: Community Health Worker (CHW) benefit can help members receive violence prevention services. - Forging new and ongoing partnership between L.A. Care and OVP to continue to address gun violence prevention. - L.A. Care will continue to urge lawmakers to take further action, and support vigorous research and advocacy to prevent gun violence.	
HOUSING AND HOMELESSNESS INCENTIVE PROGRAM EFFORTS	Karl Calhoun, *Director, Safety Net Programs and Partnerships,* and Alison Klurfield, *Consultant*, presented information about L.A. Care's Housing and Homelessness Incentive Program Efforts *(a copy of the full report can be obtained from Board Services.)* Goals: 1) Ensure managed care plans have the necessary capacity and partnerships to connect their members to needed housing services; 2) Reduce and prevent homelessness Total Funding Available: $1.288 Billion statewide; one-time funding; must be earned by 3/2024; may be spent over a longer timeframe Local Homelessness Plan: Submitted June 30, 2022; updated measures submitted August 12, 2022 Investment Plan: Submitted September 30, 2022 Measurement Period 1 Submission: Due to DHCS on March 10, 2023 HHIP Top Priorities for Investment – January 2023 • Infrastructure: Health Information Exchange, Data Exchange, Workforce • Street Medicine	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Programs to get & keep people housed • Unit Acquisition Strategy • ADL Expansion Strategy HHIP Strategic Housing Investments • L.A. Care is partnering with Health Net to implement HHIP Strategic Housing Investments to meet HHIP metrics and address urgent unmet needs for people experiencing homelessness. • L.A. Care will implement these strategies via investments to the L.A. County Chief Executive Office Homeless Initiative (CEO HI), which is the central coordinating body for L.A. County's efforts. • Depending on CEO HI performance and on future HHIP earnings, L.A. Care also intends to make additional substantial investments for this purpose in 2024. CEO HI Strategic Housing Investments: Unit Acquisition Strategy • Goals: - Increase utilization of tenant-based housing vouchers - Decrease time to lease-up - Decrease effects of discrimination against voucher holders and people experiencing homelessness • Investment funds will support: - Backfill funds that cover non-rent costs of master leasing buildings (e.g. vacancy payments, trash, pest control, damage mitigation) - Program staff - Evaluation The number of units for each funding commitment and expected completion date are estimates. The actual number of units could vary but the total of 1,700 minimum expected units is not impacted by this potential variation. CEO HI Strategic Housing Investments: ADL Expansion Strategy • Goals: - Identify and assess people experiencing homelessness w/ADL assistance needs earlier - Speed appropriate placements into interim and permanent housing	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	- Help people experiencing homelessness w/ADL assistance needs live in less restrictive settings with appropriate supportive services • Investment funds will support program, staff, and evaluation for: - Enhanced Care Assessment Teams - Caregiving in Interim Housing - Enriched Residential Care Member Elan Shultz asked how L.A. Care matches the need of the eligible population. Mr. Calhoun said that it does not meet the need. Ms. Klurfield noted that it depends on the initiative. The enhanced care assessment teams will probably need more funding. Since it is a one-time fund, L.A. Care will spread it out over five years to get a track record and try to figure out the demand. Will look at private funds to expand if necessary.	
ADJOURNMENT	Member Baackes stated that L.A. Care will be announcing a new Chief Health Equity officer soon and noted that the position it is a requirement for the new Department of Health Care Services contract. This position would focus on health disparities and will be outward facing. It will help create a relationship with other organizations. He asked the committee if they wanted it to be an agenda item for a future meeting. The committee agreed to add the topic on the next agenda. Member Manchanda asked if this is related to L.A. Care's goals. Dr. Parrish responded that L.A. Care is working toward Health Equity Accreditation. Dr. Amin stated that it will be added on the agenda for the May 11 meeting. . The meeting was adjourned at 1:20 p.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY: ______________________________
Sameer Amin, MD, *Chairperson*

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Date Signed

The following resources were shared with the committee and the public via chat box:

February 9, 2023, 2:24 p.m. from Rishi Manchanda MD, MPH to everyone: A few additional resources and potential leads that may be helpful regarding trainers and training resources. 1) https://doctorsforamerica.org/subcommittee/gun-violence-prevention/

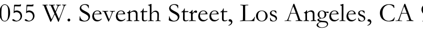
February 9, 2023, 2:24 p.m. from Rishi Manchanda MD MPH to everyone
https://doctorsforamerica.org/wp-content/uploads/2021/05/Public-Service-Announcement-How-to-Talk-with-Patients-about-Gun-Violence.pdf

February 9, 2023, 2:25 p.m. from Rishi Manchanda MD MPH to everyone: https://www.mass.gov/lists/resources-for-talking-to-patients-about-gun-safety#information-for-providers-about-gun-safety-

February 9, 2023, 3:15 p.m. from Rishi Manchanda MD MPH to everyone:
As CHWs, including those based at CRCs, encounter member questions or issues related to tenant protections, this may be a helpful resource https://t.co/HpsdLcGTTk

February 9, 2023 at 3:15 p.m. from Rishi Manchanda MD MPH to everyone:
https://drive.google.com/file/d/1j4GMj_jpOCTVi9XqaGG2_2LTNqXPWnDz/view

BOARD OF GOVERNORS
Technical Advisory Committee
Meeting Summary – May 11, 2023


1055 W. Seventh Street, Los Angeles, CA 90017

Members
Sameer Amin, MD, *Chair*
John Baackes, CEO*
Elaine Batchlor, MD, MPH
Paul Chung, MD, MS*
Muntu Davis, MD, MPH*
Hector Flores, MD
Rishi Manchanda, MD, MPH
Santiago Munoz
Elan Shultz*
Stephanie Taylor, PhD

Management
Katrina Miller Parrish, *MD, FAAFP, Chief Quality and Information Executive*
Alex Li, *MD, Chief Health Equity Officer*
Terry Brown, *Chief Human Resources Officer*
Felix Aguilar-Henriquez, *MD, Medical Director, Quality*
Wendy Schiffer, *Senior Director, Strategic Planning, Strategy*

** Absent ***Present (Does not count towards Quorum)*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Sameer Amin, *MD*, *Chief Medical Officer,* called the meeting to order at 2:05 p.m. without quorum.	
APPROVAL OF MEETING AGENDA	**The Agenda for today's meeting was not approved.**	
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	**The February 9, 2023 meeting minutes were not approved.**	
MEMBERSHIP (TAC 100)	**Alex Li, *MD, Chief Health Equity Officer*, was approved as a member of the committee.**	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF MEDICAL OFFICER UPDATE	Sameer Amin, MD, *Chief Medical Officer,* gave the following updates: He noted that he has been in this post now for almost 7 months and L.A. Care has done a significant amount of work over the last few months. In terms of getting health services reorganized for the challenges of our day and I think some of that is again, the Case Management and Utilization Management over to health services. Some of it is the work that we're doing around building our community health department, which houses social services and behavioral health. Health Services, and making sure that we've done a gap analysis where we need to add resources. He said if they look at what's happened in the course of the past few months, he has done a lot of work in terms of staffing and getting people in positions to really move the organization forward. There are a few areas where he just wanted to call out to everyone here that we're making significant progress. Transitional Care Services He said that Transitional Care Services has been an interesting challenge as the state has come down as part of CalAIM with the requirements that L.A. Care handle transitions of care for its patient population in 2024. That is going to mean that every single patient under its purview. In 2023 the hope is that we are going to handle transitions of care for those who are in the highest risk group. It is a challenge, because even staffing to that consideration is difficult. The real question is, how would L.A. Care go about identifying those members. We have identified that it's not an acute issue that is going to go away. We've attacked this in a number of different ways. First, it had to set up its mission, its feeds, mission discharge, transfer, feeds, such that it is getting the health information that it needs to know when somebody is moving from facility to facility or moving from facility to home. He noted that L.A. Care is a found member of LANEZ. Health information exchanges with, I think, at this point, +80% of our hospital, 70 to 80% of our hospitals and so we're getting the information that we need that people are moving. Beyond that, once they're moving, we are now hiring a whole number of community health workers to make outgoing calls. Contact these members to make sure that they understand their transitions of care plan and we believe that over time that is going to reduce the number of readmissions. He noted that L.A. Care is spending a significant amount of resources and restart and further staffing and expanding our complex case management team so that they can handle these patients once we've identified that. They have an ongoing need. L.A. Care is also working with its enhanced care management providers to make sure that those who need even more resources are	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	getting them. That's really for the highest of the highest risk patients we're also working with our provider groups to make sure that those who maybe don't have an enhanced care management need or a complex care management need can still get the care management that they deserve within the provider groups themselves and so it is a pretty holistic plan that I'm proud of, that we are rolling out. With the end of the public health emergency, the reduction in the number of beds that each hospital has available to it, as well as nursing shortages. Hospitals are seeing their cost rise and they're seeing L.A. Care take care of its patients. The costs are getting out of control and so we're doing a couple of things to try to help that. John Baackes, *CEO*, has been the founder and pushing forward the California safety net initiative, which is seeking to increase medical reimbursement. That work will hopefully eventually result in an increase in reimbursements to medical providers. L.A. Care is also trying to staff up the inpatient utilization management team as well as its outpatient utilization management team to help with difficult-to-place patients. As a medical provider, we have a lot of difficult place patients and so we are staffing up our teams to help with that process. Member Amin stated that the QI and QI Informatics has been traditionally led by Dr. Miller-Parrish. She is L.A. Care's fantastic clinical leader that's been at this company for quite some time. L.A. Care has treasured her service, but she's made a decision to move on. He noted that L.A. Care will miss her. Dr. Miller-Parrish announced that she will be leaving L.A. Care at the end of the month and will be taking a role in her home state of Virginia. She stated that she leaves the Quality Improvement (QI) Department in good hands. She encouraged the committee to keep their point of contacts in QI and continue their work. *(Member Rishi Manchanda, MD, and Elaine Batchlor, MD, joined the meeting.)*	
HEALTH EQUITY MITIGATION PLAN	Alex Li, *MD, Chief Health Equity Officer,* gave a report about L.A. Care's Health Equity and Disparities, Path, Philosophy and Plan *(a copy of the written report can be obtained from Board Services.).* Part of L.A. Care's DNA • Explicitly calling out and addressing "Health Equity and Disparities" Statement of Principles on Social Justice and Systemic Racism (2020)	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Established an Equity Steering Committee and three sub-committees: Members, Providers, L.A. Care Team (Staff). Inaugural Chief Health Equity Officer (CHEO) -James Kyle, MD (2021-22) • Health Equity Department New Chief Health Equity Officer (Alex Li, MD) began in March 2023 • Develop a Health Equity and Disparities Mitigation plan • Build upon the existing work • Lead where there are gaps • Ensure compliance* Observations Many people have their own definitions of "Health Equity" or specific disparities that they focus on. • Target rich environment and changes will take time. • Work needs to be synergistic and coordinated and not territorial. • Multiple L.A. Care Departments and community partners work on health equity: - E.g. Community Resource Centers, Community Health, Community Benefits, Health Education, Quality Improvement etc. - Health Equity (and CHEO) are written into L.A. Care's DHCS and Covered California contracts. • CHEO for the health plans are not all physician, but best to be familiar with the health plan resources and align with the mission. Philosophy • The How! (Getting things done) - Leverage and partner with existing departments and community based organizations - Lead in areas where additional health equity work needs to be done or be a "Chief Health Coordinator." ➢ Example: Black Infant and Women's Health - Measure impact - Ensure Compliance • The What? (Focus Area)	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	- More public health and community focused. - Support and work with L.A. Care service areas and initiatives that impact health equity - Target programs that are sustainable • The Who? (Priority Populations and Initiatives) - L.A. Care and/or community members - Mom and young kids ➢ Birthing individuals/moms, infants and young children (TANF ~1.2M) ▫ Preventive measures and services (e.g. perinatal services, vaccines) ➢ Black women and infants (FY 21-22 ~1,500 births) - Homeless/unhoused individuals (~50K) - School-aged children and teens (650K) - Other key anchor areas and social drivers of poor health ➢ E.g. Gun violence prevention or "Food as Medicine" - L.A. Care staff Phase 1 (Month 1 and 2): • Initial assessment and identified high-level priorities Phase 2 (Month 2-4): • Refine, add specific timelines and metrics Phase 3 and Onward: • Disseminate, act, evaluate and assess	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Health Equity and Disparities Mitigation Plan and Health Equity Zones • Informed by L.A. Care's history of work within and for the safety-net, member needs, our community partnerships, and an internal assessment. - Identified four key health equity zones Addressing Key Health Disparities Leading Change Moving Towards Equitable Care Embracing Diversity, Equity, and Inclusion	
HEALTH EQUITY ACCREDITATION	Dr. Miller-Parrish gave a presentation about Health Equity Accreditation *(a copy of the written report can be obtained from Board Services.)* Multicultural Health Care (MHC) Distinction • The first NCQA distinction awarded for excellence in serving the needs of a diverse population through cultural assessment and responsiveness, disparity reduction and language services. • MHC distinction is valid for 2 years. - Current certificate expires 03/26/2024 • L.A. Care MHC Distinction Award Longevity: - Medi-Cal: Since 2013 - LACC: Since 2015 - CMC: Since 2017 • As of 2021, L.A. Care scored a 98% for MHC, for all lines of business.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Health Equity Accreditation incorporates existing Multicultural Health Care Distinction standards and raises the bar to a higher degree of equity. • NCQA awards Health Equity Accreditation to organizations that meet or exceed standards in: - Identifying and reducing disparities - Addressing social risk factors Working toward dismantling the systemic and structural barriers that generate bias or discrimination in health care. Health Equity Accreditation Timeline • L.A. Care Health Equity Accreditation survey will be based on 2023 Standards. • Health Equity Accreditation evidence collection began April 2023. • Health Equity Accreditation survey takes place December 2023 Health Equity Accreditation Requirements • In addition to MHC requirements, HEA adds: • Collection of Sexual Orientation and Gender Identity (SOGI) Data including: - Preferred Pronouns - Sex assigned at birth Note: SOGI information pertains to HE 2D, HE 2E and HE 6B Standards. • New HE 7 Standards Health Equity Accreditation Preparation • Plan Partner Delegation - The Health Equity 7 Standards include L.A. Care Health Plan being responsible for overseeing delegated health equity activities for our plan partners. - Currently, L.A. Care does not directly oversee Health Equity functions for members assigned to the Plan Partners. However, Plan Partners either hold MHC distinction and/or are undergoing their own Health Equity Accreditation with NCQA. Health Equity Accreditation Preparation • L.A. Care uses an outside vendor, *The Mihalik Group* (TMG), to review the business unit document submissions against the 2023 Health Equity NCQA Standards. TMG provides their recommendations on how to meet NCQA requirements, which are	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	classified as Met, Partially Met or Not Met. If the document was deemed as Not Met, TMG provides the reasoning, as well as their suggestions on how to meet the NCQA requirement. • As of May 2023, there are no gaps to report. Health Equity Accreditation vs Health Equity Plus Health Equity Accreditation (HEA) • Health Equity Accreditation focuses on reducing health care disparities by assessing, respecting and responding to diverse cultural health beliefs, behaviors and needs (e.g., social, cultural, linguistic), when providing health care services. HEA is focused within the health plan. Health Equity Plus Accreditation • Health Equity Plus broadens the view of equitable care within and outside the health plan, by requiring the organization to collaborate with other stakeholders in the healthcare ecosystem including: - Individual patients/members and their families with emphasis on the communities in which members live - Communities - Payers - Clinicians - Local and national policy makers - Community-based organizations - Social services organizations • Voluntary accreditation • Currently assessing readiness with Equity team and Chief Health Equity Officer. *(Member Munoz left the meeting.)*	
ADJOURNMENT	The meeting was adjourned at 3:45 p.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY: ______________________________
Sameer Amin, MD, *Chairperson*
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Date Signed

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Chief Medical Officer Report

August 2023

Care Management/Utilization Management / MLTSS Departments

Care Management

Enhanced Care Management (ECM)

Noah Ng, the new Director of ECM, has been conducting a full assessment of staff roles, technology, and processes against the December 2022 revision of the DHCS ECM Policy Guide. While some aspects of the assessment continue, numerous operational, compliance and financial improvements have started.

- **Data Integrity**
  - Issue: System and process issues affect the accuracy of member enrollment. Monitoring and reconciliation reporting has been difficult in our current systems.
  - Actions Taken
    - Revised process went live in June to help track ECM enrollment data
    - Coordinators from CM team are correcting enrollments to be complete by August 4.
    - Creating code sets to assist with accuracy and completeness of enrollment data
    - Developing Referral and Enrollment KPI for internal use and for DHCS reporting

- **Payment Model**
  - Issues: 1) The current system requires a complicated data and reconciliation process that lacks the incentive for providers to have high engagement and face-to-face interactions with our highest risk members. 2) In July, DHCS updated the ECM policy guide update to require MCPs pay providers for outreach regardless of member enrollment. To address this we will need to pay providers FFS for all outreach claims.
  - Actions Taken
    - Collaborations with Finance team to conduct a full payment reconciliation on CY 2022 and Q1 2023 by end of Q3.
    - Working with Actuary to develop a fee-for-service (FFS) rate structure for ECM with the goal of moving from capitation to FFS by Q1 2024.
    - Actuary developed outreach rate. PNM is reviewing contracts and working with our configuration team to ensure we can start paying providers for all ECM outreach

- **Clinical Oversight**
  - Issue: As we mature our ECM system, we need to enhance our clinical oversight of the network with clear consequences for providers with poor clinical performance or noncompliance with requirements.

  - Actions Taken:
    - Clinical staff have been relieved of non-clinical tasks to create capacity for oversight activities.
    - A new audit tool has been developed and is being tested; established audit case volume and frequency for clinical staff.
    - Developing reports to assess provider performance such as average time from referral to enrollment and rates of face-to-face interventions
- **Network**
  - Issue: Need to improve our continuous evaluation of the adequacy and fit of the ECM network.
  - Action Taken: Working with IT to develop a dashboard that overlays the provider network expertise and capacity with our ECM eligible membership.

- **Regulatory Notifications**
  - Issue: Improve speed of member notifications.
  - Actions Taken
    - Compliant Notice of Action letter in approvals process prior to loading in core system
    - Termination reasons have been created and confirmed to meet readability standards

- **Staffing**
  - Issue: Insufficient staffing of ECM for a growing program. Need to advance our training efforts.
  - Actions Taken
    - Job aids and reference guides have been developed to establish new or updated processes.
    - Staff have been trained accordingly and received coaching on correct processes.
    - A Director-level consultant from Toney Healthcare is directly supporting multiple assessment and remediation efforts.
    - Functions/tasks have been assigned to more appropriate personnel (e.g. nonclinical tasks to coordinators) or have been discontinued
    - We are assessing productivity and capacity with new functions to develop a new staffing model

- **Documentation**
  - Issue: Clinical staff were documenting in multiple systems.
  - Actions Taken
    - New SharePoint Intake Form went live in July which reduces need for manual entry by loading them directly in the core system
    - Staff have been instructed to put all documentation in core system and discontinue use of shared drives; compliance will be monitored.

Transitional Care Services (TCS)

CM team began implementing the TCS program in Q1 2023 using Care Managers (CM) and Community Health Workers (CHWs). In Q2, four CHWs who had been part of a similar Transition of Care pilot in the Social Services department moved to the CM department and were trained on the TCS model. The RRB approved forty-five additional CHW positions. To date, 14 have been hired.

According to the DHCS Population Health Policy Guide, in 2023 health plans are required to provide TCS for all high risk members with qualifying admissions to hospitals and skilled nursing facilities and in 2024 expand to all members with qualifying admissions or certain emergency room visits. Ramping up the program has been difficult due to the sheer volume of admissions spread across over 100 hospitals and 400 SNFs. One challenge comes in knowing which members have been admitted and discharged since local health information exchanges (HIEs) lack complete coverage of all facilities in scope. Secondly, whether this program is staffed by the health plan, hospitals, PPGs, ECM providers, external vendors or some combination, the health plans in LA and other high population counties have found it difficult to find and hire sufficiently skilled case managers, CHWs and care coordinators to meet the outlined requirements. Additionally, our efforts have met resistance from hospitals who are now required to provide members with discharge instructions that include specific information, including the name and number of the assigned TCS staff. Finally, while L.A. Care sends a weekly list of admissions from one of the Health Information Exchanges to ECM providers, we need to increase the frequency and comprehensiveness of the files or ensure ECM providers register for the HIEs to get real-time, direct notifications.

While the above is not an exhaustive list of the challenges, they represent critical points that L.A. Care has been communicating to DHCS regularly since 2022. We have advocated through multiple methods: directly in established forums such as CEO/CFO meetings, in DHCS ad-hoc surveys, in letters and discussions facilitated by trade associations Local Health Plans of California and the California Association of Health Plans. DHCS has now indicated they are willing to modify and reissue the guidance. L.A. Care has provided our recommended changes. While we await formal updates, we have adjusted to reduce provider abrasion and modified recruitment efforts.

General CM

- CM continues to work on adopting and implementing new PHM requirements from DHCS. These efforts include significant IT work.
- Cal-MediConnect to DSNP transition – We are continuing to work on operational and regulatory reports required for completion of Health Risk Assessments (HRAs), in order to reduce manual workarounds.
- New HRA requirements have been incorporated and are in the internal review process prior to undergoing system configuration. Reporting configuration will have to be updated before the new HRA can be used.
- Cognizant QNXT/CCA upgrade slated for Q1 2024 will bring needed functionality. CM recently submitted preliminary requirements for the vendor's review.
- CCS
    - UM System SyntraNet will be updated to display dates of birth in the work queues or dashboards that would allow team members to identify members under 21 that will facilitate referrals to CCS and to CM/ECM. Requirements have been written and approved, exact implementation date TBD.
    - Our current MOU with county CCS agency is from 1999. In July, DHCS released a new MOU template with a draft All Plan Letter. The team is reviewing and will work with other departments to implement on TBD schedule.

<u>Utilization Management</u>

Timeliness Corrective Action Plans (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action). UM has made extraordinary progress in this area!

- Compliance Scorecard measures – Q2 2023 most recent available
    - Overall performance for all Lines of Business
        - 38/46 measures > 95%
        - 43/46 measures > 90%
        - Three measures between 85-89% are for member notification timeliness. Corrective actions in flight include:
            - Reducing delays due to foreign language translations with a solution between SyntraNet and translation vendor to automate multiple steps in the process. UpHealth is reviewing requirements.
            - In April we established a dedicated letter team with subject matter expertise and focus on letter timeliness.
            - In August we will start additional pick-ups and mailing by our fulfillment vendor. The three times per day schedule should help reduce untimely notices.
            - Letter automation went into production 7/28. With approval letters automated, the letter team will be able to more quickly process the lower volume of adverse determination notices.
    - Direct Network only (Medi-Cal subset)
        - 15/20 measures > 95%
        - 17/20 measures > 90%
        - 3 measures between 75%-80%, all member notifications
        - Corrective actions same as above (Direct Network is a subset)
        - LAC continues to submit Direct Network scores and narratives on process enhancements and staffing levels to DMHC via quarterly undertakings.

UM Team Development
Since 1/1/23, 42 new FTEs have been hired

- Nearly all Leadership positions are filled
- Physicians
    - In May the RRB approved five additional positions to address volume of work as well as to address numerous clinical gaps identified during the DHCS audit. A new Medical Director started 7/31 and recruitment continues for the remaining positions.
    - Our Medical Director with pediatric and CCS expertise returned from maternity leave in July and will provide subject matter expertise in development of pediatric-focused efforts.
    - Recruitment is ongoing for the Senior Medical Director position
- The Quality team now has seven auditors (five clinical, two nonclinical), two clinical trainers, a policy nurse and is recruiting for two nonclinical trainers and a program manager.
- The ER/Admit team phone queue went live in mid-May, but has three openings which are difficult to fill, especially evening and night shifts. This has also been a tough team to keep staffed as the calls can be challenging. Maintaining management coverage for nights and weekends has also been difficult and may require creative thinking to solve.
- The Discharge planning team has been slow to staff but will have 5/6 positions filled by August. Because this team will handle both inpatient and outpatient requests, the training is extensive. Our goal is for a soft-opening in the Fall with limited hours that will expand to 7-day a week coverage as additional staff complete training.

- The PDR team that handles the clinical portion of claim disputes is fully staffed. They will soon take over adjacent work to provide documents and analysis in support of claims disputed via litigation, previously worked by UM Quality team.
- A UM-focused data analyst came on in June and is already helping to assess productivity, projecting staff capacity and will soon start on enhancing metrics and developing over/under utilization assessments.

UM System SyntraNet

- In May, vendor UpHealth restarted work on open tickets. They have engaged a third party, Excell, to assist with project management including ticket tracking and transparency, coordinating work groups and developing training materials.
- UpHealth has allowed the LAC configuration team in IT to take over much of the process related to letters. As a result, many letters that have been pending for months will be available in the system by the end of Q3.

DHCS Audit Focus Areas

- Coordination between UM and Grievance & Appeals
    - The two teams along with the Quality Medical Director have been having at least monthly collaboration meetings since March of this year.
    - A new process was developed for Medical Directors to review grievances that appear to have quality of care concerns ASAP after receipt; Medical Director training to be scheduled.
    - The Medical Directors will be receiving training in the PCT system so that their appeals work will be submitted directly to the A&G team where other appeals documentation is housed.
    - A new Medical Director starts 7/31 and will increase physician capacity to support A&G functions.
    - A framework for metrics and reported was developed to track denials rates, appeal rates, uphold/overturn rates and break down by entity (e.g. LAC, PPG). The business case is under review with the IT reporting team.
    - The Appeals nurses will be training on MCG with the UM team and will participate in the annual Inter-rater Reliability exercise this Fall.
- Developing and implementing audit tools and protocols. Tools have been developed for all functional areas (inpatient, outpatient, nonclinical) On the clinical side, the emphasis is on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions
- Letters for Continuity of Care are being configured with expected deployment of Mid-August.
- With the hiring of our UM data analyst, work will resume in the following areas
    - Unused authorizations
    - Auth tracking, trending
    - Enhanced reporting to Utilization Management Committee
    - Expansion of over/underutilization
- Under/overutilization
    - We have been actively working to monitor and address overutilization of hospice. This has been an ongoing effort among our clinical analytics department in collaboration with the SIU, PNM and Legal. The bulk of the work has focused on claims date and we recently expanded to include prior authorizations. Medical Directors and prior auth nurses have received several trainings to identify suspicious hospice referrals and to redirect OON requests to contracted agencies. A cross-functional team meets weekly to review results of data analyses and determine next steps. The efforts of this group has already resulted in a number of recovery letters delivered to hospice agencies for repayment of fees inappropriately billed.

- In April, we asked to discuss our concerns with DHCS and had a meeting in mid-June. Given that our findings matched those found by a 2022 State Auditor report, we used those for context. We presented L.A. Care data from 2022 and explained that our preliminary analysis for 2023 suggests continued trends in the wrong direction.

State Auditor Finding*	L.A. Care Experience
Unusually large number of hospice agencies doing business in LA County	700+ unique hospice agency NPIs billing for services
Low census	Only 138 of the 700 NPIs had 10 or more
Excessive geographic clustering	Glendale (63), North Hollywood (59), Van Nuys (116)
Long lengths of service	85% of cases in 2022 over 6 months
High live discharge rates	Four times the rate of deaths (~3700 vs. 1000 who died)
Employees working for large number of hospice agencies	Physicians who have connections to large numbers of hospices
Stolen Identities of medical personnel	Suspicious cases identified for further investigation
Owners/administrators with multiple hospices	One with over 30, at least 4 of which L.A. Care has paid claims https://opencorporates.com/officers/us_ca?page=1&q=BIBI+MOHAMMED
Ineligible patients	Tracking and investigating hospices with high proportion of members who are young and/or with questionable terminal illnesses (heart disease, hypertension)
N/A	Improper billing
N/A	High number of patient handoffs between agencies at 6 month intervals

* https://www.auditor.ca.gov/pdfs/reports/2021-123.pdf

- L.A. Care requested DHCS consider the following as part of the review and update of APL 13-014 Hospice Services and Medi-Cal Managed Care:
  - Option to require prior authorization, particularly for non-contracted (out-of-network) hospices.
  - Align with Medicare clinical LCD requirements (Local Coverage Determinations)
  - Reimbursement model in alignment with Medicare
  - Expansion of pre-payment review options
  - Requirements to submit medical records in addition to Certification of Terminal Illness
  - Contracting options to expeditiously cull the excess providers in the network, and/or additional guidance for adding or maintaining entities at a certain threshold above network adequacy
- Also, we asked DHCS to consider whether any of the above options may be made available on a short-term, temporary basis to health plans in LA County (or others with similar trends) while longer-term solutions are evaluated. DHCS thanked us for the information and suggestions and said they would review and get back to us. We followed up in July and they said it was still under review.

Hospital agitation/abrasion

Three provider summits were held over the last few months with selected hospital and SNF systems as well as Plan Partners to brainstorm and collaborate on solutions to assist in the appropriate and timely transitions of members with complex needs. Accomplishments to date include:

- Contract related
  - Drafting new contract terms for admin days and observation
  - Updating of legacy contracts (2014)
  - Review of use and effectiveness of carve out payments
- Facility education on
  - Transportation options, escalations process
  - Enhanced Complex Discharge Planning support offered by UM
  - Availability of ECM, CCM, TCS, Community Support Services and Managed Long Term Services & Supports programs
- Developed a template for hospitals to use in seeking skilled nursing placements to meet the member's needs. The template will be used on a pilot basis with one hospital system and one SNF system collaborating with UM to evaluate whether it expedites discharges, before rolling out more broadly. The pilot starts in August and is slated to last two months.
- Regular meetings with hospitals
  - The inpatient team meets regularly with several hospitals to facilitate coordination and discharge of complex members; some are daily check-ins and others are weekly. Facilities include MLK, Cedars, Providence, and Dignity. The team is planning additional weekly discharge rounds with high volume hospitals to review difficult placement cases.
  - Leaders from UM also participated in numerous hospital Joint Operations Meetings (JOM). For example, in July JOMs included UCLA, City of Hope, Providence, Adventist and Alhambra. Provider Network Management is in the process of revamping the JOM schedule and content with the goal to have bi-monthly JOMs with highest volume hospitals to review and address operational challenges.

Managed Long Term Services & Supports (MLTSS)

Since January 2022, the MLTSS team has grown from administering six categories of benefits and services to what will be 15 by 2024. In order to maintain current operations and implement new ones from CalAim, 19 additional staff were approved in June and are currently in recruitment.

Community Based Adult Services (CBAS)

- As part of the post-COVID transition to in-center attendance, the state allowed for some out-of-center services to continue on a limited basis under Emergency Remote Service (ERS) provisions. The CBAS team has been reviewing all ERS requests as they come up for renewal to ensure members are returning to the center for in-person services (core to the CBAS model) or are discharged from the program. Site visits to some centers have shown lack of compliance and LAC has advised the California Dept. of Aging (CDA). CDA noted in a recent meeting that ERS policy will be reviewed and reinforced via training that will include input from plans.
- In June, the RRB approved two additional nurses to conduct UM activities. The additional staff will focus on reviewing requests to determine the appropriate visit frequency for the member's condition and identify overutilization.

CalAIM & Community Supports (CS)

Planning is in swing for future Community Supports (CS) that will be managed by MLTSS.

- Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In from FFS Medi-Cal (benefits are administered by Regional Centers). Jan 2024 effective.
  - An enterprise project manager was assigned in June to assist in coordinating and tracking this cross-functional implementation and a work plan is being developed
  - In August, the team will start the IT workstream which is pending alignment with other health plans on process and the Regional Center's role.
  - Staff attend DHCS Workgroups. During the July call, representatives from Regional Centers and the ICF-DD operators expressed numerous concerns about the transition including network preparedness, enrollment, claims, credentialing and contracting.
  - Critical info has not been provided to plans yet which increases risk for implementation challenges: DHCS says they have an APL planned for August but that enrollment files with membership numbers won't be sent until November. Also pending from DHCS are model contract language and credentialing requirements. They have indicated they will push the network readiness initial submission due date to the end of September.
- Nursing Facility Transitions/Diversions to Assisted Living Facilities (Transitioning members who meet program and medical criteria for transition out of LTC.) and Community Transition Services/Nursing Facility Transition to a Home. Both launch Jan 2024.
  - Preparations are on track with multiple weekly sessions with the IT Solutions Delivery Team.
  - Submitted completed policies and SOWs to DHCS.
  - Workflows completed in May. Service Authorization Requests drafted and are pending engagement with UpHealth.
  - Concluded review of 25 provider LOIs for Community Transitions in July; five invited to proceed to complete the certification application.
- Staffing
  - A new clinical manager came on board in June to oversee Palliative Care, Community Supports, and CalAIM benefits within MLTSS.
  - In June, the RRB approved the following to support CalAim functions
    - Six additional nurses
    - Six coordinators
    - A non-clinical Supervisor
    - Program Manager and Senior Manager
    - Analyst

Palliative Care

- Palliative Care SB 1004 (APLs 17-015 and 18-020) benefit is currently for full-benefit-only Medi-Cal members (excludes partial and full duals). Benefit expands to full duals in DSNP – under Medi-Cal on 1/1/24
- Resource request for dedicated Palliative Care RN approved in June and in recruitment. Goal to expand and grow the program
- Program awareness has been promoted via webinars
  - PPGs, hospital, County DHS and ECM providers in May
  - SNF and CBAS facilities June
- Team met with peers at Inland Empire Health Plan (IEHP) on palliative care strategies. IEHP enlists their providers to successfully garner enrollments. LAC will look to operationalize a similar approach.

Community Health

Social Services

- As of July 1st LAC is taking recuperative care referrals from the Emergency Department.
- LAC made several changes to the Recuperative Care Community Supports Program to lower the threshold and increase access to receive the services.
- Our CES Liaison staff, hired to support community homeless providers, has started attending community meetings addressing homeless services.

Behavioral Health

- Targeted efforts are in progress to develop behavioral health interventions specifically designed to support individuals with substance use or mental health illnesses upon discharge from the Emergency Department. The primary objective is to ensure that members receive appropriate follow-up care to improve health outcomes.
- Between Q1 and Q2 of 2023, there was a 7.6% increase in the utilization of Behavioral Health Treatment (BHT) services among MCLA members under the age of 21, as compared to the same period in 2022. In response to this sustained growth, L.A. Care has taken a proactive approach by expanding its provider network through the invitation of additional providers.

Community Supports Operations & Reporting:

- CS staff worked alongside ECM team to resubmit revisions to DHCS for the Quarterly Implementation Monitoring Report (QIMR) for 2022 Q1-Q3. Plan partner data changed, and L.A. Care had more claims to support the reporting of Services Received.
- DHCS Member Information Sharing - CS staff are working with internal IT staff to build out the CS Authorization Status File (ASF) and prepare for processing the CS Return Transmission File (RTF) in accordance with DHCS requirements
- Developed draft of DHCS Supplement Data Request for Q1 2023 to provide information for provider payment rates

HHSS:

- As of July 28, 2023, just over 11,000 members are enrolled in HHSS
- Contracted provider network increased from 25 to 29 this quarter
- Claims Needed Report: CS staff have prepared the June Claims Needed Report for HHSS Providers. This report will help HHSS providers be more timely in submission of HHSS claims
- Member Information File (MIF) - provider responses from the June 2023 HHSS MIFs are currently being manually entered into SyntraNet by Cognizant
- Provider Capacity Report: Updated Provider Capacity Reports requested for Q1 2023
- Housing Assessment (HA) /Individualizing Housing Support Plan (IHSP):
  - Continuing to work with Cognizant for Housing Assessment (HA) /Individualizing Housing Support Plan (IHSP) upload
  - Community Health staff are working with DHS, IT, and UpHealth to build out a bulk upload process to receive outstanding HAs and IHSPs

HHIP:

- Report on Measurement Period 1 (MP1) metrics submitted 3/10
  - Full amount achievable - $101,561,616
  - In January we estimated earnings $78M → Revised to $92M after MP1 report submission
    - 90% earned = $91,405,454
- MP2 distribution of earned dollars with be based on implementation of HHIP priority programs (ADL expansion, unit acquisition)
  - CEO HI Agreement completed and target July/August for implementation of ADL expansion and unit acquisition
- For MP2:
  - Metric 2.1:
    - Develop relationships with Street Medicine providers to meet numerator increase
    - RFA was released: 9 applications received and 8 approved (pending revisions)
  - Metric 3.2:
    - Screening for high utilizers – currently developing strategy for screening

Street Medicine (SM):
- Healthcare In Action (HIA): Began providing care 4/1/2023
- Developing SM network:
  - L.A. Care members receiving SM, establishing SM workgroup, CCLALAC investment and collaboration, and operationalize and develop processes for SM (HIA)
- Street Medicine Provider Contracts:
  - Currently in development of Standard Contract. Draft of SOW has been developed and is in review & revision. Estimated completion in August.
- Work plan for Network Expansion:
  - Developing timeline and strategy for LA Care Street Medicine network and program. Work plan TBD upon SOW completion.
- Priority target list for SM providers and outreach process
  - Target list has been developed. Providers include FQHCs identified through CCALAC and HHIP RFA agencies outreached for SM contracting

QUALITY IMPROVEMENT

- NCQA Agreed to roll the Discretionary Survey into the Triannual Health Plan Accreditation Survey.
- Direct Network Physician Advisory Committee first meeting was in June, and was a great success!
- QI All Staff meeting was virtual on 7/13/2023
- Health Equity and Practice Transformation Grant from DHCS have been announced. We are now preparing to handle applicants
- QI continues to support the FQHC Alternative Payment Model Program implementation including encounter data process challenges

Health Education & Cultural Linguistic Services (HECLS)
- Post-Discharge Meal Benefit for D-SNP integrated into medically tailored meals workflow. New referral form in place that includes Community Supports – Medically Tailored Meal and Post-Discharge Meal Benefit.
- Doula Benefit launched 1/1/2023 for Medi-Cal members and launched 7/1/2023 for LACC members.
  - Provider Recommendation Form posted on L.A. Care website.

  - Doulabenefit@lacare.org email-box established for doula/provider communication.
  - Doula benefit webinar for prospective doulas hosted by L.A. Care took place on May 23, 2023.
- The Registered Dietitian team expanded the in-person consults for high need members to four Community Resource Center (CRCs) locations.
- Fight the Flu Campaign 2023-24 launch scheduled for September 2023 with texting campaign, automated calls, and flu clinics at CRC's.
- Member race/ethnicity data remediation and alternative format projects are in flight.
  - Tentative target completion date for Race/Ethnicity data is 4/18/24
  - Member demographic data governance workgroup convened for enterprise-wide data use and key decision-making
- New Diversity Equity and Inclusion training requirements for staff and providers. RFP for a training vendor will be issued in partnership with Health Equity.

Clinical Initiatives

- Initiatives is awaiting the new Quality Program requirements from Department of Health Care Services (DHCS) that will describe the type of reporting and actions that will be required to address the six measures that did not meet the minimum performance level (MPL) for Lead Screening in Children (LSC), Cervical Cancer Screening (CCS), Well Child Visits Frist 15 Months (W30A), Well Child Visits Frist 30 Months (W30B), Well Child Visit and Adolescent Well Care (WCV), and Follow-up After Emergency Department for Mental Illness (FUM).
- The Clinical Initiatives team is finalizing the Statement of Work (SOW) with at-home test kit vendor ixLayer. The three year contract total is $5,400,000, targeting members not in compliance for the following measures and lines of business:
      - Hemoglobin A1c: L.A. Care Covered Californian (LACC), Dual Eligible Special Needs Plan (D-SNP) and Managed Care L.A. Care (MCLA) Black/African American disparity focus.
      - Kidney Health Evaluation: D-SNP and LACC
      - Comprehensive Diabetes Kit: Includes Kidney Health and A1c for LACC and D-SNP.
      - Colorectal Cancer Screening: LACC, D-SNP, MCLA Black/African American disparity focus.
- Activities for low performing measures:
  - Child Domain Measures
    - Well-Child Visits in the First 30 Months of Life; 0-15 months (W30 6+), Well-Child Visits in the First 30 Months of Life; 15-30 (W30 2+), Childhood Immunizations Status: Combination 10 (CIS-10)
      - Managed Care L.A. Care (MCLA) Chinese robocalls resumed on 5/26, thus concluding the W30 MCLA robocalls.
      - A social media campaign addressing well-child visits for infants and toddlers launched 5/1/2023. Analytics showed that paid postings did well compared to the organic postings.
      - W30 Member Incentive has been approved by DHCS.
      - Healthy Baby: Robocall Script has been approved by DHCS and is ready for Spanish recording.
      - Both W30 Text Messaging Campaign Scripts are currently under DHCS review.
    - Child and Adolescent Well Care Visits for Children (WCV):

    - Three postcards (3-11 years old, 12-17 years old, and 18-21 years old) are currently in Podio for approvals.
    - Reminder well care visit robocalls for 3-21 year old members started mid-June.
    - Reminder text messages for 18-21 year old members will fall under the umbrella of the Adult's Access to Preventive/Ambulatory Care (AAP) text messaging campaign. This campaign script is currently going through DHCS approval.
  - Lead Screening in Children (LSC)
    - LSC has surpassed Measurement Year (MY) 2021 rates, but still is under the Minimum Performance Level (MPL). The Blood Lead Screening Report continues to be uploaded to the L.A. Care Provider Portal every month. An attestation for Participating Physician Groups (PPG) titled "Acknowledgement and Adherence to L.A. Care Blood Lead Screening Guidelines" is in process. A social media campaign and Provider webinar on the topic of lead poisoning prevention are scheduled for fall 2023. The Clinical Initiatives Team is also in communication with community partners in order to possibly leverage their resources.
  - Cervical Cancer Screening (CCS): Cervical Cancer Screening Letters, informing members about the importance of screening, launched in May. Cervical Cancer Screening Robocalls for MCLA Line of Business (LOB) launched in May 2023 in English, Spanish, Mandarin and Cantonese.
  - Follow-up after ED Visit for Mental Illness (FUM): L.A. Care will be collaborating with Carelon on FUM efforts to further improve the FUM rate.

- Initiatives will produce automated health reminder calls in languages other than English and Spanish if there are more than a 100 members that need a particular language. Currently there is no State or Federal policy requirement regarding automated calls. This is in an effort to improve care and equity.

Practice Transformation Program

First 5LA/HMG LA

- Cohort 1 practices (APHCV + Kids & Teens MCG) have generated a 14% increase in screenings conducted and are now screening 25% of our members aged 0-5 years old.
- Cohort 2 practices (T.H.E., Bartz-Altadonna, Palmdale Pediatrics, + White Memorial CMC) have launched screenings and are reporting data.
- Completed 40 out of 60 early childhood development classes for the community/members with very positive feedback received.

Transform L.A.-Direct Network

- Current program enrollment: 23 practices, 138 providers, 14,000 DN members (34% of total DN members).
- Twelve practices (with pediatric members) out of 21 are now tracking CIS-10 as a required measure in addition to A1c>9% (Poor Control) and Controlling Blood Pressure.
- Provider Opportunity / Gaps in Care reports will be released at the practice level in July (revised from June), updated from practitioner level only.

Provider Engagement & Outreach workgroup

- Launched Direct Network Provider Advisory Collaborative meeting on 6/28 with 7 practices attending. QI teams provided overviews of each program area with excellent reviews/feedback from providers.

EQuIP LA – Direct Network

- Four DN practices enrolled: Centinela, Dr. Mallu Reddy, Gage Medical, and Pico Rivera Women's.

Equity Practice Transformation Payments Program

- DHCS released program information 6/30. Program team in place, launch plans underway.

Provider Quality Review (PQR)/Potential Quality Issues (PQI)

- **Aging PQI Cases:** As of June 2023, there were 3,213 cases open. All cases are within the timely aging category. 2946 cases in green (0-151 days), 244 cases in yellow (152-183 days), 23 in orange (184-213 days).
  - Ongoing risk mitigation activities are being performed regularly to ensure timely case closure.
    - Weekly reporting on aging of cases and case assignments
    - Shorter meeting times to allow more time to review cases
    - Monthly reporting to leadership as well as L.A. Care internal compliance committee
    - Working with RGP and Risk Management to mitigate untimely case findings
    - Additional grievance oversight to assist with proper identification of PQI's
    - Paired specialist with triage nurses to identify unqualified PQI referrals.

- **PQR, Appeals, and Grievances Data Discrepancies**: PQR team received an additional 503 cases from Grievances in February 2023. A remediation plan to close the additional cases has been implemented in addition to monthly audits of A&G cases not sent to PQI, to ensure PQIs are being properly routed. As of June 31, 2023, 150 cases remain open from the new backlog; the goal is to complete cases in August 2023.
  - The risk management and operation support team is now engaged with A&G and PQR team to review the oversight/monitoring manual forwarding communication/reporting process for PQI cases.
- Joint meetings continue with Call the Car, DHS and selected PPGs to address ongoing optimization, issues, and CAPs.
- HR updates: A summer intern started on 7/3/23 to assist in preparing cases for PQI review. 13 re-classification and 6 new positions approved by RRB 6/13/2023:
  - Currently interviewing RN II (7).
  - Positions now in HR's offering phase: RN Supervisor (1), Specialist III(1)
  - Final offer to RN III (1) and RN II (9) completed.

Quality Improvement (QI)-Accreditation:

National Committee for Quality Assurance (NCQA): Health Plan Accreditation

- NCQA approved L.A. Care's request to hold the discretionary survey in tandem with the triannual Health Plan Accreditation (HPA) survey.
- NCQA survey submission was completed on 06/13/23.
- NCQA File review survey was on 7/31/23-8/1/23.

National Committee for Quality Assurance (NCQA): Health Equity Accreditation

- The Health Equity Accreditation contract has been revised due to NCQA's Health Equity Pricing Policy. Since HEA survey takes place in December of 2023, we will need to adhere to the price increase.
- NCQA survey submission will be 12/5/2023.

STARS/HEDIS

- MY2023 performance is projected to round up to 3.5 but this is with risk. Year to Date, HEDIS overall domain performance is performing lower than last year and coupled with recent encounter processing issues, current Year End projected performance is too soon to estimate. Operations domain YTD overall has declined from 3.56 to 3.4 due primarily to poor performance in the "Compliant about the Health Plan" domain; all other measures have significantly improved. Medication Adherence Pharmacy measures are slightly better than last year (up .82% to 1.26%) while the MTM measure is up by 11.29%.
- Root-cause analysis continues for Grievance and Appeals (timeliness and overturn rate) and complaints lodged directly with CMS through the Complaints Tracking Module (CTM) for MY2023 and MY2022. Outcome of efforts includes corrective actions and project management to ensure timely implementation of recommendations. An additional analysis has started that identifies if G&A and CTM have correlation that is impacting disenrollment.
- For the High Touch HEDIS / Pharmacy Call Center Outreach RFP, AdhereHealth was selected as the vendor of choice. Contract is currently in Legal and Procurement review with goal of obtaining signoff and approval by end of July and deployment around end of August / early September.
- Significant focus is on generating the automated Provider Opportunity Reports that will provide YTD performance vs YTD last year performance and gap closure needed to achieve the next Star Rating. Reporting will include overall PPG performance and detailed member compliance information. Goal is to get DSNP issued in early August.

Population Health Management (PHM)

- The PHM NCQA documentation for the 2023 audit has been submitted.
- The PHM team will develop the 2023 PHM Program Description in Q2-Q3 2023 and will include the CalAIM requirements. The CalAIM Strategy document is due October 2023.
- The PHM team is collecting the deliverables for the 2024 Medical Contract Phase III Readiness.
- L.A. Care is on track to develop the CalAIM Key Performance Indicators (KPIs) report that will be shared with DHCS August 15, 2023. It will also be built into a Tableau Dashboard for tracking.

Initial Health Assessment (IHA) transitioning to Initial Health Appointment

- The QI-047 IHA Policy and all related materials have been updated per APL 22-030.
- The IHA training is in development. PHM approved the Scope of Work 6/30/2023 and expects a completed provider training by September 2023.
- The IHA workgroup has drafted documentation on the root causes and corrective action plan (CAP) for the two potential DHCS Audit findings on IHA and is awaiting the final DHCS report.
  - CAPs include - enhancing the monitoring tool, possibly widening the sample and adding accountability to PPGs.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal for use in ensuring all new enrollees have a complete initial health visit within 120 days. There is a provider communication being sent out monthly.

Annual Cognitive Health Assessment (ACHA) APL 22-025

- The Policy for APL 22-025 created by the PHM team, approved by DHCS, will go to QOC for internal approval in November.
- Configuration is reviewing the DHCS fee information to operationalize payment of providers.
- Provider Communications department has drafted a communication to send to PPGs.

Facility Site Review (FSR)

- The total Public Health Emergency (PHE) related backlog spanning 3/15/2020-12/31/2021 is now down to **32**. To date three hundred and sixty nine (369) audits have been complete from the backlog.
- In Q2 2023, 31 FSR/MRR audits were conducted from the backlog.
- L.A. Care FSR is working with the LA County Collaborative regarding the backlog to be completed by 12/31/2023.
    - L.A. Care's FSR team developed a FSR tool for mobile units with a subgroup of the collaborative. We have also developed a workflow for FSR audits on mobile units and all MCPs are piloting the mobile unit tool in 2023. Feedback still pending.
    - FSR is working with internal business units and the LA County Collaborative on proposing a condensed version of the FSR/MRR for the APL 22-023 Street Medicine.

Population Health Informatics

Health Information Management (HIM) Analytics

- VIIP MY 2022 is underway. HEDIS and UM data is currently being ingested in, rolling up by provider type. We are presently ahead of schedule and planning to finish Medi-Cal VIIP prior to Thanksgiving.
- Modeling is currently being performed at the DSNP Physician-level to gauge the data viability of the program.
- The first phase of the STARS Dashboard is complete. This includes the live monitoring of HEDIS and Rx data by PPG. Phase 2, which includes Operations measures and trending is set to begin in the next week.
- HIM continues analytic support for Annual Cognitive Health Screening and IHAs for elderly and new members.
- Social Determinants of Health are being monitored and being developed further by HIM. Tracking is currently underway to monitor improved usage of SDOH z-codes. Additionally, screening codes have been incorporated into the analysis to verify that an SDOH screening occurred.

Health Information Exchange Ecosystem (HIEc)

- Currently discussing revisions to the Hospital Services Agreement (HSA), which will include a new mandate for hospital participation in Health Information Exchanges (HIEs). Contracted hospitals are being asked to confirm their compliance with CMS 9115 Hospital ADT notification requirements. They are also encouraged to participate in HIEs.
- The selection process for the Clinical Data Repository (CDR) vendor is underway and expected to be completed by July 14, 2023. Following that, contracting will take place with the aim of initiating real-time ADT ingestion through FHIR from LANES & CMT by the end of August 2023.
- Finance has approved a one-time $2.8 million HIE Incentive proposal. The objective is to enhance HIE adoption among FQHCs and Small/Solo group providers, with incentives tied to achieving Data Exchange Framework (DXF) milestones. The incentive program will be active for a period of 3 years.
- The HIE Participation Measure for VIIP will become a payment measure starting this year. This measure is designed to promote HIE adoption among IPAs and to encourage their contracted providers to participate in HIEs.
- DHCS has released an APL (All-Plan Letter) related to the Data Exchange Framework (DXF), mandating MCPs to sign a DSA (Data Sharing Agreement) by January 31, 2023, and commenced exchanging Health and Social Services information by January 31, 2024. L.A.Care has fulfilled the

DSA requirement and will initiate the DXF implementation to exchange the required information with LANES.

Incentives

- Final 2022 HEDIS and other Domain data are being retrieved for final processing to be used in the different P4P Programs.
- Meetings with Anthem and Blue Shield leadership and QI staff happened in July to discuss the newly revised Plan Partner Incentive Program. All parties agreed to the final proposed changes.
- The 2023 Action Plan Welcome Packets have been sent to IPAs. Initial Action Plans are due back to L.A. Care on July 21st.
- A new Hospital P4P Program is being designed and developed. Initial discussions occurred in the Inpatient Workgroup, with a set of measures agreed upon. A draft Program Description will be created in July. The goal is to launch the program with the next measurement year, 2024.
- Analysts completed first phase modeling of a physician-level incentive program for the Medicare Plus line of business. Results are being reviewed and will be discussed at the next Incentives and VIIP workgroups.

PHARMACY

Star Rating Metrics

- **Medication Adherence:** Our adherence STAR measures continue to trend higher than the same time last year. We are on track to meet our goal for CY2023.
  - Comprehensive Adherence Solutions Program (CASP): Targets DSNP members who are at risk of non-adherence in any of the 3 triple-weighted adherence measures. A business case for Salesforce was submitted to assist our efforts to increase member engagement and ensure compliance with the Telephone Consumer Protection Act (TCPA).
  - Vendor Collaboration: In order to target STARS metrics, Pharmacy and the STARS team are moving forward with two new vendors: CVS and Adhere Health.
    - There is a tentative launch date of September 1st for the CVS Adherence Program. We are awaiting Legal to arrive at final agreement terms and move to contract execution to meet this timeline.
    - Adhere Health has a tentative launch date of 2024. Pharmacy will assist the STARS team in this launch.
  - Participating Physician Group (PPG) Collaboration: Pharmacy is proactively pursuing collaboration opportunities with PPGs to improve medication adherence and statin measures. We will leverage PPG clinical pharmacists to facilitate timely initiation of refills and statin therapy. Successful initial meetings have been held with Optum and Altamed.
  - Formulary Team Expanded Rejected Claim & Transition Fill Outreach: Formulary team reviews daily rejected claims and transition fill reports for adherence medications, and conducts outreach to providers and members. Outreach is conducted to ensure appropriateness of rejections, resolve rejections, encourage utilization of preferred alternatives, and submission of coverage determinations as needed. As of 8/1/23, 233 claims identified for outreach were successfully addressed.

- **Medication Therapy Management (MTM) Program**: CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor) and CustomHealth pilot program, achieved 60% completion rate for eligible members in 2023 Q2. This was a significant improvement from 2022 Q2 (43%). We added OutcomesMTM as an additional vendor, during the June resubmission window.

- **Care for Older Adults (COA)**: Pharmacy summer interns have been assisting with medication reviews for this measure. Medication reviews are reviewed by L.A. Care pharmacists and sent to the STARS team on a weekly basis. A newly hired clinical pharmacist will be taking over this process at the conclusion of their internship.

- **Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC)**: Pharmacy, in collaboration with Navitus Clinical Engagement Center, is in the final stages of developing a provider-facing intervention to ensure that eligible members are on appropriate statin therapy. New program will start in late August 2023.

California Right Meds Collaborative (CRMC)

- CRMC is an initiative with USC to establish a network of community pharmacies that provide comprehensive medication management (CMM) to members with chronic diseases, such as diabetes and cardiovascular disease. An average A1c reduction of 2% in patients with an average baseline A1c of 11.6% (2.7% reduction seen in ≥5 CMM visits) and an average reduction in systolic blood pressure (SBP) of 16.9 in patients with baseline blood pressure >140/90 mmHg and ≥3 visits is seen.
- Pharmacy will be sun setting the adherence cohort and transitioning to a bonus payment model for adherence. The CVD cohort will also be transitioning to a continuous enrollment model to help with expansion of the program.

Clinical Pharmacy Pilot Program (Ambulatory Care)

- A clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension. 334 medication therapy problems were identified across all patient visits. Current clinics include Wilmington Community Clinic (started 9/2022), APLA (started 12/2022), and Harbor Community Health Center (started 6/2023).
- Clinical pharmacist will be transitioning away from APLA to focus on other LA Care initiatives. CRMC pharmacists will provide medication management for APLA.

Community Resource Center (CRC) Flu Clinics

- Pharmacy is working closely with Health Education, CRC leadership, and North Star Alliances to plan for the upcoming flu season. Expanding from 4 events in 2022 to 10 events in 2023, hosted between September and October. USC Medical Plaza Pharmacy will offer health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. Pharmacy is collaborating with USC, CRC leadership, and QPM to discuss a method to ingest health screening results as supplemental data to fill any gaps in care. Contract amendments are currently under review by L.A. Care Legal team.
- Locations, dates, and times have been decided. All Pharmacy Team members have volunteered to attend ≥2 events.

Week	CRC	Date	Time
Week 1 – 9/18-23	Lynwood	Fri, 9/22	10-2pm
	El Monte	Sat, 9/23	10-2pm
Week 2 – 9/25-9/30	Pomona	Fri, 9/29	12-4pm
	East L.A.	Sat, 9/30	10 - 2 p.m.
Week 3 – 10/2-10/7	Pacoima	Thurs, 10/5	12-4 p.m.
	Metro	Fri, 10/6	10 -2 p.m.
Week 4 – 10/9-10/14	Wilmington	Friday, 10/13	1:30-5pm
	Inglewood	Sat, 10/14	10am-2pm
Week 5 – 10/16-10/21	Long Beach	Mon, 10/16	12:30pm-4:30pm
	Palmdale	Fri, 10/20	10 -2 p.m.

Health Equity Impact Assessment

Marina Acosta, MPH (She/Her)

Marvin Thompson (He/Him)

August 24, 2023

Background and Thinking About Health Equity at L.A. Care

L.A. Care is committed to advancing health equity for our members and their communities.

- Health Equity & Disparities Mitigation Plan Zone 4: Serve as a model in supporting an equitable and inclusive work environment, as reflected in our workforce and business practices

- *Issue:* In doing this work, it can be difficult to operationalize what we mean by applying an "equity lens" to our work.

- Solution: Created a Health Equity Impact Assessment Tool (HEIAT) to:
  - Provide an opportunity for staff to think through the impact of their projects on diverse member populations.
  - Systematically and consistently embed these equity questions to enterprise projects
  - Help provide more equitable care for diverse member population.
  - Further institutionalize equity efforts.

About L.A. Care's Modified Health Equity Impact Assessment Tool*

- **The tool has 5 questions**
  - *Don't* want teams to be overwhelmed filling this out, but *do* want them to engage in the thought process.
- **Grading**
  - Each of the 5 questions has a quantitative and free-response section

Example of question and grading:

Desired Outcomes

-Has the project lead established key outcomes for equitable results to guide the project?

5 Exceeds	4 Above Average	3 Average	2 Slightly Below	1 Well Below

[Please explain your answer here]

*Adapted from tool at Community Health Plan Washington Equity Assessment Tool and Government Alliance on Race & Equity. Racial Equity Toolkit: An opportunity to operationalize equity. 2015

Health Equity Impact Assessment Tool Preview

Health Equity Impact Assessment

Directions: The Health Equity Tool Kit aims to address issues related to individual, structural, and institutional racism. Complete the following review sheet in order to assess your project for any unintended consequences.

5 – Exceeds standard output and maximum effort has been put forward

4 – Above average standard output and great efforts have been put forward the questions

3 –At expected standard; standards have been met at minimum capacity

2 – Slightly below standard expectations; a stronger effort or remedial efforts and instruction may be needed

1 –Well below standard expectations; low effort has been given; or remedial instruction is needed; question is too difficult to answer

Desired Outcomes

-Has the project lead established key outcomes for equitable results to guide the project?

5 Exceeds	4 Above Average	3 Average	2 Slightly Below	1 Well Below

[Please explain your answer here]

Involve Those Impacted

-Has information from community members that could be affected by this project and experts been gathered?

5	4	3	2	1

[Please explain your answer here]

Benefits/Burden

-Has your team found quantitative or qualitative evidence of inequality stemming from this project and does its goals aim to address them?

5	4	3	2	1

[Please explain your answer here]

Advance Opportunity and Minimize Harm

-Has your team determined the potential impacts of your project? Has your team determined the best way to exacerbate positive outcomes and mitigating negative ones?

5	4	3	2	1

[Please explain your answer here]

Evaluation

-Has a plan been developed to share analysis results with the community this project would affect?

5	4	3	2	1

[Please explain your answer here]

Health Equity Impact Assessment Tool Questions

1. **Desired Outcomes**
   - Has the project lead established key outcomes for equitable results to guide the project?
     - For example, results shown with data stratification
2. **Involve Those Impacted**
   - Has information from community members that could be affected by this project and experts been gathered?
3. **Benefits/Burden**
   - Has your team found quantitative or qualitative evidence of inequality stemming from this project and does its goals aim to address them
4. **Advance Opportunity and Minimize Harm**
   - Has your team determined the potential impacts of your project? Has your team determined the best way to exacerbate positive outcomes and mitigating negative ones?
5. **Evaluation**
   - Has a plan been developed to share analysis results with the community this project would affect?

Next Steps

- In order to progress with introducing this tool, we plan to:
  - Pilot the tool
  - Use this tool for new or major projects.
  - Embed this process in QI and CalAIM initiatives to start.

Framing Question and Technical Guidance

- Thoughts on how this tool could tangibly integrate “equity lens” in L.A. Care operations and how do we measure impact/success?

- Thoughts on the tool’s questions?
  - Are there other questions?
  - Are there other tools that people are using?

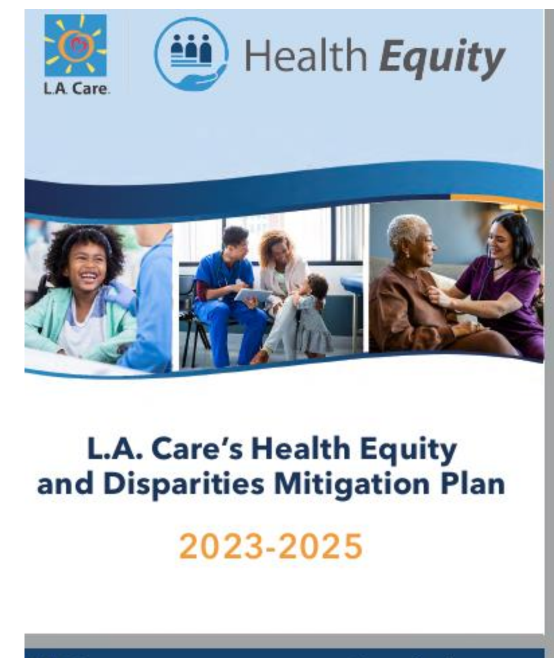
Health Equity Improvement Zones and Use of Community Resource Centers as Hubs

Marina Acosta, MPH (she/her)

August 24, 2023

Background

- Recently finalized Health Equity and Disparities Mitigation Plan focuses on **social drivers of health**.



- Zone 2, Objective 1: **Coordinate and collaborate with internal and external partners** like L.A. County's educational, health, public safety social service departments and other health plans **to create shared agendas and plans.**

- Zone 3, Objective 2: Strengthen the collection **and linkages of Social Determinants of Health (SDOH) information** on need for food, housing, and transportation among L.A. Care members.

Meeting at Community Resource Centers

- Progress in Equity **Zone 2, Objective 1**, meeting with internal and external departments to create shared agendas.
  - Metric: Implement SDOH placed-based efforts at 3 (three) Community Resource Centers by September 30, 2024.
- Health Equity department met at the Lynwood Community Resource Center (CRCs) on June 7.
  - Lynwood CRC shared their priorities.
  - MLK Jr. Hospital staff also invited to share their health equity efforts and where we can align.
  - **Outcomes**: Lynwood CRC team assisting in development of provider SDOH resource.

SDOH Provider Resource Sheet

- Progress in **Zone 3, Objective 2**: Strengthen the collection and linkages of Social Determinants of Health (SDOH) information on need for food, housing, and transportation among L.A. Care members.
  - Metric: Implement SDOH placed-based efforts at 3 (three) Community Resource Centers by September 30, 2024.

Lynwood Social Needs Resources

Food	Housing and Transportation	Maternal Health
• 5 Breads 2 Fish: Serves families free groceries at a different location in L.A. at 1 PM for every day of the week	• Metro GoPass: All students in the Lynwood Unified School District can ride Metro buses and trains for free with GoPass after contacting their school	• CinnaMoms: Hosts virtual support circles to support women who breastfeed
• Downey Food Help: Does free food distributions every Saturday from 9 AM – 12 PM at 10909 New Street, Downey, CA 90241	• Low Income Fare is Easy (LIFE) Program: Offers free rides and discounted Metro and transit agency fares for qualifying LA County residents	• Love of a Little One (LLO): Offers pro-bono services to BIPOC & LGBTQ+ families that need them
• Lynwood Food Pantries: Offers free food at certain times and days of the week; list is in QR code	• Lyft Up Initiative: Provides free or discounted rides for job and grocery access in L.A.	• L.A. Care Healthy Mom Program (HMP): Provides support for new moms to get the postpartum care that they need
5 Breads 2 Fish	Metro GoPass Lookup	CinnaMoms
Downey Food Help	Lyft Jobs Access	LLO
Lynwood Food Pantry List	Lyft Grocery Access	HMP
	LIFE Program	

L.A. Care | Health Equity

Next Steps

* New L.A. Care Health Equity Shirt dropping August 2023*

CRCs:

- Visiting 3 additional CRCs:
  - Pomona CRC – August 31
  - East LA CRC – September 28
  - Palmdale – October 6
  - El Monte CRC – TBD
- Plan to visit all the CRCs by early next year.
- Adding Health Equity Field Specialist II position to assist in fostering partnerships with CBOs in the community.

SDOH Provider Resource Page:

- Get feedback from internal and external providers, L. A Care social workers, community health workers, etc. to finalize resource
- Meet and share with local providers the SDOH resource page.

Framing Questions and Technical Advice

- Your thoughts on how we can better work as a health equity hubs and improvement zone in the following areas:
  - E.g. High volume providers within a 10 mile radius and address:
    - Chronic Disease: Key Managed Care Accountability Set and
    - Health Equity (SDOH resource) and CalAIM
  - Vaccine equity
  - Maternal Health
  - School aged youth