



AGENDA

Technical Advisory Committee (TAC) Meeting

Thursday, May 11, 2023 at 2:00 P.M.

L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Suite 1025, Los Angeles, CA 90017

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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/r9f73efa9cc4fb7cf01a21fc5900bbe28>

To listen to the meeting via teleconference please dial:

Dial: 1-213-306-3065

Meeting number: 2498 002 2773

Event Password: **lacare**

Teleconference Site

Elaine Batchlor, MD
1680 East 120th Street
Los Angeles, CA 90059

Santiago Munoz
757 Westwood Plaza
Los Angeles, CA 90095

Hector Flores, MD
1720 E. Cesar E. Chavez Ave.
Los Angeles, CA 90033

Rishi Manchanda, MD
2600 W Olive Ave, #500
Burbank, CA 91505

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., May 11, 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

Sameer Amin, MD
Chief Medical Officer
Chair

1. Approve today's meeting agenda *Chair*
2. Public Comment *Chair*
3. Approve February 9, 2023 Meeting Minutes P.3 *Chair*
4. Chief Medical Officer Update *Chair*
5. Health Equity Mitigation Plan P.13
Alex Li, MD,
Chief Health Equity Officer
6. Health Equity Accreditation P.26
Katrina Miller Parrish, MD, FAAFP,
Chief Quality and Information Executive,
Quality Improvement

Adjournment

The next meeting is scheduled on August 10, 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, <i>Chief Medical Officer</i> , 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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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>committee Chair. Member Elaine Batchlor, <i>MD</i>, agreed with Member Flores. Member Flores presided over the election. There were no other nominations.</p> <p>Member Sameer Amin, <i>MD</i>, was approved as Chair of the Technical Advisory Committee.</p> <p>Member Baackes nominated Member Flores as the Vice Chair of the committee. No other nominations were made.</p> <p>Member Hector Flores, <i>MD</i>, was approved as Vice Chair of the Technical Advisory Committee.</p>	<p>Approved Unanimously. 6 AYES</p> <p>Approved Unanimously. 6 AYES</p>
<p>CHIEF EXECUTIVE OFFICER UPDATE</p>	<p>Member John Baackes, <i>Chief Executive Officer</i>, gave the following update:</p> <p>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.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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.</p> <p>Member Rishi Manchanda, <i>MD</i>, 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.</p>	

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	<p>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.</p>	
<p>CHIEF MEDICAL OFFICER UPDATE</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave the following updates:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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.</p> <p>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.</p> <p>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.</p>	
<p>GUN VIOLENCE PREVENTION</p>	<p><i>(Member Baackes and Member Manchanda joined the meeting.)</i></p> <p>Marina Acosta, MPH, Manager, Health Equity, gave a report about L.A. Care’s Gun Violence Prevention Summit <i>(a copy of the full report can be obtained from CO&E.)</i></p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Deborah Prothrow-Stith, MD, Dean of College of Medicine, Charles R. Drew University ○ Susan Stone, MD, Senior Medical Director, Utilization and Care Management Services ○ Member Baackes ○ 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: <ul style="list-style-type: none"> ○ health care ○ mental health ○ public health ○ academia ○ advocates ○ survivors 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ faith-based organizations ○ community-based organizations (CBO) ○ 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: <ul style="list-style-type: none"> ○ A number of summit attendees reported personal experiences with gun violence ○ Attendees are working on : <ul style="list-style-type: none"> - 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. ○ Barriers: <ul style="list-style-type: none"> - limited budget and lack of resources - lack of culturally appropriate and compassionate language when engaging with survivors of violence, and limited stakeholder buy-in. ○ Improving System Coordination <ul style="list-style-type: none"> - 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. ○ Summit recommendations include: <ul style="list-style-type: none"> - 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. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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	<p>Karl Calhoun, <i>Director, Safety Net Programs and Partnerships</i>, and Alison Klurfield, <i>Consultant</i>, presented information about L.A. Care’s Housing and Homelessness Incentive Program Efforts (<i>a copy of the full report can be obtained from Board Services.</i>)</p> <p>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</p> <p>Total Funding Available: \$1.288 Billion statewide; one-time funding; must be earned by 3/2024; may be spent over a longer timeframe</p> <p>Local Homelessness Plan: Submitted June 30, 2022; updated measures submitted August 12, 2022</p> <p>Investment Plan: Submitted September 30, 2022</p> <p>Measurement Period 1 Submission: Due to DHCS on March 10, 2023</p> <p>HHIP Top Priorities for Investment – January 2023</p> <ul style="list-style-type: none"> • Infrastructure: Health Information Exchange, Data Exchange, Workforce • Street Medicine 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Programs to get & keep people housed • Unit Acquisition Strategy • ADL Expansion Strategy <p>HHIP Strategic Housing Investments</p> <ul style="list-style-type: none"> • 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. <p>CEO HI Strategic Housing Investments: Unit Acquisition Strategy</p> <ul style="list-style-type: none"> • Goals: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Backfill funds that cover non-rent costs of master leasing buildings (e.g. vacancy payments, trash, pest control, damage mitigation) - Program staff - Evaluation <p>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.</p> <p>CEO HI Strategic Housing Investments: ADL Expansion Strategy</p> <ul style="list-style-type: none"> • Goals: <ul style="list-style-type: none"> - Identify and assess people experiencing homelessness w/ADL assistance needs earlier - Speed appropriate placements into interim and permanent housing 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Enhanced Care Assessment Teams - Caregiving in Interim Housing - Enriched Residential Care <p>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.</p>	
ADJOURNMENT	<p>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.</p> <p>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.</p> <p>Dr. Amin stated that it will be added on the agenda for the May 11 meeting. .</p> <p>The meeting was adjourned at 1:20 p.m.</p>	

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*

 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_ipOCTVi9XqaGG2_2LTNqXPWnDz/view



Technical Advisory Committee

L.A. Care
HEALTH PLAN®

For All of L.A.

L.A. Care Health Equity and Disparities Path, Philosophy and Plan



May 11, 2023

Alexander (Alex) Li, MD



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Path to Health Equity at L.A. Care

- 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)
 - 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*



Health *Equity*

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.
- Can’t do it alone!
 - 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.



Health *Equity*

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)**
 - 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



Health *Equity*

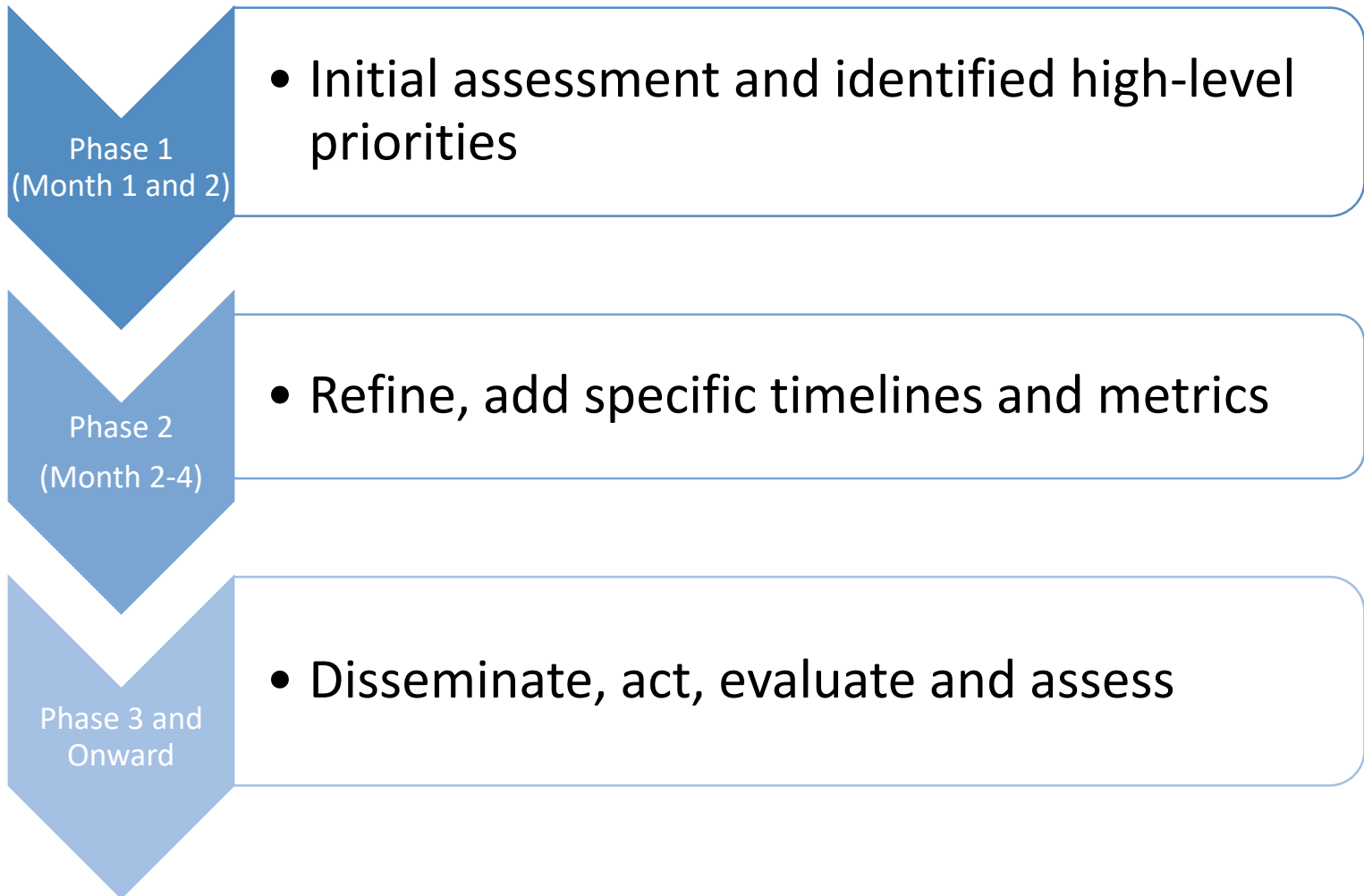
Philosophy

- **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



Health *Equity*

Our Approach and Action Plan



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**



Example: Addressing Health Disparities

Health Equity Zone 1: Close racial and ethnic gaps in health outcomes for birthing individuals and children

Objective Focus	Activities & Metrics
Vaccination rates for children	<ul style="list-style-type: none">• Use registry to target vaccinations<ul style="list-style-type: none">• Close gaps to be within 5% of reference by 2025
Health outcomes for Black Women and infants	<ul style="list-style-type: none">• Coordinated approach with:<ul style="list-style-type: none">• Community investments (GAAINS),• Engagement efforts (texting, Doula and Community Health Worker),• Work with medical provider and Public Health Departments• Support 500 Black birthing individuals<ul style="list-style-type: none">• 80% or HEDIS pre and postpartum score among Black birthing individuals by 2025

Example Addressing Health Disparities

Health Equity Zone 1: Addressing health disparities in key populations.

Objective Focus	Activities
Provider network for unhoused individuals	<ul style="list-style-type: none">Contract with 3 or more street medicine providers along with ancillary services (labs, specialty access etc.) by December 31, 2024.
Programs for children and youth	<ul style="list-style-type: none">Develop physical and behavioral health programs in partnership with 5 or more (Title 1) middle school by end of June 30, 2024.
Disparities for chronic conditions in API, Black, Latino, and AIAN communities	<ul style="list-style-type: none">Complete review of key HEDIS metrics and service areas (e.g. A&G, UM etc.) by January 30, 2024.



Health *Equity*

Leading Change

Health Equity Zone 2: Provide leadership at L.A. Care and be an active ally for key community partners to promote health equity and social justice.

Objective Focus	Activities
Support internal and external partners	<ul style="list-style-type: none">• Host a 2023 Provider Health Equity Award and L.A. Care Staff Health Equity Award
Explore additional areas for focus and advocacy	<ul style="list-style-type: none">• Identify additional community investment programs: e.g. medical debt relief, community-generated and driven improvements



Health ***Equity***

Moving Towards Equitable Care

Health Equity Zone 3: Ensure that our members have access to care and services that are free of bias and that our providers are supported in delivering equitable, culturally tailored care.

Objective Focus	Activities
Improve the collection and analysis of data that help us target care appropriately, including race, ethnicity and language (REaL) data sexual orientation and gender identity (SOGI) data.	Increase REaL data collection (TBD) Work with an academic center on data analyses to identify target opportunities by December 31, 2023
Support efforts to promote patient and provider concordance, where members can select providers with racial/ethnic background they feel most comfortable with.	<ul style="list-style-type: none">• TBD

Embracing Diversity, Equity, and Inclusion

Health Equity Zone 4: Serve as a model in supporting an equitable and inclusive work environment, as reflected in our workforce and business practices.

Objective Focus	Activities
NCQA Health Equity Accreditation	<ul style="list-style-type: none">Achieve NCQA Health Equity Accreditation on the initial attempt.
DHCS Requirements APL DEI Training	



Health *Equity*

Framing Questions and Areas for Technical Advice

- Your thoughts on *the how, the who, what and who?*
 - Are we focusing on the right priority populations or are we missing any key populations?
- Metrics?
- What are the possible challenges, or pitfalls, to implementation?
 - What kind of team should we have?
 - Analytics/user experience
 - Community liaisons?



L.A. Care
HEALTH PLAN®

For All of L.A.

National Committee for Quality Assurance (NCQA) Health Equity Accreditation



Technical Advisory Committee
May 11, 2023



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Topics for Today

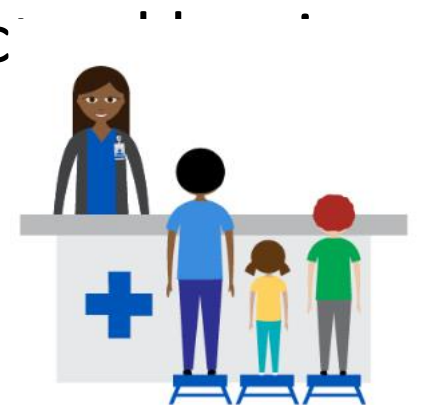
- Multicultural Health Care (MHC) Distinction
- What is Health Equity Accreditation (HEA)?
- Health Equity Accreditation Timeline
- New Health Equity Accreditation Requirements
- Health Equity Accreditation Preparation
- Health Equity Accreditation versus Health Equity Plus

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.

What is Health Equity Accreditation?

- 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 factors 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**

HE 7: Delegation of Health Equity Activities

If the organization delegates NCQA-required health equity activities, there is evidence of oversight of the delegated activities.

Intent

The organization remains responsible for and has appropriate structures and mechanisms to oversee delegated health equity activities.

- Working together with Plan Partners to strategize next steps.



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 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.



Thank you!

- For questions or inquiries, please reach out to the Accreditation team:
Accreditation_Ops@lacare.org and CC Seimone Loupé at Sloupe@lacare.org