



AGENDA

Children’s Health Consultant Advisory Committee Meeting Board of Governors

DRAFT

Tuesday, May 16, 2023, 8:30 a.m.

L.A. Care Health Plan, 1055 W 7th Street, 10th Floor, 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 join the meeting via videoconference please use the link below:

<https://lacare.webex.com/lacare/j.php?MTID=m736ace41d76bbd0730c8da73fe93b10a>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

2480 949 5533

Hilda Perez

Community Resource Center
3200 E Imperial Hwy
Lynwood, CA 90262

Rebecca Dudovitz, MD

10833 LeConte Ave. 12-358 CHS
Los Angeles, CA 90095

Maria Chandler, MD

2790 Atlantic Avenue
Long Beach CA 90806

Password: *lacare*

Members of the Children’s Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference. *The public is encouraged to submit its public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or 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. This is new function during the meeting so public comments can be made live and direct.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 8:30 am on May 16, 2023, it will be provided to the members of the Children’s Health Consultants Advisory Committee 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 also include the name of the item to which your comment relates.** Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

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 that it 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 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

Tara Ficek, MPH
Chair

1. Approve today’s Agenda *Chair*
2. Public Comment *Chair*
3. Approve November 15, 2023 Meeting Minutes P.3 *Chair*
 - January 17, 2023 Meeting Summary P.11
 - March 21, 2023 Meeting Summary P.19
4. Chairperson Report *Chair*
5. Chair and Vice Chair Election Committee
6. Chief Medical Officer Report P.26 Sameer Amin, MD,
Chief Medical Officer
7. Child and Maternal Clinical Quality Measure Updates P.36 Kristin Schlater,
Health Education Program Manager
Laura Gunn,
Quality Improvement Project Manager
8. Gun Violence Prevention P.57 Marina Acosta,
Manager, Health Equity

ADJOURNMENT

The next meeting is scheduled on August 15, 2023 at 8:30 a.m.

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 CHILDREN’S HEALTH CONSULTANTS 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 CHILDREN’S HEALTH CONSULTANTS 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

Children’s Health Consultant Advisory Committee

Meeting Minutes – November 15, 2022

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Toni Frederick, PhD
Edward Bloch, MD*	Gwendolyn Ross Jordan
Maria Chandler, MD, MBA	Lynda Knox, PhD
James Cruz, MD*	Nayat Mutafyan
Rebecca Dudovitz, MD, MS*	Hilda Perez
Rosina Franco, MD*	Maryjane Puffer, BSN, MPA
Susan Fleischman, MD*	Richard Seidman, MD, MPH

Ilan Shapiro, MD, FAAP*
Diane Tanaka, MD*

Management

Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services
Alex Li, MD, Deputy Chief Medical Officer
Phinney Ahn, Executive Director, Medi-Cal Product Management
Cynthia Carmona, Senior Director, Safety Net Initiatives, Safety Net Initiatives

**Absent **Present, but not quorum*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	<p><i>(Member Toni, Frederick, PhD, joined the meeting.)</i></p> <p>The committee reached a quorum at 9:02 a.m.</p> <p>The Agenda for today’s meeting was approved as submitted</p>	<p>Approved unanimously.</p> <p>9 AYES (Chandler, Ficek, Frederick, Jordan, Knox, Mutafyan, Perez, Puffer, Seidman)</p>

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF THE MEETING MINUTES	The August 16, 2022 meeting minutes were approved as submitted.	Approved unanimously. 9 AYES
CHAIRPERSON'S REPORT	<p>Chairperson Ficek stated that she hopes she will see Member Seidman again. She hopes that he will be available for guidance and advice, given his extensive experience and expertise. He hopes that he will continue to be in the space of health care and allow L.A. Care to continue to have access to him and allow people to continue to let them learn from him. She visited his bio in the L.A. Care website and she was reminded that he started his tenure in 2005, the same she started at First5LA. He has been through the number of changes in health care such as the Affordable Care Act and mental health. Major changes have happened through his tenure. She has come to appreciate many things about Member Seidman such as his forthrightness, he does not shy away from saying what he thinks. She value his candor as they explore timely shifts in health care and children's health. He projects a very calm and assertive presence. She knows that this has helped him his career. When she thinks about him she thinks about this committee and his focus on creating this group of people to help address children's health, and his openness to share that space and platform. She thanked him for leadership, candor, and thoughtful planning. She wished him the best in the future.</p> <p>Member Perez thanked Chairperson for attending the meeting this early. She had the pleasure to see him at the Metro Community Resource Center at the flu vaccine clinic. She thanked him for his efforts in making sure that members receive all the medical services they need. She noted that advisory committees are a great way for helping L.A. Care becoming better by showing it what the community needs. She noted that L.A. Care has a new Chief Medical Officer. As time comes by there will be a new person that will take that place. She recognizes Member Seidman's hard work and wishes him the best.</p> <p>Dr. Li asked to say a few words about Member Seidman. He said he was fortunate to know him since he arrived in Los Angeles in 2006. People tend to gravitate Member Seidman because he really cares as a person as mention by others, he really cares about the community. He said that Member Seidman will leave an incredible legacy at L.A. Care. He will leave incredible shoes to fill.</p> <p>Member Puffer said she feels, specifically for this committee, that Member Seidman is really in tune with what is happening with children and the impact on policies.</p>	

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	<p>Member Seidman thanked the committee. He noted that many of them have long him for a long time. He never thought about this part when he thought about retirement. He noted that some people try to slip away relatively quietly during their retirement. He started medical school 40 years ago and finished training 30 years ago. He split his time between North East Valley Corporation and L.A. Care. He noted that some of his colleagues and he go back and crossed paths about 25 years or more in their careers. He first participated as an L.A. Care staff on the committee and his second stint as a member. He said he is looking towards the future and at consulting opportunity. He hopes to cross paths with committee members again.</p>	
PUBLIC COMMENT	No public comment was submitted.	
CHIEF MEDICAL OFFICER REPORT	<p>Member Seidman presented the August 2022 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>COVID-19 trends continue to improve overall with 2.3 million cases and 9,300 deaths reported globally in the last week of October in the World Health Organization’s Weekly Situation Report, with more than 627 million cases and 6.5 million deaths cumulatively. While the Omicron BA.5 subvariant continues to be the predominant (75%) cause of infection, other subvariants account for an increasing proportion of cases (BA.2, BA.2.75, BQ1 and others). While we remain concerned about the potential for a fall/winter surge of COVID-19 cases in the United States, it is a potentially encouraging sign that the increasing numbers of cases seen in Europe in September and October are now coming down after a lower peak than might have occurred. Masking, vaccination and the new bivalent booster shots remain effective and underutilized preventive measures.</p> <p>The Department of Health Care Services (DHCS) released their Quality Improvement (QI) activities and submission requirements for 2022-2023. L.A. Care met the minimum performance level (MPL) set at the 50th percentile of the national Medicaid average on 12 of the 15 Managed Care Accountability Set measures. L.A. Care did not meet the MPL on the well care visits for children under 30 months of age and Immunization measures (CIS-10). Based on our performance, L.A. Care will be required to conduct two Performance Improvement Projects (PIPs), two Plan Do Study Act (PDSA) or one Strengths Weaknesses Opportunities and Threats (SWOT) analysis. Despite meeting the MPLs for the majority of the measures, DHCS policy enables the Department to issue monetary</p>	

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	<p>sanctions for Plans not meeting the MPL for all measures. To date, L.A. Care has not been informed whether the Department intends to impose any sanctions upon L.A. Care.</p> <p>Chairperson Ficek said given the performance on the well visits and immunizations, it seems that L.A. Care now has to do two PIPS, PDSA, or SWOT analysis, what is the process for L.A. Care to decide what route it will take. Katrina Miller-Parrish, MD, FAAP, responded that it is decided for L.A. Care by DHCS. DHCS requires two PIPs automatically and depending on the tier L.A. Care falls in, it may have to do a PDSA or a SWOT analysis. Through the coordination of the QI team and the DHCS Liaison, L.A. Care will do a SOWT analysis. It is a great opportunity, because a SWOT analysis really gets to the entire set of reasons why all three measures are not doing as well as they can. She thanked Laura Gunn, <i>Quality Improvement Project Manager II, Quality Improvement</i>, for managing the response and the SWOT analysis really well. It was recently submitted to DHCS.</p>	
<p>CHILDA & ADOLESCENT HEALTH: GET BACK TO CARE INTERVENTIONS</p>	<p>Laura Gunn, <i>Quality Improvement Project Manager II, Quality Improvement</i>, gave a presentation about Child & Adolescent Health: Get Back to Care Interventions (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Ms. Gunn reported the following on L.A. Care’s social media campaign:</p> <ul style="list-style-type: none"> • The 2022 campaign tied with the adult <i>Get Back to Care LA</i> campaign. <ul style="list-style-type: none"> - Goal is to encourage parents to take their child in for well care visits. Also, to encourage vaccines and other screenings during those visits. • This year’s campaign launched in August: <ul style="list-style-type: none"> - Six posts. - In English and Spanish. - Included web links, images, and hashtags. - Included an HPV reel (short video). English “actor” was from the American Cancer Society and Spanish “actor” was from the L.A. Care Health Promoter Program. • For the 2022 posts, the Clinical Initiatives team added: <ul style="list-style-type: none"> - More posts. - Attention to specific screenings. • Main 2023 idea: Launch with the adult <i>Get Back to Care LA</i> Campaign in June. <p>Member Perez thanked Ms. Gunn for accepting feedback from ECAC members. She noted that social media is a great way to reach people in the community. People constantly</p>	

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	<p>mention social media as a source of information for community events. She asked if there is a text messaging campaign that parents can manage and request services. She said that Kaiser has these types of services and it is very useful. During the pandemic it was really important to be tech savvy and this would be very helpful. Ms. Gunn responded that L.A. Care does have a text messaging campaign specific for well child care visits, it held a campaign in September and is still analyzing data from those campaigns. Results are looking good, not many rejections.</p> <p>Member Seidman asked Chairperson Ficek if she can present the CHCAC report at the December Board meeting. Chairperson Ficek responded that she will be at the next Board meeting to give the CHCAC report.</p> <p>Member Perez highlighted the importance of text messaging. Member Seidman asked that she bring this up as a Board member if she feels it is important to her. This will help L.A. Care utilize basic and effective methods of communication.</p> <p>Member Puffer stated that students are hesitant to attend school because of the vaccine. Students should know that they can request it without parental consent.</p>	
CALAIM UPDATE	<p>Member Seidman, Ms. Ahn, and Ms. Carmona gave an update on CalAIM <i>(a copy of the presentations can be obtained from Board Services)</i>.</p> <p>Ms. Ahn gave the following report: Medi-Cal Redetermination</p> <ul style="list-style-type: none"> • During the COVID-19 public health emergency (PHE), Medi-Cal beneficiaries experienced continuous coverage regardless of changes in circumstances • When the PHE ends, states will resume routine renewal operations that: <ul style="list-style-type: none"> - Minimizes beneficiary burden - Promotes continuity of coverage for eligible individuals (either through Medi-Cal or Covered CA) • PHE currently projected to end mid-January 2023 • Department of Health Care Services (DHCS) has projected 13-20% of current Medi-Cal beneficiaries will lose their Medi-Cal coverage once redeterminations resume <ul style="list-style-type: none"> - This is an estimated decrease of 2-3 million beneficiaries - L.A. Care is projecting a 13% annualized disenrollment rate or about 325,000 members 	

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	<ul style="list-style-type: none"> • Guidance from DHCS and the Centers for Medicare and Medicaid Services provides a great opportunity for collaboration between States, Counties, and managed care plans to ensure continuous coverage for eligible individuals <p>Medi-Cal renewal process:</p> <ul style="list-style-type: none"> • Some members will be renewed automatically if the county is able to verify their eligibility information electronically • If the county is not able to verify eligibility electronically, then a renewal packet will be sent to the member 60 days prior to the member’s Medi-Cal renewal date <ul style="list-style-type: none"> - The member is required to submit the requested information back to the county prior to the end of their renewal month - The member’s Medi-Cal coverage will be placed on hold for 90 days if the county does not receive the requested information - L.A. Care sends out an on hold postcard at day 30 during the on hold period and conducts an on hold robocall at day 60 - The member will be fully disenrolled from Medi-Cal if the county does not receive the requested information by the end of the 90-day on hold period - After 90 days, a new Medi-Cal application is required for re-enrollment • Upon receipt of information and confirmation of Medi-Cal eligibility, the county will mail a letter informing the member of their renewal approval <p>Guidance to MCP and GOL supports:</p> <ul style="list-style-type: none"> • Update member contact information • Increase member awareness to compete and submit renewal paperwork through outreach campaigns • Facilitate transition from Medi-Cal to other coverage (Exchange) <p>Community Health Workers (CHW)</p> <ul style="list-style-type: none"> • CHW services added as a Medi-Cal benefit starting July 1, 2022 and released plan guidance on September 2, 2022 • CHW services defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. <ul style="list-style-type: none"> - The four categories of CHW services are health education, health navigation, screening and assessment, and individual support or advocacy 	

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	<ul style="list-style-type: none"> • CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs within their communities • L.A. Care is in process of implementing CHW services for our Medi-Cal members <ul style="list-style-type: none"> - Building network through new and existing providers - Finalizing operational processes (referrals, reporting, etc) - Analyzing data to understand potential utilization and inform outreach - Developing member and provider communications on availability of CHW services and how to access • CHWs must have lived experience that aligns with and provides a connection between the CHW and the Member or population being served. • CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications further specified herein. <ul style="list-style-type: none"> - Health Education: Promoting a member’s health or addressing barriers to physical and mental health care, such as through providing information or instruction on health topics - Health Navigation: Providing information, training, referrals, or support to assist Members to access health care, understand the health care delivery system, or engage in their own care. - Screening and Assessment: Providing screening and assessment services that do not require a license, and assisting a Member with connecting to appropriate services to improve their health - Individual Support or Advocacy: Assisting a Member in preventing the onset or exacerbation of a health condition, or preventing injury or violence. <p>Doula Benefit Update</p> <ul style="list-style-type: none"> • Doula services will be added as a Medi-Cal preventive service starting January 1, 2023 • Doula services aligned with DHCS’ focus on health equity <ul style="list-style-type: none"> - Aim to improve the maternal experience, reduce disparities, reduce infant mortality, low birth weight babies, and improve the entire perinatal experience from conception to birth to postpartum care. • A doula is a trained individual (non-clinical) who provides physical, emotional, and informative support throughout pregnancy, childbirth, and postpartum experience. 	

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	<ul style="list-style-type: none"> • Eligibility for doula services: <ul style="list-style-type: none"> - An individual who is pregnant, or was pregnant within the past year - Requires an written recommendation from a provider that authorizes up to 11 pre-birth, birth/delivery, and postpartum visits • Plans waiting for final guidance to inform implementation • Potential challenges with capacity of existing doula network and willingness to work with managed care plans • A doula is not a health care professional and is not permitted to diagnose medical conditions, give medical advice, or perform any type of clinical procedures or conduct any type of physical or behavioral assessment/exam. <ul style="list-style-type: none"> - Support can also be provided for miscarriage, stillbirth, and abortion. - Written recommendation must be from a physician or licensed practitioner of the healing arts. Additional visits beyond first 11 require an additional written recommendation for up to nine additional visits <p><i>(Johanna Kichaven, Population Health Management Program Manager, will give her report on Population Health Management at the January CHCAC meeting.)</i></p>	
ADJOURNMENT	The meeting was adjourned at 10:02 a.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:
 Tara Ficek, MPH, *Chairperson* _____

Date Signed: _____

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – January 17, 2023

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Toni Frederick, PhD*	Diane Tanaka, MD*
Edward Bloch, MD*	Gwendolyn Ross Jordan*	
Maria Chandler, MD, MBA	Lynda Knox, PhD	
James Cruz, MD*	Nayat Mutafyan*	
Rebecca Dudovitz, MD, MS	Hilda Perez	
Rosina Franco, MD*	Maryjane Puffer, BSN, MPA*	
Susan Fleischman, MD*	Ilan Shapiro, MD, FAAP*	

Management

Sameer Amin, MD, Chief Medical Officer
 Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services

**Absent **Present, but not quorum*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was not voted on, because the committee did not reach a quorum.	
APPROVAL OF THE MEETING MINUTES	The November 15, 2022 meeting minutes were not approved, because the committee did not reach a quorum.	
CHAIRPERSON’S REPORT	Chairperson Ficek stated that she would like to highlight developments relevant to this group and children health. Governor Newsom released his initial budget proposal for 2023-2024. It includes a \$297 billion total spending plan, \$223 billion general fund spending, and \$22.5 billion in total budgetary deficits. It is much lower spending.	

DRAFT

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	<p>Previously there were surpluses. First5LA tracks this budget closely and have done an analysis. She is happy to share it with the committee. Some significant commitments to help advance the work of this committee. Governor Newsom introduced a health and human services innovation accelerator initiative, which will focus on health disparities and diabetes morbidity and mortality. It may not be directly focused on children, but it also addresses disparities in maternal and infants. There is also \$1.2 billion in the 2024-2025 general fund to fully implement services for provider rates reform potentially connect to the work with Help Me Grow: LA. She noted that the budget also includes 22.7 billion for primary care and obstetric care provider increases. DOULA care will get a 10% share of this amount.</p>	
PUBLIC COMMENT	No public comment was submitted.	
MOTION (CHCAC 100)	This motion will be added on the consent agenda for the Board of Governors meeting on February 2, 2023.	
CHAIR AND VICE CHAIR ELECTION	This agenda item was not discussed.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, presented the January 2023 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • Enterprise Goals have been set with two QI measures embedded – “Success in the National Committee Quality Accreditation (NCQA) Discretionary Review, the Population Health Management Index” and rate improvement in our “Not Seen Within One Year” metric for DSNP and L.A. Care Covered. • CMS Interoperability Implementation continues and policies and procedures are in development. • L.A. Care will be participating in the “Equity and Quality at Independent Practices in LA County” Practice Transformation Grant with the California Health Care Foundation and California Quality Collaborative. L.A. Care is in the midst of identifying practices. • Beacon has completed all the necessary mitigation and met all the requirements for QI standards as part of the Quality Improvement (QI) 2022 Annual Audit 	

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	<p><u>Provider Quality Review (PQR) for Potential Quality Issues (PQI)</u></p> <ul style="list-style-type: none"> • Aging of PQI Cases: As of November 30, 2022, we had 2371 cases open with 479 cases open in the untimely aging category of 214+ days and only 24 in the highest risk category. • PQR Spot Bonus Program: A new Spot Bonus program was implemented October 2022 and has been highly effective in reducing the number of untimely cases. For the month of October, the PQR team closed 730 cases followed by an additional 596 cases in November. • PQR and Appeals and Grievances Data Discrepancies: The PQR team identified 400+ possible PQI cases from grievance reporting. We are currently working with Grievances to identify which cases, if any, require a review and why these cases aren't being filtered in for review. <p><u>Population Health Management (PHM)</u></p> <ul style="list-style-type: none"> • The 2022 PHM Index was finalized and met 11 out of 14 goals, placing us in the mid-met range. • The goals for 2023 are being developed, including primary care visit, depression screening, and member and provider experience measures. • The PHM NCQA year one documentation for the 2023 audit is final and expected to meet requirements. The PHM team has started collecting info for year two NCQA documentation. • The PHM team will develop the 2023 PHM Program Description in Q1 2023 and will include the CalAIM requirements. The CalAIM Strategy document is due October 2023. • The PHM CalAIM readiness assessment was submitted to DHCS ahead of the October 21, 2022 deadline. To date L.A. Care has not received feedback from DHCS. • Department of Health Care Services (DHCS) announced a new phased approach to Transitional Care Services (TCS). DHCS will be revising the program guide and we will need to document our new approach within 30-days of receiving it. <ul style="list-style-type: none"> ○ The PHM team has developed an overall work plan to track the deliverables for January 1, 2023 and January 1, 2024. The business units impacted by TCS have been asked to submit a strategy and action plan for addressing the TCS requirements. ○ The PHM team sent out a provider communication to all network providers on the new CalAIM requirements. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Our areas of concentration will be high risk / complex members not enrolled in care management who have a transition of care event and delegation oversight of providers who are conducting basic PHM activities. <p><u>Facility Site Review (FSR)</u></p> <ul style="list-style-type: none"> ● L.A. Care FSR is working with the LA County Collaborative regarding the periodic backlog. <ul style="list-style-type: none"> ○ DHCS approved the LA Care FSR backlog methodology and granted a 2-year plan to address FSR/MRR (Medical Record Review) /PARS (Physical Accessibility Review Survey) backlog audits by 12/31/2023. ● FSR departments across all health plans have noticed an increase in the length of time to complete a FSR and Medical Record Review (MRR) due to the increase in review criteria <p><u>Population Health Informatics</u></p> <ul style="list-style-type: none"> ● The VIIP team is currently reviewing the Action Plans from IPAs and checking progress on performance goals and activities. Feedback will be shared with the IPAs mid-December ● Analysts will aim to finish modeling a physician level incentive program for the Medicare Plus, D-SNP population by the end of Quarter 1 in 2023. <p><u>Behavioral Health (BH)</u></p> <p>On December 15, 2022, L.A. Care submitted a needs assessment and four proposed project plans to DHCS under the auspices of the School Behavioral Health Incentive Program. If all projects are funded, L.A. Care will bring telehealth services to participating school districts, increase staffing and workspaces for student wellness programs, expand the number of psychotherapist interns who provide support in schools, and enhance district-level visualization of BH data and its connection to educational outcomes.</p> <p>From Member Rebecca Dudovitz, MD, via chat: “Would love to hear more details about the Behavioral Health projects at some point. Especially how the iprojects can facilitate connection to long-term therapy and mental healthcare for adolescents.”</p> <p>Dr. Amin responded that this is an amazing program that L.A. Care submitted needs assessments to DHCS recently. The program is being championed by the Behavioral</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Health and Social Services division. If all projects are funded, he thinks there will be substantial good. One of the projects that he is most excited about is the telehealth program for school districts. That and an increase in staffing will help with student wellness in those districts.</p>	
<p>POPULATION HEALTH MANAGEMENT</p>	<p>Elaine Sadocchi-Smith, <i>Director, Population Health Management, Director, Facility Site Review</i>, gave a presentation about Population Health Management (a <i>copy of the presentation can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • DHCS' CalAIM PHM Program is designed to ensure that all members have access to basic population health management services based on their needs and preferences across the continuum of care to meet the quadruple aim and achieve health equity. • The program will build upon existing NCQA PHM Standards. • Gather, share and assess data for risk stratification and segmentation for appropriate interventions. • Provide basic population health management programs to all members • Continue to provide care management services to members who have been identified as high risk and complex care • Provide transitional care services for members transferring from one setting to another • Utilize Community Health Workers (CHWs) for targeted interventions <p>Transitional Care Services (TCS)</p> <ul style="list-style-type: none"> • By January, 2023: <ul style="list-style-type: none"> - Admissions/Discharge/Transfer (A/D/T) known on <i>ALL</i> members - TCS provided by a single point of contact care manager for high-risk members <ul style="list-style-type: none"> o All Enhanced Care Management (ECM) members o Complex Case Management members o Members who received Long Term Support Services (LTSS) o Members identified as high risk through L.A. Care's Risk Stratification Segmentation (RSS) • By January, 2024: <ul style="list-style-type: none"> - TCS will be provided to all members <p>Initial Health Assessment (IHA) requirements based on APL-08-003 retired December 31, 2022 and include:</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • All newly enrolled Medi-Cal members must have a complete IHA within 120 days of enrollment*. A complete IHA is made up of the following components: <ul style="list-style-type: none"> - Complete medical history - Physical examination - Administration of Individualized Health Education Behavioral Assessment (IHEBA)-often the Staying Healthy Assessment - Completion of preventive screenings and immunizations <p>Overview of IHA Changes per CalAIM starting on January 1, 2023 Managed Care Accountability Sets (MCAS) measures specific to infant and child/adolescent well-child visits and adult preventive visits can be leveraged. For children, primary care visits and childhood screenings, including but not limited to screenings for Adverse Child Experiences, developmental, depression, autism, vision, hearing, lead, and Substance Use Disorders can be included. Visit must include:</p> <ul style="list-style-type: none"> • History of the member’s physical and behavioral health • Identification of risks • Assessment of need for preventive screens or services • Health education • Diagnosis and plan for treatment of any disease 	
HELP ME GROW LA	<p>Cathy Mechsner, <i>Manager, Health Information Technology Program, Quality Improvement</i>, gave a presentation about Help Me Grow LA (<i>a copy of the presentation can be obtained from Board Services.</i>).</p> <p>HMG LA: First 5 LA & LA County Dept. of Public Health collaboration First 5 LA grant award to L.A. Care:</p> <ul style="list-style-type: none"> • Four-year agreement to provide: <ul style="list-style-type: none"> - Child Health Provider Outreach Program: (over three years) <ul style="list-style-type: none"> o Education campaign for families/caregivers and providers o Ten-practice pilot program <p>Patient/Provider Experience:</p> <ul style="list-style-type: none"> • Majority of LA county Safety Net patients up to five years old are L.A. Care members • Strong rapport with Safety Net pediatric practices who: <ul style="list-style-type: none"> - Committed to improving child development programs in L.A. County - Have conducted recommended screening tools for patient assessments 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Core Components</p> <ul style="list-style-type: none"> ● Build a centralized access point to help families and providers access needed resources and services. ● Engage with families and communities to support their child’s development. ● Support child health providers to identify developmental concerns and connect families to resources. ● Collect and analyze data to measure success and improve the coordination of programs and services in local communities. <p>Program Details</p> <p>Education:</p> <ul style="list-style-type: none"> ● Increase understanding of developmental milestones and screenings to assess a child’s development progress <ul style="list-style-type: none"> - Providers and care teams - Families and caregivers <p>Provider pilot:</p> <ul style="list-style-type: none"> ● Provide training for screenings and referrals and conduct workflow optimization. First 5 will collect improvement data and share lessons learned within the health care community <ul style="list-style-type: none"> - Three-year pilot for 10 practices, Year two underway <p>Provider Classes:</p> <ul style="list-style-type: none"> ● 3 Children’s Health Conferences <ul style="list-style-type: none"> - Offered as Continuing Medical Education/Continuing Education events - Early childhood development topics - May 19, 2022; March 25, 2023; 2024-to be determined <p>Provider Communications:</p> <ul style="list-style-type: none"> ● Health education news articles in Progress Notes and the Pulse newsletters (Importance of developmental milestones, Prop 56, etc.) ● Messaging on the provider education pages on www.lacare.org ● Community educational materials available to order on provider portal ● Website: www.helpmegrowla.org, toll-free phone #: 833.903.3972 <p>Benefits of Using A Developmental Screening Tool</p> <ul style="list-style-type: none"> ● Developmental screenings help parents to understand their child’s development. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Screenings are completed by a healthcare provider/trained professional working with parents/caregivers. • Developmental screenings should be completed at nine, 18, 24/30 months of age. <ul style="list-style-type: none"> - Children with delays will be referred to early intervention programs offered through: - Regional Centers (seven in L.A. County) for up to age three or their local school district for an Individualized Education Plan (IEP) for age three and older. • Autism screenings should also be completed at 18 and 24 months of age (i.e. MCHAT). 	
ADJOURNMENT	The meeting was adjourned at 9:45 a.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:
Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – March 21, 2023

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Toni Frederick, PhD*	Diane Tanaka, MD*
Edward Bloch, MD*	Gwendolyn Ross Jordan*	
Maria Chandler, MD, MBA	Lynda Knox, PhD	
James Cruz, MD*	Nayat Mutafyan*	
Rebecca Dudovitz, MD, MS	Hilda Perez	
Rosina Franco, MD*	Maryjane Puffer, BSN, MPA*	
Susan Fleischman, MD*	Ilan Shapiro, MD, FAAP*	

Management

Sameer Amin, MD, Chief Medical Officer
 Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services
 Michael Brodsky, Senior Medical Director, Community Health, Behavioral Health
 Alex Li, MD, Chief Health Equity Officer

**Absent **Present, but not quorum*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text





AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was not voted on, because the committee did not reach a quorum.	
APPROVAL OF THE MEETING MINUTES	The November 15, 2022 meeting minutes were not approved, because the committee did not reach a quorum.	
CHAIRPERSON’S REPORT	Chairperson Ficek stated that that she is thrilled and happy to see people present in the room. She noted that there are two primary agenda items, the Chief Medical Officer report and a Behavioral Health update. On statewide efforts through the California children and youth behavioral health initiative. She knows that much attention on programming and	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>funding has been launched over the last year for that effort. At First5LA they are focused on intentional commitment to equity. It began back in 2019. They refer to it as kind of moving through a equity journey. It became clear as a mission driven organization that in order for FIRST5LA to meet its North Star, which is to ensure every child in L.A. County will reach their full developmental potential, they must center equity across all of their work. They realized that they needed to embed equity internally in their operations, policies, and organizational culture. As well, as externally in its programmatic work partnerships and community engagement. Knowing they are having this conversation today, she took a look at the website where they highlight and define what they mean by health equity and said, “everyone has a fair and just opportunity to be as healthy as possible.” They also detail their health equity action plan, which is similar to FIRST5LA and it includes both internal and external efforts. She encouraged the committee to take a look for their own learning at their health equity action plan, and also very much looking forward to hearing more. She hopes to hear more from Dr. Li. She gave a shout out to L.A. Care's provider support services department. This Saturday L.A. Care, FIRST5LA, and the Department of Public Health are hosting a children's health conference. It is a hot ticket item and is sold out at full capacity. Considering this is the Children's Health Consultants Advisory Committee meeting it only seemed fair and appropriate to offer up that information and an opportunity to attend the conference to this group. If anyone is interested they can reach out to her and be registered. The conference will focus on developmental, behavioral pediatrics, early periodic screening, diagnosis and treatment.</p>	
PUBLIC COMMENT	No public comment was submitted.	
CHAIR AND VICE CHAIR ELECTION	This agenda item was not discussed.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, presented the March 2023 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Mr. Baackes introduced Dr. Li as L.A. Care’s new Chief Health Equity Officer</p> <p>He said that given that everyone just came out of the worst pandemic of the century, it is clear that disadvantaged populations bore the brunt of the pandemic. It seemed that this is the best way for L.A. Care to face health disparities in a more focused way. He is thankful for Dr. Parrish’s efforts in tracking L.A. Care’s progress and attempting to address this</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>administratively. Dr. Li will focus on building bridges in the community with other organizations so that L.A. Care has an opportunity to make a lasting impact addressing many of the disparities that based our members. Dr. Li is perfectly suited for this assignment.</p> <p>Dr. Li stated that he is absolutely delighted and thrilled to have this opportunity. This has been his North Star in terms of his past two decades of work, both in San Francisco as well as here locally on Los Angeles. This is his third week and sometimes has feelings of anxiety, but Mr. Baackes been really generous with him. Giving a launch in terms of thinking about this as a canvas. This is an incredibly target rich environment in terms of there are many disparities and inequities. He thinks that part of the challenge would be to work through and partner with great providers as well service providers in the community. He thanked Mr. Baackes and Dr. Amin for letting him pivot a little bit from his traditional operation.</p> <p>Dr. Amin introduced Felix Aguilar, MD, Medical Director, <i>Quality, Health Services</i>, to the committee. Dr. Aguilar stated that he has worked many years with L.A. Care’s populations and community. He comes from quality improvement with a lens in health equity and focus on how to improve services for members.</p> <p>Dr. Amin gave the following report: The DHCS imposed monetary sanctions (\$88,000) to L.A. Care for failure to meet the Minimum Performance Levels (MPL) for measurement Year (MY) 2021 Medi-Cal Managed Care Accountability Set (MCAS) performance measures focused on Childhood Immunization Status Combination 10 (CIS-10) and Well Child Visits in the First Thirty Days of Life (W30 6+ and W30 2+)). L.A. Care submitted a comprehensive quality strategy that includes new interventions designed to meet or exceed required 2023 milestones. L.A. Care has begun this process through the collaboration with our Plan Partners, Blue Shield Promise and Anthem Blue Cross through Strengths Weakness Opportunities and Threats analysis. L.A. Care is also developing a custom report for W30, member incentive for W30 and provider incentive for CIS-10 to name a few. Additionally, L.A. Care needs to include details on how we intend to devote adequate resources and staff to quality improvement. L.A. Care is hiring Quality Management Nurse Specialist to support the project manager. L.A. Care is working closely with our DHCS Nurse Consultant and Quality Management Team to work through expectations for this sanction.</p> <p>Regarding DHCS Fines for MCAS measures below MPL for MY 2021, L.A. Care submitted an appeal and awaits the response, while DHCS provided a response to the “Meet and Confer” with no change to the sanction fine of \$88K. L.A. Care has also asked to review a</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>PRA request from Local Health Plans of California (LHPC) and California Association of Health Plans (CAHP) regarding details of the program that have been request by us and multiple plans, but not provided.</p> <p>Quality Improvement (QI) Annual Audit has concluded for Beacon, Kaiser, and Blue Shield Promise Health Plans. Blue Shield is working on completing a Corrective Action Plan (CAP) for three measures that fell below the MPL in MY2021. Anthem Blue Cross audit will wrap up in Quarter 1 of 2023.</p>	
<p>STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM</p>	<p>Dr. Brodsky gave a report on the Student Behavioral Health Incentives Program (<i>A copy of the written report can be obtained from Board Services.</i>)</p> <p>The Children and Youth Behavioral Health Initiative (CYBHI) is a historic, five-year, \$4.7 billion initiative to reimagine and transform the way California supports children, youth and families.</p> <p>Established as part of the Budget Act of 2021, the Children and Youth Behavioral Health Initiative (CYBHI) is a multiyear, multi-department package of investments that seeks to reimagine the systems, regardless of payer, that support behavioral health for all California's children, youth, and their families. Efforts will focus on promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health (mental health and substance use) needs for children and youth ages 0-25. CYBHI is grounded in focusing on equity; centering efforts around children and youth voices, strengths, needs, priorities, and experiences; driving transformative systems change; and using ongoing learning as the basis for change and improvement in outcomes for children and youth.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<div data-bbox="541 264 1640 626" style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="background-color: #0056b3; color: white; padding: 10px; width: 22%;">  <p>Behavioral Health Ecosystem Infrastructure</p> <p>Transform behavioral health infrastructure to ensure equitable access and ensure there is no wrong door for children, youth, and families.</p> </div> <div style="background-color: #6a3d9a; color: white; padding: 10px; width: 22%;">  <p>Workforce Training and Capacity</p> <p>Create a diverse workforce reflective of California by expanding workforce recruitment and training, and increasing capacity for prevention, treatment and recovery across points of access and care.</p> </div> <div style="background-color: #c8512e; color: white; padding: 10px; width: 22%;">  <p>Coverage Architecture</p> <p>Expand coverage and access to critical behavioral health services for ALL children and youth.</p> </div> <div style="background-color: #4f7942; color: white; padding: 10px; width: 22%;">  <p>Public Awareness</p> <p>Raise awareness and engage communities and families to increase behavioral health literacy using culturally- and linguistically-appropriate campaigns.</p> </div> </div> <p>The Children and Youth Behavioral Health Initiative includes multiple work streams that are led by five departments and offices within the California Health and Human Services Agency – Department of Health Care Services (DHCS), Department of Health Care Access and Information, Department of Managed Health Care, California Department of Public Health, and the Office of the Surgeon General. Under the California Health and Human Services Agency's leadership, the five departments have been working closely together to align priorities, define outcomes for the initiative, identify opportunities for cross-departmental collaboration, as well initiative interdependencies; and, obtain stakeholder input.</p> <p>The DHCS is responsible for key work streams under this initiative, including but not limited to:</p> <ul style="list-style-type: none"> • Development a Behavioral Health Virtual Services & E-consult Platform; • Development of a Statewide School-linked Fee Schedule and Behavioral Health Provider Network; • Issuance of Grants to Scale Evidence-Based Practices Statewide; • Issuance of School-linked Partnership and Capacity Grants; and, • Implementation of Dyadic Services as a Medi-Cal Benefit. <p>The Children and Youth Behavioral Health Initiative follows a 5-year timeline, with the three distinct phases that were defined based on how types of activities and priorities are expected to evolve over time.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Phase 1: major focus areas include defining specific goals that are linked to the overall CYBHI aspiration, standing up performance infrastructure, convening stakeholders, and preparing for detailed planning and future-state ecosystem design. • Phase 2: develop detailed plans and design the future state • Phase 3: deliver and accelerate impact launching a full-scale effort to drive, accelerate, and sustain impact. <p>DHCS Student Behavioral Health Incentive Program (SBHIP) Duration and Sustainability Under the larger CYBHI is a three-year \$400M investment through Medi-Cal Managed Care Plans to increase access to behavioral health services through schools.</p> <p>The DHCS Student Behavioral Health Incentive Program (SBHIP) is a three-year program that begins January 1, 2022, and ends December 31, 2024. SBHIP is implemented at the county level and is voluntary for Medi-Cal MCPs, which will be implementing the program. L.A. Care Health Plan has volunteered to work with local LEAs, LA County Office of education, and DMH to implement SBHIP in Los Angeles County.</p> <p>SBHIP originated from State law (AB 133, Welfare & Institutions Code Section 5961.3) and is intended to address behavioral health access barriers for Medi-Cal students through Targeted Interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools. With nearly 40% of California children enrolled in Medi-Cal, a significant investment in the infrastructure that supports school-based behavioral health care for Medi-Cal students will indirectly build capacity and increase access.</p> <p>L.A. Care and stakeholders established the LAC SBHIP steering committee to ensure that schools' behavioral health infrastructure investments are equitable, effective, and sustainable.</p> <p>The LAC SBHIP Steering Committee is composed of Executive Leaders from Medi-Cal Managed Care Plans (MCPs) L.A. Care Health Plan and Health Net and representatives from the Los Angeles Office of Education (LACOE), the Department of Mental Health (DMH), the Gita Murthy Consulting team (GMC).</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 9:50 a.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:
 Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____



Chief Medical Officer Report

May 2023

Care Management/Utilization Management / MLTSS Department

Care Management

Enhanced Care Management (ECM)

Noah Ng is the new Director of Enhanced Care Management (ECM) and he has taken leadership of the team following the staff integration from the Safety Net Initiatives department. He is in the process conducting a full assessment of people's roles, technology, and processes against the December 2022 revision of the DHCS ECM Policy Guide. Notable opportunities for improvement include:

- **Data Integrity**
- **Payment Model**
- **Clinical Oversight**
- **Network**
- **Regulatory Notifications**
- **Staffing**
- **Documentation**

As part of the assessment, risks will be prioritized. Upon completion of the review, remediation and improvement plans will be developed and implemented on a rolling basis starting in June.

Transitional Care Services (TCS)

CM team began implementing our transitions of care program at the beginning of the year for members. We have been training Community Health Workers (CHWs) to be incorporated into the model specifically to assist Direct Network members who do not have an assigned CM. CM team receive daily reports from UM of members admitted and discharged to supplement the limited data available through the Health Information Exchanges.

Due to the new populations of focus and the broad TCS requirements, CM received RRB approval in April for five additional staff. In addition, six CHW staff in the Social Services Department who have been administering a Transitions of Care (ToC) pilot program have begun transitioning to the CM department.

Risk stratification algorithms in iPro are being revised to delineate all risk levels and provide a new indicator for DHCS High Risk in accordance with updated DHCS Population Health Policy Guide from December 2022. Even without the full estimates, a substantial expansion of staff will be needed to ensure TCS is provided to high risk SPDs and members receiving LTSS. CM leadership are preparing an additional RRB ask to continue to ramp up the TCS program. We are also working with the Provider Network Management team to ensure TCS for pregnant members and Children with Special Health Care Needs will be delivered through PPGs.

General CM

- CCS (DHCS Audit focus area)
 - Historically and currently, very few CCS members are in CCM and none with Medi-Cal as secondary coverage. Additional staff and processes are being developed as we seek to meet contractual requirements.
 - A cross-functional team of UM and CM staff has been outlined and net new staff will be requested from RRB.
 - While ECM is expanding in 7/2023 to take on the care coordination of CCS members, CCM still needs to be made available for CCS members electing out of ECM. Moreover, new DHCS PHM expectations spotlight Children with Special Health Care Needs (CSHCN) as a high-risk population that require additional coordination, regardless of whether they are already in CCS.
 - UM System SyntraNet does not currently display dates of birth in the work queues or dashboards that would allow team members to identify members under 21. Request submitted to add this critical data element.
 - MOU with county CCS agency is from 1999 and needs updating to clarify each party's requirements, including the expectations for a dedicated CCS Liaison position. Compliance Department has reached out to DHCS to get the current MOU template applicable to LA County.

Utilization Management

Timeliness Corrective Action Plans (from June 2021 regulatory disclosure and 2021 DHCS Audit)

- Compliance Scorecard measures – Feb 23 most recent available
 - Overall performance
 - 45/53 measures > 95%, 50/53 measures > 90%
 - 7/8 measures under 95% are for notification timeliness (1 provider, 6 member). Two main causes – delays due to translation to threshold languages and failed letters. The former should improve with a solution being built between SyntraNet and translation vendor to automate multiple steps in the translation process. However, we expect to still have some delays related to less common languages that take longer on the translation vendor's end. For the latter, in March, we added monitoring of failed letters via system alerts. In addition, UM leadership is establishing a dedicated and robust letter team who will have subject matter expertise, higher proficiency and productivity which will help improve letter timeliness.
 - Direct Network only (see below)
 - 17/20 measures > 95%

- Three member notification measures below 95%. Two main causes – delays due to translation to threshold languages and failed letters. The former should improve with a solution being built between SyntraNet and translation vendor to automate multiple steps in the translation process. However, we expect to still have some delays related to less common languages that take longer on the translation vendor’s end. For the latter, in March, we added monitoring of failed letters via system alerts.
- Toney Consulting staff (supplement staffing) received cross-training in March and April in order to provide additional hands to multiple UM areas based on volume/staffing needed.

Direct Network

- Compliance has created a subset scorecard to monitor timely decisions and notifications, the first three months (November-January scores) were submitted to DMHC in February. At the end of March, DMHC sent back a comment letter with questions related to untimely notices. LAC responded in April, explaining the root causes and solutions described above. The Department also inquired specifically about a batch of letters with excessive delays which we explained were due to failed letters previously not identified and were resent as a batch in February. The failed letter alert monitoring now being done daily should prevent a recurrence.
- Feb 23 most recent available scores:
 - 17/20 measures > 95%
 - Three member notification measures below 95%. See above scorecard descriptions of root causes and corrective actions.

UM Quality Program (DHCS Audit focus area)

- Developing and implementing audit tools and protocols
 - Emphasis on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions
 - Focused audits based on audit/corrective action areas and identified gaps (e.g. Continuity of Care, letter readability, private duty nursing, Physician Certification Forms)
- Additional positions in recruitment for trainers and auditors
 - Hired: 3
 - Three additional Clinical Quality Nurse Reviewers have been brought on board and are in training for role specific tasks
 - Newly approved/In recruitment: 3
 - A Health Services Nurse Educator, Quality Nurse Reviewer, and Quality Reporting and Auditing specialist have been approved as incremental hires
- Enhanced Reporting to Utilization Management Committee began during the March meeting:
 - Annual program description/evaluation
 - Inter-rater Reliability reports for nurses and physicians
 - Staff Audit Updates
 - Quality metrics/oversight
 - UM Call Center Performance
 - UM Highlights and Activities
 - Training Updates

Hospital agitation/abrasion

- Provider Disputes Resolution (PDR, originates from Claims)
 - Backlog resolved as of 12/31/22 and compliance sustained for three full months

- Creation of dedicated PDR team to support ongoing compliance and assist with litigation/arbitration cases; four positions filled (two start 3/13/23), one in recruitment. Toney Consulting agreement extended to Sept 2023 to supplement staffing.
- Participation in cross-functional team assessing root causes and solutions to reduce PDR volume
- PDR prevention activities in progress to increase rate of concurrent review and to close cases ASAP following discharge.
- Reestablishing Admit Team for post-stabilization requests (audit focus area)
 - Nine positions filled, two in recruitment (the 3pm-11pm shifts have been difficult to fill)
 - Revising processes and documentation to improve compliance and enable reporting and oversight
 - Identified process to notify hospitals when inpatient level-of-care is denied but observation level of care has been approved
 - Collaboration with the Provider Network team on related requirements for updating hospital contracts
- Adding a dedicated discharge planning team to accelerate processing of authorizations needed for discharge and provide more resources for members who are difficult to place due to complex medical-psycho-social situations. Changes to UM processes were sent to all contracted hospitals in April and updated forms were posted to our public website. As of mid-April, the volume of requests for complex discharge planning have increased in response to our changes and communications.

Managed Long Term Services & Supports (MLTSS)

Community Based Adult Services (CBAS)

- As part of the post-COVID transition to in-center attendance, state allowed for some out-of-center services to continue on a limited basis under Emergency Remote Service (ERS) provisions. New regulations require CBAS providers to use DHCS' Electronic Visit Verification (EVV) as of March 23, 2023. The purpose of EVV is to ensure that services are delivered in the home and should reduce the potential for inappropriately high utilization and fraud. PNM is doing the oversight of provider use of EVV.

Skilled Nursing Facility

MLTSS, QI, Enrollment and Finance cross-functional workgroups have worked to address a variety of cost and quality issues arising from members going to or leaving Long Term Care (LTC) facilities who did not have appropriate assignment to a PCP/PPG. New processes implemented in December 2022 to ensure timely transitions:

- Members going to LTC are assigned to LA Care directly and no longer to a PPG
- Members returning to community get assigned to PCP/PPG
- Data collection and monitoring of discharges are being done to avoid PQIs as a result of access to care issues
- Ongoing process of monthly reconciliation of new and former LTC assignments for appropriate capitation payments

CalAIM

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

- Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In
 - Currently members in the population are covered by FFS Medi-Cal and the benefits are administered by Regional Centers.
 - There are 235 6-bed ICF-DDs in LA County.
 - DHCS reached out to MCPs regarding ICF-DDs concern around claims and payment timing.
 - Expecting a very delayed release of policy guide (October) for a 1/1/24 effective date
 - A major challenge will be the authorization conversion from Treatment Authorization Requests (FFS Medi-Cal) to Prior Authorizations (Managed Care Medi-Cal). Without clear guidance from DHCS there could be delays and/or disruption in care and these members will require significant care coordination.
- Nursing Facility Transitions, Diversions to Home, and the Assisted-Living Waiver (ALW) program (transitioning members who meet program and medical criteria for transition out of LTC).
 - There are questions around the financial responsibility for ALW, which is a waiver program as opposed to a covered benefit.
 - The queue for ALW spots can take months if not longer.

Over and Under Utilization

We have been actively working to monitor and address over/under utilization of care within our network. This has been an ongoing effort that runs through our clinical analytics department in collaboration with, among others, utilization management, provider network management, care management, and finance. Hospice has been an area of focus due to high utilization. Findings include:

- An unusual number of members on hospice for > 1 year
- Incorrect billing for long lengths of stay
- High volume providers who discharge members at 6 months who are then immediately enrolled in another hospice
- Relatively high enrollment for members with chronic conditions that may not be at end-stage of illness

A cross functional team meets weekly to review results of data analysis and determine next steps.

Quality Improvement and Informatics Department

Chief Updates

- NCQA Agreed to roll Discretionary Survey into the Triannual Health Plan Accreditation Survey.
- The Direct Network Physician Advisory Committee is set and first meeting will be in June.
- CMS Interoperability will be transitioning from the vendor, Change Healthcare to another process for identity management. A Member facing Webform is in development for request API access. DHCS Operational Readiness documentation was provided.
- We await the Health Equity and Practice Transformation Grant from DHCS

- QI continues to support the FQHC Alternative Payment Model Program implementation including encounter data process challenges.

Health Education & Cultural Linguistic Services (HECLS)

- The race and ethnicity (R/E) data remediation program was subsumed into the new “Member Data Capture Initiative”. This new initiative includes all member demographic components.
- MediKeeper was selected as the new NCQA certified wellness vendor that will provide an online member health and wellness platform launching in January 2024.
- The DHCS Doula benefit launched 1/1/2023. The doula provider recommendation form, doula member flyer, and provider trainings are currently under review by the Doula workgroup for deployment by end of April 2023.
- Perinatal texting campaigns expanded to include commercial line of business and incorporate messaging on Doula benefit.

Quality Improvement-Initiatives

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.

Transform L.A.-Direct Network

- Current program enrollment: 21 practices, 107 providers, 13,093 DN members (35% 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 Quality Review (PQR)/Potential Quality Issues (PQI)

- **PQR, Appeals, and Grievances Data Discrepancies:** As previously stated, the 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 March 31, 2023, 441 cases remain open from the new backlog; the goal is to complete cases by 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 CSC/ A&G, DHS and Call The Care to address ongoing optimization, issues and CAPs.

Quality Improvement (QI)-Accreditation:

Stars/HEDIS

- MY2022 performance continues to be projected at an overall 2.5 (with rounding). In March, the HEDIS overall domain improved (2.41 to 2.71) but the Operations domain overall declined (3.40 to 3.24). HEDIS improved due to +1 Star Rating improvement in Care of Older Adults (COA) Medication Review, COA Pain Assessment, Osteoporosis Management in Women and Plan All Cause Readmission. Operations fell due to a 1 Star rating decline in Reviewing Appeal Decisions due to a change in cut-point assumptions.

- 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 to be conducted to identify if G&A and CTM have correlation on connections to member disenrollment.
- CAHPS Survey at the contract level for MAPD (Medicare Advantage Prescription Drug) will not be fielded this year due to DSNP contract being new. However, the plan will conduct a CAHPS survey at the PPG level during Q4 to help guide programs and PPG evaluations for MY2024.
- For the High Touch HEDIS / Pharmacy Call Center Outreach RFP, three vendors were selected and their solutions were demonstrated in March. The winner is AdhereHealth.
- The TTY/ Foreign Language Star Measure is currently exceeding the goal of 80% (for Part C and Part D) for MY2023. Current performance is 86% for Part C (3 Star) and 100% for Part D (5 Star).
- Pharmacy Medication Adherence measures are performing at similar levels in MY2023 as in prior years when comparing February and March activity. This will yield an overall domain rating of 2 Stars or less unless the rate of month over month decline is reduced.
- The HEDIS audit season is underway and all deliverables are on target. Both Advent and HSAG Audits took place in March with some minor follow-ups but overall successful. Non-Standard Data submissions and approvals are due March 31, 2023. Medical Records collection for hybrid pursuit is currently on target.
- Align. Measure. Performance (AMP) measure sets file generation is on target with plan to submit in April.
- Prospective HEDIS MY2023 is running in parallel to retrospective. First prospective rate tracker will be available this month.

Population Health Management (PHM)

- The PHM NCQA year one documentation for the 2023 audit is final and expected to meet the requirements. The PHM team has submitted documentation for year two NCQA documentation and is finalizing a consolidated PHM Impact Evaluation Report per NCQA Consultant, The Mihalik Group's (TMG) recommendation. No barriers to note.
- The PHM team will develop the 2023 PHM Program Description in Q2 2023 and will include the CalAIM requirements. CalAIM Strategy document is due October 2023.
- L.A. Care is working to develop the CalAIM Key Performance Indicators (KPIs) report that will be shared with DHCS in July 2023. It will be built into a Tableau Dashboard for tracking.
- The PHM team has drafted the overarching PHM Policy & Procedure and a Transitional Care Services (TCS) Policy & Procedure that will be reviewed for approval in the April Quality Oversight Committee (QOC).

Initial Health Assessment (IHA) transitioning to Initial Health Appointment

- The PHM team and IHA workgroup have reviewed APL 22-030 and are making all necessary changes to QI-047 IHA policy, lacare.org, the Universal Provider Manual, the New Member Welcome Letter and New Member Welcome phone script. The QI-047 IHA Policy has been submitted to DHCS and is being approved at QOC in April 2023. There are two potential points of improvement in our IHA monitoring process. The IHA workgroup is drafting the documentation on the root causes and a corrective action plan to address. The ideas include enhancing the monitoring tool, possibly widening the sample and adding accountability to PPGs.

Facility Site Review (FSR)

- The total Covid Public Health Emergency (PHE) related backlog panning 3/15/2020-12/31/2021 is now down to **82**. To date three hundred and thirty eight (338) audits have been completed from the backlog.
- In Q1 2023, 48 FSR/MRR audits were conducted from the backlog.

Population Health Informatics

Health Information Management (HIM) Analytics

- HIM supports key analytic elements for the CalAim project. Populations of high-risk members who've had a transition of care are being identified for improved Care Management purposes. Further, KPIs relating to ambulatory care and members' engagement with their PCPs are being developed.
- Social Determinants of Health are being monitored by HIM on a PPG and PCP level. Tracking is currently underway to monitor improved usages 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, a cross-functional stakeholder group is in the process of discussing revisions to the Hospital Services Agreement (HSA), which will include a new requirement for hospital participation in Health Information Exchanges (HIEs). Additionally, a memo is being prepared to be sent to contracted hospitals to request their compliance status and to bring their attention to the CMS 9115 Hospital ADT notification requirements.
- The HIEc team is working closely with the ECM team and HIE vendors (LANES and CMT), to bring on additional new entities for Enhanced Care Management/Community Support (ECM/CS) programs. The HIE program continues to support the transition of the existing Health Homes Clinics and CB-CMEs to the new ECM program.
- The Post-Acute Care Management (PAC-MAN) solution is live, giving MLTSS and Care Management users access to near real-time Skilled Nursing Facility (SNF) data on members, with efforts underway to expand access beyond the current 80% of contracted SNFs.
- Clinical Data Repository (CDR) solution vendor selection in progress; aiming to begin real-time ADT ingestion through FHIR from LANES & CMT by May 2023.

Pharmacy Department

Star Rating Metrics

- **Medication Adherence:** Pharmacy's 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). Pharmacy and the STARS team are working on internal review of the CVS adherence program and the Gaps In Care program to target other STARS metrics.
- **Osteoporosis Management in Women who had a Fracture (OMW):** Pharmacy's comprehensive approach has steadily increased our Star Rating from 1 Star (MY2020) to 3 Stars (MY2022). Pharmacy will be handing off this measure to QI by May but will continue to provide clinical support if needed.
- **Medication Therapy Management (MTM) Program:** CMS requires health plans to offer a minimum level of MTM services to Medicare members through a CMS-approved MTM program.

Services include an annual comprehensive medication review (CMR). Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor) and CustomHealth pilot program, achieved 31% completion rate of eligible members in 2023 Q1, a significant improvement from 2022 Q1 at 17%. Pharmacy plans to add OutcomesMTM as an additional vendor.

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 11.7% (2.8% reduction seen in ≥ 5 CMM visits) and an average systolic blood pressure (SBP) of 14.4 in patients with baseline blood pressure $>140/90$ mmHg and 2 or more visits is seen.

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. 262 medication therapy problems were identified across all patient visits. Current clinics include Wilmington Community Clinic (started 9/2022) and APLA (started 12/2022). Contract with Harbor Community Health Center is pending.

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, 10 events will be hosted between September to October 2023. USC Medical Plaza Pharmacy will offer health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. Contract amendments are currently under review by L.A. Care Legal team.

Community Health Department

Social Services

- The CHW Benefit Recommendation Form has been uploaded on our provider website and our providers are now able to make requests to have a CHW outreach.

Behavioral Health

- The Behavioral Health Integration (BHI) Incentive Program was a 2- year (January 1, 2021- December 31, 2022) grant funded program by DHCS aimed at improving physical and behavioral health outcomes. L.A. Care was awarded \$9 million to disburse to eight network providers who achieved behavioral health integration milestones and measures. Final year performance metrics were submitted to DHCS in March 2023.

Community Supports (CS) Operations & Reporting:

- CS staff worked alongside ECM team to resubmit revisions on Q1 2022 Regulatory Reporting to DHCS
- CS staff is working alongside our ECM team to collect data needed to submit Q1 2023 Regulatory Reporting due to DHCS on May 16th.

- CS staff received DHCS Updated Data/Report guidance and is currently analyzing the requests. Staff will work with internal IT staff to build out reports in accordance with DHCS requirements.

HHSS:

- As of April 21, 2023, over 10,900 members enrolled in HHSS
- Contracted provider network increased from 22 to 25 this quarter

Street Medicine (SM):

- Healthcare In Action (HIA): providing care by 4/1/2023
- Work plan for Network Expansion: Developing timeline and strategy for LA Care Street Medicine network and program



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Child and Maternal Clinical Quality Measures: Spring Updates

May 16, 2023
CHCAC Meeting



Kristin Schlater, MBA
Program Manager III,
Health Education Unit

Laura C. Gunn, MPH, CHES
QI Project Manager II
Clinical Initiatives Team



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Today's agenda

- Measurement Year (MY) 2023 metrics:
 - Children and Maternal Health Measures
 - Current trends
- Interventions related to these metrics:
 - State mandated quality improvement projects
 - Member/Provider touchpoints- past, present, future
 - Lessons learned and looking towards the future

Maternal Health



Maternal Health

Current Measures MY 2023:

- Prenatal and Postpartum
 - Prenatal Care (PPC-1/PPC-Pre)
 - Postpartum Care (PPC-2/PPC-Pst)

Upcoming Measures MY 2024:

- Prenatal Immunization Status (PRS-E)
- Prenatal Depression Screening and Follow Up (PRS-E)
- Postpartum Depression Screening and Follow Up (PND-E)

Maternal Health

Perinatal Programs

Healthy Pregnancy Program

- L.A. Care identifies and conducts outreach to pregnant members offering perinatal educational materials and assistance with scheduling prenatal visits. Members are mailed trimester specific pregnancy materials and relevant resources. General pregnancy informational letter mailed to non-trimester specific members from all lines of business.

Healthy Mom Program

- L.A. Care conducts telephonic outreach to new mothers to educate them on the importance of postpartum visits and assistance with scheduling an appointment with their provider. Approximately 5,000 live calls annually.
- L.A. Care offers interpreting and transportation services to encourage attendance of postpartum visits. L.A. Care Members may be eligible for a \$40 postpartum incentive depending on their coverage.

Maternal Health

Perinatal Programs

Text Messaging Campaign

- Prenatal Campaign – Black/African-American (B/AA) Managed Care L.A. Care (MCLA) members and all L.A. Care Covered (LACC) members. Eligible members receive text messages emphasizing the importance of prenatal care visits and resource links.
- Postpartum Campaign – All MCLA and LACC members. Eligible members receive text messages regarding the importance of postpartum care visits and resource links.

Doula Benefit

- Applicable to L.A. Care Medi-Cal MCLA (1/1/23) and LACC (7/1/23) members.
- L.A. Care offers doula services to eligible Medi-Cal members who are pregnant or pregnant within one year (12 months). Doula services are available for prenatal, perinatal and postpartum members. Doulas also offer various types of support, including health navigation; lactation support; development of a birth plan; and linkages to community-based resources. Also, referring members to AAImm program.

Maternal Health

How are these measures doing so far for MY 2022 for our members?

Measure	LOB	MY 2022 Benchmark(50 th)	Current Rate MY 2022	MET (Y/N)
PPC-1	Medi-Cal	85.40%	90.37%	Y
PPC-1	LACC	84.67%	89.18%	Y
PPC-2	Medi-Cal	77.37%	80.00%	Y
PPC-2	LACC	80% (QRS)	83.63%	Y

How are we reaching members this MY 2023?

- Social Media Campaigns (Black Maternal Health Week, Maternal Mental Health Week)
- Live outreach calls (postpartum)
- Member mailings
- Text Messaging Campaigns (Prenatal and Postpartum)
- \$40 Member Incentive (Postpartum)

Maternal Health

Healthy Pregnancy member mailings:

- Trimester specific packets: Approximately 85 members monthly
- Parenting Guide for Black Parents. (BIH, AAIMM, culturally specific resources).
- Non-Trimester specific general letter: Approx. 865 members monthly. (2022 data).

Text Messaging Campaign

- Prenatal Care Campaign (PPC 1) MCLA, B/AA members.
- Postpartum Care Campaign (PPC 2) MCLA members. (Adding LACC members to both campaigns).

Measure	2022 Outreached	2022 Enrolled	Enrollment Rate	2022 "Done" Rate
PPC-1	494	123	24.9%	N/A
PPC-2	2,736	906	33.1%	27.7%

PPC-1 Cumulative 2022 reporting

PPC-2 Cumulative 2022 reporting

Maternal Health

Prenatal Plan-Do-Study-Act (PDSA) (1/3/2022-5/1/2022):

Through the enhanced identification of pregnant members, L.A. Care reaches additional pregnant members to educate them on the importance of prenatal care and connect them to educational materials and resources to initiate prenatal care.

The PDSA intervention includes the expansion prenatal data reporting systems and the addition of the prenatal general letter sent to newly identified pregnant members without trimester information. Adding the non-trimester general letter increased outreach from 1,000 to nearly 10,000 pregnant members.

Prenatal Data sources - 2022

LOB	Pregnancies identified w/ trimester
MCLA	1,019

LOB	Pregnancies identified/ non-trimester
MCLA	9,838
LACC	510
CMC	7
PASC	1

LOB	Total deliveries
MCLA	8,465
LACC	380
CMC	5

Prenatal Data Sources:

834 file, Monthly Collective Medical Technologies (CMT), Encounters/Claims, Health Information Form (HIF), OBIEE Prenatal report, LANES.

Delivery Data

Source: eConnect

Maternal Health

GAINS II Initiative:

Our Community Benefits Department provides grant opportunities focused on driving successful African American infant and maternal outcomes in L.A. County, using a structural and systemic change strategy across systems and sectors.

This Community Health Investment Fund initiative, called **Generating African American Infant and Nurturers' Survival II (GAINS II)**, emphasizes a shift to culturally congruent policies and practices to reduce toxic stress on birthers and their village and to enhance the therapeutic experience of African Americans.

This annual cycle:

- 11 applicants
- Grants up to \$150,000 each.
- Awardees to be announced mid May.

Maternal Health

Future Endeavors:

- Exploring maternal health digital platforms.
- Analyze phone outreach data.
- Revising pregnancy general outreach letter.
- Maternal health webpage revisions.
- Pregnancy packet material additions (STI, Help Me Grow, Doula Benefit, Pregnancy Vaccines).
- Exploring opportunities to partner with our Community Resource Centers.
- Exploring First 5 LA Home Visitation partnership.

Child Health



Children's Health

Measures for MY 2023:

- Immunizations
 - Childhood immunizations by age 2 (CIS-10)
 - Adolescent Immunizations (IMA-2)
- Well Care Visits
 - Well-Child Visits for 0-15 month olds (W30 6+)
 - Well-Child Visits for 15-30 month olds (W30 +2)
 - Well-Child Visits for 3-21 year olds (WCV)
- Lead Screening in Children (LSC)
- Topical Fluoride Varnish (TF-CH)
- Developmental Screenings for ages 1-3 years old (DEV)

Fluoride and Developmental Screenings are not included for MY 2022

Children's Health

How are these measures doing so far for MY 2022 for our Medi-Cal members?

- Overall, most measures are trending higher compared to MY 2021, especially the W30 measures.
- Immunization rates already met state benchmarks.

The bar for the children's measures has increased and L.A. Care is on it!

How are we reaching members this MY 2023?

- Social Media Campaigns
- Robocalls
- Mailers
- Text Messaging Campaigns
- Newsletters
- Member Incentives (new for Summer 2023)

How are we reaching Providers this MY 2023?

- Newsletters
- Webinars
- Reports
- Quality Improvement Meetings
- Incentives

State-Mandated QI Projects

- **CIS-10 Performance Improvement Project (PIP): Improving Childhood Immunization Rates in Service Planning Area (SPA) 6**
 - **Project complete.** QI Nurse reviewed immunization registry and L.A. Care Missing Vaccine report for member outreach list for clinic to utilize.
 - Lessons learned: 1) Staff turnover a hindrance 2) Project worked when there were no staffing issues and 3) Staff noted that education improved compliance.
- **SWOT: Strengths, Weaknesses, Opportunities, Threats**
 - **In progress.** Project for three underperforming measures in MY 2021, both W30 measures and CIS-10.
 - Working with Anthem Blue Cross, Blue Shield Promise, and Transform LA Team.
 - Various member interventions are part of the SWOT.
 - Data lag has been the biggest hindrance.
- **W30 Clinical PIP: Improving W30+6 rates for Black/African American members**
 - **New Project starting 2023.** Focusing on SPA 6.

Member Interventions

Robocalls are reminder calls (no live agent) to the guardian of the member or the member who has not completed a well care visit(s) for the calendar year. Members range between 0-21 years of age for both Medi-Cal and LACC.

Robocalls work!

- **MY 2021 robocalls, outcome results:**

- Launched: 10/25/2021-11/18/2021
- 162,027 members called.
- 111,776 members reached (live connect/voicemail).
- Looking at the number of members reached successfully who also had a date of service, L.A. Care gained a 2% boost in visits- meaning we gained an extra 3,744 well care visits!!
- We saw more of an impact with our 0-11 year old members.

- **MY 2022 robocalls, initial results:**

- Launched: 9/27/2022-10/7/2022
- 146,693 members called.
- 112,818 members reached (live connect/voicemail).
- Overall reach rate is 77%.
- Will evaluate 2022 robocalls later this 2023.

Member Interventions

Other interventions....

- **Text Messaging Campaigns**

- MY 2022 focused on 3-17 year old members.
- MY 2023 focusing on 0-30 month old members.
- Series of 4-7 text messages every two weeks providing health education and a reminder to schedule a well care visit(s).

- **Social Media Campaigns**

- Paid campaigns to targeted zip codes via Instagram and Facebook.
- Includes written content, images, and most recently a video.

- **Mailers**

- Postcards sent Fall 2022 to our 3-21 year old members.
- Brochures are sent monthly to all newly enrolled members 0-6 months.
- Mailers are meant to serve as reminders to schedule a well care visit.



Member Interventions

How are these interventions working for us?

- Encounter and Claims data
 - Data shows an overall increase in well care visits and vaccines weeks after interventions, such as mailers and social media campaigns, are launched.
- Social Media campaigns during MY 2022 and so far for MY 2023 have had good member engagement. Cost per engagement has also been low per campaign.
 - *Example: Spanish HPV Video posted Summer 2022 received 1,161 views!*
 - *Example: Preteen Vaccine Week 2023 was 4 cents per paid engagement!*
- Text messaging campaigns for MY 2022 still needs to be evaluated. So far, the campaigns have had good member reception:
 - Two runs, March 2022 and September 2022.
 - 1st run outreached to 26,465 members, 2nd run 29,974 members
 - **99.9% enrollment rate between both runs**
 - 1st run: 93% of members completed the campaign in full and 3.2% self-reported they scheduled a visit.

Lesson Learned

What we've learned from 2021 & 2022 that we are incorporating this 2023:

- Member feedback needs to get back on track.
- Foster L.A. Care and community collaboration.
- Cross-functional approach between Maternal side and Children's side.
- Strengthen interventions:
 - Robocalls: expanding language thresholds, extra steps to gain accurate phone numbers, more calls, explore IVR (interactive voice response) calls
 - Social Media: videos and live segments, frequency
 - Text Messaging: expansion, evaluate effectiveness



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Thank you!! 😊



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Gun Violence Prevention



Marina M. Acosta, MPH (She/her/hers)

May 16, 2023



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Ongoing Urgency

- We are all devastated and horrified by the mass shootings that continue to take place, including those recently in Northridge, Monterey Park and Half Moon Bay and throughout the U.S.
 - Over 160 mass shootings as of April 15, 2023
 - #1 cause of death for youth (15-19 yo)
- We refuse to accept that the situation is hopeless and are committed to making change.



Photo by Will Lester, Inland Valley Daily Bulletin/SCNG

Gun Violence Prevention Summit

- L.A. Care convened a **Gun Violence Prevention Summit** on 12/9/2022 with Los Angeles County Office of Violence Prevention (OVP), under DPH.
- Speakers and moderators included:
 - Dr. Deborah Prothrow-Stith, Dean of College of Medicine, Charles R. Drew University (speaker)
 - **Dr. Susan Stone, L.A. Care Physician, ER doctor, Senior Medical Director, Utilization and Care Management (speaker)**
 - **John Baackes, L.A. Care CEO (moderator)**
 - Dr. Barbara Ferrer, Los Angeles County Public Health Director (moderator)



Summit Recommendations

- 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.
- **Increase the number of jobs and economic opportunities** allowing individuals to re-enter and re-integrate with society successfully.



L.A. Care's Efforts

- Since the summit, below is some of what L.A. Care is working on:
 - **Public Health Issue:** Highlighting as a urgent public health (PH) issue and must be addressed like other PH issues.
 - Dr. Stone (L.A. Care) with County presenting their Gun Violence (GV) Prevention platform.



- **Clinician Trainings:** Hosting series of clinicians training on GV prevention.
 - May 11 - *Prioritizing Patient Safety by Reducing Firearm Injury & Death: What Clinicians Can Do* by Amy Barnhorst, MD, Director of [The BulletPoints Project](#)

L.A. Care's Progress Cont.

- **Communication resources:** Created L.A. Care Gun Violence [website](#)



More L.A. Care Efforts

[L.A. Care Statement on Monterey Park Tragedy](#)

[L.A. Care CEO Urges Congress to Act Now on Gun Safety Legislation to Address the Public Health Crisis](#)

[L.A. Care CEO Urges California Legislature to Pass Several Gun Safety Bills to Help Address a Public Health Crisis](#)

[L.A. Care Board Unanimously Approves a Resolution on Gun Safety Legislation](#)

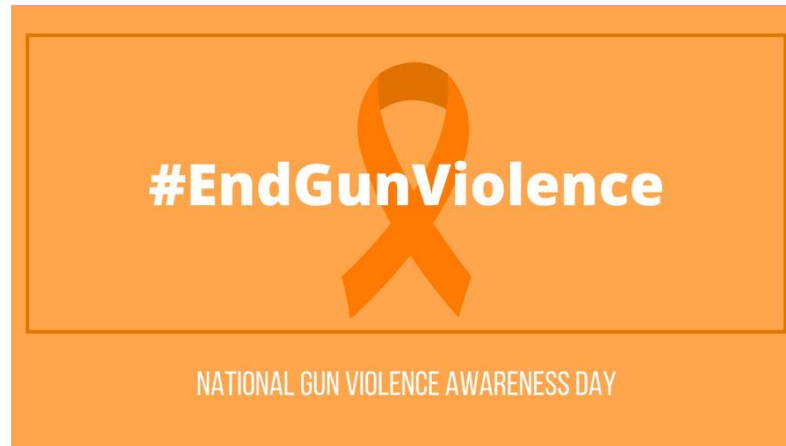
Gun Violence Prevention Resources

■ Los Angeles County

Visit the [Los Angeles Department of Public Health's Office of Violence Prevention \(OVP\) website](#) to learn more about their gun violence prevention efforts. The OVP works to strengthen coordination, capacity and partnerships to address the root causes of violence, and to advance policies and practices that are grounded in race equity, to prevent all forms of violence and to promote healing

Member Involvement

- June is Gun Violence Prevention Month.
- Encourage wearing Orange at upcoming member Community Advocacy Committees meetings in June.



- County will be hosting a number of events including, yoga and meditation practices (including those at CRCs), dancing and drumming healing sessions and reading list displays at county libraries.
 - Share list of events once finalized.
- L.A. Care social media campaign for awareness to highlight partners.
 - Everytown, can share your story.

Potential Opportunities Ideas

- **Additional provider assistance:** Pilot program providing firearm locks to providers to offer to patients that may need one after being screened in the office.
 - Pilot with clinic/hospitals that attend our prevention webinars
- **Partnership with Los Angeles County Medical Association (LACMA):** Evaluating idea to have co-brand billboards about gun violence with a call to action
- **Identifying opportunities with new Medi-Cal benefits:** Community Health Worker (CHW) benefit can help members receive violence prevention services.
 - Very new and administratively/DHCS-focused
 - Gap for organizations that do not have a licensed individual on hand. i.e Homies Unidos.

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Potential Opportunities Ideas Cont.

- **Upstream youth focus:** Last year ad hoc grants awarded to academic development programs focusing on the medical/public health/healthcare fields for youth in high school or middle school

Questions

- Are there strategic opportunities/partnerships L.A. Care easily could leverage that you can suggest?
- What else can we do as a public health plan?
 - Work closer with our Providers
 - Partner with schools
 - Work with non-health care City and County agencies
- Any other resources we should be mindful of?
- Advocate on a national level?
- Additional thoughts and comments?