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AGENDA

Technical Advisory Committee (TAC) Meeting

Thursday, January 11, 2024 at 2:00 P.M.
L.A. Care Health Plan
1055 W. 7th Street, 1st Floor, CR 100, Los Angeles, CA 90017

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

To listen to the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/j.php?MTID=mf4b9000db26223f9d151768927d53189

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

Meeting number: 2495 959 0266

Event Password: lacare

Teleconference Site

Elaine Batchlor, MD, MPH
Martin Luther King, Jr. Community Hospital
12012 Compton Ave.
4th Floor 4-118
Los Angeles, CA90059

Paul Chung, MD, MS
Kaiser Permanente School of Medicine
98 S. Los Robles Ave.
Pasadena, CA 91101

Muntu Davis, MD, MPH
Los Angeles County Department of Public Health
313 N Figueroa St
Los Angeles, CA 90012

Elan Shultz
Los Angeles County Department of Mental Health
510 S. Vermont Ave.
Los Angeles , CA 90020

Rishi Manchanda, MD, MPH
Health Begins
2600 W. Olive Ave.
Suite 500
Burbank, CA 91505

Santiago Munoz
UCLA Health
757 Westwood Plaza
Suite 1320
Los Angeles, CA 90095

Stephanie Taylor, PhD
Yale School of Medicine
333 Cedar St, New Haven,
CT 06510

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Attendees who log on to lacare.webex using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into WebEx to use the "chat" feature. The log in information is at the top of the meeting Agenda. The chat function will be available during the meeting so public comments can be made live and direct.

The "chat" will be available during the public comment periods before each item.
To use the "chat" during public comment periods, look at the bottom right of your screen for the icon that has the word, "chat" on it.
Click on the chat icon. It will open two small windows.
Select "Everyone" in the "To:" window,
The chat message must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
Type your public comment in the box that says "Enter chat message here".

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When you hit the enter key, your message is sent and everyone can see it.
L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

You can send your public comments by voicemail, email or text. If we receive your comments by 2:00 P.M., January 11, 2024, it will be provided to the members of the committee in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

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

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.
The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

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

	Welcome	Alex Li, *MD, Chief Health Equity Officer, Chairperson*
1.	Approve today's meeting agenda	*Chairperson*
2.	Public Comment	*Chairperson*
3.	Approve November 11, 2023 Meeting Minutes P.3	*Chairperson*
4.	Chairperson Report • Chief Health Equity Officer Update P.13	*Chairperson*
5.	Health Equity Conference Update P.25	Johanna Gonzalez *Health Equity Project Manager II*
6.	Equity Practice Transformation Program P.30	Cathy Mechsner *Manager, Practice Transformation Programs, Quality Improvement*
	Adjournment	

The next meeting is scheduled on April 11, 2024.
Public comments will be read for up to three minutes.

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

THE PUBLIC MAY SUBMIT COMMENTS TO THE TECHNICAL ADVISORY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.
ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

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NOTE: THE TECHNICAL ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY OF THE MEETING MONTH AT 8:30 A.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA, or online at http://www.lacare.org/about-us/public-meetings/board-meetings **and by email request to** BoardServices@lacare.org

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

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

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

BOARD OF GOVERNORS
Technical Advisory Committee
Meeting Summary – November 9, 2023

1055 W. Seventh Street, Los Angeles, CA 90017

Members

Alex Li, *MD, Chief Health Equity Officer*, *Chairperson*
Sameer Amin, *MD*, *Chief Medical Officer* *
John Baackes, *Chief Executive Officer**
Elaine Batchlor, *MD, MPH*
Paul Chung, *MD, MS*
Muntu Davis, *MD, MPH*,
Rishi Manchanda, *MD, MPH*
Santiago Munoz*
Elan Shultz
Stephanie Taylor, *PhD**

Management

Noah Paley, *Chief of Staff, Executive Services*
Acacia Reed, *Chief Operating Officer, Managed Care Services*
Phinney Ahn, *Executive Director, Medi-Cal Product Management*
Karla Lee Romero, *Director, Medi-Cal Product Management*
Brandon Shelton, *Senior Director, Advanced Analytics Lab*
Jordan Limperis, *Data Scientist II, Advanced Analytics Lab*

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

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alex Li, *MD*, *Chief Health Equity Officer,* called the meeting to order at 2:05 p.m.	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved Unanimously. 6 AYES (Batchlor, Chung, Davis, Li, Manchanda, Shultz)**
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The February 9, 2023 meeting minutes, May 11, 2023 Meeting Summary, August 24, 2023 were approved as submitted.	**APPROVED. 5 AYES (Batchlor, Chung, Li, Manchanda, Shultz)** **1 ABSTENTION Davis**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIR AND VICE CHAIR ELECTION	Member Li nominated himself as Chair. No other nominations were made. **Member Alex Li, MD, was approved as Chair of the Technical Advisory Committee.** Member Chung himself as Vice Chair of the committee. No other nominations were made. **Member Paul Chung, MD, was approved as Vice Chair of the Technical Advisory Committee.**	**Approved Unanimously. 6 AYES** **Approved Unanimously. 6 AYES**
CHIEF HEALTH EQUITY UPDATE	Member Alex Li, *MD*, gave a Chief Health Equity Officer Update. Dr. Li provided a Chief Health Equity Update, highlighting key points during the meeting. He mentioned ongoing medical redetermination efforts led by Ms. Ahn and Ms. Romero. He noted that L.A. Care is in the final phase of health equity accreditation preparation, feeling confident about achieving it. Dr. Li discussed his participation in the National Academy of Sciences' health equity round table, where perspectives from Texas and Florida on diversity, equity, and inclusion efforts were noted. Additionally, Dr. Li announced an upcoming event on children's health disparities, focusing on building resiliency for school children and addressing child welfare. He emphasized the significance of their focus on children's health and youth wellness in the context of the pandemic. Dr. Li informed the committee about the review of 133 applicants for the equity practice transformation grant, exceeding expectations and impacting over 2,000,000 medical beneficiaries. The deadline for review submission is November 29. Dr. Li expressed gratitude to Member Chung and Member Taylor for their input on geospatial tools. The agenda features a presentation on geospatial analytics and tools led by Mr. Limperis and Mr. Shelton, seeking committee input. Despite challenges in coordinating with Member Chung and Member Taylor, Member Li suggested deferring further discussions on this matter after the call.	
TAC CHARTER, APPROACH, MEMBERS, FUTURE ITEMS	*(Member Batchlor joined the meeting. The committee reached quorum at 2:30 P.M.)* Member Li discussed potential changes to the TAC Charter. He asked the committee to review and provide any feedback they have. He stated that the technical advisory committee is an advisory committee on various subjects and areas and he will continue to do that and also provide opportunities to highlight what L.A. Care is doing. He stated	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	that he will continue to include the Chief Executive Officer Report in the meeting packets moving forward.	
MEDI_CAL REDETERMINTATION UPDATE	Ms. Ahn and Ms. Romero gave a Medi-Cal Redetermination Update *(a copy of the presentation can be obtained from Board Services).* Redetermination Experience – November 2023 Medi-Cal redeterminations for members with October renewal month • November 1, 2023 - Action taken on fifth cohort of beneficiaries - Auto renewal using existing info in DPSS systems started in August • Pass = renewed! • Fail – Beneficiaries mailed renewal packet in late August ▫ ~126,000 L.A. Care members were mailed a packet ▫ L.A. Care began a call campaign for these members in late September ▫ Monthly data file of members who were mailed a packet shared with groups/Independent Physician Associations (IPA) • If no response to packet/request for info, beneficiary lost coverage effective November 1 and entered the 90-day cure period (procedural term/on hold) • L.A. Care is calling and mailing postcards to these "on hold" members • Monthly on-hold data file shared with groups/IPAs • November 2023 disenrollment and on-hold counts - 77.5K total disenrollments • 70,700 procedural terminations / on-holds • 6,800 disenrollments / no longer eligible Medi-Cal redeterminations continue to be in flight Next cohort of beneficiaries impacted are those with a November 2023 renewal month (6th cohort) • Renewal processing for beneficiaries with a November renewal month began in September • Paper packets for the 120,000 individuals who failed auto renewal were mailed around September 17 • L.A. Care conducted target outreach to these individuals ▫ Call campaign ▫ Data sharing with participating provider groups/IPAs and Plan Partners	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Disenrollments will occur on December 1 for beneficiaries who do not respond to the county and for those who are determined ineligible *Medi-Cal redetermination will continue annually for all beneficiaries.* Key Messages to Share with Beneficiaries • Update your contact information - Make sure the county has your current contact information, if it has changed. This way, the county can contact you about your Medi-Cal. If your information has changed, you can update it online at benefitscal.com or by calling DPSS at 1-866-613-3777. • Create or check your online account - You can sign up to receive alerts on your case. Create or log into your BenefitsCal account to get these alerts. You may submit renewals or requested information online. • Check your mail - The county will mail you a letter about you Medi-Cal eligibility. You may need to complete a renewal form. • Complete your renewal form (if you get one) - If you receive a renewal form in the mail, submit your information by mail, phone, in person, or online so you do not lose your coverage. • Watch out for scammers - There is no cost to renew your Medi-Cal Member Shultz asked if there will be an increase in the number of beneficiaries that are placed on hold. Ms. Romero responded to Member Shultz's question about the increasing trend in the number of Medi-Cal beneficiaries being placed on hold. She found it challenging to identify a specific trend, mentioning that the best information she could provide was related to the processing of packets. In June, the county did not process all the packets received, affecting approximately 167,000 individuals with maintained coverage. Ms. Romero suggested that there might be a significant volume of people in this category whose packets were not processed. She acknowledged the uncertainty and explained that if these packets were processed in the following month or months, it could contribute to the observed increase. Ms. Romero expressed her inability to provide a conclusive answer and stated that she was closely monitoring the	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	numbers to assess the situation in the coming months, noting that they were currently at the halfway point in their evaluation. Member Manchanda inquired about the presented data on members placed on hold, specifically focusing on the new on-hold members each month within the renewal process. He asked for clarification, noting that the data represented the on-hold status within the 210 members in their renewal month. Member Manchanda clarified that the data did not show the cumulative number of members on hold due to a 90-day window. He questioned whether the overall number of members on hold in a given month was higher than what was presented in the current data. Member Manchanda expressed a desire to understand the broader context of the overall number of members on hold, suggesting that the figures shown might not capture the complete picture of the on-hold status for the entire Member Chung followed up with a question regarding nationwide disparities in enrollment, highlighting significant variations among states, ranging from 10% to 80% enrollment. He inquired about the comparison of counties, seeking to understand how the organization assesses its performance relative to other similar counties or locations facing similar situations. Member Chung aimed to gain insights into whether their enrollment rates were comparatively better or worse than those of comparable entities, acknowledging the need to consider variations across different regions. Ms. Romero responded by mentionening that she actively tracks the data on another chart against the date and the organization's enrollment rate. She stated that the data aligns quite closely with the figures discussed earlier. The procedural term rate is around 39%, and the disenrollment rate is at 30%. Ms. Romero noted that these rates don't include members to be released from hold. The state has estimated a release from hold rate of around 44% in California. She expressed hope that they would observe a similar trend but acknowledged that it would become clearer with time.	
USE OF GEO-SPATIAL RESOURCE TO IDENTIFY AND TARGET L.A. CARE SOCIAL SERVICE NEEDS	Mr. Shelton and Mr. Limperis gave a presentation about Use of Geo-Spatial Resource to Identify and Target L.A. Care Social Service Needs *(a copy of the presentation can be obtained from Board Services)*. How could geography be so intertwined with health outcomes? Key Idea: Disadvantaged Neighborhoods	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Research on health outcomes has firmly established that residents of disadvantaged neighborhoods suffer worse health outcomes than their counterparts in more affluent communities. Evidence: • Poor and minority populations often live in socioeconomically disadvantaged neighborhoods, which directly affects access to food, safety, education, health behaviors and stress [1-5]. • Living in a disadvantaged neighborhood has been linked to higher rates of diabetes, cardiovascular disease, morbidity, and many other diseases [1-5]. • Studies have shown that poor people who live in wealthier neighborhoods have better health outcomes than poor people in disadvantaged neighborhoods [2,5] Examples: 1. Diabetes education programs will do little to reduce disparities if participants live in an area with substandard housing and lack access to a refrigerator for insulin storage [1]. 2. Being in a disadvantaged neighborhood is an equitable re-hospitalization risk as if you were living with Chronic Pulmonary Disease [2] Issue: Geographic Coverage of Care Certain areas of our networks have much more sparse coverage. As expected, our rural areas, like the Antelope Valley struggle. Intervention: CRC Clinical Services • Issue: L.A. Care would like to offer clinical services from L.A. Care Community Resource Centers (CRCs), which have not been historically offered. We are looking to supplement regular member care with basic testing services and preventative care (Vaccines, Initial Health Assessments, etc.). There are certain areas with limited resources and we want to find where those services would have the greatest impact. • Data Source: Health Effectiveness Data and Information Set (HEDIS) metrics are a measurement that are used in multiple avenues to measure L.A. Care performance and address key preventative areas of care. We evaluated 2022. • Problem Formulation: Normally HEDIS metrics are reported on a Line-of-Business (LOB) level, so to cater to measurement of each CRC some type of geospatial aggregation must occur. • Solution: ▫ Five mile radius around each center	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	▫ Exclude Coordinated Care Initiative (CCI) members since another health plan might have covered their care (missing data) ▫ Exclude 834 file "generic" addresses indicating unknown-location homeless members Exposomes and SDOH Indexes • CMS: Recently mandated that provider (ACO REACH) reimbursement would be risk adjusted nationally using an Exposome (Area Deprivation Index, ADI), which was a very controversial change. They are looking at doing the same for STARs. ▫ Exposome is a geographic clustering of a multitude of non-healthcare-specific data that is linked to healthcare outcomes. These indices are broken down to the Census Tract Level to effectively capture Social Drivers of Health (SDOHs) and model the Neighborhood Disadvantage. ▫ There are individualized ways to calculate SDOH's for members, but this abstraction might provide a way to ensure we have this data over near-every member with a strong research backing. • Here are some prominent indexes: ▫ Healthy Places Index (HPI) – Made specifically for California. We have used this in the past and it has the best documentation and support. ▫ Area Deprivation Index (ADI) – Modified to the Census Tract Level by the University of Wisconsin ▫ Social Vulnerability Index (SVI) – Created by the CDC for natural disaster recovery • Utilization of HPI specifically: ▫ We include HPI in our "Member Profiling Data" which a collection of various data points, like utilization, Optum SDOH metrics, HPI, and demographics to throw into a model to have it select key features. ▫ We use this in production for our AAP model that predicts which members for a given year will not satisfy the measure. We are still exploring, but Optum also provides a SVI-based metric and we are exploring its influence on the model as well.	
FOLLOW-UP HEALTH EQUITY IMPACT	Marina Acosta, *Manager, Health Equity,* gave a Health Equity Impact Assessment Tool Update *(a copy of the materials can be obtained from Board Services).*	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ASSESSMENT TOOL UPDATE	Ms. Acosta shared an update on L.A. Care Health Plan's Health Equity Impact Assessment Tool. The tool is designed to be used institutionally for evaluating equity considerations in all projects. Ms. Acosta highlighted that it aligns with L.A. Care's health equity disparities and mitigation plan. The tool consists of seven free-response questions, covering aspects such as project description, targeted populations, desired outcomes, community feedback, evidence of disparities, consideration of adverse effects, and evaluation plans. Ms. Acosta emphasized the importance of seeking feedback from community members during planning to ensure thoughtful integration of equity. She mentioned the contributions of Member Taylor in refining the tool, including streamlining and adding an initial project description question. Ms. Acosta explained that the tool aims to be comprehensive, addressing potential adverse effects and including two evaluation questions about tracking impact and sharing results. She expressed the intention to pilot the tool in larger projects within the organization and invited feedback from the group before moving forward. The tool is part of L.A. Care Health Plan's commitment to institutionalizing the consideration of health equity in all their initiatives.	
ADJOURNMENT	The meeting was adjourned at 3:52 P.M.	

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

APPROVED BY: _____
Alex Li, MD, *Chairperson*

_____
Date Signed

The following comments were made via chat box:
from Rishi Manchanda MD MPH to everyone: 2:28 PM
Reviewing the TAC Charter draft edits. Under Committee responsibilities, I'd recommend editing item B. to state the following ------ "Provision of expert advice to the Chief Health Equity Officer, other LA Care senior leaders and managers, and L.A. Care Board of Governors concerning L.A. Care Health Plan proposals or activities impacting the provider community."

to Rishi Manchanda MD MPH (privately): 2:33 PM
Thank you, Dr. Manchanda. I've made a note of your recommened edits.

from Rishi Manchanda MD MPH to everyone: 2:42 PM
This is very helpful Karla. Building on my earlier question, I think it would be helpful to view and track the rolling average of on-hold members in order to track the mid/longer term impact of interventions to reduce the number of on-hold beneficiaries.

from Rishi Manchanda MD MPH to everyone: 2:54 PM
Thanks Phinney, this is great. Curious - to what extent have these redetermination flyers (+/- training/education) been provided to CalAIM ECM and CS providers? If so, are you seeing any traction based on CS provider outreach?

from Paul Chung to everyone: 3:18 PM
I agree. Custom aggregations are useful if what you're customizing to is the zone of intervention (e.g., the CRC catchment area).

from Paul Chung to everyone: 3:23 PM
Minor point, but I believe Neighborhood Deprivation Index is at the census tract level, while Area Deprivation Level goes down to the census block level?
from Paul Chung to everyone: 3:24 PM
Area Deprivation Index, sorry

from Rishi Manchanda MD MPH to everyone: 3:43 PM
one other use case is the use of geomarkers to help understand drivers and target interventions to close racial inequities in performance measures. for example Andrew F. Beck et al., Mapping Neighborhood Health Geomarkers To Clinical Care Decisions To Promote Equity In Child Health. Health Affairs 36, no. 6.(June 2017): 999-1005 doi: 10.1377/hlthaff.2016.1425.

from Rishi Manchanda MD MPH to everyone: 3:44 PM
sharing a Toolkit that outlines some of these equity-related use cases for geospatial analysis (See pg 25 for example)
https://www.chcf.org/publication/toolkit-racial-equity-primary-care-improvement/

from Jordan Limperis to everyone: 3:49 PM
@Dr. Chung - You are correct. HPI is census tract level, while ADI is census block level. We do a lot of work to make sure we have the most up-to-date aggregations.

from Jordan Limperis to everyone: 3:50 PM
I believe cross-comparison of indices would require the same geographic aggregations.

January 11, 2024

To: Technical Advisory Committee

From: Alex Li, MD, Chief Health Equity Officer

Subject: L.A. Care Update

Sample 2024 Initiatives and Changes

- **Full Scope Medi-Cal is now available for all low-income adults ages 26-49 regardless of immigration status.** The estimated number of eligible undocumented and immigrant adults who qualify for Medi-Cal in Los Angeles County is around 270K individuals. As of 1st week of January, L.A. Care will now provide coverage for around 10K individuals.
- **Medi-Cal provider rate increase (no less than 87.5% of Medicare rate) will be effective for primary care, obstetric and non-specialty mental health services starting on January 1, 2024.** L.A. Care team is actively working on this and should be able to push out the new rates and contracts to our network in the Summer or Fall of 2024. The funding for this increase comes from the revenue collected from the Managed Care Organization Provider Taxes.
- **Kaiser Permanente now have a direct contract with California Department of Health Care Services.** Around 1.2 million Medi-Cal beneficiaries in 32 counties will transition from local plans to Kaiser. Around 244K L.A. Care Medi-Cal members have transitioned to Kaiser.
- **DHCS has signaled to Medi-Cal Managed Care Plans that they will be issuing monetary sanctions to Plans that fail to meet the minimum performance levels for Medi-Cal Managed Care Accountability Measures.** Most managed care plans will receive a fine.
- **The Provider Relations Advisory Committee is a new Board of Governors approved committee.** The committee is composed of representatives from hospitals, FQHC, DHS, IPAs, SNFs and ancillary service providers. The purpose of the committee is to address systemic issues and challenges between payors and providers as it relates to gaps in communication, accessing services (e.g. skilled nursing care facilities, DME, transportation etc), transitional care services, reimbursement and others.

Elevating Safety Net Program (workforce investment)

	As of 11/27/23
Provider Recruitment Program	16
Provider Loan Repayment Program	122
Medical School Scholarship	48
Elevating Community Heatlh Home care workers who graduate from CCA's IHSS training program	6,349

Sample Advancing Health Equity Efforts

- Children's Health Disparities Roundtable – November 14, 2023 (see CHEO powerpoint)
- L.A. Care committed $1.25 Million dollars in grants to support Black, Indigenous and other people of color non-profits.

L.A. Care's Health Equity and Disparities Mitigation Efforts: Brief 6 Months Progress Report

Technical Adisory Committee

Alex Li, MD

January 8, 2024

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Sample Key Accomplishments

Internal:

- Co-lead our Equity Practice Transformation Initiative (134 practices signed up with L.A. Care) that potentially impacts around 1.5 million Medi-Cal members

- Led L.A. Care's (NCQA) Health Equity Accreditation effort

External:

- Organized and co-chairing the California Local Health Plans' Chief Health Equity Officer meetings

- Invited by National Academy of Science, Engineering and Medicine to participate in the Health Equity Roundtable

- Working closely with a coalition on how we can reduce the burden of medical debt for Los Angeles County residents

- Working closely with LAUSD on vaccine catch up and improving health and wellness for school age children and youth

L.A. Care's Health Equity Zones

Health Equity Zone 1: Address Key Health Disparities.

Close racial and ethnic gaps in health outcomes among members

Percentage of People with Diabetes Control

	American Indian and Alaska Native Hispanic or Latino (n=150)	American Indian and Alaska Native (N=173)	Asian (N=8,142)	Black or African American (8,969)	Native Hawaiian and Other Pacific Islander (N=166)	Hispanic or Latino (N=43,483)	White (N=8,105)
MCLA	54%	34.7%	60.7%	40.6%	30.1%	42.8%	45.6%
LACC	N/A	N/A	63.6%	44.4%	65%	50.7%	49.5%
Medicare CMC/DSNP	50%	N/A	75.2%	57.1%	N/A	55.7%	57.5%

Timeliness of Prenatal Care

	Asian (N=611)	Black or African American (1,367)	Hispanic or Latino (N=8,257)	White (N=1,246)
MCLA	60.7%	40.6%	42.8%	45.6%
LACC	63.6%	44.4%	50.7%	49.5%

-No data were shown for American Indian and Native Alaskan and Native Hawaiian and Pacific Islander as the denominator was <30.
-No data were shown for CMC/DSNP line of business.

Healthy Equity Zone 2: Lead Change.
Provide leadership and be an ally for community partners
(Focus on L.A. County and Its Children and Youth)

- Addressing children/youth health and social service needs together.
- Bringing together key stakeholders together.
- Addressing children and youths with special needs.

- 60+ Attendees
  - Academics
  - Community Based Organizations
  - County department representatives
    - DCFS, DHS, DMH, DPH and Sheriff
  - Funders
  - Payers
  - People with Lived Experiences
  - Providers
  - Public Safety Representatives
  - School Representatives

Focus on L.A. County and Its Children

* **Building Resilience in Schools:** Address safety concerns related to firearms, anxiety created by gun violence, pandemics etc.

- **Addressing Post-Pandemic Vaccine Misinformation and Vaccine Catch Up**

- **Child Welfare Gaps:** Explore greater clinical coordination between primary care providers, behavioral health specialist, Department of Children and Family Services and optimize CalAIM youth and foster care resources

- **Rethinking the Pediatric Medical Home and Transition to Adult Systems of Care**

Building Resilience in Schools

Where are we now:

- Period of grief, trauma and burnout: e.g. coming out of pandemic, lots of caregiver stress, not knowing what is going to happen in the future.

- Time of regression: rising behavioral health issues and students falling behind academically and decline of social skills

- Rising crisis: Pre (kids feeling hopeless, other social determinants like housing and food insecurity) and in crisis students e.g. ER's getting overwhelmed with suicide attempts; Learning how to work in a system and in a post-pandemic environment.

- Inadequate support: e.g for parent and children/ and youth with neurodevelopmental issues;

- Systems are under-resourced: Insufficient to meet the needs of what folks are seeing in communities and on the ground.

Next Steps After Roundtable

- Develop and draft issues summary briefs for each theme around Jan 2024

- Meet and further develop the recommendations
  - Create position papers for each theme by June 2024

- Share with key stakeholders and ask stakeholders to share with their respective organizations

- Meet with L.A County officials/board offices, departments school districts etc.

- Follow up with the same group in 1 year

(Many) Next Steps over the next 3-6 months

- Achieve NCQA Health Equity Accreditation
- Continue to collaborate with community partners that align with L.A. Care's mission and 2023-25 Health Equity and Disparities Mitigation Plan
- Apply a "health equity lens" with L.A Care data (stratify race/ethnicity, gender, and geographic regions) to identity opportunities
- Work on health equity, diversity, equity and inclusion training modules for providers, staff and vendors

Questions?

Health Equity Conference
Technical Advisory Committee

January 11, 2024

Johanna Gonzalez, Health Equity Project Manager II

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Health Equity Conference

- **Background:** L.A. Care will be hosting a CME/CE Health Equity Conference on ***Saturday, May 18, 2024.***
  - The purpose of this conference is to educate healthcare professionals on different health equity topics and include practical learnings they can take back to their respective institutions, clinics, etc.

- **Feedback:**
  - Received feedback from Los Angeles, Chief Health Equity Officers at quarterly meeting and hosted two additional virtual feedback sessions.

Health Equity Conference Updates Cont.

- **Programming:** 9 am - 2:30 pm
- **Bundled into three different blocks:**
  1. Health Disparities in Marginalized Communities
  2. Social Drivers to Good Health
  3. The Power of Data and Advancing Change

Health Equity Conference Agenda:

9:00-9:30 am – Welcome/Keynote Speaker

Dean Schillinger
https://cvp.ucsf.edu/programs/health-communications-program

9:40 -10:40 AM – Block #1 *Health Disparities in Marginalized Communities*

 # 1- Black Maternity Health *– Access to Care and Connection to Social Services*

#2 – LGBT Communities *– What Role Providers Play and How to be Inclusive*

10:50 AM – 11:50 AM – Block #2 *Social Drivers to Good Health*

#1 – Screening for SDOH *– What Role Providers Play – Addressing Needs Outside of the Clinical Walls*

#2 – ***Cal AIM*** *– What Resources exist and Navigating Members to These Services (Doula Benefit, CHW)*

12:00 PM – 1:00 PM – Lunch Panel – Addressing Burnout: How to Keep Moving forward with Health Equity Work?

Panel of diverse healthcare professionals from clinics and academic institutions.

Prompt Questions TBD

1:00 – 2:00 PM Block #3 – The power of Data and how to advance change

#1- *Medical Informatics and Data Mining*

#2- *SOGI Data Collection Peer to Peer Exchange*

2:00 – 2:30 PM – Farewell/Close Out

Health Equity Conference Updates Cont.

- **Potential topics & Speakers:**

1) Black Maternity Health – Dr. Deborah Prothrow- Stith, CDU Dean and Professor

- Access to care and barriers that exist in the community - > then plugging in the services that exist such as doulas and other resources

2) LGBTQ+ Health Topics

- i.e. SOGI Data Collection – training to how collect data from patients and ensuring staff is asking on a culturally sensitive manner
  - once data is collected, how is this used in a meaningful way
- Do providers understand inclusion? How to operationalize health equity and how that is connected with provider /clinical practice? What does the clinical practices look like to respond to the specific needs of LGBTQ population?
- Do providers understand the role they play in the room when interacting with patients of diverse sexual orientation and gender identities? What role do I play in the health equity framework?

3) Screening for social determinants of health (peer to peer exchange) – Dr. Hector Flores, White Memorial Physician or Charlie Robertson

4) Cal AIM – Housing Navigation – Dr. Brodsky or Charlie Robertson

- Doula benefit, CHW: having providers understand these services and what they mean
- The bigger impact of these additional resources that exist whereas before it was only OBGYN

5) Medical Informatics and Data Mining

- Looking at EMR and focusing on health disparities

6) Communications

- Communication with patients with who we don't share an identity with (include in keynote)

Discussion

- What topics are we missing to highlight at this conference?
- Do we agree with how the themes were bundled? Any modifications we should make?
- Based on the agenda, what is the main theme that will resonate to healthcare professionals?
- What will attract providers to come to this conference?
- Would you like to support by spreading the word on this conference?

2024-2028 Equity and Practice Transformation Program

Technical Advisory Committee
Date: January 11, 2024
Presenter: Cathy Mechsner, Manager, Practice Transformation

EPT Program - Points to Consider

- Throughout this presentation, please consider the points below.
  - We welcome your questions, input and opinions on how best to implement this program and support practices to succeed.

1. How can we help practices address and make care delivery more efficient and effective?
   - E.g. address adults with chronic disease, children and youth, telehealth, health education in different languages
   - Are there any best or effective practices that we need to consider?

2. Are there ways we can make this program enhance quality performance metrics and address disparities or address misinformation?
   - Analytic support
   - Connection with health plans or health information exchanges

3. Other suggestions around practice transformation efforts for our members?

EPT Payment Program Overview

- **E**quity and **P**ractice **T**ransformation Program:
  - 5-year, $700 million Dept. of Health Care Services (DHCS) Initiative
  - Aligns with the following DHCS programs and goals:
    - Comprehensive Quality Strategy
    - Equity Roadmap
    - 50 by 2025 Bold Goals
- **Purpose:**
  - Assist lower functioning practices to improve their capacity to deliver better care to Medi-Cal patients through:
    - Investments in technology, infrastructure, staffing, practice support/technical assistance, and learning collaborative
- **Program Funding:**
  - DHCS flows Directed Payments through Managed Care Plans (MCPs) to practices for completed program work
  - Duration: 01/01/2024 – 2028
  - Awaiting final list of enrolled practices from DHCS

DCHS Programs & Goals Aligned with EPT

Health Equity Road Map

Specific Measures

- Infant, child and adolescent well-child visits
  - Childhood/Adolescent vaccinations
  - Blood lead and developmental screening
  - Chlamydia screening for adolescents
- Prenatal and postpartum visits & depression screening
  - Adolescent depression screening and follow-up
- Follow-up after ED visit for SUD within 30 days
  - Depression screening and follow-up for adults
  - Initiation & engagement of alcohol and SUD treatment

Impact to L.A. Care & L.A. County- Direct and Indirect ROI/Impact

- **L.A. Care Medi-Cal Programs:**
  - CalAim
  - Pay for Performance Programs
  - Data Exchange Framework, Health Information Exchange programs
  - Health Equity & Disparities Mitigation Plan
  - Direct Network expansion
  - Care delivery improvement efforts
  - Other care delivery programs
  - Telehealth/access to care
- **Primary Care Providers and Patients/Members:**
  - Helping providers obtain needed tools and knowledge to use them
  - Developing practices' quality improvement capacity to more effectively deliver better care to our members and to sustain that knowledge
  - Strengthening/reinforcing Medi-Cal quality improvement programs already in place
  - Focusing on DHCS's initiatives:
    - Health Equity Roadmap
    - 50 Bold Goals in 2025

Impact to L.A. Care & L.A. County- Direct and Indirect ROI/Impact

- **Financial:**
  - Impact of improved Managed Care Accountability Set (MCAS) measures and achievement of Minimum Performance Levels (MPL)
    - Reduced penalties from DHCS for below MPL performance levels
  - Higher cost of “wellness” claims vs. lower cost of chronic/high risk disease claims
- **Reputation, Relationship and Others:**
  - Develop a positive relationship with providers *or negative relationship will if we have a poor execution* (L.A. Care)
  - Ability to directly engage with providers and align our goals (L.A. Care)
  - Improve access for Medi-Cal, DSNP and Covered California members (Members)
  - Improve performances for MCAS measures (L.A. Care)
    - Better auto-assignment
  - Address health care disparities within a practice (Members)

Potential Enrollment Results and Areas of Focus

Primary Care Practice Enrollment	Goal	Actual	DN	Medi-Cal Beneficiaries
Small/Medium, Independent	50	84	22	322,101
All others (FQHC, Large Indep.)	Unlimited	50	11	1,219,718
		134	33	1,541,819

HP QUARTILE RESULTS			
Quartile	Total	Small/Medium	FQ/Larger
1	67	43	24
2	51	29	22
3	11	9	2
4	5	2	3

HEDIS High/Low Performing			
Type of Practice	High	Low	DN
Small/Medium	5	3	9
FQHCs	2	4	5
TOTALS	**7**	**7**	**14**

Potential Enrollment Results with Crossover Opportunities

Crossover Programs:

- CalAIM:

Enhanced Care Management/CalAim Cross Over				
Type of Practice	**ECM**	**CalAim**	**EPT**	**DN**
Small/Medium	2			2
FQHCs	22			4
TOTALS	**24**	**0**	**0**	**6**

- Data Exchange Framework (DxF) & Health Information Exchange (HIE)

Type of Practice	No. Participating in LANES	Total Signed DSAs	No. Qualify for One-Time Incentive
Small/Medium	2	12	35
FQHCs	19	38	43
TOTALS	**21**	**50**	**78**

1. **Data Sharing Agreement (DSA)*
2. ***One-Time HIE Incentive*

EPT Program – Program Success Goals

- **Support for practice success**
  - Develop strong engagement/trust with providers and care teams
  - Ensure practices receive value add services and leverage all areas of the program to be successful:
    - Population Health Management Initiative Training (PHMI),
    - Technology support (EHR/Population Health Management tools), Learning Collaborative
    - L.A. Care Health Services/Quality Improvement resources & programs (Pay 4 Performance program, Provider/Member health education, etc.)
  - Manage Directed Payments process for timely payments to practices
- **Determine technical assistance for small and medium-sized independent practices (<51 providers)**
  - Number of coaches needed to support practices
  - Required qualifications for coaches:
    - Level of experience, knowledge of Population Health Management Initiative
    - Knowledge of EMR programs, PHM tools, etc.
    - Knowledge of adults vs pediatrics and/or both
    - Data analytics
- **Program management:**
  - Program success criteria and project management requirements
    - Data analytics, Legal, Finance (administer Directed Payments to practices)

EPT Program Progress To Date

- **Enrollment** – Concluded 10/23/24
  - Received 134 applications, (84 Small/Medium Independents, 50 FQHCs/Large Independents.
  - Next Step: Receive final list of =practices from **DHCS** *(Expected soon)*

- **Program resources** – In progress
  - Planning and development of practice facilitation team to support Small/Medium practices to achieve program goals
    - Reviewed investment proposal to Leadership team
    - Identifying practice facilitation vendors for engagement with LAC/practices
    - Working with **Communications** to announce Program participation, notifications to practices

- **Program launch** – *Pending Cohort 1 announcement*
  - DHCS announced Program Office & Learning Collaborative vendor: **Population Health Learning Center**
    - Will lead Technical Assistance program including strategy development, tools & resources and evidence based models of improvement

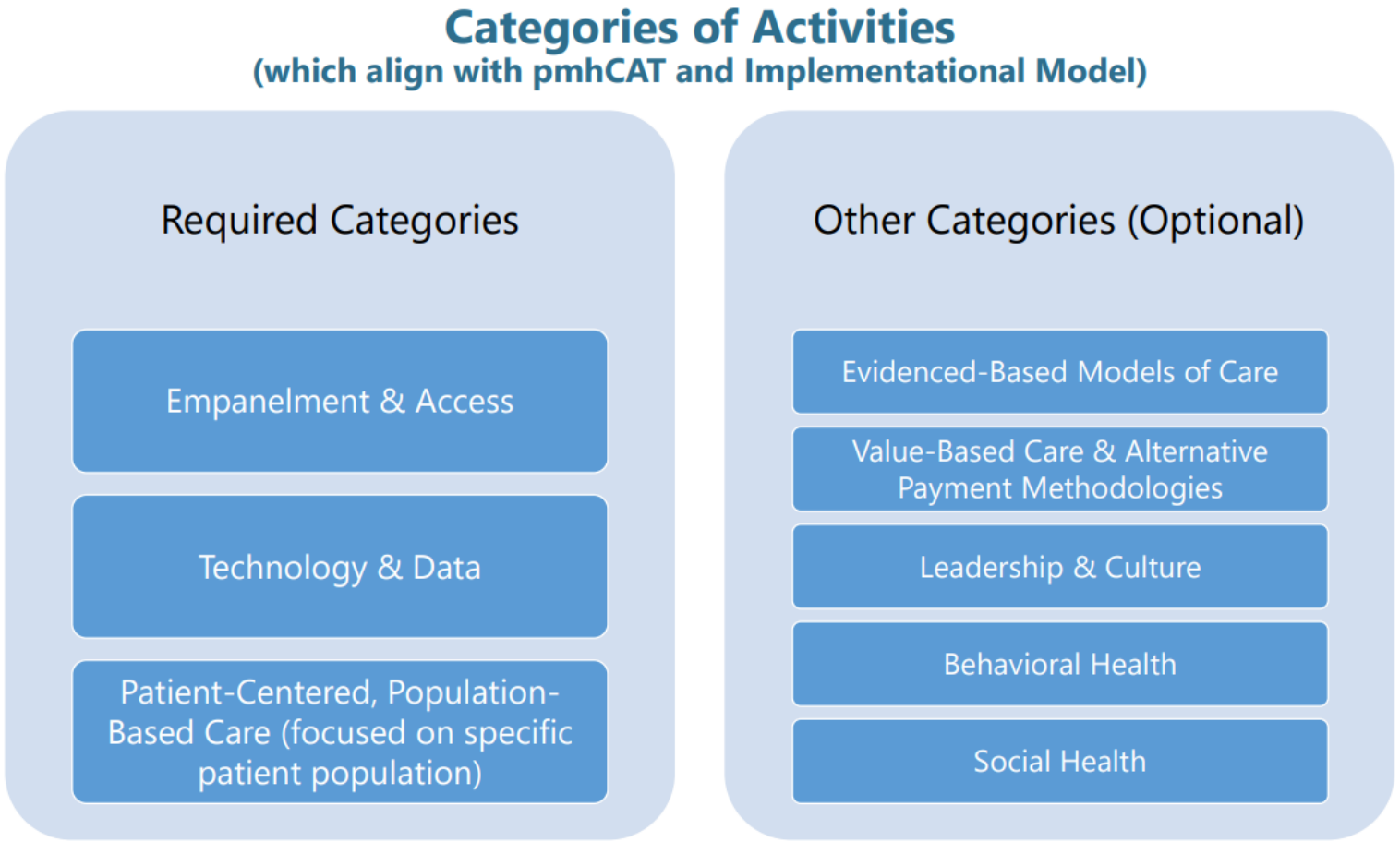
EPT Program Next Steps Timeline

- **January 2024**
  - Receive final list of enrolled practices from DHCS (TBD)
  - Finalize financial support and plan for technical assistance/practice facilitation for Cohort 1 small/medium-sized independent practices (<51 providers)
    - Begin RFP process with Procurement for additional practice facilitator vendors to recruit/hire practice coaches
  - Launch Program!
- **1Q2024**
  - Begin practice transformation work with practices per program details:
    - Develop/launch action plans based upon assessments and identified program gaps
    - Incorporate Population Health Management Initiative (model of improvement) tools & resources
  - Manage staff and vendor contract(s) to achieve program deliverables
  - Begin administration of Directed Payments for all assigned receiving practices (develop new/leverage existing workflows to process payments)
- **2Q2024 - 2028**
  - Communication of program achievements for practices and members
  - Ongoing program management of:
    - Practice transformation work
    - Vendor management
    - Administration of Directed Payments to practices

3 Main Areas of Transformation with the Funds

Foundation	• Technology: EHRs/Population Health Tools • SDOH Tools
Scale Care Delivery Models	• "50 by 2025 Bold Goals" • Preventive care, chronic disease management, behavioral health care, etc.
Value-Based Payment Models	• P4P Incentives for selected measures aligned with "50 by 2025 Bold Goals" • APMs for FQHCs & Risk-Bearing Capitation Models

EPT Program – PDPP Areas of Performance



EPT Program – PDPP Categories/Activities take out PDPP

- **Category: "Patient-Centered, Population-Based Care"**
  - **Children & Youth option**:
    - Select 1 sub-group from 6 choices

  - <u>Required activities for practices to complete:</u>

    - Care team design & staffing
    - Clinical Guidelines
    - Proactive patient outreach and engagement
    - Care coordination
    - Stratification of Identify Disparities
    - Implement Condition-specific registries
    - Pre-visit planning & care gap reduction

EPT Program – PDPP Categories/Activities

Value-Based Payment (VBP) Cross Over		
Type of Practice	**Total No. of Practices Selected VBP**	**DN**
Small/Medium	47	16
FQHCs	6	2
TOTAL	**53**	**18**

- **Category: "Value-Based Care & Alternative Payment Methodologies"**
  - Select 1 sub-group from 2 choices
    - Value Based Payment option (non-FQHCs):

  - <u>Complete readiness activities then begin a value-based contract with one Medi-Cal MCP:</u>

    - Conduct assessment of value-based payment readiness
    - Identify and address gaps with 12-month action plan
    - Establish value-based contracting model with one or more Medi-Cal MCPs
    - Develop infrastructure to succeed with Medi-Cal MCP
    - Pass MCP readiness review
    - Initiate value-based contract for 12-month period
    - Evaluate performance; assess future contract terms

EPT Program - Issues and Questions

- Short timeline from release of program guidance to application due date
  - DHCS developed program details simultaneously with rollout
  - What does day 1/Quarter 1 (priority) activities look like for L.A. Care that will ensure that practices are engaged, trust L.A. Care?
  - What technical support would you prioritize?

- DHCS has hired a vendor to facilitate a monthly collaborative.
  - How do we relate and make sure that L.A. Care and L.A. County issues are addressed in this the program?

- Lack of funding to managed care plans for administrative costs incurred, so L.A. Care will need to commit and invest from its own reserves.

- How would EPT help address issues around access, health inequities, disparities, quality/HEDIS and social drivers of poor health?

- Are there additional community (clinical, social etc.) resources we can or should connect with?

EPT Program Resources

- EPT website:
  - https://www.dhcs.ca.gov/qphm/pages/eptprogram.aspx
- DHCS program guide:
  - https://www.dhcs.ca.gov/qphm/Documents/EPT-Planning-Payment-Process-and-Procedures.pdf
- Program FAQs:
  - https://www.dhcs.ca.gov/qphm/Documents/Equity-and-Practice-Tranformation-Frequently-Asked-Questions.pdf
- *DHCS is continuing to develop this program, contact our team for updates:* **EPT_Information_Inbox@lacare.org**

EPT Program Core Management Team

Dr. Alex Li	Dr. Felix Aguilar
Cathy Mechsner	Maria Casias
Annette Espalin	Lakisha Gregorio
Saikiran Vodela	Myishea Peters

EPT Program Questions

EPT Program – Key Areas of Support

- Key Departments/Areas of Operations for Success

Department	Role	Support
Finance	Financial management	Ongoing
Provider Network Management	Provider engagement	Ongoing
Marketing	Provider messaging	Periodic
Communications	Media Relations	Periodic
Procurement	Vendor/Program contracts	Periodic
QI-Incentives	P4P/DN P4P, VBP	Ongoing
QI-QPM	Performance reporting	Ongoing
DHCS	Program funder	Ongoing

- Program Management Team

Role	Name	Responsibilities
Program Sponsor	Dr. Alex Li, Dr. Felix Aguilar	Overall sponsorship of program
Manager	Cathy Mechsner	Overall leadership of program operations
Project Manager	Annette Espalin	Manage day to day operations, vendor management
Practice Coaches: ALD/ Consultants	TBD	On-site technical assistance delivery for practice transformation
HIT Advisor	Sai Vodela	Leadership of HIT technology adoption, implementations and data.
Data Manager	Lakisha Gregorio	Ongoing data analysis, reporting
Project Manager	Staff/TBD	Manage day to day operations, vendor management

Funding/Resource Tiers

EPT Program: Provider Directed Payment Funding for Practices

Maximum Payment Based on Assigned Medi-Cal Lives (at time of application)

Medi-Cal & D-SNP Assigned Lives Range (at time of application)	Maximum Payment (over all categories)
500-1,000	$375,000
1,001-2,000	$600,000
2,001-5,000	$1,000,000
5,001-10,000	$1,500,000
10,001-20,000	$2,250,000
20,001-40,000	$3,750,000
40,001-60,000	$5,000,000
60,001-80,000	$7,000,000
80,001-100,000	$9,000,000
100,001+	$10,000,000

Funding subject to CMS approval