BOARD OF GOVERNORS
Technical Advisory Committee
Meeting Summary – January 11, 2024

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*
Todd Gower, *Chief Compliance Officer*

* 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 by roll call.** **7 AYES (Amin, Chung, Davis, Li, Manchanda, Shultz, Taylor)**
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The November 9, 2023 meeting minutes were approved as submitted.	**Approved Unanimously by roll call.** **7 AYES**
CHAIRPERSON'S REPORT • **Chief Health Equity Update**	*(Member Manchanda joined the meeting at 2:30pm. Committee reached a quorum.)* Member Alex Li, *MD,* Chief Health Equity Officer gave a Chief Health Equity Officer Update as part of the Chairperson's Report *(a copy of the report can be obtained from Board services).*	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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) <table><tr><td></td><td>As of 11/27/23</td></tr><tr><td>Provider Recruitment Program</td><td>16</td></tr><tr><td>Provider Loan Repayment Program</td><td>122</td></tr><tr><td>Medical School Scholarship</td><td>48</td></tr><tr><td>Elevating Community Heatlh Home care workers who graduate from CCA's IHSS training program</td><td>6,349</td></tr></table>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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.	
HEALTH EQUITY CONFERENCE UPDATE	Member Li spoke about the need to promote health equity within the provider space and the community space. He asked Johanna Gonzalez, Health Equity Project Manager II, to give a brief overview of a planned Health Equity Conference in L.A. County *(a copy of the presentation can be obtained from Board Services)*.. Ms. Gonzalez talked about organizing the first-ever health equity conference on May 18 to educate healthcare professionals. They gathered feedback from county health equity officers to shape the conference topics. The conference will cover health disparities, social drivers of health, and using data for change. Attendees can choose workshops like maternity health, community screening, and discussions on burnout and moving forward. The conference also addresses data collection and peer-to-peer exchanges. Ms. Gonzalez welcomes questions or feedback before proceeding with the final slides. Member Muntu Davis, *MD, MPH*, suggested and proposed a future topic: "partnering with other organizations to meet the needs of patients." He emphasized that offices or facilities don't have to do everything themselves and that there are benefits to connecting and collaborating with other organizations, which he believes could be helpful for attendees. Member Li thanked Member Davis for his suggestion. Member Rishi Manchanda, *MD, MPH*, said that the idea of the conference looks really wonderful and suggested enhancing a specific block related to navigating members to services. He noted the opportunity to connect with community partners and leverage new benefits for both members and providers. He recommended making this connection more explicit to understand community supports better and how providers can access them, aligning with Member Davis's point about leveraging benefits and community connections. Ms. Gonzalez thanked Member Manchanda for his feedback and said that this presentation was meant to gather as much feedback from the committee before the conference takes place. Member Manchanda asked about the target audience. Member Li mentioned that historically, they have primarily targeted private providers, including power practices, and also some county providers. The	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	audience also includes a range of professionals from physicians to social workers, indicating a wide reach for the conference. Member Manchanda thanked Member Li for his response and suggested two ideas for enhancing the conference experience. Firstly, he proposed using tags to identify subsets of attendees (like private practice or county providers) to facilitate targeted learning tracks. Secondly, he recommended tailoring the program content throughout the day to address specific audience needs, such as during panel discussions, to ensure meaningful insights for different subsets of attendees. He expressed willingness to discuss these ideas further offline.	

EQUITY PRACTICE TRANSFORMATION PROGRAM	Cathy Mechsner, *Manager, Practice Transformation,* gave a presentation about the 2024-2028 Equity and Practice Transformation (EPT) Program *(a copy of the presentation can be obtained from Board Services).*
	
	Equity and Practice Transformation Program Overview
	• Equity and Practice Transformation Program:
	  - 5-year, $700 million Department of Health Care Services (DHCS) Initiative
	  - Aligns with the following DHCS programs and goals:
	    o Comprehensive Quality Strategy
	    o Equity Roadmap
	    o 50 by 2025 Bold Goals
	• Purpose:
	  - Assist lower functioning practices to improve their capacity to deliver better care to Medi-Cal patients through:
	    o 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: January 1, 2024 – 2028
	  - Awaiting final list of enrolled practices from DHCS
	
	DCHS Programs & Goals Aligned with EPT
	
	Specific Measures
	• Infant, child and adolescent well-child visits
	  - Childhood/Adolescent vaccinations	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	- 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 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:	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• 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:

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	(content below)	

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

*Data Sharing Agreement (DSA) **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

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	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)	

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	• 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	

ADJOURNMENT	The meeting was adjourned at 3:40 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: _____

DocuSigned by:

Alex Li

FF33F5D33BFB4D4...

Alex Li, MD, *Chairperson*

4/24/2024 | 9:37 AM PDT

_____

Date Signed

DRAFT