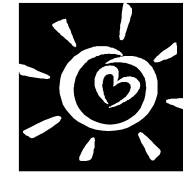


BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – March 26, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, Chair
 Felix Aguilar-Henriquez
 Sameer Amin, MD
 Edward Bloch, MD*
 Maria Chandler, MD, MBA
 Rebecca Dudovitz, MD, MS
 Rosina Franco, MD*
 Toni Frederick, PhD
 Gwendolyn Ross Jordan

Lynda Knox, PhD
 Nayat Mutafyan*
 Hilda Perez
 Maryjane Puffer, BSN, MPH
 Diana Ramos, MD*
 Ilan Shapiro, MD, FAAP*

Management

Alex Li, MD, Chief Health Equity Officer
 Elaine Sadocchi-Smith, Director, Population Health Management, Population Health
 Laura Gunn, Quality Improvement Project Manager II, Quality Improvement
 Tamara Ataiwi, RN, Quality Management Nurse Specialist RN II, Quality Improvement

*Absent **Present, but not quorum

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:35 A.M.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was approved as submitted.	Approved Unanimously. 10 AYES (Aguilar-Hernandez, Amin, Chandler, Dudovitz, Ficek, Frederick, Jordan, Knox, Perez, Puffer)

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS			ACTION TAKEN																					
PUBLIC COMMENT	<i>No public comment was submitted.</i>																								
APPROVAL OF THE MEETING MINUTES	The December 5, 2023 meeting minutes and January 16, 2024 meeting summary were approved as submitted.			Approved Unanimously.																					
CHAIRPERSON'S REPORT	<p>Chairperson Ficek presented information about the 2024 L.A. CARE CHCAC Member Survey (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <table border="1" data-bbox="401 566 1797 1382"> <thead> <tr> <th></th> <th>Content</th> <th>Structure (Group and Meetings)</th> <th>Process</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Working Well</td> <td>Really interesting; well delivered; very informative; L.A. Care staff are impressive</td> <td>Membership seems solid</td> <td>Well organized</td> </tr> <tr> <td></td> <td>Virtual/hybrid</td> <td>Good communication with/from L.A. Care (scheduling, attendance)</td> </tr> <tr> <td rowspan="3">Areas of Improvement</td> <td></td> <td>Hybrid meetings impacting (attendance & engagement), revisit meeting time and room set-up</td> <td></td> </tr> <tr> <td>Most pressing issues impacting pediatrics not being discussed (e.g. pediatric specialist shortages); recommend members submit info/items for future agendas</td> <td>More engagement vs. report out; share questions in advance and facilitate to promote more discussion</td> <td></td> </tr> <tr> <td>L.A. Care partners presenting work together with L.A. Care</td> <td>Expand group membership to include additional Regional Center representation</td> <td></td> </tr> </tbody> </table> <p>Chairperson Ficek summarized feedback from four members regarding the effectiveness and areas for improvement of their meetings. The feedback was categorized into content, structure, and process. Members</p>				Content	Structure (Group and Meetings)	Process	Working Well	Really interesting; well delivered; very informative; L.A. Care staff are impressive	Membership seems solid	Well organized		Virtual/hybrid	Good communication with/from L.A. Care (scheduling, attendance)	Areas of Improvement		Hybrid meetings impacting (attendance & engagement), revisit meeting time and room set-up		Most pressing issues impacting pediatrics not being discussed (e.g. pediatric specialist shortages); recommend members submit info/items for future agendas	More engagement vs. report out; share questions in advance and facilitate to promote more discussion		L.A. Care partners presenting work together with L.A. Care	Expand group membership to include additional Regional Center representation		
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	<p>appreciated the informative and well-delivered content of the meetings, with L.A. Care staff being particularly impressive. It was noted that some pressing issues, such as pediatric specialist shortages, were not being addressed. A recommendation was made to allow members to submit topics for future agendas and to include L.A.Care partners in presentations to offer diverse perspectives. Membership was considered solid, and the hybrid meeting format was praised for increasing access. Suggestions were made to revisit meeting times, room setups, and potentially moving to a more intimate conference room to enhance participation. The process was generally seen as well-organized, with good communication from La Care regarding scheduling and attendance. She noted that there was a desire for more interactive discussions rather than one-way presentations. There was a recommendation to expand group membership to include more regional center representatives to better reflect the diverse regions of Los Angeles County.</p> <p>Member Chandler and Member Knox thanked staff for their quick responses and turnaround time in getting messages out to the committee. Member Puffer asked for feedback from more Committee Members, she noted that the committee is not fully represented in the survey. Member Knox stated that the committee has a great Chair that is very well organized.</p> <p>Chairperson Ficek asked if it was necessary to apply the Brown Act at CHCAC meetings considering they are not part of the governing body. Linda Merkens, <i>Senior Manager, Board Services</i>, responded that it is in the L.A. Care bylaws that the committee must abide by the Brown Act.</p>	
<p>L.A. CARE MEMBERSHIP UPDATE</p>	<p>Matthew Pirritano, <i>Director, Population Health Informatics, Population Health</i>, gave an L.A. Care Membership Update (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <p>Mr. Pirritano provided an update on descriptive statistics for children and women of childbearing age, following a request made in the January meeting. He reviewed basic data, while noting that more detailed information is available upon request. The analysis included only medical members, with children defined as ages 0 to 17, and women of childbearing age as 18 to 44. For children, 30.46% of the population fell within the 0 to 17 age group, with the categories of infant/young child, children, and adolescents/teens. The data showed an even gender split at 51% male. Racially, a large portion was identified as White or Caucasian, including Hispanic. The largest proportion of children was found in Compton, Inglewood, and nearby areas, followed by Van Nuys, Antelope Valley, and Pomona. The top healthcare providers for this group were Healthcare, Preferred, Kaiser, Community Family Care, and AltaMed. For women of childbearing age, the analysis highlighted the 18 to 44 age brackets, with 41.83% of the female population falling into this category. The distribution across regions and racial demographics was similar to that of the children. Mr. Pirritano concluded by mentioning that he would revise the age range for women of childbearing age to 15 to 44 and provide an updated report, including a key for the codes used in the analysis. He invited further questions and offered to provide additional details as needed.</p>	


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	<p>Chairperson Ficek raised questions and comments regarding the impact of Kaiser’s new contractual relationship with the state on the membership of L.A. Care. She inquired if the expected shift would result in 100,000 members no longer being part of L.A. Care and where these members would be moved—specifically, if they would transition directly to Kaiser. She also asked how the current numbers compare to previous years, considering the ongoing population shifts due to Kaiser’s new contract and the redetermination process. Ficek acknowledged that the situation is still in flux for 2024, with outcomes dependent on the redetermination process and the Kaiser movement. Mr. Pirritano responded that the proportions of L.A. Care's membership have remained consistent from year to year, despite potential differences in the actual counts. He noted that the profiles created annually show similar trends in terms of race, membership distribution across regions, and other demographics. Chairperson Ficek followed up by asking whether the overall percentage of L.A. Care's insured population is changing, particularly if there is a trend toward insuring more older adults or the adult population compared to the maternal and child population. She inquired if this shift is noticeable. Mr. Pirritano stated that the shift is pretty consistent. Dr. Li expressed his appreciation for the demographic data presented and suggested that the committee might benefit from a deeper breakdown of the information. He proposed further analysis by specific conditions, such as teenage pregnancy or CCS (California Children's Services), to help identify relevant topics or issues for future discussions. Dr. Li believes that a more detailed exploration of health outcomes and population specifics could provide valuable insights for the committee's work. Member Puffer emphasized the importance of drilling down into specific health conditions, such as asthma, in the data presentations. She noted that this detailed information is critical for service distribution and program development. Ms. Sadocchi-Smith stated that those breakouts are done annually into accreditation through the population health management assessment. Mr. Pirritano stated that they could extract and share detailed information and go over it briefly. He suggested focusing on children with special healthcare needs rather than just CCS, given the small population size, and also mentioned including data on teenage pregnancy and behavioral health, broken down by Service Planning Areas (SPA).</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer update.</p> <p>Dr. Amin discussed the organizational structure at L.A. Care, noting that when he joined, the Health Services division had a complex, matrixed structure that hindered communication between operations and medical teams. To address this, he implemented a "dyad partnership" model where each department is co-led by clinical and operational leaders, ensuring unified strategy and clear accountability. He then outlined the four major departments under Health Services: Pharmacy, Quality Improvement, Case Management and Utilization Management, and Community Health. Each department has specific leaders and functions aimed at improving healthcare quality, managing complex cases, and addressing community health needs. Dr. Amin also spoke about the placement of maternal and child health programs within the organization. These programs primarily fall under Case Management (especially for high-risk cases), Health Education within the Quality Improvement</p>	

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	<p>department, and the core quality improvement efforts aimed at enhancing care metrics. He emphasized the integration of these programs across various departments to ensure comprehensive care and support for maternal and child health. Dr. Amin offered to provide more detailed organizational charts and paused to invite questions before moving on to discuss Change Healthcare.</p>	
<p>INITIAL HEALTH ASSESSMENT</p>	<p>Elaine Sadocchi-Smith, <i>Director, Facility Site Review, Director, Population Health Management</i>, gave an Initial Health Assessment (IHA) update (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • The Initial Health Appointment (IHA) is a Medi-Cal requirement for newly enrolled Medi-Cal members to complete with their provider within 120 days of enrollment (based on APL 22-030). • PCPs are responsible to cover and ensure the provision of an IHA within the provider’s office. (Some components can be completed virtually). • The IHA is not a single assessment form, but includes the following important components that allow a provider and patient to establish a relationship as a starting point for prevention and improved health outcomes. <ul style="list-style-type: none"> - Physical and mental medical history - Identification of risks - Assessment of need for preventive screens or services (e.g. Immunizations) - Health Education - Diagnosis and plan for treatment of any diseases <p>Assessments in the IHA</p> <p>The requirement for an IHA to include the completion of the age-appropriate Individual Health Education Behavioral Assessment (IHEBA), often the Staying Healthy Assessment (SHA) was retired as of January 1, 2023. While no specific form is required, the IHA must still include documentation in the medical record of a comprehensive age-appropriate identification of risks and assessment of screenings and appropriate services. All screenings and assessments must be culturally and linguistically appropriate and look at member’s needs, preferences, health goals and priorities.</p> <p>Examples of age appropriate screenings include, but are not limited to:</p> <ul style="list-style-type: none"> - Adverse Childhood Experiences (ACEs) - Developmental progress and autism; vision and hearing - Lead Screening - Brief emotional/behavioral assessments and health behavior assessments and interventions; SABIRT, depression, substance use disorder (SUD) - Postpartum mood disorder screening 	

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	<ul style="list-style-type: none"> - Tobacco cessation counseling - Screening for referral to the Diabetic Prevention Program - Cognitive assessment 	
ADJOURNMENT	The meeting was adjourned at 9:55 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*

DocuSigned by:

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Date Signed: 8/28/2024 | 9:10 AM PDT

APPROVED