BOARD OF GOVERNORS
Technical Advisory Committee
Meeting Summary – August 8, 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**

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

Management

Noah Paley, *Chief of Staff, Executive Services*
Wendy Schiffer, *Senior Director, Strategic Planning, Strategy*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alex Li, *MD*, *Chief Health Equity Officer,* called the meeting to order at 2:02 p.m. without a quorum. *The committee reached a quorum at 2:11 p.m.*	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved Unanimously by roll call. 6 AYES (Batchlor, Chung, Li, Manchanda, Munoz, and Shultz)**
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The April 11, 2024 meeting minutes were approved as submitted.	**Approved Unanimously by roll call. 6 AYES**

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT • **Chief Health Equity Update**	Member Alex Li, *MD*, *Chief Health Equity Officer,* gave a Chief Health Equity Officer Update as part of the Chairperson's Report. • Targeted Rate Increase for Medi-Cal/Medicaid Providers: Dr. Li discussed a statewide initiative aimed at increasing payment parity for primary care providers, particularly those in behavioral health and OB. He noted that this is a significant effort, especially in the context of the delegated and capitated market, which adds complexity. • Equity Practice Transformation Program: Originally a $700 million state investment to improve primary care provider performance, the budget was reduced to $350 million due to budget challenges. Despite the cutbacks, L.A. Care retained all 46 partner providers and remains committed to expediting payments upon milestone completion and enhancing the program by adding practice coaches. The program has been shortened to three years, reducing required milestones from 40+ to 25. • One-Year Reflection as Chief Health Equity Officer: Dr. Li marked his one-year anniversary in his role, reflecting on the lessons learned from working with the TAC committee, L.A. Care staff, and community partners. He shared that health equity disparity mitigation plans span over two years and stated that progress is in the "yellow" zone, indicating room for improvement but moving forward steadily. • Dr. Li indicated that a one-year update on his work would be presented to the Board of Governors in September.	
L.A. CARE'S PROGRAM IMPACT ASSESSMENT PRACTICE	Francisco Perez-Chavez, *Data Scientist III, Advanced Analytics Lab*, gave a presentation on L.A. Care's Program Impact Assessment Practice (IAP) *(a copy of the presentation can be obtained from Board Services).* Overview • Impact Assessments are all about tying the effect of a program to an outcome of interest Impact assessments come from various different scientific disciplines such as public policy and public health and is part of a broader program evaluation process. Wanted to make sure our work is grounded in statistical rigor backed by peer reviewed scholarship • LA Care's implementation called Impact Assessment Program (IAP) Based on existing work delivered to Department of Health Care Services (DHCS) • Causal analysis methodologies: - How we provide evidence of a casual link - existing and future directions • Open discussion	

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	How do we evaluate a program's impact with a focus on evidence based policies? Key Idea: What is the impact (or causal effect) of a program on a specific outcome of interest? • Impact assessments are a particular type of evaluation that seeks to answer cause-and-effect questions - Use statistical tools and methods to account for other factors to that impact the observed outcome • A periodic assessment of the effectiveness, relevance and sustainability of a program or policy Program Evaluations: A complementary suite of evaluations both qualitative and quantitative needed for "demonstrating the results of resource investments": • Needs assessment • Process evaluation and monitoring • Design and theory assessment • Efficiency evaluation (cost benefit analysis) How the IAP was designed? Final Evaluation of California's Whole Person Care (WPC) Program (December 2022) • WPC was a $3 billion five-year statewide pilot with ~250,000 participants • UCLA Center for Health Policy Research was selected to evaluate WPC • Developed a conceptual framework for evaluation with a mixed methods approach An impact assessment is part of a very thorough full program evaluation Member Manchanda inquired whether the tracked outcomes include changes in both adverse utilization and increases in appropriate utilization, such as preferred use of primary care over emergency department or urgent care visits. He asked for clarification on whether the metrics being used to evaluate outcomes also account for positive shifts in appropriate service use, not just reductions in inappropriate use. Member Manchanda spoke about the importance of considering balancing measures, which would track the increase in preferred utilization alongside any decrease in inappropriate utilization, to ensure that the overall impact on healthcare access and usage is fully understood. Mr. Perez-Chavez acknowledged that while they can analyze various outcomes, the current focus is on three main metrics: inpatient admissions, outpatient utilization, and primary care provider (PCP) visits. These outcomes are carryovers from an earlier version of the program. The emphasis on adverse utilization measures (like emergency department utilization) is because they can be directly linked to	

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	costs. In contrast, tracking changes in PCP utilization, while beneficial, does not easily correlate with cost, which is why it is less emphasized in the current outcome targets. Member Manchanda responded that that sounds great. He thinks that maybe if there a discussion element afterwards, he would love to come back to that point about defining the kind of outcomes of interest and seeing how easy it is or not to be able to assign monetary value including costs to that He asked if the IAP methodology that L.A. Care is using to define outcomes for meeting the disparities reduction targets as well. Mr. Perez-Chavez responded he is not familiar with that program. Member Manchanda said that the work, goals and the disparities reduction targets that. The targets demonstrate that there are improvement plans to reduce the disparities. He asked if L.A. Care will be using this methodology to help demonstrate, not only the impact on closing disparities, but also the economic impact. Mr. Perez-Chavez responded that is not something he is familiar with, and he suggested that Dr. Li would know more. L.A. Care is currently focused on specific programs and measuring the changes to adverse utilization in the aggregate. Chairperson Li stated that the team held its first kick off meeting last week to discuss that, and the discussion can be brought back to this committee in the future. What is the IAP? • The goal is to apply an iterative and systematic accounting, with a focus on results that can help inform policy and program guidelines. • Consultative process to help define the operational characteristics of the program with the institutional knowledge of the people administering the program - Empower program managers to help define parameters of the study - It is our job to help them define the problem so that it can be examined with these tools • The specific outcomes are changes in adverse utilization as well as the costs associated with those changes - Translate these parameters into statistical outcomes • The code is the definitive source of the methodology - Outcomes are determined and reviewed by the code • Software design principals - Computational statistics - Efficient, scalable, and reproducible code • We must transform statistical outcomes into a language that is accessible and intuitive so that stakeholders understand and feel empowered to participate	

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	- Outcomes from the studies are typically in a very specific specialized language. • Communicate the process and the outcomes in a way that is transparent, accessible and effective - Helps our customers in building confidence in our outcomes - Encourages building meaningful two-way discussion Methodology • Estimating a counterfactual - Randomized Control Trails in medical literature - Natural experiments in econometrics - Quasi-experimental in social sciences • Design based approaches - Difference in differences - Regression discontinuity Heterogeneous Treatment Effects • "Individuals differ not only in their background characteristics but also in how they respond to a particular treatment" • How effects vary based on a member's background characteristics - What groups see greater effect - Useful for equity analysis Methodology • Structural Causal Modeling - Cause and effect - Represent a more logical flow for business processes • Making the assumptions very clear, explicit and transparent - Validating those assumptions with subject matter experts - Testing those assumptions • Helps identify: - Downstream impacts - Confounding variables Interesting points about Lyft's causal model: How sessions has two paths to the rides and one is independent of price	

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	- Members enrolled in multiple programs With limited resources, these confounders have unintended consequences Member Chung noted that choosing the analytic methodology is a subtle approach and much of the validity of the analysis depends on choices that are made - it is not always clear. He asked what L.A. Care is using to guide its decision. Mr. Perez-Chavez responded that L.A. Care is using established approaches rather than developing new methods. Specifically, employing a difference-in-difference methodology, following the model used by the UCLA School of Public Health for a study commissioned by the DHCS. He explained that by aligning with a methodology already accepted by DHCS and validated in similar populations, they aim to avoid the complexities and debates over which analytic approach is best. He acknowledged that various disciplines have different methodologies, but L.A. Care is following a well-recognized, validated path. Member Chung pointed out that certain situations call for specific methods . He noted that a difference-in-difference may be more appropriate in some cases than in others and there are alternative approaches that might be better suited depending on the situation. He asked about whether L.A. Care is employing various techniques based on specific contexts and suggested that this topic could be discussed further offline. Mr. Perez-Chavez responded that L.A. Care is using a generalizable framework across different programs, applying the same methods because the panel data format allows for it. The methodology is checked to be appropriate for the data by performing validity tests, which are documented in an application called Confluence. This documentation tracks all outcomes and verifies that the chosen method fits the data and assumptions. He emphasized the importance of making validity tests interpretable for non-technical stakeholders, ensuring the results are clearly understood and valid. All results and methodologies are memorialized for future reference.	
L.A. CARE'S STRATEGIC PLAN	Wendy Schiffer, *Senior Director, Strategic Planning, Strategy,* gave a report about L.A. Care's Strategic Plan *(a copy of the materials can be obtained from Board Services).* Ms. Schiffer provided an overview of the draft three-year strategic plan. The plan builds upon the successes of the previous plan and is informed by leadership interviews, community advisory committees, and broader healthcare trends. Key highlights: • Mission and Vision: The mission and vision remain unchanged, focusing on providing access to quality healthcare for vulnerable communities and promoting a healthy, inclusive society. • Four Strategic Directions:	

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	- Improving Operational Efficiency: Focus on strong leadership, enhancing IT systems (appeals, claims), and modernizing the data ecosystem. - Supporting a Robust Provider Network: Ensuring providers can meet both health and social needs, improving provider portals, expanding the direct network, and enhancing field medicine and care management programs. - Improving Member Experience and Care Quality: Utilizing community resource centers, improving customer service, expanding member outreach, and addressing quality ratings and health disparities. - National Leadership in Equitable Healthcare: Advocating for equity, addressing AI integration, and investing in safety net providers. • The plan will be presented at the September 5 Board of Governors retreat after finalizing goals and wording with leadership. Member Shultz suggested clarifying L.A. Care's Role in serving homeless populations. He emphasized the need for L.A. Care to articulate its specific responsibilities for the Medi-Cal population experiencing homelessness. He noted the confusion and debate within the County about which agencies are responsible for different aspects of care, particularly in behavioral health. He suggested L.A. Care create an internal consensus document that clearly defines its role in addressing homelessness, complementing the strategic plan. Member Shultz encouraged L.A. Care to take a stronger leadership role in expanding and strengthening the behavioral health care continuum for Medi-Cal managed care populations. He acknowledged that there may be challenges in partnering with the Department of Mental Health (DMH) along with an opportunity for L.A. Care to demonstrate what a public plan can do in addressing behavioral health needs and ensuring continuity of care, similar to how the organization has been a leader in other areas under John Baackes' leadership. Chairperson Li responded that the vision is crucial, and the practical aspects of execution and operations are equally critical. He thanked Member Shultz for his thoughtful points. Member Shultz urged L.A. Care to be more assertive in demanding stronger partnerships from the County, particularly in the area of behavioral health. Member Shultz encouraged L.A. Care to feel comfortable publicly pushing the County to better collaborate, especially regarding behavioral health services. Member Munoz wondered if Ms. Schiffer could speak to the ways L.A. Care is measuring success in all these categories. It was a great presentation really thoughtful, and he appreciates it. He asked if there is a scorecard that the committee will able to look at. He asked if the Board will be adopting the actual measures.	

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	Ms. Schiffer noted the challenge of making strategic planning measurable, noting that this is a common struggle. She explained that when possible, L.A. Care tries to identify metrics, in areas such as workforce diversity, where clear metrics exist . However, when metrics are not available, the organization relies on qualitative reporting. Ms. Schiffer emphasized that L.A. Care regularly provides quarterly reports to the board to ensure accountability and track progress, even when the data is more qualitative than quantitative. Noah Paley, *Chief of Staff*, added that L.A. Care consistently shares a variety of performance metrics, such as claims and call center data, with the Board of Governors and the Provider Relations Advisory Committee. Over the past year, the Quality, Health Informatics, and Advanced Analytics teams have collaborated to improve the data sets shared with the provider network. These data sets now integrate quality metrics like Managed Care Accountability Set (MCAS), Healthcare Effectiveness Data and Information Set (HEDIS), and compliance data with member grievances and utilization data. This integrated approach allows L.A. Care to track the effectiveness of infrastructure and workflow enhancements, ensuring that operational improvements are reflected in performance outcomes.	
APPROACH ON RACE AND ETHNICITY DATA	Melinda Mata, *Clinical Data Analyst III, Health Equity*, reported on L.A. Care's Approach to Categorize and Report on Race Ethnicity Data *(a copy of the presentation can be obtained from Board Services).* Federal Office of Management and Budget's (OMB) Race/Ethnicity (R/E) Standards Overview • The OMB Statistical Policy Directive No. 15 (SPD 15) guidance has not changed since 1997. • Since 1997 there has been one: - Increasing racial and ethnic diversity and rise in number of people who identify as more than one race and/or ethnicity. • This requires data to be captured accurately, which can lead to more opportunities to reflect communities with diverse experiences and needs. Increasing accuracy in counts could help lead to more opportunities for communities of color who have diverse experiences, not only at the minimum R/E categories but within the detailed R/E categories as well. Previously there was no requirement to collect detailed race or detailed ethnicities categories. The latest SPD 15 revision now requires it. Detailed data helps: • Identify important differences that exist across subgroups who may have previously been "statistically invisible." • Accurately count some communities that may have been undercounted using previous methods.	

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	• Distinguish with-in group disparities which will help identify specific community needs. SPD 15 recent revisions include: • Using a single combined race and ethnicity question for data collection. • Allowing respondents to have multiple responses in that single question. • Adding the Middle Eastern or North African (MENA) category, as a minimum reporting category - Separate and distinct from the White category • Requiring the collection of more detail beyond the minimum race and ethnicity reporting categories. • Updated terminology. • Requiring agency Action Plans on Race and Ethnicity Data and timely compliance with revisions. Supporting Evidence • Census Bureau research suggests this change would lead more people to declaring both their racial and ethnic identities. • The decennial census, the American Community Survey (ACS), and the 2015 NCT Research Study found that a combined race and ethnicity question reduces confusion and reduces the use of the "some other race" category by Hispanic or Latino respondents. • The 2020 Census found that 43.5% of respondents who self-identified as Hispanic or Latino either did not report a race or were classified as `Some Other Race' (SOR) alone (over 23 million people). Concerns regarding combining R/E • Some presenters advised against a combined race and ethnicity question, expressing concern that race data for the Hispanic or Latino population may be lost. • E.g., some presenters worried that the Black or African American population in Puerto Rico may only select "Hispanic or Latino" and not "Black or African American" in a combined question format, even with the instruction of "Select all that apply") [2] Working Group's Response to Concerns • The 2015 NCT Research Study compared Afro-Latino population estimates when using a combined question format versus a separate questions format and did not find a significant difference between the approaches. In fact, Afro-Latino population estimates were slightly higher when using a combined question with detailed checkboxes and write-in fields. • However, during cognitive interviews the working group conducted, respondents only selected the Hispanic or Latino response when shown the combined question, this resulted in the working groups recommendation for future research in the 2024 revision to the SPD 15.	

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	OMB's Guidance on R/E Categorization	

Approach #1	Approach #2	Approach #3
Approach consists of **double counting** respondents in several categories depending on what they report.	Approach defines a category as **every possible combination** of Race and Ethnicity.	Approach aggregates to the **Multiracial and Multiethnic** category which obscures specific race and ethnicity details.
Percentages do **not** sum to **100%**	Percentages sum to **100%**	Percentages sum to **100%**
Example: If respondent reported being both 'Black or African American' and 'White' then they would fall into both the '**Black or African American alone or in combination**' category and the '**White alone or in combination**' category.	*Example:* If respondent reported being both 'Black or African American' and 'White' then they would fall into the '**Black or African American and White**' category.	*Example:* If respondent reported being both 'Black or African American' and 'White' then they would fall into the '**Multiracial**' category.

L.A. Care is considering a combination of OMB's suggested Approach #2 and Approach #3. Implement this approach with the understanding that we may want to shift more toward Approach #2 if the data supports this.

- As we learn more about our member population we may want to include additional categories (similar to the permutations seen in Approach #2) such as 'Hispanic or Latino and Black or African American and White'.

Percentages sum to 100 percent. Response categories to be mutually exclusive.

L.A. Care's Consideration for Tabulation – 1 Question Roll Up

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	Ethnicity	**Race**	**OMB One-Question Roll-up Draft**	
	Not Hispanic or Latino	American Indian or Alaska Native	Not Hispanic or Latino *and* American Indian or Alaska Native	
		Asian	Not Hispanic or Latino *and* Asian	
		Black or African American	Not Hispanic or Latino *and* Black or African American	
		Native Hawaiian or Other Pacific Islander	Not Hispanic or Latino *and* Native Hawaiian or Other Pacific Islander	
		White	Not Hispanic or Latino *and* White	
		Two or more races *(If a respondent has any combinations of the five race categories:* ***American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White*** *)*	Not Hispanic or Latino *and* Two or more races *Must maintain the ability to drill into two or more races.*	
		Other	Not Hispanic or Latino *and* Other Race	
		Asked but no answer	Not Hispanic or Latino *and* Unknown	
		Unknown	Not Hispanic or Latino *and* Unknown	
	Hispanic or Latino	American Indian or Alaska Native	Hispanic or Latino *and* American Indian or Alaska Native	
		Asian	Hispanic or Latino *and* Asian	
		Black or African American	Hispanic or Latino *and* Black or African American	
		Native Hawaiian or Other Pacific Islander	Hispanic or Latino *and* Native Hawaiian or Other Pacific Islander	
		White	Hispanic or Latino *and* White	
		Two or more races *(If a respondent has any combinations of the five race categories:* ***American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White*** *)*	Hispanic or Latino *and* Two or more races *Must maintain the ability to drill into two or more races.*	
		Other	Hispanic or Latino *and* Other Race	
		Asked but no answer	Hispanic or Latino *and* Unknown	
		Unknown	Hispanic or Latino *and* Unknown	

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L.A. Care's Consideration for Tabulation – 2 Question Roll Up

Race (OMB Categories)	OMB Two-Question Roll-up Draft
American Indian or Alaska Native	American Indian or Alaska Native
Asian	One *or* any combinations of granular Asian categories: ***Asian Indian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Vietnamese, Other Asian***
Black or African American	Black or African American
Native Hawaiian or Other Pacific Islander	One *or* any combinations of granular Native Hawaiian or Other Pacific Islander categories: ***Native Hawaiian, Samoan, Guamanian or Chamorro, Other Pacific Islander***
White	White
Two or more races	Any combinations of the five race categories: ***American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White***
Asked but no answer	Asked but no answer
Unknown	Unknown

Ethnicity (OMB Categories)	OMB Two-Question Roll-up Draft
Hispanic or Latino	One *or* any combinations of granular Hispanic or Latino categories: ***Mexican, Guatemalan, Salvadoran, Puerto Rican, Cuban, Other Hispanic/Latino***
Not Hispanic or Latino	Not Hispanic or Latino
Asked but no answer	I choose not to answer
Unknown	Unknown

Potential Limitations

834 Files - Health Plan benefit enrollment files

- Each Line of Business manages their own race and ethnicity codes.
- Race and Ethnicity codes are not consistent across Lines of Business.

Potential Future Opportunities

- Health Information Exchange Data
- Call Center Data
  - Expand the race and ethnicity values to include the minimum 7 race and ethnicity categories as well as the minimum detailed race and ethnicity values.
  - Ensure we are capturing the both race and ethnicity details for our members. This may include additional detailed values than what is seen in the SPD 15.

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ADJOURNMENT	The meeting was adjourned at 4:01 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*

2/26/2025 | 5:29 PM PST
Date Signed

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