DRAFT

# AGENDA

## Technical Advisory Committee (TAC) Meeting

Thursday, October 10, 2024, 2:00 P.M.
1055 West 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

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

**To listen to the meeting via videoconference please register by using the link below:**
https://lacare.webex.com/lacare/j.php?MTID=ma4db4de19a375a14ebb1f8ce3c49820f

**To listen to the meeting via teleconference please dial: +1-213-306-3065**
**Meeting Number: 2490 632 9746 Password: lacare**

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

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.

**Teleconference Site**

**Elaine Batchlor, MD, MPH**
1680 East 120th Street,
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**Paul Chung, MD, MS**
Kaiser Permanente School
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98 S. Los Robles Ave.
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**Stephanie Taylor, PhD**
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New Haven, Connecticut

Board of Governors
Technical Advisory Committee Meeting Agenda
October 10, 2024

**WELCOME** — Alex Li, MD, *Chief Health Equity Officer, Chair*

1. Approve today's meeting Agenda — *Chair*
2. Public Comment (*please see instructions above)* — *Chair*
3. Approve the August 8, 2024 Meeting Minutes *P.3* — *Chair*
4. Chairperson Report — *Chair*
   - Chief Health Equity Officer Update
5. Chief Medical Officer Update — Sameer Amin, *MD*, *Chief Medical Officer*
6. Structuring L.A. Care's Artificial Intelligence Governances and Use Cases *P.16* — Tom MacDougall, *Chief Information and Technology Officer, IT Executive Administration*; Andrea L. Flores, *Executive Advisor Information Technology Strategy, IT Executive Administration*
7. L.A. County Field Medicine Program *P.28* — Charlie Robinson, *Senior Director, Community Health, Safety Net Initiatives*

**ADJOURNMENT**

**The next Technical Advisory Committee meeting is scheduled on**
**Thursday, January 9, 2024 at 2:00 p.m.**
**and may be conducted as a teleconference meeting.**

**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.**

**NOTE: THE TECHNICAL ADVISORY COMMITTEE CURRENTLY MEETS ON THE SECOND THURSDAY QUARTERLY AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 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 the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at 1055 W. 7th Street, Los Angeles, CA, in the reception area in the main lobby or at** http://www.lacare.org/about-us/public-meetings/board-meetings **and can be requested by email to** BoardServices@lacare.org.
**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 – 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 |
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| **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** |

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| **CHAIRPERSON'S REPORT**<br>• **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.<br>• 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.<br>• 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.<br>• 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.<br>• 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).*<br>Overview<br>• Impact Assessments are all about tying the effect of a program to an outcome of interest<br>Impact assessments come from various different scientific disciplines such as public policy and public health and is part of a broader program evaluation process.<br>Wanted to make sure our work is grounded in statistical rigor backed by peer reviewed scholarship<br>• LA Care's implementation called Impact Assessment Program (IAP)<br>Based on existing work delivered to Department of Health Care Services (DHCS)<br>• Causal analysis methodologies:<br>- How we provide evidence of a casual link<br>- existing and future directions<br>• Open discussion | |

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| | How do we evaluate a program's impact with a focus on evidence based policies?<br>Key Idea: What is the impact (or causal effect) of a program on a specific outcome of interest?<br>• Impact assessments are a particular type of evaluation that seeks to answer cause-and-effect questions<br>- Use statistical tools and methods to account for other factors to that impact the observed outcome<br>• A periodic assessment of the effectiveness, relevance and sustainability of a program or policy<br><br>Program Evaluations:<br>A complementary suite of evaluations both qualitative and quantitative needed for "demonstrating the results of resource investments":<br>• Needs assessment<br>• Process evaluation and monitoring<br>• Design and theory assessment<br>• Efficiency evaluation (cost benefit analysis)<br><br>How the IAP was designed?<br>Final Evaluation of California's Whole Person Care (WPC) Program (December 2022)<br>• WPC was a $3 billion five-year statewide pilot with ~250,000 participants<br>• UCLA Center for Health Policy Research was selected to evaluate WPC<br>• Developed a conceptual framework for evaluation with a mixed methods approach<br>An impact assessment is part of a very thorough full program evaluation<br><br>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.<br><br>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 | |

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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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.<br><br>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.<br><br>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.<br>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.<br><br>What is the IAP?<br>• The goal is to apply an iterative and systematic accounting, with a focus on results that can help inform policy and program guidelines.<br>• Consultative process to help define the operational characteristics of the program with the institutional knowledge of the people administering the program<br>- Empower program managers to help define parameters of the study<br>- It is our job to help them define the problem so that it can be examined with these tools<br>• The specific outcomes are changes in adverse utilization as well as the costs associated with those changes<br>- Translate these parameters into statistical outcomes<br>• The code is the definitive source of the methodology<br>- Outcomes are determined and reviewed by the code<br>• Software design principals<br>- Computational statistics<br>- Efficient, scalable, and reproducible code<br>• 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.<br>• Communicate the process and the outcomes in a way that is transparent, accessible and effective<br>- Helps our customers in building confidence in our outcomes<br>- Encourages building meaningful two-way discussion<br><br>Methodology<br>• Estimating a counterfactual<br>- Randomized Control Trails in medical literature<br>- Natural experiments in econometrics<br>- Quasi-experimental in social sciences<br>• Design based approaches<br>- Difference in differences<br>- Regression discontinuity<br><br>Heterogeneous Treatment Effects<br>• "Individuals differ not only in their background characteristics but also in how they respond to a particular treatment"<br>• How effects vary based on a member's background characteristics<br>- What groups see greater effect<br>- Useful for equity analysis<br><br>Methodology<br>• Structural Causal Modeling<br>- Cause and effect<br>- Represent a more logical flow for business processes<br>• Making the assumptions very clear, explicit and transparent<br>- Validating those assumptions with subject matter experts<br>- Testing those assumptions<br>• Helps identify:<br>- Downstream impacts<br>- Confounding variables<br><br>Interesting points about Lyft's causal model:<br>How sessions has two paths to the rides and one is independent of price | |

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| | - Members enrolled in multiple programs<br>With limited resources, these confounders have unintended consequences<br><br>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.<br><br>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).*<br><br>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.<br><br>Key highlights:<br>• 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.<br>• Four Strategic Directions: | |

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| | - Improving Operational Efficiency: Focus on strong leadership, enhancing IT systems (appeals, claims), and modernizing the data ecosystem.<br>- 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.<br>- Improving Member Experience and Care Quality: Utilizing community resource centers, improving customer service, expanding member outreach, and addressing quality ratings and health disparities.<br>- National Leadership in Equitable Healthcare: Advocating for equity, addressing AI integration, and investing in safety net providers.<br>• The plan will be presented at the September 5 Board of Governors retreat after finalizing goals and wording with leadership.<br><br>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.<br><br>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.<br><br>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).*<br><br>Federal Office of Management and Budget's (OMB) Race/Ethnicity (R/E) Standards Overview<br>• The OMB Statistical Policy Directive No. 15 (SPD 15) guidance has not changed since 1997.<br>• Since 1997 there has been one:<br>- Increasing racial and ethnic diversity and rise in number of people who identify as more than one race and/or ethnicity.<br>• This requires data to be captured accurately, which can lead to more opportunities to reflect communities with diverse experiences and needs.<br>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.<br><br>Detailed data helps:<br>• Identify important differences that exist across subgroups who may have previously been "statistically invisible."<br>• 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.<br>SPD 15 recent revisions include:<br>• Using a single combined race and ethnicity question for data collection.<br>• Allowing respondents to have multiple responses in that single question.<br>• Adding the Middle Eastern or North African (MENA) category, as a minimum reporting category<br>- Separate and distinct from the White category<br>• Requiring the collection of more detail beyond the minimum race and ethnicity reporting categories.<br>• Updated terminology.<br>• Requiring agency Action Plans on Race and Ethnicity Data and timely compliance with revisions.<br><br>Supporting Evidence<br>• Census Bureau research suggests this change would lead more people to declaring both their racial and ethnic identities.<br>• 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.<br>• 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).<br><br>Concerns regarding combining R/E<br>• Some presenters advised against a combined race and ethnicity question, expressing concern that race data for the Hispanic or Latino population may be lost.<br>• 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]<br><br>Working Group's Response to Concerns<br>• 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.<br>• 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 |
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| 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

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | | | ACTION TAKEN |
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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<br>*(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<br>*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<br>*(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<br>*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 | |

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.

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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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: _____
Alex Li, MD, *Chairperson*

_____
Date Signed

# L.A. Care
# Artificial Intelligence (AI) Strategy & Governance

L.A. Care HEALTH PLAN
For All of L.A.

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY
SINCE 1997

Tom MacDougall, Chief Information & Technology Officer
Presentation to the Technical Advisory Committee

# Agenda

- What is Artificial Intelligence (AI)
- How We'll Go About Adopting AI (Lifecycle)
- Governance and Ethical Lens
- Strategically Positioning L.A. Care for the Use of AI
- The Road Ahead for L.A. Care and AI
- Current Uses of AI
- Questions

# Artificial Intelligence & The Next Frontier (Cue the Star Trek music)

## The Future Has Arrived!

We are on the cusp of the next true revolution within technology, industry, and our personal lives.

AI has far reaching potential in all aspects of our lives. The term AI means different things to different people and different industries because it has so many applications. AI is thought provoking to some and scary to others; both may be right.

# What is Artificial Intelligence

- Common definition - Artificial intelligence (AI) technology allows computers and machines to simulate human intelligence and problem-solving tasks.

# Different Types of AI

| | |
|---|---|
| Generative AI | • Creates new content such as text, images, voice, video, and code by learning from data patterns<br>• Examples: ChatGPT and Google's Bard |
| Machine Learning | • Allows computers to autonomously learn and improve without being explicitly programmed<br>• ML algorithms are trained on data to make predictions or decisions |
| Natural Language Processing | • Deals with the ability of computer systems to understand and generate human language<br>• Used to analyze text, comprehend, converse with users and perform tasks like language translation, sentiment analysis, and question answering |
| Computer Vision | • Empowers computers to 'see' and comprehend the visual world, analyzing images and videos like humans<br>• CV algorithms analyze images and videos for tasks like object detection, face recognition, and self-driving cars |

# How We Will Go About Adopting AI

**AI lifecycle stages:**

- Problem Definition
- Requirements Gathering
- Analysis of available tools
- Security and Regulatory Review & Recommendation
- Tool Selection
- Development of tools and models
- Testing, Calibration, Validation
- Pilots
- Operationalization (training, monitoring, maintenance, support)
- Production

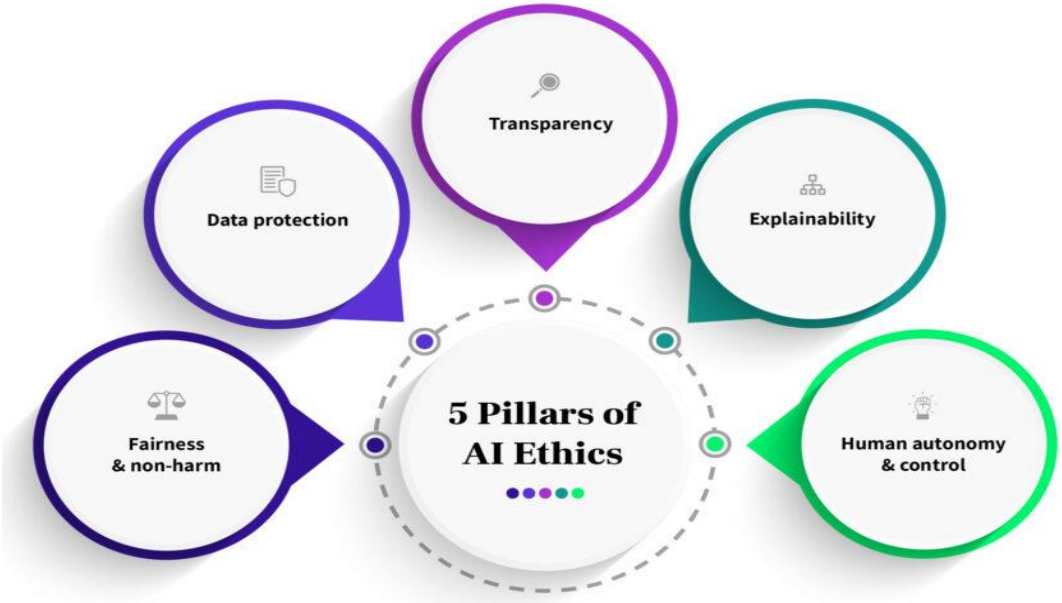
**Where is L.A. Care in the Life Cycle?**

- **Problem understanding and risk considerations:** We are currently defining challenges and problems that can be solved with the application of AI tools. We are articulating the benefits and risks of each tooling approach.
- **Regulatory Considerations:** Regulations represent critical factors that must be considered, as they are expected to change as rapidly as the technology itself changes.

# Governance and Ethics

**Ethics**: We will examine the ethical implications of an approach prior to the implementation. AI will be considered as an augmentation tool to human capability and human intelligence. In all instances, we will employ a human first model so we can ensure all technology acts in the best interests of our membership and our employees.

**Governance:** There will be an L.A. Care AI-Board consisting of the L.A. Care Chiefs who will make all ethical determinations based on relevant and available data. We will apply the “5 Pillars of AI Ethics”



# LA Care's AI Strategy & Data Work

- **Primary focus:**
  - Update L.A. Care technology ecosystem to lay a foundation for AI and to set the stage for seamless integrations and use of AI across our enterprise with a primary focus on our data.
- **Laying the Data Foundation for AI:**
  - Data Security and Data Governance are key considerations. Data must be secure, consistent and free of bias. We continue to implement technology to ensure both.
- **Foundational data work in progress:**
  - ***Moving our data to the cloud*** utilizing more modern data storage and accessibility techniques. This allows a decrease in effort in data mapping and conversion prior to the application of AI techniques for analysis.
  - ***Developing single sources of truth*** so all AI and analytics will have lineage and traceability to the sources.
  - ***Adopted more robust data models*** allowing for easier adoption and integration with standards such as interoperability.
  - ***Implemented a Clinical Data Repository*** *(CDR) that* accommodates structured and unstructured data, and we continue to refine it to enhance AI access to this data.

# The Road Ahead for L.A. Care and AI

**Enterprise Payback**
The realization of increased productivity accuracy for the enterprise and most importantly better services and health for our membership

**Predictive Modeling**
Improved Capabilities

Integrated Decision Support

**Natural Language Processing (NLP)**
Implement modules that allow NLP to be used in the context of Call Center applications to streamline Member & Provider communications

Analytics Advancements

BOTS

**Single Sources of truth**
Establish Member and Provider sources of truth that will ensure accuracy of future AI models

NLP

**AAL Advancements**
The ability for to exploit more advance technologies

**Modern BOTS**
User Support and Compliance

Single Sources of Truth

Robust Data Models

**Data Models**
Create necessary data models that will be used to train future AI capabilities

Architecture

**Modernized Architecture**
Implement modern, best-in-class applications and systems to support members and providers

# Current Uses of AI at L.A. Care

- **Machine Learning (ML) including Predictive Modeling and Decision Support Systems:**
  - Advanced Analytics Lab produces metrics that are presented in a number of forum.
  - Predictive Analytics are utilized in our Risk Stratification and to determine gaps in care.
  - With L.A. Care's Clinical Data Repository (CDR) Platform, we will have the availability of structured and unstructured data for deeper analysis.
  - ML is currently utilized in the threshold language translation of UM Notice of Action letters (ISI vendor uses machine translation and then human review).
  - ML and Computer Vision will be utilized in the UM Intake/Prior Authorization Process.
- **BOTs**
  - We have implemented BOTs on the User Support desk so internal business users can perform key functions without speaking to a Helpdesk Analyst.
  - We are working with Compliance to allow BOTs to be utilized in reading and interpreting APLs and Regulatory Requirements and highlighting where actions are necessary.
  - We have modernized our security technology to leverage AI in identifying and mitigating anomalous and or malicious activities which deviate from established baselines.
  - We will roll out the ability for members to make PCP changes without calling our Customer Solution Center.
  - We are introducing technologies that will bring Co-Pilot assistance to the desk side for our internal business users, helping to schedule meetings, create content and the like.

# Current Uses of AI at L.A. Care

- **Natural Language Processing (NLP):**
  - We are utilizing NLP currently within our Customer Solutions Center.
  - We are implementing technologies that will utilize NLP for authentication via Voice Printing, allowing our members' voices to serve as their passwords to our portals. Voice Printing will cut down minutes on each members call.
  - We are building technologies that will allow members to make changes to their individual plans and benefits via NLP and BOT technologies.

# Questions

# L.A. County Field Medicine Program

*Overview prepared for Technical Advisory Committee*

L.A. Care HEALTH PLAN®

For All of L.A.

**10 October 2024**

# *At a Glance*: L.A. Care's strategy to address the housing crisis

**L.A. Care's various programs combine to provide a comprehensive suite of services to address critical member needs**

Finding Housing & Staying Housed

Short Term Housing Solutions

Increasing Availability of Permanent Housing

Access to Healthcare & Social Services

Focus for today

# *Framing:* What problems were we trying to solve with the Field Medicine Program?

## Key Challenges with the Old Status Quo

1. **Lack of access to coordinated, longitudinal care** for members experiencing homelessness, with multiple providers providing a range of services
2. **Difficulty accessing specialty care and durable medical equipment** for members experiencing homelessness
3. Uneven geographic distribution of providers, leaving **large parts of the county without any street medicine presence**
4. **Limited coordination between County and City initiatives and Medi-Cal resources** to bolster access to services

# *Development:* **Steps we took to construct a comprehensive, community-based solution**

### Concept Testing

Pilot program proved viability of a field-based approach to providing coordinated, longitudinal care for members experiencing homelessness

### Collaborative Program Design

Iterative program design with collaboration from leading providers, community stakeholders and other MCPs

### Program Launch

Program applications were released in Spring 2024 and final provider selection was complete for program launch in July

*April 2023 – June 2024*

*October 2023 – June 2024*

*July 2024 - Present*

# *Solution details*: Core components of the L.A. County Field Medicine Program

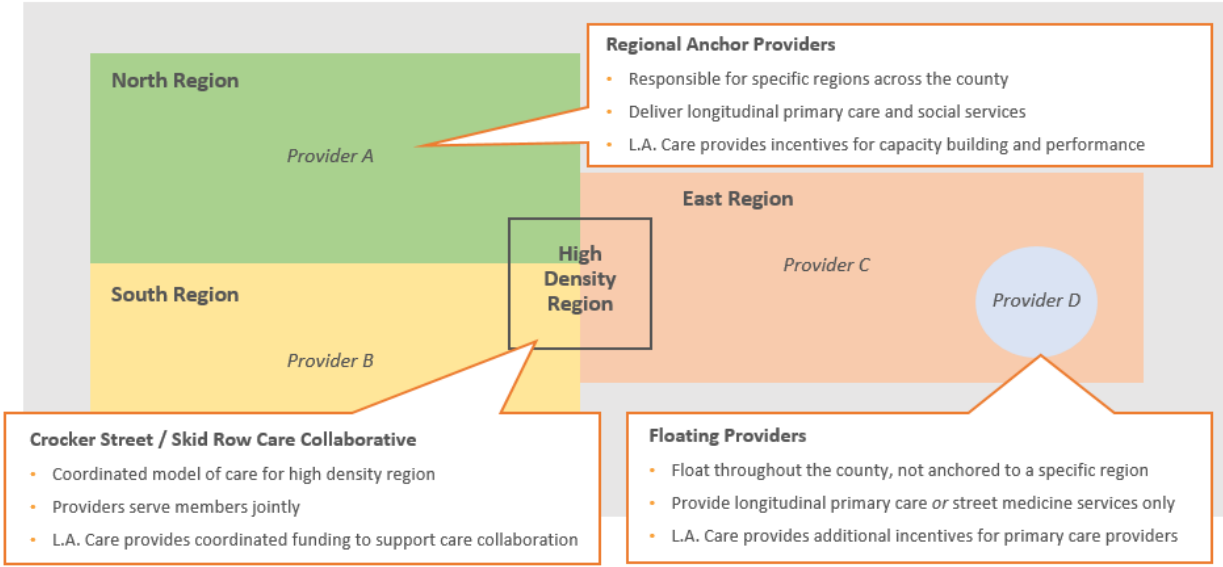
- County-wide **network of Field Medicine Primary Care Providers** who can provide longitudinal care and social services in the street, in shelters, and in interim housing
- New systems for Field Medicine Primary Care Providers to make **referrals to specialty care and access durable medical equipment for any L.A. Care member** they encounter[1]
- Operational **framework for providers to coordinate services** with a regional structure and specialized approach to high density regions
- Member-focused, **county-wide infrastructure to facilitate interoperability** among providers, government agencies, CBOs, and other key stakeholders

[1]Launch of direct access to specialty care and durable medical equipment is expected in Q1 2025

# Field Medicine advances care for L.A. County's unhoused through a novel geographic approach

## The Field Medicine Program will support 10 new teams for 5 years & organize care using a population-based approach

***Illustrative*** **Los Angeles County Map**



# Field Medicine Program launched in July, on track to provide full county-wide coverage

**Nineteen providers** to serve L.A. Care & Health Net members in **15 distinct Field Medicine regions** across the county

# We continue to increase interoperability across multiple services & programs

## Creating Geographically Aligned Provider Pods

- Facilitating multidisciplinary care in the field with Med-Cal contracted providers
- Pairing field medicine providers with housing navigators and enhanced care managers
- Coordination and partnership with Housing for Health Multidisciplinary Teams and other County programs

## Further Coordination with County & City Interim Housing Programs

- Aligning field medicine, housing navigation, and ECM providers with interim housing sites across the county
- Developing a streamlined approach to ECM enrollment for all members participating in interim housing programs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