



AGENDA

Technical Advisory Committee (TAC) Meeting

Friday, November 12, 2021 at 2:00 PM

L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Suite 1025, Los Angeles, CA 90017

DRAFT

Please recheck these directions for updates prior to the start of the meeting.

This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/lacare/j.php?MTID=mfe057079590cc25622cb6fe6e5cf95f5>

Meeting number: 2495 186 4885

To listen to the meeting via teleconference please dial:

Dial: 1-415-655-0002

Meeting number: 2495 186 4885

Event Password: **lacare**

Members of the Board of Governors or staff may participate in this meeting via teleconference. *The public is encouraged to submit public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.*

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 2:00 pm on November 12, 2021, it will be provided to the members of the Technical Advisory Committee at the beginning of the meeting. **The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.** Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Board appreciates hearing the input as it considers the business on the Agenda.

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

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

Welcome

Richard Seidman, MD, MPH
Chief Medical Officer
Chair

1. Approve today's meeting agenda *Chair*
2. Public Comment *Chair*
3. Approval of findings under the Ralph M. Brown Act
(TAC A.1121) P.3 *Chair*
4. Approve August 5, 2021 Meeting Minutes P.5 *Chair*
5. Chief Executive Officer Update
John Baackes
Chief Executive Officer
6. Chief Medical Officer Update *Chair*
7. Diversity, Equity, and Inclusion Update P.11
James Kyle,
Chief of Equity and Quality Medical Director,
Quality Improvement
8. COVID-19 Vaccine Response Plan Update P.27
Alexi Li, MD,
Deputy Chief Medical Officer,
Health Services

Adjournment

The next meeting is tentatively scheduled for January 2021.

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

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

To confirm details with L.A. Care Board Services staff prior to the meeting call or text 213 628-6420.

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 Gov't Code Section 54954.2 (a)(3) and Section 54954.3.

Any documents distributed to a majority of the Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection online at www.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) 694-1250. 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

MOTION SUMMARY

Date: November 12, 2021

Motion No. TAC A.1121

Committee: Technical Advisory Committee

Chairperson: Richard Seidman, MD, MPH

Issue: Remote Teleconference Meetings

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

Background: On March 17, 2020, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act (the “Brown Act”) in order to allow for local legislative bodies to conduct their meetings completely telephonically or by other electronic means due to public health orders restricting gatherings during the COVID-19 pandemic.

Recent legislation and amendments to the Brown Act allow legislative bodies to continue meeting virtually provided there is a state of emergency declared by the Governor, and either (1) state or local officials have imposed or recommended measures to promote social distancing; or (2) the legislative body determines by majority vote that meeting in person would present imminent risks to the health and safety of attendees. The Governor, by executive order signed on September 20, 2021, suspended the effective date of this new legislation to October 1, 2021. And, the virtual meetings must be held consistent with these new requirements.

In order to continue conducting virtual meeting under the revised provisions of the Brown Act the Board of Governors, or any other legislative bodies of L.A. Care Health Plan, including Committees, must, within thirty (30) days of the first meeting following the effective date and every thirty (30) days thereafter, make findings that (a) state or local officials continue to recommend measures to promote social distancing, or that (b) an in-person meeting would constitute an imminent risk to the safety of attendees.

Findings:

1. The Board of Governors has reconsidered the circumstances of the state of emergency initially declared by the Governor on March 4, 2020, pursuant to section 8625 of the California Emergency Services Act, relating to the COVID-19 public health crisis and finds that the declaration still remains in effect. The continuation of virtual meetings will allow for full participation by members of the public while social distancing recommendations remain in effect and will facilitate the purposes of such social distancing recommendations by preventing large crowds from congregating in indoor facilities for extended periods of time. Given that the vaccination status of meeting participants is not known, it is prudent to use caution in protecting the health of the public, L.A. Health Care’s employees and its members where, as here, adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time.

Board of Governors

MOTION SUMMARY

2. The Board of Governors finds that state and local officials continue to impose or recommend measures to promote social distancing. The Department of Industrial Relations' issuance of COVID-19 Prevention regulations through Title 8 of the California Code of Regulations, section 3205 *et seq.*, includes informing employees that masking and social distancing in the workplace are most effective when used in combination because particles containing the virus can travel more than six feet. Further, as of the date of this Motion, the Los Angeles County Department of Public Health continues to recommend measures to promote social distancing, including recommendations to avoid crowded indoor spaces and to maintain six feet of social distancing, especially in cases where the vaccination status of persons outside a person's household is unknown.

As such, staff recommends approval of this motion so that the Board of Governors and all legislative bodies of the L.A. Care Health Plan may continue to meet virtually. The Board of Governors, or other legislative bodies on the Board's behalf, may extend the authorization for an additional thirty (30) days via another motion summary that makes the above specific findings in support of continuing virtual meetings.

Member Impact: L.A. Care members will benefit from this motion by providing for public participation in Technical Advisory Committee meetings, while following social distancing measures promoted by State and Local public health officials.

Budget Impact: The approval of a motion to continue virtual meetings will maintain the status quo and minimal financial impact is anticipated by the approval of this motion, though some costs may be associated with the technical solutions required to conduct teleconference meetings in compliance with the Brown Act.

- Motion:**
1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act;
 2. Adopt findings as set forth in this Motion Summary and,
 3. For all L.A. Care meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committee to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act.

BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Minutes – August 5, 2021

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Richard Seidman, MD, MPH, *Chairperson*
 John Baackes, CEO
 Elaine Batchlor, MD, MPH
 Paul Chung, MD, MS
 Muntu Davis, MD, MPH*
 Hector Flores, MD
 Rishi Manchanda, MD, MPH

Santiago Munoz

Elan Shultz*

Stephanie Taylor, PhD

Management

Wendy Schiffer, *Senior Director, Strategic Planning*
 Katrina Parrish, *Chief Quality and Information Executive, Health Services*
 Grace Crofton, *Advisor Quality Performance Informatics*
 Alison Klurfield, *Director, Safety Net Programs and Partnerships, Safety Net Initiatives*

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

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , called the meeting to order at 2:06 p.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The committee reached a quorum at 2:20 p.m. The Agenda for today's meeting was approved as submitted.	Approved Unanimously. 6 AYES (Baackes, Chung, Flores, Manchanda, Seidman, Taylor)
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	Member Hector Flores, stated that on page 3, where it reads "community hospitals" it should read "unaligned hospitals". The April 29, 2021 meeting minutes were approved with the corrections mentioned above.	Approved Unanimously. 6 AYES (Baackes, Chung, Flores, Manchanda, Seidman, Taylor)

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF EXECUTIVE OFFICER UPDATE</p> <p>John Baackes</p>	<p><i>(Member John Baackes, Member Rishi Manchanda, MD, joined the meeting.)</i></p> <p>Member John Baackes, <i>Chief Executive Officer</i>, gave the following report:</p> <p>Medi-Cal enrollment into L.A. Care is at an all-time high. All Medicaid plans across the nation have suspended redeterminations. Normally there were 30,000 members coming into and leaving L.A. Care every month. Without that churn L.A. Care's Medi-Cal membership has grown to about 2,250,000 members. Total plan enrollment is about 2,440,000. That includes Medicare dual eligible, L.A. Care Covered, and approximately 52,000 In-Home Support Services workers. Almost a quarter of all L.A. County will be a member at some point in the future.</p> <p>In January, a host of new benefits will be introduced to L.A. Care members through CalAIM. It was aimed at trying to streamline benefits. Currently it is very chaotic. L.A. Care has not received rates from the State. The most important benefits are Whole Person Care and Health Homes. These programs were aimed at homeless and people that are getting out of incarceration and helping people with the most complex health cases. By coordinating social services for people that may benefit from those services. L.A. Care is trying to figure out whether or not members may be left behind on January 1, because the criteria may change. At the moment it seems that the State would like L.A. Care to reevaluate all members in those programs. He hopes L.A. Care can get through the planning and implementation of these services. He noted that another change that will impact members is the prescription drug carve out benefit that will also take effect on January 1. The Medicaid managed care plans will no longer manage those benefits. Fourteen States have already tried this and determined that they were not saving money. They were reversed back the plans benefit package.</p> <p>Member Rishi Manchanda, <i>MD</i>, asked how is the issue with deciding rates impacted in Lou of Services and the partnership with community organizations. Member Baackes responded that In Lou of Services has a menu of 14 benefits that L.A. Care can pick from. L.A. Care picked four. Medically tailored meals and housing support services are two of them and they must be finalized in September. The State came out with pricing guidance and they stated that L.A. Care should be able to provide medically tailored meals for \$7 a meal. L.A. Care has been doing on its own through grants to organizations like Project Angel Food. The State has received push back and stated that they surveyed 57 organizations to determine pricing. The concern is that if L.A. Care spends more than \$7 per meal, it may not be spending its money wisely by providing</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>this service. Enhanced Care Management (ECM) reimbursement is based on levels of providers and caseloads. There has also been push back on that that forced the State to provide reevaluated dates. All ECM work is done externally.</p> <p>Member Flores, noted that the way the State is rolling out the prescription drug carve out program has been very confusing. He noted that his father is a Medi-Cal patient and has gotten 4 letters, 3 to 4 pages long. It was hard for him to understand let alone a senior or disabled person. His father received a phone call from his pharmacy advising that he will have to work with the State to get his prescriptions processed. He questioned whether the State realizes that this may become messy for everyone involved. Member Baackes responded that L.A. Care has raised concerns, but he does not believe they are listening. The money that was used to send notices that are now invalid is now money wasted. There is an educational component that will have to take place with members and pharmacies. He hopes that pharmacies and Navitus are switching over to the new vendor. Member Flores asked Member Baackes if the State will be providing additional funds to pay for the new In Lou of Services. Member Baackes replied that there will be \$115 Million spread out across the State. L.A. Care anticipates receiving about a quarter of that amount due to the size of membership. When this was announced in 2019, the State made it clear that the plans will be paying for these services for about 2-3 years before receiving funding for the program.</p> <p><i>(Member Paul Chung, MD, joined the meeting at 2:16 pm)</i></p>	
<p>CHIEF MEDICAL OFFICER REPORT</p> <p>Richard Seidman, MD, MPH</p>	<p>Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the following updates:</p> <p>COVID-19 trends are not moving in a good direction in the country or in the county. In Louisiana, they are experiencing the worst peak since the beginning of the pandemic. It is deadly consequence in the lack of progress made in their vaccination efforts. Locally nearly 4,000 cases and 16 deaths were reported in L.A. County yesterday. The surge being experienced now is for a very different age demographic than last fall. Earlier there was an impact on skilled nursing facilities. The 18 to 29-year-old cohort has the highest number of cases followed by the 30 to 49-year-old cohort. The parts of town that were highest hit last winter are now showing lower rates in cases. Vaccination efforts in those areas has affected this. Among L.A. Care members, there have been 140K reported cases and 4,300 deaths in 1.8 million 16 or older members. L.A. Care is reporting 950K members that are 16 and older getting at least partially vaccinated. That number includes plan partner membership. Compared to countywide</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>data, there is a 20-point differential. L.A. Care shared its communication effort to members at the last TAC meeting. L.A. Care is trying to further expand its efforts to providers. The flu vaccine campaign will also include information on receiving two vaccines at the same time. He noted that many people deferred their medical care due to the pandemic and L.A. Care is also trying to reach out to members and encourage them to resume receiving their regular and preventive medical care.</p> <p>Member Flores thanked Member Seidman for his report. He noted that reaching herd immunity in part is reaching essential workers and their families and also isolated patients. Reaching smaller practices that are key to L.A. Care's network. CMA has set up technical assistance shop for physicians, small practices, and Federally Qualified Health Centers (FQHC), to fill out the My California Vaccine applied so they can be a certified provider for the vaccine. He suggested that L.A. Care promote this to small provider offices. He noted that in East L.A. cases are dropping but is still behind in immunizations.</p> <p>Member Paul Chung, MD, thanked Dr. Seidman for his report. He asked if L.A. Care has been able to evaluate its vaccine outreach efforts. Does L.A. Care think is working or not working? What is the potential that he sees in partnerships with employers in terms of outreach in the L.A. Care community? Dr. Seidman responded that L.A. Care has not done any formal evaluations. It can be left to interpretation. People have different ideas of what may or may not work. L.A. Care has provided grants to FQHCs to assist with their immunization efforts. The county has done more direct partnering to conduct pop up clinics to provide vaccinations, but L.A. Care has not done so.</p>	
<p>L.A. CARE'S STRATEGIC VISION</p> <p>Wendy Schiffer</p>	<p>Wendy Schiffer, <i>Senior Director, Strategic Planning, Strategy, Regulatory and External Affairs</i>, presented L.A. Care's Strategic Vision (<i>A copy of the presentation can be obtained from Board Services.</i>)</p> <p>High Performing Plan</p> <p>Achieve operational excellence by improving health plan functionality.</p> <p>Highlights:</p> <ul style="list-style-type: none"> • Improving Information Technology systems to support everything L.A. Care does, from customer service to care management • Maintaining a diverse and skilled workforce and planning for future needs • Continuing to be financially stable 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Growing and retaining membership across products <p>High Quality Network Support a robust provider network that offers access to high-quality, cost-efficient care. Highlights:</p> <ul style="list-style-type: none"> • Growing and supporting our Direct Network • Improving the quality of care that our members receive • Investing in the providers and practices who serve our members <p>Member Centric Care Provide services and care that meet the broad health and social needs of our members. Highlights:</p> <ul style="list-style-type: none"> • Implementing CalAIM (California’s new requirements for Medi-Cal) • Delivering care management services closer to where members live • Reducing health disparities and offering providers resources to reduce bias <p>Health Leader Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change. Highlights:</p> <ul style="list-style-type: none"> • Promoting our work as a “public option” (a public plan offering insurance on the Covered California exchange) • Increasing the number of Community Resource Centers and expanding services • Advocating for equity and social justice <p>Member Manchanda noted that part of the transition in the business that NCQA has had is creating a second tier for Health Equity Accreditation (HEA) distinction which is now Health Equity Accreditation Plus, which is the social determinants element. He asked if that is the target to aim for over the next three year or is it too early to know what it looks like exactly. He asked if L.A. Care is aiming for HEA or HEA Plus. Member Seidman deferred to James Kyle, <i>Chief of Equity and Quality Medical Director, Quality Improvement</i>, to respond. Dr. Seidman stated that he does not know enough about HEA Plus. It is clear that L.A. Care works to spread its success in screening and assessing for and referring to resources for all members to the existing NCQA standard. He will try to provide an answer at later time.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Manchanda noted that the vision and mission seem to be fit for these times. He asked if equity is something to elevate all the way through in the vision and mission. He suggested that L.A. Care consider it. Ms. Schiffer responded that she appreciates his suggestion.</p> <p>Member Manchanda stated that one of the things that is emerging is focus on the use of quality improvement to improve equity and racial health equity. Looking at the social and structure of equity is a way to tie in Member-Centric Care and Health Leader. He suggested this may help drive activities in the future. Member Seidman pointed that he received confirmation that L.A. Care will be going for the HEA Plus accreditation.</p>	
ADJOURNMENT	The meeting was adjourned at 3:56 p.m.	

Respectfully submitted by:

Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

Linda Merkens, *Senior Manager, Board Services*

APPROVED BY: _____

Richard Seidman, MD, MPH, *Chairperson*

Date Signed



L.A. Care
HEALTH PLAN®

For All of L.A.

Equity Council Updates



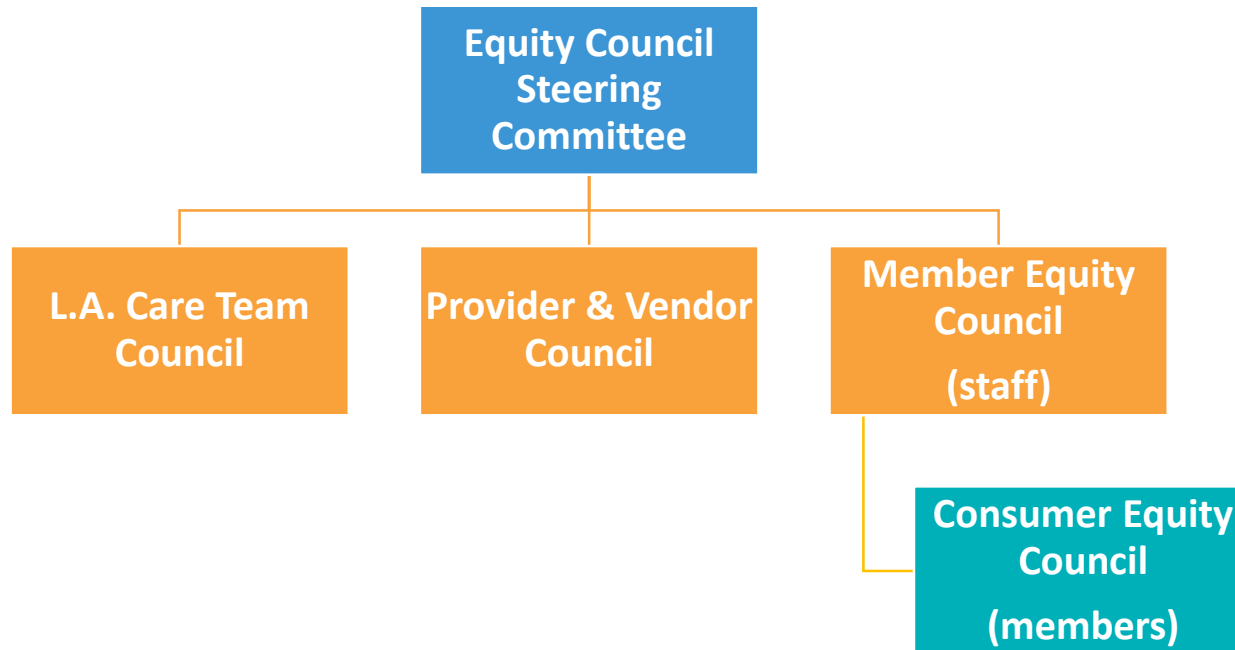
Dr. James Kyle
Technical Advisory Committee
November 11, 2021



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Equity Council Goal and Internal Structure

- The **goal** of the Equity Council Steering Committee is to address and improve equity, fairness, and inclusion.



Updates

Council	Update
Provider & Vendor Equity Council	<ul style="list-style-type: none">• Small business day – Wednesday, August 18• Vendor Diversity L.A. Care website
Member Equity Council	<ul style="list-style-type: none">• Creating goals for next year.<ul style="list-style-type: none">• As last year, focusing on member voice, social determinants of health, health plan as community partner, systematic change and equitable health• Consumer Health Equity Council provided feedback on food security programs and Teladoc/telehealth – integrating member feedback

Vendor Diversity

At L.A. Care, we promote an environment where every vendor has an equitable opportunity to compete on projects that L.A. Care is requesting proposals for. As such, L.A. Care strives to encourage diversity while maintaining competition in its procurement practices. Having a diverse vendor base helps to foster a level of innovation and creativity that is necessary to meet dynamic business needs.

If you are a vendor who has been certified by a third party agency in such diversity classifications as Small Business Enterprise (SBE), Disabled Veteran Business Enterprise (DVBE) or Social Enterprise (SE), we welcome you to share your information by completing the below Vendor Diversity Intake Form. Once we complete our assessment of the information that you provide, we will add your company to our diverse vendor database. We may reach out to you for further discussions if there is a business opportunity that fits with the products and/or services that your company provides. In addition, you can also visit our [Requests for Proposals \(RFP\)](#) page to view our current RFP(s) to determine if you wish to participate in any of them.

If you are currently not certified by any third party agency, please note that there are some free SBE and DVBE certifications provided by the State of California, Department of General Services (DGS) and Los Angeles County Metropolitan Transportation Authority (Metro). The Los Angeles County's Office of Small Business offers a free SE certification. These certifications are managed by these agencies and are subject to their respective requirements. In addition, as a SBE, DVBE or SE, you can apply to the Los Angeles County's Office of Small Business Preferential Program, which offers some benefits for being a County approved certified diverse vendor. For more information on the certifications and the County's Preferential Program, please review the Related Links tile on this page.

Please note that L.A. Care's procurement practices are based on a competitive process. The addition of your company to our diverse vendor database is not a guarantee of any business opportunity, does not automatically qualify your company as an L.A. Care approved vendor, and does not obligate L.A. Care to solicit requests for proposals/quotations/information.

[Vendor Diversity Intake Form](#)

Requests for Proposals

Learn more about L.A. Care's Requests for Proposals.

[Learn More](#)

Vendor Code of Conduct

Learn more about L.A. Care's Vendor Code of Conduct.

[Learn More](#)

Contacts

- [Accounts Payable](#) (for invoicing inquiries)
- [Diversity](#) (for vendor diversity inquiries)
- [RFP](#) (for RFP inquiries)
- [Procurement](#) (for other procurement inquiries)

Related Links

[Los Angeles Area Chamber of Commerce](#)

Website:
<https://www.lacare.org/procurement/vendor-diversity>

Updates

Council	Update
L.A. Care Team Council	<ul style="list-style-type: none">• Bystander training by Asian American Advancing Justice.• L.A. Care Officers received training on Anti-Racism & Cultural Humility Training for Healthcare Leaders by Drs. Jann Murray-Garcia and Victoria Ngo<ul style="list-style-type: none">• Expanding training to Directors and above
Equity Council Steering Committee	<ul style="list-style-type: none">• 100% completion of enterprise-wide Diversity, Equity and Inclusion training by all staff<ul style="list-style-type: none">• Biases, micro-aggressions, workplace diversity• Working on DEI enterprise goals for L.A. Care functional areas:<ul style="list-style-type: none">• Health Services, Product, Operations, Finance



Other Updates

- Introduced **Provider Equity Award** that measures and rewards provider performance on health equity efforts.
 - Focus on reducing health disparities and addressing the social determinants of health, specifically food security.
 - Award includes acknowledgement at the annual L.A. Care provider recognition ceremony, publication in provider newsletters, and other ways to publicly recognize the awardee. No payments are included for this inaugural year.
- Hosted a film **screening of the documentary Black Men in White Coats** followed by a panel discussion. Screening is 11/4 through 11/4 with the panel on 11/4 at 10AM.





L.A. Care
HEALTH PLAN®

For All of L.A.

Health Disparities

Presented at Board Retreat

What are health disparities?

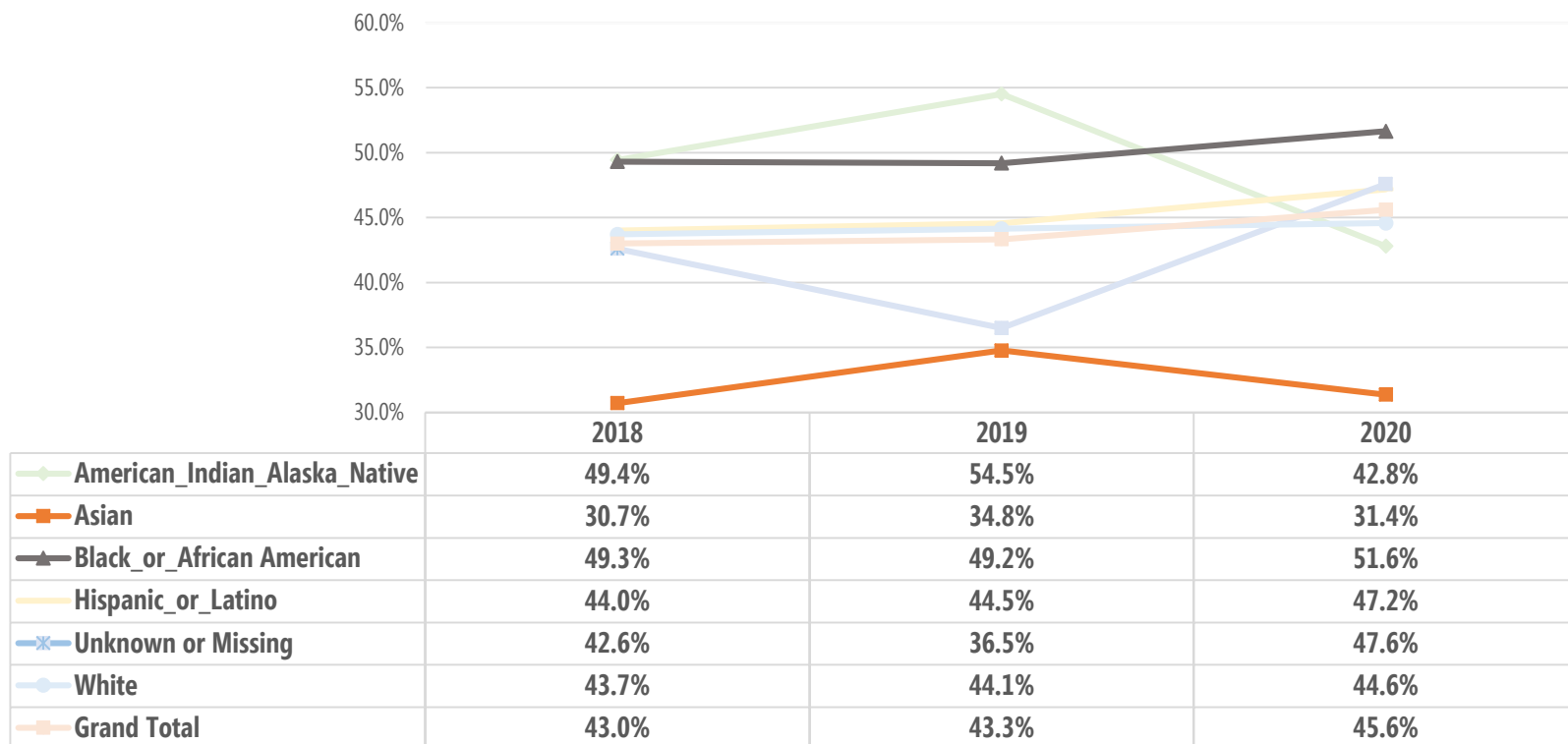
Preventable observed differences in health access, services, and outcomes experienced by different populations.

Methodology

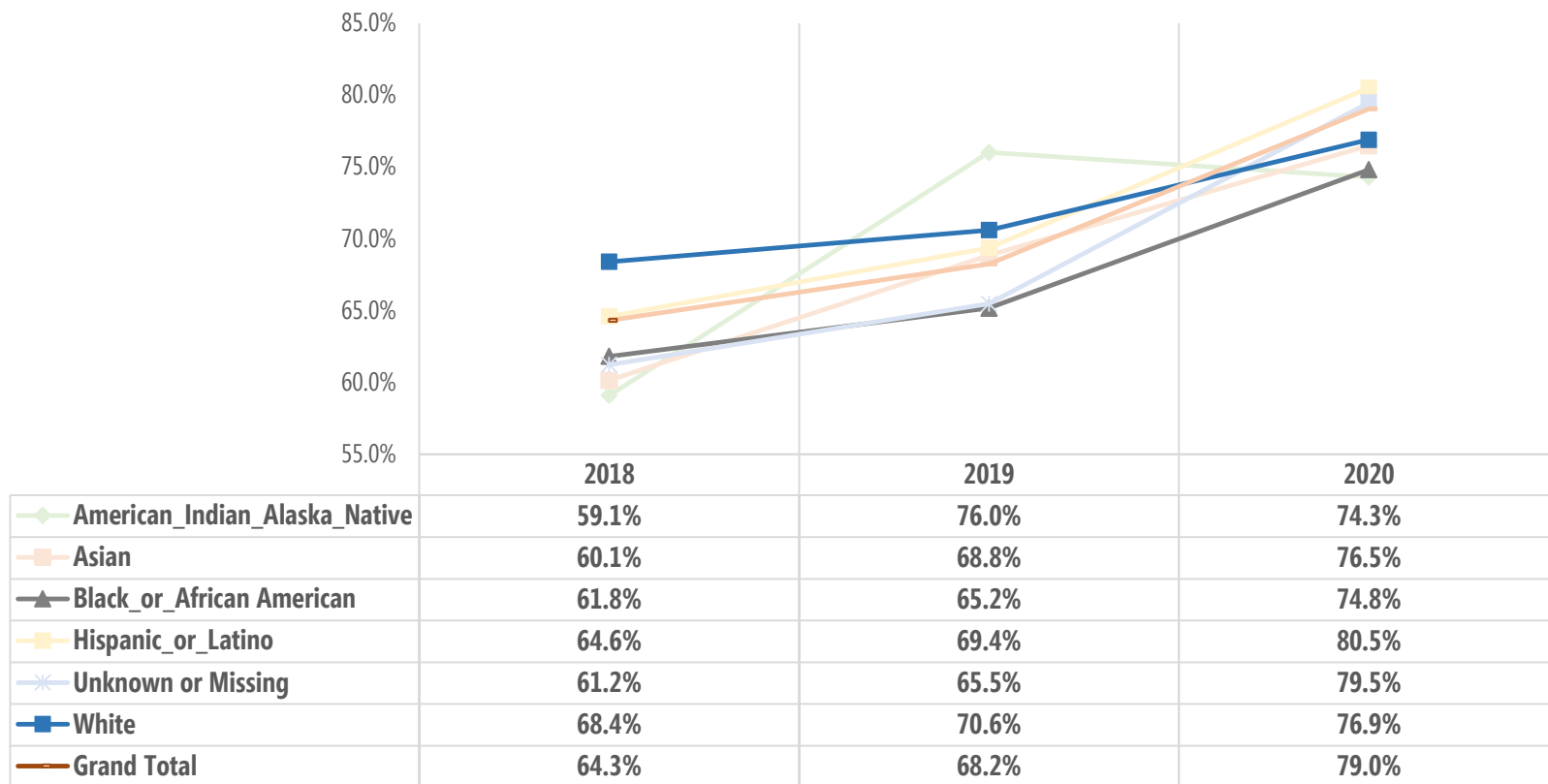
- **NCQA HEDIS** specifications used
- Data reflects **administrative data** only; i.e.: claims and encounter submissions
- Medical record review (**hybrid data**) is not reflected
- Racial groups with **<30 members were included** but not used in disparity comparisons
- Medi-Cal rates include **Plan Partner** members
- Data shows **average highest and lowest performing** groups over three years of data

Comprehensive Diabetes Care – Poor Control (A1c>9%) (CDC)

Note: A lower rate is better than a higher rate.

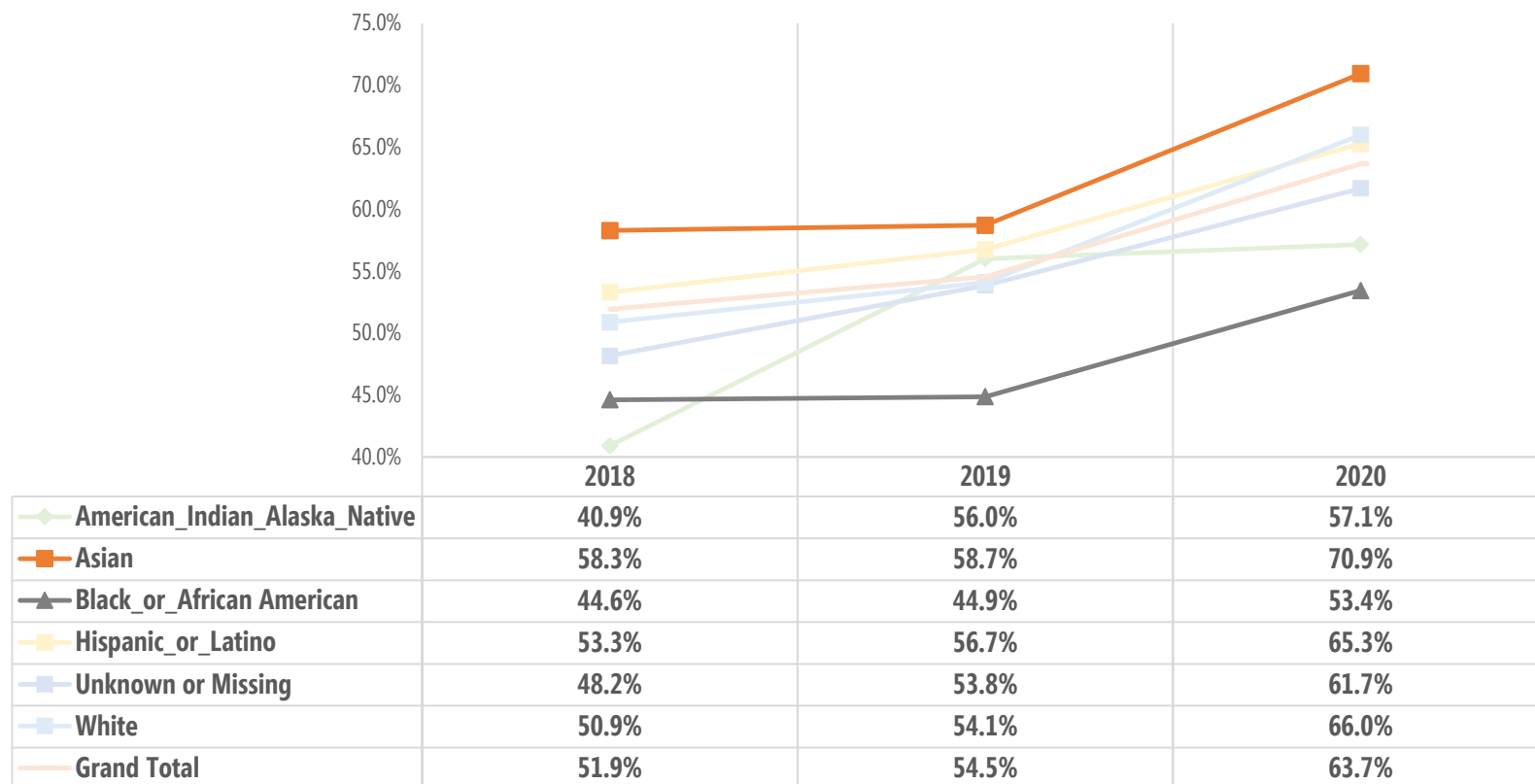


Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)



The AIAN population consistently has denominator less than 30

Prenatal and Postpartum Care: Postpartum (PPC)



The AIAN population consistently has denominator less than 30

May 2019 – July 2021

Additional Disparities

- Whereas there are approximately 12% of members who self-identify as Black or African American:
- 16% of low-birth weight babies are African American
- 16% of pregnancy complications are among African Americans
- 16% of diabetic related foot infections and peripheral vascular disease occurred among African Americans
-
- So a disproportionate number of African Americans are affected by babies with low birth weight, pregnancy complications, and diabetic related foot infections and peripheral vascular disease

Current Intervention Proposals

Comprehensive Diabetes Care (CDC)

- Quality Improvement Project targeting LACC Black or African American and American Indian/Alaska Native members for HEDIS diabetes
- Performance Improvement Project targeting MCLA Black or African American members for HEDIS diabetes

Prenatal and Postpartum Care: Timeliness of Prenatal Care & Postpartum (PPC)

- Health Services goal to focus on Black or African American PPC disparities
- Partnering with First 5 LA on home visit program
- Leveraging Comprehensive Perinatal Services Program (CPSP)
- Partner in IMI Midwifery Learning Collaborative
- Collaborator on Birth-Centered Research Engagement in Medi-Cal (B-CORE) to generate Medi-Cal research agenda



Additional Disparity Efforts

- Bringing **resources to the community**
 - Community Resource Centers and video programming i.e. physical activity and healthy cooking
- Opportunities with **provider network**
 - Expanding network
 - Long-term concordance efforts

Questions for Discussion

- What **more can L.A. Care be doing** in order to address these disparities?
 - Are there partnerships we have not thought about?
 - Overlooked areas to intervene upon?
- What **could we be doing differently** in order to address these disparities?
- How **would you address** these disparities?
 - What would your first step be?



L.A. Care COVID-19 Vaccine Response Plan (A Collaborative Effort)



Technical Advisory Committee
November 12 .2021



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Agenda

- DHCS Vaccine Rules, Metrics and Goals
- L.A. Care Vaccinated/Unvaccinated Members
- Outreach Efforts
- Member Incentives
- Next Steps
- Q&A



DHCS Vaccination Program Rules

- Program Goal (per APL 21-010)
 - Close the vaccination rate gap between Medi-Cal managed care members (49%) and all Californians (74%)*
- Populations of Focus
 - Medi-Cal managed care (MCLA, Plan Partners, CMC)
 - Homebound/unable to travel
 - Age 50-64 years with >1 chronic condition
 - Persons of color
 - Youth 12-25 years
- 3 Measurement Dates (Milestones)
 - October 31st, 2021, January 2nd, 2022, March 6th, 2022
- Data source is vaccinations reported through the California Immunization Registry (CAIR)

DHCS Vaccination Program Rules

Outcome measures		Weight	Target
Intermediate outcome measures (2 of 3 must be reported)	1. Percent of homebound Medi-Cal beneficiaries who received at least one dose of a COVID-19 vaccine	5%	October 31: 10% increase over baseline January 2: 20% increase March 6: 30% increase
	2. Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases [as defined by the federal Centers for Disease Control and Prevention (CDC)] who received at least one dose of a COVID-19 vaccine	5%	
	3. Percent of primary care providers in the MCP's network providing COVID-19 vaccine in their office	5%	
Vaccine uptake outcome measures	4. Percent of Medi-Cal beneficiaries ages 12 years and older who received at least one dose of a COVID-19 vaccine	35%	Gap closure from baseline to target (average in county or weighted average across counties for Measures 4-8; percent of MCP's members age 12+ who received at least one dose for Measures 9-10) October 31: 33.3% of gap closed January 2: 66.7% of gap closed March 6: 100% of gap closed
	5. Percent of Medi-Cal beneficiaries ages 12-25 years who received at least one dose of a COVID-19 vaccine	10%	
	6. Percent of Medi-Cal beneficiaries ages 26-49 years who received at least one dose of a COVID-19 vaccine	5%	
	7. Percent of Medi-Cal beneficiaries ages 50-64 years who received at least one dose of a COVID-19 vaccine	5%	
	8. Percent of Medi-Cal beneficiaries ages 65+ years who received at least one dose of a COVID-19 vaccine	5%	
Race/ethnicity	9. Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine	15%	
	10. Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the second-lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine	15%	

Source: <https://www.dhcs.ca.gov/Documents/COVID-19/APL-21-010-Attachment%20A-Vaccination-Incentive-Program-Outcome-Metrics.pdf>

Vaccination Rate: L.A. Care Baseline (August 31, 2021) and Milestone 1 (October 31, 2021)

Table 1: L.A. Care Medi-Cal Vaccination Rates Compared to Los Angeles County and California

	Total 12+ Population	12+ Population at least Partially Vaccinated	Vaccination Rate
L.A. Care Medi-Cal	1,827,490	1,110,185	60.7%
Los Angeles County	8,620,134	6,977,943	80.9%
State of California	33,330,857	26,320,335	79.0%

	Baseline Rate	Current Rate
Total 12+ Medi-Cal Membership	55.5%	60.7%
Ages 12-25 Medi-Cal Membership	49.9%	56.9%
Ages 26-49 Medi-Cal Membership	51.1%	56.3%
Ages 50-64 Medi-Cal Membership	64.2%	67.9%
Ages 65+ Medi-Cal Membership	69.0%	71.9%
Black or African American	36.5%	42.6%
American Indian or Alaskan Native	48.7%	54.1%
Homebound	64.5%	70.1%
Ages 50-64 w Chronic Disease	66.9%	72.6%

Vaccine Incentive Program Collaborative Efforts and Highlights

IEHP Partnership
Jaime Camil PSA

Pharmacy & Provider
Incentives

DPH & UCLA (Antelope
Valley)
Homebound
Vaccinations

The RAMS
LAUSD Vaccine Clinics
Collaboration with
Health Net

High Touch Engagement
Faith-Based, BIPOC
Organizations, Food
Banks

Vaccine Clinic Support
for CBOs, Schools,
Colleges, Faith-Based
Organizations

Direct Member
Incentives

Targeted Equity
Initiatives for
Black/African Americans

Member Material,
Call & Social Media
Campaigns

Sample Spanish Speaking and Latino PSA Outreach Efforts and Highlights

- Social Media
- TV
 - KTLA
 - Interview Opportunity: Jaime Camil as a guest to KTLA News
- Radio
 - Jose 97.5 (Spanish)
 - 30x :30 Total Spots / M-Sun 12m-12m
 - Viva 103.1 (Spanish)
 - 30x :30 Total Spots / M-Sun 12m-12m
 - KWKW 1330am (Spanish)
 - 20x :30 Total Spots / M-Sun 12m-12m
 - KTNQ 1020am (Spanish)
 - 30x :30 Total Spots / M-Sun 12m-12m

Sample African-American Outreach Efforts

- Target and prioritize South LA and Antelope Valley providers and initiatives
- Seek consultants focused on Black/African-American communities that are endorsed by Equity Council Steering Committee.
 - Identify Micro influencers, faith-based leaders, and groups focused on vaccinated BAA populations in



Public Health and Provider Incentives and Collaboration

Public Health Departments

- Sponsorships
- Grants
- Messaging/Canvassing

FQHCs:

- ~\$2 Million Grant Support Provided
- Learning collaborative
- Unvaccinated list/Vaccine Incentive Program

Pharmacy

- Phase 1: 10 retail pharmacies (target ~25K unvaccinated members)

LA County Department of Health Services

- In discussion

Private Providers

- High volume practices
- Unvaccinated list and vaccine incentive program

L.A. Care/HealthNet/LA Rams and LAUSD Joint Effort

SCHOOL NAME	ADDRESS	Quartile
Barack Obama Global Preparation Academy	1700 W 46TH ST, LOS ANGELES, CA 90062	1
Belvedere Middle School	312 N RECORD AVE, LOS ANGELES, CA 90063	1
Berendo Middle School	1157 S BERENDO ST, LOS ANGELES, CA 90006	1
Boys Academic Leadership Academy	1511 W 110TH ST, LOS ANGELES, CA 90047	1
Bret Harte Preparatory Middle School	9301 S HOOVER ST, LOS ANGELES, CA 90044	1
Charles Drew Middle School	8511 COMPTON AVE, LOS ANGELES, CA 90001	1
Dr Julian Nava Learning Academy	1420 E ADAMS BLVD, LOS ANGELES, CA 90011	1
Edwin Markham Middle School	1650 E 104TH ST, LOS ANGELES, CA 90002	1
Elizabeth Learning Center	4811 ELIZABETH ST, CUDAHY, CA 90201	1
Ellen Ochoa Learning Center	5027 LIVE OAK ST, CUDAHY, CA 90201	1
George Washington Carver Middle School	4410 MC KINLEY AVE, LOS ANGELES, CA 90011	1
Hollenbeck Middle School	2510 E 6TH ST, LOS ANGELES, CA 90023	1
Horace Mann UCLA Community School	7001 S ST ANDREWS PL, LOS ANGELES, CA 90047	1
John Adams Middle School	151 W 30TH ST, LOS ANGELES, CA 90007	1
John H Liechty Middle School	650 S UNION AVE, LOS ANGELES, CA 90017	1
John Muir Middle School	5929 S VERMONT AVE, LOS ANGELES, CA 90044	1
Los Angeles Academy Middle School	644 E 56TH ST, LOS ANGELES, CA 90011	1
Mary McLeod Bethune Middle School	155 W 69TH ST, LOS ANGELES, CA 90003	1
Maywood Center for Enriched Studies (MaCES)	5800 KING AVE, MAYWOOD, CA 90270	1
Magnet		1
Orchard Academies 2B	6411 ORCHARD AVE, BELL, CA 90201	1
Orchard Academies 2C	6411 ORCHARD AVE, BELL, CA 90201	1
Robert Louis Stevenson College & Career Prep	725 S INDIANA ST, LOS ANGELES, CA 90023	1
Samuel Gompers Middle School	234 E 112TH ST, LOS ANGELES, CA 90061	1
Thomas A Edison Middle School	6500 HOOPER AVE, LOS ANGELES, CA 90001	1

Vaccine Incentive Program

COVID-19 Vaccine Incentive:
Receive a \$50 Gift Card

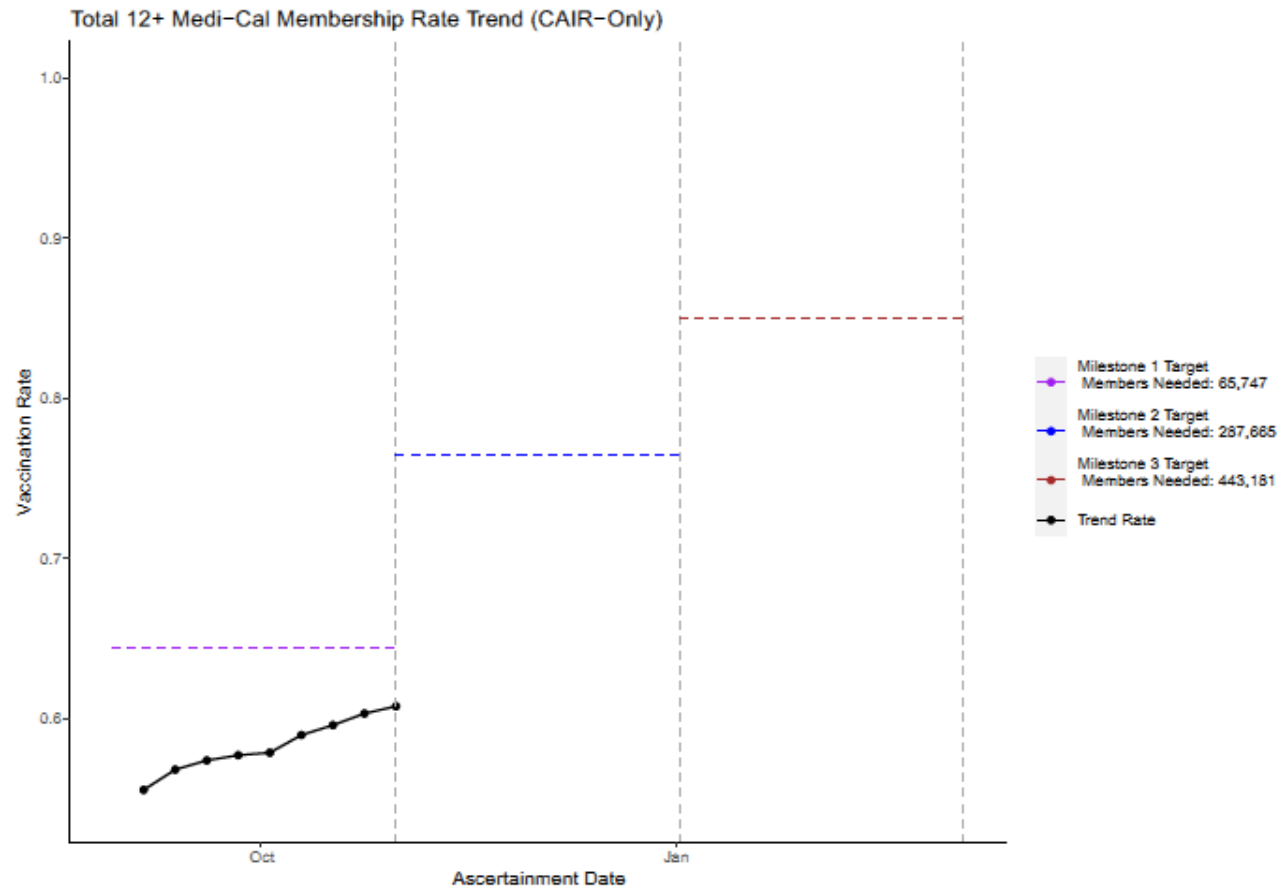


L.A. Care
HEALTH PLAN®

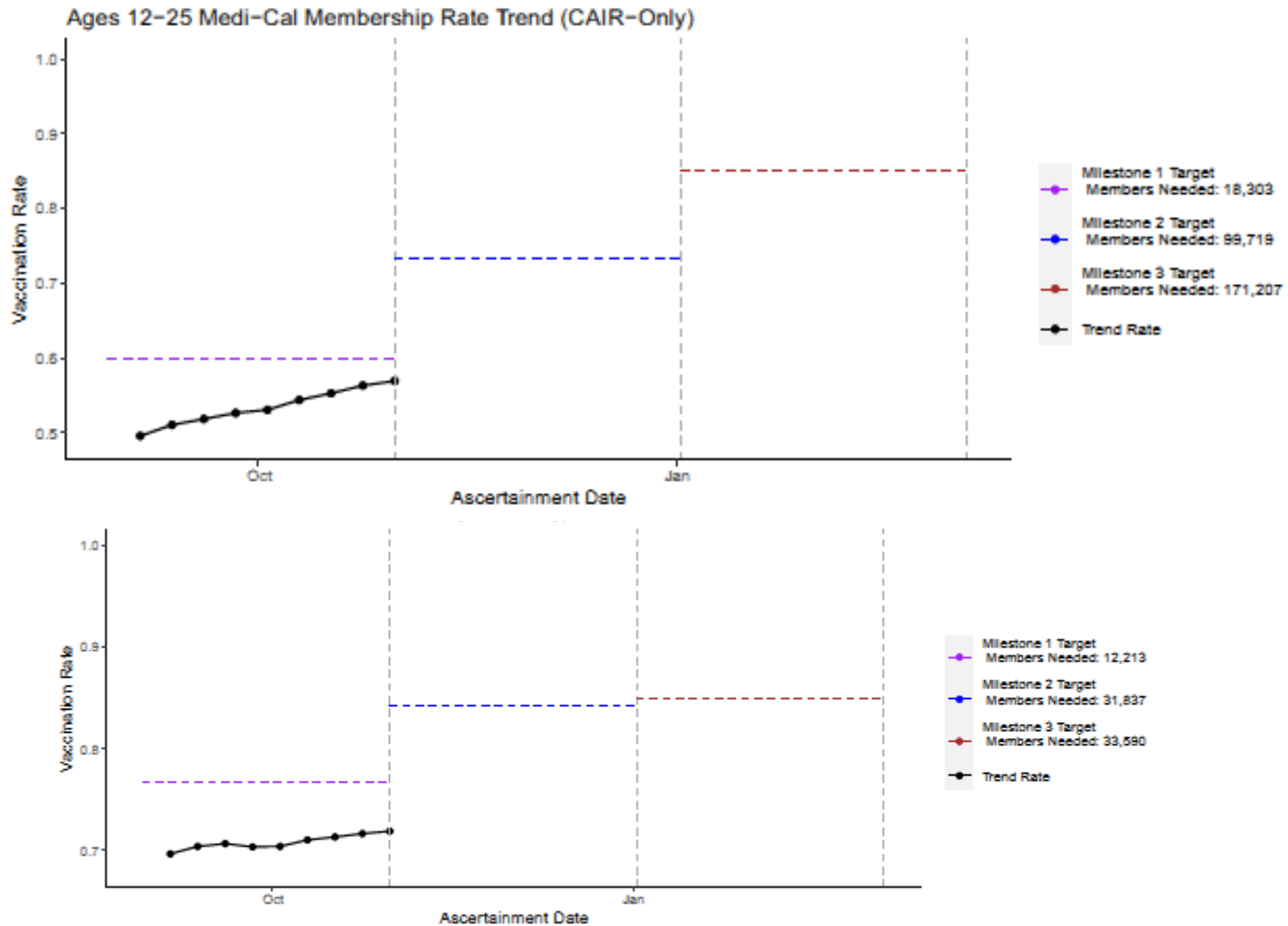
For All of L.A.

**Learn How You Can Receive a \$50 GiftCard While Keeping
Yourself, Family and Friends Safe**

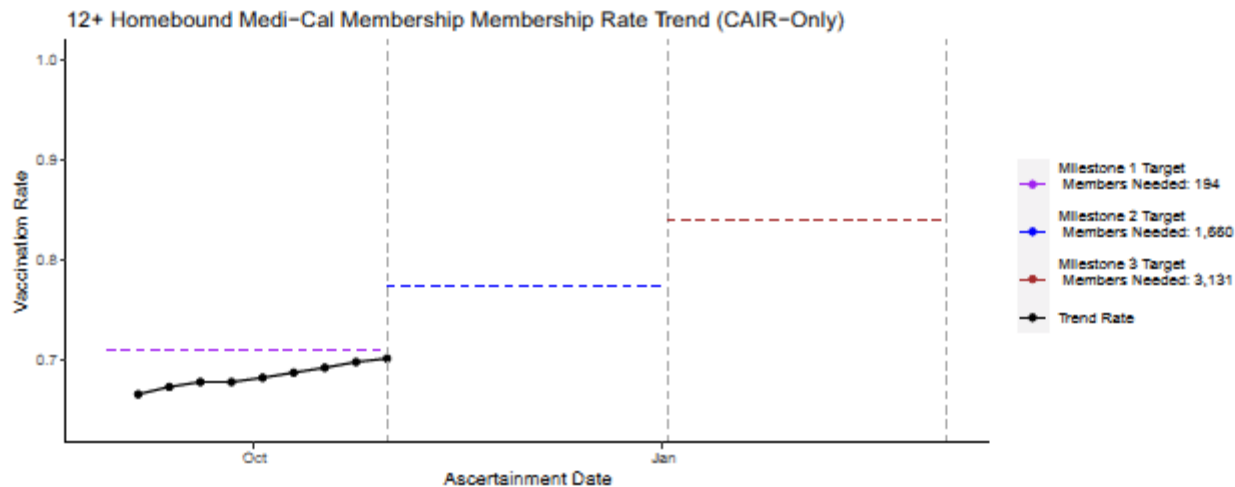
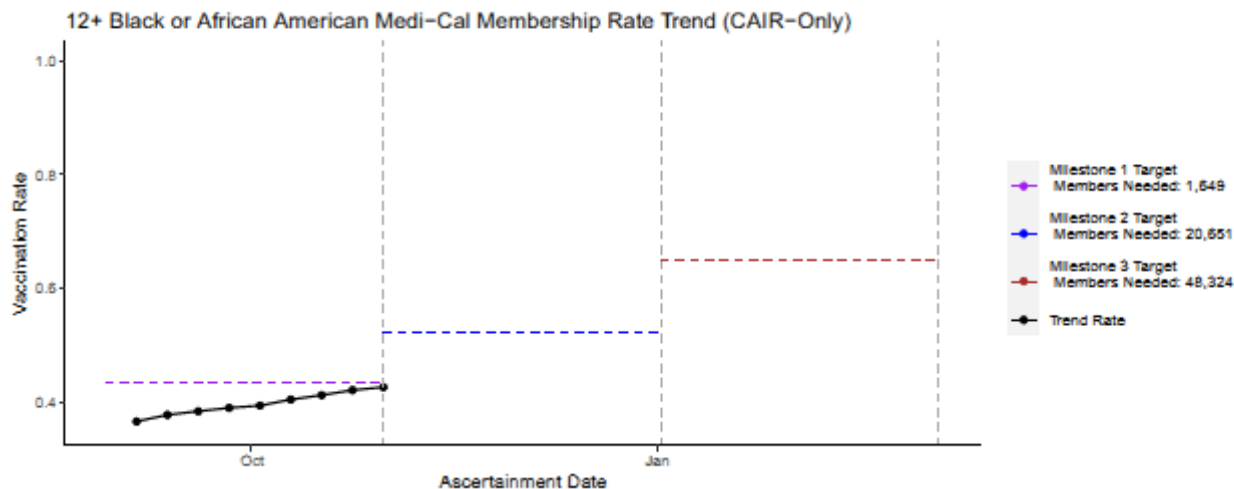
L.A. Care Forecast for Milestones 1, 2 and 3



L.A. Care Forecast for Milestones 1, 2 and 3 for 12-25 and 65+ Medi-Cal Members



L.A. Care Forecast for Milestones 1, 2 and 3 for 12+ Black and Homebound Members



Next Steps and Q&A

- Member Incentives
- Provider (DHS, Pharmacy and Private Providers) Incentives
- Messaging
- Collaboration with CBOs, Schools etc.
- Homebound vaccine efforts
- Track efforts

Q&A and Recommendations

