

BOARD OF GOVERNORS

Children's Health Consultant Advisory Committee

Meeting Summary – March 15, 2022

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, *Chair**
Linda Aragon, MPH*
Edward Bloch, MD*
Maria Chandler, MD, MBA
James Cruz, MD*
Rebecca Dudovitz, MD, MS
Rosina Franco, MD

Susan Fleischman, MD*
Toni Frederick, PhD*
Gwendolyn Ross Jordan
Lynda Knox, PhD
James Kyle, MD, M.Div.
Nayat Mutafyan*
Hilda Perez

Maryjane Puffer, BSN, MPA
Richard Seidman, MD, MPH
Ilan Shapiro, MD, FAAP*
Diane Tanaka, MD*

Management

James Kyle, MD, *Chief of Equity and Quality Medical Director, Quality Improvement*
Katrina Miller Parrish, MD, FAAP, *Chief Quality and Information Executive, Health Services*
Michael Brodsky, MD, *Medical Director, Behavioral Health and Social Services, Behavioral Health*

**Absent **Present, but not 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	Maryjane Puffer, BSN, MPA, <i>Vice Chairperson</i> , called the meeting to order at 8:37 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The committee did not vote to approve the agenda.	
APPROVAL OF THE MEETING MINUTES	The November meeting minutes will be considered at the next meeting.	
VICE CHAIRPERSON'S REPORT	<u>PUBLIC COMMENT</u> Submitted Carolyn Rogers Navarro on March 11, 2022 at 11:08 am via text: <i>3-15-2022 CHCAC meeting chairperson report Carolyn Rogers Navarro Are enrollees , especially the parents of minors , being notified that state health officials fined LA Care \$55 million for failing to address grievances in a timely manner and delay of care? They have the right to know, there are articles online!</i>	

DRAFT

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	<p><i>Remember how I told you about 2 years ago that enrollees have the right to know about Synermeds abuses and you continued to not tell them? I doubt your committee members today know about either!</i></p> <p>There was no report from the Vice Chairperson.</p>	
PUBLIC COMMENT	No public comment was submitted.	
CHIEF MEDICAL OFFICER REPORT	<p>Katrina Miller Parrish, MD, FAAP, <i>Chief Quality and Information Executive, Health Services</i>, gave the March 2022 Chief Medical Officer report. <i>(A copy of the written report can be obtained from Board Services.)</i></p> <p>COVID-19 Update Disease trends are improving in most parts of the world, although despite significant reductions from the peak of the omicron surge, case numbers and deaths remain high with 60,000 deaths reported during the last week of February and now more than six million deaths worldwide. The United States has seen significantly improving trends as well, resulting in the release of national and statewide plans to guide efforts as the pandemic wanes and we move cautiously ahead. The Center for Disease Control introduced a new framework for categorizing community levels based on community transmission and hospitalization rates, and the percent of total hospital capacity occupied by patients with COVID-19. Los Angeles met the criteria for the low community level by the first week in March, leading to the release of a revised Health Officer Order eliminating mask mandates in many settings, while still urging caution and strongly recommending masking for people with increased risk and in indoor public places. The plans include a focus on continuing to encourage vaccinations and boosters for all who are eligible, and increasing access to testing and the use of the highly effective oral anti-viral medications (test to treat). There were 1,426 reported cases, 203 hospitalizations and 42 deaths due to COVID-19 among L.A. Care members in the first week of March.</p> <p>COVID Vaccine/Incentive Program Update L.A. Care continues to encourage our members to get vaccinated and boosted as soon as they are eligible. Building on prior collaborations with the LA County Department of Public Health, our network pharmacies, Community Clinics and high volume solo and small group private practices in our network, L.A. Care has expanded provider incentive</p>	

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	<p>payments to the Los Angeles County Department of Health Services (LAC DHS) for every L.A. Care member assigned to LAC DHS that gets vaccinated.</p> <p>Quality Improvement Summary QI continues its ongoing efforts to maintain regulatory, accreditation and population health goals. Our Potential Quality Review and Cultural and Linguistics teams continue to manage higher volumes of cases and translations respectively, with the help of temporary workers in order to maintain compliance. The Quality Performance Management team continues to complete Measurement Year (MY) 2021/ Reporting Year (RY) 2022 Healthcare Effectiveness Data and Information Set (HEDIS) optimizations and recently underwent a very successful audit for this reporting year. The auditor was very complimentary during the exit conference, sharing that he did not find any measures at risk and felt that many of the processes in place are “best in class”. For MY 2021, all Pay for Performance (P4P) reports and payments have been sent. All Provider Recognition Awardees have been identified and notified, and videos and billboards will be unveiled in March. Our Health Equity Department is continuing its work with the 3 councils and helping with new domains for our P4P programs. Our Population Health Program Cross Functional team is now tracking all of the efforts to achieve the goals we have set for 2022, and our Clinical Data Integration efforts continue to optimize the ingestion of clinical data. Our Health Information Exchanges (HIE) team continues to work L.A. Care’s data systems to make data available in a usable format in internal applications such as Population Health Management system, Syntranet. The team continues to seek new sources of data to support other business cases such as for Long Term and Acute care facilities, as well as access to some of the most commonly used Electronic Medical Records such as Epic and Cerner. HIE data has proven effective for multiple HEDIS measures and reports, such as our new Prenatal Care report.</p> <p>One example of the work by our Initiatives team is a social media campaign to encourage members to seek preventive primary care, entitled #BackToCareLA. The messaging was displayed to social media users nearly 3 million times, with a cost per reach of \$0.04. We expect to re-launch this campaign in Spring 2022.</p> <p>Given the increased importance of our STARS performance for our future D-SNP product and for our Covered CA product, L.A. Care has launched a new, enterprise-wide Stars team. The team includes new and existing staff from across the organization and will guide strategic efforts across the organization to optimize our Stars performance. A significant proportion of our overall Stars score is based on member experience and pharmacy measures, including Rating of Drug Plan and Getting Needed Prescription Drugs. In an</p>	

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	<p>effort to assess our baseline performance and identify opportunities to improve, our Pharmacy Team surveyed members to get their feedback. Of the 70 members that responded to the survey, 54 (77%) of members reported that it is always easy to get the medicines their doctors prescribed. 60 (85%) of members reported that it is always easy to fill a prescription at their local pharmacy. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.17. The pharmacy team will continue to monitor results and look for opportunities to improve.</p> <p>CalAIM The CalAIM program was successfully launched on January 1 with nearly 25,000 members transitioning from Health Homes and Whole Person Care programs into Enhanced Care Management (ECM) and Community Support (CS) services. The CalAIM team is also preparing for the launch of additional CS services in July 2022.</p> <p>Behavioral Health The Behavioral Health team is collaborating with the LA County Department of Mental Health (DMH) and the LA County Office of Education (LACOE) to implement the DHCS School Behavioral Health Incentive Program -- a three-year, \$400 million statewide initiative to enhance screening, assessment and interventions for behavioral health conditions in the public school setting. Phase 1 of the project will develop a detailed assessment of behavioral health needs in school districts across the county. The U.S. Surgeon General recently issued a national advisory bulletin on the youth mental health crisis in the context of COVID-19.</p> <p>Pharmacy Update Comprehensive Medication Management via California Right Meds Collaborative (CRMC): L.A. Care has added an additional seven pharmacies in the second cohort of CRMC participating pharmacies, bringing the total to 14 participating pharmacies. The CRMC program will also be expanding the clinical criteria for the program to include behavioral health and cardiovascular disease in addition to diabetes. In addition, the pharmacies will add medication adherence and medication therapy management (MTM) for our Covered California and Personal Assistance Service Council members. Nearly 40% of the 298 members engaged in the program live in the Antelope Valley and South Los Angeles. These efforts address the documented disparities in these parts of the County.</p> <p>Transitions of Care Program (TCP):</p>	

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	<p>As of February 15, 2021, there are 69 completed cases in which the pharmacist has completed the medication reconciliation and provider clinical notice. If eligible, members will also be referred to the CRMC program for continued case management. Thus far, four TCP members have been identified as eligible for CRMC, and two TCP members have been enrolled into the CRMC program.</p> <p>Diabetes Performance Improvement Project L.A. Care's Pharmacy Department is collaborating with QI and Health Education to conduct a PIP to improve diabetes control, specifically targeting the Comprehensive Diabetes Care HEDIS measure of A1c >9% with a focus on Black and African American members. Pharmacy is testing a refrigerator magnet with our members, designed to help better control their diabetes. Members will be sent a mailer including the magnet and dry erase markers to help them keep track of daily reminders important for diabetes control. The mailer will also include other diabetes health education handouts and a postcard with information about the mail order pharmacy service.</p>	
STUDENT BEHAVIORAL HEALTH INITIATIVE	<p>Michael Brodsky, MD, <i>Medical Director, Behavioral Health and Social Services, Behavioral Health</i>, gave a presentation about the Student Behavioral Health Incentive Program (<i>a copy of the presentation can be obtained from Board Services.</i>)</p> <p>The Student Behavioral Health Incentive Program is one of the State's incentive program structured as an incentive with a timeline and metrics and dollars available to pass through the health plans to improve behavioral health service delivery and the mental health of students in L.A. County.</p> <p><i>(The slide below is from the California Department of Public Health. It shows the observed and projected suicide deaths in California for all ages.)</i></p>	

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	<div data-bbox="531 238 1541 745"> <h3>Monthly Observed and Projected Suicide Deaths in CA, 2015 - 2020</h3> <p>Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)</p> <p>Center for Healthy Communities Injury and Violence Prevention Branch</p> </div> <p>For calendar year 2019 there were 7,000 incident reports related to suicidal crisis at schools. <i>(The slide below shows suicide risks among youth age groups and divided by ethnicity.)</i></p> <div data-bbox="531 854 1541 1386"> <h3>Suicide Rates (Risk) among Youth (Ages 10-24) by Race/Ethnicity in CA, 2011-2020</h3> <p>Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)</p> <p>Center for Healthy Communities Injury and Violence Prevention Branch</p> </div>	

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	<p>In January, the California Health and Human Services (CHHS) released a grand \$4 Billion proposal called the California Youth Behavioral Health Initiative. Our piece of this the Student Behavioral Health Incentive Program is one small piece of the overall initiative. There is a focus on schools, but there are also workforce initiatives not being developed by the Department of Health Care Services, but by other parts of CHHS. There is a focus on recruiting behavioral health counselors and coaches. Clinicians will be able to access data through E-Consult. There is a request for proposal for a system that will allow students regardless of insurance status to access resources and possibly even referrals to birch and motors providers. L.A. Care is tracking this closely.</p> <div data-bbox="531 578 1524 1133"> <h3>New Ecosystem</h3> <pre> graph TD A[Behavioral Health Services Virtual Platform & Provider Network] --> B[Schools] B --> C[Behavioral Health Counselors and Coaches] B --> D["• Medi-Cal • Commercial Health Insurance"] D --> E[E-Consult & Provider Network] F[WELCOME] --> G[Behavioral Health Services Capacity and Foundation] G --> H[Workforce] G --> I[Programs] G --> J[Facilities] </pre> <p>CHHS California Health & Human Services Agency</p> </div>	

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	<div data-bbox="575 277 924 451"> <p>CONTINUUM OF SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS</p> </div> <div data-bbox="653 542 892 682"> <p>Primary Prevention: School-/Classroom- Wide Systems for All Students, Staff, & Settings</p> </div> <div data-bbox="856 251 1478 841"> <p>Tertiary Prevention: Specialized Individualized Systems for Students with High-Risk Behavior</p> <p>Secondary Prevention: Specialized Group Systems for Students with At-Risk Behavior</p> </div>	
	<div data-bbox="581 938 1173 972"> <p>Current Funding Streams in Medi-Cal</p> </div> <div data-bbox="585 1019 1472 1058"> <p>LEA, MCPs, and MHPs all cover a specific subset of EPSDT services, so they must partner if they aim to offer a comprehensive suite of EPSDT services to Medi-Cal -enrolled students.</p> </div> <div data-bbox="575 1081 1556 1429"> <p>DHCS Capitated Payments</p> <p>CDE-FAPE</p> <p>State/Local Funding</p> <p>County- provided MH Services</p> <p>LEA-BOP</p> <p>MCP</p> <p>Student</p> <p>School</p> </div>	

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	<i>(The full presentation can be obtained from Board Services.)</i>	
ADJOURNMENT	The meeting was adjourned at 9:30 a.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____