



## AGENDA

### Children's Health Consultant Advisory Committee Meeting Board of Governors

Tuesday, August 16, 2022, 8:30 a.m.

L.A. Care Health Plan, 1055 W 7<sup>th</sup> Street, 10th Floor, 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 join the meeting via videoconference please use the link below:

<https://lacare.webex.com/lacare/j.php?MTID=m4cd04e63c616a85718f41c61c18733c2>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

2493 476 9460

Password: **lacare**

Members of the Children's Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference. *The public is encouraged to submit its public comments or comments on Agenda items in writing by e-mail to [BoardServices@lacare.org](mailto:BoardServices@lacare.org), or 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 8:30 am on August 16, 2022, it will be provided to the members of the Children's Health Consultants 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 Committee 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](mailto:BoardServices@lacare.org).

**Welcome**

Tara Ficek, MPH  
*Chair*

- |    |   |   |
|----|---|---|
| 1. | Approve today's Agenda                    | <i>Chair</i>  |
| 2. | Public Comment                            | <i>Chair</i>  |
| 3. | Approve May 17, 2022 Meeting Minutes P.4  | <i>Chair</i>  |
| 4. | Chairperson Report                        | <i>Chair</i>  |
| 5. | Chief Medical Officer Report P.12         | Richard Seidman, MD, MPH,<br><i>Chief Medical Officer</i>   |
| 6. | DHCS 2021 Preventive Services Report P.17 | Katrina Miller-Parrish, MD, FAAFP,<br><i>Chief Quality and Information Executive,<br/>Health Services</i> |

**ADJOURNMENT**

**The next meeting is scheduled on September 20, 2022 at 8:30 a.m.**

Please keep public comments to three minutes or less.

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 (213) 694-1250, extension 4183 or 4184.

**THE PUBLIC MAY ADDRESS THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY FILLING OUT A "REQUEST TO ADDRESS" FORM AND SUBMITTING THE FORM TO L.A. CARE STAFF PRESENT AT THE MEETING BEFORE THE AGENDA ITEM IS ANNOUNCED. YOUR NAME WILL BE CALLED WHEN THE ITEM YOU ARE ADDRESSING WILL BE DISCUSSED. THE PUBLIC MAY ALSO ADDRESS THE BOARD ON OTHER L.A. CARE MATTERS DURING PUBLIC COMMENT.**

NOTE: THE CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY EVERY TWO MONTHS AT 8:30 A.M. POSTED AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT Board Services, 1055 W. 7<sup>th</sup> Street – 10th Floor, Los Angeles, CA 90017.

**DRAFT**

**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 Board Services, L.A. Care Health Plan, 1055 W. 7<sup>th</sup> Street, 10<sup>th</sup> Floor, Los Angeles, CA 90017, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday – Friday.**

**AN AUDIO RECORDING OF THE MEETING MAY BE 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

## Children's Health Consultant Advisory Committee

### Meeting Summary – May 17, 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
<b>CALL TO ORDER</b>	Tara Ficek, MPH, <i>Chairperson</i> , called the meeting to order at 8:30 a.m. without a quorum.	
<b>APPROVAL OF MEETING AGENDA</b>	The committee reached a quorum at 9:02 a.m.  The Agenda for today's meeting was approved as submitted	Approved unanimously. 9 AYES (Chandler, Dudovitz, Ficek, Frederick, Mutafyan, Perez, Puffer, Ramos, Seidman)
<b>APPROVAL OF THE MEETING MINUTES</b>	Member Maryjane Puffer, BSN, MPA, noted that on page 8 of the November 16, 2021 meeting minutes Member Hilda Perez's name is spelled wrong.  The November 16, 2021 meeting minutes were approved with the corrections mentioned above.	Approved unanimously.

**DRAFT**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CHAIRPERSON'S REPORT</b>	Chairperson Ficek stated that she is happy to see that the state budget is on the agenda. First5LA has moved past the budget development process and the Governor's meeting on Friday sharing the latest of the may revise. They are trying to process and understand what is coming. She noted a change coming to Medi-Cal tied to community health workers. It has been an area of focus at First5LA. She believes it holds much promise and potential. It would be great to bring that to the committee at a future meeting to better understand the landscape of community health workers throughout the county.	
<b>PUBLIC COMMENT</b>	No public comment was submitted.	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Member Richard Seidman, MD, MPH, gave the May 2022 Chief Medical Officer report. <i>(A copy of the written report can be obtained from Board Services.)</i></p> <p>COVID-19 Update</p> <p>In its May 4, 2022 Weekly Epidemiology Report, the World Health Organization shares that globally, cases and deaths have been declining since the end of March 2022 with 3.8 million new cases and over 15,000 deaths reported in one week from late April to early May. Regional variations persist with the African Region and the Americas experiencing an increase in cases, including here in the United States. Cumulatively, there have been more than 500 million confirmed cases and over 6 million deaths from COVID-19. Cases in California and Los Angeles County have been increasing over the past month driven primarily by the highly infectious Omicron sub variant BA.2. The Los Angeles County Department of Public Health announced in its daily press release on May 9, 2022 that the steady increase in cases over the last month has seen the number of cases increase to 2,532 average daily, up from 905 cases per day one month earlier. Fortunately, this increase in cases has not resulted in an increase in serious illness with "hospitalizations and deaths remaining low and decreasing." L.A. Care is seeing a similar increase in recent cases, with a stable number of hospitalizations and deaths.</p> <p>L.A. Care is continuing its efforts in collaboration with the L.A. County Department of Public Health and other community partners to promote vaccination and booster shots and efforts to promote awareness of the increasing availability of the highly effective anti-viral medication for people at increased risk for serious illness and an injectable monoclonal antibody shot for people with moderate to severe immunocompromised. He noted that Pfizer has gotten approval for boosters for 5 to 11-year-old age group. Still waiting for approval for children under 5 years of age.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Baby Formula Shortage</p> <p>He hoped that WIC in California would not be impacted by the baby formula shortage. The most impacted are the Abbot Labs that were shut down in Michigan. Specialty formulas are being more impacted than regular formulas. The California WIC contract is with Mead Johnson. He has checked with a couple of providers that have had issues getting specialty formulas, but there is great article published by the Public Health Foundation Enterprises with tips for WIC beneficiaries to get the formula that they need.</p> <p>Member Maria Chandler, MD, stated that they are getting lots of calls from frantic parents. They are experiencing trouble procuring regular formula and special formulas. She saw that a public health agency put out a guidance through the Biden Administration, but it did not say how to find formula. She is trying to put something together for their patients.</p> <p>Member Seidman said that he read that President Biden is trying to relax the restrictions so that a WIC beneficiary can get any appropriate formula. The Public Health Foundation Enterprises does have tips. He will ask Board Services to circulate the website to the committee.</p> <p>Member Rebecca Dudovitz, MD, MS, said that information about how to access baby formulas would be helpful to families. They are fortunate at UCLA to be attached to a very active newborn intensive care unit and have had to tap into specialty formula. She agrees she has not seen more systematic messaging on how to get specialty baby formula and thinks it would be very helpful. Member Seidman thanked her for her comments and stated that safety messaging would be very important.</p> <p>CalAIM implementation and operations continue to evolve as L.A. Care works to support the more than 15,000 members now served by our contracted Enhanced Care Management (ECM) providers and nearly 9,000 members receiving Community Supports (Homeless and Housing Support Services, Recuperative Care, and Medically Tailored Meals). Staff are also working on the implementation of new Community Supports including Housing Deposits, Personal Care and Respite, and Sobering Centers, effective 7/1/22. L.A. Care staff are collaborating to add 35 new Clinics to those already using HIE data to increase the availability of clinical information at the point of care. L.A. Care, in partnership with the other Los Angeles area Medi-Cal Managed Care Plans offered a 3rd round of ECM Boot Camp, a comprehensive training for new hires with ECM Provider agencies and is developing an on demand training to make this key training even more accessible. L.A. Care's ECM team continues to host provider-facing webinars every other Friday, and</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>training offerings are a mix of clinical skills, best practices, ECM operations and technical assistance.</p> <p>Medi-Cal Pharmacy Update As of April 2022, Medi-Cal Rx continues to resolve outpatient pharmacy benefit issues. The most current update is as follows:</p> <ul style="list-style-type: none"> <li>• The backlog of prior authorization requests (PAs) has been resolved and all PAs submitted by the prescriber or the pharmacy are now being adjudicated within 24 hours.</li> <li>• In order to resolve the PA backlog, Medi-Cal Rx had to temporarily lift PA criteria for some frequently prescribed drugs. Those criteria were scheduled to be re-introduced in May. However, that decision has been changed due to fear that it will create another backlog. Instead, Medi-Cal Rx has decided to undertake a prescriber education campaign and begin re-introducing the PAs gradually over time. Of note is that the date to end the transition period, which is June 30<sup>th</sup>, and begin using Medi-Cal Rx's formulary (they call it Covered Drug List or CDL) has not been changed.</li> <li>• Continuous Glucose Monitor (CGM) coverage clarified: CGMs are covered under Medi-Cal Rx only for type 1 DM. The coverage of the CGMs for any other indication is the responsibility of the managed care plan's medical benefit. L.A. Care covers the CGMs for type 2 diabetes with UM criteria on the medical benefit.</li> </ul> <p>Healthcare Effectiveness Data and Information Set HEDIS Medical Record Review (MRR) for Measurement Year 2021 (MY2021) project is in progress with overall rates trending higher than last year. For the DHCS Managed Care Accountability Set (MCAS) measures that are held to the Minimum Performance Level (MPL), all are expected to reach the 50 percentile except Childhood Immunization Status and the two Well Child Visits in the First 30 Months of Life measures which have multiple time bound requirements making the measures very challenging to meet successfully. HEDIS interventions for MY 2022 include the Well Child Care Visit Text Messaging Campaign targeting 22,343 members and the Cervical Cancer Screening texting campaign targeting 35,720 members</p> <p>Member Puffer asked if the HEDIS review only for 2021 and is it related to COVID-19. She asked if there are additional HEDIS measures being looked at. Member Seidman responded that MCAS has 20 plus quality measures in it. It is about two years that the state has switched to this new set of measures. They set a minimal performance level of 50</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	percentile of the national average. L.A. Care is currently meeting or exceeding for all, but two measures.	
School Telehealth Services	<p>Dorothy Seleski, <i>Vice President, Health Net</i>, gave a presentation about Hazel Health (<i>A copy of the presentation can be obtained from Board Services.</i>)</p> <p>Hazel Health: A school based telehealth solution</p> <ul style="list-style-type: none"> <li>• More than 20 million children in the U.S. lack sufficient access to essential health care</li> <li>• Hazel developed the leading solution for on demand, school-based care</li> <li>• Health Net invested \$3M to expand Hazel Health services in CA by adding 200 new school sites across the state</li> </ul> <p>Hazel works with school districts to give families and staff access to telehealth services. Hazel is the only telehealth service designed specifically for children and schools and serves nearly 2 million children across the nation. Whatever the need mental health and physical health for integrated care and wherever they are at school and at home for on-demand Access.</p> <p>Hazel's Model Pediatric Focus</p> <ul style="list-style-type: none"> <li>• Licensed providers are experts in full suite of child needs</li> <li>• Expanding whole-child health by filling critical gaps</li> <li>• Culturally-competent care by our diverse providers (40% POC)</li> <li>• Manage PCP referrals and prescriptions</li> </ul> <p>School Integration</p> <ul style="list-style-type: none"> <li>• Integrated into school workflow</li> <li>• HIPAA/FERPA compliant</li> <li>• Experts in district health policies -- "Digital Chief Medical Officer"</li> <li>• Help drive consent process</li> </ul> <p>Telemed Platform</p> <ul style="list-style-type: none"> <li>• On-demand care at home or at school (&lt;5 min)</li> <li>• Services over text, call, or video</li> <li>• Visits in most languages</li> <li>• Easy-to-use, with on-call support</li> </ul>	



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Turn-Key for Schools and Health Plans Enrollment and Consent</p> <ul style="list-style-type: none"> <li>• Districts work with Customer Service Management team to launch program to schools, students, and families.</li> <li>• Parents/guardians participate in digital and paper enrollment process, consenting to their child receiving ongoing care.</li> </ul> <p>Equipment and Supplies</p> <ul style="list-style-type: none"> <li>• Hazel provides schools with iPads to conduct visits, medical equipment (cart, stand, scale, and more)</li> <li>• In states where allowed, Hazel stocks schools with OTC medications relevant to urgent/ acute needs</li> </ul> <p>Care and Results</p> <ul style="list-style-type: none"> <li>• Students access virtual visits with Hazel providers at school or home. Students typically see the same providers.</li> <li>• Hazel returns relevant results data and analytics to schools and plans through integration and partnerships.</li> </ul> <p>Communication</p> <ul style="list-style-type: none"> <li>• On-going communication created and managed by Hazel. Schools and health plans are partners.</li> <li>• Modern, omni-channel communication is inclusive and timely. Digital, print, social, phone, app, and chat.</li> </ul> <p>Results of Hazel's Partnerships</p> <ul style="list-style-type: none"> <li>• 90%+ back to class</li> <li>• 2+ days of school saved on average</li> <li>• 25% chronic absent rate reduction</li> </ul> <p>Health</p> <ul style="list-style-type: none"> <li>• 99% visits reportedly met medical issue</li> <li>• 10% visits result in avoided ED trips</li> <li>• Dozens PCP referrals and prescriptions ordered per school</li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Satisfaction</p> <ul style="list-style-type: none"> <li>• 95 family Net Promoter Score</li> <li>• 4.92/5 school initiator visit rating</li> <li>• 3+ hours missed work avoided per visit</li> </ul> <p><i>(Member Rosina Franco, MD, joined the meeting.)</i></p>	
State Budget Update	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, gave the following update about the State Budget:</p> <p>The State General Fund Revenue projected to be from \$55-60+ billion which is greater than the January estimate. The Rainy Day Fund will get \$4 billion in supplemental deposits.</p> <p>She will focus on parts of the proposal that will affect L.A. Care's lines of business. The Governor proposed an \$18 billion relief package. Included in the package are \$400 payments to be distributed to everyone with a registered vehicle with a cap of two and \$3 billion in rental assistance. Also include \$1.4 billion program to assist people in getting their utilities forgiven, this is in addition to the one \$1 billion provided in last year's budget. There are \$930 million for payments for hospital nursing staff, \$250 per emergency health staff. Free public transportation totaling \$750 million, three months. Also, \$304 million to continue premium subsidies that are provided for Covered California. It is likely that this will be different, but it is the starting point. The Medi-Cal budget from this current year to next year, they are projecting .6% of caseload, bringing the caseload to 14.46 million. It will stabilize through this next year. The Doulas benefit was supposed to start this year; it's now being delayed to January 2023. One reason for that is they just started various stakeholder work group meetings to figure what actual benefits and reimbursements would be. In January the budget estimated a \$450 per pregnancy reimbursement, between then and now the May Revise will pay Doulas the same benefit that they would pay Physicians and Midwives. They based it on if Doulas provide nine visits: one initial visit and eight follow up visits, plus labor and delivery, the total payment is \$1,100 for that pregnancy. There is a cap to receive nine visits for that prenatal period.</p> <p>Community Health Workers</p> <p>The Department of Health Care Services (DHCS) still has a July 1, 2022 start date. She has reached out to DHCS twice and so far the official word is they are still on target, although they have not identified the training or certification requirement at this point. They have identified 25,000 new community health workers. L.A. Care will be ready by July 1, but</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	there may be many missing pieces from the state. Member Seidman said that L.A. Care already employs community health workers, but is waiting to hear about the guidance from the state about the various issues being discussed about training and specialization.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 10:02 a.m.	

Respectfully submitted by:

Victor Rodriguez, *Board Specialist II, Board Services*

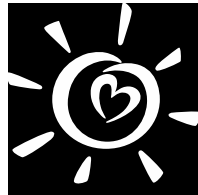
Malou Balones, *Board Specialist III, Board Services*

Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

Tara Ficek, *MPH, Chairperson* \_\_\_\_\_

Date Signed: \_\_\_\_\_



**L.A. Care**  
HEALTH PLAN®

## **Chief Medical Officer Report August 2022**

### **COVID Update**

While the number of cases of COVID-19 is decreasing globally, nationally and locally, transmission rates, morbidity and mortality remain high. If death rates remain at current levels, more than 700,000 people would die annually worldwide and over 140,000 in the United States. Los Angeles County remains in the high community level with high rates of community transmission, and masking still strongly recommended in indoor public places. Efforts continue to promote vaccination and boosters, and to increase vaccine uptake in the more recently eligible age cohorts and among race and ethnic groups with lower immunization rates. During the first week in August, nearly 2,800 L.A. Care members were reported with COVID infection, 173 were hospitalized, and 12 died due to COVID.

### **Monkeypox**

The U.S. Centers for Disease Control (CDC) has declared the current outbreak of Monkeypox cases a Public Health Emergency. There have been over 28,000 cases in 88 countries reported to date, including 81 countries that have not historically reported known cases. In the United States, there are now more than 7,500 cases reported in all but two states, and nearly 500 cases in Los Angeles County. Over 70% of cases in Los Angeles County are in White and Latinx individuals, with 11% in Black/African Americans, and 5% among Asians.

Human to human spread of monkeypox infection occurs primarily through close, intimate contact with someone who has monkeypox. In Los Angeles County, 99% of reported cases have been in men, and 85% within the LGBTQ+ community, 2% among straight or heterosexuals, and 14% of unknown sexual orientation. The California Department of Public Health has assessed the current risk of getting monkeypox among the general population as very low.

People can reduce their risk of infection by avoiding close, skin-to-skin contact with people who have a rash that looks like monkeypox, avoid contact with objects and materials that a person with monkeypox has used, and attention to good hand hygiene practices. At this time, access to testing and vaccination for monkeypox is limited. The goal set by the LAC DPH is to administer a first dose of vaccine to as many people at increased risk for monkeypox exposure as quickly as possible. As the vaccine supply increases, Public Health will make second doses available. The current priority in Los Angeles County is to offer vaccine to gay or bisexual men and transgender adults with increased risk of infection.

## Quality Improvement

The 2022 Fight the Flu Campaign kick-off meeting was held in June, with all stakeholder business units. We are exploring use of text messaging for this year's campaign, and also considering offering COVID vaccination at the vaccination events we are planning for this fall.

Final HEDIS Measurement Year (MY) 2021 results have been submitted and a summary will be presented to the Board Compliance & Quality (C&Q) Committee on August 18th. Now that the HEDIS submission is completed, Quality Performance Management (QPM) Staff are conducting outreach to our network provider practices. The goal of these visits is to educate providers and their office staff on HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures for Prospective HEDIS MY2022 with the focus on Controlling Blood Pressure (CBP), Prenatal and Postpartum Care (PPC), Childhood Immunization Status (CIS), Lead Screening for Children (LSC) and Well Child Visits (W30).

Other efforts to continuously improve HEDIS performance include a collaborative effort with Health Net to help practices identify and close gaps in care using a common platform, our Transform L.A. practice transformation program, and our collaboration with the DHCS Population Health Management Initiative (PHMI), a partnership between DHCS, Kaiser, and the California Primary Care Association (CPCA) to offer technical assistance and other support to 30+ Federally Qualified Health Centers (FQHCs) statewide (14 in Los Angeles County) to improve their Population Health Management (PHM) programs and ability to achieve better outcomes. We are also awaiting details regarding DHCS plans to contract with a vendor to provide a PHM Service platform and we are in discussion with the Local Health Plans of California (LHPC) regarding the impact to plans. The platform is expected to provide risk stratification at the DHCS level and utilize member level SDOH data collected through the platform, at enrollment, at providers' offices and through assessments to determine individual risk. More details on how this impacts health plans with data platforms who are already pulling data for the population, segmentation and stratification of members will be available soon.

L.A. Care's internal PHM team is revising our PHM Program Description, integrating the new SDOH and Health Equity NCQA requirements. The team is also monitoring the changes coming to the Initial Health Assessment (IHA) process when the CalAIM PHM program goes live in January 2023. The proposal is to change the name to Initial Health Visit, remove the Staying Healthy Assessment (SHA) requirement and integrate this requirement with the Health Information Form (HIF) assessment.

Maintaining National Committee for Quality Assurance (NCQA) compliance is a perpetual process. Feedback from a recent review of compliance with NCQA standards was completed and shared with all stakeholders. Assembly Bill 133 requires "on or before January 1, 2026 a health care service plan and its subcontracted health service plans shall have and maintain National Committee for Quality Assurance (NCQA) accreditation." This bill would require attaining NCQA accreditation for our PASC-SEIU and LACC-D (off exchange) products in addition to our other products (Medi-Cal (MCLA), Cal MediConnect (CMC), and Covered CA (LACC). Staff are assessing the level of effort and practicality of pursuing accreditation for these products, each presenting unique challenges, and

are in discussions with the Local Health Plans of California and the DMHC in an effort to add some caveats and exclusions to this legislation.

## **Health Equity**

Additional cohorts of the L.A. Care management team have completed Anti-Racism training with more sessions planned. There is ongoing work to improve our ability to capture and utilize Sexual Orientation and Gender Identity (SOGI) data. This will also be a requirement in our next NCQA accreditation survey. Other efforts include the following:

- Member Equity Council goals for 2022 continue to be advanced. Working to include equity and discrimination questions into CG-CAHPS survey this year. Meeting to discuss final CG-CAHPS questions is upcoming (Component 1: Member Voice).
- L.A. Care is currently planning a training, proposed for September, on LGBTQ+ health disparities and Sexual Orientation and Gender Identity (SOGI) data collection for providers, allied staff and internal staff. Training will cover topics including gender pronouns, creating gender inclusive messaging and discussing importance of collecting sexual orientation and gender identity (SOGI) data (Metric 4: Systemic Change).
- Met with IMI Midwifery collaborative leads on 7/18 to discuss project goals and how L.A. Care can assist. (Component 5: Equitable Health).

## **Social Determinants of Health (SDOH)**

- All Plan Letter (APL) 21-009 requires providers to submit (SDoH) Z-codes to L.A. Care. A plan to educate providers on submitting and using SDOH data is being developed and executed. We continue to meet with internal and external partners to collaborate on SDOH coding and education. Provider communications, fax blast and newsletter articles covering this new requirement are set to go out Fall 2022. We have introduced the APL and collection of SDOH data to the Incentives workgroup and have developed a new SDOH VIIP metric, reporting only, for providers. An upcoming meeting with the CCALAC QI Roundtable to discuss the topics of SDoH data collection. This work falls under Component 2 of Member Equity Council goals, SDoH collection.

## **Health Education & Cultural Linguistic Services (HECLS)**

- Several work streams are continuing on the implementation of the DHCS (APL) 22-002 focusing on Alternative Formats (AF) data collection, sharing of data and AF fulfillment. Additional deliverables were submitted to DHCS in June.
- The Race and Ethnicity enterprise wide data remediation project continues. Current efforts focusing on crosswalk validation and collection of regulatory requirements.
- In collaboration with Quality Performance Management, the provider cultural responsiveness survey questions are incorporated in the Provider Satisfaction Survey. The survey is slated to launch in September 2022.
- Development of a Black/African-American focused pregnancy resource is in progress. Final draft approved internally. The resource sheet will be incorporated into the Health Education program mailings and available online.

## **Stars Excellence**

### **Medicare and Commercial/Marketplace Exchange Stars Strategy:**

L.A. Care continues to build our internal team, infrastructure and strategy to enable us to achieve the best possible Stars scores for our Covered CA and future D-SNP products. We recently received a report from a consultant hired to assist in the development of our strategy and to identify prioritized needs and opportunities to improve our performance. A new Senior Director of Stars Excellence has been hired and a Stars Steering Committee has been formed to oversee and drive these efforts.

## **CalAIM**

Program implementation continues since the initial launch in January 2022, with additional Community Support Services launched in July and more to come in January 2023. The Enhanced Care Management (ECM) provider network continues to expand, with the additional of 5 new providers in July and the review of 15 additional applications for potential new providers in January 2023. Ongoing training is offered every 2 weeks along with an ad-hoc webinar addressing the new populations of focus, members eligible for Long Term Care and at Risk of Institutionalization and Nursing Home Residents Transitioning to the Community, which go live in January, 2023.

A major milestone was reached on June 30th, by which time approximately 22,000 ECM enrollees that were grandfathered into the program upon the transition of the Health Homes program to ECM needed to have a questionnaire completed and submitted by their ECM providers in order for them to graduate from the program or be re-enrolled. We have received graduation assessments for approximately 20,000 members and continue to work with ECM providers to ensure submission of outstanding graduation assessments to appropriately disposition grandfathered members. The vast majority of members were reauthorized for ongoing ECM services.

## **Pharmacy Update**

### **Comprehensive Medication Management (CMM) via California Right Meds Collaborative (CRMC):**

- Program Expansion: Along with the additional 2 pharmacies added into the next cohort of CRMC participating pharmacies (bringing the total to 17 participating pharmacies), the CRMC program will also be expanding clinical criteria by adding additional cohorts alongside the current Diabetes Cohort, which would target:
  - Behavioral Health – pending roll-out
  - Cardiovascular Disease - officially rolled out 7/20/22
  - Medication Adherence/MTM (specific to LACC/CMC) – Currently enrolling, as of 7/20/2022, 4 members have been enrolled into this cohort
- As of 7/18/22, we have 460 members engaged in the program. Among the 460 members, 242 members are within the Antelope Valley and South LA region.
- Current Performance, as of 2/28/22:
  - Average A1c reduction of 3.3%, with baseline A1c of 11.6%\*
  - Average SBP ↓ 34mmHg and average DBP ↓ 11mmHg\*
  - 89.4% of members with diabetes are on a statin if not otherwise contraindicated

*\*Data is for members that have had 5+ visits with a CRMC Pharmacist*

- The CRMC Program was selected by the Centers for Disease Control and Prevention (CDC) as one of three programs to be showcased for its innovative uses of telehealth to prevent and manage cardiovascular disease. The program will go through a rigorous evaluation and will be presented to a national audience in the future.

**Medication Adherence – Pack4U**

- The pharmacy team is working with a new vendor, Pack4U, to start a pilot program that provides medication dispensing devices to members in their homes to monitor and improve their medication adherence. The devices are equipped with Bluetooth connectivity and built in cameras for telehealth functionality, to dispense medications and engage with members. The pilot program is planned to run from 7/2022 to 12/2022, with a goal of enrolling 100 non-adherent CMC members with qualifying chronic diseases.





**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

# 2020 Preventive Service Report (PSR)



Katrina Miller Parrish, MD, FAAFP  
Chief Quality and Information Executive



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

# Preventive Service Report: Background

- The PSR assesses the provision of preventive services across the MCPs, measures, and regions, which enable the Department of Health Care Services (DHCS) to identify and deal with shortfalls.
- The second PSR is **based on data from 2020** and includes results from 19 indicators.
- PSR drew eight key finding and added conclusions and considerations for each finding.



# Key Findings: Summary

- Performance was regional.
- Statewide performance varies based on race/ethnicity and primary language.
- Overall performance across CA's six largest counties are high.
- Improvements needed for well-child visits, developmental screenings, fluoride varnish, and blood lead screenings.

- The COVID-19 impact



# Key Findings: Considerations

- Monitor child-related preventive services and strive for prepandemic rates.
- Member education of preventive services.
- Address health disparities.
- Expand telehealth services in rural areas.



# L.A. Care's Performance

- L.A. Care **above** state average in:
  - Immunizations for Adolescents
  - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (all three measures)
  - Blood Lead Screening: Catch-Up Test by 6 Years of Age
  - Lead Screening in Children
  - Chlamydia Screening in Women: 16-20 years
- L.A. Care **below** state average in:
  - Well Child Visits in the First 30 Months of Life
  - Child and Adolescent Well Care Visits
  - Childhood Immunizations
  - Developmental Screenings in the First Three Years of Life
  - Dental Fluoride Varnish
  - Blood Lead Screening: test at 12 months, test at 24 months, and two tests at 24 months
  - Screening for Depressions and Follow-Up Plan
  - Alcohol Use Screening
  - Tobacco Use Screening

# L.A. Care Interventions

Child/adolescent preventive services are the main focus of the PSR. L.A. Care has the following interventions in place to help increase preventive services among it's youngest members:

- **Mailers:**

- Summer 2022 postcards to address child/adolescent well care visits and immunizations.
- Monthly brochure to address infant well care visits and immunizations.

- **Robocalls:** Summer 2022 automated calls to address well care visits, lead screening, developmental screenings and immunizations.

- **Social Media:**

- February 2022 campaign to address adolescent immunizations.
- Summer 2022 campaign to address well care visits, lead screening, developmental screenings, immunizations, and oral health.
- October 2022 campaign to address lead screening.



# L.A. Care Interventions (cont.)

- **Text Messaging:** March- June 2022 campaign to address child/adolescent well care visits and immunizations.



- **Provider Level Interventions:**

- Missing Vaccine Report- monthly on Provider Portal
- Lead Screening Report- monthly on Provider Portal
- W30 Report- in progress, provider report for infant well care visits
- Provider Newsletter- Oral Health article in March 2022, Lead Screening in October 2022



# Questions/Comments?

*Thank you!*

