



AGENDA

Technical Advisory Committee (TAC) Meeting

Wednesday, January 27, 2020, 2:00 PM

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

DRAFT

California Governor issued Executive Order N-25-20 and N-29-20, which, among other provisions, amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

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Meeting number: 146 427 9968

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Meeting number: 146 427 9968

Members of the committee, presenters, or staff may also 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.*

The 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.

Comments received by voicemail, email or text by 2:00 pm on January 27, 2021 will be provided in writing to the members of the Committee at the meeting.

Once the meeting has started, emails and texts for public comment must be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will announce when public comment period is over for the item.

Public comments will be read for up to 3 minutes at the meeting.

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

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Welcome

Richard Seidman, MD, MPH
*Chief Medical Officer
Chair*

- 1. Approve today's meeting agenda *Chair*
- 2. Public Comment *Chair*
- 3. Approve November 12, 2020 Meeting Minutes P.3 *Chair*
- 4. Chief Executive Officer Update John Baackes
Chief Executive Officer
- 5. Chief Medical Officer Update P.11 *Chair*
- 6. COVID-19 Response: Communications and Vaccine Outreach Efforts P.16 Misty De Lamare,
*Director,
Communications*

Adjournment

The next meeting is tentatively scheduled for April 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.

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BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Minutes – November 12, 2020

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

Augustavia Haydel, Esq., *General Counsel*
 James Kyle, MD, M.Div., *Director, Quality*
 Alex Li,
 Len Rosenthal,

* 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	Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , called the meeting to order at 2:10 p.m. without a quorum.	
APPROVAL OF MEETING AGENDA	<i>The committee reached a quorum at 2:13 p.m.</i> The Agenda for today’s meeting was approved as submitted.	Approved Unanimously. 6 AYES (Baackes, Batchlor, Chung, Flores, Seidman, Taylor)
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	<i>(Rishi Manchanda, MD, joined the meeting.)</i> Hector Flores, MD, stated that on Page 4, it reads “Member Flores... established a Racial Equity Council,” it should read, “The Los Angeles County Museum of Art established a Racial Equity Council, and he is co-chair with two other people.” The August 4, 2020 meeting minutes were approved with the above correction.	Approved Unanimously. 7 AYES (Baackes, Batchlor, Chung, Flores, Manchanda, Munoz, Seidman, Shultz, Taylor)

DRAFT

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<p>CHIEF EXECUTIVE OFFICER REPORT</p> <p>John Baackes, <i>CEO</i></p>	<p>Member John Baackes, <i>Chief Executive Officer</i>, thanked everyone for attending today's meeting and stated that he is happy to see everyone. Mr. Baackes provided the following updates:</p> <p>Health plans like L.A. Care build up reserves. L.A. Care has been fortunate enough to operate on a 2% margin and has a strong balance sheet. The pandemic, from a utilization standpoint, is increasing expenses for L.A. Care. The recession is also increasing expenses for L.A. Care. He is amazed that there is little coverage of the fact that managed care plan members are most affected by the pandemic due to the demographics. L.A. Care's population is about 44% Latino, 11% African American, and 15% Asian. The Latino population is much more vulnerable in this pandemic than other cohorts, and statistics show they are dying at 3.5 times the rate of white people. As a result, the utilization of hospital and facility services has remained high. There was a clearing out of hospitals for elective procedures in the Spring, L.A. Care did not receive a reduction in cost, because hospitals are paid based on capitation. This is good for the contracted hospitals. Whether providing services or not, the hospitals were paid. Now there is higher utilization, L.A. Care is benefitting from those capitation rates. Fee-for-services hospitals have increased costs for L.A. Care. In the Spring, the State enacted a 1.5% reduction in revenue, retroactive from July 2019 to December 2020. This represents a \$75 million loss for the previous fiscal year. L.A. Care will support this loss without reduction in benefits or interruption in services for members. Congress will need to pass a new stimulus package or the State will need to provide more funding to improve the situation for members of managed care health plans.</p> <p>L.A. Care has partnered with other organizations to hold 24 food drives at its Family Resource Centers (FRCs) and Community Resource Centers (CRCs). Due the limited amount of food available at the events, many people leave the event empty handed. The pandemic is highlighting inequality in communities that is a matter of life and death. L.A. Care has also sponsored back to school backpack distribution. Even though students are not going back to school in the traditional sense, many people participated and many books were also distributed. L.A. Care flu clinics held at the CRCs vaccinated about 7,000 people so far. The flu clinics are part of L.A. Care's effort to promote vaccinations for flu to keep other resources available for COVID-19 patients.</p> <p>Mr. Baackes noted that the county has a new President-elect, but the election is being contested by a number of people. He is encouraged that the President-elect Joseph</p>	

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	<p>Biden administration will potentially be friendly to the people that L.A. Care serves. He hopes that there will be fewer attacks on the Affordable Care Act. If the Democrats win the Senate, he expects a more robust stimulus bill at the beginning of the administration. There hasn't yet been any stimulus money distributed across the country to support Medicaid programs.</p> <p>Hector Flores, MD, asked if Mr. Baackes has an update on the pharmacy carve out for California. Mr. Baackes responded that it is proceeding. On January 1, 13 million people in California that depend on Medi-Cal will have the pharmacy benefit carved out from their plan benefits. The State will separate pharmacy as a fee for service benefit that will be administered through a contract Magellan Rx Management. L.A. Care has opposed this from the beginning, because it's disintegrating prescription managed care. The data that L.A. Care receives about pharmacy benefits to develop managed care services for members will no longer be available. Fourteen states have done the same thing California is doing, and 10 out of those 14 states have reversed that stance, because they could not achieve the projected savings and they could not effectively administer the pharmacy benefit. The biggest concern is that they will open a call center on January 1 instead of opening beforehand for testing. Members will likely be confused about processing their prescriptions.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p> <p>Richard Seidman, MD, MPH</p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the following updates:</p> <p>In an effort to control costs, L.A. Care has made improvements in its workflows to transition short inpatient stays to observation stays. Observation stays are reimbursed at a lower rate than hospital inpatient stays. L.A. Care is requiring that Emergency Rooms call L.A. Care prior to inpatient admission to determine whether or not the stay can an observation stay. L.A. Care is looking to improve other workflows to reduce hospital admissions. Sometimes members go to hospitals that are out of network which have higher costs. L.A. Care tries to capture those cases and send members to in network and lower cost facilities. L.A. Care is also working on its transition of care program to prevent hospital readmissions.</p> <p>With respect to COVID-19, the country is entering a critical phase. In Los Angeles there have been more than 300,000 cases and over 7,000 deaths. Testing volume has increased dramatically over the last two weeks. L.A. Care has identified more than 40,000 cases and 1,300 deaths among its membership.</p>	

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	<p>For several months L.A. Care has reached out to members to continue routine preventive care services such as health screening and vaccinations. L.A. Care continues to see increases in telehealth visits as L.A. Care’s provider network has adopted telehealth medicine for care. He noted that the Community Resource Centers (CRC) are operating as telehealth hubs where members who don’t have virtual capabilities are encouraged to go into a CRC to access these services.</p>	
<p>L.A. CARE’S VIRTUAL CARE STRATEGY Len Rosenthal</p>	<p>Len Rosenthal, <i>Director, Health Information Technology, Marketing and Strategic Initiatives</i>, presented information about <i>L.A. Care’s Virtual Care strategy (a copy of the presentation can be obtained from Board Services)</i>.</p> <ul style="list-style-type: none"> • COVID-19 changed ambulatory care delivery, with Virtual Care (VC) featuring more prominently going forward <p>Findings:</p> <ul style="list-style-type: none"> • Relaxed regulations and reimbursements drive growth of VC • Practices are in the driver’s seat • Favorable advantage in safety net • Telehealth visits must take hold first • 18 significant innovations in 10 years • 6 show promise now <p>Recommendations:</p> <p>L.A. Care should proceed in a coordinated, strategic way across departments:</p> <ul style="list-style-type: none"> • Advocacy for VC in regulatory/payment reforms • Understand L.A. Care & provider plans for current initiatives • Determine priority and approach with a focus on the direct network for: <ul style="list-style-type: none"> - Televisits, eVisits, Check-Ins - Remote Patient Monitoring - eConsults - Population Health and Patient Engagement - Patient Apps - VC Health Plan Product <p>Televisits/eVisits/Virtual Check-In Projected 3-5 Year Adoption:</p>	

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	<p>Pre-COVID</p> <ul style="list-style-type: none"> • VC in large systems • Few small practices • Limited reimbursement and incentives <p>During COVID</p> <ul style="list-style-type: none"> • Large, sudden increase in VC • Technology free-for-all related to loosening HIPAA • Reimbursement same as in-person <p>Growth driven by:</p> <ul style="list-style-type: none"> • Increased reimbursement, incentives for VC • Relaxation of regulations • Revised workflow with clinician, MA, NP, staff • Most effective when bundled <p>Key challenges:</p> <ul style="list-style-type: none"> • Patient trust/comfort • Appropriate telehealth provider network • Multiple languages • Funding for implementation <p>Virtual Health Plan Product Projected 3-5 year adoption:</p> <p>Pre-COVID:</p> <ul style="list-style-type: none"> • A few payers are starting to offer plans for VC • Patient enrollment low • Could grow as patients get used to VC <p>During COVID:</p> <ul style="list-style-type: none"> • SD gets patients comfortable with VC <p>Growth driven by:</p> <ul style="list-style-type: none"> • Value-focused, tech-savvy patients • ‘Invincibles’ and people who don’t use medical care much • VC gets easier to use, accepted as replacement for face-to-face <p>Key challenges:</p> <ul style="list-style-type: none"> • Getting patients to use VC unless face to face visit is needed • Proper reimbursement for VC 	

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	<p>Stephanie Taylor, PhD, thanked Mr. Rosenthal for his presentation. She asked how did he decide which of the 18 innovation they should pivot to first in the 3-5 year category. She would like to know if that is where L.A. Care is now, or is it the strategic thinking of where it would like to go. Mr. Rosenthal responded that it is both. His team looked at studies by leading organizations. One of the drivers was the technology, which is constantly updated, it will mature within 6-10 years.</p> <p>Mary Franz, <i>Practice Transformation Program Director II</i>, stated that the telehealth visits are driving everything. If telehealth visits don't take off in the market nothing else will take off. The analysis reviewed potential for the natural innovations that would follow telehealth visits, and would tightly couple with that. For example, consultative capability between doctors highly couples with a visit. Patient monitoring tightly couples with eVisits. They looked at what is going on in the market, but also coupled with eVisits, because that will be the driver where they see most of the relaxation of regulations and financial alignment.</p> <p>Member Flores stated that this is an opportunity for L.A. Care to work with plan partners and competitors. Health Net has made investments in community and infrastructure around implementation of telehealth systems. It may be a barrier for many physicians and community clinics. He asked if L.A. Care has made an attempt to explore that with plan partners. Ms. Franz responded that that is part of the research that they need to do to make sure L.A. Care is coordinated with plan partners. L.A. Care has invested in health information technology through its grant program for many years. It would be part of L.A. Care advocacy.</p>	
<p>DIRECT NETWORK INTEGRATED VIRTUAL AND IN-PERSON SPECIALTY CARE PROGRAM</p> <p>Whitney Franz</p>	<p>Whitney Franz, <i>Practice Transformation Program Director II</i>,</p> <p>COVID-19 pandemic</p> <ul style="list-style-type: none"> • Relaxed regulatory telehealth rules • Payors are paying for telehealth • Frontline providers are adopting telehealth • Patients are wanting more “on demand,” accessible care <p>Health Equity</p> <ul style="list-style-type: none"> • Improve access and address health disparities <p>Direct Network</p> <ul style="list-style-type: none"> • Specialty access and network is a growing need 	

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	<ul style="list-style-type: none"> • Opportunity to re-imagine the specialty care model • Accommodate virtual and in-person care <p>L.A. Care’s Integrated Virtual and In-person Specialty Care Program (V-SCP) Guiding Principles</p> <ul style="list-style-type: none"> • Improve member access and satisfaction <ul style="list-style-type: none"> - Value, convenience and access to needed care or concerns • Support Primary Care Physicians (PCP) and Specialty Care Providers in reducing abrasion and remove real and perceived barriers • Facilitate more “right care, at the right time, in the right setting, and at the right cost” • Define a new framework for how specialty care will be delivered in the Direct Network that: <ul style="list-style-type: none"> - Serve members effectively, timely and with ease - Support primary and specialty care providers as we expand the Direct Network <p>Preliminary Specialty and Virtual Care Survey to Date</p> <p>Multi-Specialty Adult and Pediatric Group Engagement and Feedback</p> <ul style="list-style-type: none"> • Reviewed LA Care’s V-SCP draft workflow <ul style="list-style-type: none"> - Positive feedback and compliments given to LA Care team - Would like to schedule their own specialist appointments • Interested in being a multi-specialty telehealth provider for L.A. Care’s Direct Network <ul style="list-style-type: none"> - Provided LA Care a list of Adult and Pediatric specialties • Exploring the idea of being an eConsult specialist reviewer <ul style="list-style-type: none"> - Currently has some experience as an eConsult specialist reviewer - Reviewing L.A. Care’s Direct Network referral data <p>Multi-specialty Pediatric Group Engagement and Feedback</p> <ul style="list-style-type: none"> • Reviewed LA Care’s V-SCP draft workflow <ul style="list-style-type: none"> - Positive feedback given to LA Care team - Would like to schedule their own specialist appointments • Interested in being a multi-specialty telehealth provider for L.A. Care’s Direct Network 	

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	<ul style="list-style-type: none"> - Able to do all pediatric specialties • Exploring the idea of being an eConsult specialist reviewer <ul style="list-style-type: none"> - Does not do any eConsult, but has Department of Health Services (DHS)- Children’s Hospital Los Angeles pediatric specialists who serve as eConsult reviewers for DHS - Reviewing L.A. Care Direct Network referral data <p>Multi-specialty Adult Telehealth Medical Group Engagement and Feedback</p> <ul style="list-style-type: none"> • Reviewed LA Care’s V-SCP draft workflow <ul style="list-style-type: none"> - Positive feedback given to LA Care team - Claims that their current workflow is similar to ours - Willing to be flexible - Able to do both eConsult and virtual specialty visits and limited in-person visits - Mostly adult specialties • Have a training team available to on-board PCPs <p>Recommended Next Steps</p> <ul style="list-style-type: none"> • Develop a project plan • Socialize V-SCP within L.A. Care • Seek input from key internal and external stakeholders • Create cross-functional team • Identify and recruit resources needed for implementation (Provider engagement and training, marketing and other resources) 	
ADJOURNMENT	The meeting was adjourned at 3:48 p.m.	

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

APPROVED BY: _____
Richard Seidman, MD, MPH, *Chairperson*

Date Signed



CMO Report – January 2021

COVID-19 Update – By early January, the World Health Organization (WHO) reported over 83 million cases of COVID-19 worldwide and more than 1.8 million deaths. The numbers of new infections reported are at the highest levels worldwide and in the United States since the beginning of the pandemic with more than 4 million new cases per week worldwide for the fourth week in a row. California and Arizona have the highest rates of new infections in the Country and the healthcare delivery system in Los Angeles, with over 932,000 cases, is being pushed beyond its capacity to provide safe and effective care to everyone who needs it. The L.A. County Department of Public Health has asked people to avoid coming to Emergency Rooms for other than truly life threatening emergencies and ambulances have been asked not to transport patients with a low likelihood of survival (trauma and cardiac patients they are not able to resuscitate in the field) to emergency rooms. The three-day average number of COVID patients hospitalized in Los Angeles is now 10 times higher at 7,873 than it was on November 1, 2020 and some hospitals are preparing to declare crisis standards of care in which patients will be triaged to determine which patients are priorities for limited resources such as ICU beds and ventilators. L.A. Care has documented over 75,000 known cases among L.A. Care members, with nearly 13,000 admissions and over 2,000 deaths.

Even as we are facing the most difficult and challenging times thus far, over 130,000 doses have been administered of one of two COVID-19 vaccines approved by the FDA for Emergency Use Authorization. Frontline healthcare workers are beginning to get their second dose of vaccine. At this time, we are progressing through the various tiers of Phase 1a (healthcare workers and the residents and staff of LTC and Skilled Nursing Facilities (SNFs) and anticipate moving into Phase 1b by early February, which includes people 75 and older and frontline essential workers in its first tier. People 65 and older and a broader list of essential workers are prioritized in the second tier of Phase 1b before we are able to move on to Phase 1c, anticipated in late March or early April, which will include people 16 -64 with chronic health conditions and co-morbidities placing them at increased risk for serious disease and death.

Fortunately, influenza activity in the county remains relatively low, likely due to all of the precautions in place to reduce the spread of COVID, and due to enhanced flu vaccine efforts during the fall. L.A. Care collaborated with the Department of Public Health, the USC School of Pharmacy, and several community pharmacies to conduct 9 mobile flu vaccine clinics which provided 2500 members of the community with flu vaccines. Pharmacy staff are currently pursuing the opportunity to leverage these partnerships and experience to assist in the COVID vaccination effort.

Year End Activities

The end of the calendar year includes efforts to close clinical care gaps to optimize Healthcare Effectiveness Data and Information Set (HEDIS) performance, to tabulate and report incentive earnings for the prior measurement year, and to survey our members to meet regulatory and accreditation requirements and to identify opportunities to improve by gaining a better understanding of their experience during the past year. More detailed reports of these activities will be presented to the Board throughout the year.

Our HEDIS team completed outreach efforts to close care gaps with nearly 1,500 providers, over half of L.A. Care's contracted network of PCPs.

The team is also leveraging the more than 2,000 annual wellness exam records that were collected by L.A. Care's Risk Adjustment team, looking to close gaps for those CMC members. It is expected that approximately 1,800 gaps will be closed by this review.

In addition to surveying our members, L.A. Care offered a **patient experience training series** for providers that offered eight sessions between October - December 2020. Over 500 unique attendees participated, including 138 individuals who attended more than one session. Feedback from attendees has been very positive, resulting in exceptionally high Net Promoter Scores. We are developing the 2021 series with the vendor, SullivanLuallin Group.

Additional training offerings include the final **QI webinar** for 2020 focused on risk adjustment for Cal-Medi Connect (CMC). The November session on Proposition 56 payments was our highest attended session to date. Webinars continue to be well received and attendance is increasing. The 2021 schedule is being developed.

Quality Improvement

- **Childhood Immunization Performance Improvement Project (PIP)** - The childhood immunization improvement initiative launched November 2, 2020 at St. John's Well Child and Family Center -Dr. Louis C. Frayser Health Center. St. John's is contacting patients for telehealth appointments (when appropriate) for their well care visit then a face-to-face appointment for vaccinations. L.A. Care is supporting St. John's in this effort by providing a list of members due for vaccines, stamps for outreach, and coloring books for members.
- **The Disparities Performance Improvement Project** proposal was submitted and approved by Health Services Advisory Group (HSAG) in November 2020. The project focuses on African American members that are non-compliant for the Comprehensive Diabetes Control (CDC) measure of lower than 9.0% A1c.
- **2020-2021 Plan-Do-Study-Act (PDSA) for Well Child Visits** is in the process of working with both providers and members to help ensure children complete their well care visits. The Department of Health Services (DHS) is providing support to L.A. Care for their assigned members by reaching out to their members and scheduling a well-child visit. The QI team will also be calling members.

Direct Network Support

Transform L.A.

In the past two months, Transform LA has doubled the number of actively engaged Direct Network practices from 7 to 14 and completed baseline practice assessments with the new “cohort 2” practices. We continue to use a virtual coaching model throughout the public health emergency to remotely work with **14** Direct Network (DN) practices representing **136** providers, **3,181** DN members, and **30,037** L.A. Care members. After completion of the baseline practice assessment, L.A. Care staff works with the practice to select improvement efforts such as access to care, quality improvement to improve member experience and outcomes.

Personal Protective Equipment (PPE) Distribution Collaboration

L.A. Care collaborated with the California and Los Angeles County Medical Associations (CMA and LACMA) to distribute PPE supplies to solo and small group practices in LA. Care’s Direct Network. The collaboration resulted in the distribution of 50 pound boxes of PPE including masks, gowns and face shields to 385 practices.

Virtual Care Strategy

L.A. Care has developed a virtual care strategy and is moving forward with implementation to support further adoption of telehealth, and the introduction of eConsult within L.A. Care’s Direct Network. While there has been widespread adoption of telehealth services as an alternative for patients with clinical needs appropriately served virtually, eConsult between primary care and specialty providers has not yet been widely adopted in L.A. Care’s network outside of some closed systems such as the LA County Department of Health Services (DHS) and within the Kaiser system. Health Care LA IPA contracted providers also utilize the eConsult platform on a voluntary basis. Both telehealth visits and eConsult provide additional access to care and can improve quality of care, outcomes, and member and provider satisfaction.

Health Equity

- L.A. Care partnered with Los Angeles County Human Relations Commission (LACHRC) on LA Vs Hate: for the inaugural United Against Hate Week, November 30 – December 6. L.A. Care’s CEO participated in a press conference event. L.A. Care engaged in a social media campaign during the week, and our Communications department supported a larger media outreach plan for the week on behalf of LACHRC.
- Equity efforts continue with councils focused on our members, employees, and our provider network and contracted vendors. The Consumer Equity Council has been established as another forum to provide information to and gather input from L.A. Care’s members. Dr. Parrish presented at the Equity Council Kick-Off event in December on maternity benefits.
- L.A. Care Healthy Moms and Babies (LAHMB) program presented at the CHCAC meeting and L.A. Care continues to focus on efforts to improve birth outcomes for African American newborns.

Provider Quality Review (PQR) for Potential Quality Issues (PQI)

- As of November 30, 2020, after months of effort to reduce a backlog, all but one of the 2020 PQI cases have been processed timely (within six months).
- The year-end PQI trending analysis identified providers meeting the established threshold over the past 12 months. PQR has started discussions with the providers to improve identified

gaps in an effort to continue enhancing current processes and explore solutions to improve monitoring of patient safety.

- The PQR team conducted an analysis which identified opportunities to improve its operations by implementing a new secure and efficient electronic solution, continued interdepartmental partnerships to monitor patient safety, enhanced PQR in-service to increase understanding of how and when to report quality of care issues.
- Ongoing monitoring of PQR referral volume, staffing levels and timely review will continue to assure compliance with required timelines.

Initial Health Assessment (IHA)

- All 2019 IHA Corrective Action Plans (CAPs) have been closed. Work continues to revise the reports, enhance training and create a coordinated monitoring program with Facility Site Review (FSR), Delegation Oversight (DO), and internal audit team to improve the IHA monitoring process. The IHA requirement is on hold during the COVID emergency and the audit is postponed until summer 2021, however all IHAs will need to be completed after, so work to get L.A. Care's monitoring process in place continues. We are encouraging providers to complete IHA encounters through virtual health methods as much as possible.
 - L.A. Care conducted an internal audit of the IHA process with a focus on the 2019 CAP findings and no issues were identified.
 - Managed Long Term Support Services (MLTSS) developed documentation for Institutions for Mental Diseases (IMDs) to document skipping or refusing the Staying Healthy Assessment (SHA).
 - Evaluating the feasibility of adding an incentive for IHA completion and surveying other health plans to identify best practices.

Facility Site Review (FSR)

- California Department of Health Care Services (DHCS) sent an All Plan Letter, APL 20-011, to officially delay the July 1, 2020 implementation date of APL 20-006 until six months after the end of this public health emergency. FSR will continue to train sites and staff on the new APL updates.
- FSR is conducting virtual visits for Initial FSRs for the Direct Network, Relocations and Corrective Action Plan (CAP) Follow Up visits until the public health emergency is lifted. To date 28 virtual audits have been conducted. Eight sites are in the virtual audit preparation phase.
- L.A. Care FSR is working with the LA County Collaborative:
 - To address the DHCS requirement to perform an onsite verification visit for every virtual visit conducted during the public health emergency, once onsite visits are resumed. The Collaborative has proposed a verification visit not be warranted if a site has had a full FSR virtual audit.
 - To request ability to add PCPs to sites that are in good standing (passing scores on FSR and MRR) that have expired FSR/MRR due to COVID.
- Provider Training Work Group-L.A. Care is working with the County Collaborative Provider Training Work Group to prepare training for PCP sites to assist in their implementation of the new APL 20-006.

Health Homes Program (HHP) Update

L.A. Care has now exceeded 13,000 members ever enrolled in the HHP served by 34 Community Based Care Management Entities (CB-CMEs). The Year 1 program report is nearing completion and will be brought to the Board later this year. Work continues with the State to provide input into the development of the Enhanced Care Management benefit proposed under CalAIM which would incorporate the HHP and elements of the Whole Person Care (WPC) Program currently administered by the Los Angeles County DHS.

Individuals Experiencing Homelessness

Staff assessed the current state of street medicine in LA County in order to inform our contracting strategy. Interviews were held with Housing for Health, CCALAC, and internal staff to get a better understanding of current models and providers that offer this service. L.A. Care will continue its efforts to expand the network of providers serving members experiencing homelessness.

- **Los Angeles Housing Policy Leadership Academy** - Erika Granados successfully completed the 8-week Academy. The intensive program provided an overview of the current housing crisis and focused on partnerships and policy solutions to address challenges impacting local communities.
- **Housing for a Healthy CA** – SNI, Social Services and Housing For Health (HFH) are preparing for a soft launch of Housing for a Healthy CA in December, starting by housing up to 50 Los Angeles County Department of Health Services (DHS)-assigned members at two project-based supportive housing sites.
- **Health Homes Program (HHP) Capacity Building** – SNI and HHP consultant, Deborah Maddis, finalized work plan for housing and homelessness coaching & technical assistance for CB-CMEs.
- **L.A. Care and LAHSA Participated in Kickoff CHCS Learning Community** – Alison Klurfeld, Jessica Jew, Delia Mojarro, and Becky Lee from L.A. Care and Daniel Reti from LAHSA completed 1st kickoff session of 12-month learning community focused on collective learning across housing and homelessness/housing sectors. Discussion topics will include data-sharing & CalAIM.
- **LAHSA Data Match for Project Roomkey (PRK) and HHP Coordination** – SNI and HHP teams worked together to refine messaging on how to best partner with LAHSA/PRK Staff to conduct outreach and enroll L.A. Care or Plan Partner members residing in PRK. Goal is to connect eligible members with Health Homes and other health plan benefits and services.
- **Higher Level of Care placements (HLOC) Project Roomkey (PRK) Collaboration** – In November, SNI continued to monitor and participate in planning meetings with various county partners on how best to address the needs of members in PRK who need SNF, LTC, or various other in-home supports. SNI held meetings with LADHS and HCLA familiarize them with PRK HLOC needs.
- **Housing for Health and Brilliant Corners grant program** – As of November 2020, a total of 286 households are actively enrolled in the grant, 263 of those have secured housing, and 208 of those housed (79%) are L.A. Care members. The total number of households ever housed via this grant is 323. All enrolled participants have also been connected to services through the Housing for Health (HFH) Division at the Los Angeles Department of Health Services (DHS).



L.A. Care
HEALTH PLAN®

COVID-19 VACCINE COMMUNICATIONS PLAN

GOAL

To build trust in the safety of the COVID-19 vaccine by dispelling common myths and sharing facts about the vaccine's safety and availability so that community members decide to—and know how and when to—get vaccinated.

STRATEGY

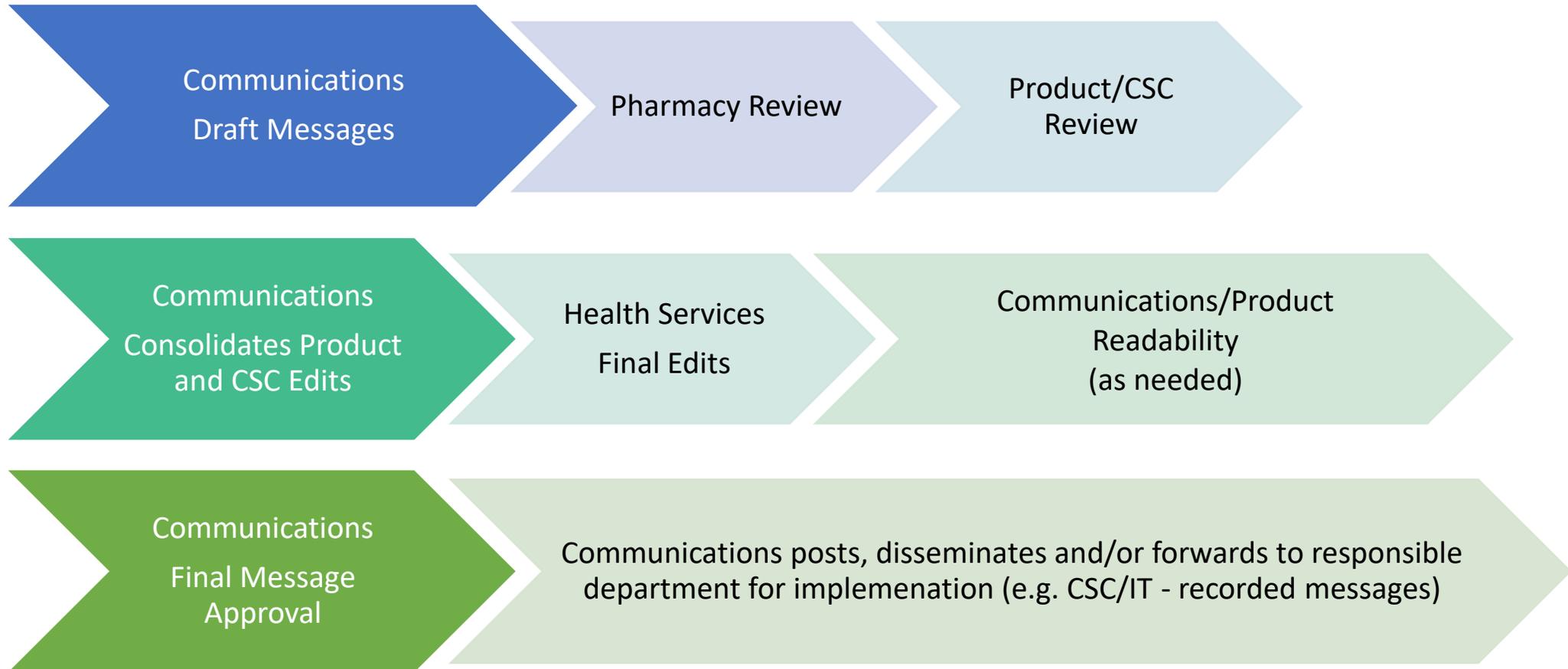
To position L.A. Care as a reliable source of truth about the COVID-19 vaccine by providing accurate, timely information, while being respectful of the histories of the communities that we are serving, so that people can make an informed decision about getting vaccinated.

Messaging and tactics will roll out in phases in alignment with the state and county public health departments approved tiers and target populations that are identified by the COVID-19 vaccination program in Los Angeles County.



L.A. CARE VACCINE COMMAND CENTER

APPROVAL WORKFLOW: AIM 3 DAYS



KEY MESSAGES

- L.A. Care and public health agencies recommend that everyone who is eligible get the COVID-19 vaccine. It is the best way to protect yourself and your loved ones.
- Los Angeles County is now administering the vaccine to those 65 and over and frontline healthcare workers.
- Vaccine supply is limited and appointments are required. Local public health departments ask the public for patience, as more vaccine supply will be available soon.
- You can access the vaccine appointment tool at lacare.org/vaccine or your local public health department's website. You will have to make an appointment for the vaccination when you are eligible, including at pharmacies.
- When they become eligible, L.A. Care members will be able to receive the vaccine at a variety of pharmacy locations, community vaccination sites, health systems, clinics and participating doctor's offices.
- There is no cost to L.A. Care members to receive the vaccine.
- The vaccine will likely become available for general distribution, including to those between the ages of 16 and 65, in spring or summer 2021.
- Even after you get the vaccine, good public health measures will still be required. Please continue to wear a mask, wash your hands, and watch your distance (Three Ws). You should also continue to follow local public health orders and avoid traveling or gathering with people outside of your household to the extent possible.
- Please keep checking our website at lacare.org/vaccine for updates on vaccine availability.



Key Messages



Member FAQs + IVR



Webpage



Social Media + Employee Updates



RCAC Member Survey Findings

CORE TOOLKIT

AUDIENCES



Members



Providers



Employees



CRC Guests



Media



Public at Large



TACTICS



IVR + Member FAQs



Robocalls



Social Media



Targeted Materials/Newsletters

MEMBERS

PROVIDERS



WEBINARS



NEWSLETTERS



WEBPAGE



FAXBLAST /
EMAILS



Intranet



Today@L.A.Care



Blogs



Town Halls

EMPLOYEES

PUBLIC RELATIONS/MEDIA



PRESS
RELEASES



MEDIA
PITCHES



SPEAKERS



BLOG/OP EDS



Online Classes



Materials



Events



Calls

CRC GUESTS

PUBLIC AT-LARGE



WEBSITE



SOCIAL MEDIA



ONLINE EVENTS



SPONSORSHIPS

OUR ASK

Coordinate All COVID-19 Vaccine Communications Efforts Through the
Vaccine Command Center



QUESTIONS?