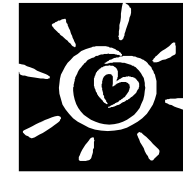


BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Minutes – June 26, 2020

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*
Ilan Shapiro, MD, FAAP**
Rebecca Dudovitz, MD, MS*

Lyndee Knox, PhD**
Rosina Franco, MD*
Toni Frederick, PhD**
Gwendolyn Ross Jordan**
Nayat Mutafyan*
Maryjane Puffer, BSN, MPA**

Diana Ramos, MD**
Richard Seidman, MD, MPH**
Diane Tanaka, MD*
James Kyle, MD**
Hilda Perez**

*Absent **Via Teleconference

***Via Teleconference (Not posted - not counted as Quorum)

Management

Katrina Miller Parrish, MD, FAAP,
Chief Quality and Information Executive, Health Services
Nai Kasick, *Senior Director, Health Services*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, <i>Chair</i> called the meeting to order at 1:11 p.m. without quorum.	
APPROVAL OF MEETING AGENDA	The Committee reached a quorum at 1:20 p.m. The Agenda for today’s meeting was approved as submitted.	Approved unanimously. 11 AYES (Bloch, Ficek, Frederick, Jordan, Knox, Kyle, Perez, Puffer, Ramos, Seidman, Shapiro)
APPROVAL OF THE MEETING MINUTES	Member Rosina Franco stated that on page 3 of the minutes under “Reproductive health”, It should read “medical assistants” not “medical assistance”. The minutes of the January 21, 2020 meeting were approved with the corrections noted above.	Approved unanimously. 11 AYES
CHAIRPERSON REPORT	There was no report from the Chairperson.	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF MEDICAL OFFICER REPORT</p> <p>Richard Seidman, MD, MPH</p> <ul style="list-style-type: none"> COVID-19 Update 	<p>Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the following report:</p> <p>He thanked committee members for being able to meet.</p> <p>At time of this report there were 100K reported COVID-19 cases throughout the county. L.A. Care moved to make its staff work remotely. Staff began working from home on Monday, March 16. Approximately 90 percent of workforce is working from home. L.A. Care is following all guidance of public health officials. Staff will be returning in phases. Earliest teams to return will be FRC and CRC staff. Opening the FRCs and CRCs is highest on the list for the organization. Some of the most important things done are high risk member activities. Elderly and people with underlying conditions were becoming more ill and dying more frequently. L.A. Care started a robocall outreach campaign. Over 200K members received messages. It also gave members the option to be connected to an operator to get live help for resources they may need.</p> <p><i>(Committee achieved a quorum at 1:20pm.)</i></p> <p>Telehealth – Many members have avoided visiting their doctor offices due to fear of infection. L.A. Care launched Telehealth in January of this year. At first L.A. Care received about 10 calls per month to over 60 calls per month. L.A. Care is now at 30 to 50 calls per day range. Members can receive services that they are not getting through their doctor offices. It in addition to the outreach to over 200K, L.A. Care reached out to African American communities, Native American communities, and other communities of color. L.A. Care attempted to contact over 30K African Americans with high risk conditions and chronic conditions. L.A. Care successfully connected with over 11,000 members. Members were asked if they had any unmet needs. They normally responded that they were relatively ok. They did not ask to be connected with high level care.</p> <p>Member Hilda Perez asked Member Seidman how members can help their community using the community resources available. Member Seidman responded that he spoke about targeting communities with health disparities. The information shared was about high risk African American outreach.</p> <p>Member Diana Ramos, MD, asked what if members do not have the capability for tele video. Member Seidman responded that when it comes to virtual care can be telephone or video call, both are forms of virtual care. He noted that not many people have</p>	

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	trouble accessing a simple phone. There are many with smartphones. The barriers with people having smartphones is their data plans. Appointment rates are lower than ever before. He noted that the FRCs can be used by members to conduct telehealth calls and video calls by providing access to free Wifi.	
<p>PREVENTIVE CARE FOR WOMEN & CHILDREN IN THE COVID-19 ERA</p> <p>Katrina Miller, MD, FAAP</p>	<p>Katrina Miller Parrish, MD, FAAP, <i>Chief Quality and Information Executive, Health Services</i>, Jacqueline Kalajian, MPH, <i>Health Education Program Manager II, Health Education</i>, Keren Mahgereteh, MPP, <i>QI Project Manager II</i>, Sinthu Kumar, MPH, <i>Quality Improvement Project Manager II, Quality</i>, and Grace Mhi Kim Crofton, MPH, <i>Advisor Quality Performance Informatics</i> gave a presentation about Promoting Preventive Care for Women & Children in the Covid-19 Era (<i>A copy of the presentation can be obtained from Board Services.</i>).</p> <p>Quality Improvement Initiatives</p> <ul style="list-style-type: none"> • In a typical year, the organization develops various initiatives for members and providers to promote: <ul style="list-style-type: none"> ▫ Well Care Visits ▫ Cancer Screenings ▫ Immunizations for adults & children • Initiatives are developed by cross functional teams and may originate in various departments across the organization • Types of initiatives include: <ul style="list-style-type: none"> ▫ Member Outreach – automated calls, mailers ▫ Provider Outreach – reports, incentives ▫ Community Outreach – social media campaigns • COVID has led to some modifications, but women and children's health continue to be a priority <p>Healthy Pregnancy Program (Prenatal Care)</p> <ul style="list-style-type: none"> • Phone call – Live agent outreach calls to assist with prenatal appointment scheduling. Health Education Advocates educates members about the availability of telehealth visits and assists with scheduling. • Mailer – Monthly member mailing of trimester specific health education materials such as TEXT4BABY, WIC, nutrition, breastfeeding postpartum depression, and Newborn Referral Form 	

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	<ul style="list-style-type: none"> • Fax – COVID-19 guidelines provider fax blast, distributed between June 15 – June 16, 2020 <p>In response to COVID-19, L.A. Care saw an expansion of the health promoter activities to support transition to Telehealth services. The availability of blood pressure monitor & cuff and weight scale to pregnant members for remote monitoring and reporting. Providers are able to refer pregnant members to receive the durable medical equipment. No prior authorization required. Medical equipment vendor will send the Durable Medical Equipment to member after validating mailing address. The turnaround time is less than 48 hours after the order.</p> <ul style="list-style-type: none"> • Provider fax blast sent on May 1, 2020: L.A. Care direct network OB/GYN and family medicine providers Department of Health Services OB/GYN and family medicine providers • Program will be evaluated <p>Healthy Mom Program (Postpartum Care)</p> <ul style="list-style-type: none"> • Phone call – Live agent outreach calls to Medi-Cal, L.A. Care Covered, and Cal MediConnect members to assist with postpartum appointment scheduling. Health Education Advocate educates members about the availability of telehealth visits and assists with scheduling. • L.A. Care’s maternal health landing site with health education information. The site includes the state Department of Public Health COVID-19 Maternal Health Resources. <p>Healthy Baby Program (0-24 months)</p> <ul style="list-style-type: none"> • Monthly health education mailing in regards childhood developmental milestones and Immunizations schedule, Text4Baby, and Department of Healthcare Services (DHCS) Newborn Referral Form. • Immunization preventive health reminder interactive voice response calls. <p>Quality/ Healthcare Effectiveness Data and Information Set Guidance to Provider Groups and Practitioners</p> <ul style="list-style-type: none"> • Distribution of letter and info to practitioners and medical groups providing guidance on alternate care and telehealth options: <ul style="list-style-type: none"> ▫ Underscored importance of maintaining care for newborns and infants 	

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	<ul style="list-style-type: none"> ▫ Letter accompanied by grid of HEDIS measures including those for children and women’s health. Information included hyperlinks to reference sources ▫ Earlier letter indicated that LA Care is monitoring impact of COVID-19 and continuing with Pay-4-Performance program with potential modification to policy if warranted • Internet radio – lacare.org/internet-radio – for providers, streaming content about: <ul style="list-style-type: none"> ▫ Delivery of care with guidance on managing and containing COVID-19 ▫ Info on Teledoc, Minute Clinic, and Nurse Advice Lines ▫ Recommendations on managing prenatal and postpartum care ▫ In development – detailed information and guidance on the State Managed Care Accountability Set <p>Member Ramos asked if the ability to send the Blood Pressure cuff as a DME is an L.A. Care specific benefit or is a general Medi-Cal benefit that can be used by Medi-Cal providers in general. Member Seidman responded that it is Medi-Cal benefit.</p> <p>Member Maryjane Puffer, <i>BSN, MPA</i>, asked if it is determined that prenatal management is more effectively/consistently delivered to patients through telehealth strategies, “is there a plan to adopt this practice going forward?”</p> <p>Member Seidman responded that if data shows this, yes. He noted that regulators might get in the way. He has been asked if L.A. Care will continue to use telehealth as an alternative use of care and his answer has always been yes.</p> <p>Member Ficek asked Member Seidman what L.A. Care is doing to ensure quality of service. She noted it is important that there is no loss in quality. She also inquired on the impact on employers and employees. Dr. Miller Parrish responded that L.A. Care is looking at how it can address that. There is information from Teledoc that will help track quality. The impact of telehealth will be determined later once a survey is completed.</p> <p>Member Ficek stated that L.A. Care can look at outcomes as well to determine the impact on quality. Member Seidman stated that in terms of work force no show rates have been long thought as a proxy for dissatisfaction. There is a reason why no shows are lower for telehealth visits compared to face to face visits. The opportunity to work remote and eliminate the time driving to work. Not only are employers saving time and money they are helping to keep employees safe.</p>	

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	<p>Dr. Susan Fleischman asked “how do you identify pregnant women early in their pregnancy if they are existing members rather than those identified on the PE file from DHCS?” Ms. Kasick responded that L.A. Care is currently using presumptive eligibility data from DHCS. L.A. Care has explored other options with limited success, but is always considering new sources data to cross reference and identify. This has been very challenging.</p> <p>Dr. Miller Parrish noted that they get helpful information from data exchanges. L.A. Care uses data received through Medi-Cal forms instead of what is received through the State.</p> <p>Member Ramos asked Dr. Miller Parrish for the DME Code used for the BP Cuff and Monitor. Ms. Kasick responded “The DME code for the BP cuff and monitor kit is A4670 and the weight scale is E1639. The Healthy Pregnancy Program makes both available to direct network and DHS assigned members. Please feel free to reach out with any questions.”</p>	
ADJOURNMENT	The meeting was adjourned at 2:35 p.m.	

Respectfully submitted by:

Malou Balones, *Board Specialist III, Board Services*
Victor Rodriguez, *Board Specialist II, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

Tara Ficek, *MPH, Chair*: _____ Tara Ficek _____

Date Signed: _____ 8/18/20 _____

APPROVED