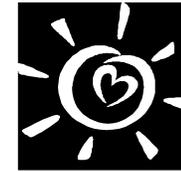


# BOARD OF GOVERNORS

## Children's Health Consultant Advisory Committee

### Meeting Minutes – August 18, 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
<b>CALL TO ORDER</b>	Tara Ficek, MPH, <i>Chair</i> called the meeting to order at 8:35 a.m. without quorum.	
<b>APPROVAL OF MEETING AGENDA</b>	<b>The Committee reached a quorum at 1:20 p.m.</b>  The Agenda for today's meeting was approved as submitted.	<b>Approved unanimously.</b> <b>11 AYES (Bloch, Ficek, Frederick, Jordan, Knox, Kyle, Perez, Puffer, Ramos, Seidman, Shapiro)</b>
<b>APPROVAL OF THE MEETING MINUTES</b>	<b>The minutes of the June 26, 2020 meeting were approved as submitted.</b>	<b>Approved unanimously.</b> <b>11 AYES</b>
<b>CHAIRPERSON REPORT</b>	There was no report from the Chairperson.	
<b>CHIEF MEDICAL OFFICER REPORT</b>  Katrina Miller Parrish, MD, MPH	Katrina Miller Parrish, MD, MPH, presented the CMO report:  COVID-19 Update There are now nearly 20 million reported cases of COVID-19 worldwide and over 700,000 deaths, with the highest rates of new infections in the United States, Brazil and	

**DRAFT**

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	<p>India. In the United States, there are nearly 5 million reported cases and over 160,000 deaths, with the highest rates of new infection in Texas and Oklahoma, extending all the way to the east coast through the Southeast. Los Angeles County is now reporting over 200,000 cases (38% of cases reported in CA) and nearly 5,000 deaths (50% of deaths reported in CA). The highest rate of new infections in CA is now occurring throughout the Central Valley. In contrast to the surge in cases and hospitalizations we were experiencing in Los Angeles in late June into July when the Department of Public Health had to re-close higher risk activities such as indoor dining, fitness centers and personal care providers, Los Angeles is now seeing decreased rates of hospitalizations (-18%) and deaths (-16%).</p> <p>Our local Health Department is now expressing cautious optimism about the progress we have made together since late June, and is continuing to stress the importance of compliance with the current preventive measures and restricted activities. Preparations are now underway for the upcoming flu season as vaccine trials, clinical trials and research continues to try to develop new and more effective ways to prevent and treat COVID-19.</p> <p>L.A. Care has completed telephonic outreach to more than 250,000 members at increased risk for COVID-19, including target outreach to African Americans, LatinX, Alaskan/Hawaiian/Native Americans/Pacific Islanders and is now developing outreach to members 18-40, the age cohort within which we are now seeing the highest rate of new infections.</p> <p>Member Maria Chandler, MD, stated that she is not sure if L.A. Care is aware, but the children's clinics are having difficulty obtaining testing kits. The turnaround time for results is 17 days. The Children's Clinics are not testing as much do to both of those issuers. She does not see a point in testing if the results will take that long. The best thing to do is place them in isolation. She asked if L.A. care is looking to improve the lab capacity. Dr. Parrish responded that L.A&gt; Care has been trying to do whatever possible such as checking load balance at labs to ensure turnaround times are more consistent L.A care does not have the ability to make changes in that area. She noted that providers have been having difficulty to obtain testing kits and the cost has gone up in some cases. If she can obtain more information she will get it to her through Board Services.</p> <p>Initial Health Assessments (IHA)</p>	

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	<p>Work is underway to revise the reports, enhance training and create a coordinated monitoring program with Clinical Assurance, Facility Site Review (FSR), Delegation Oversight, and L.A. Care’s internal audit team to address the Corrective Action Plans (CAPs) identified in the Summer 2019 Department of Health Care Services (DHCS) audit. The State has temporarily suspended the IHA requirement during the Covid-19 Emergency and the DHCS audit scheduled for this summer has been postponed until summer 2021. Despite the current suspension of the requirement, IHAs meet an important clinical need and will eventually need to be completed. DHCS has asked Plans to encourage members and Providers to continue to offer routine care including IHAs.</p> <p>Member Chandler stated that for virtual preventive visits with video component, her staff is only doing telephonic visits until they have video capability. She asked Dr. Parrish if she is aware if the Children’s Clinics can bill a preventive code and do everything they can for Medi-Cal and PPS rates. She would bill for more preventive services if they can bill for virtual visits without the video component (Telephonic). Dr. Parrish responded that for Federally Qualified Health Centers have specific rules for virtual visits. As long as it’s within managed care telehealth and virtual visits are ok, but there won’t be additional payment on top of capitation.</p> <p>Healthy Pregnancy and Healthy Heart Pilot– supporting telehealth services In order to support L.A. Care’s Direct Network and the Los Angeles County Department of Health Services providers offering telehealth services during the pandemic, L.A. Care Health Plan launched the Healthy Pregnancy and Healthy Heart Program. The Program is designed to reduce the frequency with which these members need to see their doctors in a face to face setting. The program eliminates the need for prior authorization to obtain low cost monitoring devices, blood pressure cuffs and weight scales, to members who are pregnant or who have been diagnosed with congestive heart failure (CHF). Providers eligible for the pilot were informed about the availability of the DME, member selection criteria, and how to request the DME. The need for prior authorization was removed to simplify the referral process and support quick delivery of the DME. L.A. Care’s contracted vendor is responsible for verifying member eligibility, confirming member address, delivering the equipment, and reporting fulfilled orders to L.A. Care. Since the program launch, L.A. Care has provided the blood pressure monitor cuff and weight scale to 13 eligible members.</p> <p>Health Information Technology</p>	

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	<ul style="list-style-type: none"> <li>• L.A. Care and First 5 LA are entering into a partnership to help medical practices improve child development by implementing developmental screening tools and increasing access to community resources.</li> <li>• eManagement is implemented with 94 providers serving 75,000 MCLA members.</li> <li>• Transform L.A. works remotely with eight practices representing 61 providers, 2,200 Direct Network members, and 22,000 L.A. Care members.</li> </ul> <p>Member Rebecca Dudovitz, MD, asked if L.A. Care has made an emphasis on promoting ‘flu vaccination this year. Dr. Parrish responded that it is a separate effort. She stated that L.A. Care is generating its specific ‘flu campaign and will begin in September.</p> <p>Member Ficek stated that she has a questions about the Population Needs Assessment. She noted that she sees surveying for member experience and L.A. Care developing an action plan placing priority ‘flu, postpartum care, and asthma. She asked if the components of the action plan ever shared. She would like to partner and work with L.A. Care. Dr. Parrish responded that the Population Needs Assessment is a specific document that is sent over to DHCS as a requirement. The action plan is the same as the Quality Improvement work plan.</p>	
<p>DHCS Required Preventive Care Outreach for Children</p> <p>Katrina Miller, MD, FAAP</p>	<p>Katrina Miller Parrish, MD, FAAP, <i>Chief Quality and Information Executive, Health Services</i>, gave a presentation on DHCS Required Preventive Care Outreach for Children (<i>A copy of the presentation can be obtained from Board Services</i>).</p> <p>The purpose of the preventive care outreach campaign is to increase utilization of preventive pediatric health care among Medi-Cal beneficiaries under 21 who have not used, or who have under-utilized, services available under Early and Periodic Screening, Diagnostic and Treatment (EPSDT). The Department of Health Care Services (DHCS) issued guidance for managed care plans to conduct a call campaign to encourage access to EPSDT services in accordance with APL 19-010 and the Bright Futures/American Academy of Pediatrics recommendations for preventive pediatric health care. The original campaign was scheduled for March 2020 and included targeted campaign by age group from infancy to 21 years.</p> <p>In March 2020, DHCS mailed a targeted outreach letter to approximately five million beneficiaries statewide. This notice informs beneficiaries under age 21 with full-scope</p>	

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	<p>Medi-Cal eligibility about EPSDT benefit and how to access services. Due to the COVID-19 pandemic, risk of infection and clinic closures, DHCS postponed the campaign. In an effort to maintain preventive care screening among children, DHCS is now instructing managed care plans to prioritize outreach to young children in two phases. DHCS approved Phases I and II of the preventive care outreach campaign on July 27, 2020 for implementation beginning on August 3, 2020. L.A. Care Health Plan will issue a provider notice advising them of this campaign and to resume preventive care services where possible.</p> <p>The first phase of the campaign will focus on infants and toddlers up to age two. The second phase will be focused on children ages three to six years. Through an outreach campaign, L.A. Care Health Plan will advise parents and/or caregivers and guardians that their child may be at risk for falling behind on their immunizations and blood lead level screening and they may be due to receive a check-up or well check visit for preventive care services. In accordance with public health guidance and member safety, it is recommended that beneficiaries call their provider to make an appointment for preventive care rather than walk-in visits</p> <p>Phase I was scheduled to begin no sooner than August 3, 2020 and conclude no later than August 20, 2020. Phase I will target beneficiary households with children from infancy to age two years, as well as households with multiple beneficiaries that include children up to age six years. Phase II will target households with beneficiaries ages three to six years, and was scheduled to begin on August 21, 2020 conclude no later than September 30, 2020. Medi-Cal beneficiaries between the ages of infancy to age two years and ages three to six years are, 47,963 and 68,672 respectively. Guidance on preventive care outreach for other age groups that qualify for EPSDT services are pending. This campaign is on hold until further notice from DHCS.</p> <p>Dr. Parrish asked the committee if they are familiar with the Children Now organization in case they would like to facilitate a discussion between the organization and L.A. Care.</p> <p>Member Ficek responded that First5LA has a long standing relationship with Children Now and would like to bring them in for a discussion. She noted that the Children Now report was looked into by First5LA. It is important that the report was released and she share it with L.A. Care.</p>	
ACEs Aware Program	Michael Brodsky, MD, Medical Director, Behavioral Health and Social Services, Behavioral Health, reported the following information about the Surgeon General's Adverse	

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Michael Brodsky, MD	<p>Childhood Experiences program:</p> <p>He noted that he last reported on this topic shortly before the end of 2019. The program is meant to provide universal screening for adverse events that occurred to children and adults. It is now an assigned Medi-Cal benefit. There is a small reimbursement for providers who administered the screening. The reimbursement went live on January 1, 2020. In the initial phase of the screening program, providers did not need to be certified or trained to administer the screenings. Grants were awarded to providers for training and program development 6 months after the start of screenings. First5LA was one of the recipients to be awarded a major grant related to training. In March, COVID-19 struck and this affected the number of well child visits and screenings. California's Surgeon General, Nadine Burke Harris, MD, published multiple versions of guidance for managing stress at home, adults working from home while managing child, and information to providers for identifying signs of desperation. He noted that the use of Telehealth by behavioral health providers has increased dramatically. L.A. Care's behavioral health provider, BEACON, reported that their usage increased by 2,000%. It is not difficult to conduct HIPAA (Health Insurance Portability and Accountability Act of 1996) compliant doctor visits with members through Telehealth.</p> <p>The State announced that family therapy sessions will be a covered benefit through Medi-Cal fee for service. Providers have been asking for more than decade for this to be a covered benefit. Managed care does not cover family therapy sessions. L.A. Care has reached out to DHCS to get clarification and he is cautiously optimistic that they will remove the restrictions for managed care plans. He strongly suspects that L.A. Care will be utilizing family therapy sessions as a necessary step two in the ACEs process. On July 1, 2020 the reimbursement changed to ensure that providers have signed up with the State and completed a training. Less than 1,500 providers have signed up to complete the training.</p> <p>Member Maria Chandler, MD, MBA, stated that she is surprised that there are only 1,500 providers certified in the State. She noted that she has over 100 providers certified. She advised that she is very experienced with ACEs and anyone in the committee can reach out to her if they have questions.</p>	
COVID-19 Health Disparities Outreach	Member James Kyle, MD, MDiv, Medical Director, Quality Improvement, gave a presentation on L.A. Care's COVID-19 Health Disparities Outreach <i>(A Copy of the presentation can be</i>	

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James Kyle, MD, MDiv	<p><i>obtained from Board Services).</i></p> <p>L.A. Care Responds to COVID Health Disparity  In response to the mounting evidence on the national and local level, L.A. Care leadership moved quickly to address the racial disparity for COVID-19 infections and mortality in L.A. County. L.A. Care has partnered with The California Endowment, the LA County Department of Public Health, the City of Los Angeles and local healthcare leaders. L.A. Care is collecting member data and observing County data. Key leaders within L.A. Care have also volunteered to develop a plan to address this challenge.</p> <p>Emerging Strategy</p> <ul style="list-style-type: none"> <li>• Our Customer Service Center and Community Resource Center Departments made live calls to high-risk Black/African American, Latinx, American Indian/Alaska Native and Native Hawaiian and Pacific Islander members.</li> <li>• On June 4, L.A. Care partnered with The California Endowment and the LA County Department of Public Health to host a Covid 19-Disparity Leadership Summit virtually with key community and political leaders to discuss a wider approach to COVID racial disparity.</li> <li>• Launched radio campaign in collaboration with Communications and Marketing with tailored messages regarding COVID-19 prevention specifically for those disproportionately impacted. Started airing on July 1, 2020 on REAL 92.3 and KOST 103.5.</li> <li>• Launched zip-code targeted social media campaign for Black/African American, Latinx, American Indian/Alaska Native and Native Hawaiian and Pacific Islander communities focused on prevention, testing, telehealth, mail-in pharmacy and emotional health.</li> </ul> <p>COVID-19 L.A. Care Data</p> <ul style="list-style-type: none"> <li>• As of 8/3/2020 L.A. Care data showed: <ul style="list-style-type: none"> <li>- 20,217 total confirmed cases</li> <li>- 4,686 members hospitalized</li> <li>- 766 reported deaths</li> <li>- County wide: 192,480 Cases, with 4,692 reported deaths as of 8/4/2020.</li> <li>- Data from a number of L.A. Care sources including HIE, Encounters, Costas Lab Data, QNXT, Compliance Reporting</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• L.A. Care is collaborating with L.A. County Department of Public Health modeling and data sharing as we monitor the spread of COVID-19.</li> </ul> <p>High Risk Demographics</p> <ul style="list-style-type: none"> <li>• L.A. Care has identified 18,276 high risk Latino members (disabled &amp; diabetic)</li> <li>• L.A. County Data: As of August 4, 2020 there are 192,480 Confirmed Cases</li> <li>• Latinos 114 cases/100,000</li> <li>• African Americans 102 cases/100,000</li> <li>• Whites 78 cases/100,000</li> <li>• Asians 73 cases/100,000</li> <li>• AI/AN 50 cases/100,000</li> </ul> <p>Based on this data L.A. Care is expanding its outreach to include the Latino community.</p> <p>Member Diana Ramos, MD, stated that she agrees that it's important to try to understand the opportunities for improvement, but not just in education. From her experience in treating patients she said that one of the things that is noticeable is that there are many people and multiple families living in one household. One person with COVID-19 can cause a domino effect and infect everyone in the household, because it is impossible for them to fully isolate from the rest of the family members. Internet access is a barrier for Telehealth visits and makes it difficult for doctors to see their patients and the environment that they are living in, virtually. She thanked Dr. Kyle for his report. Dr. Kyle responded that what L.A. Care is seeing happening in the community is sobering. No one at L.A. Care takes this data lightly. As hospitalizations and deaths continue to rise, L.A. Care is still trying to figure out how to turn these figures around.</p> <p>Ms. Ficek asked if the Leadership Summit is open to committee members to participate in. Dr. Kyle responded that there is an invitation for Community Based Organizations, but it is open for CHCAC members to participate.</p>	
<b>ADJOURNMENT</b>	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:     1/4/21