AGENDA
Technical Advisory Committee (TAC) Meeting
Thursday, November 12, 2020, 2:00 PM
L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Suite 1025, Los Angeles, CA 90017

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:

To listen to the meeting via videoconference please register by using the link below:
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Meeting number: 146 870 8958

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Dial: 1-415-655-0002
Meeting number: 146 870 8958

Members of the Board of Governors 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 November 12, 2020 will be provided in writing to the members of the Board of Governors at the meeting.

Once the meeting has started, emails and texts for public comment should 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.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act 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.

Welcome
Richard Seidman, MD, MPH
Chief Medical Officer
Chair

1. Approve today’s meeting agenda

2. Public Comment

3. Approve August 4, 2020 Meeting Minutes P.3

4. Chief Executive Officer Update

5. Chief Medical Officer Update

6. L.A. Care Virtual Care Strategy P.9

Chair

John Baackes
Chief Executive Officer
Chair

Len Rosenthal,
Director,
Health Information Technology
Marketing and Strategic Initiatives
7. **Direct Network Integrated Virtual and In-Person Specialty Care Program**
P.20

Adjournment

The next meeting is tentatively scheduled for January 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.

To confirm details with L.A. Care Board Services staff prior to the meeting call or text 213 628-6420.

**ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA,** according to California Gov't Code Section 54954.2 (a)(3) and Section 54954.3.

Any documents distributed to a majority of the Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection online at [www.lacare.org](http://www.lacare.org).

An audio recording of the meeting is 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**  
Technical Advisory Committee  
Meeting Minutes – August 4, 2020  
1055 W. Seventh Street, Los Angeles, CA 90017

**Members**  
Richard Seidman, MD, MPH, *Chairperson***  
John Baackes, CEO**  
Santiago Munoz **  
Paul Chung, MD, MS **  
Muntu Davis, MD, MPH **  
Elaine Batchlor, MD, MPH **  
Hector Flores, MD **  
Elan Shultz **  
Stephanie Taylor, PhD**  
Rishi Manchanda, MD, MPH**

**Management**  
Augustavia Haydel, Esq., *General Counsel*  
James Kyle, MD, M.Div., *Director, Quality*

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<td><strong>CALL TO ORDER</strong></td>
<td>Richard Seidman, MD, MPH, <em>Chief Medical Officer</em>, called the meeting to order at 2:10 p.m.</td>
<td>Approved Unanimously. 10 AYES (Baackes, Batchlor, Chung, Davis, Flores, Manchanda, Munoz, Seidman, Shultz, Taylor)</td>
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<td><strong>APPROVAL OF MEETING AGENDA</strong></td>
<td>The Agenda for today’s meeting was approved as submitted.</td>
<td>Approved. 9 AYES (Baackes, Batchlor, Chung, Flores, Manchanda, Munoz, Seidman, Shultz, Taylor) 1 Abstention (Davis)</td>
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<td><strong>PUBLIC COMMENT</strong></td>
<td>There were no public comments.</td>
<td>Approved. 9 AYES (Baackes, Batchlor, Chung, Flores, Manchanda, Munoz, Seidman, Shultz, Taylor) 1 Abstention (Davis)</td>
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| **APPROVAL OF MEETING MINUTES** | Member Stephanie Taylor, *PhD*, noted that the meeting minutes reflect that she was present and she did not attend the meeting on May 4.  
Member Muntu Davis, *MD, MPH*, stated that he will abstain, because he was not present at the May 4 meeting.  
The May 4, 2020 meeting minutes were approved with the correction noted above. | Approved. 9 AYES (Baackes, Batchlor, Chung, Flores, Manchanda, Munoz, Seidman, Shultz, Taylor) 1 Abstention (Davis) |
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| **CHIEF EXECUTIVE OFFICER REPORT**  
John Baackes, CEO | Member John Baackes, CEO, gave the following updates:  
L.A. Care represents a population of people that are most affected by the COVID-19 pandemic. African Americans and other people of color are suffering at a higher rate. Due to the health disparities in those populations and some communities, L.A. Care conducted outbound calls to 200,000 highest risk members to alert them of the risk to their health. Calls were warm transferred if members needed additional assistance or information. A similar campaign will be conducted for African American and LatinX members.  
L.A. Care’s 2,000 employees have been operating remotely since the first week of March. Operations are running smoothly and in some departments production has gone up. All production guidelines are being met. L.A. Care members have been greatly impacted by the civil unrest due to racial and social injustice. In response, L.A. Care has drafted a statement of principles. Staff and RCAC members helped and provided input. About 34% staff and 25% of RCAC members participated. The statement was approved by the Board last Thursday. James Kyle, MD, M.Div., Medical Director, Quality, Quality Improvement, created the Equity Council Steering Committee, which will be chaired by Dr. Kyle. There are three equity councils made up of members, providers and employees. Agenda topics will be about how to engage members in regard to disparities, equality, equity, and health care. It is important to have as many providers to match up with members as possible. The steering committee has asked five at-large members to join the committee.  
Another impact of COVID-19 is the economic recession. The State has approved and enacted a retroactive 1.5% rate reduction. The State is moving from a fiscal to a calendar year for Medi-Cal rates. The budget included funding that the Federal government has not yet provided. If the budget does not cover what California penciled in, further adjustments to Medi-Cal will be made, likely in the form of benefit reductions. He noted that L.A. Care has held discussions with its contracted hospitals, nursing homes, direct network, medical groups, and skilled nursing facilities about the benefit cuts. The feedback that was received was very beneficial.  
He noted that L.A. Care expected a large increase in Medi-Cal enrollment, likely due to job loss. UCLA conducted a study in 2018, which found that 800,000 of Medi-Cal beneficiaries reported that they had full time employment. Approximately 34% beneficiaries had outside income from service jobs. | |
**AGENDA ITEM / PRESENTER**

(Member Baackes left the meeting.)

Dr. Kyle described the Equity Council Steering Committee. He noted that he received indications of interest from 19 team members. The committee was launched two weeks ago and has held two meetings.

Member Rishi Manchanda, MD, thanked Dr. Kyle for his work and L.A. Care’s initiative on this issue. He asked about metrics and L.A. Care’s role as a leader on this issue. He asked what resources L.A. Care is hoping to find. Dr. Kyle responded that L.A. Care has the advantage of having five members at-large. The next meeting will be focused on selecting metrics.

Member Elaine Batchlor, MD, suggested that Dr. Kyle look at the alignment of the diversity of members and provider network and see how they match up. There is a need for a more diverse provider pool.

Member Paul Chung, MD, noted that it would be good to see data in regard to diversity in members and providers. There is diversity within the patient population, but there are more general statistics among the provider population, provider applications and applicants. There are a few different ways to triangulate data and make better comparisons.

Member Flores suggested a partnership with the L.A. County Medical Association. He established a racial equity council, a first objective was to focus on racism as a public health crisis and identify their role. Back in March they adopted a rapid response to the COVID-19 pandemic and the impact it was having on small practices.

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**CHIEF MEDICAL OFFICER REPORT**

Richard Seidman, MD, MPH

Member Seidman advised the committee that at the end of the meeting he would like to have a roundtable discussion about three topics with the committee: 1) What are members doing in their organizations to respond to COVID-19? 2) What advice can they give L.A. Care and what can be done better? 3) What else can L.A. Care do to prepare for the future, such as the availability and equity of distribution of a COVID-19 vaccine?

Member Seidman reported that L.A. Care conducted outreach to its most high risk members to notify them of COVID-19 services available. Members who needed additional resources such as food they were connected with available resources. L.A. Care participated in several food drives and was able to identify and add additional resources.
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<td>resources to the community link resource platform. As new resources are identified L.A. Care is able to notify its vendor and add them to its platform within 24-48 hours. The resource platform can be found on the L.A. Care website. He stated that the most recent data released by L.A. County shows that the most recent wave of COVID-19 infections shows the age distribution changed. A majority of new infections were in the 18 to 40-year range. The most recently hospitalized were 30-40 year olds. The younger age cohort is doing better medically. In light of the new demographic L.A. Care is launching a new outreach campaign that will target young adults and essential workers. Another campaign that L.A. Care is working on targets families of children ages 0-6 to remind them to keep up with their preventive care appointments. Member Manchanda asked Dr. Seidman about the technology and staff model L.A. Care is using to conduct outreach efforts. Member Seidman responded that texting is very difficult due to State bureaucracy. Member Seidman noted that L.A. Care is using robo calls to reach out to members and that L.A. Care is using the call center staff, licensed care management staff, community health workers, and family resource center staff to reach out to members and the community. He informed the committee that institutions that are serving Medi-Cal members can apply for the Federal Provider Relief Fund. The deadline has been extended to August 28, 2020. Members can reach out to him or Victor Rodriguez, Board Specialist II, Board Services, to obtain more information.</td>
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<p>| ROUNDTABLE DISCUSSION | Member Seidman led the committee in a round table discussion. Member Santiago Munoz stated that UCLA Health has had heartfelt dialogue in regard to racism, health care, and the current state of society. It has been helpful in shaping its response to eliminating disparities. They have committed to collaborating with staff to create transformative change. It shows that they are focusing on health equity and they are invested emotionally, soliciting as much feedback as possible. For the first time in UCLA Health’s history a Chief Diversity Officer position will be created. The position is going to serve the Executive level of his team and will report to the President and CEO. The intention is to help the CEO create plans that will drive culture that embraces equity and inclusion. He noted that UCLA Health is discussing and is | |</p>
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<td>committed to funding staff training and programs. The goal is to create a more representative team.</td>
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<td>Member Muntu Davis, MD, MPH, stated that he is thankful for everything that L.A. Care has done to battle the COVID-19 pandemic. He thanked James Kyle, MD, M.Div., and Member Seidman for moving forward with Equity Council Steering Committee and all the work they have done to combat disparities caused by COVID-19.</td>
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<td>Member Batchlor stated that her organization is looking at advocacy for resources in underserved communities. She noted that the underfunding of Medicaid has left the minority community with a host of chronic illnesses attributed to the pandemic. She stated that community access to lower level care needs to be part of the broader conversation on how to allocate public resources so that there is invested in social good.</td>
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<td>Member Elan Shultz stated that the county has significantly increased its local capacity for community-based testing. Funding is being provided to stand up additional sites for testing. He noted that the county is adding six new sites and is increasing capacity at its currently operating sites. There is much more availability in terms of appointments. He stated that there has been great innovation at labs to better the turnaround time for testing results. Local testing capacity has ramped up and there has been great improvement. He noted that the county needs to start preparing strategically for COVID-19 vaccine distribution.</td>
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<td>Member Chung stated that equity cannot be achieved unless the power structure is altered. It is important to extend this to other relationships in the community and within the school. He noted the need to look at the power distribution within a room as well. He has done research on children developmental screening and he noticed that food insecurity is a big issue. He noted that it will be very useful if L.A. Care can look into the effects of food insecurity whenever possible. He stressed the need for everyone to participate in the census to ensure resources are allocated properly.</td>
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<td>Member Taylor stated that everything going on at Kaiser is also going on at the Veterans Affairs (VA) hospitals. Although they have 5,000 researchers across the country and have 300-400 studies going on, it is difficult to get results quickly. They are documenting everything at the national level. She noted that her colleague Donna Washington, MD, is leading the VA nationally on social determinants of health and racial disparities caused by COVID-19. She stated that Dr. Washington is available to</td>
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<td>speak at the next TAC meeting. Member Seidman asked Mr. Rodriguez to please note it down as an agenda item for the next meeting. Member Manchanda stated that there is much going at Health Begins. He has done consulting work to help partners develop strategies to move up stream in regards to social needs, social determinants, and equity.</td>
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**ADJOURNMENT**

The meeting was adjourned at 4:02 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
Virtual Care Strategy
For L.A. Care presentation
to TAC

November 12, 2020

L.A. Care Private
Assertion

• COVID-19 changed ambulatory care delivery with Virtual Care (VC) more prominent going forward
Findings

- Relaxed regulations and reimbursements drive growth
- Practices in driver’s seat
- Favorable advantage in safety net
- Televisits must take hold first
- 18 innovations significant in 10 years
- 6 show promise now

3-5 Years

- Televisits, eVisits, Check-Ins
- Remote Patient Monitoring
- eConsults
- Population Health & Patient Engagement
- Patient Apps
- Virtual Health Plan Product

6-10 Years

- Health Care Interoperability
- Infectious Disease Surveillance
- Diagnostic At-Home Testing
- EHR Megasuite for Virtual Care
- Enterprise Virtual Care Platform
- Virtual Health Assistants
- Smart Wearables
- Medication Compliance Management
- Smart Patient Decision
- Smart Encounters
- Critical Condition Surveillance
Recommendations

L.A. Care should proceed in a coordinated, strategic way across departments:

• 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:
  - Televisits, eVisits, Check-Ins
  - Remote Patient Monitoring
  - eConsults
  - Population Health and Patient Engagement
  - Patient Apps
  - VC Health Plan Product
Reference
Televisits/eVisits/Virtual Check-In

Projected 3-5 Year Adoption: **High/Mainstream (>50%)**

**Pre-COVID**
- In large systems
- Few small practices
- Limited reimbursement and incentives

**During COVID**
- Large, sudden increase
- Technology free-for-all from loosening HIPAA
- Reimbursement same as in-person

**Growth driven by:**
- Increased reimbursement, incentives
- Relaxation of regulations
- Revised workflow with clinician, MA, NP, staff
- Most effective when bundled

**Key challenges:**
- Patient trust/comfort
- Appropriate telehealth provider network
- Multiple languages
- Funding for implementation
Remote Patient Monitoring

Projected 3-5 Year Adoption: **Medium (25-50%)**

Pre-COVID:
- Limited, intermittent
- Few services reimbursed for

During COVID:
- Interest increases
- Expands to acute illness
- Providers send basic medical devices to home but not integrated into EHRs

Growth driven by:
- Televisits/virtual check in/evisits will drive RPM increase
- Once basic equipment in home, RPM will expand to handle more conditions
- RPM will integrate into EHRs
- Reimbursement will continue

Key challenges:
- Patients use equipment correctly
- Proper reimbursement
- Funding for implementation
- Get televisits/virtual check in/evisits in place first
Population Health & Patient Engagement

Projected 3-5 Year Adoption: **Medium (25-50%)**

Pre-COVID:
- In large systems
- Rare in small practices.

During COVID:
- Communications to patients critical, particularly to direct patients to VC
- Importance of population data grows

Growth driven by:
- Connection with many aspects of virtual care including televisits/evisits/check-in, RPM, apps/portals, and EHR
- Useful during emergencies
- Health plan can also use for marketing and education

Key challenges:
- High cost, time
- Developing effective communications and engagement plan
eConsults

Projected 3-5 Year Adoption: **Medium (25-50%)**

**Pre-COVID:**
- In large systems
- Not much use in small practices.
- Some reimbursement and incentives

**During COVID:**
- No change

**Growth driven by:**
- Situations with severe shortage of specialists with long wait times

**Key challenges:**
- Justifying a difficult business case beyond niche situations
- PCPs may not use it unless they get paid
Patient Apps

Projected 3-5 Year Adoption: Medium (25-50%)

Pre-COVID:
- Low use, only when directed
- Poor user experience

During COVID:
- SD increases interest in apps

Growth driven by:
- Apps providing access to services patients find useful such as televisits, evisits, virtual check-ins, and RPM
- Communicate critical information
- Portal use will decline with shift to mobile devices, patients will move to app

Key challenges:
- Adding more features patients find useful
- Better user experience
Virtual Health Plan Product

Projected 3-5 Year Adoption: **Medium (25-50%)**

**Pre-COVID:**
- A few payers are starting to offer plans
- Patient enrollment low
- Could grow as patients get used to VC

**During COVID:**
- SD gets patients comfortable with VC

**Growth driven by:**
- Value-focused tech-savvy patients
- ‘Invincibles’ and people who don’t use medical care much
- VC gets easier to use, accepted as replacement to face-to-face

**Key challenges:**
- Getting patients to use VC unless F2F needed
- Proper reimbursement
L.A. Care’s Integrated Virtual and In-person Specialty Care Program (V-SCP) for the Direct Network

November 12, 2020
…..never let a good crisis go to waste…

Our Window of Time for V-SCP

- COVID-19 pandemic
- Relaxed regulatory telehealth rules
  - CMS, DHCS and DMHC
- Payors are paying for telehealth
- Frontline providers are adopting
- Patients are wanting more “on demand,” accessible care

- Health Equity
  - Improve access and address health disparities

- Direct Network
  - Specialty access and network is a growing need
  - Opportunity to re-imagine the specialty care model
    - Accommodate virtual and in-person care
L.A. Care’s V-SCP- Guiding Principles

Guiding Principles:

• Improve member access and satisfaction
  - Value, convenience and access to needed care or concerns

• Support PCPs and Specialty Care Providers in reducing abrasion and remove real and perceived barriers (i.e. authorization process, network gaps)

• 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:
  - Serve members effectively, timely and with ease
  - Support primary and specialty care providers (medical village) as we expand the Direct Network
Virtual Care Strategy to Recommended V-SCP Initiative*

Targeted (Years 1 and 2) Key Virtual Care Initiatives to Implement During the Pandemic Where Telehealth Use is on the Rise.

- Televisits, eVisits, Check-Ins
- Remote Patient Monitoring
- eConsults
- Population Health and Patient Engagement
- Patient Apps
- Virtual Health Plan Product

3-5 Years

*Taken from L.A. Care’s Virtual Care Strategy White Paper August 2020.
Proposed Virtual and in-Person Specialty Care Program Workflow

...this is elegant and well thought out...

...L.A. Care's Virtual Care workflow makes sense and is what we have been developing...
Preliminary Specialty and Virtual Care Survey to Date
Multi-Specialty Adult and Pediatric Group
Engagement and Feedback

- Reviewed LA Care’s V-SCP draft workflow
  - 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
  - Provided LA Care a list of Adult and Pediatric specialties
- Exploring the idea of being an eConsult specialist reviewer
  - Currently has some experience as a eConsult specialist reviewers.
  - Reviewing L.A. Care’s Direct Network referral data

Overall impression:
- Good reputation; significant telehealth experience
Multi-specialty Pediatric Group Engagement and Feedback

- Reviewed LA Care’s V-SCP draft workflow
  - 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
  - Able to do all pediatric specialties
- Exploring the idea of being an eConsult specialist reviewer
  - Does not do any eConsult, but has DHS-CHLA pediatric specialists who serve as eConsult reviewers for DHS
  - Reviewing L.A. Care Direct Network referral data

Overall Impression:
- Good reputation; significant telehealth experience
Multi-specialty Adult Telehealth Medical Group
Engagement and Feedback

• Reviewed LA Care’s V-SCP draft workflow
  - 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

Overall Impression
• Worked with other health plans and medical groups,
  main focus is on telehealth
Small and Solo Specialty Practice Virtual Care Assessment

• Many small and solo practice specialists want to expand and provide more telehealth services, but have limitations in administration capacity to scale and sustain
  - Use of telehealth is “spotty” (35% DN SCPs with at least 1 telehealth visit); variety of platforms, technology and workflows
    • Smaller percentage of DN SCPs, 16%, represent majority, 78%, of all telehealth visits
      • Most offer telephone, some with tele-video options – using whichever video platform is easiest for patients to use
  
• No direct (i.e. eConsult like) communication between PCP and Specialists

Overall Impression

• Will need to commit significant resources and provide a seasoned team of workflow and trainers support the small and solo specialists to expand telehealth services.
Recommended Next Steps

• 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
  • i.e. Provider engagement and training, marketing and other resources