AGENDA
Children’s Health Consultant Advisory Committee Meeting
Board of Governors
Tuesday, November 17, 2020, 8:30 a.m.
L.A. Care Health Plan, 1055 W 7th Street, 10th Floor, Los Angeles, CA 90017

California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions. Accordingly, members of the public should now listen to this meeting via teleconference or videoconference as follows:

To join the meeting via videoconference please register by using the link below:
https://lacare.webex.com/lacare/onstage/g.php?MTID=e3b18129612a191ba5186e9cbe1d72acf

To join the meeting via teleconference please dial:
+1-213-306-3065
Meeting Number: 146 501 3744

Members of the Board of Governors or staff may also participate in this meeting via videoconference or teleconference. The public is encouraged to submit its public comments or comments on Agenda items in writing by e-mail to boardservices@lacare.org, or by a text or voicemail to 213 628 6420.

The text, voicemail, or email should indicate if you wish to be identified or remain anonymous, and should also include the name of the item to which your comment relates.

Comments received by voicemail, email or text by 8:30 a.m. on November 17, 2020 will be provided in writing to the members of the Children’s Health Consultants Advisory Committee 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.

Public comments will be read for up to 3 minutes at the meeting.
All votes in a teleconferenced meeting shall be conducted by roll call.

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

1. Approve today’s Agenda
2. Public Comment
3. Approve August 18, 2020 meeting minutes P.3
4. Chairperson Report
5. Chief Medical Officer Report P.11

Tara Ficek, MPH
Chair

Richard Seidman, MD, MPH
Chief Medical Officer
6. L.A. Care Healthy Moms and Babies (LAHMB) \[P.18\]

7. Membership (CHC 100) \[P.24\]

**ADJOURNMENT**

The next meeting is scheduled on January 19, 2020 at 8:30 a.m.

Please keep public comments to three minutes or less.

The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting. To confirm details with L.A. Care Board Services staff prior to the meeting call (213) 694-1250, extension 4183 or 4184.

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

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

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at Board Services, L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday – Friday.

AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notices, and meeting packet may contact L.A. Care’s Board Services Department at (213) 694-1230. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.
# BOARD OF GOVERNORS
## Children’s Health Consultant Advisory Committee
### Meeting Minutes – August 18, 2020
1055 W. Seventh Street, Los Angeles, CA 90017

**Members**
- Tara Ficek, MPH, *Chair**
- Linda Aragon, MPH
- Edward Bloch, MD
- Maria Chandler, MD, MBA
- Ilan Shapiro, MD, FAAP
- Rebecca Dudovitz, MD, MS

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

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<td>CALL TO ORDER</td>
<td>Tara Ficek, MPH, <em>Chair</em> called the meeting to order at 8:35 a.m. without quorum.</td>
<td>Approved unanimously. 11 AYES (Bloch, Ficek, Frederick, Jordan, Knox, Kyle, Perez, Puffer, Ramos, Seidman, Shapiro)</td>
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<td>APPROVAL OF MEETING AGENDA</td>
<td>The Committee reached a quorum at 1:20 p.m.</td>
<td>Approved unanimously. 11 AYES (Bloch, Ficek, Frederick, Jordan, Knox, Kyle, Perez, Puffer, Ramos, Seidman, Shapiro)</td>
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<td>APPROVAL OF THE MEETING MINUTES</td>
<td>The minutes of the June 26, 2020 meeting were approved as submitted.</td>
<td>Approved unanimously. 11 AYES</td>
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<td>CHAIRPERSON REPORT</td>
<td>There was no report from the Chairperson.</td>
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<td>CHIEF MEDICAL OFFICER REPORT</td>
<td>Katrina Miller Parrish, MD, MPH, presented the CMO report: COVID-19 Update</td>
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<td>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</td>
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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%).

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.

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.

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> 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.

Initial Health Assessments (IHA)
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<td>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.</td>
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<td>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.</td>
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<td>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.</td>
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<td>Health Information Technology</td>
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|                        | • 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.  
• eManagement is implemented with 94 providers serving 75,000 MCLA members.  
• Transform L.A. works remotely with eight practices representing 61 providers, 2,200 Direct Network members, and 22,000 L.A. Care members.  
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.  
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. |                          |
| DHCS Required Preventive Care Outreach for Children  
Katrina Miller, MD, FAAP | Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services, gave a presentation on DHCS Required Preventive Care Outreach for Children (*A copy of the presentation can be obtained from Board Services*).  
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.  
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 |                          |
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<td>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. 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. Phase I was scheduled to begin no sooner than August 3, 2020 and conclude no later than August 20, 2020. Phase II will target 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. 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. 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.</td>
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| Michael Brodsky, MD   | Childhood Experiences program:  
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.  
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.  
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 the 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 (A Copy of the presentation can be | |</p>
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<td>James Kyle, MD, MDiv</td>
<td><em>obtained from Board Services</em></td>
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<td>L.A. Care Responds to COVID Health Disparity</td>
<td>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.</td>
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<td>Emerging Strategy</td>
<td>• 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.</td>
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<td>• 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.</td>
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<td>• 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.</td>
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<td>• 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.</td>
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<td>COVID-19 L.A. Care Data</td>
<td>• As of 8/3/2020 L.A. Care data showed:</td>
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<td>- 20,217 total confirmed cases</td>
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<td>- 4,686 members hospitalized</td>
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<td>- 766 reported deaths</td>
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<td>- County wide: 192,480 Cases, with 4,692 reported deaths as of 8/4/2020.</td>
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<td>- Data from a number of L.A. Care sources including HIE, Encounters, Costas Lab Data, QNXT, Compliance Reporting</td>
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<td>• 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.</td>
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<td>High Risk Demographics</td>
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<td>• L.A. Care has identified 18,276 high risk Latino members (disabled &amp; diabetic)</td>
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<td>• L.A. County Data: As of August 4, 2020 there are 192,480 Confirmed Cases</td>
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<td>• Latinos</td>
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<td>114 cases/100,000</td>
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<td>• African Americans</td>
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<td>102 cases/100,000</td>
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<td>• Whites</td>
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<td>78 cases/100,000</td>
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<td>• Asians</td>
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<td>73 cases/100,000</td>
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<td>50 cases/100,000</td>
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<td>Based on this data L.A. Care is expanding its outreach to include the Latino community.</td>
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<td>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 sees 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.</td>
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<td>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.</td>
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**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

Date Signed: __________________________
COVID-19 Update – At the time of this writing, we are approaching 50 million cases of COVID-19 reported worldwide with more than 1.2 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 and cases are increasing at rates as high as we saw during the peak of the summer surge. Los Angeles remains in Tier 1, the most restrictive tier of the State’s Blueprint for a Safer Economy. I will provide a verbal update highlighting the most current numbers and trends during the upcoming Board and Committee meetings.

Influenza (Flu) Update

Flu season in Los Angeles typically ramps up in October, peaks sometime in January, and tails off by the end of March most years. The Los Angeles County Department of Public Health (LAC DPH) recommends that everyone get their flu shot before the end of October. Due to the COVID-19 pandemic this year, it is widely recognized that our Fight the Flu efforts must be more effective than ever. Public Health has also noted the relatively light flu season in the Southern Hemisphere and the potential benefit of widespread masking and social distancing due to COVID-19.

L.A. Care has successfully partnered with the LAC DPH and all of the other Medi-Cal managed care health plans in Los Angeles County to collaborate on efforts to Fight the Flu and lay the groundwork for successful COVID-19 vaccination efforts once we have a licensed, safe and effective COVID-19 vaccine. Collaborative projects include a co-branded vaccine hesitancy provider education material created by HealthNet, a flu myths buster video developed by L.A. Care, and a clinician’s flu guidance letter by LAC DPH.

Flu Vaccine Clinics:

After months of planning and collaboration with multiple stakeholders, drive through flu clinics got underway beginning in October to provide free flu vaccines to our communities. Our primary goal is to maximize flu vaccine uptake this year to reduce the number of flu cases and avoid the risk of overwhelming the health care delivery system with both influenza and COVID-19 at the same time. Free flu shots were provided to all members of the community who showed up, regardless of insurance status, or health insurance plan. As of early November, 2,186 vaccines have been administered during our first seven events of the season, with two additional events currently scheduled and more being planned.

Other interventions include:
1. Flu shot reminder postcards
2. Live-agent member calls
3. Instagram and Facebook campaigns
Utilization Management

In addition to other cost savings efforts across the organization, the Health Services team has prioritized the following:

1. Inpatient Admissions and Skilled Nursing Facilities (SNFs) account for the largest proportion of medical costs. We have conducted an analysis to identify the contracted groups with the most opportunity to achieve cost savings.
2. Inpatient Admissions – Restructured the inpatient UM workflow to include timely case reviews for Emergency Room cases requiring admission.
3. Tertiary/Quaternary (T/Q) Utilization – Many of L.A. Care’s contracted medical groups (IPAs/PPGs) are delegated to manage inpatient prior authorization requests. L.A. Care has now restricted those activities to non-T/Q facilities, giving us more consistent control over the use of these higher cost facilities that should be reserved for more complex cases. Efforts include re-direction to lower cost facilities and review of outpatient referral requests.
4. Transitions of Care – Increased focus on transitions of care to reduce readmissions.
5. High Dollar Case Review – Opportunities include efforts to reduce admissions with more focused case management, redirection of admissions to lower cost facilities, optimization of payment integrity review, and contract negotiations.
6. Skilled Nursing Facilities – Refining our SNF network to strengthen our collaboration with fewer, more strategic facility partners. Focus on streamlined referral processes to expedite timely discharges and placements. Increase recuperative care and congregate living options.

Quality Update

DHCS Auto-Assignment

Recognizing the disruption to normal business practices due to COVID-19, DHCS decided to carry forward the results from last year’s auto-assignment outcomes, which determine the proportion of default member assignment in Two Plan counties such as Los Angeles. The good news is that L.A. Care will continue to benefit from a 67% to 33% advantage over Health Net effective 1/1/21. As a reminder, for the past year, L.A. Care had been receiving an additional 9% of default member assignment to correct for an error detected by the State.

Health Equity

- The second COVID-19 Disparities Leadership Summit took place on Thursday, September 10 from 10am-12pm. (Member Equity Council Activity 3-5). L.A. Care has played a leadership role in organizing the first and second of these efforts. Dr. James Kyle, our Quality Improvement Medical Director facilitated both summits.
- The Harvard Disparities Leadership Program kicked off in September. Our project will focus on implementing a high-risk pregnancy program at L.A. Care.
- L.A. Care has established a new partnership with the Los Angeles County Human Relations Commission. Opportunities include collaborative efforts to reduce hate crimes.
Housing Update

- **LAHSA Data Match for Project Roomkey (PRK) and HHP Coordination** – Successfully shared a list of 2,600 PRK participants who are L.A. Care or Plan Partner members to LAHSA on October 28, to connect members with Health Homes and other health plan benefits and services.

- **Higher Level of Care placements (HLOC) Project Roomkey (PRK) Collaboration** – Safety Net Initiatives (SNI) presented to the L.A. County Board of Supervisors Homeless Deputies on October 19, and participated 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.

- **COVID High Risk List Webinar and Guide** - SNI collaborated with CCALAC and LAHSA to develop a COVID High Risk List guide and presented this material as a webinar for community clinics and HHP CB-CMEs on October 20, 2020.

- **Health Homes Capacity Building** - SNI on-boarded Deborah Maddis, our consultant who will provide support to help HHP CB-CMEs improve housing navigation and homeless services.

- **Presentation on Health Homes and Project Roomkey Collaboration** - SNI co-presented with LAHSA at the Aurrera HHP Learning Collaborative hosted by DHCS on October 29, 2020.

- **L.A. Care and LAHSA selected for Center for HealthCare Strategies Learning Community** – Alison Klurfeld, Jessica Jew, Delia Mojarro and Becky Lee from L.A. Care and Daniel Reti from LAHSA will begin participation in a 12-month learning community.

- **Housing for Healthy CA** – SNI, L.A. Care Legal Counsel, and LA County DHS Housing For Health legal counsel initiated the MOU and data sharing agreement process for this new partnership.

- **Housing for Health and Brilliant Corners grant program** – As of October 2020, a total of 287 households are actively enrolled in the grant and 263 of those have secured housing, and 207 of those housed (79%) are L.A. Care members.

- **Housing for Health Street Medicine Team** – SNI and Dr. Li met with the L.A. County Housing for Health team regarding their planned launch of 3-6 new street medicine teams in early 2021, building on current homeless outreach & COVID-19 testing team infrastructure.

Quality Improvement-Initiatives

- An analysis of Clinician Group-Consumer Assessment of Healthcare Provider and System (CG-CAHPS) scores found that 5 of the lowest performing PPGs for the last 2 years are contracted exclusively with the Plan Partners. We will focus efforts to collaborate with our Plan Partners and their contracted groups to improve performance.

- **Customer Service Training launching** - Beginning October 6, QI will offer 10 online training sessions for providers and 4 sessions for practice managers on topics like how to deal with difficult patients, communicate effectively through telehealth, motivate positive health behaviors, and manage office staff for customer service excellence. The training sessions will be promoted extensively and high attendance is expected.

- On September 2nd the State added two new quality improvement projects for the Medi-Cal line of business. One quality improvement project on three COVID-19 initiatives and the other a PDSA on a low performing measure. The team has chosen to focus on the Well-Child Visits in the First 15 Months of Life. Interventions are still being designed or vetted for these projects.

- **A COVID-19 insert on Clinic Safety Practices** has been created and presented to the COVID-19 approval committee. This insert will accompany all our member mailers, and is pending State approval.
- A COVID-19 provider memo on Clinic Safety Practices was created and is in the approval stage. Once approved, the memo will be sent to PPGs via the Provider Network Management Fax Blast to distribute to their contracted PCPs, specialists and imaging centers.

- Upcoming QI webinars include Oral Health for Children in Primary Care, Lead Poisoning in Children, and End of Year Strategies for HEDIS. Webinars continue to be well received and attendance is increasing.

Initial Health Assessments (IHA)

- All 2019 IHA corrective action plans 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 throughout the remainder of the Public Health Emergency using virtual health methods as much as possible.

  - Managed Long Term Support Services (MLTSS) worked with Behavioral Health to transition the monitoring of IHAs in facilities such as institutions for mental diseases (IMDs) as of July 1, 2020 and has noted challenges with IMDs completing the Staying Healthy Assessment (SHA) component. Compliance is following up with DHCS regarding the requirement which may not be appropriate for members living in an institutional setting.

Incentives

- Provider Incentives
  - The teams are running data for all MY 2019/RY 2020 final P4P reporting and payments. The aim is to complete all payments by end of November.
  - The team has identified a strategy and designed a new incentive program for Direct Network providers.

Pharmacy

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

- L.A. Care Health Plan’s Pharmacy Department has partnered with the California Right Meds Collaborative (CRMC), an initiative of the University of Southern California (USC) School of Pharmacy, to develop a network of pharmacies that will deliver Comprehensive Medication Management (CMM) services to address the high burden of chronic disease states in underserved areas of Los Angeles County.

- A new patient outreach strategy was developed to identify high-risk patients who have been recently discharged from the hospital with uncontrolled diabetes. Along with this, patients are also being stratified based on health disparities.

- Safety Net Clinic Partnerships: In order to maximize the effectiveness and efficiency of the program, and ensure close communication and collaboration with federally qualified health centers, the
participating pharmacies have developed clinic partnerships including: Watts HealthCare, Center for Community Health (JWCH Institute), Central Neighborhood Health Foundation, Parktree Community Health Center and other physician offices.

- Media highlights: The innovative nature of the pharmacy program has been highlighted by media outlets including the American Pharmacists Association, Pharmacy Times, and Healthcare Innovations.
- Member satisfaction: As part of the learning session for the CRMC participating L.A. Care pilot pharmacies, one of the L.A. Care members submitted a video testimonial regarding the program, which has also been published in press releases:
  - One member told of her 20-year history of uncontrolled diabetes, which put her at high risk for hospitalization and possible amputations. She began meeting with her local pharmacist via video-chat, learning how to change her eating habits, exercise, monitor her blood sugar levels consistently and regulate her medications. Today she is meeting the health goals set by her physician. “I truly appreciate my pharmacist,” she says. “I just needed the push that said, ‘you can do it’.”
- Our CRMC pharmacists have not only served in the capacity of chronic disease management. The USC Medical Plaza Pharmacy, Western University Pharmacy, Manchester/Hawthorne Professional Pharmacy, and CliniCare Pharmacy have partnered with L.A. Care for this season’s drive-through Flu Clinics at our CRCs to provide free flu vaccinations to the community.

Clinical Pharmacy Pilot Program (Ambulatory Care):

The Clinical Pharmacy Program has continued to expand, adding its third site, Watts Healthcare Corporation, last month.

Transitions of Care Program (TCP):

- The first TCP meeting kicked off on October 15th, 2020.
- L.A. Care’s Pharmacy Department helped spearhead the program by sharing our Medication Reconciliation Upon Discharge intervention workflow, which was successfully launched in May 2020 (see below under “Comprehensive Medication Management (CMM) – Telephonic Consult”), to be adapted for TCP and provided input in developing the Community Health Worker (CHW) Assessment. A pharmacist and pharmacy technician were also involved in training community health workers on obtaining hospital discharge paperwork.
- The Pharmacy Department has been collaborating with Dr. Brodsky and Social Services to provide CHWs with medication histories, review each member’s discharge summary/medication list, and identify and resolve medication-related problems. A provider letter or clinical notice summarizing clinical recommendations from the pharmacist is sent to the CHW to share with the member’s healthcare team.

Comprehensive Medication Management (CMM) – Telephonic Consult:

- As part of our new CMM Telephonic Consult service, an L.A. Care pharmacist will conduct CMM services internally for CMC members who are eligible for Medication Therapy Management (MTM) and meet criteria for the Medication Reconciliation Upon Discharge (MRP) HEDIS accreditation
measure. As part of this program, an L.A. Care pharmacist will complete both a comprehensive medication review (CMR) and medication reconciliation with the member within 30 days post-discharge. A summary of the CMR in the form of a medication action plan (MAP) will be mailed to the member, and any clinical recommendations along with member feedback will be faxed to the provider.

- Since inception of the program in mid-May 2020, 74 medication reconciliation reviews were completed and faxed to the primary care provider for review, and 50 CMRs were completed telephonically with members. We have met our goal of completing 50 CMRs for calendar year 2020.

- Since the beginning of 2020, L.A. Care’s MTM vendor, SinfoníaRx, identifies and refers members who may benefit from additional help and resources from L.A. Care. Members may be referred due to uncontrolled conditions, behavioral health, and lifestyle education. The pharmacy team has submitted referrals to Health Education and Care Management according to member’s primary concern. Members are also surveyed based on a Social Determinants of Health (SDoH) survey that was created in collaboration with SinfoniaRx. The SDoH survey went into effect starting Q3 2020, from which a referral to Social Services can be made if appropriate.
L.A. Care Healthy Moms and Babies (LAHMB)

Presented by: Bettsy Santana, Jacqueline Kalajian, Marina Acosta
Disparities Leadership Program

• Participating in national Disparities Leadership Program
• Project is focused around high-risk pregnancy program in order to ultimately address disparities in prenatal and postpartum care, as well as overall health outcomes like infant and maternal mortality
• Presenting today to get any initial input and keep on this workgroup’s radar
L.A. Care Healthy Moms and Babies
Improving birth outcomes for Black birthing parents, moms and babies

Background

The Problem
In Los Angeles County, Black babies are more than three times as likely as White babies to die before their first birthday.

L.A. Care Black mothers/birthing parents have the lowest rates for timeliness of prenatal care and a postpartum visit compared to other races.

L.A. Care Barriers
L.A. Care is unable to quickly identify pregnancy through standard data collection methods due to untimely reporting and lack of uniform assessment, making it difficult for early interventions and timely service provisions.

Program

Goal: To implement a high-risk pregnancy program to mitigate complications for high-risk, pregnant L.A. Care members, ultimately addressing disparities.

Process

Black mothers/birthing parents have higher rates of poor birth outcomes

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Improved outcomes for Black mothers/birthing parents and babies

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Next Steps

- Identify providers in high need and volume practices to work with to implement program
  - Current ideas: DHS, MLK Hospital, CPSP provider network
  - Reach out to March of Dimes and First 5 LA
- Solicit feedback
  - Solicit provider and community feedback on desired perinatal programs, resources, and ancillary services
- Provider incentive
  - Determine incentive amount for providers participation in this program
Questions and/or Thoughts?

- Our internal team will include reps from: QI, Health Ed, Equity Data, Behavioral Health
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Board of Governors
MOTION SUMMARY

Date: November 17, 2020

Committee:

Motion No. CHC 100.1120

Chairperson: Tara Ficek, MPH

Issue: Approval of CHCAC member

Background:

Member Impact: None

Budget Impact: None

Motion: To appoint Susan Fleischman, MD, as member of Children’s Health Consultant Advisory Committee (CHCAC), for the L.A. Care Plan Partners seat.