**Board of GovernorS**



Children’s Health Consultant Advisory Committee

Meeting Minutes – March 16, 2021

1055 W. Seventh Street, Los Angeles, CA 90017

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| **Members**  |  |  | **Management** |
| Tara Ficek, MPH, *Chair* | Toni Frederick, PhD | Maryjane Puffer, BSN, MPA | Katrina Miller Parrish, *MD, FAAP,* *Chief Quality and Information Executive, Health Services*Cynthia Carmona, *Senior Director, Safety Net Initiatives, Safety Net Initiatives* |
| Linda Aragon, MPH\* | Gwendolyn Ross Jordan\* | Diana Ramos, MD |
| Edward Bloch, MD\* | Lyndee Knox, PhD | Richard Seidman, MD, MPH |
| Maria Chandler, MD, MBA | James Kyle, MD, MDiv | Ilan Shapiro, MD, FAAP\* |
| Rebecca Dudovitz, MD, MS | Nayat Mutafyan\* | Diane Tanaka, MD\* |
| Rosina Franco, MD\* Susan Fleischman, MD | Hilda Perez | *\*Absent \*\*Present, but not quorum* |  |

**California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.**

| **AGENDA ITEM/ PRESENTER** | **MOTIONS / MAJOR DISCUSSIONS** | **ACTION TAKEN** |
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| CALL TO ORDER | Chairperson Tara Ficek, MPH,called the meeting to order at 8:33 a.m.without quorum. She stated that the committee has a full agenda with presentations. She advised the committee that Fatima Clark, *MSW*, *Senior Policy and Outreach Associate, Health and The Children’s Movement, Children Now!,* will be presenting information about the Children’s Well-Being Scorecard.  |  |
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| **APPROVAL OF MEETING AGENDA** | The Committee reached a quorum at 9:05 a.m. The Agenda for today’s meeting was approved as submitted. | **Approved unanimously.****10 AYES (Chandler, Dudovitz, Ficek, Fleischman, Frederick, Knox, Kyle, Puffer, Ramos, Seidman)** |
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| **APPROVAL OF THE MEETING MINUTES** | **The minutes of the January 21, 2021 meeting were approved as submitted.**  | **Approved unanimously.****10 AYES** |
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| **CHAIRPERSON REPORT** | Chairperson Ficek noted that the county has hit important milestones in the last few days. The county has moved into the purple tier due to the reduction in COVID-19 case count. She stated that this paves the wave for the opening of businesses and schools. For the population that committee members represent it is a big milestone. All districts in the county have presented their plan for returning students to campus. It is a win for children to get back to class. Family mental health is something that should continue to be looked at as well as health disparities. She imagines they will continue to be discussed throughout the year.  |  |
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| **PUBLIC COMMENT** | *A Public comment was removed at the request of the submitter.* |  |
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| **CHIEF MEDICAL OFFICER REPORT**Richard Seidman, *MD, MPH* | Richard Seidman, *MD, MPH*, *Chief Medical Officer,* gave the March 2021 Chief Medical Officer report. (*A copy of his written report can be obtained from Board Services*.)COVID-19 By early March 2021, there were more than 113 million cases and 2.5 million deaths from COVID-19 worldwide. The surge peaked in January, and after a 6-week decline in the number of cases, there was a 7% increase believed to be driven by a combination of increased transmission due to re-openings, to circulating variants of concern, and reduced compliance and fatigue with basic public health measures. Vaccination efforts ramp up unevenly throughout the world and the emergence of variants of concern are being studied closely. The United States has seen a similar drop in cases and deaths, which is beginning to level off causing concern about the potential for another surge as has occurred in other places throughout the world. California and Los Angeles are seeing a sustained reduction in cases and deaths and, despite the many challenges with the vaccine effort, are keeping pace with the national pace which has succeeded in vaccinating nearly 60 million people (18% of the eligible population have received at least one dose of vaccine). *(Member Rebecca Dudovitz, MD, MS, Member Rosina Franco, MD, and Member Mary Jane Puffer, BSN, MPA, joined the meeting.)*Cases in Los Angeles have dropped from more than 15,000 per day down to 1,000 -2,000 and hospitalizations, which pushed our delivery system to the edge, have now dropped from more than 8,000 per day to less than 1,500. L.A. Care has identified nearly 120,000 cases, 20,000 hospitalizations, and 3,600 deaths (16% of LA County total) among our members. The approval of the Johnson and Johnson single dose vaccine on February 27 marks another significant milestone in the course of the pandemic, expected to significantly increase vaccine supplies locally and throughout the United States and worldwide. March 16th will mark the one-year anniversary when the majority of L.A. Care staff began working remotely, and we continue to do so today. Even while working remotely, L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine. L.A. Care has developed a robust COVID-19 communication plan, which was shared at L.A. Care’s Technical Advisory Committee in January. The plan includes the creation and maintenance of a COVID-19 resource page on L.A. Care’s website and the development of frequently asked questions (FAQs) documents made available to our Call Center staff and shared with our Nurse Advice Line vendor. In addition to these activities including updated information available to members to help them find and schedule appointments for COVID-19 vaccinations, L.A. Care is conducting outreach efforts to members, and is collaborating with vaccine providers by doing targeted outreach to L.A. Care members to increase the rate of vaccine administration among our members. Member Dudovitz stated that the committee that advised the Federal Drug Administration to authorize the Johnson & Johnson vaccine actually considered prioritizing it over the other vaccines. Some people think it is the most effective vaccine to combat the pandemic. Member Seidman thanked Member Dudovitz for her comments. Member Seidman said that a panel on COVID-19 with Muntu Davis, *MD, L.A. County Department of Public Health,* and Peter G. Szilagyi, *MD, MPH, Pediatrics at UCLA Health*. He noted that Dr. Szilagyi is also on the Committee for Immunization Practice. He has the insight, because he is part of the discussions. He also has access to data from surveys on COVID-19 acceptance. Hector Flores, *MD,* *White Memorial Residency* will also be speaking on behalf of the LatinX community. Member Puffer asked Member Seidman if there is a vaccine plan released to the RCACs. Member Seidman responded that L.A. Care has been working very closely with the Executive Community Advisory Committee (ECAC). ECAC’s membership includes the leadership of the all RCACs. L.A. Care has updated the committee with L.A. Care’s overall communication plan. Part of the discussion is always about how ECAC and RCAC members can help the word out to their peers. In a separate session he and Member James Kyle, *MD, MDiv*, held discussion with members to encourage members to engage with their peers. Member Kyle responded that L.A. Care has held two seminars with RCAC members. He attended an ECAC meeting, gave an update on COVID-19, and answered member questions. He noted that there seems to be a decline in vaccine hesitancy in minorities, but it is not where it should be. He is unsure of the strategy to encourage people who base their decision not to be vaccinated on reasons that do not have anything to do with science. He thinks that L.A. Care is making headway with the LatinX and Black community, but it is not where it ought to be. He is hopeful that enough people will be vaccinated in those communities to reach some immunity. Member Susan Fleischman, *MD,* asked if he committee had taken a formal position on school reopening. Member Seidman responded that the committee has not taken a position. If the committee would like to take a position, it would come in the form of a recommendation to L.A. Care’s Board of Governors. Member Fleischman noted that it is a complicated issue and would let the committee think about it. Member Seidman stated that it is political and it would be best to take an independent position. In additional to these efforts, L.A. Care is working with Blue Shield Promise Health Plan, our Plan and Community Resource Center partner to offer COVID-19 clinic events at each of our eight Community Resource Centers (CRCs). Vaccine supply allowing, the events will begin in late March, but may be delayed as needed if our Pharmacy partner is not able to secure sufficient vaccine. The schedule will also be adjusted if our Pharmacy partner is able to secure the Johnson and Johnson vaccine for these events, necessitating only one dose, rather than the two doses required for both the Pfizer and Moderna vaccines. Our goal is to administer 1,000 vaccines per day at each of these events to our members and to eligible members of the communities surrounding our CRCs. We will offer both drive- through and walk-up options, and will require appointments to manage the demand and increase access and transportation options to and from the clinics. L.A. Care does provide transportation as a Plan benefit to assist members with walk-up appointments for COVID-19 vaccine. California Advancing and Innovating Medi-Cal (CalAIM)Work is ramping up across the organization with the launch of a cross functional team to manage preparation for the implementation of CalAIM deliverables by January 1, 2022. A significant part of the effort is focused on the transition from our existing Health Homes Program and the LA County administered Whole Person Care Program into a combined set of benefits call Enhanced Care Management (ECM) and In Lieu of Services (ILOS). L.A. Care has provided comments to the Local Health Plans of California and the California Association of Health Plans and to the Department of Health Care Services (DHCS) regarding the State’s proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program. Cynthia Carmona, *Senior Director, Safety Net Initiatives*, and Mary Zavala, *Director, Health Home Programs, Health Homes,* stated that generally speaking L.A. Care is excited for ECM to come online with the addition of the children and youth population. In the Severe Mental Illness category, L.A. Care will also be able to serve children and youth that experience severe emotional disturbance. There are two areas in ECM where children and youth will have access. Those two populations are not normally prioritized for services under Health Homes or Whole-Person Care. Children and youth under the age of 18 make up a very small percentage. Only about 5% of total enrollment are children and predominant diagnosis is Asthma. Shifting to ECM in 2022 will broaden the openings to be able to serve additional with complex health needs. Physical, behavioral, developmental, and oral health needs will be better met. The state has provided very broad categories. One of the things that L.A. Care is actively working on right now is how to refine these criteria to be able to serve the children most in need. Mainly Children up to age 21 and foster children up to age 26. Children and Youth will be able to enroll into ECM services starting in July 1, 2022. L.A. Care is waiting from additional guidance from DHCS on the launch date for children with serious emotional disturbance. Could be as early as June 1 2022. Member Seidman asked Ms. Zavala if she had any comments about the CCS population and ECM. Ms. Zavala responded that that is something that L.A. Care is currently looking at. DHCS advised that these services are not duplicates. Chairperson Ficek recommended that this be table as a future agenda item. Member Seidman agreed.   |  |
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| **PROP 56: VALUE-BASED PAY PROGRAM UPDATE**Katrina Miller-Parrish, *MD, FAAP.* | Katrina Miller-Parrish, *MD, FAAP, Chief Quality and Information Executive, Health Services* gave a presentation about PROP 56: Value-Based Pay Program Update(*A copy of the written report can be obtained from Board Services*.) On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56) to increase the excise tax on cigarettes and tobacco products to help fund health care expenditures. The funding appropriated for Proposition 56 by the Department of Health Care Services (DHCS) specifies the issuance of supplemental payments to Managed Care Plans for Eligible Network Providers performing qualifying Value-Based Payment (VBP) Program services. L.A. Care will release supplemental funding to contracted PPGs with the expectation that the contracted PPGs release a communication to Eligible Network Providers detailing the payment process, including a Prop. 56 Payment Summary, and that said payment will be released to Eligible Network Providers based on the criteria below. Payment CriteriaThe Proposition 56 payments are based on Dates of Service (DOS) July 1, 2019 to June 30, 2020 (Fiscal Year 1) and DOS July 1, 2020 to September 30, 2020 (Fiscal Year 2, Quarter 1) for clean claims or “Accepted” Encounters Received by September 30, 2020 – Payment #1. L.A. Care defines “Accepted” Encounter data as encounter data received by L.A. Care (clean data after edit process) submitted timely, formatted properly, and coded accurately in compliance with national standards. Please reference [All Plan Letter (APL 20-014)](https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-014.pdf) for further specifications regarding encounter submission. For a summary list of Proposition 56 VBP codes and descriptions, please refer to the VBP Program Technical Specifications, which can be found here: <https://www.dhcs.ca.gov/provgovpart/Documents/VBP-Specifications-9.30.20.pdf>.

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| Prop 56 Program | Payments | # Unique Providers | DOS beg | DOS end |
| VBP | $  461,350.00 | 780 | 8/1/2019 | 6/30/2020 |
| Developmental Screenings | $    37,730.20 | 58 | 1/3/2020 | 2/8/2021 |
| ACES Screenings | $    37,352.00 | 39 | 1/2/2020 | 2/5/2021 |
| Overall | $  536,232.20 | 872 |  |  |

VBP MeasuresEarly Childhood* Well Child Visits in First 15 Months of Life
* Well Child Visits in 3rd – 6th Years of Life
* All Childhood Vaccines for Two Year Olds
* Blood Lead Screening
* Dental Fluoride Varnish

Chronic Disease* Controlling High Blood Pressure
* Diabetes Care
* Control of Persistent Asthma

Behavioral Health* Screening for Clinical Depression
* Management of Depression Medication
* Screening for Unhealthy Alcohol Use

Member Puffer asked Dr. Parrish if the adolescence well visits are eliminated or are not considered for L.A. Care. She also if these scores were based on HEDIS measures. Dr. Parrish confirmed that the scores are based on HEDIS measures. 21 measures were chosen sometimes between 2017 and 2018. Although the adolescent program is not in the Prop 56 VBP program through L.A. Care, the organization still incentivizes these services. Unfortunately, Prop 56 does not cover everything, but L.A. Care has many other incentive programs even if they are not included in this program. Chairperson Ficek that developmental screenings being lower than desired. She asked if L.A. Care sets target goals for providers. She asked what L.A. Care was trying to achieve. Dr. Parrish respond that this is the 2nd or 3rd time a group has looked at these numbers. There has been much activity trying to get these payments out. The programs can be very complex. L.A. Care does not have a goal related to Prop 56, but it could set one in the future. Member Maria Chandler, *MD*, stated that as a provider she would like to know how they are getting feedback on how they are doing. She said she it can be improved greatly, but have not been receiving reports or payments. Dr. Parrish responded that it would go to the Independent Physician Association (IPA). The IPA will then distribute payment to the provider. It depends on the payment program. Dr. Parrish asked Member Chandler what her payment structure is. Member Chandler stated that the information goes to Finance and may not go to her directly. Dr. Parrish responded that she would try to assist her in figuring out who receives the report.  |  |
| **CHILDREN’S WELL-BEING SCORECARD**Fatima D. Clark, *MSW* | *(Member Hilda Perez joined the meeting.)*Fatima D. Clark, *MSW*, *Senior Policy and Outreach Associate, Health and The Children’s Movement, Children Now,* gave a presentation about the Children’s Well-Being Scorecard. *(A copy of the presentation can be obtained from Board Services.)*Whole-Child ApproachA whole-child approach to systems change is necessary to address each child’s unique needs from prenatal to age 26. The Children’s Movement of CaliforniaChildren Now leads The Children’s Movement to connect 4,100 and growing diverse groups to speak at the right time with one voice on behalf of kids. Resource: Join The Children’s Movement [www.childrennow.org/thechildrensmovement/](http://www.childrennow.org/thechildrensmovement/)

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| **Indicator** | **CA Average 2018-19** | **CA Average 2020-21**  | **LA County Average 2020-21** |
| Children who had health insurance  | 95% | 96% | 96% |
| Pregnant women who received prenatal care beginning the first trimester | 84% | 84% | 85% |
| Newborns who were exclusively breastfed while in the hospital  | 70% | 70% | 64% |
| Newborns who were not low birthweight  | 93% | 93% | 85% |
| Children with Medi-Cal who had an annual preventive check-up |  -- | 41% | 42% |
| Kindergarteners with up-to-date immunizations | 95% | 95% | 95% |
| Children, ages birth-to-5 and who are in low-income families, who visited a dentist in the last year | 26% | 39% | 42% |
| 13-year-olds who were vaccinated for Human Papillomavirus (HPV) | --  | 28% | 30% |

2021 Priorities and Opportunities Protect and prevent cuts to children’s health services. Eliminate the suspension of Prop. 56 payments that support children’s health services, like well-child visits, developmental screenings, pediatric specialty care, and trauma screenings.   Redesign Medi-Cal to improve quality of care for children. Institute reforms that ensure compliance with existing contractual requirements, align payments and incentives with measurable outcomes and performance, and proactively eliminate disparities in children’s health outcomes via CalAIM, Medi-Cal Managed Care Procurement, and Medi-Cal Dental ASO Procurement.Expand mental health services for students and youth. Increase funding for the school-county partnerships program to ensure kids receive the mental health care they need by supporting more local partnerships that increase access to mental health services for students through schools.  [SB 682](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB682) (Rubio): would require the State to establish a plan to reduce racial disparities in five childhood chronic disease areas: asthma, depression, dental carries, diabetes, and vaping-related diseases. Among other requirements, the plan must include cross-sector and interagency agreements, as well as establishing clear accountability for meeting target reductions.Preventing and Protecting Cuts to Children’s Health ServicesNational decline in children’s preventive care (March to July 2020, compared to March to July 2019). Data shared by DHCS show similar trends for children in Medi-Cal.* 12% decline: Fewer vaccinations for children up to age two
* 29% decline: Fewer child screening services
* 35% decline: Fewer outpatient mental health services and those delivered via telehealth
* 50% decline: Fewer dental services

Expand Mental Health Services for Students and YouthDisconnection from school and peers, plus the challenges and unpredictability of distance learning, add new and additional stressors. Mental health needs are increasing according to parents, students, and emergency room visits:* + 14% of parents report worsening behavioral health for their children
	+ Almost half of California’s students report needing mental health support, including 32% of students who were not receiving services before the pandemic but feel they may now need services
	+ Proportion of emergency department visits related to mental health increased dramatically:
		- Up 24% for children aged 5-11
		- Up 31% among adolescents aged 12-17

Childhood Chronic Health Conditions: Racial Disparities (SB 682)Requires the State to Develop & Implement A Plan for Eliminating Racial Disparities in Childhood Chronic Disease in California. Pediatric Asthma* Reduction in asthma death rate for Black children
* Reduction in asthma ER visits and asthma hospitalizations for Black and Latino children
* Reduction in asthma prevalence for children of color
* Reduction in number of Black and brown children who experience secondhand smoke exposure

 Childhood Diabetes* Reduction in diabetes deaths among Black children
* Reduction in diabetes hospitalizations for Black children
* Reduction in diabetes and pre-diabetes diagnoses among children of color
* Reduction in rates of overweight/obesity among youth of color

 Youth Depression* Reduction in unidentified need in Black and brown youth
* Increase in school attendance for Black and brown youth
* Increase in “feelings of connectedness” among Black and brown youth
* Decrease in suicidality among Black and brown youth

Childhood Dental Caries* Reduction in dental caries among Latino, Black, Asian, and Native American children
* Reduction in ED visit for avoidable dental issues for Latino and Black children
* Decrease in missed school days for Latino, Black, Asian, and Native American children

 Vaping-Related Diseases* Decrease in number of Black and brown youth who use e-cigarette products
* Decrease in vaping related advertisements targeted to Black and brown communities

Member Seidman asked Ms. Clark is she knew if funding is part of the discussion on the bill. At the plan level when legislature passes laws, it is passed along to DHCS, then the plans, and then the provider network. No matter the focus, sometimes it can be an unfunded mandate. He asked is there are additional resources that will be provided. Ms. Clark responded that she does not know if funding will be made available. It seems there is a stated commitment on reducing disparities. Member Perez stated that as a mother of 3 children. One child is 17 and in high school, one child is 15 and is autistic, and the third is a student at UCLA. She noted that they are a low-income family from Compton. She asked if the presentation could be shared with her. Ms. Clark responded that the presentation could be shared with anyone. She asked staff to forward her the presentation.   |  |
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| ADJOURNMENT | The meeting was adjourned at 10:02 a.m. |  |
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Respectfully submitted by: APPROVED BY:

Malou Balones*, Board Specialist III, Board Services* Tara Ficek, *MPH*, *Chair:person*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victor Rodriguez*, Board Specialist II, Board Services*

Linda Merkens*, Senior Manager, Board Services*  Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_