

BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Summary – October 10, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Alex Li, MD, *Chief Health Equity Officer, Chairperson* Santiago Munoz*
 Sameer Amin, MD, *Chief Medical Officer* Elan Shultz
 John Baackes, *Chief Executive Officer** Stephanie Taylor, PhD
 Elaine Batchlor, MD, MPH
 Paul Chung, MD, MS
 Muntu Davis, MD, MPH
 Rishi Manchanda, MD, MPH

Management

Stephanie Booth, MD, *Board of Governors*
 Tom MacDougall, *Chief Information and Technology Officer*
 Andrea L. Flores, *Executive Advisor Information Technology Strategy*
 Charles Robinson, *Senior Director, Community Health, Safety Net Initiatives*

* Absent ***Present (Does not count towards Quorum)

| AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN |
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| CALL TO ORDER | Member Shultz requested that the Committee accept his virtual participation under the Just Cause rationale. He has family care responsibilities that are preventing him from being downtown for the meeting. He must stay closer to home this afternoon. Alex Li, MD, <i>Chief Health Equity Officer</i> , called the meeting to order at 2:06 P.M. | |
| APPROVAL OF MEETING AGENDA | The Agenda for today’s meeting was approved. | Approved Unanimously by roll call. 6 AYES (Amin, Chung, Davis, Li, Shultz, and Taylor) |
| PUBLIC COMMENT | There were no public comments. | |
| APPROVAL OF MEETING MINUTES | The August 8, 2024 meeting minutes were approved as submitted. | Approved Unanimously by roll call. 6 AYES |

APPROVED

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| <p>CHAIRPERSON'S REPORT</p> <ul style="list-style-type: none"> Chief Health Equity Update | <p><i>(Member Batchlor and Member Manchanda joined at 2:16 P.M.)</i></p> <p>Member Alex Li, MD, <i>Chief Health Equity Officer</i>, gave a Chief Health Equity Officer Update as part of the Chairperson's Report.</p> <p>He began by noting John Baackes, <i>Chief Executive Officer</i>, retirement announcement after nearly ten years of leadership. The Board will announce his successor soon.</p> <ul style="list-style-type: none"> Strategic Plan Update: The 2025 Strategic Plan, previously presented to the group, incorporated feedback on metrics and was approved during the September Board meeting. Regulatory Settlement: During the pandemic, L.A. Care experienced backlogs in authorizations, appeals, grievances, and claims payments, resulting in a \$55 million fine despite self-reporting the issues. A settlement was reached with regulators (Department of Healthcare Services (DHCS) and Department of Managed Healthcare (DMHC)) to pay \$27 million in fines while allocating \$20 million for community investments. These funds will focus on health equity, behavioral health services, and quality improvement initiatives. Dr. Li said that it benefit L.A. Care members and providers. <p>Member Shultz asked if there is public document of that explains how the funds will be allocated. Dr. Li said that L.A. Care has been given a window of time to develop a plan for allocating the settlement funds. This plan will be reviewed by the regulators (DHCS and DMHC) to ensure alignment with guidelines. Once the plan is finalized and approved, it is unclear whether it will become a public document, but there is a clear process in place for project proposals and regulatory oversight.</p> | |
| <p>CHIEF MEDICAL OFFICER UPDATE</p> | <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave the following update:</p> <p>Dr. Sameer Amin provided updates on several initiatives led by LA Care's medical management team:</p> <ul style="list-style-type: none"> Enhanced Care Management (ECM): LA Care aims to enroll 30,000 members in ECM by year-end. As of Q2, 16,725 members have been enrolled, showing a 7% increase from the previous quarter. Enrollment growth is driven by improved referral processes and incentive payments. The network now includes 84 ECM providers, with recent additions such as Adventist and Didi Hirsch Mental Health Services. | |

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| | <ul style="list-style-type: none"> • Transitional Care Services (TCS): LA Care supports members transitioning between care settings. In August, 2,717 high-risk members were contacted for TCS, with a central intake line established for post-discharge support. Additionally, 542 case management cases were initiated, targeting high-risk and specialized populations like California Children Services. • Community Supports Programs: All programs are operational, with efforts underway to increase member participation. LA Care has developed a platform to organize these initiatives effectively. • Behavioral Health Services (BH): Through the school-based behavioral health program (SBHIP) and telehealth services with Hazel Health, 3,000 students have received care across 703 schools, totaling 20,000 visits. The program serves a diverse student population, with 55% Latinx and coverage split between Medi-Cal (55%) and commercial insurance (45%). | |
| STRUCTURING L.A. CARE'S ARTIFICIAL INTELLEGENGE GOVERNANCE AND USE CASES | <p>Tom MacDougall, <i>Chief Information and Technology Officer</i> and Andrea L. Flores, <i>Executive Advisor Information Technology Strategy</i> Structuring L.A. Care's Artificial Intelligence Governance and Use Cases (<i>a copy of the materials can be obtained from Board Services</i>).</p> <p>The presentation outlined L.A. Care's strategy and governance approach for adopting Artificial Intelligence (AI).</p> <ul style="list-style-type: none"> • Overview of AI: AI was defined as technology that simulates human intelligence, with potential for transformative impacts across industries. L.A. Care is in the early stages of defining challenges that AI can address while balancing benefits, risks, and regulatory considerations. • AI Lifecycle: Adoption involves several stages, from defining problems and gathering requirements to selecting tools, testing, and operationalizing AI solutions. • Governance and Ethics: L.A. Care prioritizes ethical considerations, employing a "human-first" model to ensure AI supports members and employees. The organization has established an AI Board, applying "5 Pillars of AI Ethics" for decision-making. • Data Infrastructure: Efforts focus on modernizing L.A. Care's technology ecosystem by moving data to the cloud, creating single sources of truth, enhancing data security and governance, and refining the Clinical Data Repository (CDR) to support structured and unstructured data analysis. | |

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| | <ul style="list-style-type: none"> • Future AI Applications: Plans include implementing Natural Language Processing (NLP) for member and provider communication, predictive modeling, modernized architecture, and advanced BOT technology for user support and compliance. • Current AI Uses: <ul style="list-style-type: none"> ○ Machine Learning (ML) for predictive analytics, risk stratification, and language translation. ○ BOTs for helpdesk support and regulatory compliance. ○ Security enhancements leveraging AI to detect anomalies. ○ NLP for call center efficiency and voice authentication, enabling members to make plan changes without direct customer service interaction. <p><u>PUBLIC COMMENT</u> Public Comment submitted via chat by Stephanie Booth, MD, Board of Governors: If Chat-GPT is pretty good, why are all the on-line "helpers" (all the ones I have had any interaction with) so BAD at providing answers? My questions are all related to concrete stuff and they often don't even understanding my questions.</p> <p>Mr. MacDougall acknowledged the issue, explaining that most bots' performance depends heavily on how well they are trained and targeted for specific tasks. He provided a detailed overview of L.A. Care's efforts to improve bot performance and implement advanced technologies. He noted that the effectiveness of bots relies on their design and intended purpose. L.A. Care is working to ensure bots are well-placed and well-trained to handle specific tasks. He highlighted an example of L.A. Care's bot initiative called "Ask JB," named after outgoing CEO, John Baackes. This tool is currently used in the user support desk to assist with routine tasks like password resets by guiding users through a library of policies and procedures (P&Ps). While the tool is still evolving, future updates will enable it to automatically execute user requests. L.A. Care is actively modernizing its data architecture and expanding its data models to support more advanced AI capabilities. These efforts aim to improve the richness of bot responses and the overall user experience. The Advanced Analytics Lab team is utilizing large language models (LLMs), which are among the most advanced AI tools at L.A. Care. These models support predictive analytics and advanced data processing.</p> | |


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| | <p>L.A. Care is also developing NLP tools for several applications such as Voice Printing. Members will be able to use their voice as a password for authentication, with authorization enabling bots to address user needs directly. Call Center Integration: NLP will allow members to interact conversationally with bots, which will resolve issues or complete tasks such as changing their Primary Care Physician (PCP) without human assistance. Tasks will be enhanced with geolocation and automated communication, like sending relevant information via email. Predictive modeling is being used for various applications, with plans to enhance these capabilities further. Bots are already implemented in helpdesk support and will soon be integrated into other systems like customer support and compliance. Mr. MacDougall clarified that some AI models are built in-house, while others are adapted from off-the-shelf solutions provided by vendors. This combination allows for tailored applications that meet L.A. Care’s specific needs. Mr. MacDougall acknowledged the limitations of current bots while outlining L.A. Care’s efforts to address these shortcomings through training, advanced technologies, and infrastructure upgrades. He stressed that these initiatives are laying the foundation for more capable and responsive AI systems in the near future.</p> <p><i>(Member Amin left the meeting at 2:59 P.M.)</i></p> | |
| <p>L.A. COUNTY FIELD MEDICINE PROGRAM</p> | <p>Charles Robinson, <i>Senior Director, Community Health, Safety Net Initiatives</i>, gave a presentation about the L.A. County Field Medicine Program <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Purpose of the Program</p> <ul style="list-style-type: none"> • Challenges: Difficulty accessing specialty care and durable medical equipment for members experiencing homelessness. Limited coordination between County, City, and Medi-Cal resources. Lack of access to coordinated longitudinal care. Uneven distribution of providers, leaving gaps in geographic coverage. • Goal: Develop a comprehensive, community-based solution to provide healthcare and housing support to unhoused individuals. <p>Program Development Timeline</p> <ul style="list-style-type: none"> • Concept Testing (April 2023 – June 2024): Pilots demonstrated the viability of field-based, coordinated care approaches. • Collaborative Design (October 2023 – June 2024): Iterative design with input from providers, stakeholders, and Managed Care Plans (MCPs). | |

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| | <ul style="list-style-type: none"> • Program Launch (July 2024): Applications released in Spring 2024; program launched with selected providers in July 2024. <p>Core Components of the Field Medicine Program</p> <ul style="list-style-type: none"> • County-Wide Provider Network: Field Medicine Primary Care Providers deliver longitudinal care in the streets, shelters, and interim housing. Nineteen providers will serve members in 15 Field Medicine regions across the county. • Operational Framework: Regional coordination ensures targeted approaches in high-density areas. Infrastructure supports interoperability among providers, government agencies, and community-based organizations (CBOs). • Referral and Access Systems: New systems for referrals to specialty care and durable medical equipment. Direct access expected to launch in Q1 2025. • Housing Integration: Aligns field medicine providers with housing navigators and Enhanced Care Management (ECM) teams. Streamlines ECM enrollment for members in interim housing. <p>Geographic and Programmatic Approach</p> <ul style="list-style-type: none"> • Geographic Alignment: Provider pods coordinate multidisciplinary care in the field. Collaboration with County and City programs, such as Housing for Health, to maximize service reach. • Coverage Expansion: The program is on track to achieve county-wide coverage, supporting 10 new teams over five years. • Partnerships: Aligning field medicine with housing and healthcare initiatives to provide seamless support for members. <p>Future Outlook</p> <p>The Field Medicine Program is designed to address critical healthcare and social service needs for unhoused populations while creating a sustainable, geographically aligned care model. It integrates housing navigation and specialty care to promote long-term stability and improved health outcomes for members.</p> | |

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| ADJOURNMENT | The meeting was adjourned at 3:50 P.M. | |

Respectfully submitted by:
 Victor Rodriguez, *Board Specialist II, Board Services*
 Malou Balones, *Board Specialist III, Board Services*
 Linda Merkens, *Senior Manager, Board Services*

APPROVED BY: _____
 Alex Li, MD, *Chairperson*
 Date Signed

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 1/29/2025 | 12:54 PM PST

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