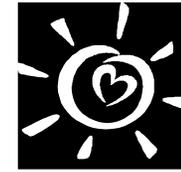


BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – September 15, 2022



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

Stephanie Booth, MD, *Chairperson*

Al Ballesteros, *MBA*

Hilda Perez

John Raffoul*

G. Michael Roybal, MD

Nina Vaccaro

* *Absent*

Senior Management

Augustavia J. Haydel, *General Counsel*

Thomas Mapp, *Chief Compliance Officer*

Richard Seidman, MD, MPH, *Chief Medical Officer*

Katrina Miller Parrish, MD, FAAAAFP, *Chief Quality and Information Executive*

Michael Sobetzko, *Senior Director, Risk Management and Operations Support, Compliance*

Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care Health Plan's employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan will continue to meet virtually and the Board will review that decision as provided in the Brown Act.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:05 p.m.</p> <p>She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email.</p>	
APPROVAL OF MEETING AGENDA	<p>The Meeting Agenda was approved as submitted.</p>	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Roybal and Vaccaro)</p>
PUBLIC COMMENT	<p>There was no public comment.</p>	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The August 18, 2022 meeting minutes were approved as submitted.	Approved unanimously by roll call. 5 AYES
CHAIRPERSON REPORT	<p>Chairperson Booth thanked everyone in the L.A. Care Quality Improvements and Compliance Departments for the hard work they do. Staff is currently reorganizing the Compliance Department to be more integrated and efficient. The integration should reduce the confusion that can occur in reports to the Compliance & Quality Committee, for example when reports cover similar, but not identical indicators. The Quality Improvement Department has worked diligently to prepare reports that describe how the work they do satisfies their responsibilities and meets L.A. Care quality requirements related to the Compliance Department.</p> <p>She reported that she is still working on the L.A. Care Board of Governors' Compliance & Quality Committee charter. She has read many current articles that define the 2022 responsibilities of a health plan's Board of Directors, especially around issues of compliance and quality. She plans to incorporate this information into the Compliance & Quality Committee charter update. She is waiting for additional recommendations from external specialists working for L.A. Care.</p> <p>Chairperson Booth also highly praised L.A. Care Health Plan for being very proactive in supporting the physicians who see L.A. Care patients. This is the first time she can recall that physicians have received support from a health plan. It has been a struggle for many physicians to keep up with the increasing non-patient-health-care requirements and decreasing remuneration of Medi-Cal patients. Support from L.A. Care means that these physicians will be able to continue caring for L.A. Care patients.</p> <p>Richard Seidman, MD, <i>Chief Medical Officer</i>, asked for clarification. He inquired whether Chairperson Booth responded that she was referring to the new group that has been brought together by John Baackes, <i>Chief Executive Officer</i>. He described the "Los Angeles County Safety Net Coalition," (aka LACSNC), a group that is working together to employ legislative means to increase the base rate for Medi-Cal patients. Chairperson Booth agreed that this was most important, especially as it may improve access to medical care for marginalized and underserved individuals. With enough of an increase in Medi-Cal's base rate, more physicians will be able to accept L.A. Care patients with Medi-Cal insurance into their practices.</p> <p>Chairperson Booth added that there are other components of L.A. Care support. For one, L.A. Care has extended an offer to direct network physicians to pay for their membership in Los Angeles County Medical Association (LACMA) and California Medical Association (CMA) and she feels this will be a valuable asset for them, as LACMA membership has many benefits. She says LACMA membership for these physicians could motivate them to connect with other physicians in Los Angeles County. Being a part of organized medicine will</p>	

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	<p>allow these physicians to join a larger group with a goal of equitable health care. It will also strengthen the voice of solo and small group physicians; this will be good for both Los Angeles County and the State of California.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and the Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>The written Chief Compliance Officer report consists of the following updates:</p> <ul style="list-style-type: none"> • Consolidation of Special Investigations Unit and Enterprise Performance Optimization into Compliance Department <ul style="list-style-type: none"> - Rationale for consolidation - Current organization charts - Compliance Planning Retreat - Development of 2022 Year in Review, 2023 Work Plan, Internal and Delegation Oversight Audit Plans, and Risk Assessment • Internal Audit Update • Issue Inventory Update • Risk Assessment Update – Mitigation Activities <p>Mr. Mapp stated that he will use his time to discuss the organization of the Compliance Department that will take effect on October 1. On October 1, the Compliance Department will be consolidating the Special Investigations Unit and the Enterprise Performance Optimization Unit into one singular Compliance Department. This will increase efficiency and create opportunities to streamline and reinvent how these units perform in the Compliance Department. He shared the restructure chart on screen (<i>A copy of the slide can be obtained from Board Services</i>).</p> <p>Chairperson Booth pointed out that the Special Investigative Unit saves L.A. Care money, she asked if it will be kept separate. Mr. Mapp responded that they do save L.A. Care money and that it will continue. That value will continue in full force. There may be more resources that he will lobby to be brought in to accomplish a broader mission, but they are not changing its core mission. The fraud, waste, and abuse payment recovery activities, looking at potential fraud schemes are all core elements of the Special Investigative Units function.</p> <p>Mr. Mapp introduced Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support</i>. Mr. Sobetzko gave an update on the 2024 DHCS Operation Readiness Assessment (<i>A copy of the report can be obtained from Board Services</i>).</p>	

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	<p>Todd Gower, <i>Consultant, Compliance Internal Audit, Compliance</i>, gave an update on the Internal Audit Plan (<i>A copy of the report can be obtained from Board Services.</i>).</p> <p>He explained how the report had been divided into two parts: Projects that are currently proposed or being worked on, and completed projects are recorded on one page and removed and continent projects are recorded on a second page. Chairperson Booth noted that appeals and grievances had been removed to become a contingent project and wanted to know why that was done, as appeals and grievances were recently problematic. Mr. Gower responded, if they did an audit now, findings would reflect the recently remediated issues. A while from now, a new audit would start; to examine remediation effectiveness and search for any new problems. Meanwhile, they are testing processes and making sure they are in good shape as well as auditing areas that haven't been audited for quite some time. Appeals and grievances will be on the 2023 Internal Audit Plan, but with a different approach. They had started the process with appeals and grievances and decided to hold off on that while they are working on a number of corrections.</p> <p>Mr. Gower gave an update on the 2022 Internal Audit and the 2022 Health Industry Collaboration Effort (HICE) Audit (<i>a copy of the report can be obtained from Board Services.</i>).</p> <p>Chairperson Booth stated that she wants the committee to understand that HICE, a collaborative effort with other health plans to audit medical groups around IT security issues so that they are not reproducing the same work. Mr. Gower responded that the 12 medical groups that L.A. Care looked at had been covered by other health plans, but they did not have the resources to audit them. L.A. Care stepped up, provided guidance, and helped them improve their processes so they know what evidence to look for. Chairperson Booth asked if those medical groups have been assigned. Mr. Gower replied that the medical groups that have not been assigned are in the process of being assigned. It has been a work in progress.</p> <p>Mr. Sobetzko gave an update on the 2022 Non-Compliance Issue Inventory and the Risk Assessment Reboot (<i>A copy of the report can be obtained from Board Services.</i>).</p> <p>Mr. Gower gave an update on the 2022 Risk Assessment Mitigation Activities (<i>A copy of the report can be obtained from Board Services.</i>). Chairperson Booth asked about the other issues that are not in the Risk Assessment update. Mr. Gower responded that they are in the process of clarifying the risks and corresponding work-around. They want to be sure they identify risks associated with all the strategic initiatives, but they also want to be sure none of their efforts are duplicated.</p> <p>Mr. Sobetzko gave an update on the High-Level Process and Setting up a Feedback Loop (<i>A copy of the report can be obtained from Board Services.</i>). He said the Compliance Department is looking at this process for overall risk assessment. It starts with looking at market factors, business strategies, key business initiatives, key processes, non-compliance lists, and issues lists. Their intent is to map those factors and initiatives to the inherent risk universe, to find risk based on criteria, grading risks from one to five. They are graded based on its potential of</p>	

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	<p>occurrence and its impact should it occur. They sort by the nature of the risk, whether its Strategic Operations, Compliance, or Financial. Then working through developing a monitoring plan, reassessing the risk and at the end of the year looping back around and continuing to review the risk and rate them.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Dr. Seidman gave the following report:</p> <p>He noted there is no written report in the packet. L.A. Care’s work for the next several months before January 1, is on the continued implementation of CalAIM, including new community supports. The health management requirement goes into effect on January 1. L.A. Care is also doing much work on the Housing and Homeless Incentive Program that will be presented at the Executive Committee and the next Board of Governors meeting. It is a proposal that outlines the manner in which L.A. Care intends to spend the incentive dollars that are available. The team is working very hard to optimize the amount of money LAC is able to draw down from that incentive program.</p> <p>On January 1, the D-SNP product line will go live. The Quality Improvement team are hard at work in strategizing and optimizing outcomes.</p>	
<p>ACCESSIBILITY AND AVAILABILITY</p>	<p>Ani Isayan, <i>Quality Improvement Project Manager II, Quality Improvement</i>, gave a report about Accessibility and Availability (A copy of the report can be obtained from Board Services.).</p> <p>Overview</p> <ul style="list-style-type: none"> • Appointment Availability(AA) & After-Hours(AH) Access: Regulatory Requirements <ul style="list-style-type: none"> - Who is Surveyed? - Goals - Reporting updates • AA <ul style="list-style-type: none"> - Compliance Trends: Primary Care Physicians (PCP) & Specialty Care Physicians (SCP) - Top 3 unmet Goals • AH compliance trend: PCPs • Measurement Year 2021 Department of Managed Health Care (DMHC) survey findings • Interventions • Challenges/next steps <p>Appointment Availability & After-Hours Access: Regulatory Requirements</p> <ul style="list-style-type: none"> • To monitor and measure provider compliance with Access & Availability and After-Hours standards as established by the following regulatory agencies: • DMHC 	

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	<ul style="list-style-type: none"> • Department of Health Care Services • National Committee for Quality Assurance • Centers for Medicaid and Medicare Services • To provide a framework for developing interventions to improve timely access to care. <p>Appointment Availability & After-Hours Access: Who is Surveyed? The survey field period was October 2021-December 2021</p> <p>Appointment Availability & After-Hours Access: MY2021 Goals Established by L.A. Care.</p> <ul style="list-style-type: none"> • L.A. Care sets Goals at the point where the plan has achieved a statistically significant improvement over prior year's result. In many cases, these goals are set at very high levels. Not meeting these goals is not necessarily a bad thing. • Effective MY2022 Goals will always be set to a minimum of 80%. • Until 2022 Regulators did not have established Appointment Availability goals. • Effective April 1, 2022 DMHC considers fewer than 70% compliance with urgent and non-urgent appointment requirements as non-compliant. <p>Appointment Availability & After-Hours Access: Reporting Updates</p> <ul style="list-style-type: none"> • As of MY2020 Quality Improvement moved from providing PPGs with Medi-Cal specific report cards to Aggregate Report Cards. <ul style="list-style-type: none"> - Prior to MY2020 PPGs received a report card with their performance based on their Medi-Cal Provider contracts. If the group was not contracted for Medi-Cal the report card was issued based on their Medicare contract with L.A. Care. - For MY2020 QI re-evaluated this approach and shifted to one aggregate report card for the PPG. If a PPG is contracted with multiple Lines of Business (LOBs), their report card now includes their performance for all LOBs. This change was done to ensure all contracted Providers are all included in QI activities. • As of MY2021 Quality Improvement moved from receiving LOB specific reports to also receiving aggregate reports as a Health Plan. <ul style="list-style-type: none"> - Prior to MY2021 L.A. Care received Health Plan level reports, per LOB. - For MY2021 QI re-evaluated this approach and in addition to continuing to receive LOB specific reports we are <i>also</i> receiving one aggregate report for all of L.A. Care. (Inclusive of all LOBs). This change was done to ensure L.A. Care can assess overall performance. • Additional reports 	

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	<ul style="list-style-type: none"> - L.A. Care continues to receive data and compliance details by Provider and/or FQHC locations. Provider/FQHC specific data is used for Quality Improvement activities which includes; Corrective Action Plans and Oversight & Monitoring. <p>Appointment Availability & After-Hours Access: At a Glance</p> <ul style="list-style-type: none"> • PCPs met four out of nine appointment availability measures in MY2021 <ul style="list-style-type: none"> - Direct Network met five out of nine appointment availability measures in MY2021 • SCPs met zero out of seven measures in MY2021 <ul style="list-style-type: none"> - Direct Network met zero out of seven measures in MY2021 • PCPs met two out of two after hour measures in MY2021 <ul style="list-style-type: none"> - Direct Network met two out of two after hour measures in MY2021 <p>Appointment Availability Opportunities: Top three goals not met by PPG</p> <ul style="list-style-type: none"> • Primary Care Providers <ul style="list-style-type: none"> - Urgent Appointment - Preventive Services (Child) - Call-Back Wait Time • Specialty Care Providers <ul style="list-style-type: none"> - Urgent Appointment - Routine Appointment - Call-Back Wait Time • L.A. Care will issue new Corrective Action Plan (CAP) in September 2022 for all Appointment Availability and After Hour measures not met. <p>MY2021 DMHC Findings for Vendor</p> <ul style="list-style-type: none"> • Issued August 11, 2022 • Response submitted to the legal team on August 30, 2022 • Findings Summary: <ul style="list-style-type: none"> - L.A. Care had a high non-response rate - Non-response rates were higher for health plans specifically utilizing L.A. Care’s vendor • Analysis: <ul style="list-style-type: none"> - Vendor has reviewed the findings and has remediated their survey outreach methods to increase response rates to the Provider Appointment Availability Survey (PAAS) Interventions to Increase Compliance <p>Combined Access & Timeliness</p>	

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	<p>Unable to identify aggregate trend due to MY2021 is the first year that we did an aggregate report therefor, 3rd line item below effectiveness of intervention is assessment of Medi-Cal trends.</p> <p>Next Steps</p> <ol style="list-style-type: none"> 1) Present Anthem Blue Cross and Blue Shield Promise with report cards and survey results and request corrective action plans 2) QI Accreditation will monitor PPG Corrective Action Plans as a result of CAPs and continue to support improved member accessibility 3) Collaboration with Enterprise Performance Optimization, Compliance, and QI to ensure changes are being implemented among PPGs, Direct Network, Anthem and Blue Shield Promise after L.A. Care distributes CAP requests 4) Increase oversight of Direct Network with Oversight and Monitoring, CAP requests and reporting out to the Direct Network Steering Committee 5) Annual PPG trainings to address providers that are unaware of access standards and explain L.A. Care's Oversight & Monitoring process 6) Preparation for MY2022 Access to Care Survey <ul style="list-style-type: none"> • Appointment Availability Survey scheduled to begin mid-September 2022 • After-Hours Survey scheduled to begin mid-October 2022 <p>Challenges</p> <p>Sub-par L.A. Care provider data:</p> <ul style="list-style-type: none"> • Inaccurate data leads to unreliable results • Fragmented data files to be used as a survey database • Untimely data leads to delay in survey start • Low AA provider response rates to the surveys <p>Interventions for DMHC findings</p> <ul style="list-style-type: none"> • Amended the scope of work with CSS for MY2022 to include review of sample frames sent by L.A. Care to determine if providers are missing essential contact data, like phone, fax, and/or email. • CSS will schedule calls to specialists, ancillary, and primary care providers from 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. to avoid contacting providers' offices when they are closed for lunch or less likely to respond to the survey. • CSS will attempt to call providers within the same day if the interviewer is unable to get past an automated menu or if they are put on hold for more than two minutes. The goal is to increase number of calls that reach a live person by decreasing amount of time the interviewer is on hold and increasing the number of attempts that can be made during the day. 	

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	<p>Chairperson Booth stated that she would like to meet with Ms. Isayan to go over some of things covered in her report. She noted that Ms. Isayan spoke about Medi-Cal for the Direct Network and asked if they will also be seeing L.A. Care Covered members as well. Noah Paley, <i>Chief of Staff, Executive Services</i>, responded that they will only be seeing Medi-Cal members, because that is what the Department of Managed Health Care approved.</p>	
<p>MEMBER EXPERIENCE</p>	<p>Brigitte Bailey, <i>Quality Improvement Program Manager III, Quality Improvement</i>, gave a presentation about L.A. Care’s Member Experience Improvement Efforts (<i>A copy of the presentation can be obtained from Board Services.</i>).</p> <p>Overview</p> <ul style="list-style-type: none"> • Elevating Customer Experience Cross-Functional Team. • SullivanLuallin Group Patient Experience Trainings. • Meetings with PPGs and Clinics. <p>Elevating Customer Experience Cross-Functional Team (ECE CFT)</p> <ul style="list-style-type: none"> • Launched in February 2022. <ul style="list-style-type: none"> – Convened by Dr. Katrina Miller Parrish. • Goal: Bring together stakeholders across the organization to discuss all possible enterprise interventions, activities, and efforts focused on customer experience. • Customers = Members, Providers, Community. • Efforts: <ul style="list-style-type: none"> – Drafting FY22-23 work plan. Document and track enterprise wide efforts. – Information gathering – presentations from various departments. – PPG survey. – Patient experience trainings. <p>Patient Experience Trainings Overview</p> <ul style="list-style-type: none"> • L.A. Care Quality Improvement team contracted with SullivanLuallin Group (SLG) in 2019 to provide patient experience trainings. • Trainings developed for: <ul style="list-style-type: none"> – Managers/staff <ul style="list-style-type: none"> ▫ Delivered by Thomas Jeffrey – President of SLG – Providers/clinicians <ul style="list-style-type: none"> ▫ Delivered by Dr. Andrew Golden – Consultant with SLG • In 2020, pivoted in-person model of trainings to webinar series. <ul style="list-style-type: none"> – Completed 4 full series of webinars (Fall 2020, Spring 2021, Fall 2021, Spring/Summer 2022). 	

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	<p>Original intention was to provide these trainings in-person at select IPAs to staff, managers and providers. These IPAs were going to have iPads at their front desks for patients to fill out “in the moment” satisfaction surveys. Currently have an amendment to extend our contract for another 2 years. At that point we will do another RFP.</p> <p>Available Trainings</p> <ul style="list-style-type: none"> • For Providers/Clinicians <ul style="list-style-type: none"> - Leading to a Positive Patient Experience - Efficient and Effective Patient Encounters - Motivating Patients to Change Health Behaviors - Improving Patient Compliance - Making the Most of the First Few Minutes of a Patient Encounter - Virtual Visits and the Care Experience • For Managers/Staff: <ul style="list-style-type: none"> - Managing for Telephone Service Excellence - Handling Patient Complaints with H.E.A.R.T. - A Better Care Experience with A.I.M. - Managing Access and Flow <p>Spring/Summer 2022 Webinar Series</p> <ul style="list-style-type: none"> • Total of 8 webinars – 4 for Providers/Clinicians, 4 for Managers/Staff • Registration total: 843; unique registrants: 415 • Attendance total: 464; unique attendees: 286 • Net promoter score average: 80.5 • 36% of individuals attended 2 or more sessions; 6% of individuals attended 4 or more sessions; on average, people attended 1.63 trainings • NPS is a customer loyalty and satisfaction measurement taken from asking customers how likely they are to recommend the webinars to their colleagues on a scale of 0-10. A score between 70 and 100 is considered Excellent! • Some positive feedback: This was by far one of the best webinars I have attended. It was engaging and informative by miles! I would love to have you attend one of my employee meetings throughout the year to give this talk to my employees. They would all enjoy it! <ul style="list-style-type: none"> - Very informational session, new perspective on work life balance. - I was very impressed with not only the relevancy of the subject but also the delivery and the examples. The two video shorts that were used were very impactful. 	

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	<ul style="list-style-type: none"> • We have monthly meetings with contacts at DHS to ensure training topics are relevant for them. We also provide them with a list of DHS attendees at the end of these series. <p>Partnerships with clinics</p> <ul style="list-style-type: none"> • The Quality Improvement team is also partnering with DHS and the L.A. Care Practice Transformation team to provide these trainings directly to clinics. • Presentations to date include 8 Community Clinic, DHS and other Medical Groups <ul style="list-style-type: none"> - More than 250 total attendees <p>Internal Trainings</p> <ul style="list-style-type: none"> • The QI and SLG teams are also partnering with internal L.A. Care teams to provide these trainings to member-facing departments. • Hosted two trainings for Care Management Managers and Staff in July. <ul style="list-style-type: none"> - Manager session – 15 attendees - Staff session – 63 attendees - Net Promoter Score: 79 → “Excellent” rating • Developing training for Customer Solution Center managers, supervisors and training team. <p>Patient Experience Trainings Evaluation</p> <ul style="list-style-type: none"> • Compare 2020 CG-CAHPS scores to 2021 CG-CAHPS scores for clinics that received in-person trainings (prior to COVID) and the clinics with high attendance in the Fall 2020 and Spring 2021 webinar series. • Domains of Focus: <ul style="list-style-type: none"> - Rating of Provider - Provider Communication - Office Staff - Rating of Health Care • A total of 13 sites with in-person trainings and webinar attendance were evaluated. <p>Overall Findings</p> <ul style="list-style-type: none"> • Majority of measures experienced a decrease between the 2020 CG-CAHPS scores and the 2021 CG-CAHPS scores in the 4 domains evaluated. This aligns with the general 2021 CG-CAHPS trend. <ul style="list-style-type: none"> - Of the 80 domains evaluated across the 13 clinics <ul style="list-style-type: none"> • 53 domains decreased from 2020 to 2021 <ul style="list-style-type: none"> ▫ 16 of which were statistically significant • 27 domains increased from 2020 to 2021 <ul style="list-style-type: none"> ▫ Three were statistically significant 	

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	<ul style="list-style-type: none"> ▫ Of the 80 measures across the 13 clinics evaluated in both Adult and Child CG-CAHPS <ul style="list-style-type: none"> - 21 ranked in the 0-25th percentile. - 22 ranked in the 25th-50th percentile. - 20 ranked in the 50th-75th percentile. - 17 ranked in the 75th-100th percentile. <p>Next Steps: Patient Experience Trainings</p> <ul style="list-style-type: none"> • Develop hypotheses on why trainings did not seem to have an impact on CG-CAHPS scores in 2021. Initial thoughts: <ul style="list-style-type: none"> - COVID-19 still a major burden on health care system. - Staff burnout and “Great Resignation”. - Difficult to get buy-in from staff if only a few are attending trainings. Needs to be an organizational wide program. • Move from general webinars to tailored in-person and/or webinars specific to clinics. <ul style="list-style-type: none"> - Conducted several trainings for specific clinic staff/clinicians already in 2022. - Advocate for in-person trainings for clinicians. - Work specifically with clinics with low CG-CAHPS scores. - Conduct CG-CAHPS evaluation in 2023 for these clinics. • Utilize provider shadowing program offered by SullivanLuallin Group. <p>Continue refreshing training content and developing new trainings</p> <p>Quality Improvement Meetings with PPGs and Clinics</p> <ul style="list-style-type: none"> • Various teams within the Quality Improvement department meet with PPGs and Clinics on a regular basis. <ul style="list-style-type: none"> - Meetings take place either monthly, quarterly or on an as-needed basis. • Meetings are an opportunity to discuss HEDIS, member experience survey scores, on-going initiatives/interventions, identify areas of opportunity for collaboration, and ensure L.A. Care is a trusted partner in quality improvement efforts. <p>In response to Member Roybal’s comment about how taking the class may affect the number and types of appeals and grievances for the group, Ms. Bailey said that she likes his idea, it’s an additional evaluation, and looking at appeals and grievances for sites that have high attendance may add information about program effectiveness. Also looking to see if it went down from year to year, the type of grievance might have changed. This will allow them to focus in that area. She would like to collaborate, because she has been working on locating a site to work on that.</p>	

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	<p>Chairperson Booth said that she wonders if they consider how much busier the doctors have been in the last year or so, as compared to earlier in the pandemic. Serving patients who delayed health care has been making doctors very busy, that might affect many patients’ ability to see the good that is being done for them due to sites being overcrowded. She feels that needs to be taken into context. She said that the patients’ expectations aren’t always looked at. She noted that Dr. Seidman mentioned the survey is about how they feel and think about their experience, and at the same time the patient’s expectations can be managed. She is wondering if they are looking for ways to manage expectations. Ms. Bailey responded that she just a had a meeting with the vendor that manages texting and they do substantial work in the patient experience space. They had a conversation about incorporating the patient expectation aspect to ensure that it is realistic. Dr. Parrish stated that in the office staff training they do provide ways to verbalize if the office wait is going to be longer than usual and who the patient will be seeing next. Chairperson Booth stated that the main thing is better communication. Dr. Parrish agreed and said being nice and engaging. There are many ways to make them feel like they are receiving a high level of care.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Compliance & Quality Committee meeting was adjourned at 3:45 pm.</p> <p>Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:42 pm.</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF • L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069, Department of Health Care Services (Case No. Unavailable) <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Three Potential Cases</p>	
<p>RECONVENE IN OPEN SESSION</p>	<p>The Committee reconvened in open session at 4:05 p.m.</p> <p>There was no report from closed session.</p>	

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ADJOURNMENT	The meeting was adjourned at 4:05 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:

DocuSigned by:

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Stephanie Booth, MD, *Chairperson* 11/1/2022 | 4:35 PM PDT
 Date Signed: _____

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