



L.A. Care
HEALTH PLAN®

For All of L.A.

Provider Equity Award

Program Description

For all Lines of Business

(Medi-Cal, Cal MediConnect, L.A. Care Covered, L.A. Care Covered Direct)

Measurement Year 2022

Report Year 2023



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Contact Us

EquityAward@lacare.org: Provider Equity Award questions

L.A. Care Provider Equity Award Introduction

The L.A. Care Health Plan (L.A. Care) Provider Equity Award measures and rewards providers' performance on health equity efforts, which includes reducing health disparities, providing appropriate language care and collecting sexual orientation and gender identity patient information. Health equity occurs "when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances" ([Center for Disease Control and Prevention](#)). Providers have long recognized and worked to address member health disparities and the barriers that impede equitable access to health and health care. **The goal of the award is to highlight providers' efforts and focus on improving health equity for members.**

The purpose of this document is to provide a description of the Provider Equity Award including its goals and criteria. This document also includes information on the data sources, time periods, measures, and methodology for each domain, outlined below.

Eligibility for Provider Equity Award

All clinics, Independent Physician Associations (IPAs) and solo and small group providers may participate among any lines of business.

How to Participate

Participation in the award is not mandatory. The Provider Equity Award will be based on self-nominations from the health care entity/provider. The award includes acknowledgement at the annual L.A. Care provider recognition ceremony, publication in provider newsletters and other ways to publicly recognize the awardee. No payments are included for this year.

Submission

A health care entity/provider that plans to self-nominate must provide evidence for ALL the health equity sub-categories — i.e. **Disparities Reduction, Language Care, and Sexual Orientation and Gender Identity Collection** — to be eligible for the award. The award submission details by the health care entity/provider are below. Write-ups and evidence will be emailed to L.A. Care for consideration of the Provider Equity Award.

Measure Selection

Disparities reduction, language access, and collection of sexual orientation and gender identity data are the focus for the health equity domain due to its impact on health outcomes and being L.A. Care priority areas. Measures are selected for their clinical relevance, opportunity for improvement, relevance to and broad impact on L.A. Care's patient population. Additionally, the Healthcare Effectiveness Data and Information Set (HEDIS) measures selected are based on disparities exhibited in L.A. Care member populations.

Methodology

The grading rubric for each sub-category will be used to score the health care entity/provider's points based on submitted evidence. This score will be used to grade and rank the health care entities/providers. An L.A. Care committee will review and discuss final scores to select the final awardee.

Domain Details | Disparities Reduction

Domain	Equity				
Sub-Category	Disparities Reduction				
Year Start	2022. Participation not required				
Groups	<ul style="list-style-type: none"> • Clinics • Practitioners • Independent Physician Associations 				
Data Source	Document(s) submitted by Clinics/Practitioner/IPA confirming disparities reduction program.				
Data Source Description	<p>Provide program description that demonstrates the health care entity/provider does the following:</p> <ol style="list-style-type: none"> 1. Identifies and prioritizes opportunities to reduce health care disparities among their patient population. 2. Implements at least one intervention to address a disparity. 3. Evaluates the effectiveness of an intervention to reduce a disparity. 4. Intervention improves outcomes for prioritized disparity. 				
Source Year	Measurement Year 2022, Report Year 2023				
Included Measures	<p>Program description of intervention describing disparity reduction on one of the following HEDIS measures.</p> <ol style="list-style-type: none"> a. Comprehensive Diabetes Control (<8%) (CDC) b. Controlling High Blood Pressure (CBP) c. Prenatal & Postpartum Care: Timeliness of Prenatal Care (PPC) d. Prenatal & Postpartum Care: Postpartum Care (PPC) 				
Methodology	Clinics/Practitioner/IPA will email L.A. Care at EquityAward@lacare.org with program description as noted in the Data Source Description. Subject of email will be "L.A. Care Provider Equity Award – Clinics/Practitioner/IPA name – Disparities Reduction 2022."				
Weight of Measure Tool	33.3%				
Grading Rubric/Criteria	<p>Based on the documentation, the organization:</p> <ol style="list-style-type: none"> 1. Identifies and prioritizes opportunities to reduce health care disparities. 2. Implements at least one intervention to address a disparity. 3. Evaluates the effectiveness of an intervention to reduce a disparity. 4. Intervention improves outcomes for prioritized disparity. 				
	100%	80%	50%	20%	0%
	The organization meets 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Domain Details | Language Care

Domain	Equity										
Sub-Category	Language Care										
Year Start	2022. Participation not required										
Groups	<ul style="list-style-type: none"> • Clinics • Practitioners • Independent Physician Associations 										
Data Source	<ul style="list-style-type: none"> • Document(s) submitted by Clinics/Practitioner/IPA confirming language care services 										
Data Source Description	<p>Provide write-up and evidence that demonstrates the health care entity/provider does the following:</p> <ol style="list-style-type: none"> 1. Asks and documents patients' language preferences in electronic medical chart or other screening tools. 2. Offers patients language resources such as qualified medical interpreters. 3. Offers staff interpreter certification training opportunities. 4. Offers patients with auditory disabilities access to qualified sign language interpreters or other resources. 5. Utilizes data from patient experience surveys, grievances or other sources to make improvements in language care environment. 6. Improves outcomes for patient population to provide in language care. 										
Source Year	Measurement Year 2022, Report Year 2023										
Included Measures	Language Care										
Methodology	Clinics/Practitioner/IPA will email L.A. Care at EquityAward@lacare.org with write-up and evidence of language care as noted in the Data Source Description section. Subject of email will be "L.A. Care Provider Equity Award – Clinics/Practitioner/IPA name – Language Care 2022"										
Weight of Measure Tool	33.3%										
Grading Rubric/Criteria	<p>Based on the documentation, the organization:</p> <ol style="list-style-type: none"> 1. Asks and documents patients' language preferences in electronic medical chart or other screening tools. 2. Offers patients language resources such as qualified medical interpreters. 3. Offers staff interpreter certification training opportunities. 4. Offers patients with auditory disabilities access to qualified sign language interpreters or other resources. 5. Utilizes data from patient experience surveys, grievances or other sources to make im-provements in language care environment. 6. Improves outcomes for patient population to provide in language care. <table border="1"> <thead> <tr> <th>100%</th> <th>80%</th> <th>50%</th> <th>20%</th> <th>0%</th> </tr> </thead> <tbody> <tr> <td>The organization meets 5+ factors</td> <td>The organization meets 4 factors</td> <td>The organization meets 3 factors</td> <td>The organization meets 1-2 factors</td> <td>The organization meets no factors</td> </tr> </tbody> </table>	100%	80%	50%	20%	0%	The organization meets 5+ factors	The organization meets 4 factors	The organization meets 3 factors	The organization meets 1-2 factors	The organization meets no factors
100%	80%	50%	20%	0%							
The organization meets 5+ factors	The organization meets 4 factors	The organization meets 3 factors	The organization meets 1-2 factors	The organization meets no factors							

Domain Details | Sexual Orientation and Gender Identity Collection

Domain	Equity				
Sub-Category	Sexual Orientation and Gender Identity Collection				
Year Start	2022. Participation not required				
Groups	<ul style="list-style-type: none"> • Clinics • Practitioners • Independent Physician Associations 				
Data Source	<ul style="list-style-type: none"> • Document(s) submitted by Clinics/Practitioner/IPA confirming collection of Sexual Orientation and Gender Identity/LGBTQ+ information on patients 				
Data Source Description	<p>Provide write-up and evidence that demonstrates the health care entity/provider does the following:</p> <ol style="list-style-type: none"> 1. Asks and documents patients' preferred pronouns, sex assigned at birth, gender identity, and sexual orientation. 2. Provides staff training on sexual orientation and gender identity data collection and LGBTQ+ topics for gender diverse patients. 3. Includes inclusive, gender-affirming care practices. 4. Utilizes data from patient experience surveys, grievances or other sources to make improvements for LGBTQ+ patients. 				
Source Year	Measurement Year 2022, Report Year 2023				
Included Measures	Sexual Orientation and Gender Identity Collection				
Methodology	Clinics/Practitioner/IPA will email L.A. Care at EquityAward@lacare.org with write-up and evidence of language care screening as noted in the Data Source Description section. Subject of email will be "L.A. Care Provider Equity Award – Clinics/Practitioner/IPA name – SOGI 2022"				
Weight of Measure Tool	33.3%				
Grading Rubric/Criteria	<p>Based on the documentation, the organization:</p> <ol style="list-style-type: none"> 1. Asks and documents members/patients on their preferred pronouns, Sex assigned at birth, Gender Identity, and Sexual Orientation. 2. Provides staff training on sexual orientation and gender identity data collection and LGBTQ+ training for gender diverse patients. 3. Includes inclusive, gender-affirming care practices. 4. Utilizes data from member experience surveys, grievances or other sources to make improvements for LGBTQ+ patients. 				
	100%	80%	50%	20%	0%
	The organization meets 4 factors	The organization meets 3 factors	The organization meets 2 factors	The organization meets 1 factor	The organization meets no factors

Examples of Equity Award Submissions

Sub-category– Disparities Reduction Example

Background

Community pharmacists are one of the most accessible health care providers in patients' neighborhoods, especially in underserved areas. Along with the Los Angeles County Department of Public Health and Inland Empire Health Plan (IEHP), L.A. Care Health Plan has partnered with the University of Southern California's (USC) California Right Meds Collaborative (CRMC) to expand access to healthcare for our most vulnerable high-risk patient populations. Our goal is to develop a network of highly trained and experienced CRMC community pharmacies to manage chronic diseases and ease the burden on our strained primary care system. This program provides our members more opportunities to speak with a provider, vital especially during COVID-19 when access to care has become increasingly more difficult. The longitudinal chronic disease state management offered by CRMC is essential to decrease members' risk of COVID-19.

Rationale for the Community Pharmacy Value-Based Program – California Right Med Collaborative (CRMC)

As of 2015, more than 30 million Americans (9.4% of the U.S. population) had diabetes and a quarter of these cases (7.2 million) were undiagnosed¹. Black/African American and Hispanic/Latino populations are disproportionately impacted by diabetes diagnoses. The non-Hispanic Black population is twice as likely to be diagnosed than non-Hispanic White population, and comprise 12.7% of the 1.5 million Americans diagnosed every year with diabetes². According to Centers for Disease Control and Prevention (CDC), Hispanic/Latino Americans are 1.7 times more likely to have diagnosed diabetes for adults aged 18 years and older than their non-Hispanic White counterparts³. Black/African American and Hispanic/Latino populations are also more likely to suffer complications from diabetes, such as end-stage renal disease and lower extremity amputations^{4,5}. Los Angeles (L.A.) County data matches national trends. Of L.A. County residents, 9.8% were diagnosed with diabetes, with Black/African American (13.7%) and Hispanic/Latino (10.7%) populations showing high diabetes prevalence⁶. L.A. Care historical data has shown that L.A. Care's Regional Consumer Advisory Committee (RCAC) 1 (Antelope Valley) and RCAC 6 (Compton, Inglewood, Watts, Gardena, and Hawthorne) have the highest rates of uncontrolled diabetes. As a result, L.A. Care Pharmacy Department decided to partner with USC School of Pharmacy to implement our community pharmacy program to address health disparities and to reduce the uncontrolled diabetes population. The community pharmacy program started in January 2020 and is currently ongoing. The main focus is on the Medi-Cal, and Cal MediConnect (CMC) memberships.

Enrollment Criteria

- Member A1c \geq 9% within 30 days OR
- Member A1c \geq 11% within 90 days

1 Centers for Disease Control. National Diabetes Statistics Report, 2020: Estimates of diabetes and its burden in the United States. (2020). <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

2 Centers for Disease Control. National Diabetes Statistics Report, 2020: Estimates of diabetes and its burden in the United States. (2020). <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>

3 Center for Disease Control. Diabetes and Hispanic Americans. (2021) <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=63>

4 American Diabetes Association. Treatment and Care for African Americans. (2014). <https://care.diabetesjournals.org/content/37/10/2864>

5 Spanakis, E.K. & Golden, H.G. (2013). Race/Ethnic Difference in Diabetes and Diabetic Complications. Current Diabetes Report. DOI: 10.1007/s11892-013-0421-9

6 County of Los Angeles Public Health. 2015 L.A. County Health Survey. (2015). <http://publichealth.lacounty.gov/ha/LACHSDATATopics2015.htm>

Intervention

- Enrollment in this program begins with L.A. Care, the primary care physician, or a clinic/FQHC referring high-risk members.
 - With the help from the Quality Performance Management (QPM) department and various Health Information Exchanges (HIE), L.A. Care pharmacy team identifies members who have uncontrolled A1c > 9% or A1c >11%.
- L.A. Care pharmacy technicians/clerks will outreach to the eligible members with a focus on the Black/African American, Latino, or Hispanic population residing in RCAC 1 and RCAC 6.
- If member is interested, we will refer the member to one of our partnered community pharmacists who will schedule the initial appointment and follow-up appointments.
- Pharmacist will conduct in-person or telehealth appointments to include:
 - Comprehensive medication review
 - Plan to overcome barriers to disease control (i.e. lifestyle changes, medication adherence, disease state education)
 - Recommended medication changes sent to provider
- Member will be considered at goal if A1c ≤ 8% or at least a 2% reduction with A1c < 9% (seen ≥ 6 months, and ≥ 5 visits) AND blood pressure < 140/90 mmHg AND on a statin therapy, if clinically appropriate. Member will then be discharged from the program.

Interim Results

To date, there are eight pharmacies participating in this program that have assisted 176 members including 164 Medi-Cal members and 12 CMC members (Table 1). Overall, there has been an average A1c reduction by 1.4%. By line of business, Medi-Cal members have a 1.6% A1c reduction, whereas CMC members saw a slight increase. However, due to the small CMC population (n=12) a large increase (+2.3%) by one member contributed to this result. Additionally, 67% of members in this intervention have a blood pressure <140/90 mmHG with 68% for Medi-Cal members and 60% for CMC members. At this time, there is a low enrollment of CMC members, but L.A. Care will continue to outreach to CMC members that fit the stated program criteria.

Table 1

Total # of Pharmacies	Total # of Members	Average A1c Baseline	Average A1c Reduction	% of members with BP < 140/90
Total				
8	176	11.5%	-1.4%	67%
Medi-Cal				
8	164	11.4%	-1.6%	68%
CMC				
8	12	11.8%	+0.3%*	60%

*Small population pool. One member had an increase of 2.3% A1c and increased the overall average.

Sub-category – Language Care Example

Evidence for Language Care may include:

- Staff call script asking about patient’s language preference and offering a no-cost interpreter.
- Screenshot of electronic health records (EHR) system that collects patient’s language preference.
- Policies and procedures on language assistance services.
- Staff list of qualified medical interpreters.
- Staff attendance sheet and training materials for interpreter certification.
- Picture of translated language assistance signage at key points of contact.
- Forms and documents in patient’s language and/or alternative format (e.g. large print, Braille, etc.)
- Patient survey questions focused on language access.
- Health outcome disparities improvements stratified by language (spoken or written).

Background

The XYZ clinic serves a diverse patient population. We use a multipronged approach to provide our patients more opportunities to receive accessible care, speak with providers, and have a meaningful experience to improve their long term health outcomes in their preferred language. For example, our clinic is contracted with a telephonic and video remote interpreting vendor, leverages free in-person interpreting services offered by the health plans, and hires bilingual staff who are certified interpreters. These services allow us to provide care in any language, including American Sign Language, for in-person, video, and telephonic patient encounters. All offered language care services are available 24 hours, 7 days a week. Translation services are also available, and written documents are available in most preferred languages including American Sign Language. Patients can also request auxiliary aids and services. Any patient can access services whenever needed.

Patients are asked if they need interpretation services during their visit. If they indicate yes, the clinic staff calls the L.A. Care language assistance services. The toll free service is available 24 hours a day, 7 days a week, including holidays. Protocols and service consents are explained to patients and the provider then continues with the care. Additionally, we record the patient’s language preference in the EHR system to support their care.

	Patient Number
Total Number of Patients Screened for Language Care	1,500
Total Number of Patients Indicating Language Care	660
Total Number of Patients Provided with Language Care Services	500

Describe improved outcomes based on efforts, if available.

Our data shows that 95% (2,000 patients) of all clinic patients are screened for language care needs. Of those screened, 44% of patients indicated they need language care services. There were 500 total number of patients that were provided language care services which included translations via telephone and video, and sign language. The clinic is utilizing this data to continue to strengthen the language care services.

Sub-category – Sexual Orientation and Gender Identity (SOGI) Data

Evidence may include:

- Staff call script asking patient’s SOGI questions.
- Screenshot of EHR system that collects SOGI questions.
- Attach assessment with included SOGI questions and data fields.
- Staff attendance sheet and training materials for SOGI data collection LGBTQ+ training.
- Clinic health campaigns for LGBTQ+ patient population.
- Patient survey questions focused on LGBTQ+ population.
- Staff names tags with pronoun information.
- Clinic images of LGBTQ+ families.
- HEDIS disparity analysis stratified by gender identity.

Describe Sexual Orientation and Gender Identity Data Collection

Over the years, we are seeing an increase of patients who have provided their sexual orientation and gender identity. When a patient shows up to the counter to check-in, we prioritize capturing their SOGI data. These data fields are built into the electronic health records (EHR) as none of the assessment tools capture this information. Our staff is provided routine training for capturing SOGI information. For instance, the SOGI Data Collection Demonstration Videos utilizes best practices and methods for collecting SOGI data that does not stigmatize individuals. We prioritize collection of SOGI data and our data capture is advanced as we hope to identify and address disparities.

Show and/or attach examples of data aggregates used by the health care entity/provider.

	Patient Number
Total Number of Patients Screened for SOGI	2,000
Total Number of Patients who indicated preferred pronouns	100
Total Number of Patients Provided sex assigned at birth	1,300
Total Number of Patients Provided sex assigned at birth	125
The total number of patients who provided sexual orientation information	90

Describe improved outcomes based on efforts, if available.

We have updated our SOGI data these past few years to meet the needs of our patients. As a clinic, we are prioritizing training our staff on biases, how to support asking broader questions to understand patient needs, and the importance of providing a welcoming environment for everyone. Based on the data from previous years, and the increase of patients with many gender identities, we are collaborating with our local agencies to provide them with additional resources, should they need it. The collection of SOGI data has helped our clinic and providers understand the various needs of our patients and how best to support them. We are also collaborating with our local agencies to outreach for care services.