2021 Population Needs Assessment

HCQC
September 16, 2021

ALAMEDA Alliance FOR HEALTH

What is the Population Needs Assessment?

- Part of the Alliance Population Health Strategy
- The Population Needs Assessment (PNA) Goal:
  - Identify and understand Medi-Cal member health needs and health disparities
  - Evaluate health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns
  - Implement targeted strategies
- DHCS required yearly report

What are the required components?

- Key Findings
  - Member profile
  - Health status
  - Health disparities
  - Gaps in health education, quality improvement, and cultural & linguistic services
- Action plan
- Stakeholder engagement

Data

- **2020 unless otherwise noted**
- **Required Data**
  - Member Satisfaction Survey (CAHPS)
  - Health disparities based on HEDIS RY2020
  - Stakeholder input (Member Advisory Committee)
- **Additional Data Used**
  - County data on social determinants of health (ex. housing, CalFresh)
  - Member demographic data (age, sex, race/ethnicity, location)
  - Member health status (CareAnalyzer)
  - Language services
  - CG-CAHPS: post-visit member survey

Key member subgroups

- Children with special health care needs (CSHCN)
- Seniors and persons with disabilities (SPD)
- Members with limited English proficiency (LEP)
- Members with diverse cultural and ethnic backgrounds

Member Profile

293,530 Alliance Medi-Cal members

enrolled at any time during 2020

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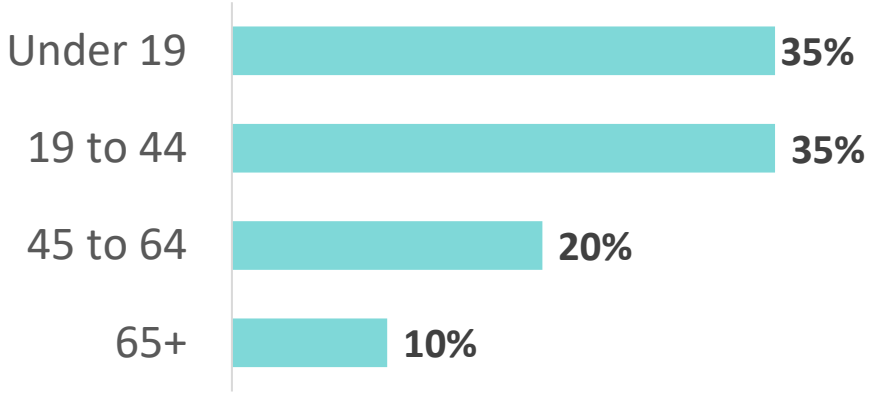
Member Gender and Age

Gender*

54%
Female

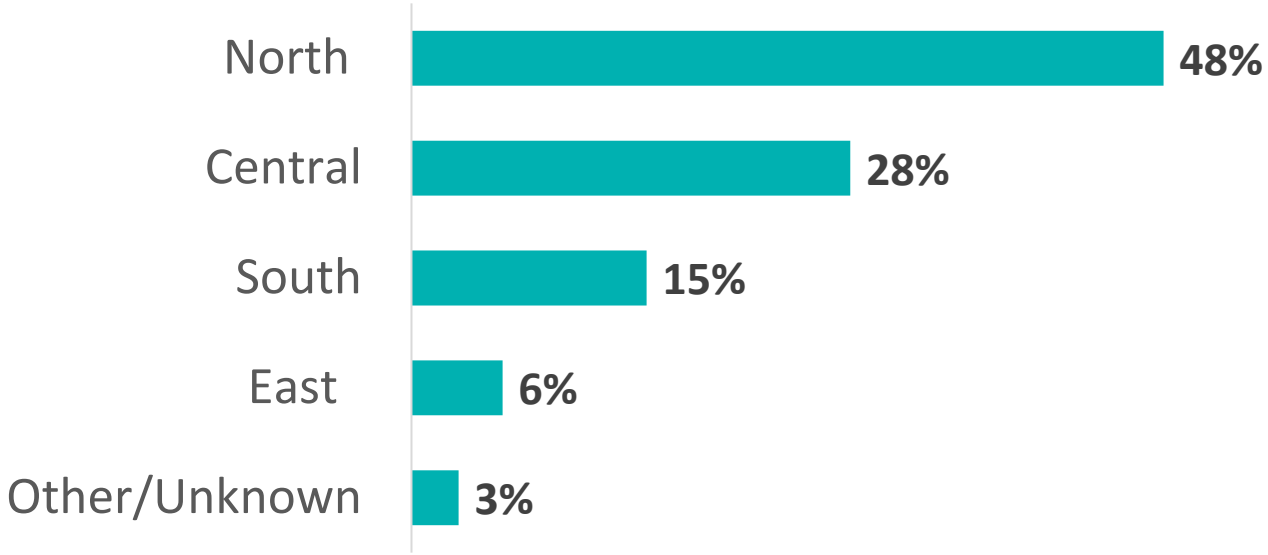
46%
Male

Age



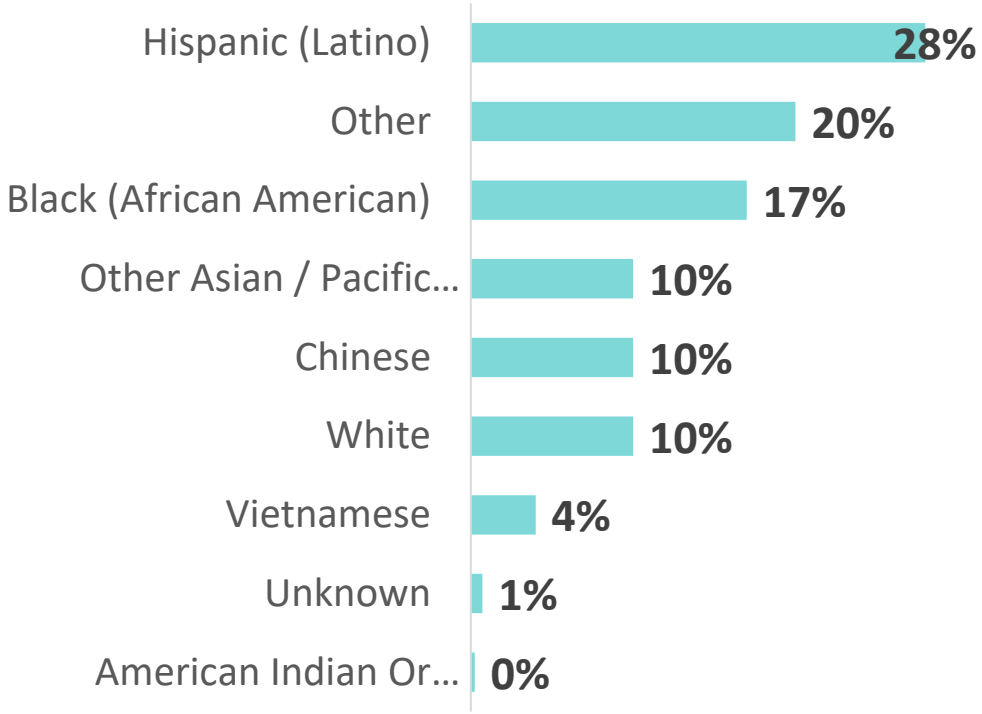
* Medi-Cal does not yet track non-binary gender identification.

Member County Region



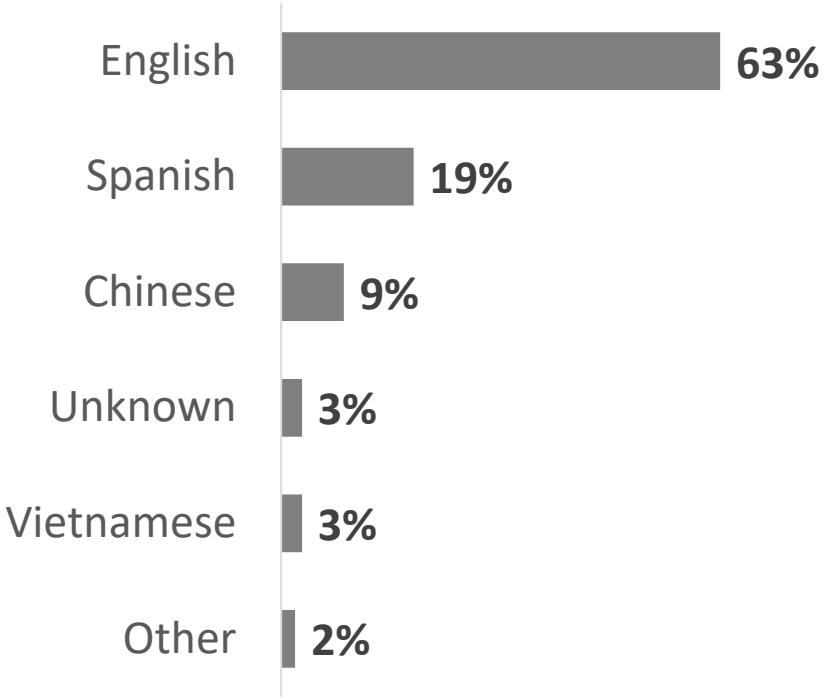
County Region	Cities included
North County	Alameda, Albany, Berkeley, Emeryville, Oakland, Piedmont
Central County	Castro Valley, Hayward, San Leandro, San Lorenzo (Note: Ashland, Cherryland, and Fairview are unincorporated areas and not in member addresses.)
East County	Dublin, Livermore, Pleasanton
South County	Fremont, Newark, Union City

Member Ethnicity



- For Under 19, the largest ethnic group was Hispanic (Latino)
- For 19 – 44 years, the largest ethnic groups were Other and Hispanic (Latino)
- For 45 – 64 years, the largest ethnic groups were Other and Black (African American)
- For 65+ years, the largest ethnic group were Chinese and Other Asian/Pacific Islanders

Member Language



- Among non-English speakers:
  - For Under 19 and 19-44 years, the largest language group was Spanish
  - For 65+ years, the largest language group was Cantonese/Mandarin

Member Health Status

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Health Issues by Subgroup

Rank	Child 94,961 members	CSHCN 8,131 members	Adult 161,511 members	SPD 28,927 members
1st	Colds and flu 13%	Developmental disorder 9%	Hypertension 15%	Hypertension 39%
2nd	Eye problems 11%	Colds and flu 8%	Hyperlipidemia 13%	Hyperlipidemia 29%
3rd	Obesity 10%	Eye problems 8%	Muscle, bone, or joint problems 9%	Neurologic problems 17%
4th	Virus 8%	Refractive errors 7%	Abdominal pain 9%	Muscle, bone, or joint problems 17%
5th	Eczema & skin problems 8%	Obesity 7%	Neurologic problems 8%	Muscle, bone, or joint disorders 14%
6th	Refractive errors 7%	Virus 6%	Refractive errors 7%	Type 2 Diabetes 13%
7th	Asthma 7%	Asthma 6%	Low back pain 7%	Low back pain 13%
8th	Allergies 6%	Eczema & skin problems 6%	Anxiety 7%	Cardiovascular problems 12%

Member Health Issues by Age and Ethnicity

Largest groups are listed. **Bold groups** have the highest prevalence among age or ethnic group.

Chronic Disease	Age groups	Ethnic groups
Hypertension	Ages 45 to 64 **Ages 65+**	Black (African American) Other **Other Asian/Pacific Islander**
Hyperlipidemia	Ages 45 to 64 **Ages 65+**	**Chinese** Other Asian/Pacific Islander
Obesity	**Under 19** Ages 19 to 44 Ages 45 to 64	**Hispanic (Latino)** Black (African American) Other
Diabetes	Ages 45 to 64 **Ages 65+**	**Other Asian/Pacific Islander** Other
Asthma	**Under 19** Ages 19 to 44 Ages 45 to 64	Hispanic (Latino) **Black (African American)**

HEDIS Disparities RY2020

Subgroup rates listed were significantly lower at the 99% significance level.

Asthma Medication Ratio (AMR)	% of sample	MPL (%)	Rate (%)
AMR - Total	100%	63.6	59.93
AMR - 19-50 years	29%		52.52
AMR - 51-64 years	19%		49.27
AMR - Female	53%		58.2
AMR - English	71%		58.68
AMR - Black (African American)	30%		52.42

Breast Cancer Screening (BCS)	% of sample	MPL (%)	Rate (%)
BCS - English	54%	58.73	55.45
BCS - White	11%		49.87
BCS - Black (African American)	16%		52.85

Member Input

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CAHPS 2020
(Member Satisfaction Survey)

Rates listed were significantly lower (red) or higher (blue) at the 95% significance level.

Composite/Attribute/Measure	Adult Rate	Adult Benchmark	Child Rate	Child Benchmark
Getting care quickly (composite)	71.7%	82.0%	82.0%	89.4%
Getting urgent care quickly	78.2%	85.1%	82.3%	91.2%
Getting routine care quickly	65.2%	79.3%	81.7%	87.7%
Personal doctor listened carefully	97.2%	92.3%	95.0%	95.3%
Personal doctor showed respect	97.2%	93.6%	97.5%	96.3%

Alliance Member Advisory Committee (MAC) Input

Awareness and use of member benefits

- Provider network
- Health education programs
- Medicine coverage
- Health care and preventive services
- Interpreter services
- People with disabilities

Wait time

- PCP referral for specialist
- School physicals
- Prior authorizations for medicines

Manage and prevent disease

- Hypertension and prediabetes
- Taking medicines correctly
- Autoimmune diseases
- Mental health issues and physical disabilities
- Expecting parents and child weight

Quality improvement

- Vision and dental coverage
- Merit system for providers

Provider communication

- Interpreter use
- Video appointments

Action Plan

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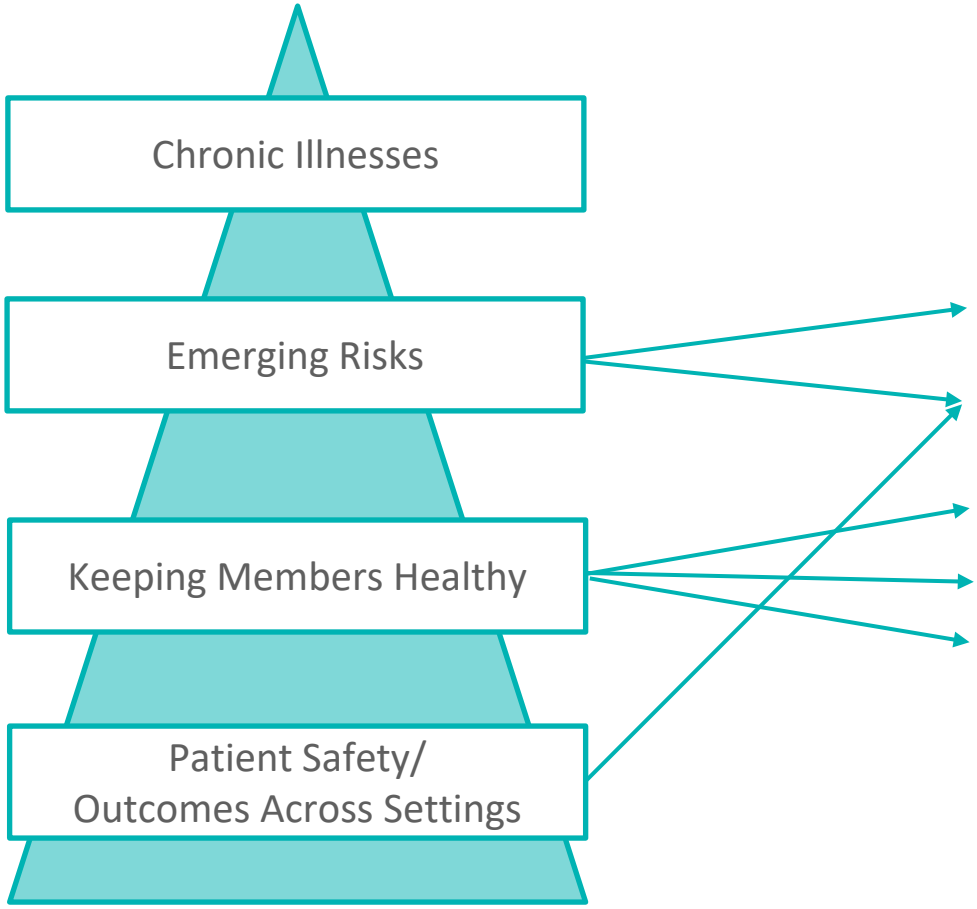
2020 Action Plan Update

2020 Objective	2021 Action Plan
1a. Hypertension, Hyperlipidemia, and Diabetes in the Asian and Pacific Islander adult and senior populations	Completed
1b. Obesity in the Hispanic (Latino) child population	Moved to health education workplan
1c. Asthma in the Hispanic (Latino) and Black (African American) child populations	Continue as is
1d. Asthma in the Black (African American) adult population	Continue with modification
2a. Getting routine care appointments quickly	Continue with modification
2b. Well-child visits	Continue with modification
3. Information and coordination of member benefits	Discontinued

2021 Action Plan
Population Health Pyramid



PNA
2021 Action Plan

Adult Asthma

Pediatric Asthma

Timely Access to Care

Well-child Visits

Breast Cancer Screening

Focus Area 1: Asthma Self-management

Hispanic (Latino) and Black (African American) children

Black (African American) adults

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Asthma Self-management

Findings:

- HEDIS AMR rates were lowest for ages 19-50, 51-64, and Black (African American) members.
- For ages 19 to 64 with asthma, Black (African American) was the largest ethnic group.
- Asthma was most prevalent in children.
- Hispanic (Latino) was the largest ethnic group for children with asthma.

Asthma Self-management in Black and Hispanic Children

Objective 1a: *Increase annual participation of Hispanic (Latino) and Black (African American) children in Asthma Start in-home case management program by 25% from 209 (2019) to 261 members by December 31, 2021.*

Strategies	Continue funding Asthma Start outreach and case management services.
	Create provider promotion materials.
	Launch mailing to families to encourage participation.

Asthma Self-management in Black Adults

[DISPARITY] Objective 1b: *Increase HEDIS Asthma Medication Ratio (AMR) measure from 49.17% in Measurement Year 2020 to the Measurement Year 2020 MPL of 62.43% for Black (African American) adults ages 19 to 64 by December 31, 2022.*

Strategies	Mailing with member incentive to view educational video and/or visit doctor.
	Support large delegate clinic system with asthma workshops.
	Provide member phone consults for ages 21 to 44 (Asthma Affinity Group focus).
	Integrate African American Advisory Group recommendations.

Focus Area 2: Preventive Care

Getting routine appointments quickly

Well-child visits

Breast cancer screening

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Preventive Care

Findings:

- Children and adults were significantly lower than the CAHPS benchmark for getting routine care quickly.
- Because preventive services were likely delayed in 2020 due to the pandemic, MAC advised the Alliance to reach out to members about what services they need.
- HEDIS BCS rates were lowest for White, Black (African American), and English-speaking members.

Getting Routine Care Appointments Quickly

Objective 2a: *Improve CAHPS rate for getting checkup or routine care appointment as soon as needed to pre-COVID 2019 rates from 65.2% to 70.3% for adults and 82.0% to 85.6% for children by December 31, 2022.*

Strategies	Share timely access survey results and access-related grievances with providers.
	Conduct ongoing member and provider education regarding timely access.
	Hold member satisfaction workgroup meetings.

Well-child Visits

Objective 2b: *Increase HEDIS Child and Adolescent Well-Care Visits (WCV) measure from 49.3% to 55% for two identified providers by December 31, 2022.*

Strategies	Encourage providers to review and use gaps in care report.
	Provide member incentive for well-child visit.
	Send birthday cards that offer member incentive.
	Continue provider incentive through Pay for Performance program.

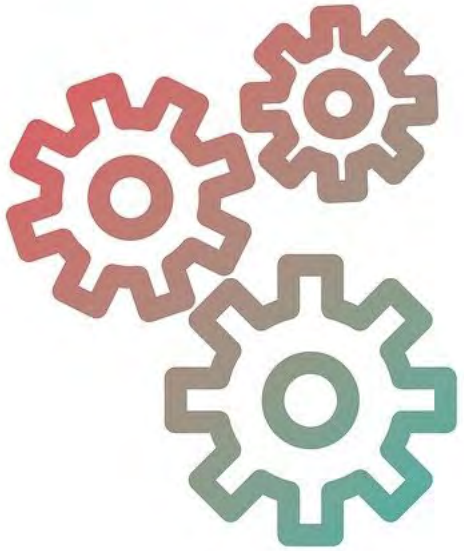
Breast Cancer Screening in Black Women

[DISPARITY] Objective 2c: *Improve HEDIS Breast Cancer Screening (BCS) measure among Black (African American) women ages 52 to 74 from 46.76% in Measurement Year 2020 to 53.76% by December 31, 2022.*

Strategies	Educate members on breast cancer screening and provide member incentive.
	Ensure providers can review and use timely gaps in care reports.
	Discuss with providers at delegate clinic how to streamline standing order process and address member barriers.

Questions

- Which objectives offer collaboration opportunities?



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Thank you

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