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**IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS**

AS A RESULT OF THE COVID-19 VIRUS, AND RESULTING ORDERS AND DIRECTION FROM THE PRESIDENT OF THE UNITED STATES, THE GOVERNOR OF THE STATE OF CALIFORNIA, AND THE ALAMEDA COUNTY HEALTH OFFICER, THE PUBLIC WILL NOT BE PERMITTED TO PHYSICALLY ATTEND THE ALAMEDA ALLIANCE FOR HEALTH MEETING TO WHICH THIS AGENDA APPLIES.

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO “ATTN: ALLIANCE MEMBER ADVISORY COMMITTEE” 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT [CBRAZIL@alamedaalliance.org](mailto:CBRAZIL@alamedaalliance.org). YOU MAY WATCH THE MEETING LIVE BY LOGGING IN BY COMPUTER. CLICK THE LINK PROVIDED IN YOUR EMAIL OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER: **1-408-418-9388**, CODE: **1466 60 6125**. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MUST SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE.

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. IT WOULD BE APPRECIATED IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING. IF THAT IS NOT POSSIBLE, EVERY EFFORT WILL BE MADE TO ATTEMPT TO REVIEW E-COMMENTS DURING THE COURSE OF THE MEETING. TOWARDS THIS END, THE CHAIR OF THE COMMITTEE WILL ENDEAVOR TO TAKE A BRIEF PAUSE BEFORE ACTION IS TAKEN ON ANY AGENDA ITEM TO ALLOW THE COMMITTEE CLERK TO REVIEW E-COMMENTS, AND SHARE ANY E-COMMENTS RECEIVED DURING THE MEETING.

<b>Meeting Name:</b>	Member Advisory Committee		
<b>Date of Meeting:</b>	September 16, 2021	<b>Time:</b>	10:00 AM – 12:00 Noon
<b>Meeting Chair and Vice Chair:</b>	Melinda Mello, Chair, and Natalie Williams, Vice Chair	<b>Location:</b>	Call in or video call only.
<b>Call In Number:</b>	Phone Number: <b>1.408.418.9388</b> Code: <b>1466 60 6125</b>	<b>Webinar:</b>	WebEx link is provided in your email.

### I. Meeting Objective

Advise Alameda Alliance for Health on the development and implementation of its cultural and linguistic accessibility standards and procedures.

### II. Members

Name	Title	Name	Title
Melinda Mello	Alliance Member, Chair	Natalie Williams	Alliance Member, Vice Chair
Maria Archuleta	Alliance Member	Bassam Jammal	Alliance Member
Roxanne Furr	Alliance Member	Mimi Le	Alliance Member
Irene Garcia	Alliance Member	Colleen Payne	A/C Child Health & Disability Prevention
Erika Garner	Alliance Member	Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start
Charlene Harrison	Site Director, Native American Health Center		

### III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
<b>Welcome and Introductions</b> a. Roll Call	<b>Melinda Mello</b> , Chair and <b>Natalie Williams</b> , Vice Chair	5	Information

<b>Approval of Minutes and Agenda</b>			
1. Approval of Minutes from June 17, 2021	<b>Melinda Mello</b> , Chair and <b>Natalie Williams</b> , Vice Chair	3	Vote
2. Approval of Agenda	<b>Melinda Mello</b> , Chair and <b>Natalie Williams</b> , Vice Chair	2	Vote
<b>Alliance Reports</b>			
1. Alliance CEO Update <ul style="list-style-type: none"> <li>Alliance Operations Update</li> <li>COVID-19 Vaccine and Booster Update</li> <li>COVID-19 Vaccination Response <ul style="list-style-type: none"> <li>➤ Focus group</li> <li>➤ Outreach</li> </ul> </li> </ul>	<b>Scott Coffin</b> Chief Executive Officer <b>Steve O'Brien, MD</b> Chief Medical Officer <b>Donna Carey, MD</b> Medical Director of Case Management <b>Stephanie Wakefield</b> , Senior Director of Quality <b>Matt Woodruff</b> Chief Operating Officer	45	Information
2. First 5 Alameda County, Pediatric Care Pilot	<b>Carla Keener</b> Director of Programs First 5 Alameda County <b>Loren Farrar, MSW</b> Senior Program Administrator Help Me Grow First 5 Alameda County	20	Information
3. Grievances and Appeals <ul style="list-style-type: none"> <li>4<sup>th</sup> Quarter Fiscal Year 2021</li> </ul>	<b>Jennifer Karmelich</b> Director, Quality Assurance	10	Information
4. Outreach Report <ul style="list-style-type: none"> <li>4<sup>th</sup> Quarter Fiscal Year 2021</li> </ul>	<b>Michelle Lewis</b> Manager, Communications and Outreach	10	Information
<b>New Business</b>			
1. Population Needs Assessment	<b>Linda Ayala</b> Manager, Health Education	20	Discussion



**Alameda Alliance for Health**  
Member Advisory Committee Meeting Agenda

<b>Open Forum</b>	<b>Melinda Mello, Chair and Natalie Williams, Vice Chair</b>	3	Discussion
<b>Adjournment</b>	<b>Melinda Mello, Chair and Natalie Williams, Vice Chair</b>	2	Next meeting: <b>December 16, 2021</b>

Americans with Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact **Cindy Brazil** at **510.747.6166** at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.



**MEMBER ADVISORY COMMITTEE (MAC)**  
**Thursday, June 17, 2021 10:00 AM – 12:00 PM**  
 DRAFT

<b>Committee Member Name</b>	<b>Role</b>	<b>Present</b>
Maria Archuleta	Alliance Member	X
Roxanne Furr	Alliance Member	X
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Charlene Harrison, Native American Health Center	Safety Net Provider	
Bassam Jammal	Alliance Member	X
Mimi Le	Alliance Member	X
Melinda Mello	Alliance Member, Chair	X
Colleen Payne, A/C Child Health & Disability Prevention	Community Advocate	
Amy Sholinbeck	Asthma Coordinator	X
Natalie Williams	Alliance Member, Vice Chair	X

<b>Other Attendees</b>	<b>Organization</b>	<b>Present</b>
Brenda Burrell	Alameda County Child Health & Disability Prevention	X
Tracy Mendez	Pacific Health Consulting Group	X
Bobbie Wunsch	Pacific Health Consulting Group	X

<b>Staff Member Name</b>	<b>Title</b>	<b>Present</b>
Alex Alvarez	Outreach Coordinator	X
Linda Ayala	Manager, Health Education	X
Sanjay Bhatt, MD	Quality Improvement Director	X
Cindy Brazil	Health Programs Coordinator	X
Donna Carey, MD	Medical Director of Case Management	X
Scott Coffin	Chief Executive Officer	X
Jessica Jew	Health Education Specialist	X
Michelle Lewis	Manager, Communications & Outreach	X
Loren Mariscal	Grievances and Appeals Manager	X
Julie Anne Miller	Senior Director Health Care Services	X
Steve O'Brien, MD	Chief Medical Officer	X
Rosa Reyes	Disease Management Health Educator	X
Otis Ward	Outreach Coordinator	X

Matt Woodruff	Chief Operations Officer	X
Katrina Vo	Communications & Content Specialist	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
<b>Welcome and Introductions</b>	Melinda Mello, Natalie Williams	Welcomed attendees. L. Ayala took attendance.	N. Williams called the meeting to order at 10:06 AM.	
<b>Approval of Agenda and Minutes</b>	Melinda Mello, Natalie Williams			
<b>1. Approval of Minutes from March 18, 2021</b>			Minutes from the previous meeting approved by consensus.	
<b>2. Approval of Agenda</b>		L. Ayala proposed the following changes to the agenda: <ul style="list-style-type: none"> <li>• Input on strategic plan to go first under the Alliance CEO update.</li> <li>• Cultural and Linguistic Services annual report to replace the Access report because Senior Director of Quality is not available to present.</li> <li>• Voting on new member to be postponed since the application is not yet filled out.</li> </ul>	Today's agenda approved by consensus.	
<b>Alliance Standing Reports</b>				
<b>1. Alliance CEO Update</b>	Scott Coffin Matt Woodruff Steve O'Brien Sanjay Bhatt Bobbie Wunsch Tracy Mendez	S. Coffin invited MAC members to participate in the creation of the Alliance's multi-year strategic plan. B. Wunsch from Pacific Health Consulting Group facilitated the discussion. <ul style="list-style-type: none"> <li>• Question 1: What do you like about being an Alliance member? <ul style="list-style-type: none"> <li>○ N. Williams: More access to doctors, transportation, and vendors than with previous health plan.</li> <li>○ M. Mello: Alliance feels like family that tries to solve problems and help each other.</li> </ul> </li> </ul>		

		<ul style="list-style-type: none"> <li>• Question 2: Are there ways the provider network could change to make it easier to use the services? <ul style="list-style-type: none"> <li>○ B. Jammal: Seeing a specialist requires a referral from the main provider, which can be difficult to ask for especially during the pandemic.</li> <li>○ R. Furr: Issue with getting on Alliance in the hospital.</li> <li>○ M. Archuleta: List of providers is not updated, which is very frustrating.</li> <li>○ N. Williams: Some specialists ask patients to be on video but keep theirs off during telehealth visits.</li> </ul> </li> <li>• Question 3: How can Alliance staff help you navigate services better? <ul style="list-style-type: none"> <li>○ M. Archuleta: Sometimes call back is late or does not happen.</li> <li>○ N. Williams: Agree with not getting a call back, also hard to reach the person you want to speak with.</li> </ul> </li> <li>• Question 4: Alliance wants to improve the health of Medi-Cal members in Alameda County. What neighborhoods or groups need more outreach or targeted efforts? <ul style="list-style-type: none"> <li>○ N. Williams: Elderly need more information and one-on-one touch. Homeless is a new focus.</li> <li>○ B. Jammal: Mentally ill patients need to be reached out to.</li> <li>○ N. Williams: Teenagers receiving messages on social media might not want COVID vaccination.</li> </ul> </li> <li>• Question 5: Any other special priorities for the strategic plan, like social needs beyond medical care? <ul style="list-style-type: none"> <li>○ N. Williams: Disparity with COVID vaccine and Black community left behind in other areas of medicine.</li> </ul> </li> </ul>		<p>Alliance staff will follow up with issue brought up by R. Furr.</p>
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		<p>Also need access to pools for lower impact exercise.</p> <ul style="list-style-type: none"> <li>○ M. Archuleta: Resources for teens to contact their providers directly.</li> <li>○ B. Jammal: Cost of fitness facilities like YMCA and gyms is an issue. The plan could reach out. N. Williams agreed with this suggestion.</li> </ul> <ul style="list-style-type: none"> <li>● B. Wunsch explained that the feedback will be presented to the Board on July 9<sup>th</sup> at the first strategic plan discussion. They will also survey staff, providers, and community stakeholders. The plan will be shared with MAC in the future.</li> </ul> <p>S. Bhatt presented an update on COVID-19 vaccination.</p> <ul style="list-style-type: none"> <li>● The COVID-19 vaccination summary shows that as of May 26<sup>th</sup>, 47% of Alliance members were either fully or partially vaccinated. There were differences in vaccination rates among networks, zip codes, cities, ethnicities, and age groups. The monthly trend comes from the California Immunization Registry, so there is a delay in getting the data.</li> <li>● Action steps to increase vaccination rates include notifying and educating members, planning an incentive, and working with Alameda County to get the vaccine in doctor's offices.</li> <li>● Questions from MAC members: <ul style="list-style-type: none"> <li>○ N. Williams: Is quality or access to the vaccine the priority? – Quality and access go hand in hand, and the Alliance is looking at the issue from different perspectives.</li> </ul> </li> </ul>		
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		<p>S. Coffin, M. Woodruff, and S. O'Brien presented an update about CalAIM (California Advancing and Innovating Medi-Cal).</p> <ul style="list-style-type: none"><li>• Cal-AIM is a multi-year initiative that will launch on January 1, 2022 with three new services:<ol style="list-style-type: none"><li>1) Enhanced Care Management (ECM): ECM benefit will take over Whole Person Care and Health Homes programs ending in 2021. The seven groups numbered on the slide will eventually be eligible, starting with #2 homeless, #3 high utilizers, and #6 individuals at risk for institutionalization with serious mental illness or children with serious emotional disturbance or substance use disorder with co-occurring chronic health conditions. Group #1, children with complex needs, will go last in 2023 so ECM can connect to existing programs.</li><li>2) In Lieu of Services (ILOS): Unlike ECM, this is a service and not a benefit, so plans and members can elect whether to use them. ILOS help avoid using medical resources. The services highlighted (housing, medical respite, home modifications, medically tailored meals, asthma remediation) will launch in January. The other services might be offered the following year.</li><li>3) Major Organ Transplants (MOT): Starting in January, the Alliance will cover all types of transplants.</li></ol></li><li>• The implementation approach will prioritize continuity of care for old programs and use current infrastructure and community</li></ul>		
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		<p>providers. For example, Alliance plans to contract with Alameda County AC3, the Whole Person Care program.</p> <ul style="list-style-type: none"> <li>• After contract negotiations, an updated budget will be presented to the Board of Governors. The preliminary budget was already approved.</li> </ul>		
<b>2. Grievances and Appeals</b>	Loren Mariscal	<p>Presented Grievances &amp; Appeals report for Q1 2021 (January to March 2021).</p> <ul style="list-style-type: none"> <li>• There were over 6,000 total cases, or 6.67 cases per 1,000 members.</li> <li>• The highest number of grievances was filed against the Plan. Complaints included access to care (telephone and technology-related), coverage disputes, and PCP auto-assignments. Grievances increased against the Plan from last quarter.</li> <li>• The highest number of grievances among delegates was Kaiser because of members not meeting the enrollment criteria. Grievances decreased against Kaiser from last quarter.</li> <li>• Grievances increased against LogistiCare, the transportation vendor.</li> <li>• Grievances against delegates are shared at quarterly Joint Operations Meetings.</li> </ul>		
<b>3. Communications and Outreach</b>	Michelle Lewis	<p>Presented Communications &amp; Outreach report for Q3 FY 2020-2021 (January to March 2021).</p> <ul style="list-style-type: none"> <li>• The Outreach team conducted 604 member orientations over the phone out of 2,465 calls. They also responded to 58 website inquiries sent via the online contact us form.</li> <li>• Member orientations help members understand their benefits and learn when to get an Initial Health Assessment.</li> </ul>		Report will be mailed to MAC members.
<b>New Business</b>				
<b>1. Cultural and Linguistic Services Annual Report</b>	Linda Ayala	Presented reports and work plan for Cultural & Linguistic Services.		

		<ul style="list-style-type: none"> <li>• The number of Alliance members increased from last year, but their makeup has remained consistent.</li> <li>• Tagalog is a new threshold language, meaning that the Alliance must translate key documents and letters.</li> <li>• The graph of interpreter services by type shows the switch from in-person interpreters to phone or video with the pandemic.</li> <li>• Cantonese is the language with the most interpreter services provided. The ratio of members to providers who speak their language has remained stable for the languages tracked.</li> <li>• In 2021, the Alliance plans to continue to monitor language services in quarterly subcommittee meetings. The staff and provider cultural sensitivity training will include more about bias and strategies for working with Black (African American) members, with input from a consultant. The Alliance is looking to recruit more members for MAC, especially males, young adults, Asians, Latinos, African Americans, and preferred language not English.</li> </ul>		
<b>2. New Member</b>	Linda Ayala	This item was postponed, but L. Ayala announced that Katty Perea has resigned from MAC because she is no longer living in Alameda County.		
<b>Open Forum</b>	Melinda Mello, Natalie Williams	This item was not covered.		
<b>Adjournment</b>	Melinda Mello, Natalie Williams	Next meeting: September 16, 2021	N. Williams adjourned the meeting at 11:56 AM.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 6/22/2021

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Melinda Mello, Chair, Member Advisory Committee (Natalie Williams, Co Chair, Member Advisory Committee)

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# Member Advisory Committee

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Presented by

Scott Coffin, Chief Executive Officer

Steve O'Brien, MD, Chief Medical Officer

Donna Carey, MD, Medical Director of Case Management

Stephanie Wakefield, Senior Director of Quality

Matt Woodruff, Chief Operating Officer

September 16, 2021

# Agenda:

- ▶ **Alliance Operations Update**
- ▶ **COVID-19 Vaccine and Booster Update**
- ▶ **COVID-19 Vaccination Response**
  - ▶ **Focus Group**
  - ▶ **Outreach**

# Alliance Operations Update

# Financial Performance

▶ **Fiscal Year 2021: July 1, 2020 through June 30, 2021**

▶ \$1.6 million net loss, fiscal year-ending results (pre-audit)

▶ Lines of Business:

→ Medi-Cal	279,396 members	(\$117,000)	98%
→ Group Care	6,009 members	(\$1.5 million)	2%

▶ **Fiscal Year 2022: July 1, 2021 through June 30, 2022**

▶ \$2.6 million net income reported in July 2021; Medi-Cal reporting a net income of \$2.7 million, offset by a \$69,000 net loss in Group Care for the month.

▶ Enrollment has exceeded 292,000. In the past 4 months, about 1,300 new members were added into the Medi-Cal program each month

▶ Governor Newsom's Executive Order to suspend annual Medi-Cal redeterminations is expected to continue into calendar year 2022, and a correction to the Medi-Cal enrollment is expected after the order is removed



# Current Priorities

- ▶ **Strategic Planning – development of a 10-year strategic plan**
- ▶ **Twenty-two active projects** 22
  - ▶ Pharmacy transition to State of California “Medi-Cal Rx” on 1/1/2022
  - ▶ Human Resources & Payroll System on 10/15/2021
  - ▶ Infrastructure (Data Warehousing, Provider Portal)
  - ▶ Regulatory Compliance (Coordination of Benefits, Cost Avoidance)
- ▶ **Operational Readiness for CalAIM**
  - ▶ Whole Person Care and Health Homes Pilots terminate 12/31/2021
  - ▶ Enhanced Care Management & Major Organ Transplant Benefits start 1/1/2022
  - ▶ Optional In-Lieu Of Services start 1/1/2022

# COVID-19 Vaccine and Booster update

- ▶ **Which kids can currently get vaccinated?**
- ▶ **When will we have vaccine information for kids < 12 years old?**
- ▶ **Are kids getting COVID now that they are back in school?**
  - ▶ **Are they getting sick?**
- ▶ **What do you do if your child is exposed to COVID?**

# COVID-19 Vaccine: Disparities

- ▶ **What disparities in COVID vaccination has AAH identified in its members?**
- ▶ **What information/insight did the focus group(s) provide?**
- ▶ **Does AAH have a strategy to decrease the disparities in COVID vaccination rates for AA and LatinX members?**

# COVID-19 Vaccine: **Booster**

- ▶ **What is a “booster” vaccine and why would someone need it?**
- ▶ **Who should get a “booster” vaccine?**
- ▶ **Will AAH cover “booster” vaccines?**
- ▶ **How does someone get a “booster” vaccine?**

# COVID-19 Vaccination Response

# Alliance Vaccine Response Plan

## ▶ DHCS All Plan Letter

- ▶ **Timing of Program**
- ▶ **Four main areas of concentration**
- ▶ **Medi-Cal incentives to help move the vaccination rate in Medi-Cal to match the State rate (example, Alliance is 24% below the County rate (full or partial as of 9/7/2021), other Counties are seeing up to a 30% difference)**
- ▶ **Submission process**
  - **Who we worked with**
- ▶ **Close to 9 out of every 10 eligible people in Alameda County are vaccinated compared to almost 7 out of 10 eligible Alliance members**
  - **90,000 Alliance members are unvaccinated**
  - **Lower vaccination rates in Oakland, Hayward San Leandro**
- ▶ **Plan is designed to improve vaccine equity**

# Alliance Vaccine Response Plan

- ▶ **Concentration Area 1 - Building Confidence/Combating Misinformation**
  - ▶ **Focus Groups**
    - Board MAC
    - Invitation to unvaccinated members if plan approved
  - ▶ **Physician Calls**
  - ▶ **Physicians in the Community**
  - ▶ **Churches/Faith-based Organizations**



# Alliance Vaccine Response Plan

- ▶ **Concentration Area 2 - Addressing Barriers/Access**
  - ▶ **Mobile Clinics**
    - Churches
    - Affordable Housing Complexes
    - Shopping Centers
  - ▶ **Santa Rita Jail**
  - ▶ **Homebound**
    - Bring the vaccines to them
  - ▶ **Schools**
    - Vaccine clinics at schools
    - Flyers for Parents

# Alliance Vaccine Response Plan

## ▶ **Concentration Area 3 - Member Incentives**

- ▶ Alliance sponsored first 3 rounds, \$10 gift card incentive
- ▶ DHCS sponsoring, \$50 gift card incentives
- ▶ Letters, calls (live calls and voice calls), post cards
- ▶ Media Campaign - Website, social media, billboards, bus stops, Bart stations

## ▶ **Concentration Area 4 - Provider Incentives**

- ▶ Gap-in-Care reports
- ▶ Calling patients
- ▶ Incentives to Physician Offices
- ▶ Incentives to Physicians and Pharmacies



## Pediatric Care Management Partnership

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September 16, 2021

Presentation to AAH  
Member Advisory Committee



# Serving Young Children Enrolled in Medi-Cal

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Approximately **32,000 children** under 6 enrolled in Medi-Cal in Alameda County.



Estimated **1 in 4** of those families have a developmental, trauma and/or social determinant of health need.



# Help Me Grow

Alameda County



## **Training and technical assistance for pediatric providers on:**

*Implementing Bright Futures screenings (Developmental, ACEs and other types of screenings)*

*Incorporating screenings into workflows and documenting findings*

*Help ensure providers refer children with an identified need to HMG's Central Access Point.*



## **A central access point to provide care coordination and health education for families and providers through:**

*Phone-based information and care coordination to needed services and supports by trained care coordinators*

*Trained culturally sensitive care coordinators*

# Help Me Grow: Impact



## **Child Health Outcomes** (HMG vs Non-HMG Alameda Alliance for Health):

- Average age of developmental diagnosis **two years earlier** for HMG children
- HMG children have higher utilization of **pediatric preventive services**



## **Family Outcomes:**

- More than **2 out of 3** children linked to at least one service
- Close to **9 out of 10** families report being linked to services that met their needs



## **Health Care Provider Outcomes:**

- Over of **9 out of 10** pediatricians felt HMG increased their ability to talk to families about developmental concerns
- Almost ALL pediatricians said that the HMG Central Access Point was a **useful resource**

# FY 20-21 Pediatric Care Pilot

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## Goals:

Conduct member outreach activities in order to:

- Increase access to primary care for screening and referrals while,
- Improving HEDIS rates for specific pediatric measures.



## Results:

- 1,305 members ages 3-5 were directly contacted and/or status was reviewed with assigned PCP
  - 6% decline rate
  - 12% inactive phone numbers
- 62% of those above had an appointment completed, scheduled, and/or pending as of 6/30/21

# AAH & F5 AC Pediatric Care Management Partnership

## PURPOSE:

To better identify and connect Medi-Cal enrolled children, from birth to age five, to appropriate preventive, clinical and community-based services and supports to improve their health and well-being





# Pediatric Care Management Partnership

## Key Program Activities:

1. **Conduct outreach and engage Alliance members** ages 0-5 with no/low well-child visit utilization to identify family barriers to care, provide health education and assist with scheduling appointments
2. **Provide customized training and quality improvement supports** to 25 contracted primary care providers to increase their capacity to deliver DHCS/Bright Futures mandated pediatric screenings
3. **Route provider-referred members to timely and appropriate services and/or community supports or health plan services**, including as needed developmental/ behavioral services, mental health services, community-based services and supports, and social support needs



# Impact of Partnership

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Increase in AAH members, ages 0-5, identified with a developmental or behavioral issue, trauma, social need in a timely fashion



AAH members, ages 0-5, enrolled in Medi-Cal will be connected to well-child care in a timely fashion, resulting in improved health outcomes by *ensuring receipt of needed preventative care*



Pediatric providers will gain capacity/expertise to complete existing and newly required screenings, and will be able to receive provider incentives by *ensuring improved quality and capacity for compliance*



Increased Healthcare Effectiveness Data and Information Set (**HEDIS**) scores and reimbursement for Prop 56 incentive payments for developmental and ACEs screening

# 1. Member Outreach & Engagement

HMG will conduct phone outreach to members, ages 0 to 5, identified by AAH

Provide key health education/health promotion messaging

Support families with PCP appointment scheduling

Link members to basic needs and transfer to HMG central access point for support with behavioral/developmental concerns

## 2. Provider Training & Quality Improvement

Offer training for up to 15 PCP sites on implementing ACEs screening using the PEARLS

Provide Quality Improvement Projects for up to 10 PCP focused on increasing pediatric screening, referrals, and follow-up rates

### 3. Care Coordination Services

Provide care coordination, health education, and health promotion services for pediatric members referred to HMG

Document successful linkage to services and notify referring pediatric provider

Questions?

Loren Farrar

[loren.farrar@first5alameda.org](mailto:loren.farrar@first5alameda.org)

Carla Keener

[carla.keener@first5alameda.org](mailto:carla.keener@first5alameda.org)

# COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2020 - 2021 | 4<sup>TH</sup> QUARTER (Q4) OUTREACH REPORT

# ALLIANCE IN THE COMMUNITY

## FY 2020 - 2021 | 4<sup>TH</sup> QUARTER (Q4) OUTREACH REPORT

Between April 2021 and June 2021, the Alliance completed **2,179** member orientation outreach calls and conducted **529** member orientations (**24%** member participation rate). The Alliance also completed **2** virtual community events, and **109** Website Inquires in Q4.

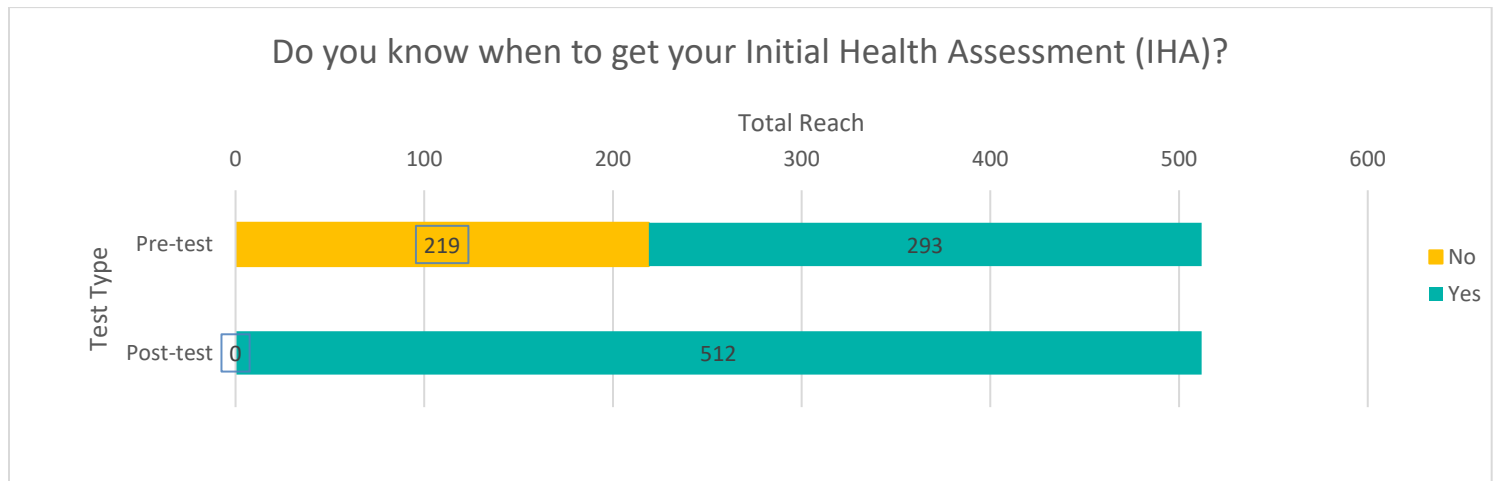
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **23,714** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone.

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18, 2020 through June 30, 2021) – **3,938** members completed our MO program by phone.

After completing a MO **100%** of members who completed the post-test survey in Q4 FY 20-21 reported knowing when to get their IHA, compared to only **57.2%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT\_Operations\COMMUNICATIONS & MARKETING\_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 20-21\Q4\3. June 2021**



ALLIANCE IN THE COMMUNITY  
 FY 2020 - 2021 | 4<sup>TH</sup> QUARTER (Q4) OUTREACH REPORT  
 Q4 FY 2020-2021 TOTALS



**2** VIRTUAL COMMUNITY EVENTS

**0** MEMBER EDUCATION EVENTS

**529** MEMBER ORIENTATIONS

**0** MEETINGS/ PRESENTATIONS

**0** TOTAL INITIATED/INVITED EVENTS

**531** TOTAL EVENTS



**6** TOTAL REACHED AT VIRTUAL COMMUNITY EVENTS

**0** TOTAL REACHED AT MEMBER EDUCATION EVENTS

**529** TOTAL REACHED AT MEMBER ORIENTATIONS

**0** TOTAL REACHED AT MEETINGS/PRESENTATIONS

**535** TOTAL MEMBERS REACHED AT EVENTS

**535** TOTAL REACHED AT ALL EVENTS



ALAMEDA  
 ALBANY  
 BERKELEY

CASTRO VALLEY  
 DUBLIN

FREMONT  
 HAYWARD  
 LIVERMORE

NEWARK  
 OAKLAND  
 PLEASANTON

SAN LEANDRO  
 SAN LORENZO  
 UNION CITY

**TOTAL REACH 24 CITIES**

\*Cities represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The following cities had <1% reach during Q4 2021: Boca Raton, Brooklyn, Carson, El Sobrante, Minneapolis, Richmond, Sacramento, San Francisco and Walnut Creek. The C&O Department started including these cities in the Q4 FY21 Outreach Report.



**\$0**

**TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS\***

\* Includes refundable deposit.



# 2021 Population Needs Assessment

Member Advisory Committee  
September 16, 2021

# 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



# 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



# 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



# 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

# 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



# Focus Area 1: Asthma Self-management

Hispanic (Latino) and Black (African American) children  
Black (African American) adults



# 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.*

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## Strategies

Continue funding Asthma Start outreach and case management services.

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Create provider promotion materials.

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Launch mailing to families to encourage participation.

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# 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



# 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.*

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## Strategies

Share timely access survey results and access-related grievances with providers.

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Conduct ongoing member and provider education regarding timely access.

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Hold member satisfaction workgroup meetings.

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# 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.*

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## Strategies

Encourage providers to review and use gaps in care report.

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Provide member incentive for well-child visit.

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Send birthday cards that offer member incentive.

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Continue provider incentive through Pay for Performance program.

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# 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.

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*Thank you*

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