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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, PASSCODE 146 344 7234. 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 17, 2020	<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>	1-408-418-9388 Code: 146 344 7234	<b>Webinar:</b>	WebEx link 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

<b>Name</b>	<b>Title</b>	<b>Name</b>	<b>Title</b>
Feda Almaliti	Community Advocate	Bassam Jammal	Alliance Member
Maria Archuleta	Alliance Member	MiMi Le	Alliance Member
Roxanne Furr	Alliance Member	Melinda Mello	Alliance Member, Chair
Irene Garcia	Alliance Member	Colleen Payne	A/C Child Health & Disability Prevention
Erika Garner	Alliance Member	Katty Perea	Parent of Alliance Member
Charlene Harrison	Site Director, Native American Health Center		

### III. Meeting Agenda

<b>Topic</b>	<b>Document</b>	<b>Responsible Party</b>	<b>Time</b>	<b>Vote to approve or Information</b>
<b>Welcome and Introductions</b>		<b>Melinda Mello, Chair and Natalie Williams, Vice Chair</b>	5	Information
<b>Approval of Minutes and Agenda</b>				

1. Approval of Minutes from June 18, 2020		<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 Standing Reports</b>				
1. Alliance Update		<b>Scott Coffin</b> CEO	20	Information
2. COVID-19 Myths and Facts		<b>Dr. Bhatt</b> Medical Director Quality	15	Information
3. Grievances and Appeals <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> Quarter 2020</li> </ul>		<b>Jennifer Karmelich</b> Director of Quality Assurance	15	Discussion
4. Communications and Outreach <ul style="list-style-type: none"> <li>• 2<sup>nd</sup> Quarter Report</li> <li>• Member Portal</li> </ul>		<b>Michelle Lewis</b> Manager, Communications and Outreach	20	Information
5. Health Education <ul style="list-style-type: none"> <li>• Health Education Yearly Update</li> </ul>		<b>Linda Ayala</b> Manager, Health Education	10	Information
<b>New Business</b>				
1. Population Needs Assessment		<b>Linda Ayala</b> Manager, Health Education	20	Presentation
2. Chair and Vice Chair		<b>Michelle Lewis &amp; Linda Ayala</b>	5	Update
<b>Open Forum</b>		<b>Melinda Mello</b> Chair and <b>Natalie Williams</b> , Vice Chair	3	Information

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

<b>Adjournment</b>		<b>Melinda Mello</b> , Chair and <b>Natalie Williams</b> , Vice Chair	2	Next meeting: <b>December 17, 2020</b>
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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 18, 2020 10:00 AM – 12:00 PM**

<b>Committee Member Name</b>	<b>Role</b>	<b>Present</b>
Feda Almaliti	Community Advocate	X
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	X
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	
Katty Perea	Parent of Alliance Member	X
Will Scott	Alliance Member (On leave)	
Natalie Williams	Alliance Member, Co-Chair	X

<b>Other Attendees</b>	<b>Organization</b>	<b>Present</b>
Brenda Burrell (representing MAC member, Colleen Payne)	A/C Child Health & Disability Prevention	X

<b>Staff Member Name</b>	<b>Title</b>	<b>Present</b>
Alex Alvarez	Outreach Coordinator	X
Linda Ayala	Manager, Health Education	X
Gina Battaglia	Access to Care Manager	X
Sanjay Bhatt, MD	Quality Improvement Director	X
Cindy Brazil	Health Programs Coordinator	X
Scott Coffin	Chief Executive Officer	X
Darryl Crowder	Director of Provider Services	X
Bob Hendrix	Quality Improvement Project Specialist	X
Jessica Jew	Health Education Specialist	X
Jennifer Karmelich	Director, Complaints & Resolutions	X
Steve Le	Outreach Coordinator	X
Helen Lee	Senior Director of Pharmacy Services	X

Michelle Lewis	Manager, Communications & Outreach	X
Tami Lewis	Director, Claims	X
Isaac Liang	Outreach Coordinator	X
Steve O'Brien, MD	Chief Medical Officer	X
Jessica Pedden	Clinical Quality Manager	X
Fiona Quan	Quality Improvement Project Specialist	X
Eva Repert	Manager, Case Management	X
Rosa Reyes	Disease Management Health Educator	X
Karina Rivera	Public Affairs Manager	X
Rosa Sanchez	Facility Site QI Coordinator	X
Katrina Vo	Communications and Content Specialist	X
Stephanie Wakefield	Senior Director of Quality	X
Otis Ward	Outreach Coordinator	X
Lauren Williams	Quality Improvement Project Specialist	X
Matt Woodruff	Chief Operations Officer	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
<b>Welcome and Introductions</b>	Melinda Mello, Natalie Williams	Welcomed attendees. L. Ayala took attendance and explained housekeeping rules for the call.	M. Mello called the meeting to order at 10:02 AM.	
<b>Approval of Agenda and Minutes</b>	Melinda Mello, Natalie Williams			
<b>1. Approval of Minutes from March 18, 2020</b>			Minutes from the previous meeting approved by consensus.	
<b>2. Approval of Agenda</b>			Today's agenda approved by consensus.	
<b>Alliance Standing Reports</b>				
<b>1. Alliance Update</b>	Scott Coffin	Provided an update on Alliance mission, vision, and values; operating performance; COVID-19 crisis;		

		<p>preliminary budget for FY2021; and Quality of Care (HEDIS).</p> <ul style="list-style-type: none"> <li>• Mission, vision, and values are in the process of being updated as part of the corporate strategy.</li> <li>• The Values in Action committee has been newly formed to consolidate other committees. This committee will focus on TRACK values and corporate culture. The Alliance is forming a diversity committee.</li> <li>• The Board of Governors met last Friday and approved the preliminary budget needed to enter the new fiscal year on July 1. The final budget is created in September and includes the final reimbursement rates from Medi-Cal. At the meeting it was also decided to draft a statement about Black Lives Matter and racism that will be reviewed at the July Board meeting.</li> <li>• As of April 2020, the Alliance reports a net income; the next fiscal year is forecasted to result in a net loss.</li> <li>• In June, \$4.2 million from the sustainability fund were awarded to 30 applicants. Funding program will be reviewed each month.</li> </ul> <p>M. Woodruff reported on Operations activities.</p> <ul style="list-style-type: none"> <li>• Claims decreased by 7% between March 2019 and March 2020, and then by 33% for April and 27% for May due to members not going in for services.</li> <li>• Similarly, call volume decreased by 21% for March, 44% for April, and 42% for May.</li> <li>• Member Services conducted outbound calls to 1,770 high risk members from May 12 to 22 to ask about their needs and had good feedback from members.</li> <li>• The most common complaint from Provider Services has been that providers are now asked to check the website for list of items</li> </ul>		
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		<p>paid instead of receiving a printed list with their check.</p> <ul style="list-style-type: none"> <li>Communications &amp; Outreach has been reaching more new members. Previously with mail outreach, they reached on average 2 members/day. With phone calls, the average is 15 members/day. The 4 Outreach staff have completed 942 member orientations. Members have shared that they are glad the plan is reaching out and sharing about the plan. O. Ward and A. Alvarez shared about their success with reaching more members and the appreciation from members.</li> </ul> <p>K. Rivera, incident commander, provided updates about the COVID-19 crisis.</p> <ul style="list-style-type: none"> <li>Nearly all staff transitioned to working remotely; Facilities staff are onsite.</li> <li>Per DHCS, members should have access to physicians by telephone. Members now have access to Teladoc 24/7.</li> <li>H. Lee shared that Pharmacy is allowing members to get medication early or a 90-day supply and is working on waiving prior authorization if drug supply is low and waiving delivery fees for CVS and Walgreens.</li> <li>E. Garner asked what to do if nearby pharmacies have been damaged due to civil unrest. <ul style="list-style-type: none"> <li>H. Lee replied that Pharmacy is ensuring alternatives for members. Members can try a mail-order pharmacy or contact Member Services to ask about other pharmacies.</li> <li>M. Woodruff added that Member Services are getting daily updates about pharmacies. Non-Alliance</li> </ul> </li> </ul>		
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		<p>members should contact their own insurance.</p> <ul style="list-style-type: none"> <li>○ S. O'Brien suggested that non-members could also call the 1-800 number for CVS or Walgreens and get connected to other branches.</li> </ul> <p>S. Bhatt explained the increase in HEDIS quality of care ratings seen over the past five years.</p> <ul style="list-style-type: none"> <li>• Reasons include the quality of care by the provider network; Alameda Alliance reaching out to community partners; Quality projects that promote services; more incentivized providers; and improved data collection.</li> <li>• S. O'Brien added that another reason is engaged members who receive care.</li> <li>• S. Coffin commented that he was proud of the work of the Alliance and the support from the committee.</li> </ul>		
<b>2. Pharmacy Update</b>	Helen Lee	<p>Reported updates on pharmacy transition and COVID-19.</p> <ul style="list-style-type: none"> <li>• The State will be taking over the pharmacy benefit on Jan 1, 2021. This includes claims, deciding which medicines are covered, prior authorizations, denials, and appeals in the outpatient setting. Members will be receiving a robocall in December to inform them about the change.</li> <li>• Anti-malarial drug hydroxychloroquine is not recommended to be used for COVID-19 outside of hospitalized patients in clinical trials. As of June 9, about 10 COVID-19 vaccines are undergoing trials, with many other candidates in the works.</li> <li>• M. Archuleta asked about hydroxychloroquine for other diseases; clarification about state takeover; and long-term prescriptions vs. generics.</li> </ul>		

		<ul style="list-style-type: none"> <li>○ H. Lee clarified that the recommendation is only about COVID-19, other uses should follow doctor's recommendation.</li> <li>○ S. O'Brien answered that the pharmacy transition change is administrative and will not take away from benefits. Most members will not notice. For authorizations, members will interact with the State instead of the plan. Specific issues on prescriptions can be discussed offline, but plans are required to use generics.</li> </ul>		
<b>3. Grievances and Appeals</b>	Jennifer Karmelich	<p>Presented Grievances &amp; Appeals report for Q4 2019 and Q1 2020 (October 2019 to March 2020).</p> <ul style="list-style-type: none"> <li>• Observed an increase in grievances in Q1 2020 to 7.28 per 1,000 members.</li> <li>• The Q4 2019 filed against trend lines are not accurate and will be corrected.</li> <li>• The overall trend for grievances over the past year has been an increase. The State found that not all complaints were being captured, so there has been a lot of staff training.</li> <li>• There were 34 total COVID-19 grievances for Q1 and Q2 2020. The two major issues were requesting medication be transferred to an out-of-area pharmacy and elective services or routine office visits being canceled. <ul style="list-style-type: none"> <li>○ S. O'Brien added that Pharmacy is allowing out-of-area pharmacies to fill medicines in response in order to increase access.</li> </ul> </li> <li>• M. Archuleta shared that it has happened twice that the letter received after the initial call did not capture the grievance the way she had expressed. J. Karmelich recommended to call the phone number on the letter to get</li> </ul>		J. Karmelich will correct trend lines.

		directly in touch with the coordinator and let them know.		
<b>4. Communications and Outreach</b>	Michelle Lewis	<p>Presented Communications &amp; Outreach report from Q3 FY2020 (January to March 2020).</p> <ul style="list-style-type: none"> <li>• Completed 63 of 102 events due to COVID-19.</li> <li>• Since July 2018, almost 20,000 self-identified members have been reached at events.</li> <li>• Between 3/18 and 3/31, 150 new member orientations were completed over the phone.</li> <li>• N. Williams asked how the amount of money for each event is decided. M. Lewis replied that there is a budget set for the year, but event organizations set the fees.</li> <li>• The majority of events took place in Oakland, which aligns with the Alliance membership.</li> <li>• The number of events have decreased since last year in an effort to avoid staff burnout.</li> <li>• Added new member orientations at Asian Health Services.</li> </ul>		
<b>5. Cultural and Linguistic Services</b>	Linda Ayala	<p>Presented Cultural &amp; Linguistic Services report and work plan.</p> <ul style="list-style-type: none"> <li>• Membership data are from March 2020; number of members have increased since.</li> <li>• N. Williams commented that the pictures in the slides should represent more children and African Americans. She also commented that she has heard members are pleased with interpreter services and that the wait time has been reduced since 2018.</li> <li>• The reduction in telephonic interpreter services is related to hiring bilingual Member Services staff. The increase in in-person interpreters could reflect the number of members who need services and awareness among providers.</li> <li>• Fill rates reported are for in-person; telephonic fill rates are even higher.</li> </ul>		

		<ul style="list-style-type: none"> <li>• Provider language capacity has been stable or improved for each language tracked.</li> <li>• In 2020, the Alliance will focus on telephonic interpretation. There is a new vendor for telephonic interpretation who can also do video. The work plan also includes recruiting a traditional provider and male members for MAC.</li> </ul>		
<b>New Business</b>				
<b>1. Timely Access Report</b>	Gina Battaglia	<p>Presented on timely access and satisfaction survey results.</p> <ul style="list-style-type: none"> <li>• Provider Appointment Availability Survey (PAAS) – This year, there was a decrease in compliance rates for most provider types. Specialists had lowest compliance and highest non-response. Corrective action plans were issued to non-responsive and non-compliant providers.</li> <li>• First prenatal visit survey indicates work to do to improve scores.</li> <li>• Provider satisfaction survey – This year, there was a decrease in specialists who responded.</li> <li>• Member satisfaction surveys – Child Medi-Cal rates mostly improved from last year, but the trends are mixed for Adults and Group Care.</li> <li>• Survey next steps include workgroups that have been put in place for the satisfaction surveys.</li> <li>• Questions and comments: <ul style="list-style-type: none"> <li>○ N. Williams asked which physicians are included in the provider satisfaction survey. G. Battaglia replied that it could be physicians or office staff. There was a sample size of 815 out of a total of 5,700.</li> <li>○ K. Perea asked if special needs children are in the member satisfaction survey. G. Battaglia replied that the current survey does</li> </ul> </li> </ul>		

		<p>not ask for that information, but they are part of the population.</p> <ul style="list-style-type: none"> <li>○ S. Coffin commented that the provider satisfaction survey results are troubling, and the Alliance is actively exploring to make sure providers understand services. The Alliance has improved payment turnaround times and accuracy.</li> </ul>		
<b>Open Forum</b>	Melinda Mello, Natalie Williams	R. Furr would like to thank Alliance Case Management staff Lena & Michael who have been checking up on her and helping her stay on track.		
<b>Adjournment</b>	Melinda Mello, Natalie Williams	Next meeting: September 17, 2020.	M. Mello adjourned the meeting at 12:03 PM.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 6/23/2020

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Melinda Mello, Chair, Member Advisory Committee (Natalie Williams, Co Chair, Member Advisory Committee)

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[I:\BOARD - AAH\Standing Committees\Member Advisory Committee \(MAC\)\MAC Meetings\New Meetings - 2020\3-19-20](#)

# Member Advisory Committee

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Presented by Scott Coffin, Chief Executive Officer

September 17, 2020

# Agenda

- ▷ Alliance's Mission, Vision, and Values
- ▷ Board of Governors update
- ▷ Operating Performance
- ▷ Public health emergency and impacts on access to health care
- ▷ Vaccinations – Adults & Children
- ▷ Employee Action Committees

## Our Mission

We strive to improve the quality of life of our members and people throughout our diverse community by collaborating with our provider partners in delivering high quality, accessible and affordable health care services. As participants of the safety-net system, we recognize and seek to collaboratively address social determinants of health as we proudly serve Alameda County.

## Our Vision

The Alliance will be the most valued and respected managed care health plan in the State of California.



## Our Values

### ***Teamwork:***

*We participate actively, remove barriers to effective collaboration and interact as a winning team.*

### ***Respect:***

*We are courteous to others, embrace diversity and strive to create a positive work environment.*

### ***Accountability:***

*We take ownership of tasks and responsibilities and maintain a high level of work quality.*

### ***Commitment & Compassion:***

*We collaborate with our providers and community partners to improve the wellbeing of our members, focus on quality in all we do and act as good stewards of resources.*

### ***Knowledge & Innovation:***

*We seek to understand and find better ways to help our members, providers and community partners.*

# Board of Governors

- ▶ Alameda Alliance for Health has 15 Board Members
- ▶ New Board Members appointed in August by the Alameda County Board of Supervisors
  - ▶ Natalie Williams – Consumer Member
  - ▶ Byron Lopez – SEIU / United Healthcare Workers West

# Operating Performance

- ▶ Fiscal Year 2019-2020 financial performance:
  - ▶ July 1, 2019 through June 30, 2020
  - ▶ \$25.6 million net income
  - ▶ Tangible net equity = \$208 million
- ▶ Medi-Cal membership has increased by more than 15,000 in the past six months (254,000 Medi-Cal and 6,000 Group Care today)
- ▶ Governor Newsom suspended the Medi-Cal re-determination process, process resumes after the public health emergency ends
- ▶ Forecasting \$26 million net loss in fiscal year 2020-2021 due to California's budget crisis and Medi-Cal rate reductions by DHCS
- ▶ Preparation for the Pharmacy transition on January 1, 2021

# Public health emergency and the impacts on access to health care

## Key Impacts

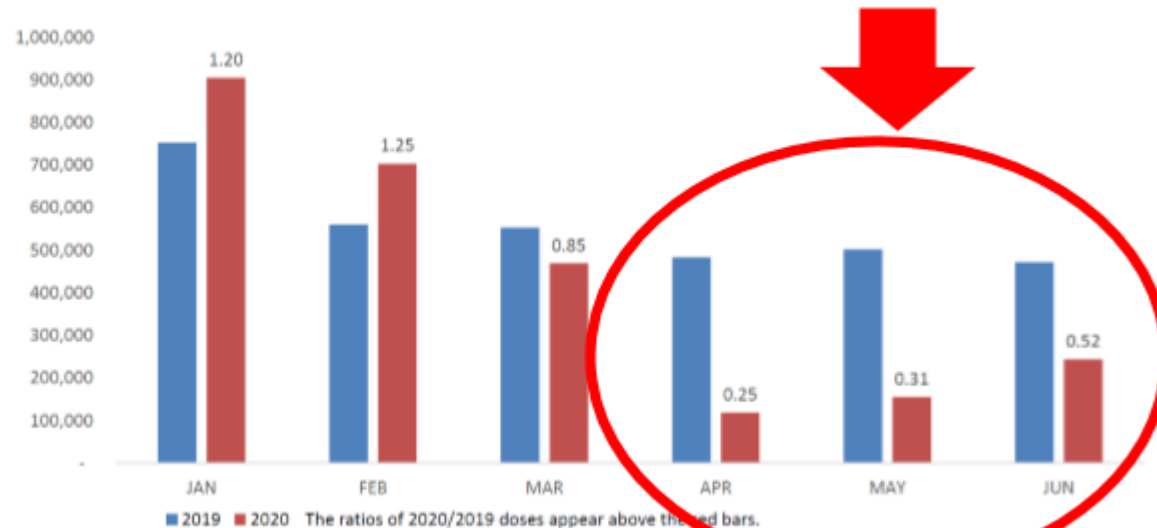
- ▶ Significant increase in telephonic visits (wellness, mental health, other outpatient services)
- ▶ Today 60%-70% of clinic visits are telephonic
- ▶ Call Center & Claims Processing
- ▶ Interpreter services solution
- ▶ Implications:
  - Fewer patients being examined
  - Fewer labs, vaccines, pap smears, etc.
  - “No Show” rate has decreased
  - Transition back to in-person visits will take time

# Public health emergency and the impacts on access to health care

## ▶ Decrease in utilization

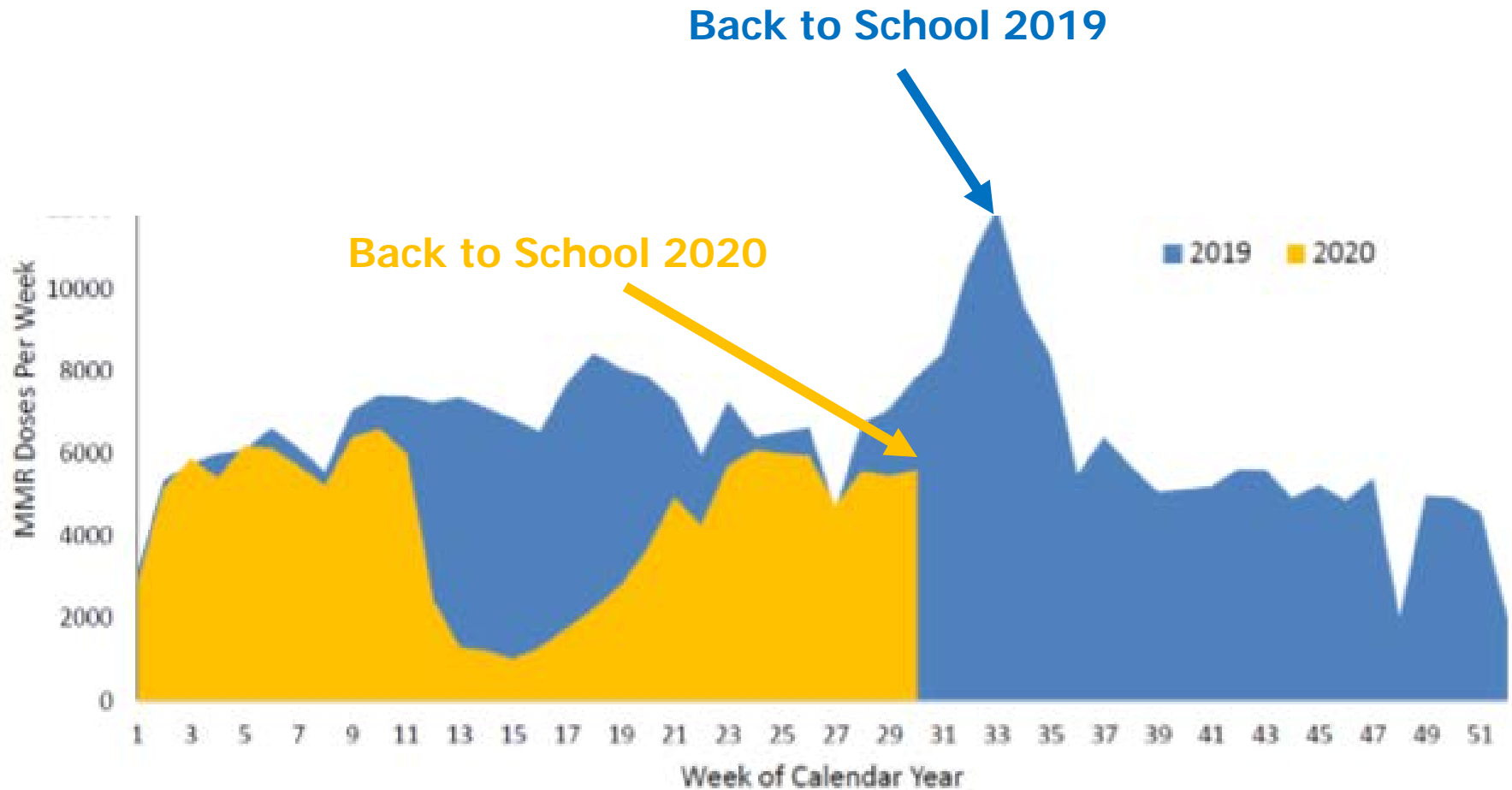
- ▶ Implications: Some delayed utilization will not be made up
- ▶ Need to work with specific providers to prioritize specific care
- ▶ The future of care will look different than the past

# Adult vaccination rates have dropped 50-75%



\* The California Immunization Registry, or CAIR2, operates in 49 California counties. These counties encompass approximately 87% of California's population. Excludes San Diego Immunization Registry and 8 counties using Healthy Futures registry in San Joaquin. By the end of this year, data from these registries will be included in CAIR2.

California Department of Public Health 2



# Employee Action Committees

- ▶ Recommends ways to create an inclusive environment where all of our employees are encouraged to reach their full potential and individual differences are valued and respected
- ▶ Evaluates progress on the Alliance's diversity goals and presents to the Board of Governors and the Member Advisory Committee
- ▶ Advises on the development member & provider communications materials, and communicates health disparities on behalf of the Alliance's members



### Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	September 17, 2020
From:	Jennifer Karmelich – Director, Quality Assurance
Reporting Period:	Resolved Q2 2020

#### Purpose:

In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

#### Standards/Benchmark:

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	911	30 Calendar Days	95% compliance within standard	872	95.7 %	
Expedited Grievance	13	72 Hours	95% compliance within standard	13	100.0%	
Exempt Grievance	3,767	Next Business Day	95% compliance within standard	3,766	99.9%	
Standard Appeal	131	30 Calendar Days	95% compliance within standard	131	100.0%	
Expedited Appeal	8	72 Hours	95% compliance within standard	7	87.5%	
<b>Q4 2019 Total Cases:</b>	4,830		95% compliance within standard	4,789	99.1%	5.92

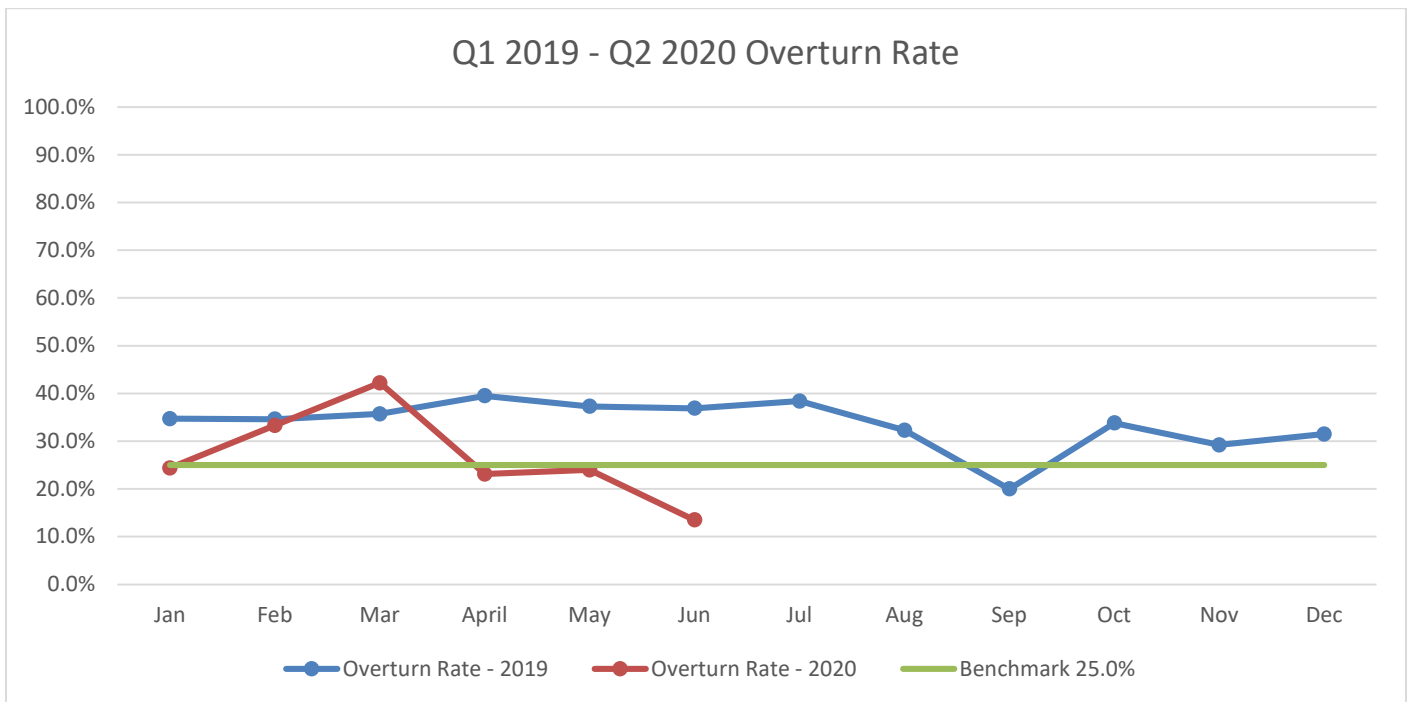
\*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

Our goal of 95% compliance rate within the expedited appeal turnaround time (72 hours) was not met. Although this expedited appeal was kept urgent, the case was overlooked and logged as a standard appeal and was not reviewed by the Medical Doctor until the fourth day.

#### Data/Analysis

#### Appeals:

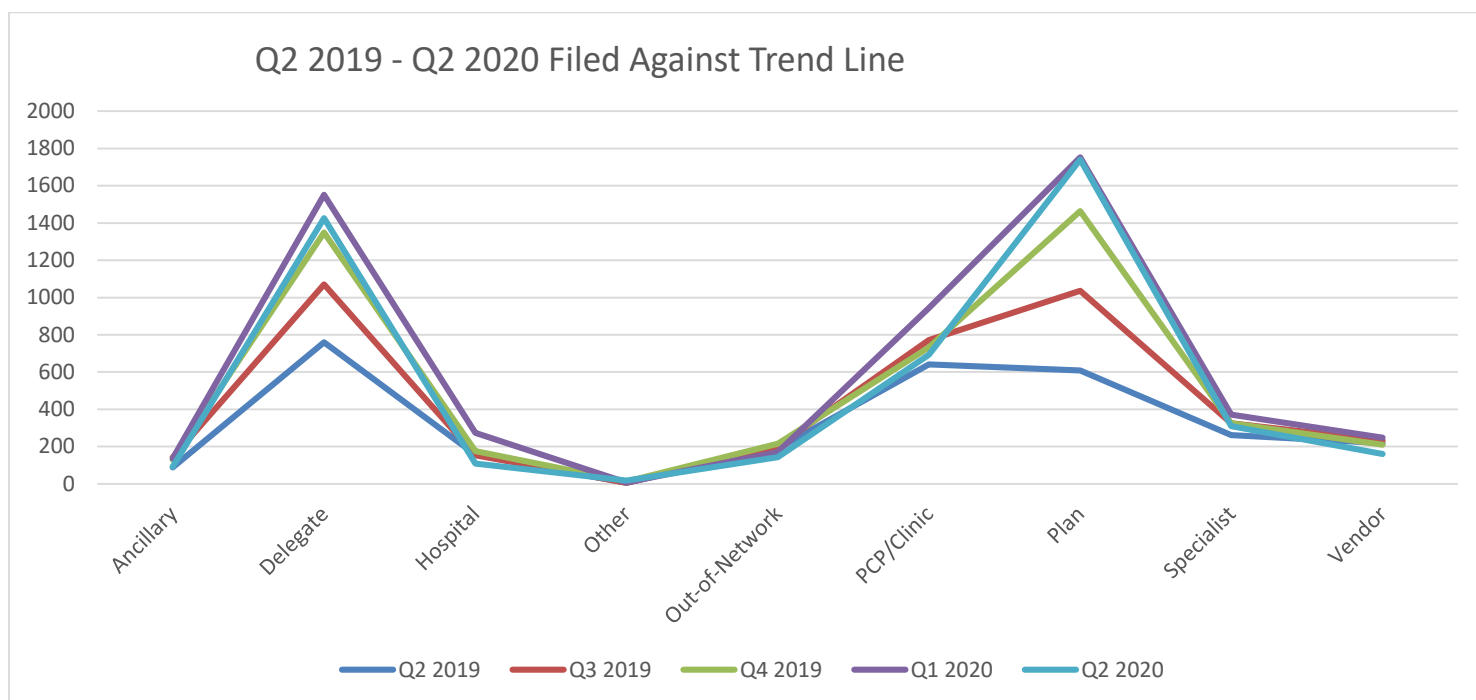
Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Inpatient Appeal				1	1
Outpatient Appeal	1	1	24	27	53
Pharmacy Appeal				76	76
Retro Appeal			3	6	9
<b>Grand Total:</b>	<b>1</b>	<b>1</b>	<b>27</b>	<b>110</b>	<b>139</b>
<b>Overturned %:</b>	<b>0%</b>	<b>0%</b>	<b>7%</b>	<b>24.5%</b>	<b>20.8%</b>



- The overturn rates for appeals:
  - Q1 2019 – overall 35.0%
  - Q2 2019 – overall 37.9%
  - Q3 2019 – overall 31.7%
  - Q4 2019 – overall 31.8%
  - Q1 2020 – overall 28.4%
  - Q2 2020 – overall 20.8%

## Grievances:

Filed Against:	Grievance Type					Grand Total
	Accessibility	Benefits/ Coverage	Other	Quality of Care/Service	Referral	
Ancillary	7	42	2	33	8	92
Delegate	153	318	335	463	157	1,426
Hospital	8	66	4	21	9	108
Other	6	2	2	5	3	18
Out-of-Network	2	119	4	6	12	143
PCP/Clinic	231	35	10	256	161	693
Plan	120	45	1,337	229	9	1,740
Specialist	61	52	3	93	101	310
Vendor	39	16	1	69	36	161
<b>Grand Total</b>	<b>627</b>	<b>695</b>	<b>1,698</b>	<b>1,175</b>	<b>496</b>	<b>4,691</b>



## Grievances filed against our Delegated Networks/Vendors:

Delegated Network is a subcontractor with a Health Plan that has been given authority to perform functions, our delegates are listed below:

- Beacon Health Strategies – Behavioral Health Benefit Provider
- Children's First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network

- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- March Vision Care Group – Vision Benefit Provider
- PerformRx – Pharmacy Benefit Provider

Filed Against:	Grievance Type					Grand Total
	Accessibility	Benefits/ Coverage	Other	Quality of Care/Service	Referral	
Beacon	24	5	4	23	15	71
CFMG	19	19		30	9	77
CHCN	99	59	1	132	106	397
CHME	9	7		14	34	64
Diplomat		1		3	2	6
Hanna	1					1
IEC	3			3		6
Kaiser	4	41	327	18	3	393
LogistiCare	26	8	1	41		76
March Vision	4	10	1	7		22
PerformRx	3	183	2	249	24	461
PTPN		1		4		5
<b>Grand Total</b>	<b>192</b>	<b>334</b>	<b>336</b>	<b>524</b>	<b>193</b>	<b>1,579</b>

Against Kaiser: Most grievances due to Kaiser enrollment, a member does not meet the KP enrollment criteria.

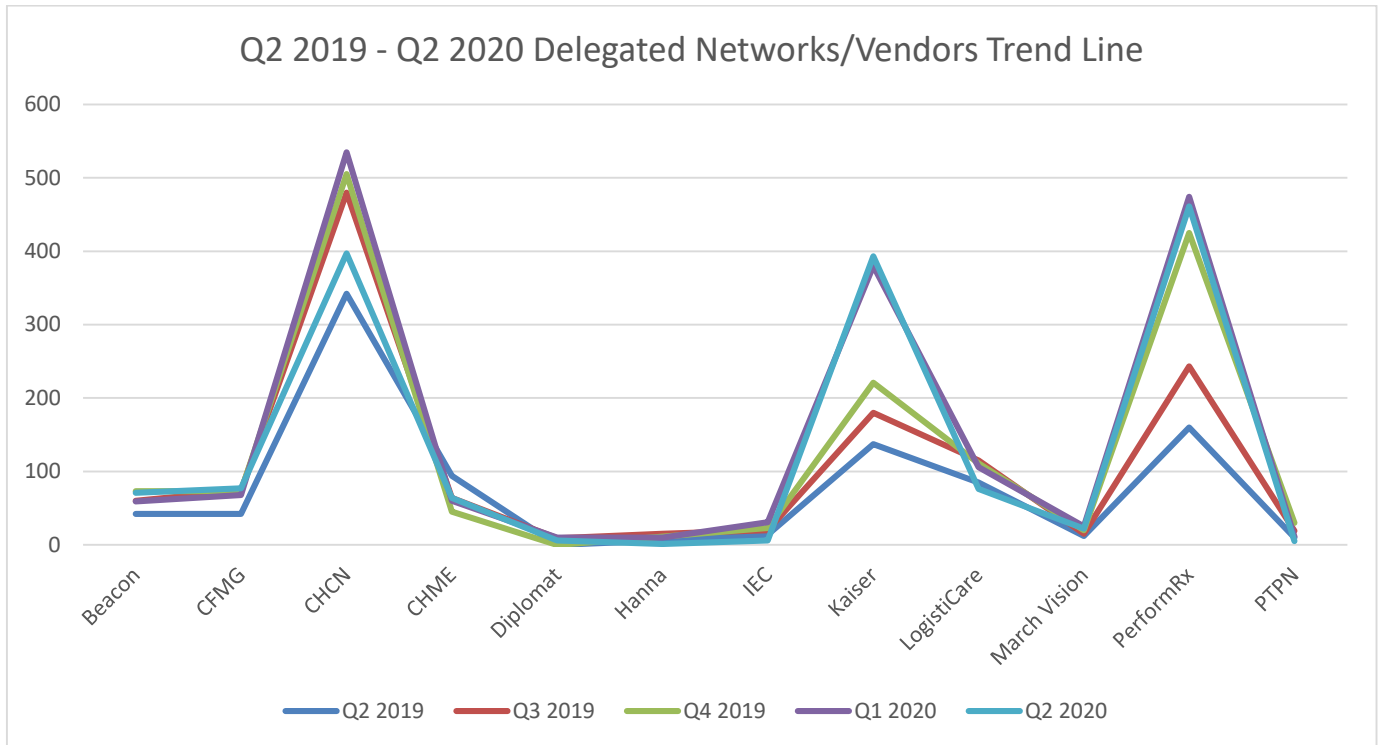
Against Perform Rx: Most grievances due to Benefit Coverage, a medication is not covered or requires PA.

Access Grievances Specialist, Vendor & Beacon:

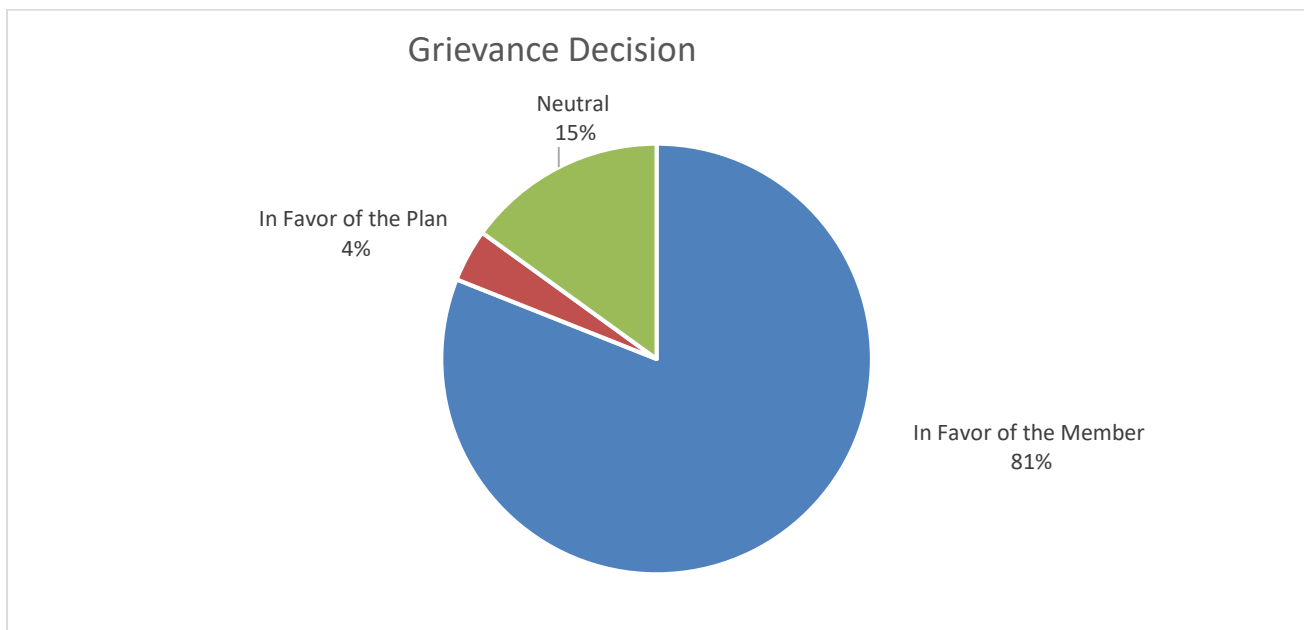
Filed Against	Accessibility						Grand Total
	1-Excessive long wait time/apt. schedule time	2-Lack of Primary care provider availability	3-Lack of Specialist availability	4-Lack of telephone accessibility	5-Lack of language accessibility	6-Lack of physical access	
<b>Beacon</b>	1		8	12	3		<b>24</b>
<b>Specialist</b>	14		13	24	10		<b>61</b>
<b>Vendor</b>	11		7	14	7		<b>39</b>

- **Beacon:** Complaints consist of difficulty finding ABA providers as well as lack of telephone access complaints against Beacon.
- **Specialist:** Only one identified network adequacy issue, member not able to receive a timely appointment with a Genetics and Genomics Specialist

- **Vendor:** Majority of grievances were filed against LogistiCare, with regard to excessive wait times and lack of access to appointments due to transportation issues.

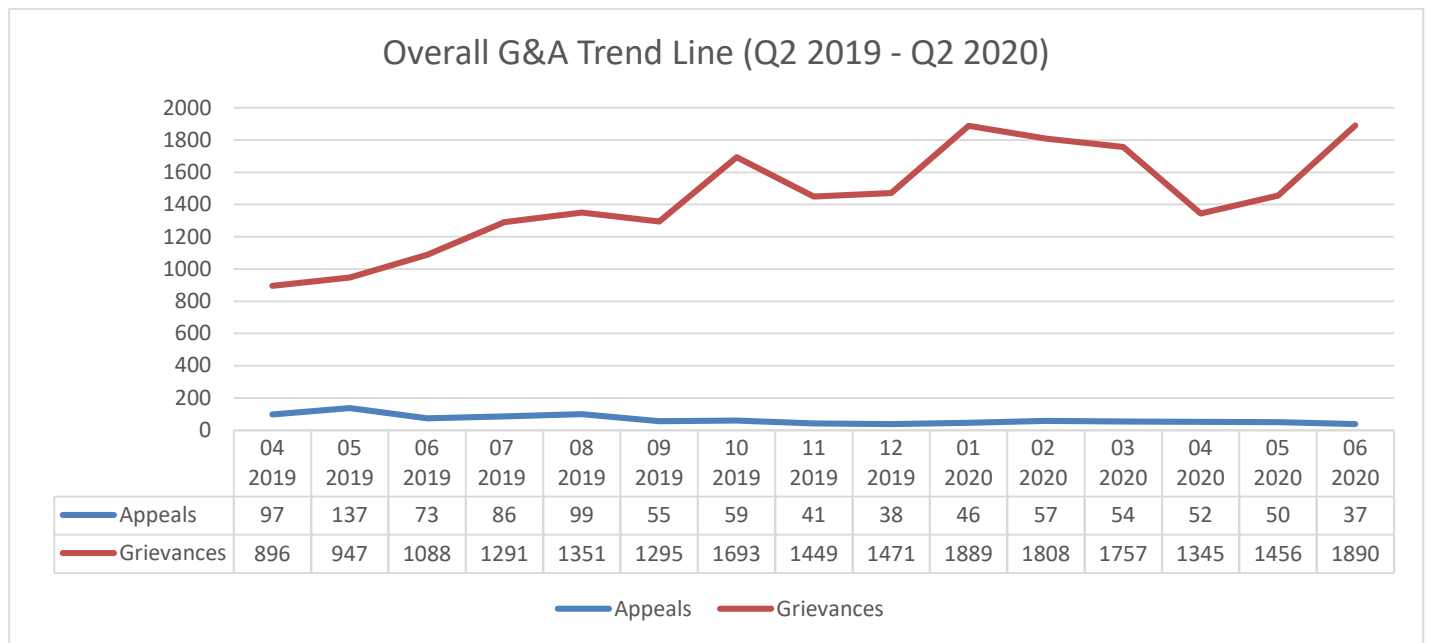


- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meeting.



\*Neutral decisions are decided when the complaint cannot be substantiated either way

### Tracking and Trending:



- There were 4,487 unique grievance cases resolved during the reporting period, with a total of 4,691 grievances including all shadow cases.
- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI) to the AAH Quality department, upon further investigation, the PQI nurse and Alliance MD assign severity levels, action codes and outcome codes as deemed appropriate.
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.

### Issues/Recommendations:

# COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2019-2020 | 4<sup>TH</sup> QUARTER (Q4) OUTREACH REPORT

## ALLIANCE IN THE COMMUNITY

### FY 2019-2020 | Q4 OUTREACH REPORT

During the 4th Quarter (Q4 – April, May, June) of Fiscal Year (FY) 2019-2020, the Alliance initiated and/or was invited to participate in a total of **88** events throughout Alameda County. The Alliance completed **0** out of the **88** events (**0%**). The Alliance reached a total of **286** people, and spent a total of **\$0** in donations, fees, and/or sponsorships during Q4.

The majority of people reached at member orientations (MO) are Alliance Members. Approximately 20% of the numbers reached at community events are Medi-Cal Members, of which approximately 82% are Alliance members based on Managed Care Enrollment Reports. Additionally, the Outreach Team began tracking Alliance members at community events in late February 2018. Since July 2018, **20,306** self-identified Alliance members were also reached at community events, and member education events.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, in accordance with 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. Between Wednesday, March 18, 2020 and Tuesday, June 30, 2020, the Alliance completed **1,059** net new member orientations by phone.





All events details can be reviewed at **W:\DEPT\_Operations\COMMUNICATIONS & MARKETING\_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 19-20\Q4\3. June 2020**







# ALLIANCE IN THE COMMUNITY

## FY 2019-2020 | Q4 OUTREACH REPORT

### FY 2018-2019 Q4 TOTALS

			
<b>53</b> COMMUNITY EVENTS	<b>14 CITIES</b>	<b>2509</b> TOTAL REACHED AT COMMUNITY EVENTS	<b>\$2,515</b> TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*
<b>49</b> MEMBER EDUCATION EVENTS		<b>2535</b> TOTAL REACHED AT MEMBER EDUCATION EVENTS	
<b>72</b> MEMBER ORIENTATIONS		<b>361</b> TOTAL REACHED AT MEMBER ORIENTATIONS	
<b>10</b> MEETINGS/PRESENTATIONS		<b>428</b> TOTAL REACHED AT MEETINGS/PRESENTATIONS	
<b>184</b> TOTAL INITIATED/INVITED EVENTS		<b>2008</b> MEMBERS REACHED AT ALL EVENTS	
<b>142</b> TOTAL COMPLETED EVENTS		<b>5833</b> TOTAL REACHED AT ALL EVENTS	
	ALAMEDA ALBANY BERKELEY CASTRO VALLEY DUBLIN FREMONT HAYWARD LIVERMORE NEWARK OAKLAND PLEASANTON SAN LEANDRO SAN LORENZO UNION CITY		

### FY 2019-2020 Q4 TOTALS

			
<b>9</b> COMMUNITY EVENTS	<b>24 CITIES</b>	<b>0</b> TOTAL REACHED AT COMMUNITY EVENTS	<b>\$0</b> TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*
<b>20</b> MEMBER EDUCATION EVENTS		<b>0</b> TOTAL REACHED AT MEMBER EDUCATION EVENTS	
<b>57</b> MEMBER ORIENTATIONS		<b>909</b> TOTAL REACHED AT MEMBER ORIENTATIONS	
<b>2</b> MEETINGS/PRESENTATIONS		<b>0</b> TOTAL REACHED AT MEETINGS/PRESENTATIONS	
<b>88</b> TOTAL INITIATED/INVITED EVENTS		<b>909</b> MEMBERS REACHED AT ALL EVENTS	
<b>0</b> TOTAL COMPLETED EVENTS		<b>909</b> TOTAL REACHED AT ALL EVENTS	
	Alameda Albany Berkeley Castro Valley Dublin Fremont Hayward Livermore Newark Oakland Pleasanton San Leandro San Lorenzo Union City <i>Burlingame</i> <i>El Sobrante</i> <i>Emeryville</i> <i>Richmond</i> <i>San Francisco</i> <i>San Jose</i> <i>San Pablo</i> <i>San Ramon</i> <i>Stockton</i> <i>Tracy</i>		

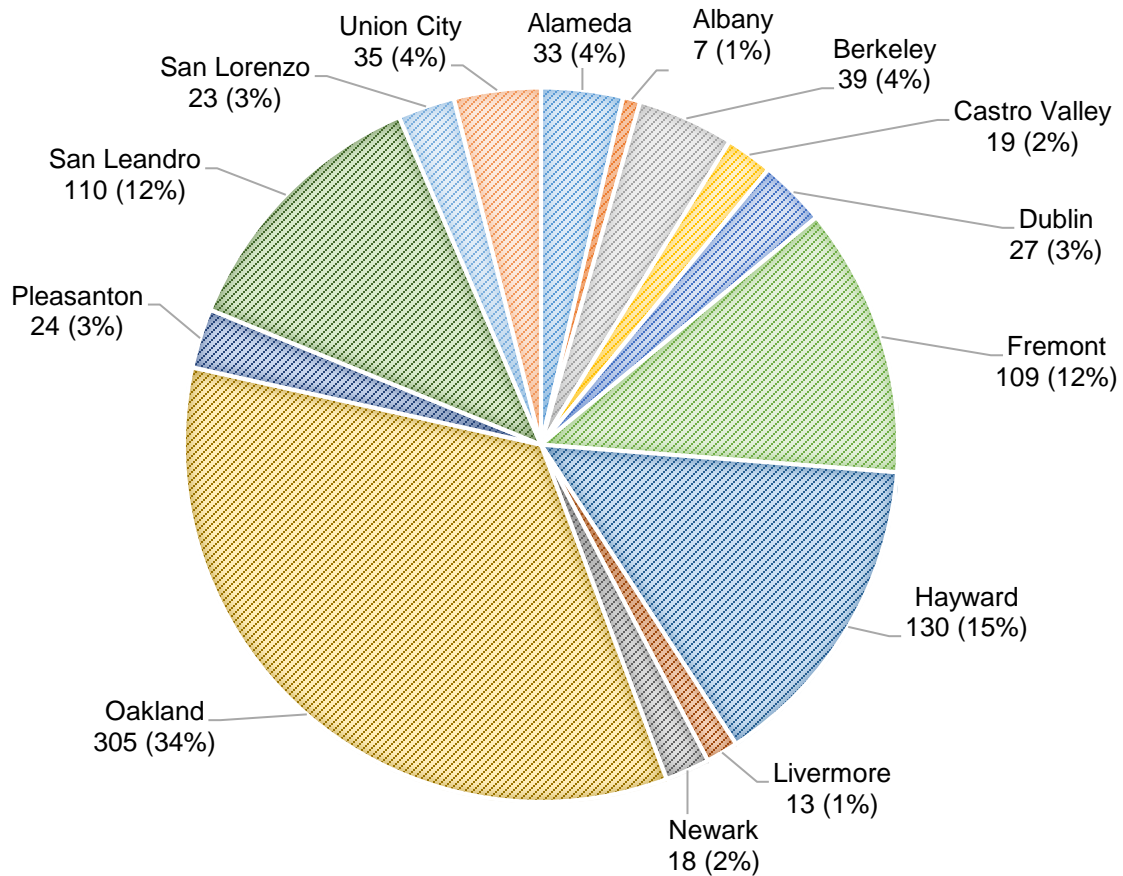
\* Includes refundable deposit.

\*\*Cities represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the Q4 2020 Outreach Report.

# ALLIANCE IN THE COMMUNITY

## FY 2019-2020 | Q4 OUTREACH REPORT

### NUMBERS REACHED BY CITY\*

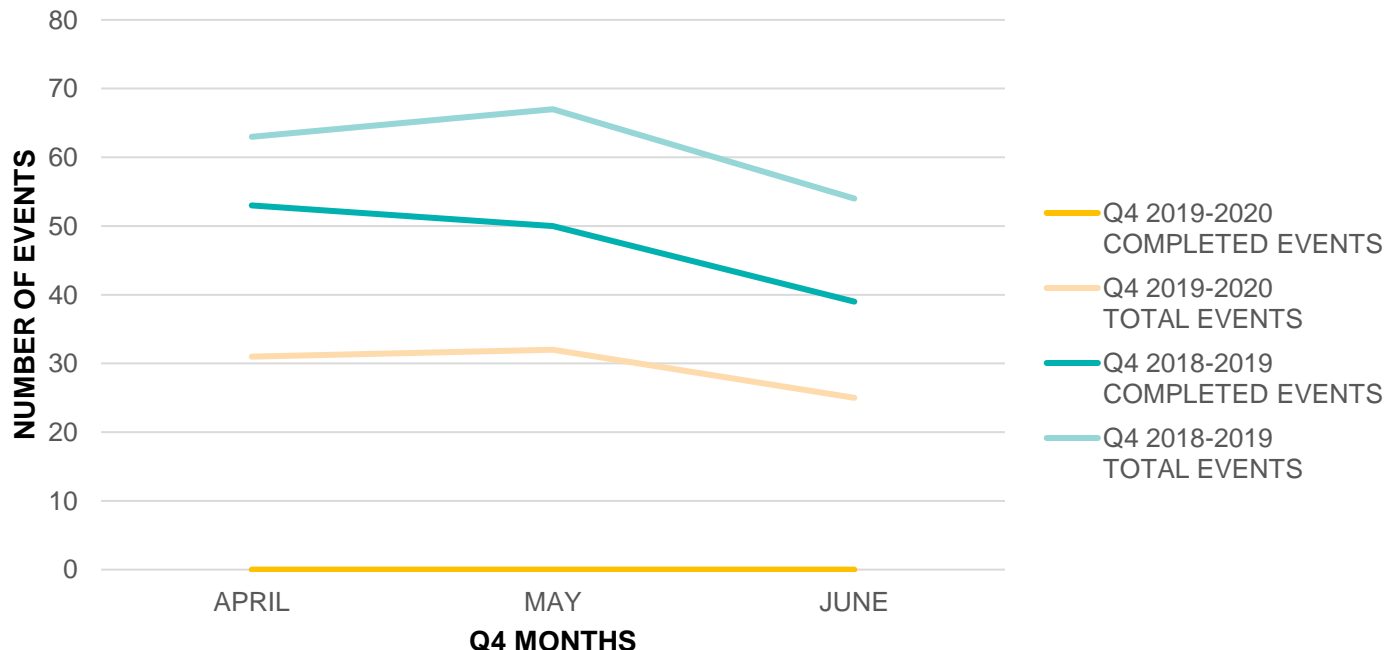


\* The following cities had <1% reach during Q4 2020: Burlingame, El Sobrante, Emeryville, Richmond, San Francisco, San Jose, San Pablo, San Ramon, Stockton and Tracy.

## ALLIANCE IN THE COMMUNITY

### FY 2019-2020 | Q4 OUTREACH REPORT

#### EVENTS\* BY Q4



	APRIL	MAY	JUNE	TOTAL
Q4 2019-2020 – COMPLETED EVENTS	0	0	0	0
Q4 2019-2020 – TOTAL EVENTS	31	32	25	88
Q4 2018-2019 – COMPLETED EVENTS	53	50	39	142
Q4 2018-2019 – TOTAL EVENTS	63	67	54	184

The graph above compares completed events to total events during Q4 of FY 2018-2019 and FY 2019-2020.

During Q4 of FY 2019-2020, the Alliance completed a total of **0** out of **88** events (0%), compared to 142 out of 184 (77%) during Q4 of FY 2018-2019.

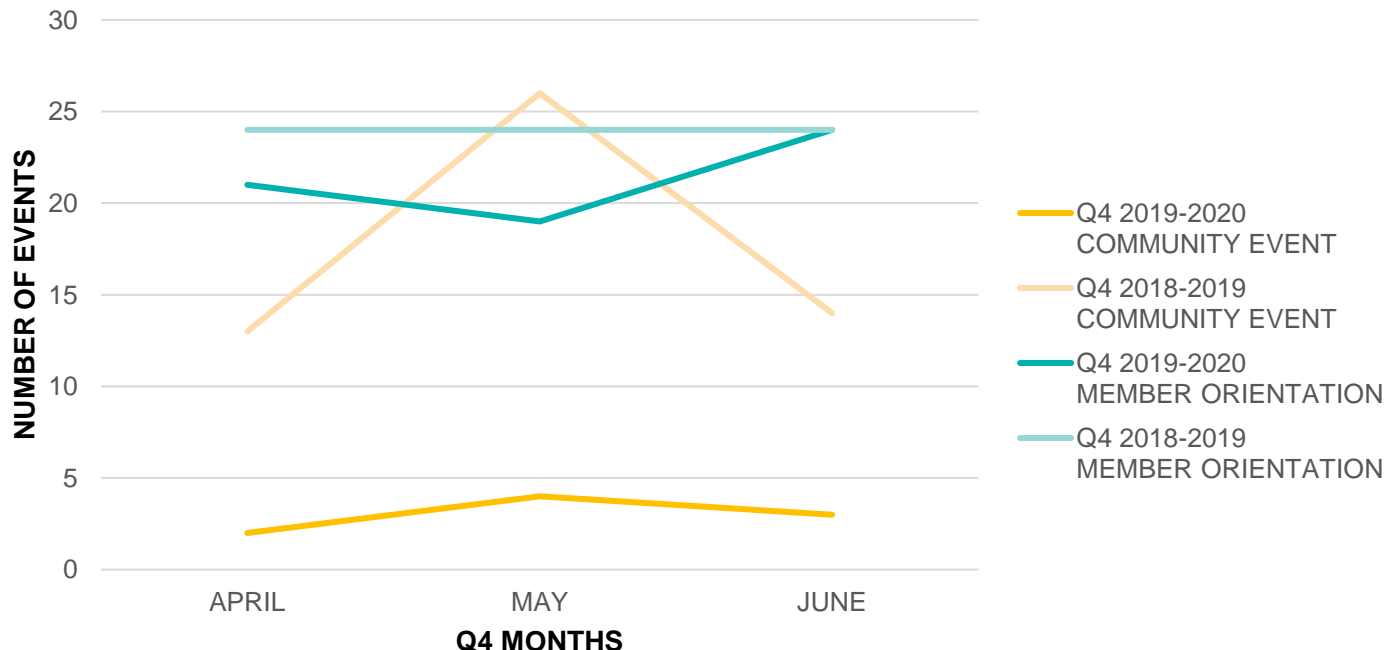
The graph on page 7 compares community events, and member orientations (MOs) in Q4 of FY 2018-2019 and 2019-2020.

*\*Events include community events, member education events, member orientations, and meetings/presentations.*

## ALLIANCE IN THE COMMUNITY

### FY 2019-2020 | Q4 OUTREACH REPORT

#### EVENT TYPE BY Q4



	APRIL	MAY	JUNE	TOTAL
Q4 2019-2020 – COMMUNITY EVENT	2	4	3	9
Q4 2018-2019 – COMMUNITY EVENT	13	26	14	53
Q4 2019-2020 – MEMBER ORIENTATION	21	19	17	57
Q4 2018-2019 – MEMBER ORIENTATION	24	24	24	72

In Q4 of FY 2019-2020, the Alliance scheduled a total of 9 community events, compared to the scheduled 53 in Q4 of FY 2018-2019. The Alliance decreased the number of scheduled community events by **83%**.

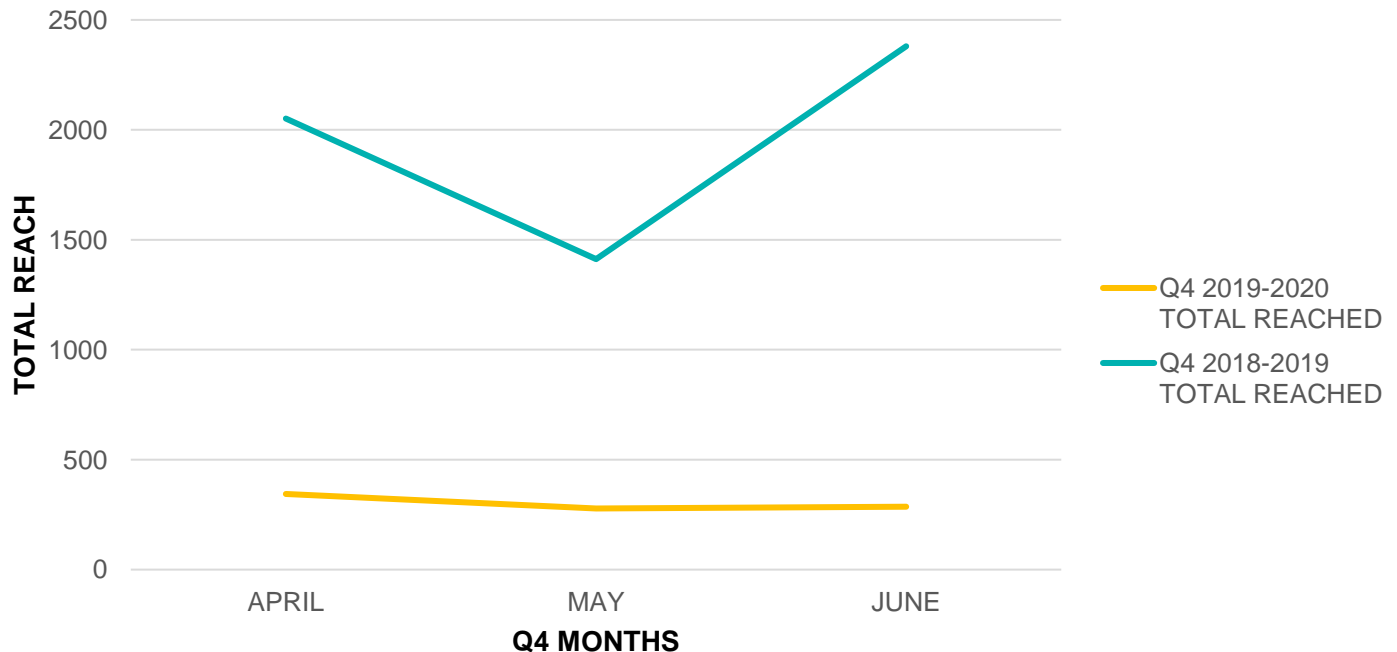
In Q4 of FY 2019-2020, the number of scheduled MOs decreased by **21%**. There was a total of 57 MOs in Q4 of FY 2019-2020, compared to the scheduled 72 in Q4 of FY 2018-2019.

Prior to 2018, the C&O Department measured two (2) event types: community events, and MOs. Since 2018, the C&O Department added three (3) additional categories: member education events, meeting/presentations, and community trainings.

## ALLIANCE IN THE COMMUNITY

### FY 2019-2020 | Q4 OUTREACH REPORT

#### TOTAL REACHED BY Q4



	APRIL	MAY	JUNE	TOTAL
Q4 2019-2020 – TOTAL REACHED	344	278	286	909
Q4 2018-2019 – TOTAL REACHED	2051	1412	2380	5833

The graph above compares the total reached at **all Alliance outreach events** in Q4 of FY 2018-2019 and Q4 of FY 2019-2020.

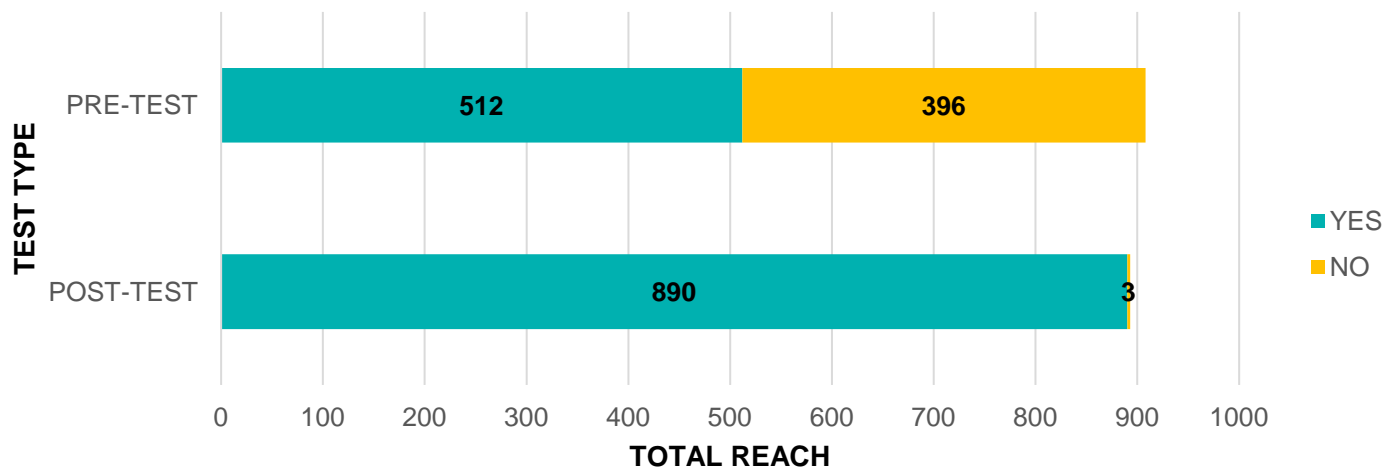
During Q4 of FY 2019-2020, the Alliance decreased the total reach by **84%** from 5,833 to 909 at all events.

During Q2 of Fiscal Year 2017-2018, the C&O Department implemented an event tracking tool to improve our tracking method, and to help prevent overstating numbers reached.

## ALLIANCE IN THE COMMUNITY

### FY 2019-2020 | Q4 OUTREACH REPORT

#### INITIAL HEALTH ASSESMENT KNOWLEDGE DURING Q4



	YES	NO	TOTAL
Q4 2019-2020 – PRE-TEST	510	396	908
Q4 2019-2020 – POST-TEST	890	3	893

Before and after an MO, members are asked to complete a pre-test and a post-test. The graph above compares the responses of members when asked “Do you know when to get your Initial Health Assessment (IHA)?”

After completing an MO, **98%** of members who completed the post-test survey in Q4 of FY 2019-2020 reported knowing when to get their IHA, compared to only 57% of members knowing in the pre-test.



# Health Education 2019-2020 Update & Work Plan



# Health Education 2019-2020 Update



## ▶ Wellness form distribution

- ▶ Newsletter
- ▶ Health Ed mailings
- ▶ Sent with Care Plans
- ▶ Provider requests

ALAMEDA  
**Alliance**  
FOR HEALTH

**MEMBER REQUEST FORM - ALLIANCE WELLNESS PROGRAMS & MATERIALS**  
Alameda Alliance for Health (Alliance) provides free health education. We want you to take charge of your health by having the best information possible. Check off the topics that you want us to send you. You can also request the materials in formats. Many handouts can be found at [www.alamedaalliance.org](http://www.alamedaalliance.org).

**BOOKS**

- ☐ Cookbook:
  - ☐ Diabetes
  - ☐ Healthy Eating
- ☐ What to do When Your Child Gets Sick

**CLASSES & PROGRAM REFERRALS**

- ☐ Asthma
- ☐ Alcohol and Other Substance Use
- ☐ Breastfeeding Support
- ☐ CPR/First Aid
- ☐ Diabetes
- ☐ Healthy Weight
- ☐ Heart Health
- ☐ Parenting
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking  
(have Smoker's Helpline call me)
- ☐ Senior Centers/Programs

**MEDICAL ID BRACELETS OR NECKLACE**

- ☐ Allergy
- ☐ Asthma
- ☐ Diabetes
- ☐ Other (list): \_\_\_\_\_

**WRITTEN MATERIALS**

- ☐ Advanced Directive  
(medical power of attorney)
- ☐ Alcohol and Other Substance Use
- ☐ Asthma:
  - ☐ Adult
  - ☐ Child
- ☐ Back Care
- ☐ Birth Control and Family Planning
- ☐ Breastfeeding
- ☐ Car Seat Safety
- ☐ Diabetes
- ☐ Domestic Violence
- ☐ Exercise:
  - ☐ General
  - ☐ Resistance Bands
- ☐ Healthy Eating
- ☐ Heart Health
- ☐ Parenting and Discipline
- ☐ Pregnancy and Childbirth
- ☐ Quit Smoking
- ☐ Safety:
  - ☐ Adult
  - ☐ Baby
  - ☐ Child
  - ☐ Senior
- ☐ Sexual Health
- ☐ Stress and Depression

Name (self): _____	Alliance ID Number: _____
Child's Name (if applicable): _____	Child's ID Number: _____
Address: _____	City: _____ Zip: _____
Daytime Phone: _____	Language Preferred: _____
Provider Name (if applicable): _____	Email Address: _____
Materials are for: <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Senior	Age of Child: _____

To order, send this form to:

**Alliance Health Programs** • 1240 South Loop Road, Alameda, CA 94502  
Phone Number: **510.747.4577** • Toll-Free: **1.877.932.2738**  
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**  
Email: [livehealthy@alamedaalliance.org](mailto:livehealthy@alamedaalliance.org)

HED W-1, Revised 6/17  
CR, Revised 10/17

# Distribution of Health Education Materials

▶ 2020 (As of July 14th)

- |  |  |
|--|--|
| ▶ Health education handouts mailed to <b>830 members</b> | ▶ Health education handouts mailed to <b>318 members</b> |
| ▶ Top 5 requested:                                       | ▶ Top 5 requested:                                       |
| → Nutrition (327)  | → Nutrition (133)  |
| → Exercise (278)   | → Exercise (118)   |
| → Stress and Depression (198)                            | → Heart Health (89)                                      |
| → Heart Health (190)                                     | → Stress and Depression (86)                             |
| → Diabetes (180)   | → Diabetes (82)  |

# Health Programs Enrollment

## ▶ 2020 (As of Sept. 8th)

▶ **795 members** enrolled

▶ Top 5 programs:

- Asthma Start (257)
- Lactation Support (210)
- La Clinica Nutrition (127)
- La Clinica Sexual Health (93)
- WW (63)

▶ **269 members** enrolled  
(does not include DPP)

▶ Top 5 programs:

- Asthma Start (113)
- La Clinica Nutrition (72)
- Diabetes Prevention Program/DPP (55)
- Lactation Support (51)
- WW (26)

# Wellness Campaigns

	2019	2020 (as of Aug 17 <sup>th</sup> )
<b>Post ER Childhood Asthma</b> Home visiting program for children with asthma	670	203
<b>Prenatal Packet</b> Resources for pregnant women	3,614	2,178
<b>Postpartum Packet</b> Resources for women after birth	2,021	1,414
<b>Black Infant Health</b> Perinatal group support for Black women	775	460

# Wellness Campaigns

	2019	2020 (as of Aug 17 <sup>th</sup> )
<b>Health Advancement for Pacific Islanders</b> <i>(includes duplicates)</i> Perinatal support for Pacific Islander women	162	93
<b>Quitline Promotion</b> Smokers' Helpline flyer for members with nicotine replacement therapy	1,451	N/A



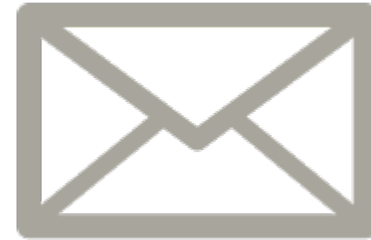
# Health Education 2020 Work Plan

- ▶ Health Education Programs
- ▶ Materials 5-year Review
- ▶ Asthma Self-Management
- ▶ Disease Management Health Education
- ▶ Diabetes Prevention Program (DPP)
- ▶ Tobacco
- ▶ Population Needs Assessment



# Health Education Programs

- ▶ Responding to member requests
- ▶ Working on updates to class listings and wellness form



## Materials 5-year Review

- ▶ Working on review and update of entire materials library
- ▶ 8 care books in progress





# Asthma Self-management

- ▶ Working with IT on hospital feed information to refer more members to Asthma Start



# Disease Management

- ▶ Hired a Disease Management Health Educator
- ▶ Planning program with other departments



# Diabetes Prevention Program (DPP)

## ▷ Outreach

- ▶ Mail and phone campaign in June to July 2020 to 12,724 members who may qualify (English and Spanish)



**SOLERA**

## ▷ Participation (as of August)

- ▶ 75 have committed
- ▶ Of those, 55 have completed one or more lessons

# Tobacco

- ▶ Quarterly staff meetings to discuss strategy
- ▶ Presented strategy at CA Quits conference
- ▶ Case Management added health education handouts to tobacco assessment questions
- ▶ Newsletter articles on vaping and youth, heart health published
- ▶ Disease Management Health Educator trained as Tobacco Treatment Specialist



# Thanks!

## Questions?

You can contact me at:

 [layala@alamedaalliance.org](mailto:layala@alamedaalliance.org)

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# Population Needs Assessment 2020

Member Advisory Committee  
September 17, 2020

▶ Goal:

- ▶ Identify and understand the needs of our Medi-Cal members
- ▶ Ensure that we meet ALL member needs
- ▶ Improve our members' health



# Report sections

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



# Health disparities & inequities

- ▶ **Health disparities** are: “differences in the presence of disease, health outcomes, or access to health care between population groups.”
- ▶ **Health inequities** are “differences in health that are not only unnecessary and avoidable but, in addition are considered unfair and unjust.”





# Key member subgroups

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



# Top 8 Health Issues

(% of subgroup with diagnosis)

Rank	Child	CSHCN	Adult	SPD
1 <sup>st</sup>	Common cold (URI) 19%	Common cold (URI) 22%	High blood pressure 17%	High blood pressure 43%
2 <sup>nd</sup>	Obesity 12%	Refractive errors 15%	High cholesterol 14%	High cholesterol 29%
3 <sup>rd</sup>	Eye problems 12%	Obesity 15%	Abdominal pain 10%	Neurologic problems 20%
4 <sup>th</sup>	Dental concerns 11%	Developmental disorder 13%	Muscle, bone or joint 10%	Muscle, bone or joint 16%
5 <sup>th</sup>	Virus 11%	Virus 13%	Neurologic problems 9%	Low back pain 15%
6 <sup>th</sup>	Refractive errors 10%	Asthma 13%	Obesity 9%	Cardiovascular 14%
7 <sup>th</sup>	Eczema & skin problems 9%	Eye Problems 12%	Eye Problems 8%	Type 2 Diabetes 13%
8 <sup>th</sup>	Asthma 8%	Dental Concerns 12%	Low Back Pain 8%	Obesity 13%

- Data from CareAnalyzer, excludes Kaiser members
- SPD – Seniors and Persons with Disabilities
- CSHCN - Children with Special Health Care Needs based on CCS participation

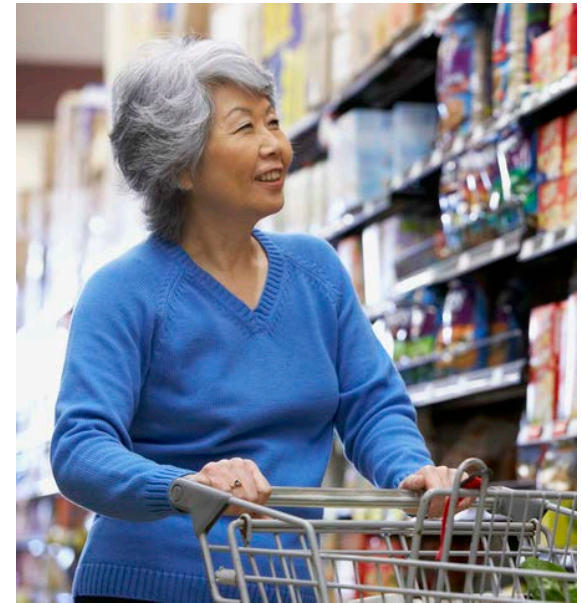
# Action Plan Overview

- ▶ 7 goals total in 3 categories
  - ▶ Culturally appropriate health education (4)
  - ▶ Routine care visits (2)
  - ▶ Information on member benefits (1)
- ▶ Comments and ideas worksheet
  - ▶ Please write down your thoughts as we go
  - ▶ Thinking about the pandemic and when things improve: *How can we better connect to and support Alliance members with these goals?*



# 1. High Blood Pressure, High Cholesterol, and Diabetes in Asian and Pacific Islander Adults

- ▶ **Finding:** A higher portion of Asian and Pacific Islander members had high blood pressure, high cholesterol, and diabetes compared to other ethnic groups.
- ▶ **Goal:** *Reach 100 Asian and Pacific Islander members through materials, classes, and/or other supports by 6/30/2022.*
  - ▶ Promote classes and supports through partners and Alliance staff
  - ▶ Publish materials in more Asian languages





## 2. Obesity in Hispanic (Latinx) Children

- ▶ **Finding:** Obesity was common for both children (#2) and children with special health care needs (#3). Almost 2/3 of those children were Hispanic.
- ▶ **Goal:** *Connect 100 Hispanic (Latinx) members with healthy weight resources by 6/30/2022.*
  - ▶ Present research to partners
  - ▶ Put together food and exercise resource lists for clinics
  - ▶ Complete Live Healthy care books
  - ▶ Fund nutrition & healthy weight programs





### 3. Asthma in Hispanic (Latinx) and Black (African American) Children

- ▶ **Finding:** Asthma was common for both children (#8) and children with special health care needs (#6). Most of those children were Hispanic (44%) or Black (28%).
- ▶ **Goal:** *Increase participation of Hispanic (Latinx) and Black (African American) children in Asthma Start by 25% by 12/31/2021.*
  - ▶ Work with Asthma Start to increase member outreach
  - ▶ Refer more members from hospital ERs
  - ▶ Educate providers about Asthma Start





## 4. Asthma in Black (African American) Adults

- ▶ **Finding:** Ages 21 to 44 were below the quality benchmark for asthma medications. Over a third of this age group was Black.
- ▶ **Goal:** *Improve HEDIS rate to 63.60% for Black (African American) adults ages 21 to 44 by 12/31/2021.*
  - ▶ Partner with providers to hold asthma workshops
  - ▶ Provide member phone consults with Pharmacy department
  - ▶ Use culturally sensitive practices







## 5. Getting routine care appointments quickly

- ▶ **Finding:** Both adults and children were below the quality benchmark for getting checkups or routine care quickly.
- ▶ **Goal:** *Improve CAHPS rate to 72% for adults and 85.6% for children by 12/31/2021.*
  - ▶ Outreach to providers with the most complaints
  - ▶ Educate members and providers about timely access standards







## 6. Well-child visits

- ▶ **Finding:** Black (African American) and White children 25 months to 6 years old were below the quality benchmark for getting well-child visits.
- ▶ **Goal:** *Improve HEDIS rate to 72.87% for Black (African American) and White members ages 3 to 6 years old by 12/31/2021.*
  - ▶ Partner with clinics to promote visits
  - ▶ Make gaps in care letters more member-friendly
  - ▶ Educate providers about gaps in care





## 7. Information and coordination of member benefits

- ▶ **Finding:** Adults were below the quality benchmark for getting information or help needed from written materials, internet, or customer service.
- ▶ **Goal (TBD):** *Improve CAHPS rate for getting information from written materials and internet to 62% for adults by 12/31/2021.*
  - ▶ Engage Alliance staff
  - ▶ Provide members and providers with easy-to-read information on benefits
  - ▶ Discuss access to benefits with community groups serving children with special health care needs



# Action Plan Discussion

- ▶ Questions on the findings and goals?
- ▶ What comments and ideas do you have?
- ▶ Which goals would you be interested in working on?

# Thank You

Linda Ayala

Health Education Manager

[layala@alamedaalliance.org](mailto:layala@alamedaalliance.org)

510-747-6038

## Population Needs Assessment Action Plan

### Comments & Ideas

As we present about the action plan goals and activities, please write down any comments and ideas that come to mind.

Think about this question for during the pandemic and when things improve: ***How can we better connect to and support Alliance members with these goals?***



1. High Blood Pressure, High Cholesterol, and Diabetes in Asian and Pacific Islander Adults



2. Obesity in Hispanic (Latinx) Children



3. Asthma in Hispanic (Latinx) and Black (African American) Children



#### 4. Asthma in Black (African American) Adults



#### 5. Getting routine care appointments quickly



#### 6. Well-child visits



#### 7. Information and coordination of member benefits