Population Health Investment Advisory Council

April 2024

Health Equity & Quality Transformation (EQT) Division

AGENDA

Topic	Time
Welcome	11:00 am - 11:05 am
The Problem: Health and Wellness of California Children	11:05 am - 11:15 am
Population Health Investment (PopHI) Presentation: Early Investments in Childhood Health and Wellness	11:15 am - 11:35 am
Council Discussion	11:35 am - 12:20 pm
Public Comment	12:20 pm - 12:30pm

MEETING PROTOCOLS

Advisory Council Members

- Please mute/unmute yourself as necessary throughout the meeting.
- If you have any questions, concerns or items you would like to share during the meeting, please email marisol.meza-badran@covered.ca.gov for assistance.

Public

- Public comment will be open at the close of the Advisory Council discussion. Please use the Teams function to raise your hand 

and limit comments to 2 minutes.
- The Teams chat function will also open at the close of the Advisory Council discussion.
- Written comments regarding this meeting are welcome and can be sent to EQT@covered.ca.gov by May 6th.
- Materials will be posted at https://hbex.coveredca.com/stakeholders/plan-management/qti/.

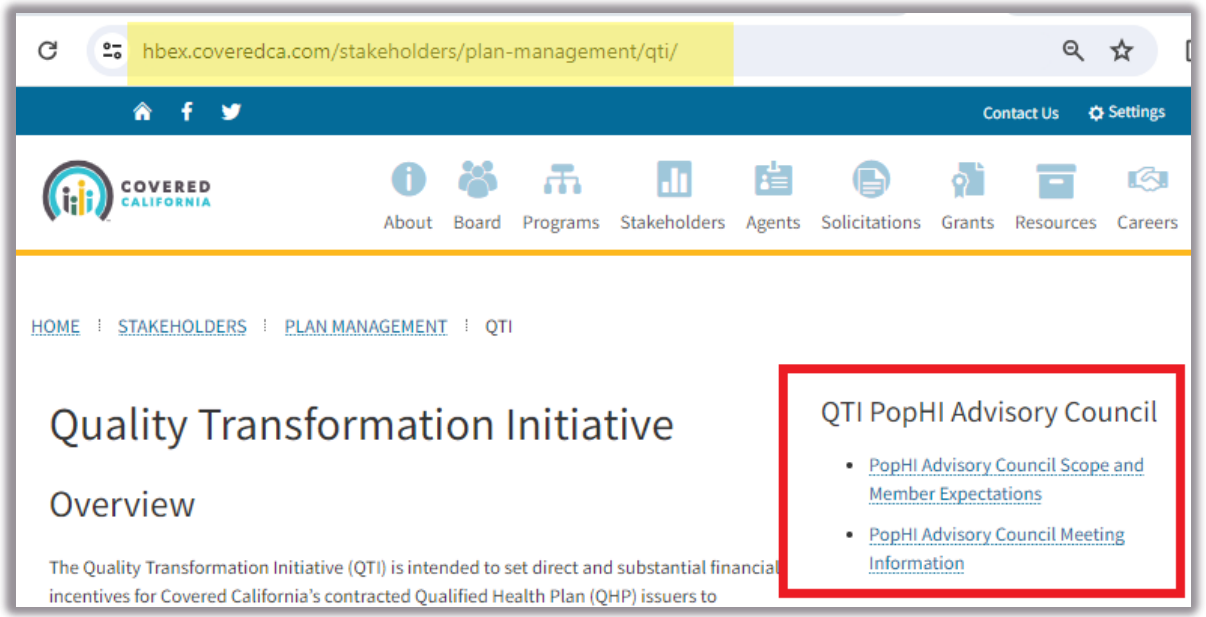
ADVISORY COUNCIL MEETING SERIES

- First Meeting
  - April 22, 2024
  - 11:00 am – 12:30 pm PT

- Second Meeting
  - May 20, 2024
  - 12:30 pm – 2:00 pm PT

- Information about the PopHI Advisory Council and how to join the monthly meetings can be found at https://hbex.coveredca.com/stakeholders/plan-management/qti/

- Upcoming meeting details and how to attend will be updated monthly, following the completion of every meeting



POPULATION HEALTH INVESTMENT ADVISORY COUNCIL

The Council is a **trusted advisory body** consisting of stakeholders and subject matter experts selected by Covered California who support **successful deployment of PopHIs** to improve the quality of healthcare and to reduce health disparities for Covered California enrollees.

- Advise Covered California in the **selection of initial Population Health Investments** (PopHIs, pronounced “Poppy”).
- Guide and **inform program design features** of selected PopHIs, such as: member eligibility, program operations, and key performance indicators and evaluation approaches.
- Establish a forum that **supports successful deployment** of PopHIs through expert and trusted counsel.

The PopHI Advisory Council **does not have decision making authority**, and Covered California is not bound to adopt any of the PopHI Advisory Council’s recommendations, but the input shared is critical to sculpting both design and implementation.

POPULATION HEALTH INVESTMENT ADVISORY COUNCIL

Membership:

The Advisory Council consists of 10 to 12 members plus Ex Officio, including the following:

- Qualified Health Plan Issuers (2-3)
- California-based Government Officials (2)
- Consumer Advocates, Thought Leaders, and Experienced Professionals (4-6)
- California-based Providers (2-3)
- Ex Officio (2)
    - California Department of Health Care Services
    - California Public Employees' Retirement System

Participants:

- **Tomás Aragón, MD, DrPH -** Director and State Public Health Officer, California Department of Public Health
- **Palav Babaria, MD, MPH -** Deputy Director & Chief Quality and Medical Officer, QPHM, Department of Health Care Services
- **Corrin Buchanan, MPP -** Deputy Secretary for Policy and Strategic Planning, CalHHS
- **Tracy M. Imley, MD -** Regional Assistant Medical Director, Quality and Clinical Analysis, Southern California Permanente Medical Group
- **Amanda Johnson -** Deputy Director, State and Population Health Group, CMS Innovation Center
- **Edward Juhn, MD, MBA, MPH -** Chief Quality Officer, Inland Empire Health Plan
- **Julia Logan, MD -** Chief Clinical Director, Clinical Policy & Programs Division, CalPERS
- **Peter Long, PhD -** Executive Vice President, Strategy and Health Solutions, Blue Shield of California
- **Bianca Mahmood** - Covered California Consumer
- **Sarita Mohanty, MD -** President and Chief Executive Officer, The SCAN Foundation
- **Cary Sanders, MPP -** Senior Policy Director, California Pan-Ethnic Health Network
- **Kristof Stremikis, MPP, MPH -** Director, Market Analysis and Insight, California Health Care Foundation
- **Sadena Thevarajah, JD -** Managing Director, Health Begins
- **Raymond Tsai, MD, MS -** Vice President, Advanced Primary Care, Purchaser Business Group on Health

TIMELINE

February 2024

Final PY25 Attachment 4 QTI amendment was approved by the Covered California Board on **Feb 15th**

April 2024

PY25 Attachment 4 QTI adjustments for board adoption are presented at Plan Management Advisory Group (PMAG) on **April 11th**

two-week comment period

May 2024

Final PY25 Attachment 4 QTI adjustments for board adoption will be re-presented at PMAG on **May 9th**

and at the

Covered California May Board Meeting on **May 16th**

June

July

August PopHI Meetings 2024

Final PopHI selection will be presented at the PMAG meeting on **Aug 5th**
and at the
Covered California Board Meeting on **Aug 15th**

Launch PopHI Advisory Council

March 2024

April PopHI Meeting 2024

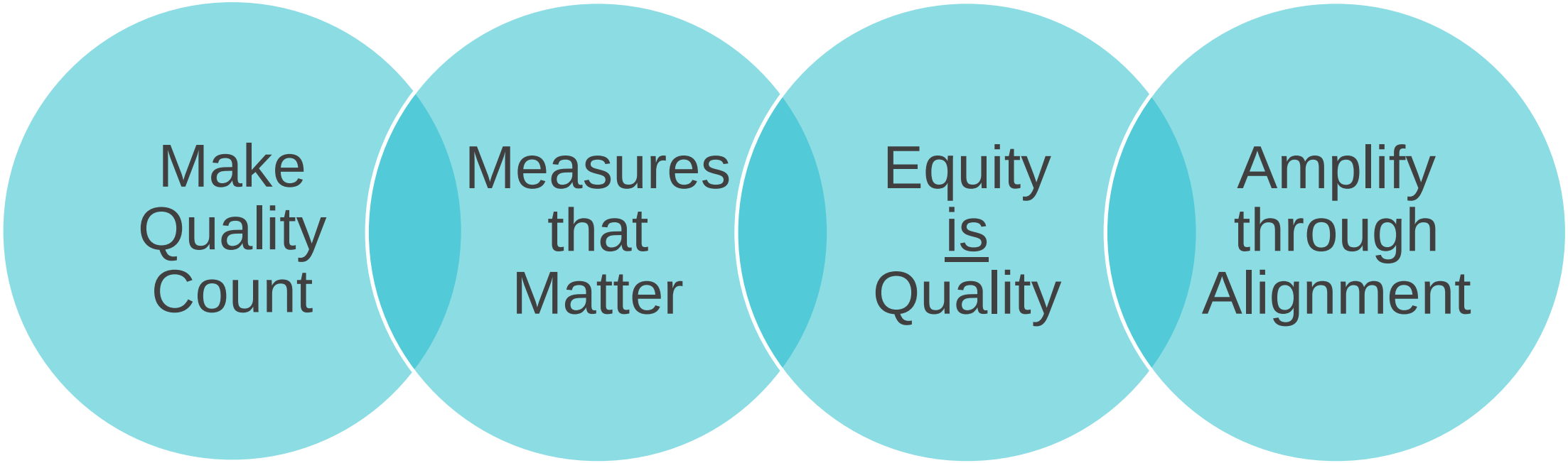
May PopHI Meeting 2024

August 2024

ADVISORY COUNCIL MEETING STRUCTURE

Section	Description	Time
Presentation	Proposed PopHI structure outlined	20 minutes
Round Robin Question and Answer	Each Council member will be able to ask 1 focused question from presenter for clarification. Council members can skip if all questions have been answered.	20 minutes
Round Robin Feedback/Suggestions	Each Council member will share 2 minutes of feedback and suggestions on PopHI.	25 minutes

QUALITY TRANSFORMATION INITIATIVE



0.8% to 4% premium at risk for

a small set of clinically important measures

stratified by race/ethnicity

selected in concert with other public purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

GUIDING PRINCIPLES: USE OF FUNDS

Centered on goal to improve health outcomes for Covered California enrollees

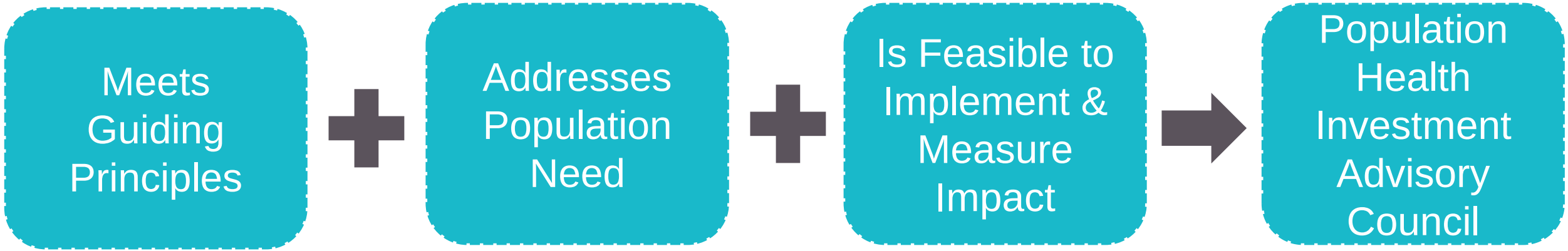
Equity First: funds should preferentially focus on geographic regions or communities with the largest identified gaps in health and quality among California subpopulations

Direct: use of funds should lead to measurable improvements in quality and outcomes for enrollees that are related to QTI Core Measure performance

Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes

Additive: funds should be used to advance quality in a currently underfunded arena.

POPULATION HEALTH INVESTMENTS: SELECTION CRITERIA



A prioritized list of Population Health Investments will be presented at Plan Management Advisory Workgroup and Covered California Board in 2024

POPHI: YEAR 1 AND 2 FOUNDATIONAL ELEMENTS

High-Impact	Covered CA Oversight	Feasible and Measurable	Alignment
• 4-5 investments • Selected by Covered California • Informed by the Advisory Council • Focused on areas identified through Population Needs Assessment • Not duplicative of the work of QHP Issuers or delivery system	• PopHI will be selected by Covered California • Program design including eligibility, enrollment, regions, etc. will be done by Covered California and include input from Advisory Council and stakeholders • Aim to spend funds in same year collected	• Reports will be shared with Issuers • Formal quantitative and qualitative evaluation of impact with partners • Example outcomes: health seeking behaviors, self-efficacy, financial toxicity, delays due to cost, global health and well-being	• Continued partnership with DHCS and CalPERS • Synergies with DHCS/Medi-Cal work, especially for Community Reinvestment and Equity and Practice Transformation

THE HEALTH OF KIDS IN CALIFORNIA

- California's ranking is among the lowest in the nation for children's healthcare
- Having a PopHI focused on children, emphasizes the importance of this special population
- We are also in alignment with other California public purchasers, even though Covered California has a relatively small pediatric population.

California

Ranking Highlights[a]

How Health Care Performance Changed in California[b]

Prevention & Treatment	2023 Scorecard				
Adults with all age- and gender-appropriate cancer screenings	2020	65%	69%	76%	43
Adults with age-appropriate flu and pneumonia vaccines	2021	40%	42%	54%	35
Adults vaccinated against COVID-19 with a booster	2022	52%	42%	63%	9
Diabetic adults without an annual hemoglobin A1c test	2021	16%	10%	4%	48
Children without all recommended vaccines	2021	31%	28%	12%	37
Children with a medical home	2020–21	41%	46%	55%	46
Children without a medical and dental preventive care visit	2020-21	46%	38%	26%	50
Children who did not receive needed mental health care	2020–21	21%	20%	11%	38
Adults age 18 and older with any mental illness who did not receive treatment	2019–20	63%	55%	41%	49

The Commonwealth Fund

Source: Commonwealth Fund 2023 Scorecard on State Health System Performance

PEDIATRIC HEALTHCARE GAPS IN COVERED CALIFORNIA PLANS

- **Deficient Well-Child Visits:** In 2021, out of 15 total plan products, 12 were eligible for evaluation, and 11 of these fell below the 50th percentile, impacting 79% of enrolled children under 2. Under 78% of children at critical growth milestones (15-30mos) had sufficient well-child visits in the past 15 months.
- **Well-Care Visits Lagging for Youth:** 10 out of 15 plan products in 2021 underperformed, affecting 77% of youth 3-21 years old. Less than half of 3 to 21-year-olds received essential well care visits with their PCP.
- **Childhood Immunization Rates Fall Short:** Of the 11 of plan products evaluated in 2021, 7 scored below the 50th percentile. As a result, fewer than 53% of 2-year-olds achieved appropriate immunizations.

Source: MY2021 CMS QRS Data

What We'll Cover

I. Incentives for childhood vaccinations

II. Evidence on child savings accounts

III. Proposed Covered California Population Health Investment

April 22nd, 2024

UCLA David Geffen School of Medicine

Early Investments in Childhood Health and Wellness

Increasing Pediatric Visits & Vaccinations Via Investments in Families

A wide range of incentive approaches have been shown to be effective in promoting vaccinations, including various non-cash incentives. Patients and caregivers routinely emphasize the importance of alignment on the incentives with the priorities they and their families hold, since this alignment is the key to the perceived value of the incentives. Cross-sector partnerships that integrate structural and economic supports into health care systems to promote health and well-being have been shown to increase pediatric visit adherence, continuity, and vaccinations.

Healthy People 2030 Recommends Childhood Visit & Vaccine Incentives

"Recommends using client or family incentive rewards to increase vaccination rates in children and adults…people may get rewards for keeping an appointment, getting a vaccine, or returning for a vaccination series."

Healthy People 2030 Vaccine Programs Website

Based on a systematic literature review by the Healthy People Community Preventive Services Task Force

- Robust US and international evidence
- Predates COVID, widely used with 2021 Am. Recovery Plan
- Many monetary/non-monetary incentives used, for example:
  - Child-care subsidies (Australia)
  - College scholarship lottery (Ohio)
  - Savings bonds (West Virginia)
- Incentivize visits or vaccine completion

Investment (Including Non-Cash) Incentives Increase Well-Child Visits & Vaccinations

Greene, 2011

116%

Pediatric Visits: Quasi-experimental study of Idaho's CHIP incentive program increased up-to-date with well child visit rate **116%** (103% over control group). Incentives were $30 in premium credits, not direct cash: https://pubmed.ncbi.nlm.nih.gov/21536605/

Wong et all, 2021

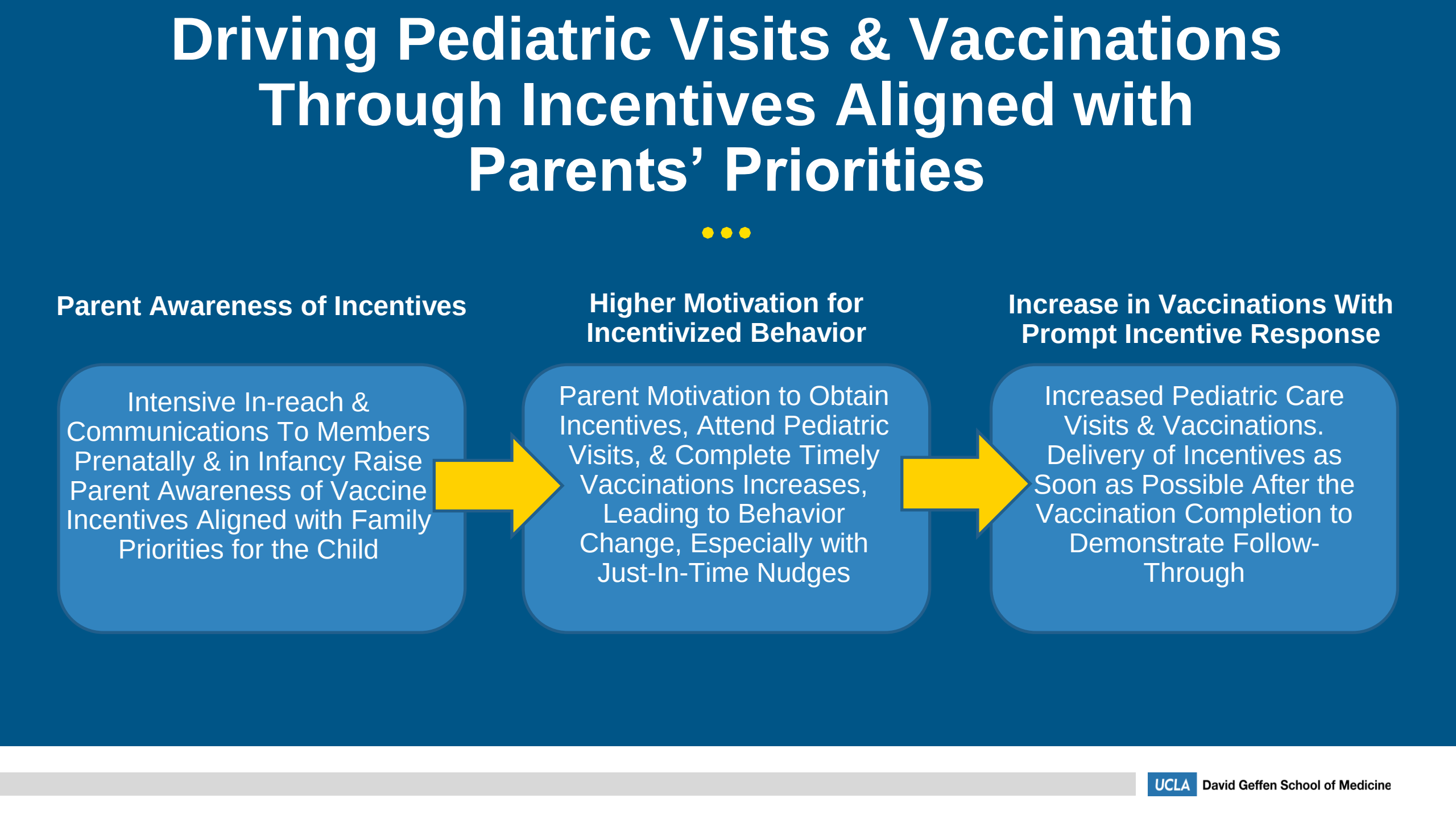
46%

Vaccination: Quasi-experimental study of $25 incentive debit card for first COVID-19 vaccination in four North Carolina counties showed **46%** increase in vaccine initiation compared to elsewhere in the state (which had a 1.7% change): https://pubmed.ncbi.nlm.nih.gov/34694349/

UCLA David Geffen School of Medicine

References & Links: https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/vaccination-programs-client-or-family-incentive-rewards; Volpp & Cannuscio, NEJM: https://www.nejm.org/doi/full/10.1056/NEJMp2107719

Driving Pediatric Visits & Vaccinations Through Incentives Aligned with Parents' Priorities



CHILDREN'S HEALTH

Financial coaching offered through pediatricians offices could improve infant health

February 8, 2023 · 6:31 PM ET

Heard on All Things Considered

Pien Huang

4-Minute Listen + PLAYLIST

HHS Public Access

Author manuscript

Acad Pediatr. Author manuscript; available in PMC 2022 April 29.

Published in final edited form as:

Acad Pediatr. 2021 ; 21(8 Suppl): S169–S176. doi:10.1016/j.acap.2021.03.017.

Anti-Poverty Medicine Through Medical-Financial Partnerships: A New Approach to Child Poverty

Lucy E. Marcil, MD, MPH*, Michael K Hole, MD, MBA*, Jasmyne Jackson, MD, MBA, Molly A. Markowitz, MD, Laura Rosen, MPP, Leslie Sude, MD, Alice Rosenthal, JD, Mary Beth Bennett, MA, Sonia Sarkar, DrPH, MPH, Nicholas Jones, JD, Kristin Topel, MFT, MPH, Lisa J. Chamberlain, MD, MPH, Barry Zuckerman, MD, Alex R. Kemper, MD, MPH, MS, Barry S. Solomon, MD, MPH, Megan H. Bair-Merritt, MD, MSCE, Adam Schickedanz, MD PhD, Robert J. Vinci, MD

The NEW ENGLAND JOURNAL of MEDICINE

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Perspective FREE PREVIEW

Medical–Financial Partnerships — Beyond Traditional Boundaries

Lucy E. Marcil, M.D., M.P.H., Katherine G. Barnett, M.D., and Barry Zuckerman, M.D.

By directly addressing patients' financial status, including income, assets, and financial empowerment, clinicians can promote individual and community health. This issue is particularly relevant in the midst of

Audio Interview

Interview with Dr. Lucy Marcil on the role of medical–financial partnerships in promoting individual and community health. (10:09)

Download

JAMA Network

JAMA Search All Enter Search Term

February 15, 2023

Financial Coaching for Parents Increases Visits to Pediatrician

Emily Harris

JAMA. 2023;329(9):703. doi:10.1001/jama.2023.1551

Link to more literature on MFPs: https://pubmed.ncbi.nlm.nih.gov/?term=Medical-Financial+Partnerships&filter=datesearch.y_10

Reduced No Show Rates

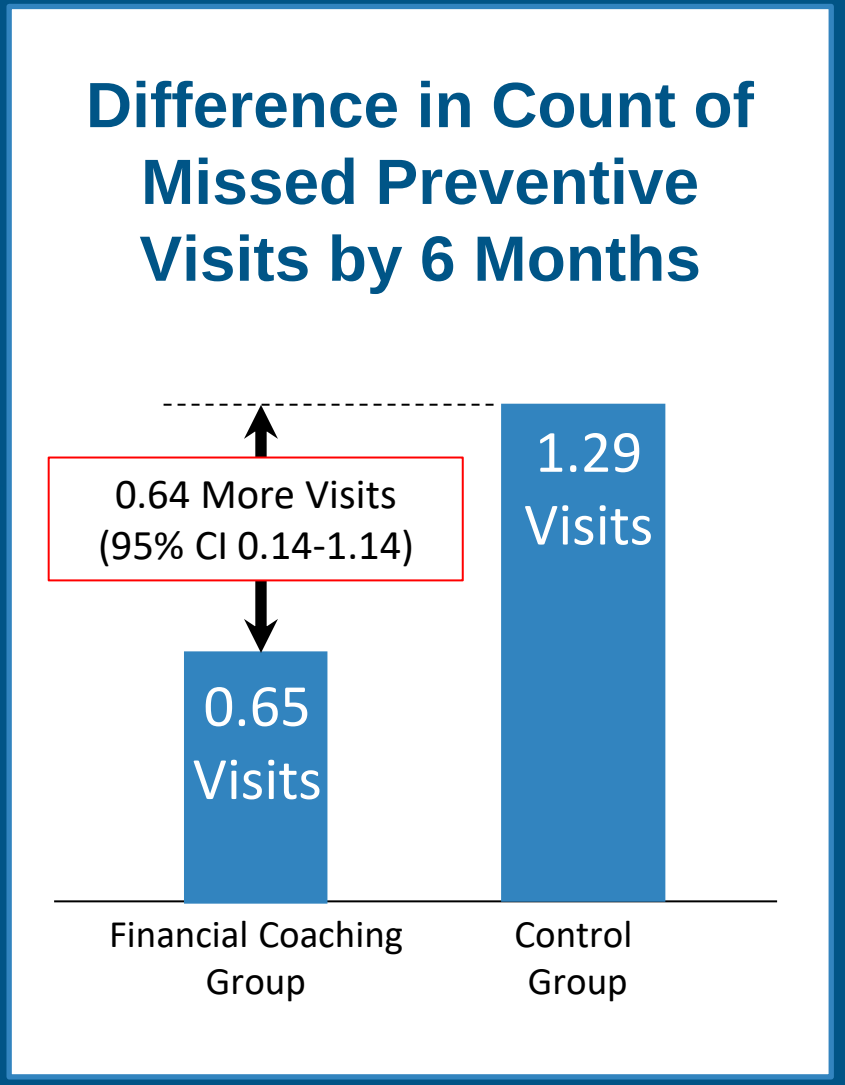
Pilot Clinical RCT Results:

Missed Preventive Visit Count by 6 Months

- In pilot in Pre-COVID, Financial Resilience Coaching group **missed half as many visits** (0.64 fewer, p=0.01) vs. controls by 6 months
- On a per preventive clinic visit basis, **intervention families ~20% more likely to attend** each visit (RR 1.19, 95% CI 1.004-1.4)

Post-Pilot

- Intervention children *and* parents have been 10-15% **more likely to be retained in primary care** at the study site at 2 and 3 years post-enrollment vs. comparison families

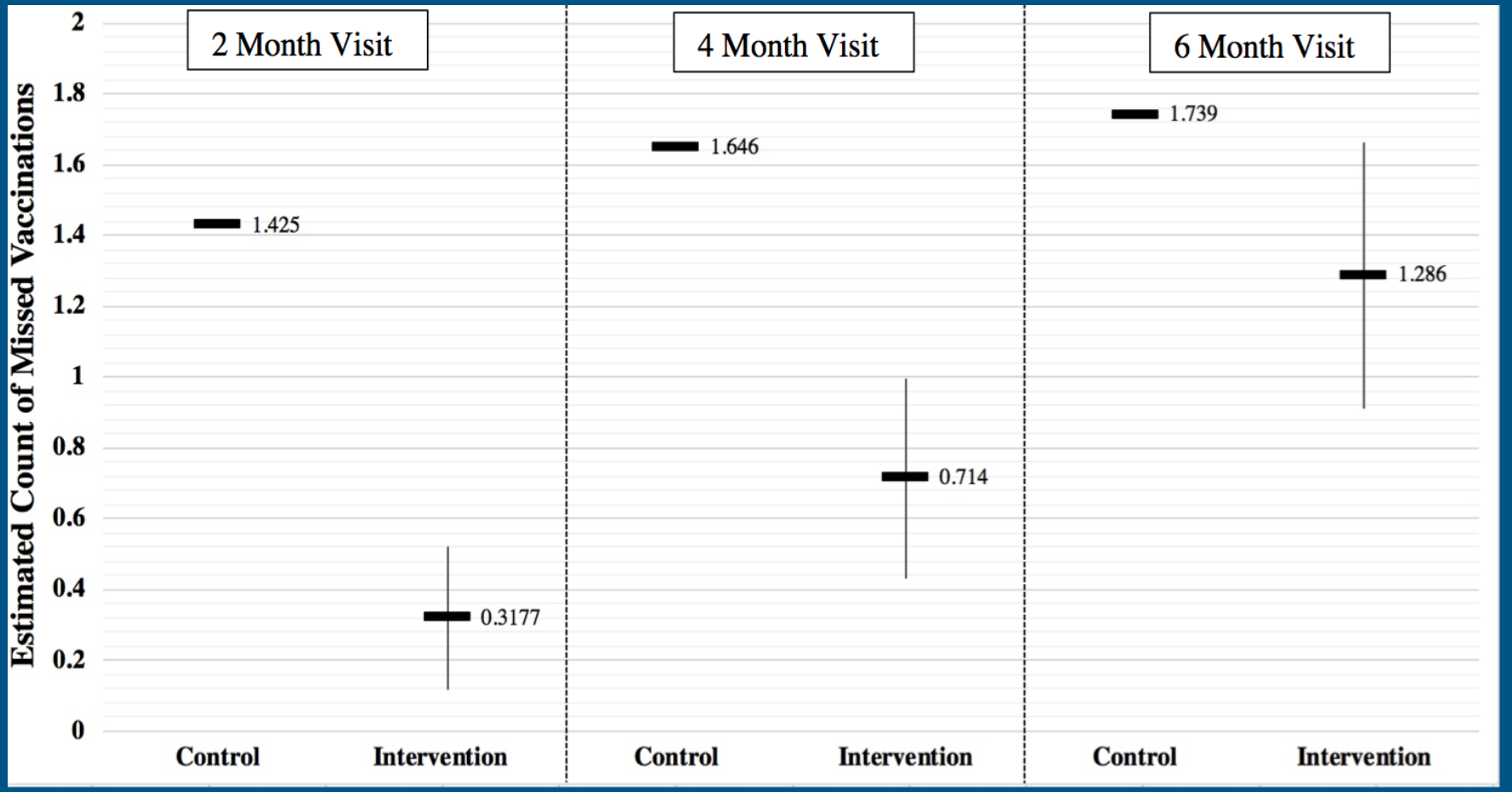


Reduced Missed Vaccines

Finding:

Financial resilience coaching group children **missed or delayed 1.45 fewer vaccinations** relative to controls.

They were **25% more likely to be fully vaccinated**



Child Savings Accounts (CSA)

Child Savings Accounts are well-established, evidence-based tools aligned with family priorities that substantially **increase educational attainment** while promoting **economic well-being, health, and child development**, especially for children from families with financial barriers to higher education. CSAs have been sponsored by dozens of states around the country, and they present an immense opportunity to support children and families with **meaningful incentives to change health behavior**.

Strong Evidence on Child Savings Accounts

Child Savings Accounts (CSAs) increase parents' educational expectations for their kids, but that is just one dimension of their multi-faceted impact, as demonstrated in a strong literature of large (often statewide) experimental and quasi-experimental studies

1. **Increase rates of graduation from 2- & 4-year college programs**
2. **Improve social-emotional development, especially for low-income children**
3. **Reduce mothers' depressive symptom scores & improve psychological well-being, especially for low-income parents**

Due to Strength of Evidence, Multiple States Have Launched CSA Programs

California

CalKIDS
State Account
Linkable to 529

CalKIDS is the nation's largest CSA program. Here are online resources to learn more:
https://calkids.org/
https://calkids.org/partners/marketing-toolkit/

Pennsylvania

Keystone Scholars
State Account + Newborn Deposits, Link to PA 529

PA's CSA mirrors CA's, with account for every newborn since 2019, $100 deposit for registration, & links to a state 529. Excellent materials for families:

https://www.pa529.com/keystone/

https://www.pa529.com/webinars/

Connecticut

CHET 529
Sponsored by CT Treasurer, Managed by Fidelity

Connecticut Higher Education Trust (CHET) is a statewide 529 option. CT offers $100 incentives for opening the account.

https://www.fidelity.com/about-chet/overview

Illinois

FirstSteps
State Account + Newborn Deposits, Link to IL 529

IL's CSA mirrors CA's, with account for every newborn since 2023, $50 deposit for registration, and & links to a state 529.

https://www.brightstart.com/

Newborn CalKIDS (CA CSA) Accounts

All Newborns Get Account

Since July 2023, all California-born infants get CalKIDS account created ~90 days after birth with $100 initial deposit

Account Registration

Fairly simple - requires birth certificate local registration number (or a CalKIDS code)

Any FAFSA-Linked School

The CalKIDS account funds can be used toward any school that is on the FAFSA system after registration

Newborns' Initial Deposits

When their parents register for the newborns' CalKIDS accounts, the state deposits another $25

External Deposits

CalKIDS system accommodates deposits (not by families) to individual kids or groups by geography or other identifiers

Linking to 529s/ScholarShare

For families to make their own deposits, they must link CalKIDS account to their own 529 savings account

Covered California's Population Health Investment Combines Best-in-Class Interventions

Substantial evidence base indicates that **incentives work** for increasing pediatric vaccination, especially if communicated in ways that are **relevant to family priorities** and coupled with timely reminders.

- **Child savings accounts (CSAs)** align with family priority of investment in their child's future opportunity and have various benefits to parent mental health and child development

Proposed Structure of PopHI: Early Investments in Childhood Health and Wellness

Funding of CSA as the Incentive

Targeted population includes all newborns enrolled in Covered California and children under 2 years old, underscoring the critical nature of early vaccination for lifelong health.

Just-In-Time Nudges

Incentive deposited directly into CalKIDS 529 account tied specifically to vaccine series timing. Influenza vaccine series with larger incentive to increase adoption.

Scalable Outreach and Education

Culturally tailored tech-enabled outreach paired with on the ground trusted messengers in community starting during prenatal period to optimize uptake.

EARLY INVESTMENTS IN CHILDHOOD HEALTH AND WELLNESS

Meets Guiding Principles

- ✓ *Equity First*
- ✓ *Direct*
- ✓ *Evidence-Based*
- ✓ *Additive*

Addresses Population Need

- ✓ *Underperforming area for Issuers as well as California*

Is Feasible to Implement & Measure Impact

- ✓ *Builds on existing infrastructure*
- ✓ *Well-defined measures of success*

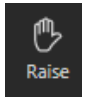
PROPOSED METRICS & MEASURES OF SUCCESS

- **Pediatric Care**
  - Completion of Vaccines - By Vaccine Series & Combo-10 Metric Overall
  - Up-to-Date Vaccination Status At Key Child Ages
  - Pediatric Primary Care Visit Attendance (on Periodicity Schedule)
  - Retention in Care & Insurance Coverage
- **Parent/Caregiver Outcomes**
  - Self-Efficacy
  - Health Status, including Mental Health
  - Educational Expectations
  - Financial Health and Well-Being
- **Child Outcomes**
  - Rate of Developmental Delay
  - Socio-Emotional Development
  - Early Relational Health
- **Process & Implementation Measures**

FOR DISCUSSION

- **Incentive Deposits into CSAs**
  - Should Covered California consider two arms: incentives after completion only versus use incentive to serve as a nudge for timely completion?
  - Should incentives be linked to completion of full series or each vaccine?
- **Family/Caregiver Outreach via Trusted & Capable Messengers**
  - What are opportunities to connect to families and align with their priorities?
  - How do we tailor our message over time as newborns develop?
  - Who should we work with who have familiarity, knowledge, & skills needed for outreach & education?
- **Clinic In-reach & Presence to Support Effectiveness**
  - How do we connect to efforts occurring within the delivery system?
  - What level of program education should be offered to providers, given Covered California panel size is often small?
  - How do we consider scaling the on-ground presence that historically drives uptake to enhance implementation & impact?

PUBLIC COMMENT

- Please use the Teams function to raise your hand 

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FUTURE MEETINGS

Dates

- May 20th 12:30 pm – 2:00 pm PT
- June 26th 10:30 am – 12:00 pm PT
- July 24th 10:30 am – 12:00 pm PT
- August 19th 1:30 pm – 3:00 pm PT