

Population Health Investment Advisory Council

July 2024

Health Equity & Quality Transformation (EQT) Division

AGENDA


Topic	Time
Welcome	10:30 am - 10:35 am
Population Needs Assessment Update	10:35 am - 10:45 am
Proposed Population Health Investments (PopHI) Recap	10:45 am - 11:00 am
Advisory Council Discussion	11:00 am - 11:50 am
Public comment	11:50 am - 12:00 pm

MEETING PROTOCOLS

Advisory Council Members

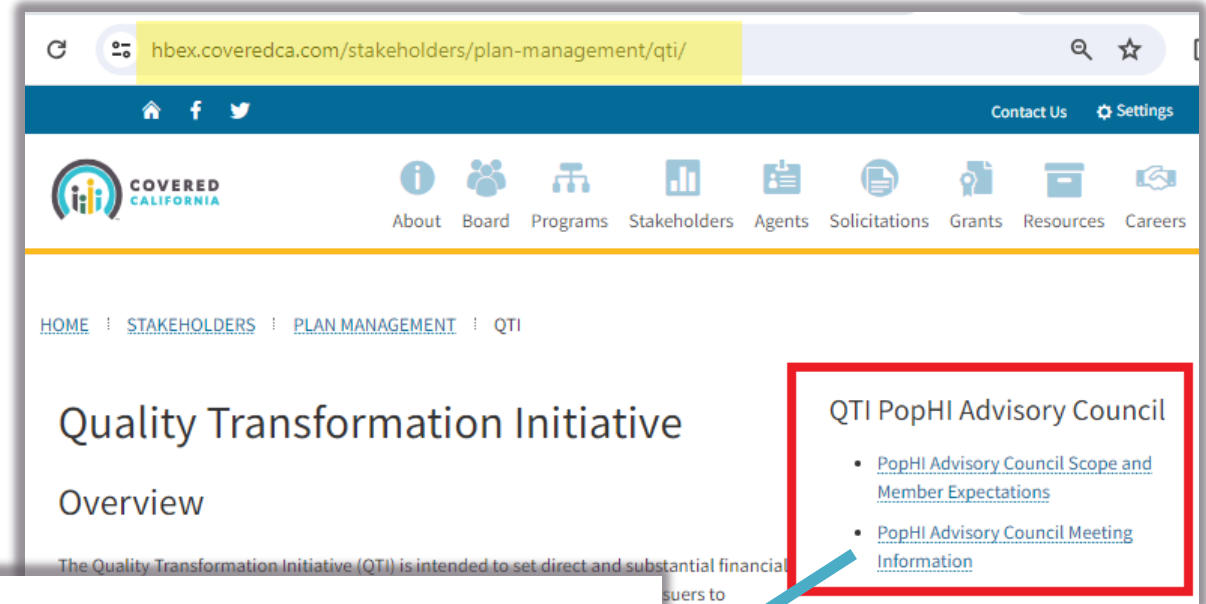
- Please mute/unmute yourself as necessary throughout the meeting.
- If you have any questions, concerns or items you would like to share during the meeting, please email marisol.meza-badran@covered.ca.gov for assistance.

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 August 7th.
- Materials will be posted at <https://hbex.coveredca.com/stakeholders/plan-management/qti/>.

ADVISORY COUNCIL MEETING SERIES

- August Meeting
 - August 19, 2024
 - 1:30 pm – 3:00 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



COVERED CALIFORNIA

PopHI Advisory Council Meeting
May 20, 2024
12:30 pm – 2:00 pm PT

Meeting Protocols

- Microsoft Teams will be used as the meeting platform and the lobby feature will be used. Please plan accordingly.
- Materials will be posted online at <https://hbex.coveredca.com/stakeholders/plan-management/qti/>.
- Time will be allotted at the end of the meeting for public comment.
- Written comments are welcome and can be sent to EQT@covered.ca.gov by June 3rd, 2024.

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, 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

QUALITY TRANSFORMATION INITIATIVE

Make
Quality
Count

0.8% to 4%
premium
at risk for

Measures
that
Matter

a small set
of clinically
important
measures

Equity
is
Quality

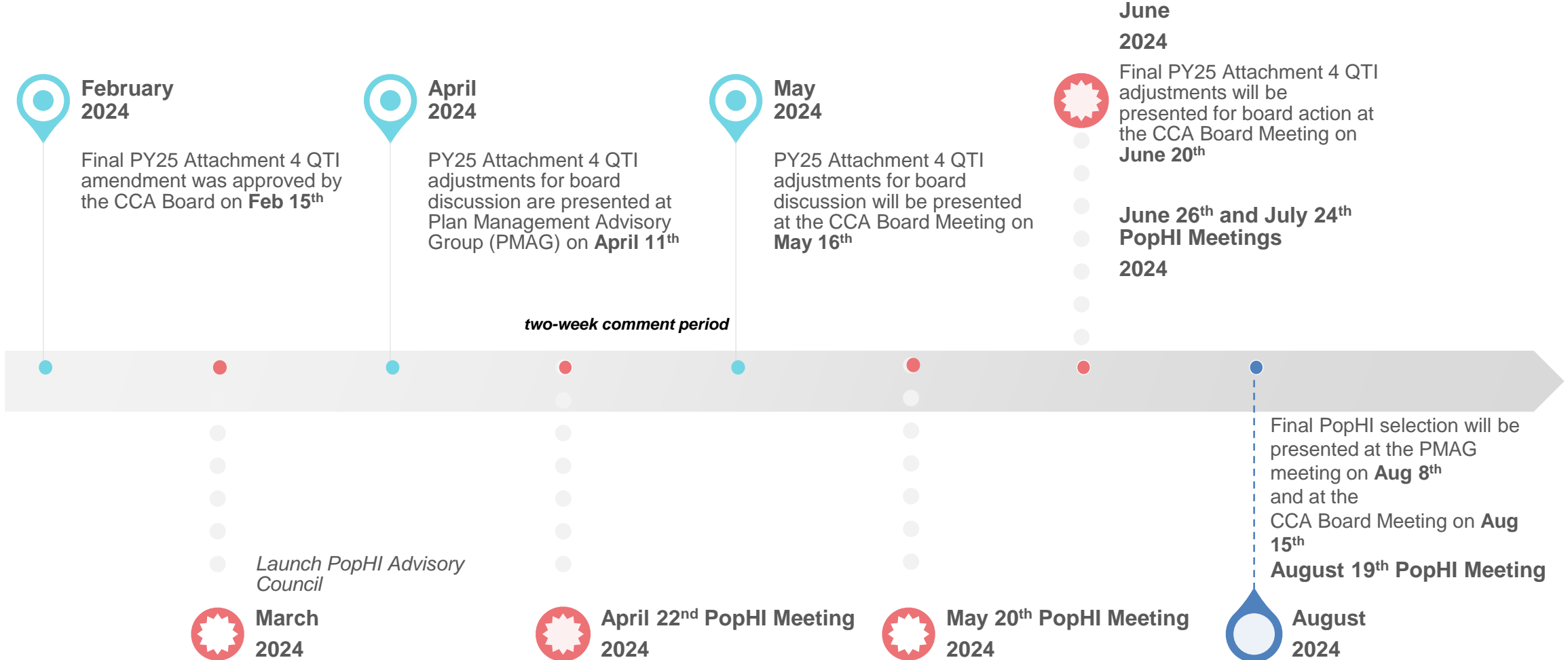
stratified by
race/ethnicity

Amplify
through
Alignment

selected in
concert with
other public
purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

TIMELINE



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

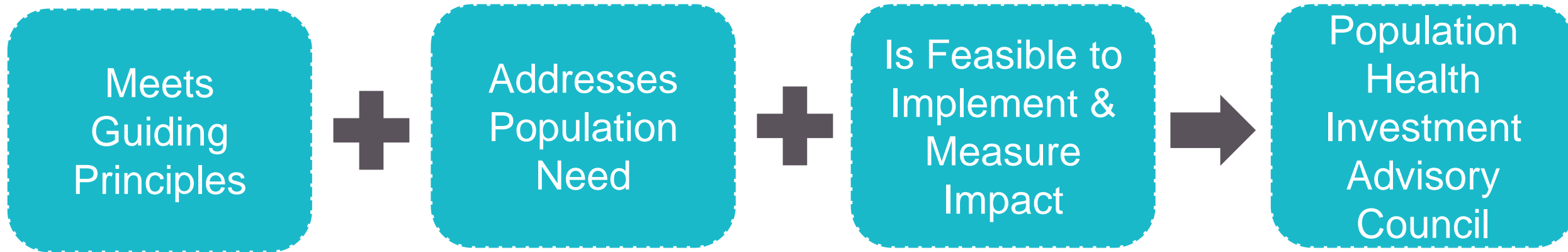


Evidence-based: use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes



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

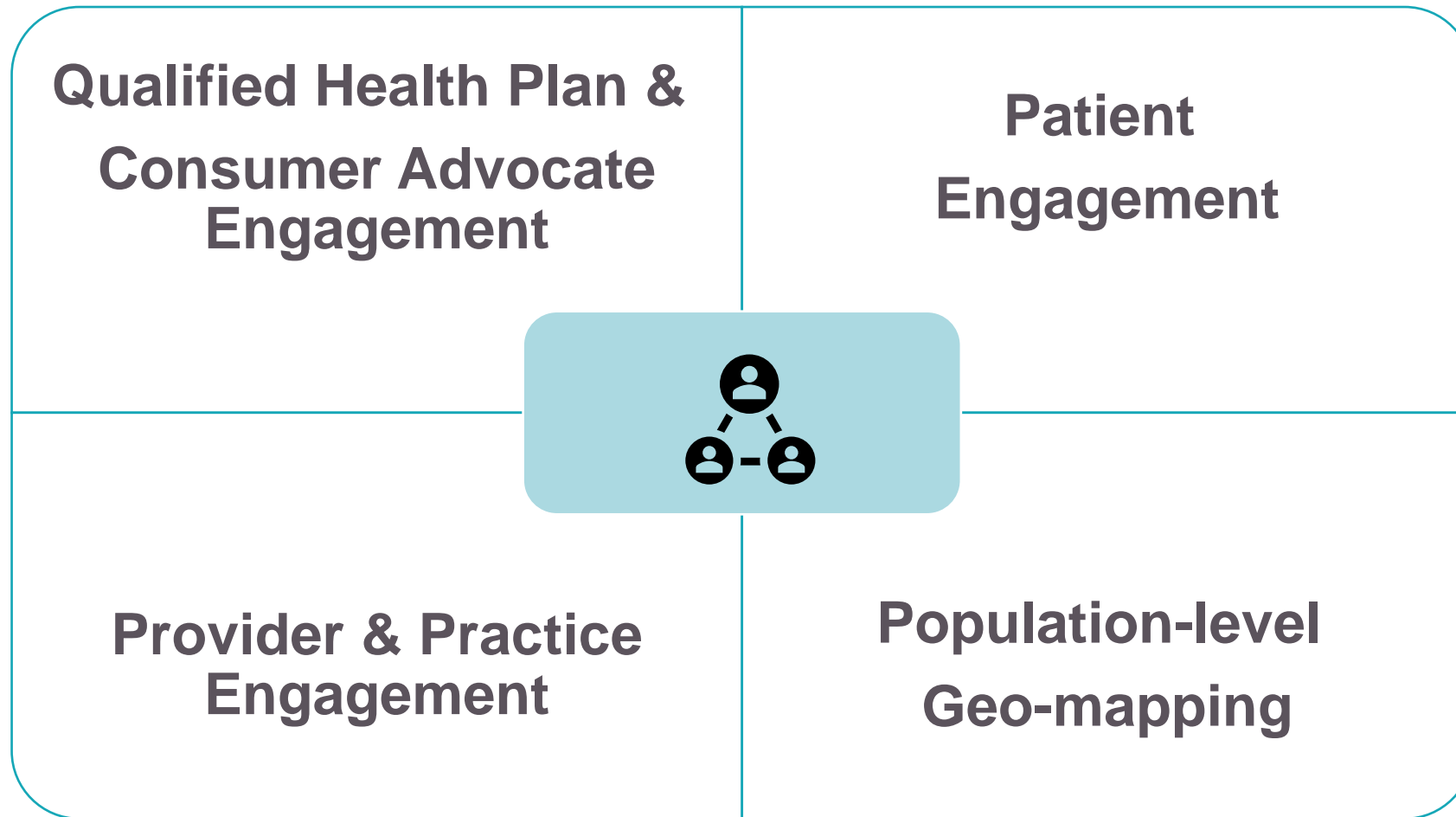
POPULATION HEALTH INVESTMENTS: SELECTION CRITERIA



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

POPULATION NEEDS ASSESSMENT

Covered California is currently leading a multipronged assessment to understand existing supports and barriers to enrollees achieving good health and wellness to inform selection of Population Health Investments.



CONSUMER ADVOCATE ENGAGEMENT

Goal: To receive feedback from Consumer Advocates on what barriers they perceive to most strongly impact achievement of quality care for members and how to advance health and wellness

Method: 1:1 meeting series, plan management advisory group, written comment opportunities

Themes and Learning

- Recommend working across siloes to bridge programs available in DHCS/Medi-Cal and other state departments given fluidity of enrollment and mixed family status
- Need to continue to hold QHP issuers accountable for full spectrum of responsibilities, which includes access, quality, and equity
- Address underlying financial barriers, not limited to just cost of coverage, but also related financial burden of access and other immediate health related social needs
- Ensure place-based and regional investments are not a proxy for addressing racial and ethnic inequities
- Increase transparency of quality and equity reporting at issuer level and across purchaser programs

Next Steps: Continued meetings in fall for next phase of implementation

QHP ISSUER ENGAGEMENT

Goal: To inventory current interventions deployed and remaining challenges plans face while striving for the 66th percentile for QTI measures

Method: 1:1 meeting series, carrier calls, plan management advisory group, written comment opportunities

Themes and Learning

- Significant new investments made in quality work, including creation of new departments, re-organization and enhancement of staffing, and new vendors. Some work did not ramp up until 2023 therefore impact not yet seen.
- New senior and executive leadership commitment and visibility to quality work given amount of premium at risk that had not previously been present.
- Several new vendors launched, some with good success, but others without desired impact.
- Increased incentive dollars utilized at member level targeting eligible members.
- Still challenges at the point of care due to impacted or limited provider availability and workforce shortages.
- Increased exploration and use of home-services such as in-home lab testing and colorectal cancer screening mailers.
- Provider contracts with additional dollars for incentives or increased weighting of challenging measures such as influenza vaccination.
- New infrastructure for timely direct to member text and phone outreach as well as enhanced data exchange.
- Concern that plans are being held accountable for “non-compliant” members or families and that plans should be held harmless at times.

Next Steps: Additional round of 1:1 issuer meetings August-September for next phase of implementation

PROVIDER ENGAGEMENT

Goal: To gain insights into the challenges and barriers practices face in delivering quality care for Covered California members for consideration in Population Health Investment selection

Method: 1:1 listening sessions with practices with large volumes of attributed Covered California members

Themes and Learning

- Payor-agnostic practice patterns and workflow
- Challenges with access for patients in primary care, pediatrics, and ancillary services/preventive screenings
- Struggles with workforce turnover: both provider and nursing staff
- Sub-optimal data exchange, lack of interoperability & inconsistent EMR use in small, independent practices
- Desire to engage with CBOs, but varying levels of capacity and maturity

Next Steps: Meetings with clinical leaders of large volume practices and attend provider dinners hosted by issuers and medical associations

PATIENT ENGAGEMENT

Population Focus of Members with Chronic Conditions

English

819 total respondents
Email survey conducted June 6th - 27th, 2024

Spanish

139 total respondents
Email survey conducted June 13th – July 5th, 2024

Response Insights

Needs

- High rates of food insecurity
 - 38% of English respondents
 - 63% of Spanish respondents
- Transportation insecurity is prevalent
 - 16% of English respondents
 - 32% of Spanish respondents

Desired Help

- Assistance with food and transportation are most cared about
- Followed by financial support for higher education for kids

Maximizing Impact of Funds

- Minimum amount for impact is \$80/m
 - 34% of English respondents
 - 39% of Spanish respondents
- Prefer smaller amounts but more frequent
 - 44% of English respondents
 - 47% of Spanish respondents

"I live in a rural area. The only grocery store is very **expensive**. Therefore, I have to **drive an hour** to a major chain grocery store. **The cost of transportation** is a major factor for me."

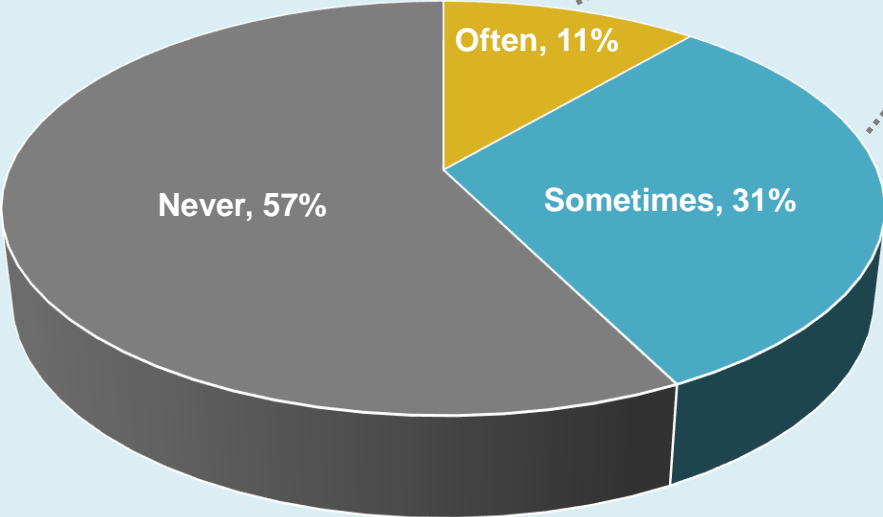
"Eating **healthy costs more** than, you know, than eating junk."

"It would have been helpful if someone had been like, oh, here's a **taxi voucher** or let us **call an Uber** for you."

"We **need assistance** with the cost of utilities, food, and medical. All have increased so much that **we cannot make it.**"





HIGH PREVALENCE OF FOOD INSECURITY

Responses to Hunger Vital Sign Question #1 (n=958)



■ Often ■ Sometimes ■ Never

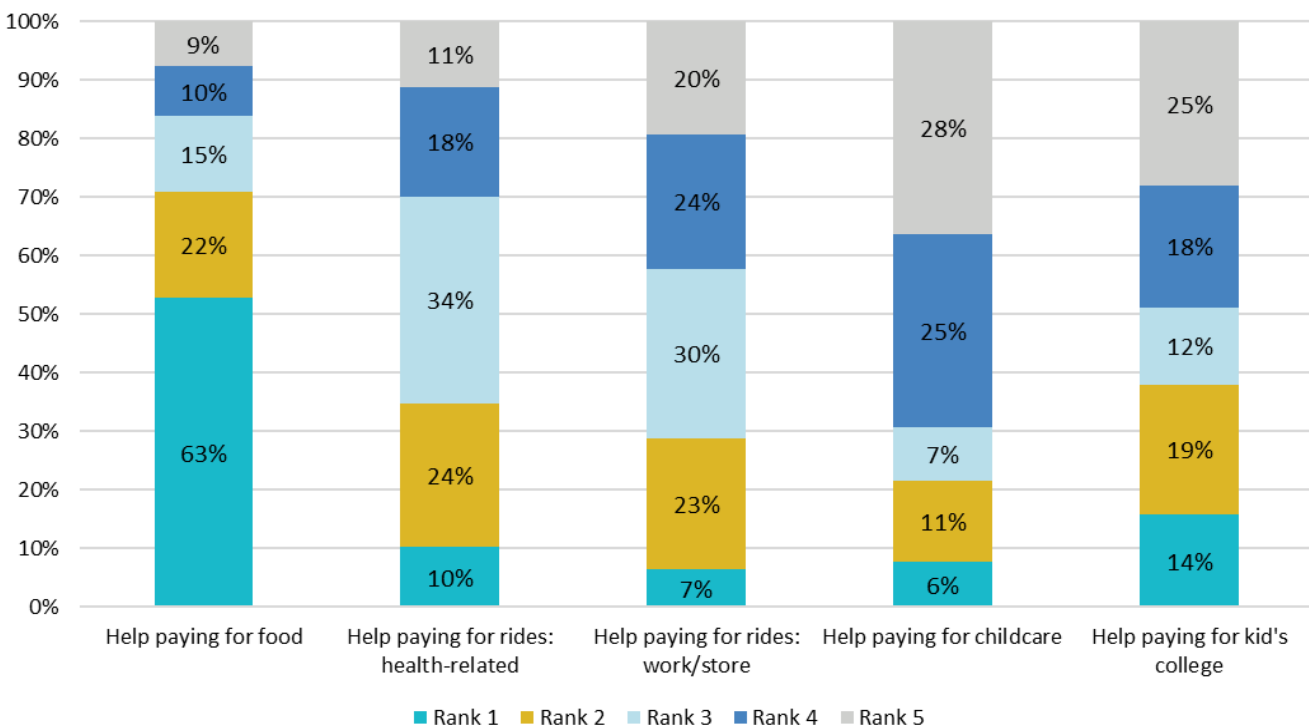
For people who endorsed food insecurity (answered “Often” or “Sometimes”), they requested help with:

-  Health insurance costs such as premiums, deductibles
-  Prescription drug costs
-  Access to and affordability of healthy foods
-  Affordability of utilities and housing assistance

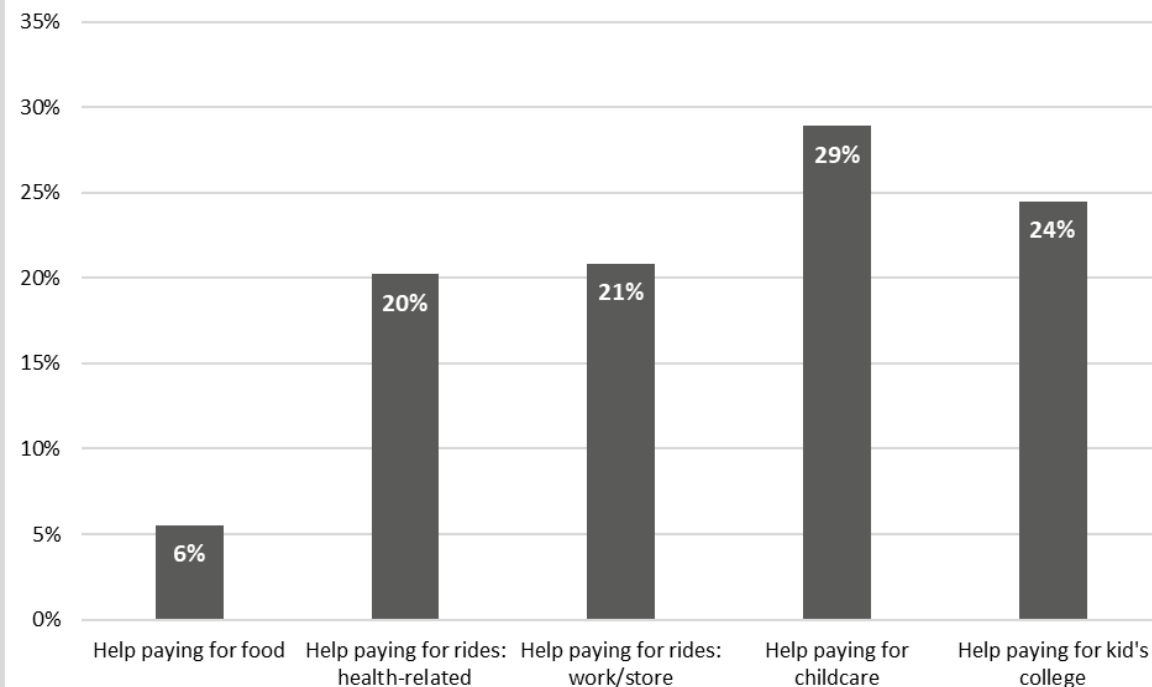
PREFERENCES FOR FINANCIAL SUPPORT

Members endorsing food insecurity were asked to rank their preferences for what type of financial help would be most beneficial to them.

Preference Ranking for Types of Financial Assistance



Percent of Members with Indifference Towards Types of Financial Assistance Options



PATIENT ENGAGEMENT

Second round of structured phone interviews with Covered California enrollees

Preliminary Results to Date

Number of unique members called:

- English = 270
- Spanish = 369
- Total = 639

Number of interviews completed:

- English = 14 (response rate = 5%)
- Spanish = 39 (response rate = 11%)
- Total = 53 (response rate = 8%)

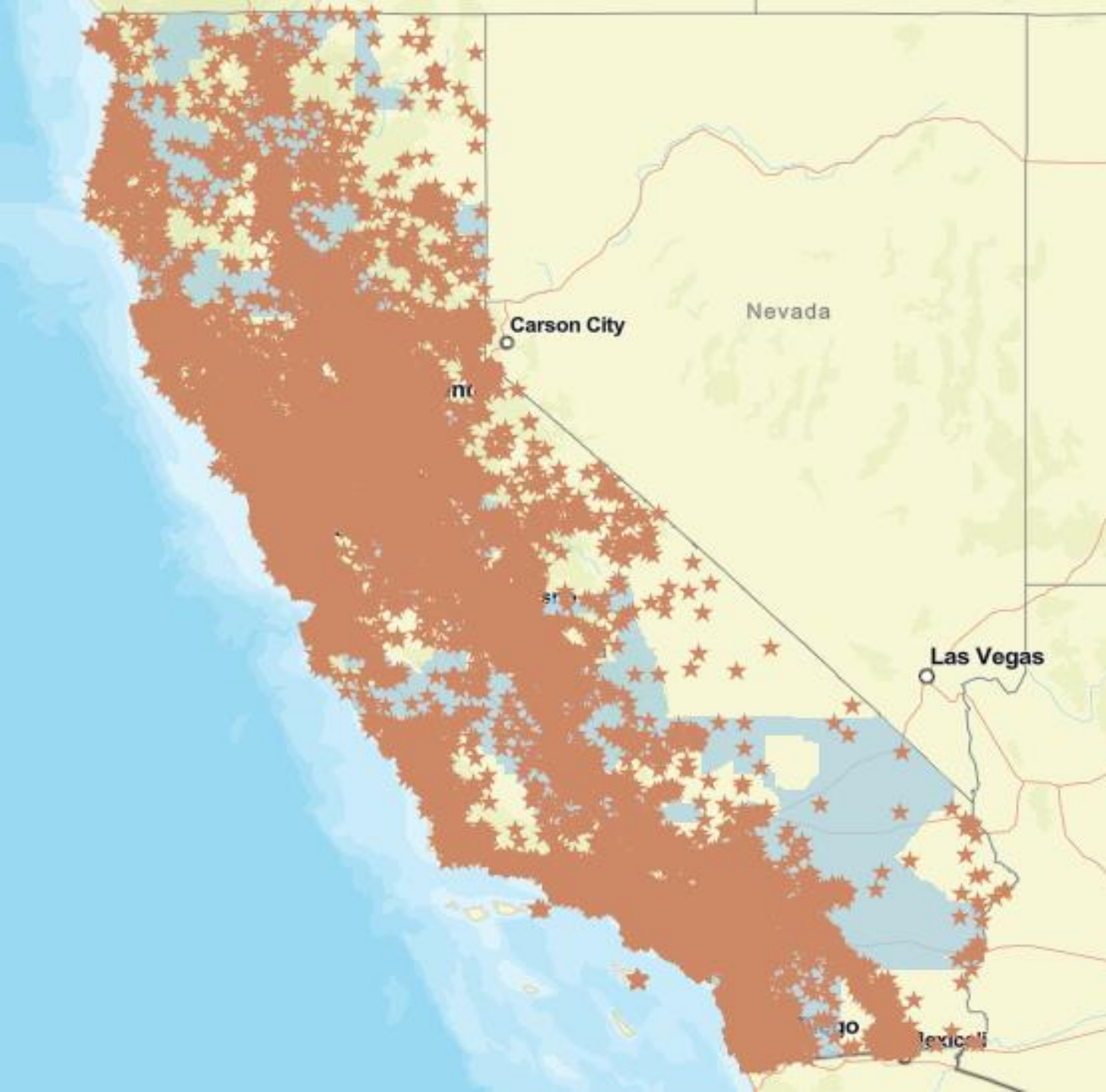
Preliminary Insights

- Individuals touched upon personal barriers they experience that prevent them from obtaining food. They cited changes in the economy and their current job situation. Some people explained ways in which they try to save money or ration the food they get on a weekly basis.
- Many people described barriers related to transportation. They shared stories such as not having enough money for gas or needing to take a bus distances to go grocery shopping.
- Many people expressed that they had additional financial concerns and would advocate for funds to help support utility bills and/or rent.
- Members said that additional monetary support in the range of \$100-\$200 / month would be most beneficial to them and their families.



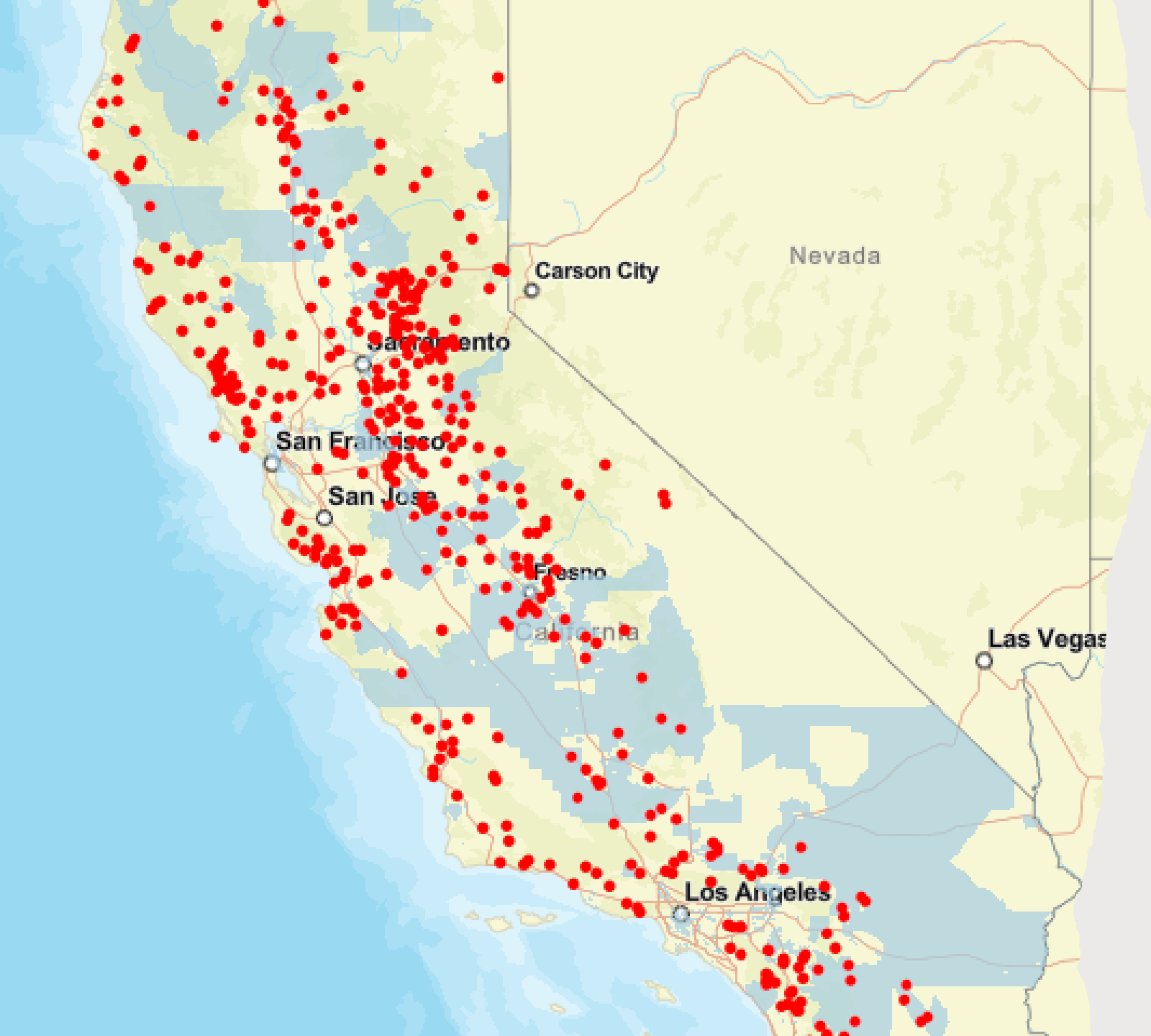
REGIONAL GEOMAPPING

Overlay of Covered California
Rating Regions and Healthy
Places Index Quartile 1
(Least Healthy Areas)



REGIONAL GEOMAPPING

Overlay of Healthy Places
Index Quartile 1 and Covered
California enrollees within
FPL 200-250%



REGIONAL GEOMAPPING

Overlay of Healthy Places
Index Quartile 1 and Covered
California Rural Dwelling
Population

ASSESSMENT CRITERIA

Assessment Criteria	Description
Does it meet guiding principles?	<ul style="list-style-type: none"> ▪ 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 members 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.
Does it address the population need?	<ul style="list-style-type: none"> ▪ In effort to better understand population need, Covered California interviewed QHP issuers and consumer advocates and conducted qualitative and quantitative studies of member challenges achieving health and wellness using Covered California’s annual member survey and direct outreach calls to members with chronic conditions. ▪ Covered California also engaged providers who care for high volumes of Covered California members to understand challenges and barriers these practices face in delivering quality care for Covered California. Further, Covered California launched a Geographical Information System (GIS) mapping project to understand population-wide environmental influences and drivers of health.
Is it feasible to implement and is its impact measurable?	<p>Covered California assessed feasibility according to examples of implementation of similar programs and evaluated scale and timeline considerations. Covered California also assessed the ability to do data-driven evaluation of the PopHI.</p>

RECAP OF PROPOSED 2025 POPHI

1



Early Investments in Childhood Health and Wellness

- Funds deposited directly into CaKIDS Child Savings Account to incentivize timely vaccination and well-child visits
- Targets families with newborns enrolled in Covered California and children under 2 years old

2



Direct Investments to Enhance Food Security

- Reusable cards loaded with funds available for use at grocery stores and other retailers with food facilitated by a third-party for disbursement and data collection.
- Targets Covered California members with income levels below 250% of the Federal Poverty Level (FPL), with a chronic condition, and identified as food insecure

3



Equity and Practice Transformation

- Funds will accelerate adoption of practice transformation through high-quality, 1:1 coaching, subject matter expertise, and foster sustainable practice change and disseminate innovative models statewide.
- Targets primary care practices enrolled in DHCS EPT program and serving Covered California enrollees

FEEDBACK THEMES TO DATE

1



Early Investments in Childhood Health and Wellness

- Support for addition of culturally and linguistically responsive **financial coaching**
- Interest in amplifying focus on the **influenza vaccine**
- Advised consideration of long-term versus short-term incentives and the importance of **addressing immediate enrollee needs**
- Support for **consistent messaging** across health plans, clinicians and other stakeholders
- Families would benefit from **funds immediately available** for their use
- Encouragement for a multi-pronged approach that also allows for **provider incentives**
- Concern over timing and **implementation cost** of PopHIs
- Concern that **non-duplication** of the work of QHP Issuers is a foundational element of PopHI selection

FEEDBACK THEMES TO DATE

2



Direct Investments to Enhance Food Security

- Support for **addressing immediate needs** and flexibility
- Consideration of **household size** and **composition**
- Inclusion of **chronic conditions** and **rising risk populations**
- Recommended **6-month lock-in** period for intervention
- Potential for **broadening the scope** of eligible purchases
- Advised **collaboration and alignment** with other programs such as CalFRESH and CalAIM via data-sharing and benefits counseling
- Support for a program with **controls** around what products members can purchase
- Support for **funding Community Based Organizations or providers** to develop culturally appropriate nutrition education programs for enrollees with poor blood control or hypertension

FEEDBACK THEMES TO DATE

3



Equity and Practice Transformation

- Concern regarding the **long-term sustainability** of efforts
- Importance of **avoiding duplication** of efforts with other organizations and initiatives and support for **partnering with existing entities**
- Push to focus on **high volume Covered California member practices** but also those who need investment based on underperformance on metrics
- Importance of collecting and tracking **provider demographic data**
- Concerns around ensuring **provider engagement**
- Encouragement for **clarity on metrics** and measures used to track success
- Interest in examining list of participating practitioners to determine whether scale will have **impact on QTI outcomes**
- Support for including providers already participating in **other initiatives** such as California Advanced Primary Care Initiative

MODIFICATIONS BASED ON FEEDBACK

1



Early Investments in Childhood Health and Wellness

- Exploring enhanced reporting capabilities to allow QHP issuers visibility into enrolled members
- Curating a resource guide for relevant non-Covered California operated benefits and programs
- Working with Covered California Community Engagement team on regional partnerships
- Adding in a financial coaching arm

2



Direct Investments to Enhance Food Security

- Household size adjustment being built into design
- Exploring enhanced reporting capabilities to allow QHP issuers visibility into enrolled members
- Curating a resource guide for relevant non-Covered California operated benefits and programs
- Working with Covered California Community Engagement team on regional partnerships

3



Equity and Practice Transformation

- Obtaining more detailed practice-level information and decision framework before selecting practices
- Explore informal conversation with EPT practice leadership on remaining needs and gaps
- Re-articulate desired impact and output of Covered California driven investment in EPT focused on practice profiles and predictive factors for success on QTI measures that can be scaled in future

PORTFOLIO APPRAISAL

Meets
Guiding
Principles

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



Addresses
Population Need

- ✓ *Supports members, providers, and QHP issuers*



Is Feasible to
Implement &
Measure Impact

- ✓ *Feasible*
- ✓ *Measurable*

2026 ADDITIONAL POPHI UNDER CONSIDERATION

- Transportation Needs
- Bi-directional Data Exchange
- Workforce Shortages
- Community Based Organization support




- Direct Investment in Transportation and Access
- Infrastructure for Data Sharing
- Health Professional Pipeline Investments
- Rating Region Level Investment

Additional Population Health Investments being considered are believed to meet original assessment criteria: meeting guiding principles, addresses population needs, and is feasible to implement with a measurable impact.

DISCUSSION QUESTIONS

1. Does the current PopHI portfolio for implementation in 2025 accomplish our goals as stated (i.e., *to improve health outcomes for Covered California enrollees*)?
2. Do we have any blind spots or key areas we are overlooked?
3. Do you have specific recommended PopHI you would encourage us to explore for 2026 and beyond?

PUBLIC COMMENT

- Please use the Teams function to raise your hand  and limit comments to under 2 minutes.
- The Teams chat function is also now open.
- Written comments regarding this meeting are welcome and can be sent to EQT@covered.ca.gov by August 7th.
- Materials have been posted at: <https://hbex.coveredca.com/stakeholders/plan-management/qti/>

FUTURE MEETINGS

Dates

- August 19th 1:30 pm – 3:00 pm PT

