

# Population Health Investment Advisory Council

August 2024

Health Equity & Quality Transformation (EQT) Division

# AGENDA


Topic	Time
Welcome	1:30 pm - 1:35 pm
Mobility Wallet	1:35 pm – 2:00 pm
PopHI 2025 Recap and 2026 Preview	2:00 pm - 2:50 pm
Public comment	2:50 pm - 3:00 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](mailto: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](mailto:EQT@covered.ca.gov) by September 2<sup>nd</sup>.
- Materials will be posted at <https://hbex.coveredca.com/stakeholders/plan-management/qti/>.

# 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

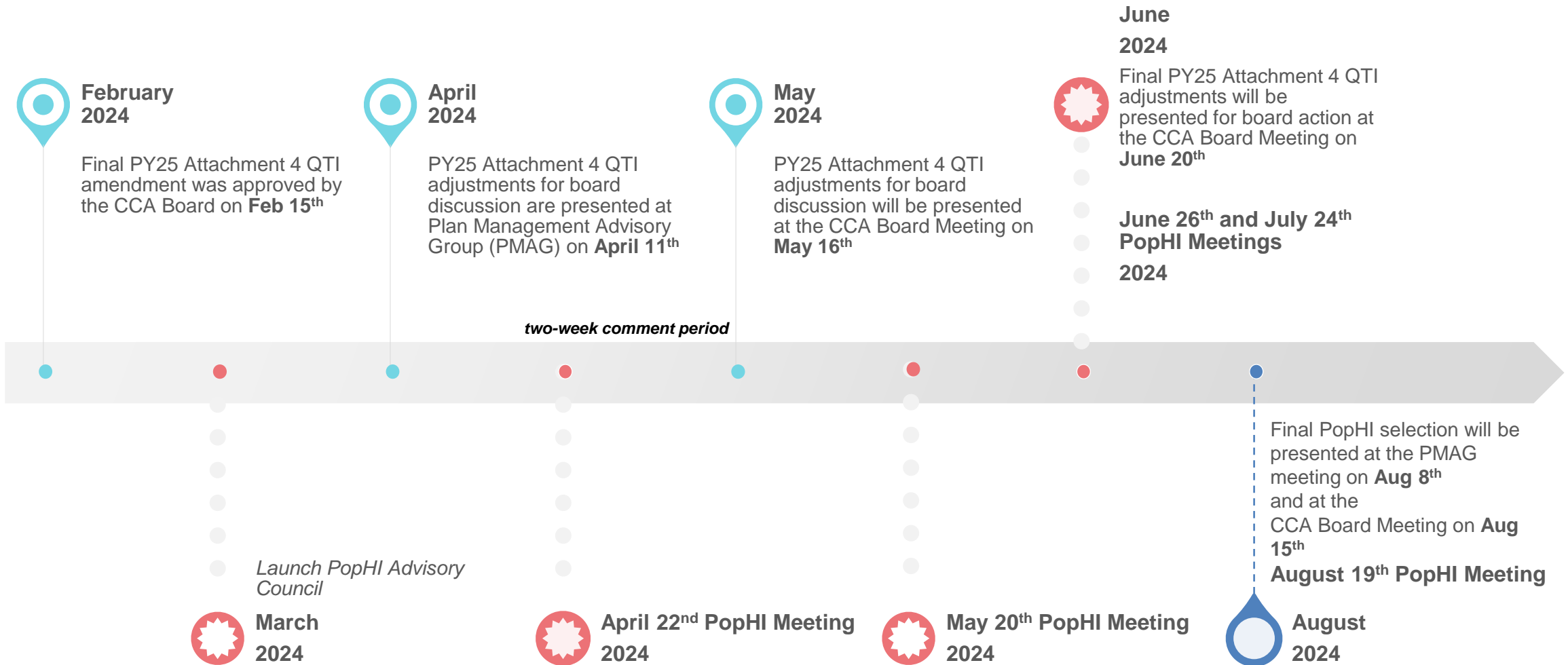
stratified by  
race/ethnicity

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



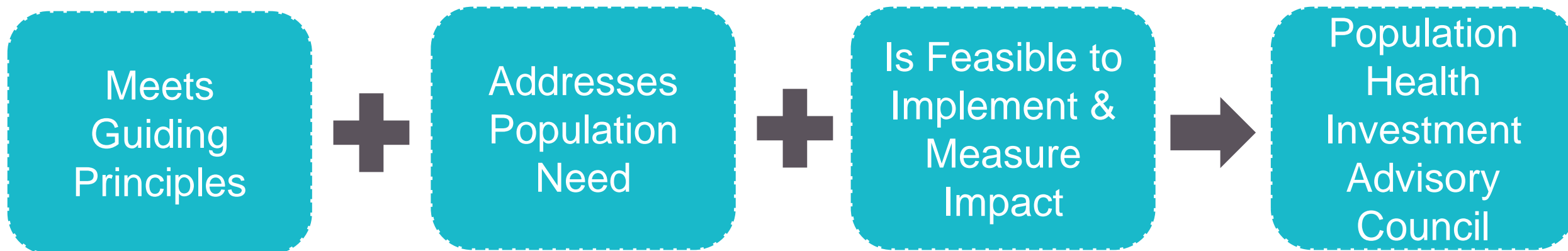
**Evidence-based:** use of funds should be grounded in approaches that have established evidence of success in driving improvements in quality or outcomes



**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 was presented at Plan Management Advisory Workgroup and Covered California Board

# 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.**"

# PATIENT ENGAGEMENT

## Email Survey - Members with Chronic Conditions and Any FPL Range

Language Preference	Prevalence of Transportation Insecurity *
English	14.6%
Spanish	24.0%
Total	15.7%

What other kinds of help with money would make it easier for you or your family to stay healthy?

"A free transportation service for my mother who is blind and not able to move easily to get to appointments for doctor, dental, etc."

"Everything starts with stress, stress causes diseases and stress starts when there is no money, for rent, utilities, gas, internet, cell phones, transport, food, I am not talking about restaurants, vacations, because they are rare. And the disease comes. We need money and time to live"

Some programs that provide money benefits only allow spending the benefit money on certain things. What do you think about that?

"On anything in terms like transportation to work or doctor appointments or food"



# Mobility Wallet

August 2024



# Mobility Wallet Pilot – How It Works

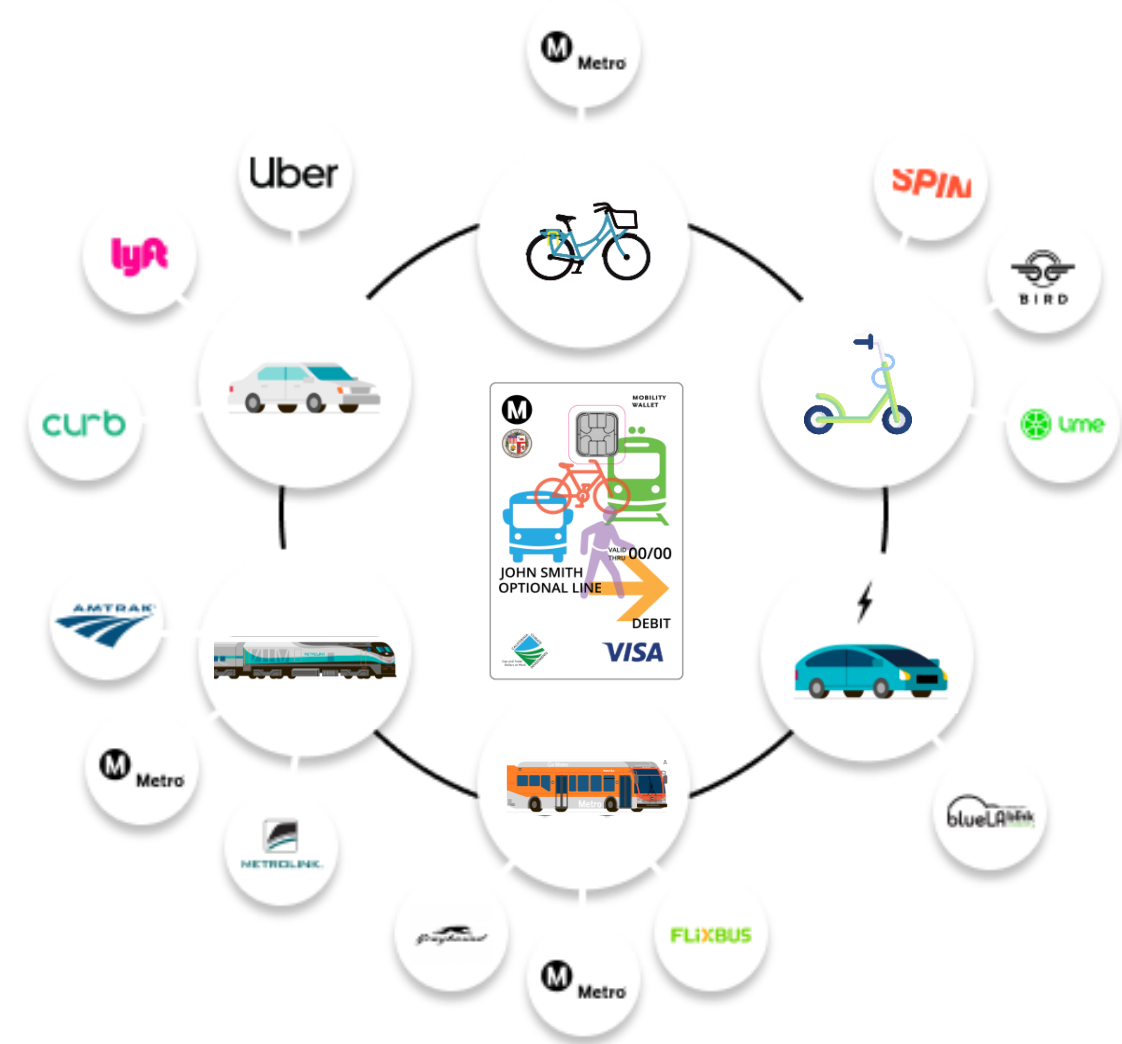
one card, many modes

## Participants

- Phase 1: 1,000 low-income residents in South LA
- \$150 monthly for a year

## Debit Card

- Merchant Category Code (MCC) Limited
  - Ridehail / Taxi / Access
  - Public Bus/Rail
  - Commuter Rail
  - Carshare
  - Amtrak
  - Intercity Bus
  - Bike Shops
  - Shared Bikes/Scooters



# Pilot Goals

## UCLA & UCD Measuring Outcomes

**UCLA** Lewis Center  
for Regional Policy Studies

**ITS UCDAVIS**  
Institute of Transportation Studies

Improve access to  
Opportunities

01

Reduce travel related  
Greenhouse Gas Emissions

02

Improve Economic and  
Health Outcomes

03

# Mobility Wallet Pilot: Initial Findings

strong adoption by target market: low-income, car-lite households

100%  
LIFE qualified

60%  
ride transit regularly.

80%  
were car-lite  
households.  
<1 car per adult

~30%  
are unemployed.  
Have a health-related  
challenge or disability

40%  
are no car  
households.

80%  
are participating in a  
financial assistance  
program.

50%  
of people in treatment do not  
have a Driver's License.



## Andre, 63

Lost his vehicle in a traffic collision and now uses public transportation all the time to commute on the bus or train to get to his job interviews.



## Cesar, UNK

Uses it to buy a bike at a local bike shop to get around and get exercise.



## Rebeca, 37

Uses it to take the bus or train to DTLA and the supermarket. Also provides for a late-night taxi pickup for her mom who works in a laundromat until 11:00 p.m.

# Mobility Wallet: Initial Findings

multimodal choice enables access to opportunity

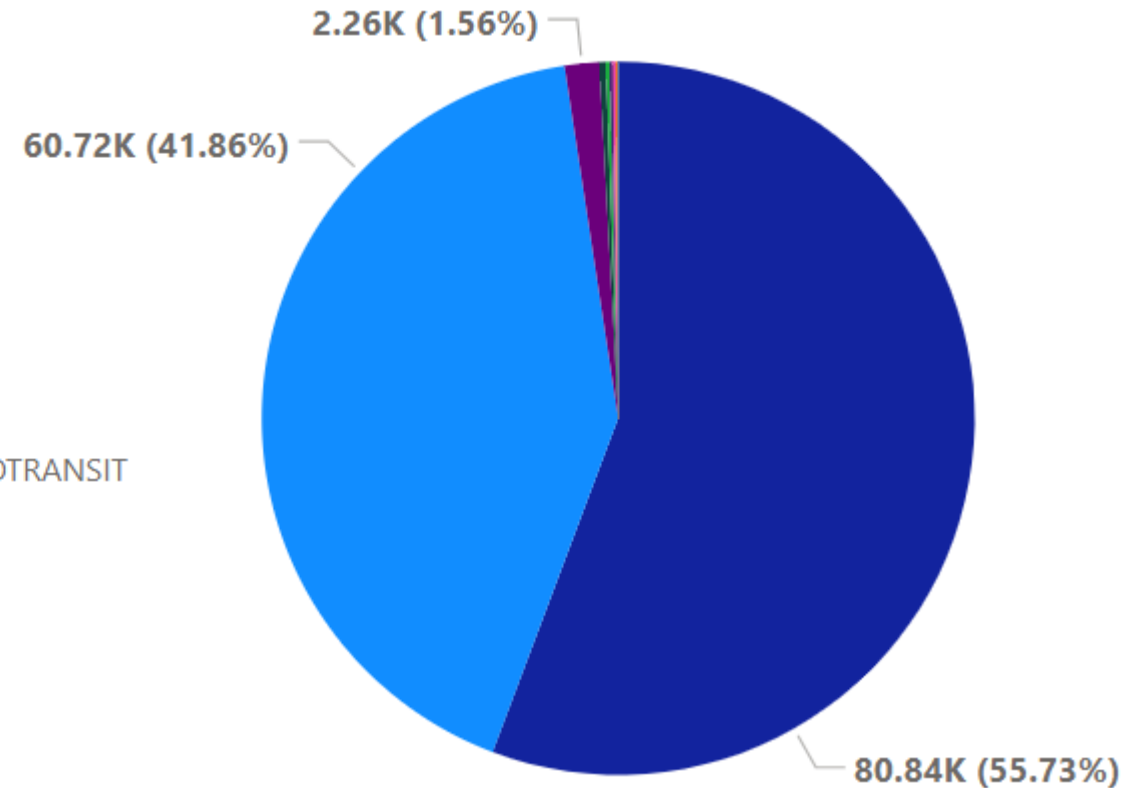
**\$1.36M Spent**  
**145.05K Purchased Trips**

**May 2023 – May 2024 (12 months)**

- 60.7K Trips via Ridehail/Taxi/Access Services
- 70.8K Trips via Public Transit (Bus/Rail)
- 2.2K Trips via Shared Scooters & Bikes
- 169 Bike Shop Purchases

## MCC Category

- METRO BUS/RAIL
- RIDEHAIL/TAXI
- E-SCOOTERS
- MICROMOBILITY/MICROTRANSIT
- CARSHARE
- FLIXBUS/GREYHOUND
- AMTRAK/METROLINK
- BIKE SHOPS





# Mobility Wallet Stories



## Ashanti

*“It helped me out so much with not owning a vehicle and being a full time student and part time employee all while paying rent in Los Angeles, this program helped ease some of my financial burden and allowed me to not have to worry if I would have the money every month to commute everyday”*



## Daniel

*“It helped me get out more without the worry on how I was going to get to and from destination. I feel like I was more social thanks to this program”*

## Robin

*“This program made transportation a joy. I plan on buying a prepaid card in the future”*



## Vladislav

*“It has brought more comfort since we have more budget to spend on food and health and not have to worry about transportation fee as much as before”*



## Robin Berry

*“This was awesome, it took away the burden on my family”*



### Themes

- Improved sense of financial stability
- Developing financial literacy
- Building social capital
- Encouraging alternate/multi-modal transportation

# Pilot and Research Enrollment

- 100 participants enrolled through in-person workshops in Phase I
- 900 participants selected from online applicant pool by stratified random sample:

	Project Area (N = 438,554)	Applicants (N = 2,252)	Selected Participants (N = 900)	Waitlisted Applicants (N = 1,352)
Gender				
Female	54%	63%	54%	69%
Male	45%	36%	45%	30%
Non-Binary	1%	1%	1%	1%
Student Status				
No	87%	74%	87%	65%
Yes	13%	26%	13%	35%

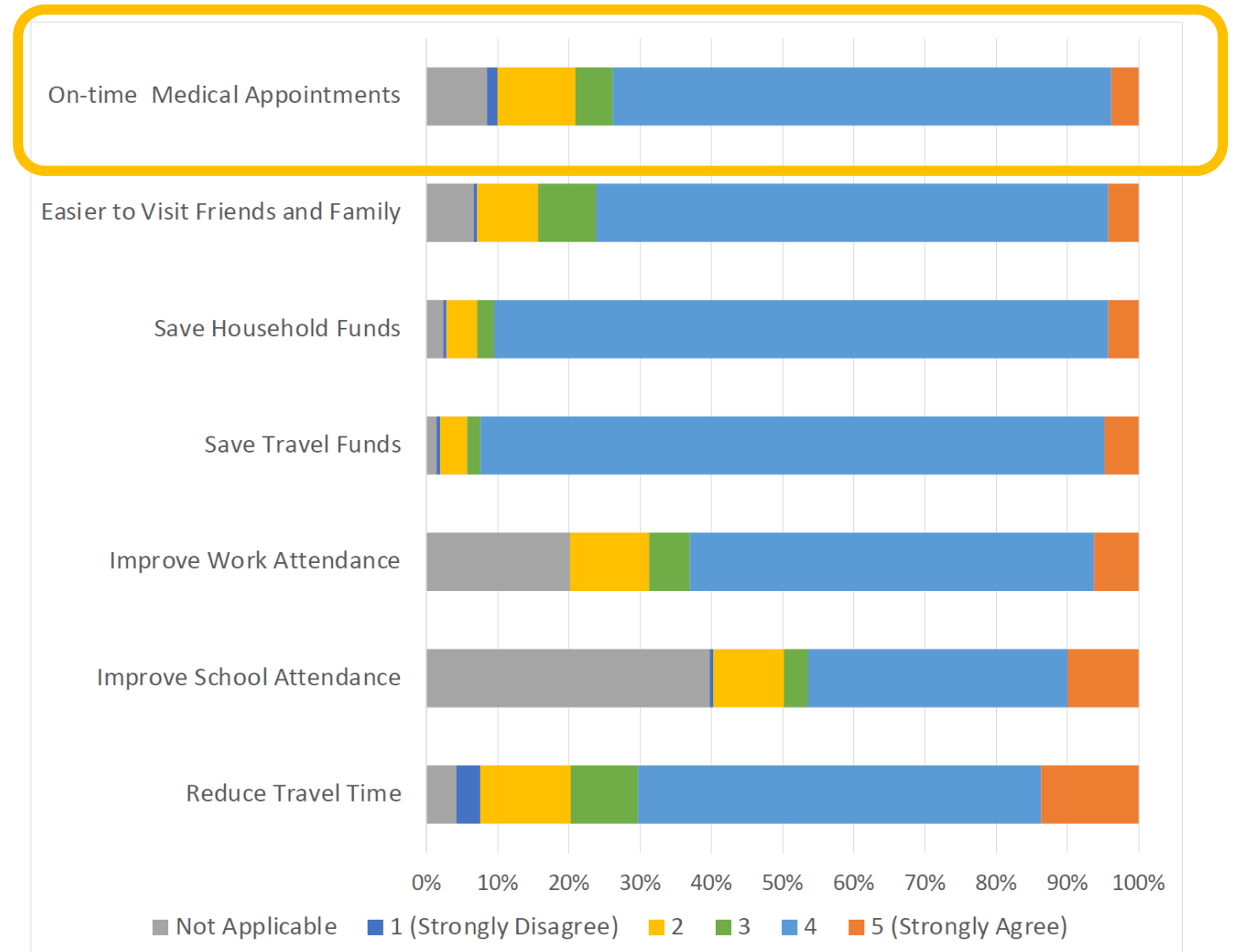
*Project Area Data: 2020 U.S. Census and Pew Research Center Data*

- Cards arrived by mail to 900 participants May 2023 (Rolling start)
- Baseline survey issued in April: 244 Treatment and 178 Control (waitlist) respondents

# Quantitative Midpoint Insights

## Participants

- Mobility Wallet Program facilitates increased travel across various transportation modes and for more trip purposes.
- **Mobility Wallet Program has a significant effect on increasing transportation security**
  - Validated using [Transportation Security Index](#)

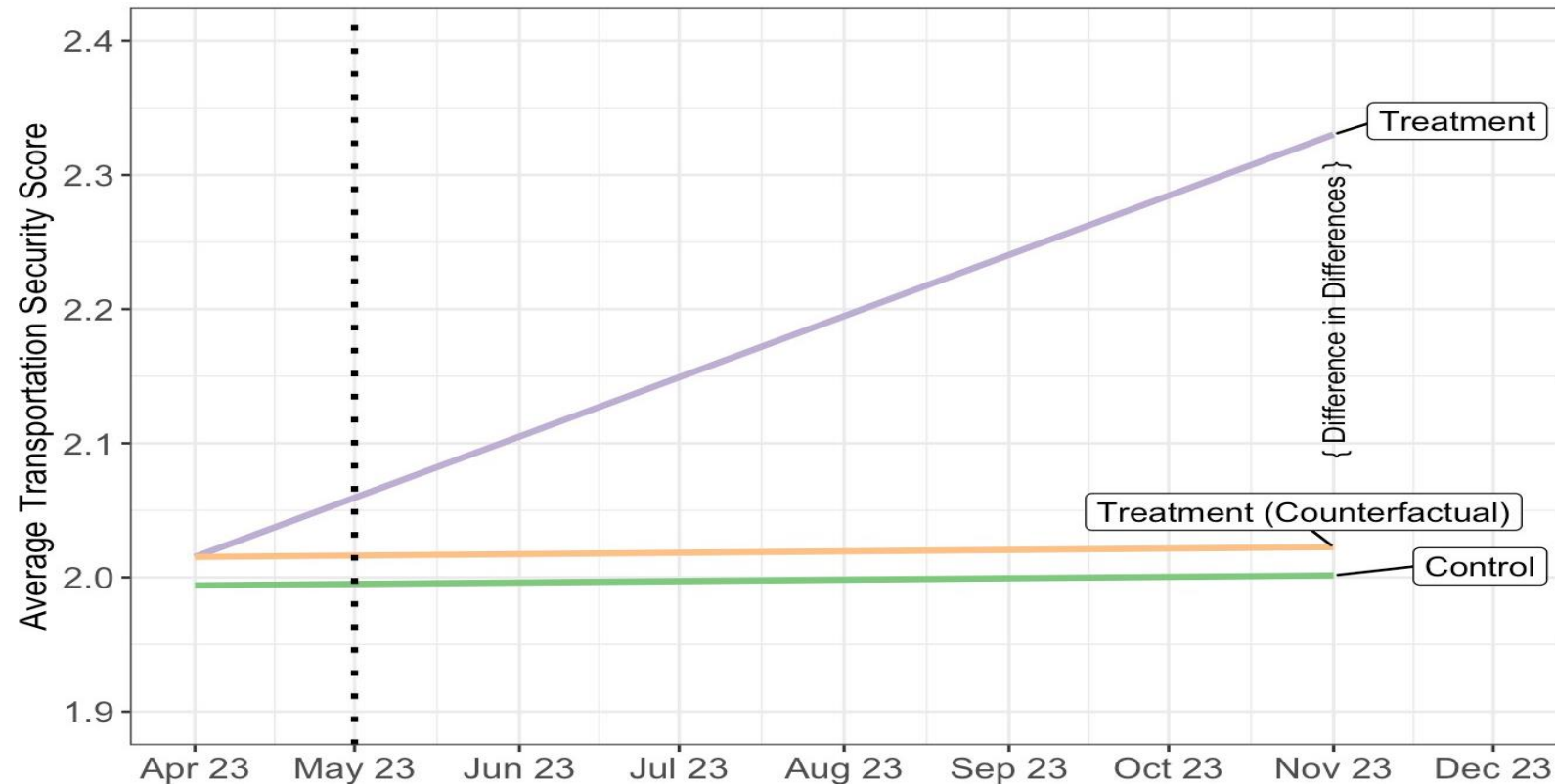


# TSI Difference-in-Difference

## Graphic Illustration

### Transportation Security Index

- Transportation insecurity is the experience of being unable to travel to essential destinations and opportunities.
- The index enables tests of transportation insecurity interventions, such as the South LA Mobility Wallet pilot.



# Quantitative: Key Results Midpoint Summary and Conclusions

Question	Differences in Differences	Descriptive Statistics
Does participation in the Mobility Wallet reduce transportation insecurity?	Yes, significant at $<0.001$	None
Does the Mobility Wallet increase accessibility to destinations?	Yes, significant at 0.02	<b>Increases in accessible destinations <math>\geq 10\%</math>:</b> <ul style="list-style-type: none"> <li>• Personal errands</li> <li>• Recreational activities</li> <li>• Medical</li> <li>• Grocery shopping</li> </ul>
Does the Mobility Wallet increase travel frequency?	No, not significant at 0.05	<b>Top five increases in travel frequency (<math>&gt;30\%</math>):</b> <ul style="list-style-type: none"> <li>• Visiting friends and family</li> <li>• Personal errands (including grocery)</li> <li>• Work</li> <li>• Medical</li> <li>• Recreational Activities</li> </ul>
Does the Mobility Wallet increase travel frequency by mode?	Ridehailing significant at $<0.001$	<b>Overall Increase:</b> <ul style="list-style-type: none"> <li>• Ridehailing/Taxi (93%)</li> <li>• Transit (39%)</li> </ul> <b>Overall Decrease:</b> <ul style="list-style-type: none"> <li>• Active travel (4%)</li> <li>• Personal vehicle travel (17%)</li> </ul>

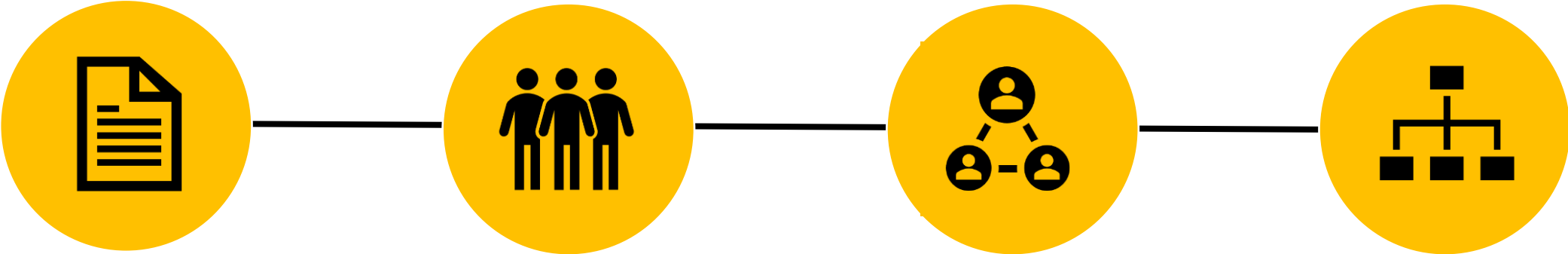
# Qualitative Research Methods

Developed **interview instrument**

Selected **stratified random sample** of Mobility Wallet participants

Completed **phone interviews** with 36 participants during the pilot program

Conducted a **thematic analysis** to analyze interview data



# Qualitative Findings: **Mobility Wallet recipients largely report reduced stress**

- The wallet provides flexibility and peace of mind to have an option available
- Relieves stress from complex decision making
- Useful when transit schedules are less frequent

***“It impacted the stress, it lowered it. Because I was getting stressed out, like, ‘How am I going to go to work? How am I going to make this happen? I need to get to work.’ I’ll be stressed out”***

***“You feel **more relaxed** knowing that you have **transportation options** to get around”***

***“I start work at six in the morning, so I’m traveling at 4:30, five, and the **buses don’t always run that frequently**, so it kind of helps bridge the gap, or I **don’t have to stress about it.**”***



**Infographic Source:** Murphy, A. K., McDonald-Lopez, K., Pilkauskas, N., & Gould-Werth, A. (2022). Transportation Insecurity in the United States: A Descriptive Portrait. *Socius*, 8. <https://doi.org/10.1177/23780231221121060>

# Mobility Wallet Pilot

## next steps

1. Report out on pilot goals analysis for phase 1 by end of 2024 with UCLA & UC Davis.
2. Continue to explore future funding sources and models
  - **Successfully secured \$6.3M** in state and federal grants
3. Recruit participants for Phase 2 - **Recruitment is Live.**
  - Apply at [metro.net/mobilitywallet](https://metro.net/mobilitywallet) or at the various workshops happening across LA County
4. Continue to leverage CBO relationships to reach EFC's
5. Partner with key stakeholders to continue to advance critical research and funding for this work.

## Phase 2 Summer 2024

01

### Phase 2A

1,000 – South LA



### Phase 2B

1,000 Countywide



02

## Phase 3 - Summer 2025

Countywide  
2,000 Wallets



03

## Summer 2026

End Phase 3  
Future



# Recap of Proposed 2025 PopHI & Considerations for 2026

# 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

# 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

# PROPOSED METRICS

## Early Investments in Childhood Health and Wellness

### 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

## Direct Investments to Enhance Food Security

### Health Outcomes

- Self-reported physical, emotional and mental health
- Healthy Days at home
- Depression as measured by PHQ9 (or PHQ2)
- Disease Self-Management
- Impact of medication use

### Wellbeing Outcomes

- Individual and household stress
- Self-efficacy
- Impact on household finances; financial trade-offs
- Impact on employment

### Health Care Utilization and Cost

## Equity and Practice Transformation

### Practice Self-Reported Data

- Population Health Management Capabilities, including
  - Leadership and culture
  - Data infrastructure
  - Financial performance
  - Empanelment and access
  - Team-based care
  - Population-based care
  - Behavioral and social health
- EPT milestones

### Quality Outcomes

- HEDIS measures, including the 4 QTI measures

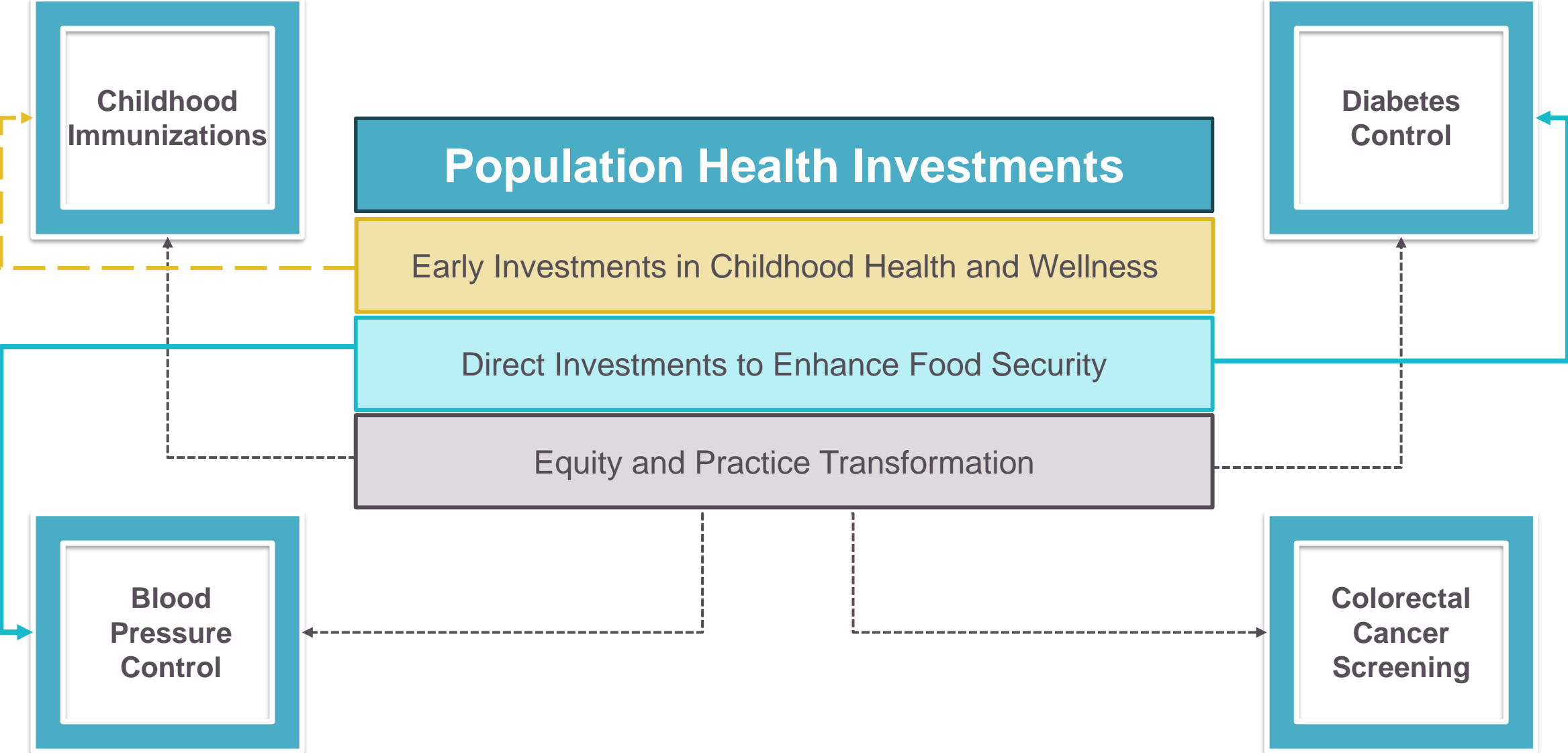
### Engagement

- Participation in technical assistance offerings
- Utilization of eLearning Resource Hub

### Experience

- Surveys administered to participating EPT practices and individuals
- Workforce well-being

# MOVING THE NEEDLE ON QUALITY



# 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 have overlooked?
3. Do you have specific recommended PopHI you would encourage us to explore for 2026 and beyond?



# THANK YOU!



# PUBLIC COMMENT

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- The Teams chat function is also now open.
- Written comments regarding this meeting are welcome and can be sent to [EQT@covered.ca.gov](mailto:EQT@covered.ca.gov) by September 2<sup>nd</sup>.
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