

QUALITY IMPROVEMENT AND HEALTH EQUITY COMMITTEE (QIHEC) Q2 2024 MEETING

MAY 20, 12PM-1:30PM

TOPIC	DISCUSSION
Opening Remarks	Dr. Elizabeth Stewart started the meeting at 12:02 pm. Les Ybarra provided welcome and opening remarks.
QIHEC Purpose & Objectives Dr. Elizabeth Stewart	Dr. Stewart provided overview of how QIHEC oversees Health Equity Requirements as well as inform decision-making and direction on our quality and health equity activities across the organization. QIHEC provides a platform to discover opportunities in our programs and interventions to alleviate health disparities for our CA Medicaid members to provide equal access to health care and achieve opportunities for better health. Anthem developed a Quality Improvement and Health Equity Transformation Program (QIHETP) in partnership with Quality Management Committee (QMC) to meet contractual requirement. Dr. Stewart explained the committee structure and reporting for various committees within Anthem.
Equity and Practice Transformation (EPT) Updates Melissa Stringfellow	Melissa Stringfellow provided a high-level overview on the status of the EPT program within Anthem. The EPT program was developed by DHCS as part of their bold goals and rolled out at beginning of January 2024. Anthem is committed to providing support to small and medium size practices, including collaboration, engagement, evaluation, and incentive payouts. Community impacts include improve health outcomes, expansion of behavioral health practices, bi-directional care coordination, increase access and availability, engaged providers and members, and future fundings. Anthem has 2 groups that were awarded the incentive program. First group is One Community Health which focus on pregnant person, people experiencing homelessness, have behavioral health conditions, experiencing disparities because of race/ethnicity, foster youth, and LGBTQ+. The second group is Tuolumne Me-Wuk Indian Health Center which focus on adults with chronic conditions and population experiencing disparities because of race/ethnicity. Anthem will continue to work with these two groups over the next 4 years and will provide outcomes at a later QIHEC meeting.
CA Strategy & Project Support Armando Millan	<p>Armando Millan provided information on the Clinic Pay 4 Performance (CP4P) program and its impact to health equity for Measurement Year 2023 (MY2023) and changes to the program for Measurement Year 2024 (MY2024). For MY2023, clinics earned incentives for submitting supplemental data that include information regarding race, ethnicity, sexual orientation, assigned sex at birth, gender identity, and pronouns. Data provided were not extensive as it did not contain a lot of member information in those data files. For MY2024, providers can earn incentives if working on identifying health disparity in at least one of the measures for well child visits and immunizations and collaborate with Anthem to improve on those measures.</p> <p>Armando also provided an update on the econsult utilization and language line utilization. Econsult utilization trending upwards overall but did take a dip due to slow down toward the end of the year. Spike in data for February is not accurate due to delay in processing of claims from prior months. Language line utilization trending slightly downward in October due to the collection of ipads from northern rural counties in which Anthem will not longer be in service for 2024. Utilization started to trend back up as redeployment of ipads back into the fields in 2024.</p>
FindHelp Updates Spenser Rudd	Spenser provided an overview of FindHelp in Quarter 1 for 2024, including the following below:



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	<ul style="list-style-type: none"> • Most common search categories/term which was food pantry followed by help finding housing. Spenser recommends for Anthem to prioritize housing community resources as housing assistance is requested by members. • Top searches by location, broken down by county, city, and zip codes. The top is Los Angeles County, followed by Sacramento County. • Utilization data for staff referrals by location in which San Francisco leads the top referrals to community-based organizations. • Number of users that use the FindHelp platform in Q1, which averages around 1,150 users. • Number of content shares to member, which averages around 110 for Quarter 1. Spenser recommends prioritizing and focus on covering shares into actual referrals because you can't measure closed loop outcomes from content sharing. • Total staff referrals for Q1, which are 46 associate referrals and 57 member referrals for total of 103 referrals. Goal will be to increase staff referrals and utilization, with approximately 300 referrals per month. Recommendations for additional staff training and development of guide books or workflows on how staff can utilize FindHelp and integrate it with their workflow. Spenser encourage assigning Community Resource training to every member facing associates with goal that Anthem have 80% of those member facing associates take the training. • Anthem has onboarded the most Community Based Organizations (CBOs), with 1 CBO contracted in Q1. Goal is getting at least 24 CBOs contracted by the end of the year. Opportunities include deepen outreach methods and utilize existing touchpoints and relationships with CBOs.
<p>2024 State Mandated Quality Improvement Projects</p> <p>Margaret Nielsen</p>	<p>Margaret shared information on 2 of our state mandated quality improvement projects.</p> <p>The first project focuses on improving the percentage of members who turned 15 months old during the measurement year who had 6 or more well-child visits with a PCP. The population we are focusing on are Black/African American members in Fresno, Kings, Madera, Sacramento, Santa Clara, and Tulare Counties. The goal is to provide culturally tailored community health workers (CHW) care navigation interventions that will change the structure of well-child care and result in improvement in well child visits among Black/African American members. CHW will provide comprehensive, and family centered care navigation intended to improve health outcomes. Birthing person, parents, and guardian of children will receive education to increase awareness of the importance of well visits, psychosocial and social need screenings, and referrals/guidance to promote well visits. Anthem will be using our internal CHW team as well as CHW contracted providers.</p> <p>The second project focuses on well child health equity collaborative with the Institute for Healthcare Improvement (IHI) and partnership with Clinica Sierra Vista in Fresno to improve well child visits in adolescent 12-17 years old, especially for the Hispanic/Latinx members. Goals are increase well visits in that age group, engage them in primary care, and make medical care more consistent and seamless to reduce disparity barriers.</p>
<p>Children and Youth Behavioral Health Initiative: SBHIP</p> <p>Dieumi Nguyen</p>	<p>Dieumi discussed the student behavioral health incentive program (SBHIP), which is part of the children and youth behavioral health initiative (CYBHI). The main takeaway from this program are:</p> <ul style="list-style-type: none"> • Managed by DHCS and centers on building the behavioral health ecosystem infrastructure.

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- Starts in 2022 and operations will conclude in 2024 with program ending in 2025.
- Goals are to increase utilization and access of non-specialty services on or near school campuses for students TK-12, break down silos, increase communications between all different providers, and improve coordination of mental health services for students. Goal also includes addressing health equity gaps, inequities, and disparities in access to behavioral health services.
- Anthem's key SBHIP achievements and timeline include:
 - Completion of 29 assessments across our service counties from when this program began.
 - Implemented 63 project plans and partnership with different county offices of education (COEs) across all of our service counties.
 - Implemented 64 targeted interventions in partnership with COEs across the counties, including 15 transition plans for exited counties, and submission of quarterly reports and project outcome from DHCS. Anthem received 100% from DHCS, in which Anthem distribute the fundings to the schools.
- As part of the participation in the program, all the COEs that we worked with across our service counties were to select a certain number of targeted interventions based on assessment of their school and needs of the students. Additional fundings were provided to implement targeted interventions for the students based on their needs.
 - Most popular intervention is the behavioral health wellness program to develop infrastructure (wellness centers, dedicated school BH team) and build capacity to support behavioral health wellness program for the students. A lot of Anthem's fundings went into the development of this program in our counties.
 - Second most popular intervention is expanding of behavioral health workforce to help fund more staff to support students and utilize employees like community health workers and practitioners to oversee students and identify issues that could use BH intervention.
 - Third most popular intervention is building stronger partnership and increase access to medical services between the school and Anthem and the county Behavioral Health. This involves providing technical assistance, education, training, and learning workshops. Goal is to support student to better access medical services.
 - Fourth most common intervention is building and improving IT systems for cross system management.
 - Other targeted interventions are:
 - Telehealth infrastructure to enable services and/or access to technological equipment
 - Increase access to substance use disorders prevention, early intervention, and treatment
 - Expand care teams to conduct outreach
 - Providing evidence based parenting and family services for families of students
 - Culturally appropriate and community defined interventions

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	<ul style="list-style-type: none"> ▪ Technical assistance support for contracts ▪ Behavioral health screening and referrals ▪ Suicide prevention strategies. ○ Anthem have provided more than \$26 million to support the interventions. By the end of the program, Anthem will have distributed over \$34 million in funds to the school. • Impacts of SBHIP have resulted in: <ul style="list-style-type: none"> ○ Making wellness centers more accessible to students ○ Growth of behavioral health workforce in the school to increase student involvement and enhance program services. ○ Improved access to medical services, resulting in increased access for students utilizing medical services and increased collaboration among local education agencies. ○ Leveraged technology for data driven approaches for better care coordination. ○ Strengthen ecosystem of support to increase access to prevention and early intervention services. ○ Produced better outcomes for students, resulting in resilient social, emotional foundation, improvement attendance, and reduction in truancy. • The future of SBHIP will be the following: <ul style="list-style-type: none"> ○ Multi-payer fee schedule, which is creating a universal fee schedule in all schools for practitioners to get reimbursed on a fee for scheduled basis so school can bill the health plan and get reimbursed. ○ New certified provider type which are wellness coaches that are similar to CHWs but from a behavioral health lens. Goal of wellness coaches is focusing on young people and provide them early intervention support. ○ CalAIM connection to have schools become referral partners and providers for community support and enhanced care management. ○ Maintaining partnership with the schools, expansion of data infrastructure and leverage cross sector partnerships with school, CBOs, and community partnership. <p>Les provided additional comments in which the long-term investments we're making in the school and the children are so vital as early interventions are so critical and being able to provide services where the students are is a huge opportunity in advancing health care.</p>
External Stakeholder Feedback/Priority Setting	No feedback from any external stakeholders about the topics discussed today.
Q&A/Closing Remarks	Next QIHEC meeting will be in August/September (Q3) 2024. Topics for discussion will be reviewing of HEDIS measures, stratified by race and ethnicity and CAHPS results.
Adjourn Meeting	Dr. Elizabeth Stewart adjourned the meeting at 1:13 PM PST



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<u>Attendees</u>	<u>Title</u>	<u>Present</u>	<u>Absent</u>
Mayra Serrano (Co-chair)	Health Equity Director -Anthem		X
Cynthia Cervantes (Co-chair)	Quality Director - Anthem		X
Elizabeth Stewart (Co-chair)	Plan Performance Medical Director- Anthem	X	
Meline Aleksanyan	Clinical Quality Program Manager- Anthem	X	
John Angell	External- Sequoia Family Medical Center		X
Dr. Antonio Balatbat	External-One Community Cares Clinic		X
Linh Casas	Whole Health Director-Anthem	X	
Mary Crandall	Manager I GBD QM- Anthem	X	
Claudia Cruz	Manager II Grievance/Appeals- Anthem		X
Jennifer Cruz	External-Guadalajara Medical Clinic		X
Muninder Dhaliwal	External-One Community Cares Clinic	X	
Selina Escobar	Director GBD Special Programs- Anthem		X
Monique Flores	External-Kings County Behavioral Health		X
Danielle Frouws	Accreditation Consultant-Anthem	X	
Gelissa Garcia Diaz	Director Healthcare Management-Anthem		X
Michelle Garcia	External-Northern Inyo Healthcare District	X	
Mohit Ghose	Government Relations Director-Anthem	X	
Andrew Gomes	Manager Provider Relations- Anthem		X
Dr. Rafael Gonzalez-Amezcu	Medical Director- Anthem	X	
Beau Hennemann	Directro Medicaid QM-Anthem	X	
Joselyn Huffman	Director II HCMS- Anthem	X	
Dr. Antonio Linares	Medical Consultant-Anthem		X
Jerry Low	Director Clinical Info- Anthem		X
Desiree Lowe	External- Kings County Behavioral Health		X
Christina Ma	GBD Finance Director- Anthem	X	
Beth Maldonado	Director II Compliance-Anthem		X
Jared Martin	Program Director Field Ops- Anthem		X
Eric Medina	External-Altura Clinic		X
Roy Melendez	External-Tuolumne Me-Wok Indian Health Center		X
Christina Menchaca	Director Clinical Inf-Anthem		X
Armando Millan	Director Program/Program Management-Anthem	X	
Stacey Nappen	Clinical Quality Program Specialist- Anthem		X
Lisa Niguidula	Manager II Grievance/Appeals- Anthem		X
Leah Norman	External-FindHelp	X	
Jessica Nott	External-Northern Inyo Health District		X
Janet Paine	Director Program Management- Anthem	X	
Sarah Paulsen	Director Behavioral Health Services- Anthem	X	
Dr. Victor Pedroza	External-Guadalajara Medical Clinic		X



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Andrea Perez	External-Guadalajara Medical Clinic		X
Molly Roha-Fuentes	Manager Provider Network-Anthem		X
Eric Schwimmer	Program Director Special Programs- Anthem		X
Stephen Smythe	Compliance Director-Anthem	X	
Dr. Chad Sparks	RVP II Senior Clinical Officer-Anthem		X
Melissa Stringfellow	Provider Collaboration Director- Anthem	X	
Brenda Tamayo Pagan	External-Kings County Behavioral Health		X
Lilet Vallangca	Project Director-Anthem		X
Anjali Vardhan	LTSS Contract Adhere Auditor- Anthem	X	
Dawn Wells	External-Altura Clinic		X
Lucida Vang	Manager Health Services-Anthem	X	
Margaret Nielsen	Clinical Quality Program Manager-Anthem	X	
Dieumi Nguyen	Program Director-Anthem	X	
Dr. Jackie Williams-Pascal	Medical Director- Anthem	X	
Les Ybarra	Plan President – Anthem	X	