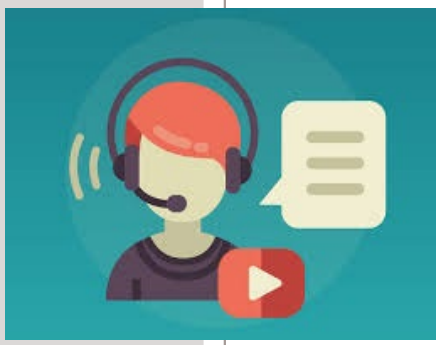
L.A. Health Collaborative

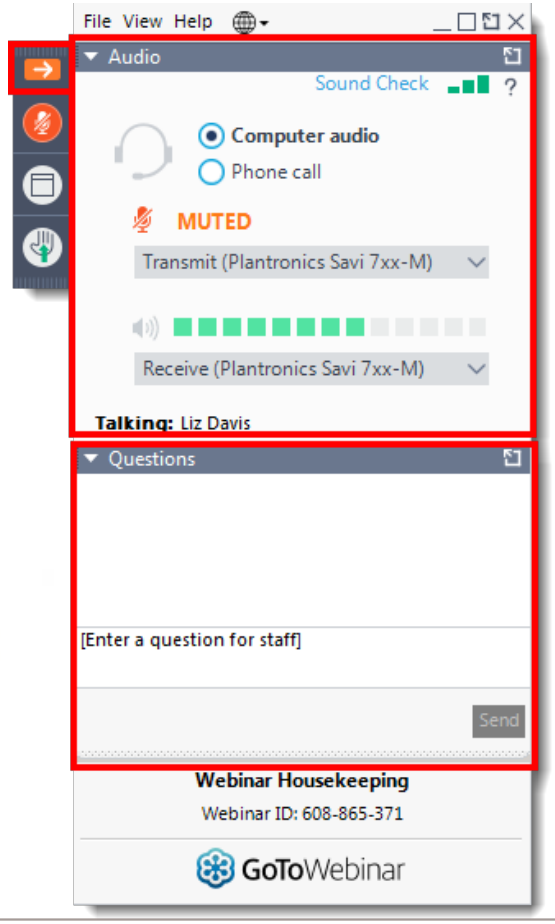
COVID-19 Recovery: What Does a Post-Pandemic Health System Look Like?

April 27, 2021

ITUP
Insure the Uninsured Project

Welcome to the Webinar!





Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments at any time via the Questions panel

Reminder: Today's presentation is being recorded and will be available within 48 hours.

ITUP
Insure the Uninsured Project

ITUP Mission / Vision

Mission

ITUP's mission is to promote innovative and workable policy solutions that expand health care access and improve the health of all Californians. ITUP implements its mission through policy-focused research and broad-based stakeholder engagement.

Vision

ITUP believes that all Californians should have a fair opportunity to live their healthiest lives.

ITUP
Insure the Uninsured Project

ITUP Values

ITUP Seeks a Health Care System that is:

Universal – All Californians are eligible for comprehensive health coverage and services, including primary, specialty, behavioral, oral, and vision health services, as well as services that address the social determinants of health.

Equitable – All Californians receive health care coverage, treatment, and services that address the social determinants of health regardless of health status, age, ability, income, language, race, ethnicity, gender identity, sexual orientation, immigration status, and geographic region.

Accessible – All Californians have access to coverage options and services that are available, timely, and appropriate.

Effective – Health, health care, and related services that address the social determinants of health are person-centered, value-based, coordinated, and high-quality.

Affordable – Coverage and services are affordable for consumers at the point of purchase and care; and, at the health system level for public and private purchasers.

ITUP
Insure the Uninsured Project

Who We Are

- **25-year-old, independent 501(c)(3) health policy organization**
- **Each year, ITUP:**
  - Hosts an annual conference
  - Hosts online 360-degree Policy Forums and Webinars
  - Runs a dozen policy and regional workgroups across the state from San Diego to Humboldt Counties

    (thanks for being with us today!)
  - Produces 10 state and regional Health Coverage Fact Sheets
  - Publishes in-depth issue briefs and high-level health policy fact sheets
- **We have 3 KEY FOCUS areas:**
  - Coverage and Access
  - Delivery System Transformation
  - The Future of Health

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Today's Agenda

ITUP
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LA HEALTH COLLABORATIVE

COVID-19 Recovery: What Does a Post-Pandemic Health System Look Like?

AGENDA

April 27, 2021
1:00 p.m.- 3:00 p.m.

1:00 – 1:10 p.m.	**Welcome and Introductions**
1:10 – 1:40 p.m. *Includes Q&A*	**L.A. County Pandemic Response and Recovery Update** **John Connolly, Ph.D., M.S.Ed.,** Chief Strategist, Department of Public Health, County of Los Angeles **Katie Heidorn, M.P.A**, Executive Director, Insure the Uninsured Project (Moderator)
1:40 – 2:50 p.m. *Includes Q&A*	**Lessons Learned: Improvements to a Post-Pandemic Delivery System** **Richard L. Seidman, M.D., M.P.H.**, Chief Medical Officer, L.A. Care Health Plan **Martha Santana-Chin, M.B.A,** Government Programs Officer – CA Market, Health Net, LLC. **Bruce Pollack, M.B.A.**, Senior Vice President of Strategy and Health System Integration, Martin Luther King, Jr. Community Hospital **Manjusha P. Kulkarni, J.D.**, Executive Director, Asian Pacific Policy and Planning Council (A3PCON) **Warren J. Brodine,** President and CEO, Eisner Health **Katie Heidorn, MPA**, Executive Director, Insure the Uninsured Project (Moderator)
2:50 – 3:00 p.m.	**Takeaways and Wrap-Up**
3:00 p.m.	**Adjourn**

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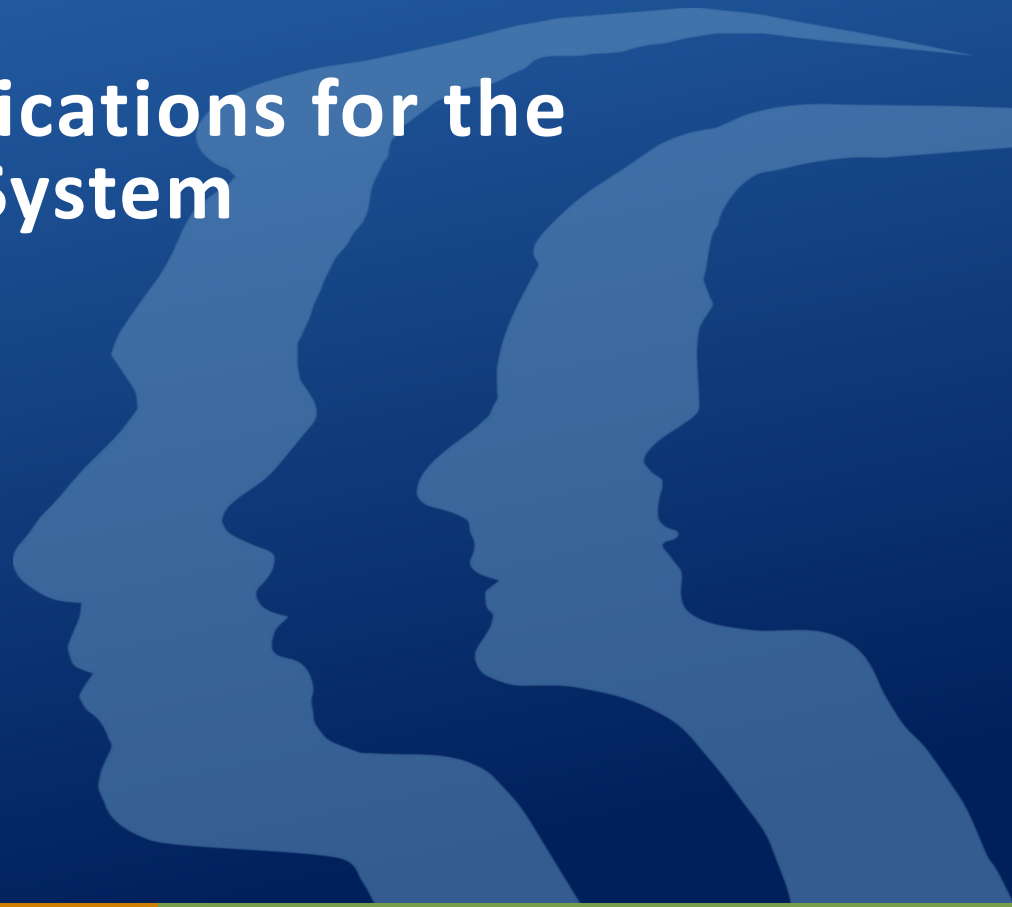
Insure the Uninsured Project

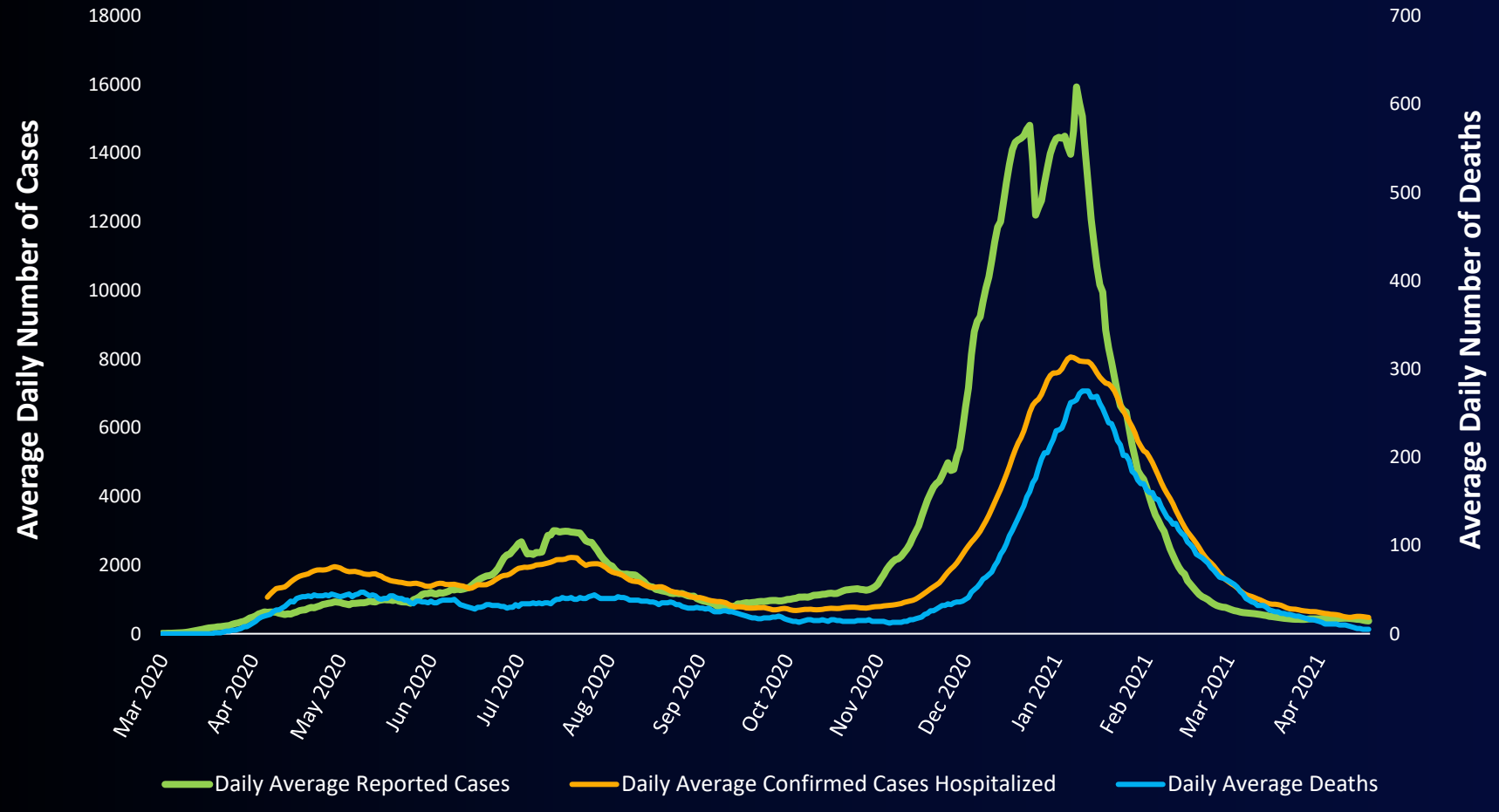
John Connolly, Ph.D., M.S.Ed.
Chief Strategist, Department of Public Health, County of Los Angeles

COVID-19 in Los Angeles County: Implications for the Future of the Safety Net Health Care System

John Connolly, Ph.D., M.S.Ed.
Chief Strategist
Los Angeles County Department of Public Health



Daily Number of COVID-19 Cases and Hospitalizations by Episode Date and Deaths by Date of Death
March 1, 2020 – April 18, 2021



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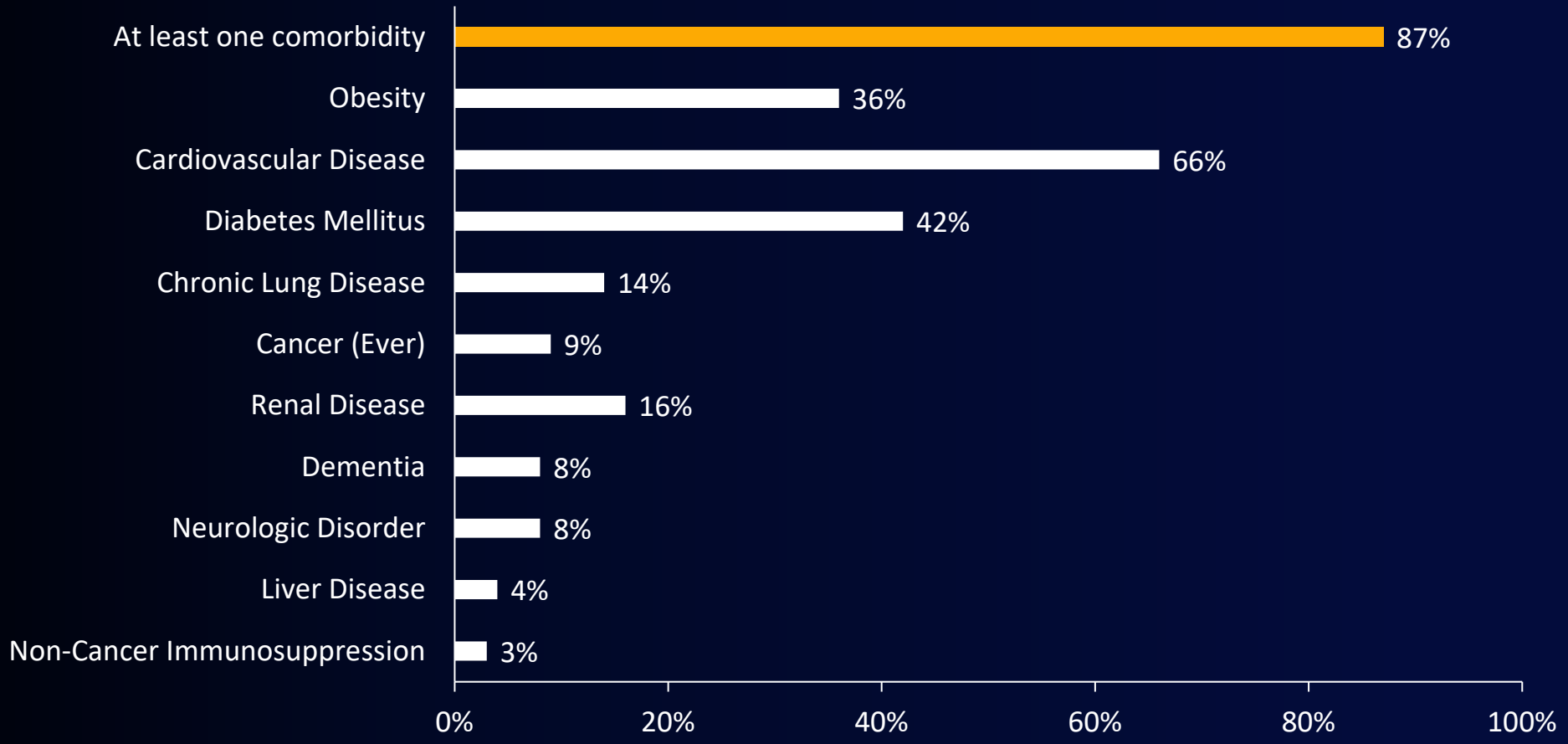
4/26/2021

Underlying Health Conditions of Patients Hospitalized for COVID-19
August 2020-January 2021



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Underlying Conditions* Associated With Covid-19 Deaths, March 19, 2020 – April 12, 2021

Underlying condition	Percent of Covid-19 Deaths Associated
Any underlying condition	**85%**
Hypertension	52%
Diabetes	41%
Cardiovascular Disease	26%
Neurologic	21%
Chronic Renal Disease	16%

*Underlying conditions were likely undercounted during the surge.
Deaths with any comorbidity and the top five comorbidities in the order of frequency are presented.

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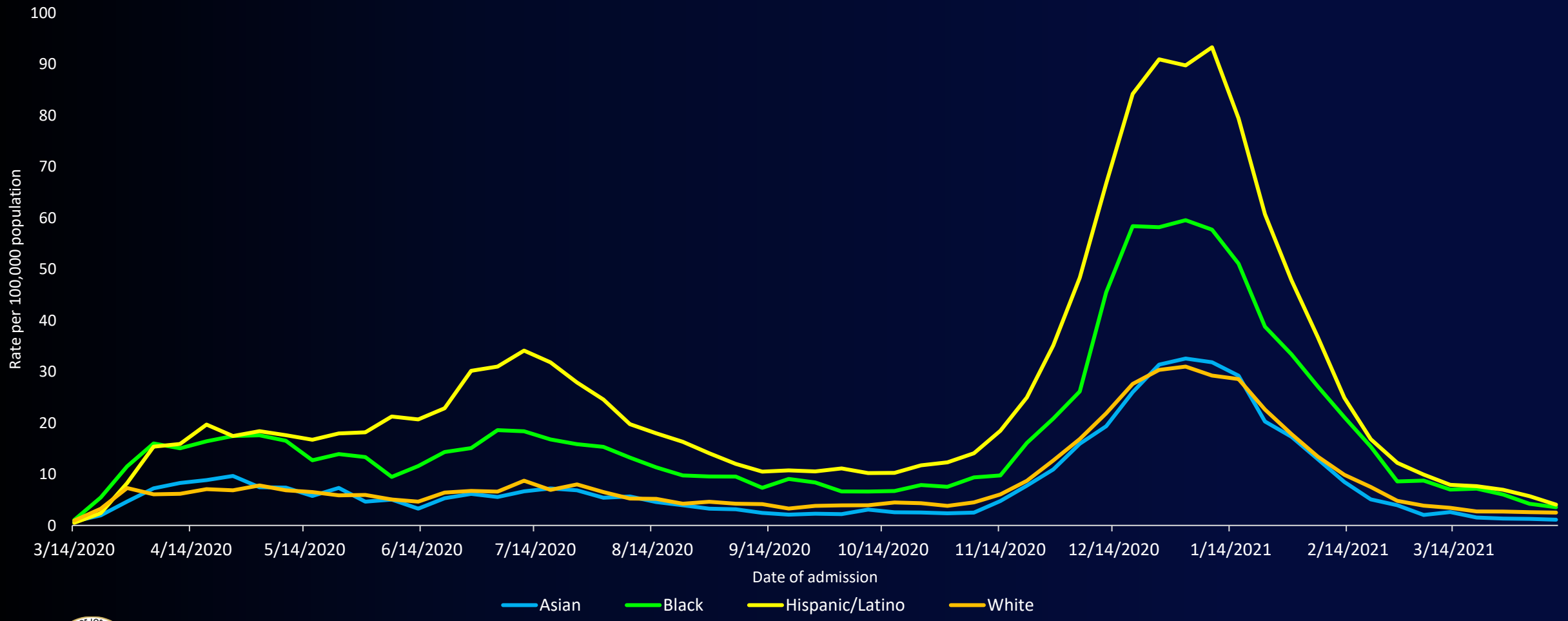
4/14/2021

Weekly Age-Adjusted Rate of Hospitalization per 100,000 by Race/Ethnicity through April 10, 2021



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Cumulative Case, Hospitalization, and Death Rate Ratios* by Race/Ethnicity

Race/Ethnicity	Cases	Hospitalizations	Deaths
Pacific Islander	4.6	5.9	3.1
Hispanic/Latino	2.8	2.9	3.0
Black/African American	1.2	2.0	1.7
American Indian/Alaskan Native	2.0	0.8	1.6
Asian	0.8	0.9	1.3
White	Reference	Reference	Reference

*Mortality Rate Ratios are calculated using age-adjusted rates, excluding Long Beach and Pasadena

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4/21/2021

COVID-19 Vaccine Update

As of April 23, 2021

Total Doses Administered: 7,055,761

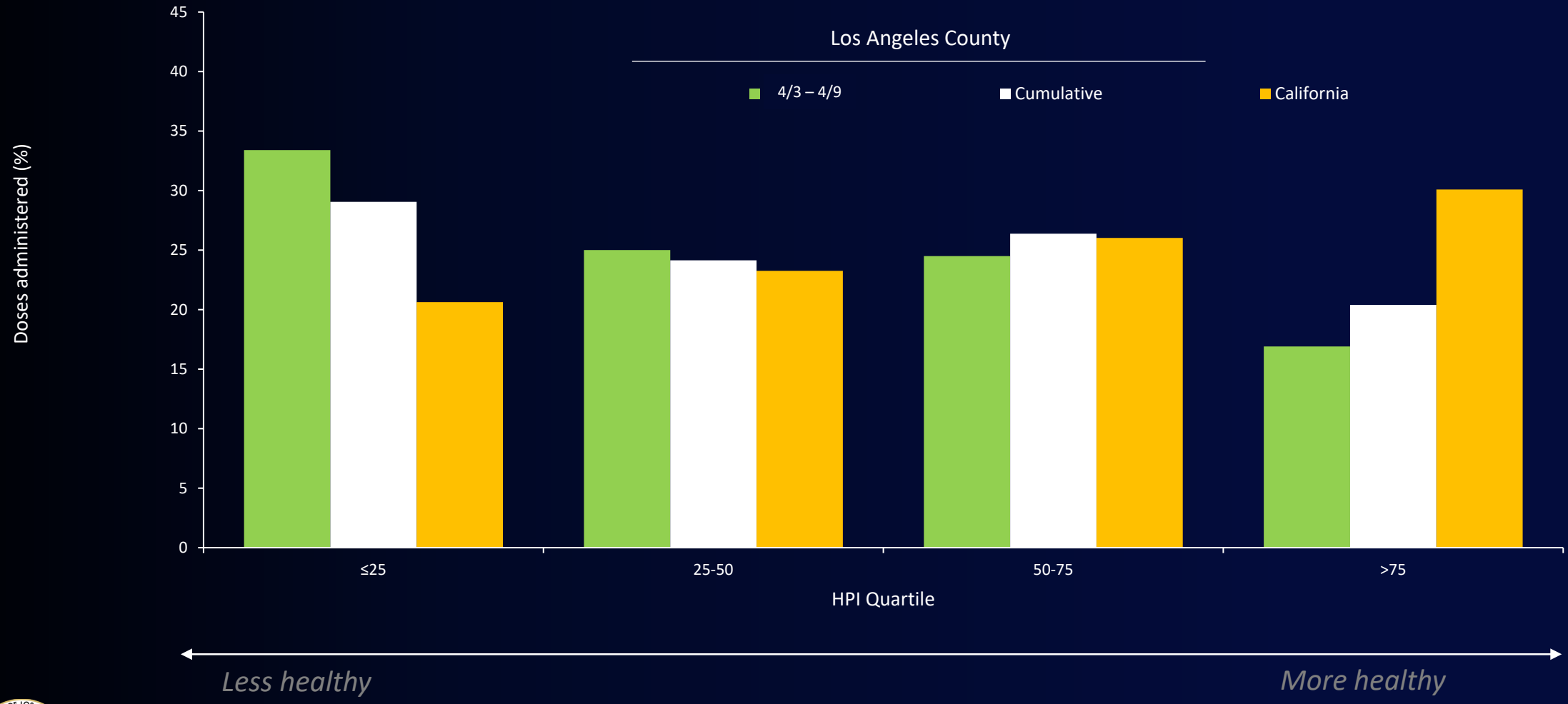
First Doses: 4,425,452

Second Doses: 2,580,308

Cumulative Proportion of Population 16 and Older who have Received at Least 1 Dose of Vaccine, by Week and Race/Ethnicity

Race/Ethnicity	March 18, 2021	April 18, 2021	Relative Increase
Latinx	15.6%	30.4%	94.9%
American Indian/Alaska Native	29.4%	49.3%	67.7%
Asian	33.2%	54.8%	65.1%
Black/African American	18.1%	29.8%	64.6%
White	31.9%	50.4%	58.0%
Multiracial	27.7%	37.5%	35.4%

Percent of Doses Administered by HPI Quartile, LA County vs State



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4/14/2021

Future of the Safety Net Health Care Delivery System

Greater Health Equity Focus:

- Intentional effort to eliminate disproportionalities
- Greater prioritization of root causes and social determinants of health
- DPH is an essential partner in this work
- CalAIM offers tools to make key steps forward

Future of the Safety Net Health Care Delivery System

CalAIM offers tools—with many choices:

- Population Health Management Program
- Enhanced Care Management
- In-Lieu-of Services

DPH is positioned to serve as key strategic and operational partner in these efforts.

Questions?

Lessons Learned: Improvements to a Post-Pandemic Delivery System

Richard L. Seidman, M.D., M.P.H., Chief Medical Officer, L.A. Care Health Plan

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L.A. Health Collaborative

Richard Seidman, MD, MPH
Chief Medical Officer

L.A. Care HEALTH PLAN®

For All of L.A.

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

April 27, 2021

L.A. Care Health Plan Membership

L.A. Care Membership	
Product Line	Enrollment (March 2021)
Medi-Cal	2,216,279
L.A. Care	1,184,371
Subcontracted Plan Partners	
Anthem Blue Cross	*471,610*
Blue Shield Promise Health Plan	*333,096*
Kaiser Permanente	*227,202*
L.A. Care Covered	96,511
Cal MediConnect	18,581
PASC-SEIU	51,730
Total	**2,383,101**

COVID-19 Impact

- L.A. Care Numbers (4-12-21)
  - *127,566 confirmed cases (10% of Los Angeles County reported known cases)
  - 20,353 members hospitalized
  - 3,927 reported deaths (16.6% of Los Angeles County reported deaths)
  - *315,000 at least partially vaccinated (18% of members eligible for vaccine)

* Likely undercounts

COVID-19 Experience

- Disproportionate Impact
- Deferred Elective and Preventive Care
- Delivery System Stretched
- Difficult Transfers and Discharges
- New Access to Care Challenges
- Increased Need for Social Services

COVID-19 Response

- Disproportionate Impact
  - Wellness checks for high risk-members
- Increased Need for Social Services
  - Leveraged newly implemented Community Resource Platform
  - Referrals and Redirected Grant Funding to Food and Housing Providers
  - Partnered to Offer Food Distribution Events
- Deferred Elective and Preventive Care
  - Advanced payments to Hospitals, Clinics and Physician Practices
  - Extended authorization timelines
  - Member Outreach
- New Access to Care Challenges
  - Increased Use of Telehealth, Nurse Advice Line and Mail Order Pharmacy

Increased Use of Virtual Visits and Other Resources

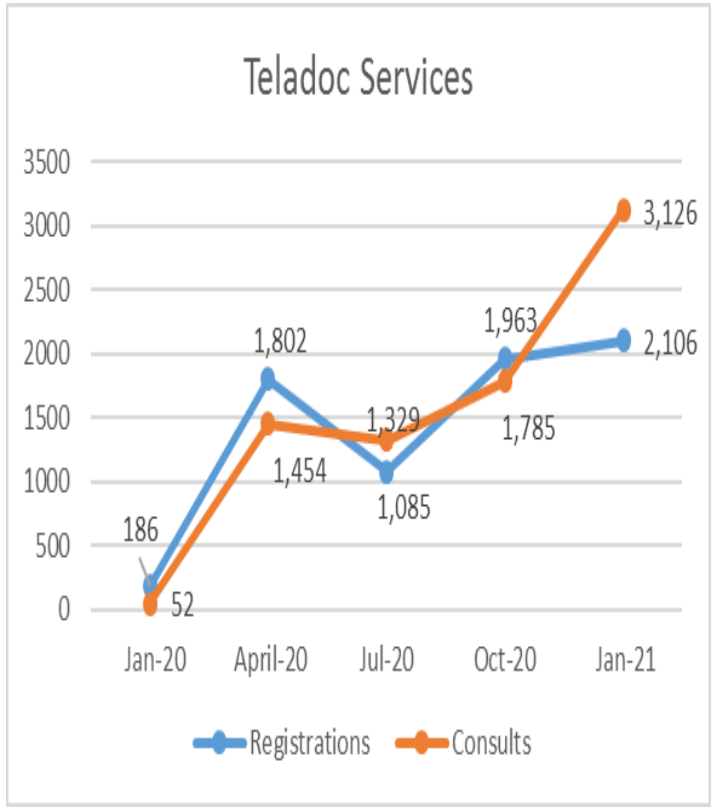
- Rapid expansion of telehealth services throughout our network by both primary care and specialty providers

- Nurse Advice Line (NAL)
  - Peaked by July 2020 (> 2.5 times baseline)
  - Now trending back down towards its prior baseline

- Increase demand for mail order pharmacy

Telehealth for Urgent Care

- Teladoc
  - Implemented in January 2020
  - Increasing numbers of members registered and accessing Teladoc services
  - The utilization rate now also trending downward



COVID-19 Response

- Vaccine Efforts
  - Member Outreach Campaigns
  - Advocated for equitable distribution to hardest hit communities
  - Sponsored Pop Up Vaccination Events

Where Do We Go From Here?

- Advocate for rational reintroduction of redetermination for Medi-Cal eligibility
- CalAIM
- Focus on Equity
- Increase adoption of virtual care
- Expand funding and access for primary care and social services
- Strengthen Public Health Infrastructure

Lessons Learned: Improvements to a Post-Pandemic Delivery System

Insuring the Uninsured Project, L.A. Health Collaborative

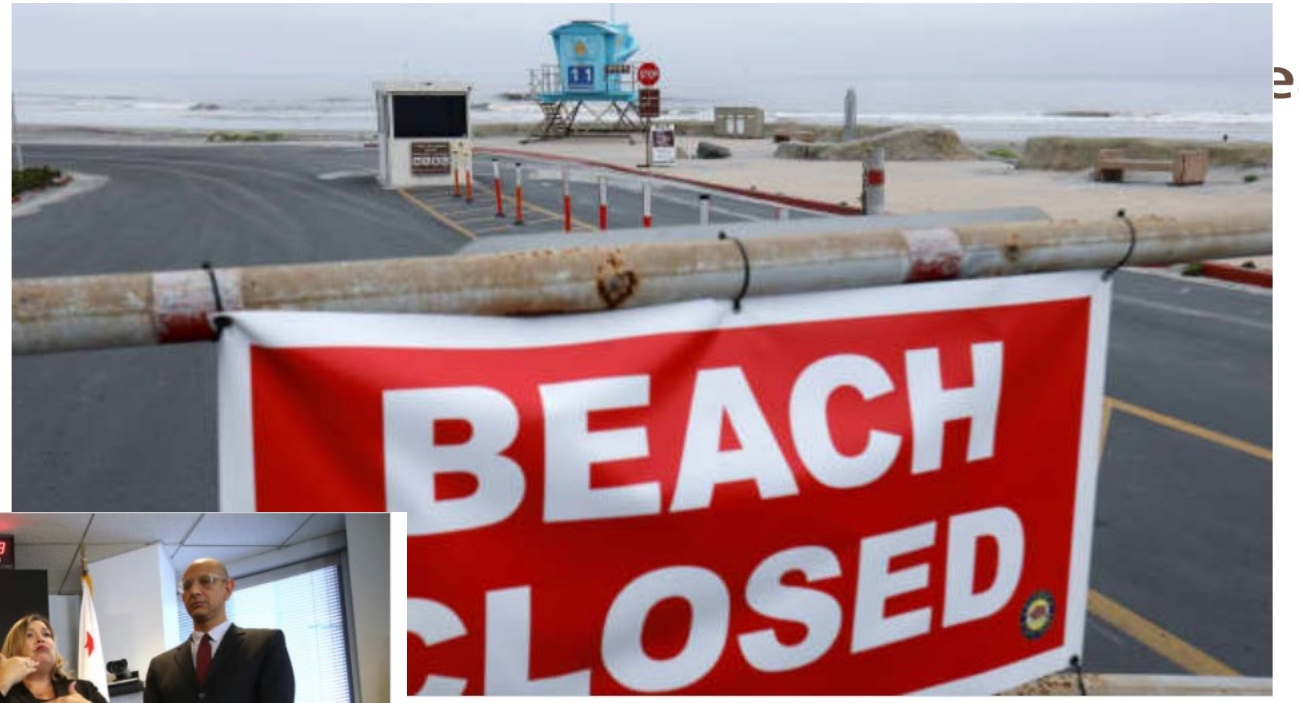
Martha Santana-Chin, M.B.A.
Government Programs Officer – CA Market, Health Net
4/27/21

Coverage for every stage of life™

About Health Net

- The one of state's **longest serving** and most experienced **Medi-Cal plan**
- Our members:
  - **85%** enrolled through a government sponsored plan
  - **Two-thirds** enrolled in Medi-Cal
- Partnering with California to **transform Medi-Cal** from the inside out, investing in infrastructure innovations that are evolving patient care
- Expanding access through more robust networks and bringing more providers with greater diversity into the system

** Combined 2017-2019 CII, SG and CE investments*
+Based on the California Future Health Workforce Commission Strategies



luring the outbreak of the coronavirus disease (COVID-19) in Encinitas,

Gov. Gavin Newsom announces statewide coronavirus shelter-in-place order for California

He said the state needs to "broaden the order to all Californians"

Immediate Pandemic Crisis Response

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Health Net of California's Statewide COVID Response

Pandemic Response

Members Community

Access to care

- Virtual care
- Digital Health Tools
- Physical Health & Mental Health

$500,000
Cell Phones + Minutes

Outreach and Community

- Education
- CBO COVID Response Programs

$325,000
Economic Recovery, Aging, Domestic Violence

Food Insecurity

- Feeding America – CalFresh

$120,000
5 Food banks

Providers

Enablement

- Maintain Provider Relationships
- Rural, Urban Underserved
- Technical Assistance
- Infrastructure (laptops, internet connectivity, etc.)

$13.8 M
138 Grantees

Stabilize and Support

- Capitation
- Accelerate Incentives
- PPE – Independents, Nursing facilities

450,000
Units of PPE

Communication

- Capacity Monitoring and Coordination

COVID-19 Vaccine: Strategy for Equity

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Stakeholder Partnerships

- Leaders:
  - Policy
  - Health Care
- CDPH/DHCS
- County DPH – LHDs
- Hospital systems
- LTC Facilities
- FQHCs, PCPs, Pharmacies, CBOs
- Trade Groups
- Health Plans and Plan Organizations

Provider Engagement

- Provider education
  - Vaccinator enrollment
  - Vaccine best practices
  - Communication strategies to increase vaccine confidence
  - Documentation requirements
- Multichannel
  - Webinars
  - Provider Portal
  - Provider Updates
  - Newsletter

Member Engagement

- COVID-19 member outreach and education
  - Care coordination and access to care
  - Infection prevention measures
- COVID-19 member outreach and education
  - Vaccine availability and access; dose reminders
  - Efficacy and Safety
  - Decrease hesitancy and increase confidence
  - Remove barriers to access
- Assistance scheduling appointments

Support and Resources

- Leverage CDC, CDPH Vaccinate All 58, and Plan educational materials
- Community outreach and education for mass vaccination clinics
- Share logistics and protocols/work plans
- Share tools to decrease vaccine hesitancy and increase confidence
- Health Net staff volunteering at vaccination sites

Post-COVID World Issues

Providers

- **Burnout**
  - Self-Care
  - Resiliency Clinics for provider and staff
- **Team based care**
  - Multidisciplinary
- **Integrated Care** (PH/BH/SDoH)
- **Telehealth** flexibilities and **impact on practice** patterns
- Ongoing shift to **value based care**

Members

- **Evolving expectations of access**
  - Team-based care implications
  - Telehealth and convenience
  - Enabling technologies
  - Home-based care
- **Transportation**
- **Pharmacy**
  - Mail order, auto-refills

Other important topics

- **Societal** and **policy shift recognizing need to address whole health**, including SDoH and advancing parity in access to BH
- Focus on **early screening, diagnosis and intervention**
- **Data exchange and interoperability**
  - Real-time need to know for effective COVID Vaccines
- **Leveraging partnerships across the broader ecosystem**
  - Public Health, Behavioral Health, CBOs, Providers, Plans
- **Addressing health inequities**
  - Workforce development
    - Implicit bias & cultural sensitivity
    - Analytics & effective targeting
    - Motivational Interviewing
    - Effective care planning
  - Innovating models
    - Street medicine

Population Health Team Approach: Whole Person Care

Social Determinants of Health (SDoH)

- Aunt Bertha
- Access to health services
- Transportation
- Education
- Food pantries
- Housing
- Dial 211
- Quality of care
- Medical support
- Provider availability
- Health behaviors
- Employment
- Diabetes on Demand
- MHN
- MyStrength
- Transition of care

POST COVID World

Social Determinants of Health (SDoH), Population Health and COVID-19

- **Food/delivery services (i.e. Instacart, CVS delivery, food pantries)**
  - Assists COVID-19 positive members prevent spread and protects others from exposure
  - Improve access to healthy foods
- **Aunt Bertha (findhelp.org)**
  - Mission is to connect all people in need to programs that can help them. Collects all federal, state, county, city, neighborhood and charity program information and puts it in one place to make it easy for people to find and connect to these programs.
  - Many members in need of financial support due to lost jobs and COVID-19 illness
- **Dial 211 for Essential Community Services**
  - Referral specialists receive requests from callers, access databases of resources available from private and public health and human service agencies, match the caller's needs to available resources and link or refer them directly to an agency or organization that can help.
  - Many members in need of financial support due to lost jobs and COVID-19 illness
- **MHN (Managed Health Network)**
  - Behavioral health plan covers medically necessary mental health services and substance use disorder treatment. Benefits include sessions with therapists, psychiatrists or psychologists.
  - Increase in depression and anxiety due to COVID-19 leading to need for support
- **Public Resources**
  - EDD (Employment Development Department)
  - IHSS (Home Support Services)
  - CalFRESH/SNAP (Supplemental Nutrition Assistance Program)
  - WIC (Women, Infants and Children) Special Supplemental Nutrition Program

- **Member education**
  - Critical support to members with chronic disease states (i.e. chronic lung disease, diabetes, cardiac conditions) at higher risk of developing severe illness from COVID-19 virus
  - Clinical pharmacist and CM led education to manage chronic disease states and provide in-depth medication/lifestyle counseling as well as COVID-19 and COVID-19 vaccine education
  - Social Worker, and Public Program Specialist, and Health Ed led education to reduce vaccine hesitancy and improve vaccination access and scheduling
- **Supportive measures:**
  - COVID-19 symptoms assessment & test result obtainment assistance
  - COVID-19 treatment counseling & drug interaction check
  - Post-discharge medication reconciliation & adherence counseling
  - Self-isolation/quarantine education
  - Assistance with appointments, prescription refills, & delivery options
  - COVID-19 vaccine education/counseling
  - COVID-19 vaccine hesitancy discussion
  - COVID-19 vaccine appointment scheduling assistance

CalAIM incorporates lessons learned from COVID to shape the future of Medi-Cal

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CalAIM: Goals & Objectives

Primary Goals

1. **Identify and manage member risk and need** through whole person care approaches and addressing Social Determinants of Health

2. Move Medi-Cal to a more consistent and seamless system by **reducing complexity and increasing flexibility**

3. **Improve quality outcomes, reduce health disparities** & drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform

CalAIM presents a unique opportunity for Plans to closely collaborate with Counties and Community Based Organizations

- Population Health Management (PHM)
- Enhanced Care Management (ECM)
- In Lieu of Services (ILOS)
- Performance Incentives supporting infrastructure & capacity development

Guiding Principles

1. **Improve** the **member experience.**
2. **Deliver person-centered care** that meets the behavioral, developmental, physical and oral health needs of all members.
3. Work to **align** funding, data reporting, quality, and infrastructure to mobilize and incentivize toward common goals.
4. Build a **data-driven population health management strategy** to achieve full system alignment.
5. Identify and mitigate social determinants of health and **reduce disparities and inequities**.
6. **Drive system transformation** that focuses on value and outcomes.
7. Eliminate or **reduce variation** across counties and plans, while recognizing the importance of **local innovation**.
8. Support **community activation** and engagement through **county and CBO partnerships**.
9. **Improve** the plan and **provider experience** by **reducing administrative burden** when possible.
10. **Reduce the per-capita cost** over time through iterative system transformation.

CalAIM Overview: Timing and Target Populations

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High-Level Timing

1. 2022: Standardize **Enhanced Care Management (ECM**) benefit
2. 2022: Transition to **statewide Medi-Cal Long Term Services & Supports (MLTSS)/In Lieu of Services (ILOS)**
3. 2022: **Major Organ Transplant (MOT)** benefit carved in
4. 2022: Update medical necessity criteria for **specialty mental health services (SMHS)** to improve access
5. 2022 & 2024: Implement **regional rates** for Medi-Cal MCPs
6. 2023: **Long Term Care (LTC)** benefits carved in
7. 2023: **Dual Special Needs Program (DSNP) Aligned Managed Care enrollment** in CCI Counties, 2025: non-CCI counties
8. 2023: **Population Health Management (PHM**) strategy
9. 2026: **NCQA accreditation** for Medi-Cal MCPS and subcontractors
10. 2027: **Statewide Medi-Cal Long Term Services & Supports (MLTSS)**
11. TBD: Add new benefit for children (0-6) to achieve 60% utilization rate, pay for performance for preventative service and continuity of care through a Dental Home

Targeted Population(s)

1. **Children or youth with complex physical, behavioral, developmental, and oral health needs** (e.g. California Children Services, foster care, youth with clinical high-risk syndrome or first episode of psychosis).
2. **Individuals experiencing homelessness**, chronic homelessness or who are at risk of becoming homeless.
3. **High utilizers** with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits.
4. Individuals **at risk for institutionalization** who are eligible for long-term care services.
5. **Nursing facility residents** who want to **transition** to the **community**.
6. Individuals at risk for institutionalization with **serious mental illness (SMI), children with serious emotional disturbance (SED) or substance use disorder (SUD) with co-occurring chronic health conditions**.
7. **Individuals transitioning from incarceration** who have significant **complex physical or behavioral health needs** requiring immediate transition of services to the community.

Enhanced Care Management (ECM) & In Lieu of Services (ILOS) Overview

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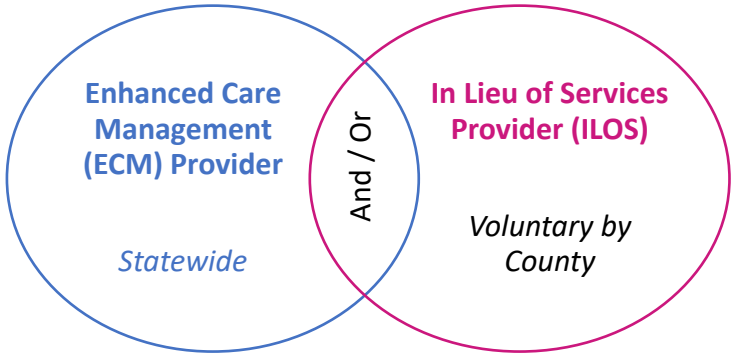
Implementing Lessons Learned into New Medi-Cal Services

ECM Goal: provide a whole-person approach to care. Addresses the clinical and non-clinical needs.



ILOS Goal: Medically appropriate and cost-effective alternatives to state plan services.

ECM Core Service Components:

1. Comprehensive Assessment & Care Mgmt Plan
2. Enhanced Coordination of Care
3. Health Promotion
4. Comprehensive Transitional Care
5. Member & Family Supports
6. Coordination of Referral to Community and Social Support Services

Provider Requirements

1. Experience and expertise with these unique services
2. Medi-Cal enrollment
3. Capability to submit claims or encounters

ILOS Bundles:

Housing Support • Housing Navigation • Housing Deposits • Housing Tenancy & Sustaining Services	**Post-Acute Support Services** • Short Term Post Hospitalization Housing • Recuperative Care (medical respite) • Sobering Centers • Respite Services • Day Habilitation Services
Transition Support • SNF Transition/Diversion to ALF • Community Transition Services/NF Transition to Home	**At Home Support** • Personal Care & Homemaker Services • Home Modifications • Meals/Medically Tailored Meals • Asthma remediation

Evolving Population Health Management

Health Net®

Integrate clinically-focused initiatives that directly impact the way we deliver services to our members

Leverage resources to ensure seamless delivery of coordinated care and services

Holistically manage members across all stages of life by focusing on level of care and best practices

Customer-first, human-centered member experience that uses optimized member touchpoints and preferences

Enable technology and self-management for lower-touch members

CalAIM and Post COVID Principles

1. Embrace the learnings and CalAIM objectives and take the opportunity to catalyze transformation
2. Recognize the journey and look around corners to build for the future (Continuous Improvement)
3. Leverage cross-sector partnerships to build a robust ecosystem (social supports, county agencies, clinics, providers, hospitals, provider groups)
4. Simplification through collaboration as a guiding principle
5. Build the foundation to drive accountability and deliver outcomes, through a health equity and appropriate resource use lens

Health Net®

Thank you

MLK Community Healthcare

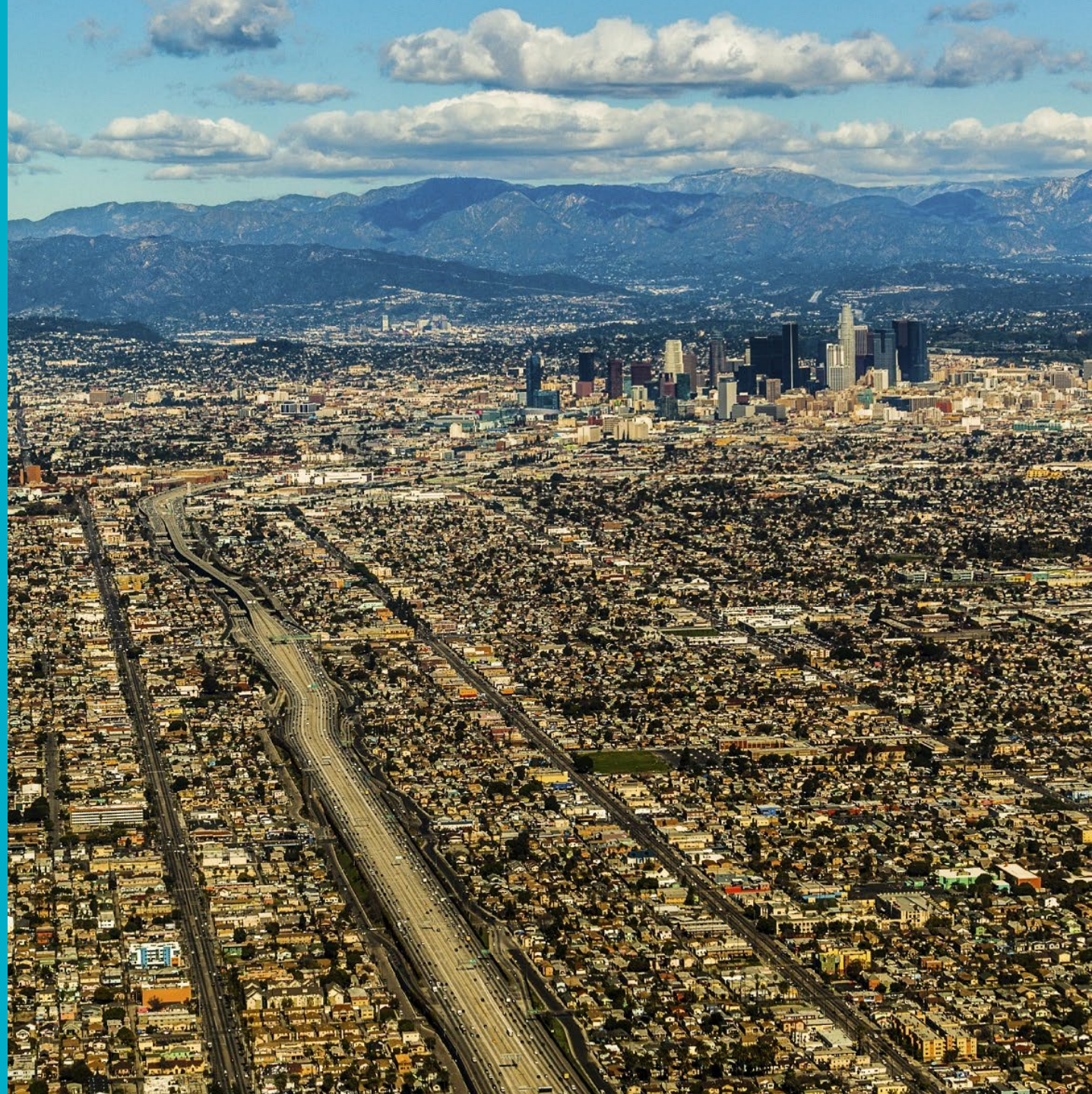
ITUP L.A. Health Collaborative

April 27, 2021

MLK Community Healthcare

South Los Angeles

- 1.35 million residents
  70% Hispanic, 30% African-American
- 65% of household incomes <$50,000/year
- 15% homeless
- 42% < 9th grade education
- 67% obese or overweight
- Medically Underserved and Health Professional Shortage Areas



MLK Community Healthcare

South LA has Fewest Licensed Hospital Beds in LA County

Table 20. Licensed Hospital Beds per 100,000 population, 2017[18]

Hospital Service Planning Area (SPA)	Licensed Acute Care Beds per 100,000 Population
SPA 1: Antelope Valley	154.5
SPA 2: San Fernando Valley	222.1
SPA 3: San Gabriel Valley	221.7
SPA 4: Metro LA	538.5
SPA 5: West	275.5
SPA 6: South	67.2
SPA 7: East	218.8
SPA 8: South Bay	285.6
Total	**252.3**

[18] Source: Hospital Annual Utilization Report, 2017. Office of Statewide Health Planning and Development, Accounting and Reporting Systems Section. *https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report*

MLK Community Healthcare

2020 Patient Profile

84,693 Patients

Race & Ethnicity

Hispanic or Latino: 53%

Black or African American : 42%

Top Procedures

Amputations and Wound Care

Appendix Removal

Gallbladder Removals

Dialysis Access

Insurance Coverage

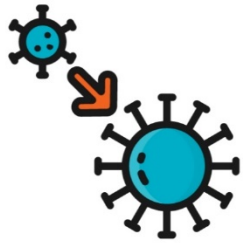
Medicaid: 73%

Uninsured: 14%

Medicare: 9%

Commercial: 4%

Top Reasons for Hospitalization



COVID-19:
3x the State Rate

Sepsis (without COVID-19):
2x the State Rate

Heart Failure/ Chest Pain:
2.5x the State Rate

Substance Abuse:
3x the State Rate

Diabetes:
3.3x the State Rate

Chronic Obstructive Pulmonary Disease:
1.5x the State Rate

Patients with Diabetes:
36%
OF HOSPITALIZATIONS

Substance Abuse Patients:
18%
OF HOSPITALIZATIONS

Mental Health Patients:
13%
OVER 10,000 SEEN

Homeless Patients:
9%
OVER 7,000 SEEN

MLK Community Healthcare

2020 COVID-19 Patient Profile

3,489 Patients

Race & Ethnicity

Hispanic or Latino: 80%

Black or African American : 16%

Insurance Coverage

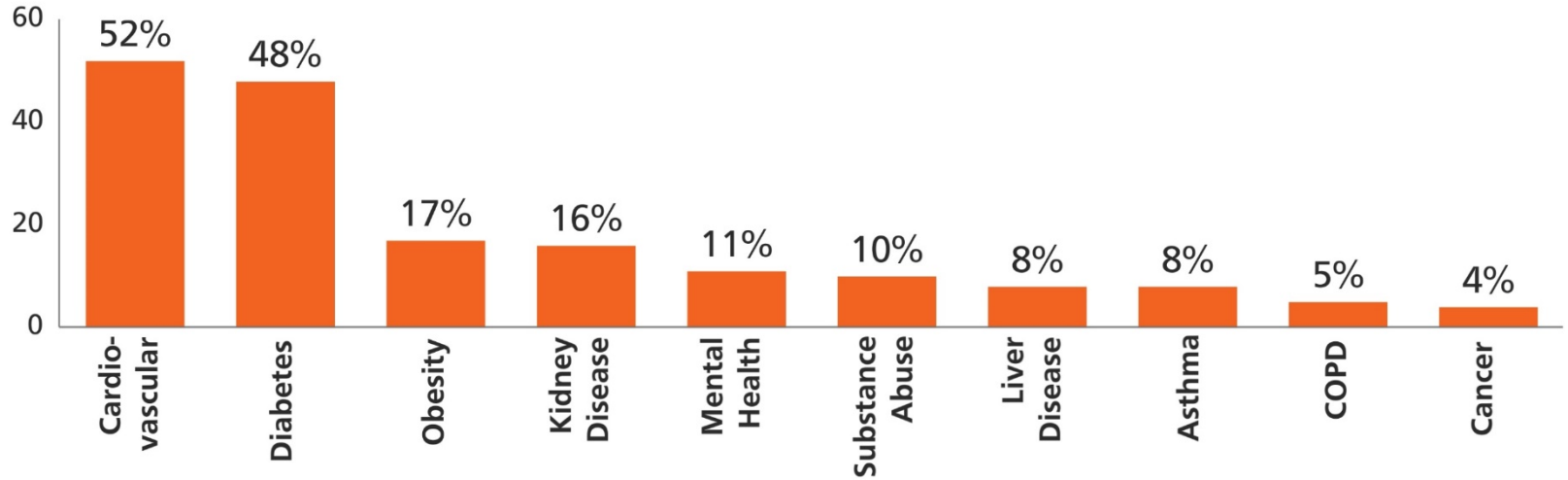
Medicaid: 67%

Uninsured: 18%

Medicare: 10%

Commercial: 5%

Disease Prevalence of Hospitalized COVID-19 Patients



82% of patients with at least 1 chronic condition and 56% of patients with 2 or more chronic conditions.

Intensive Care Unit Rate:

21%

OF HOSPITALIZATIONS

Ventilator Rate:

11%

OF HOSPITALIZATIONS


NATIONALLY RECOGNIZED
A
SPRING 2020
LEAPFROG
HOSPITAL
SAFETY
GRADE
HealthCare's
most
wired
DIABETES
NCQA
RECOGNITION
HIMSS Analytics
STAGE
7
6.4% in Nation
U.S. GREEN BUILDING COUNCIL
LEED GOLD
USGBC
Top 10%
We're In the Top Nationally
for patient satisfaction

MLK Community Healthcare

Age-Adjusted Death Rates due to COVID-19 per 100K
April 18, 2021

		Mortality Rate
Los Angeles County Total		215
Race/Ethnicity	Asian	157
	Black/African American	199
	Hispanic/Latino	352
	White	119
Area Poverty	<10% area poverty	122
	10% to <20% area poverty	221
	20% to <30% area poverty	294
	30% to 100% area poverty	402

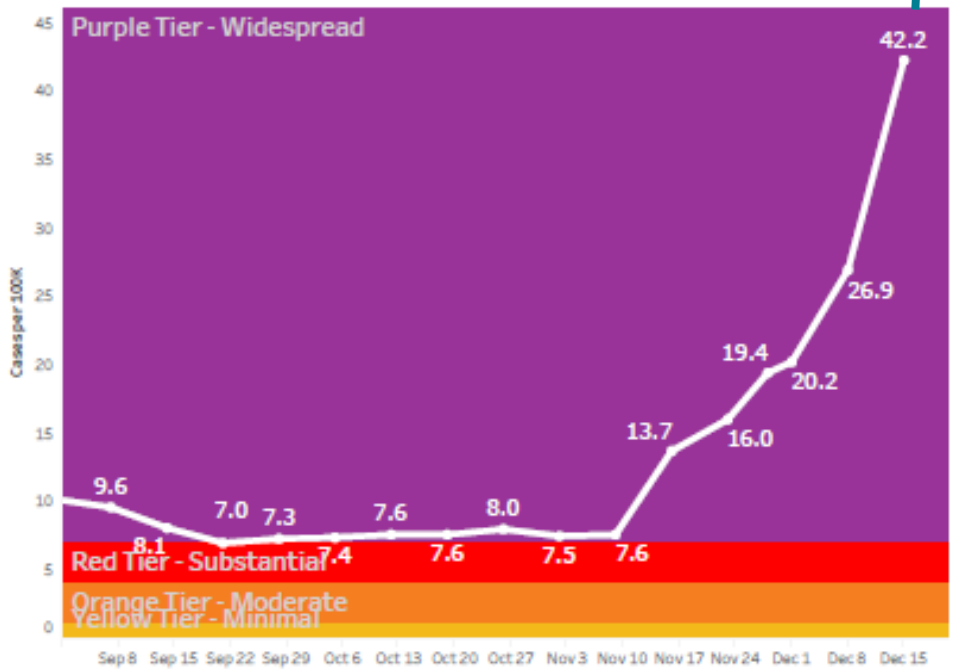
650 Cases/100K for Latinos

25% at Campus Test Site

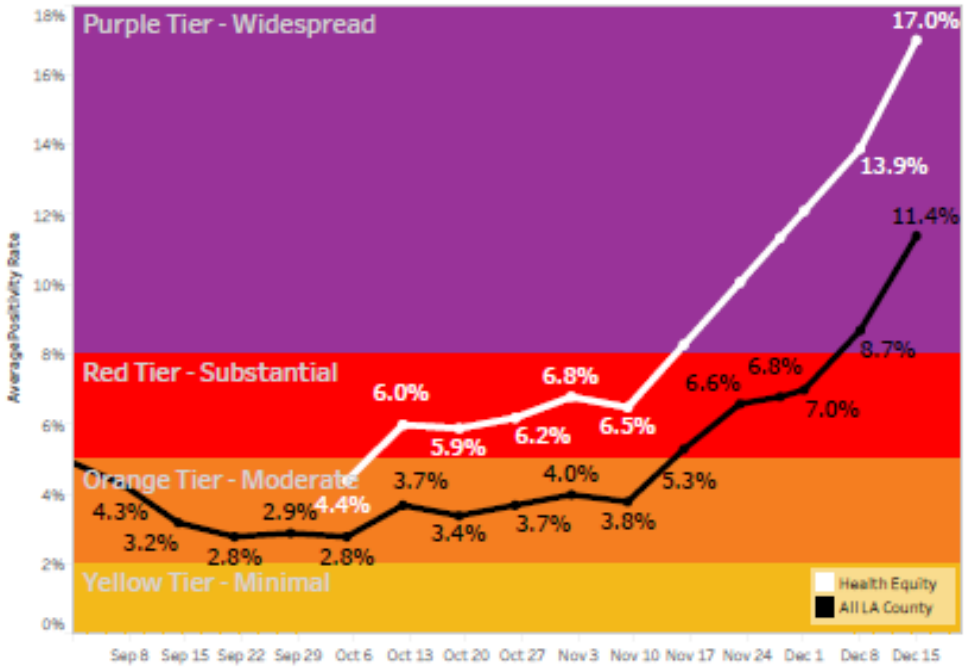
CDPH Weekly Tier Assessment Data in Los Angeles County

as of December 15, 2020

7-day Average Case Rates per 100K



7-day Overall County & Health Equity Positivity Rate



MLK Community Healthcare

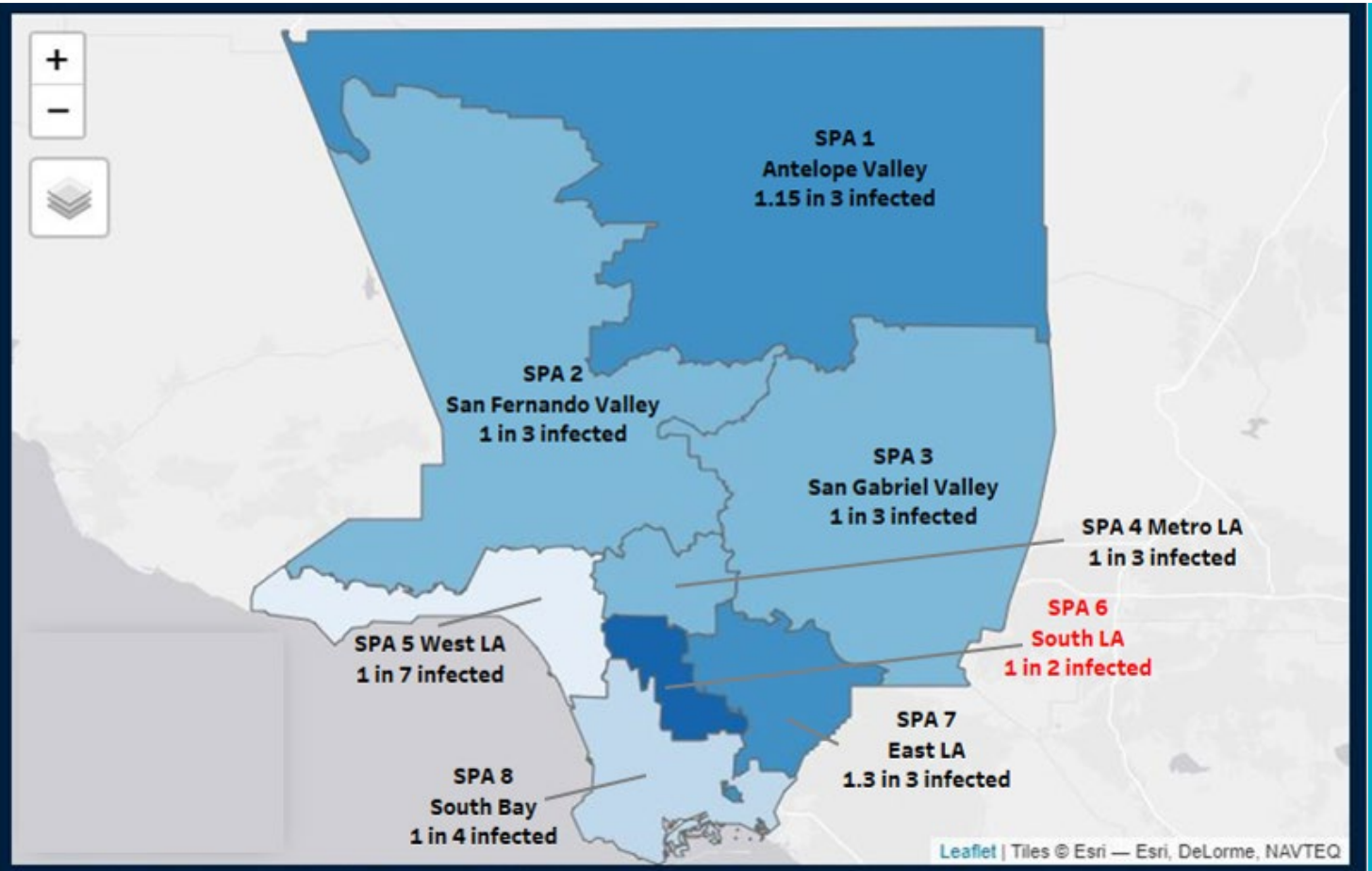
COVID Data Forecasting and Trends December 18

MLK Community Healthcare

Approximately 1 in 3 persons in Los Angeles County has been infected with COVID-19 since the beginning of the pandemic.

Estimates based on current case rates by SPA

Map of Adjusted Rates for Cases by SPA



Crude and Adjusted Rates are Per 100,000 population (2018 Population Estimates). Adjusted Rate is age-adjusted by year 2000 US Standard Population. Adjusted rates account for differences in the distribution of age in the underlying population. Adjusted rates are useful for comparing rates across geographies (i.e. comparing the rate between cities that have different age distributions).

Persons Tested derived from ELR data which is known to have a high frequency of missing addresses. These tested persons without an address will not be allocated to a geography.

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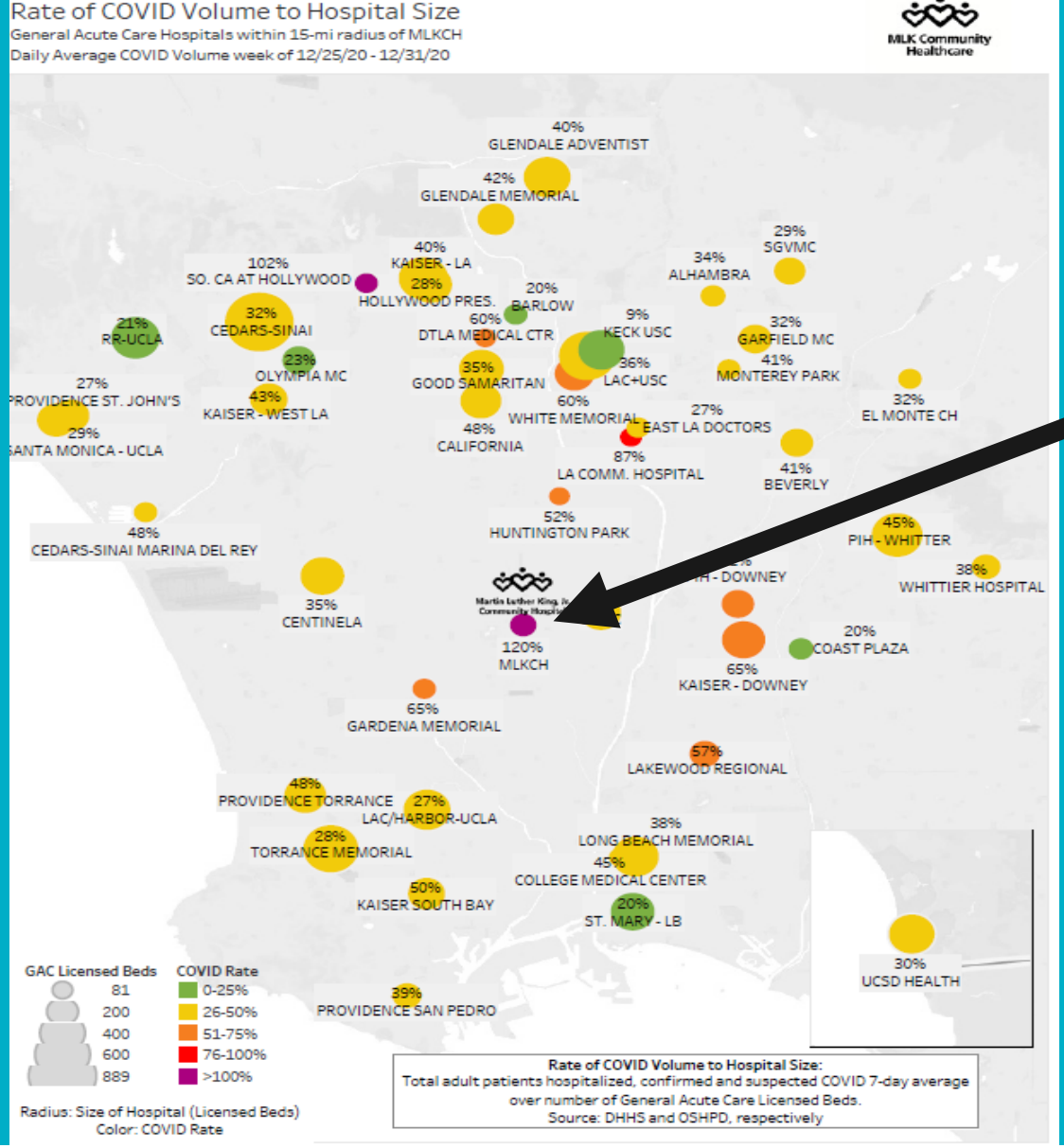

120%

	GAC Lic. Beds	# of COVID Patients	Rate
MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL	131	157	120%
MEMORIALCARE LONG BEACH MEDICAL CENTER	411	155	38%
ST. FRANCIS MEDICAL CENTER	314	115	37%
LAC+USC MEDICAL CENTER	600	214	36%

Increased Focus on Community and Population Health Post Pandemic

HOME BASED CARE

MOBILE HEALTH

STREET MEDICINE for HOMELESS

TELEHEALTH

BEHAVIORAL HEALTH INTEGRATION

RECIPE FOR HEALTH

CENTERS OF EXCELLENCE

PATIENT CENTERED MEDICAL HOME

MLK Community Healthcare

MLK Community Healthcare

These programs result in:

- **Decreased hospital average length of stay**
- **Decreased return to emergency department**
- **Decreased readmission rates**
- **Decreased cost of care**
- **Increased adherence / compliance with outpatient medical appointments**


"The hospital of the future"
POLITICO
HealthCare's most wired®
HIMSS Analytics STAGE 7
U.S. GREEN BUILDING COUNCIL
LEED GOLD
USGBC
Hospital Profile
• 131 Total Licensed Beds
• 93 Medical Surgical
• 20 Intensive Care
• 18 Obstetrics
100% of Physicians Board Certified
Top 8%
We're In the Top Nationally
for patient satisfaction

MLK Community Healthcare

However

- None of these programs is financially sustainable without philanthropy
- Savings accrue to the health plan or capitated entity
- Additional supplemental funding required

A3PCON

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ITUP: 2021 L.A. HEALTH COLLABORATIVE

MANJUSHA P. KULKARNI, ESQ.

APRIL 27, 2021

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A3PCON by the Numbers

A coalition of more than **forty** community-based organizations that advocates for the rights and needs of the Asian American and Pacific Islander community in Southern California

A3PCON organizations serve and represent the **1.5 million** Asian Americans and **54,000** Pacific Islanders in LA County

AAPIs make up **15%** of the population

Founded in 1975 by a group of API executive directors

5 committees: environmental justice, housing and economic development, mental health, older adults and our human trafficking task force

250,000 community members are served every year

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What does EQUITY mean for AAPIs?

- Many factors/barriers contribute to inequities/demographics/socio-economic factors
- Recognition of disproportionate impact on communities of color
  - African American, Latinx, indigenous and Native Hawaiian and Pacific Islanders
  - Not enough research on impact/co-morbidities in AAs and NHPIs
    - Diabetes, heart disease, obesity, asthma
- Include factors like systemic discrimination and current racism for all communities of color, including AANHPIs
- Hate incidents against Asian Americans and Pacific Islanders
  - Over 3800 COVID-19- related hate incidents reported to Stop AAPI Hate since March 2020

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Need for Disaggregated Data

- Collection and reporting of disaggregated local and statewide data imperative to understand the disproportionate impact on smaller racial and ethnic populations within the larger race and ethnic categories to avoid masking disparities among sub-populations
  - Disproportionate impact on Filipinx (health care)
- Little data reporting and impact on Asian Americans, Native Hawaiian and Pacific Islanders
- Pacific Islanders have been one of the most disproportionately impacted communities

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Language Access and Cultural Competency

- Informing materials need to be translated into multiple languages
  - Includes (but not limited to) Traditional and Simplified Chinese, Korean, Japanese, Khmer, Vietnamese, Thai, Hmong, Bangla, Hindi, Urdu, Punjabi, Tagalog, Samoan, Tongan, Marshallese
- Outreach, education and services need to be culturally and linguistically appropriate
- Culturally appropriate outreach, messaging
  - Social media tools
  - Venues frequented by AAPIs- faith-based, markets, cultural events

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Vaccine Distribution

- CBO outreach/education to dispel misinformation and encourage vaccine
  - Critical for hard-to-reach communities (LEP, immigrants, etc.)

- Need for accessible vaccination (and testing) sites in POC communities,
  - Community clinics that can provide culturally and linguistically appropriate assistance

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What are AAPI Community-Based Organizations Doing to Address COVID-19 Needs?

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Community Health Worker Outreach Initiative

- 17 AAPI organizations led by A3PCON, with ARI and NAPAFASA as substantive leads
- Provided culturally and linguistically appropriate outreach in over 19 different geographic locations and to 11 distinct ethnic communities
- Engaged over 44,000 community members though outreach and education about Covid-19 in course of six months
- Supported vaccine efforts in Chinatown and Thai Town by collaborating with local community health providers and through the deployment of mobile vaccination units that reached upwards of 1000 community members.

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County COVID-19 Community Equity Fund

As part of this work our partners will:

- Conduct outreach activities and provide education/resources related to COVID-19 to community members
- Support LAC DPH's efforts to increase vaccine accessibility by facilitating mobile vaccine events, helping to pre-register community members for vaccines and providing staff for outreach and translation at vaccine sites
- Facilitate culturally and linguistically appropriate connections to wrap-around services to individuals and families who test positive for COVID-19

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Other Health Grants/Awards

Los Angeles County, Governor Newsom and Blue Shield of California have come together to secure $15 million to expand vaccine infrastructure in communities disproportionately impacted by COVID-19.

A3PCON is one of 41 local organizations identified as critical to supporting local vaccination efforts in the most in-need communities in LA County. Local partners will receive funding ranging from $250K to $500K to deploy resources and enhance capacity in communities disproportionately impacted by Covid-19.

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Thank You!

Manjusha P. Kulkarni, Esq.

Executive Director

Asian Pacific Policy & Planning Council

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EISNER HEALTH

Boots on the Ground:

Before, during and after COVID-19

Warren J. Brodine, President + CEO
April 27, 2021

History of Eisner Health

- Founded 1920 – Right at the end of the Spanish Flu epidemic
- Comprehensive care – medical, dental, behavioral, hospital maternity care

- Compared among LA Centers
  - 6th Largest
  - Higher commercial payer mix (+2%)
  - Higher uninsured/MHLA than average (+/- +6%)
  - 53% < 100% FPG (compared to 59% LA County-wide)
  - Growing Medicare

Going into the Pandemic

- Statewide/County-wide

- ¼ of FQHCs <30 days cash
- Personnel instability – provider recruitment/retention
- Antiquated reimbursement systems
  - Payment for visits only
  - Telehealth only approved 10/2019
  - No meaningful ACO development

- Eisner Health

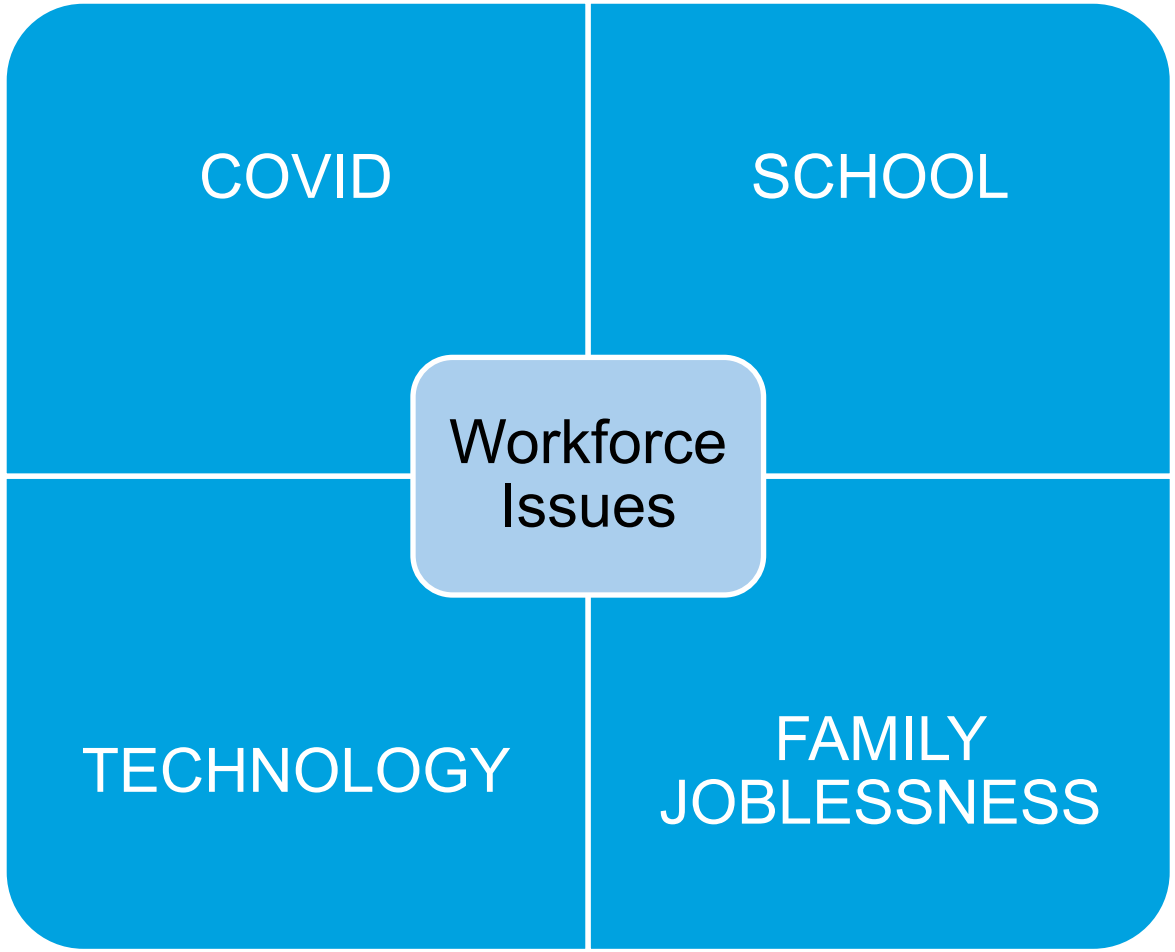
- Cash crunch pending rate setting
- Better-than-average provider stability, rising risk in recruitment
- Tech challenged – no telehealth
- Managed care growing but still *really* fee for service

Pandemic Impact

Dental (essentially) shuttered – reduced to emergency only – from 600 visits per week to 40

Care converted to telemedicine – wherever possible

From 3/13/2020 – nonessential personnel converted to WFH



EISNER HEALTH

How Eisner Health got through

- Telehealth transition – the pandemic finally gave health center patients equitable access to telehealth
- Federal Relief – Eisner Health threaded the needle
  - PPP
  - FFCRA
  - CARES Act
  - ARPA (American Rescue Plan Act)
- …But statewide there are still gaps
  - The largest centers couldn't take full advantage
  - The smallest are still on edge and at risk
  - ARPA is a down payment on recovery, but is not yet relief

Recommendations for the Health Center Safety Net

- Meaningful alternative payment methodology (APM) that honors federal guarantees
  - Allowing the innovation that has occurred to remain in an equitable way
  - Protecting safety net financial upside from takebacks so ongoing investment can occur

- Long-term investments in infrastructure
  - Telehealth – including telephonic care (trust doctors!)
  - Modernizing the physical care delivery network

Thank You!

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EISNER HEALTH

Questions?

Thank You!

Contact us at: info@ITUP.org

ITUP
Insure the Uninsured Project