

**LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES
HOSPITALS AND HEALTHCARE DELIVERY COMMISSION
Thursday, October 5, 2023**

<u>Commissioners</u>	Present	Excused	Absent
David Marshall, D.N.P., Chair		X	
William McCloud, M.H.A., F.A.C.H.E., Vice Chair		X	
Christopher Bui, M.D.	X		
Michael Cousineau, MPH, Ph. D	X		
Dr. Genevieve Clavreul, R.N., Ph.D.	X		
Phillip Kurzner, M.D.	X		
Laura LaCorte, J.D.	X		
Patrick Ogawa	X		
Elisa Nicholas, M.D.	X		
Barbara Siegel, J.D.		X	
Margaret Farwell Smith		X	
Stanly Toy, M.D.			X
Rosemary C. Veniegas, Ph.D.	X		
Tia Delaney-Stewart	X		
<u>DHS Staff</u>			
Allen Gomez			
Robert Broadbelt			

1. Call to Order

The meeting was called to order at 10:31 a.m. by Commissioner Veniegas.

2. Roll Call

Allen Gomez, Commission staff, called the roll.

3. Welcome and Introductions

Chair Veniegas welcomed all members of the commission, staff, and guest.

4. Action Item:

Approval of Minutes – September 7, 2023

On motion of Commissioner Ogawa, seconded by Commissioner Delaney-Stewart, duly carried by the following vote, the September 7th, 2023, meeting minutes were approved:

Ayes: Commissioner Bui, Commissioner Cousineau, Commissioner Clavreul, Commissioner Kurzner, Commissioner LaCorte, Commissioner Ogawa, Commissioner Nicholas, Commissioner Veniegas

Nays: None

Absent: Chair Marshall, Vice Chair McCloud, Commissioner Siegel, Commissioner Smith, Commissioner Toy

5. Presentation –

General discussion with Charmaine Dorsey, Director of Patient and Social Support Services and Debra Duran Chief Nursing Officer of Population Health and Outpatient Services to provide an overview of DHS Population Health.

DISCUSSION/FINDINGS	RECOMMENDATIONS, ACTIONS, FOLLOW-UP
<p>Charmaine Dorsey and Debra Duran provided an overview of the following:</p> <ul style="list-style-type: none"> • The goal of the Population Health Management initiative is to transform healthcare delivery into a more cost-effective and patient-centric system. This is to be achieved through four main objectives: (1) optimizing care settings, (2) expanding service offerings, (3) leveraging data for decision-making, and (4) personalizing patient interactions. • Programs and services: <ul style="list-style-type: none"> ○ Comprehensive Primary Care and Preventive Services: Focuses on preventive measures and early diagnosis to improve patient outcomes. ○ Care Management/Disease Management Services: Aims to manage chronic conditions effectively, reducing hospital admissions and costs. ○ Health Education Services: Provides educational resources to empower patients in making informed health decisions. ○ Social Support Services: Offers additional support mechanisms to improve patient well-being. ○ Non-specialty Mental Health Services: Provides basic mental health care, integrating it into the overall health management strategy. • Current Patient Population <ul style="list-style-type: none"> ○ 14% high risk, complex/high utilizers ○ 16% hypertension ○ 14% diabetes ○ 5.5% SUD ○ 2.9% depression • DHS Primary Care Journey <ul style="list-style-type: none"> ○ June 2011: The Ambulatory Care Network was established to align with the ACA and the Triple Aim, focusing on improving quality, patient experience, and cost containment. ○ FY 2014-2015: The PCMH (Patient-Centered Medical Home) staffing model was approved. Primary care clinics transitioned to this model, emphasizing patient empanelment, team-based care, and complex care management. ○ FY 2019-2020: A revision to the PCMH staffing model was implemented, adding social support and behavioral health services to the existing framework. • Care Management <ul style="list-style-type: none"> ○ Basic Population Health Mgmt <ul style="list-style-type: none"> ▪ PCMH engagement and care coordination ▪ Behavioral Health Integration ▪ Social Services ▪ Chronic Disease Risk Reduction Programs ▪ Health Education and Promotion ○ Care mgmt 	

- Complex Care Management (non-ECM eligible)
 - CalAIM Enhanced Care Management
 - MCP managed Complex Case Management
- Transitions of care
 - Discharge planning prior to discharge
 - PCMH follow-up after discharge
 - DHS CCM/ECM care manager follow-up
 - MCP managed services
- Enhanced Care mgmt.
 - Part of CalAIM
 - Enrollment: 2,609
 - Core Services: Outreach and Engagement, Comprehensive Assessment & Care Management, Enhanced Coordination of Care, Health Promotion, Comprehensive Transitional Care, Patient and Family Supports, Coordination and Referrals to Community and Social Support Services
- Referral System
 - A **free** online and mobile platform that makes it easy for community members and health care, non-profit and social service professionals to find, manage and access thousands of community resources across LA County
 - Accessible from **anywhere** you can access the internet (phones, tablets, computers)
 - Available in English or Spanish
 - Filter search results by age, language, communities served and more
 - HIPAA compliant
 - Resources verified **every 6 months**
- FoodRX Collaborative
 - Partnership w/ DPH CalFresh
 - January-June 2023, conducted 51 Food distributions across multiple DHS PCMH sites. 39,583 households served and over 186,120 pounds of food distributed.
 - Since inception of the program in 2021, conducted over 392 food distributions, over 290,186 households served and over 1 million pounds of food distributed
 - These distributions are in addition to linkage to CalFresh, SNAP and other food assistance programs
- Non-specialty mental health services
 - Assessment and Diagnosis Evaluation and Treatment Psychotherapy
 - Perform assessment, engagement, education, and support of treatment adherence
 - Provide brief intervention, treatment, documentation
 - Assist patients to set goals and promote self-management
 - Communicate with PCP and psychiatry consult about concerns and the progress of patients
 - Monitor patient progress through standardized reassessment (e.g., PHQ-9)

<ul style="list-style-type: none"> ▪ SUD and social needs screening/referrals; work with other BHI team members (i.e., MCWs, CHWs, SUD counselors) ○ How do LCSWs identify patients to provide care? <ul style="list-style-type: none"> ▪ Referrals from other PC team members ▪ Patient self-referral ▪ Proactive Outreach based on last PHQ9 ○ Who gets referred? <ul style="list-style-type: none"> ▪ Positive PHQ2 for a follow-up PHQ9 ▪ PHQ9 score of 5-14 (Non-Specialty Mental Health) ○ Who do we refer to DMH? <ul style="list-style-type: none"> ▪ Higher Level of Care (PHQ >14 & GAD >14) ▪ Severe mental illness ▪ All specialty mental health services ● QIP Program background <ul style="list-style-type: none"> ○ Began in 2017 to come into compliance with the federal Centers for Medicare & Medicaid Services' (CMS) Medicaid and CHIP Managed Care Final Rule. ○ Redesigned as a managed care directed payment program in January 2020 when PRIME, a Medi-Cal 2020 waiver program, expired. ○ QIP measures closely align with California's Department of Health Care Services' (DHCS) Comprehensive Quality Strategy and the Managed Care Accountability Set (MCAS) for Medi-Cal managed care plans. 	
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6. Items for discussion and possible action:

	DISCUSSION/FINDINGS	RECOMMENDATIONS, ACTIONS, FOLLOW-UP
<p>a. Discussion to set priorities and meeting dates for the newly created Standing Committee on Housing and Homelessness</p>	<ul style="list-style-type: none"> ● Commission brought up the idea of setting the standing committee on the same date as the regular commission meeting. 	<ul style="list-style-type: none"> ● Commission Staff to check to see if Room 910 time can be extended to accommodate Standing Committee meeting after the regularly scheduled Commission meeting.
<p>b. Report back on the June 23, 2023; August 31; and September 28, 2023,</p>	<p>Commissioner Ogawa reported:</p> <ul style="list-style-type: none"> ● On September 28th, discussed meeting with CHS. 	<p>Received and Filed</p>

Correctional Health
Services Ad Hoc
Meeting

- Awaiting updates from Dr. Belavich and Dr. Bean
- Sheriff is working on health related-inquires – awaiting follow up.
- Sheriff is pursuing their own electronic management system – current system is paper and goes through the Sherriff's dept.
- Follow up action: will meet with Rhonda and flush out the issues further – aiming to lock down a concrete contact at Sherriff.
- Paper grievance system is the norm nationwide – few models to use as a blueprint.
- Commissioner brought up the question of whether inmates cared for by CHS are empaneled patients.

c. Review priorities of
Ad Hoc Committees –
Correctional Health
Services Ad Hoc

Item continued to the
November 2, 2023
meeting.

d. Discussion on Future Commission Guest Speakers for 2023 & 2024	<ul style="list-style-type: none"> • Commission proposed scheduling Allen Wecker, DHS' Director of Finance, to speak on CalAIM in 2024 HHCD Commission meeting. • Commission suggested bringing someone from LA Care to speak to the commission about CalAIM/Access in 2024. 	Received and Filed
e. Discussion and Possible Action on Future Commission Site-Visits for 2024	<p>Commissioners discussed visiting post-acute centers in the future.</p> <ul style="list-style-type: none"> • Tentative Site visit – Harbor-UCLA 	Received and Filed
f. Discussion – Department of Health Services Dashboard	<ul style="list-style-type: none"> • Commission raised a question on why the quality data is so limited. <ul style="list-style-type: none"> ○ Is there a system-wide quality committee? • Data particularly limited on chronic care management. • Data suggests that ED visits have increased -- what is going on and why has that changed? • Commission expressed concerns over access. <p>Commission wants to know what the goals of the data dashboard are, how management uses it, where does the data come from, and how is it collected?</p>	Item continued to the November 2, 2023 meeting.

7. Items not on the posted agenda for matters requiring immediate action because of an emergency, or where the need to take immediate action came to the attention of the Commission after the posting of the agenda.

8. Public Comment

- Commissioner Barbars Siegel, joining as a member of the public, suggested both the Standing Committee and the CHS Ad Hoc will be looking at elements of CalAIM and as a Commission we should take care not to "silo" our discussions of CalAIM.

9. Adjournment

The meeting adjourned at 12:35 p.m. The next regular meeting is scheduled for November 2, 2023.