

MEETING OF
BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN
QUALITY IMPROVEMENT HEALTH EQUITY COMMITTEE (QIHEC)

Via Conference Call
December 12, 2024

Once a quorum was established, the Blue Shield of California Promise Health Plan Quality Improvement Health Equity Committee (QIHEC) meeting was called to order by the Chairperson, Dr. Jennifer Nuovo, Chief Medical Officer via telephone conference on Thursday, December 12, 2024.

Attendance

Committee Members present:

1. Dr. Jennifer Nuovo, Chief Medical Officer, Blue Shield of California Promise Health Plan
2. Valerie Martinez, Chief Health Equity Officer, Blue Shield of California Promise Health Plan
3. Christine Nguyen, Director, Clinical Quality, Blue Shield of California Promise Health Plan
4. David Bond, Director, Enterprise Behavioral Health, Blue Shield of California Promise Health Plan
5. Jennifer Christian-Herman, VP, MindBody Medicine, Blue Shield of California
6. Jennifer Schirmer, VP, Medi-Cal Growth, Blue Shield of California Promise Health Plan
7. Nate Oubre, VP Performance, Blue Shield of California Promise Health Plan
8. Susan Mahonga, Director CalAIM, Blue Shield of California Promise Health Plan
9. Vivian Phillips Husband, VP Customer Experience and Shared Services, Blue Shield of California
10. Job Godino, Director of Quality Improvement and Innovation/Scientific Director, Family Health Centers
11. Dr. Jesus Saucedo, Clinical Advisor, Harmony Health
12. Dr. Brendan Mull, Medical Director, Quality Management, MedPOINT Management
13. Alison Sipler, Program Coordinator, San Diego County Health and Human Services
14. Diana Lam, Director of Quality Operations, Accountable Health Care
15. Richard Powell, MD, RLP Enterprises
16. Sonia Tucker, VP of Population Health, San Ysidro Health
17. Frances Trimble, Quality Manager, San Ysidro Health
18. Yesenia Curiel, Director, Associate VP Behavioral Health and Crisis Intervention Services, AltaMed Health Services

Committee Members absent:

1. Jennifer Miyamoto-Echeverria, Senior Director, Medi-Cal Population Health Management, Blue Shield of California Promise Health Plan
2. Gloria Shier, Chief Executive Officer, Elite Care Health
3. Deanna Newman, Senior Manager of Data Operations, Community Clinic Association of Los Angeles County
4. Ruth Novodor, El Proyecto del Barrio, Inc.
5. Alyson Spencer, Senior Director, Blue Shield of California Promise Health Plan

Blue Shield of California and Blue Shield of California Promise Health Plan Representatives present:

1. Alexis Duke, Health Equity Business Analyst, Consultant
2. Amie Eng, Program Manager, Principal, Medi-Cal QI
3. Dr. Cammy Babaie, Medical Director, Operations
4. Danika Cunningham, Director, Quality Assurance & Management, Clinical Quality
5. Heather Smalley, Sr. Manager, Program and Project Management, QA Accreditation, Quality Regulatory Compliance, QI
6. Karin Bartley, Director, Clinical Oversight, Office of Promise CMO
7. Lillian Chen, Program Manager, Principal, Office of Promise CMO
8. Linda Fleischman, Health Education & Cultural and Linguistic Senior Manager
9. Dr. Manisha Sharma, Senior Medical Director, Blue Shield of California Promise Health Plan
10. Mary Katherine Waters, Sr. Manager, Program and Project Management, QA Accreditation, Quality Regulatory Compliance, QI
11. Negin Nafissi, Program Manager Consultant, QA Accreditation, QI
12. Paige Brogan, Program Manager, Principal, CalAIM
13. Ron Baur, Principal Program Manager, Promise, Quality Management, QI
14. Sequoia SimeGeffer, Business Analyst, Senior, VP Performance Optimization
15. Shahid Salam Sr. Manager, Operations, Medicare Non-Clinical AGD
16. Shannon Cosgrove, Senior Director, Health Equity and Blue Shield of CA Chief Health Equity Officer
17. Som Florendo, Program Manager, Consultant, QI
18. Yasamin Hafid, Senior Director, Medi-Cal Compliance Promise Chief Compliance Officer
19. Nicole Evans, Sr. Manager, Medi-Cal Maternal & Infant Health Equity
20. Maria Lackner, Sr. Director, Account Management
21. Xiaoli Li, Business Analyst, Principal
22. Ayesha Sharma, Sr. Manager, Governance, Population Health Management

Introductions and Welcome

Dr. Jennifer Nuovo welcomed committee members, called the meeting to order, and previewed the meeting agenda.

Old Business

A workgroup was formed on October 14, 2024, with committee members to share and develop strategies and tools that support asking members for demographic information. Actionable next steps are in progress including gender affirming care training and exploring solutions for bi-directional data sharing.

The Institute for Healthcare Improvement excerpt on anti-racism considerations within the Health Equity Integration Plan and Framework was included as suggested by committee members at the QIHEC Quarter (Q) 3 meeting.

Business items are now closed following this update.

Document Review and Approval (Pre-reads)

The Quality Improvement and Health Equity Transformation Program (QIHETP) program documents were circulated to voting committee members for review and approval via email prior to the QIHEC Q4 meeting. The following documents were approved by voting committee members:

- BSC Promise QIHEC Meeting Minutes Q3 2024
- 2024 BSC Promise QIHEC Work Plan

Regulatory Updates

Brigitte Lamberson provided an update on the National Committee for Quality Assurance (NCQA): Health Equity Accreditation (HEA) Update, stating that the survey was submitted in November 2024 and formal results are pending.

Culturally and Linguistically Appropriate Services (CLAS) Reports and Program Evaluations

Mary Katherine, Senior Manager, NCQA Health Plan and Health Equity Accreditation, Quality Management Department, provided a brief overview of the CLAS report.

The CLAS report assesses the provider network to determine if the members needs and preferences are being met for the measurement areas below:

- Race/ethnicity
- Language
- Sexual orientation
- Gender identity
- Cultural & linguistic grievances, and
- Plan CLAS trainings and resources offered to providers

The table below describes CLAS report findings, interventions, and outcomes:

Table 1. Culturally and Linguistically Appropriate Services (CLAS) Report Findings, Interventions and Outcomes

Report	Finding	Intervention(s)	Outcomes
Culturally and Linguistically Appropriate Services (CLAS) Report	Member self-reported race and ethnicity data captured: 95.5% Los Angeles; 82.8% San Diego Goal: 80%	1) Sent reminders to all members regarding privacy and protections of their race, ethnicity, and language, sexual orientation, and gender identity data and shared the process for how to update member profiles (COMPLETED) 2) Focus on data integration from external sources to increase the amount of self-reported member demographic data available to us (ONGOING)	Will report 2025 CLAS report
Culturally and Linguistically Appropriate Services (CLAS) Report	NCQA requires health plans to develop race and ethnicity ratio and assess the provider network against those thresholds. All targeted threshold ratios were met except for <i>Some Other Race</i> for Promise San Diego. 97% of providers do not self-report race and ethnicity data.	1) Leverage additional provider sources to encourage providers to self-identify race, ethnicity and language data. Promise to partner with Violet Health and leverage their Health Equity provider training and other resources (Q1 2025). 2) Send reminders to all providers about the importance of updating their provider profile, which includes, but not limited to race, ethnicity, and spoken languages including office staff (COMPLETED) 3) Develop cross-department workgroup to review provider network language data that did not meet goal, examine current outreach activities, determine best practices approach to increase the network in these areas, and develop a timeline. Additionally, this team will examine our internal process for collecting and displaying English and develop an action plan based on their findings (COMPLETED) 4) Violet Health pilot (IN PROGRESS)	Will report 2025 CLAS report
Culturally and Linguistically Appropriate Services (CLAS) Report	Examined cultural and linguistic grievances to assess how the network meets the members' cultural needs and preferences Total grievances received: 53 (Los Angeles); 51 (San Diego). No threshold as cultural grievances are reviewed	1) Obtain feedback from Consumer Advisory Committee for preferred communication of language assistance resources (COMPLETED) 2) Released member notification with instructions to access language assistance services (COMPLETED) 3) Develop provider letter noting resources and language assistance services available (IN PROGRESS) 4) Grievance case review (PLANNED) 5) Facilitate training to transportation vendor given high volume cases (PLANNED)	Will report 2025 CLAS report
Culturally and Linguistically Appropriate Services (CLAS) Report	Blue Shield has low response rates (1%) for sexual orientation and gender identity data Goal: 20% by 2028	1) Socialize process for updating member profile 2) Training performed to improve staff comfort in broaching topic with members (COMPLETED) 3) Focus group with Federally Qualified Health Centers to understand barriers for collection (COMPLETED) 4) Explore process for data sharing with Federally Qualified Health Center (IN PROGRESS)	Will report 2025 CLAS report

Annual Health Disparities Report

Health Disparities Report

Amie, Principal Program Manager, Medi-Cal Quality Improvement Department, provided a brief overview of the Health Disparities Report.

The Health Disparity Report identifies and address disparities in healthcare outcomes among different population groups by analyzing member race, ethnicity, language, sexual orientation and gender identity data

The table below describes Health Disparities report findings, interventions, and outcomes:

Table 2. Health Disparities Report Findings, Interventions and Outcomes

Report	Finding	Intervention(s)	Outcomes
Health Disparities Report	<p>Inequities by race/ethnicity for poor diabetes control for members in Los Angeles County</p> <p>Hispanic/Latino members in Los Angeles County accounted for a large proportion of the denominator and had the highest number of members demonstrating HbA1c Poor Control (>9.0%)</p>	<p>1) Partner with our Health Education department to host a parallel Spanish speaking class series at the same time as the English-speaking class in August</p> <p>2) Employ heat maps to identify Hispanic or Latino members who reside near the Community Resource Centers to encourage attendance through mailed letters</p> <p>3) Among Hispanic/Latino members who are assigned to a provider group with Health Navigators, encourage attendance through live calls. Members can also bring family members or care givers</p>	<p>Will report 2025 Health Disparities Report</p> <p>Quarterly analysis using Health Equity Dashboard</p>
Health Disparities Report	<p>Inequities by race/ethnicity for Child and Adolescent Well Care Visits among Promise members in both San Diego and Los Angeles County</p> <p>Target goals for both counties were not achieved when stratifying performance by race</p>	<p>Intervention strategy will focus on reducing inequities for Black/African American, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native, and white members as these groups showed the highest preventive care visit gaps among Promise members.</p> <p>1) Increase access to well-care visits by offering the service in the member's community and offering flexibility for scheduling and attending the visit (PLANNED)</p> <p>2) Connect members to a usual source of care as well clinic days can help members identify their primary care provider and connect them to other Blue Shield Promise resources (PLANNED)</p> <p>3) Share results from the well-care visit with the members' assigned provider and connect members to Blue Shield Promise resources (PLANNED)</p>	<p>Will report 2025 Health Disparities Report</p> <p>Quarterly analysis using Health Equity Dashboard</p>

Brigitte Lamberson presented the proposed oversight model and transition plan for the NCQA HEA reports. Blue Shield Promise will continue to track progress over time and conduct an annual report evaluating program effectiveness for each, CLAS and Health Disparities Reports. Quarterly updates will be presented to the committee.

Senate Bill (SB) 1019: Medi-Cal Managed Care Mental Health Benefits-Mental Health Outreach and Education

Mimi Nguyen, Program Manager, Consultant, Office of the CMO, Behavioral health Services provided an overview of SB1019, a plan, and project updates. The SB1019 requires Medi-Cal managed care plans (MCP) to develop a DHCS approved outreach and education plan based on the MCP's population needs assessment (PNA) and a utilization assessment. MCPs then must use the outreach and educational plan to conduct annual outreach and education to enrollees and primary care physicians (PCPs) regarding covered mental health benefits.

Mimi Nguyen provided an overview of existing Provider Materials and Resources and recently launched Violete Health Pilot to acquire Ethnicity, and Language (REaL) and Sexual Orientation and Gender Identity (SOGI) information. REaL and SOGI data will be acquired from selected providers to enable the identification of diversity gaps and strengths within the network. The Pilot is aiming to create a mechanism to increase inclusivity scores through training and improve the ability to collect REaL and SOGI data. We will use the data collected by Violet to identify gaps.

Mimi Nguyen asked the committee for feedback regarding available Provider facing behavioral health services program webpage, the plan to conduct annual outreach and education to PCPs regarding covered mental health services, and stakeholder and tribal partner engagement influencing outreach and education plan elements.

Medi-Cal Trainings

Brigitte Lamberson presented an update regarding the mandatory Diversity, Equity, and Inclusion (DEI) Medi-Cal training entitled the 2024 Advancing Health Equity training that was softly launched earlier this year, in Quarter 2, to meet regulatory requirements for NCQA, DMHC, and DHCS Medi-Cal contract.

As of last quarter, we have soft-launched the 2024 Advancing Health Equity training to our Promise and Blue Shield of California Member Facing and Customer Care teams. The data presented here represent assigned Promise employees. As of September 2024, 89% of our staff have completed training; 6% of staff are in progress, 5% are past due. Efforts have been made to email staff members who have not completed their training, those whose status is in progress or past due. Overall, we have garnered 92% positive feedback on the training content.

Health Equity Spotlight: Sexual Orientation and Gender Identity (SOGI) Data Collection Focus Group

Brigitte Lamberson presented a Health Equity Spotlight on a recently formed SOGI Data collection focus group held in October with committee member participation from AltaMed Health Services, Family Health Centers, and San Ysidro Health.

During the focus group, we talked through the problem statement and challenges of collecting SOGI data. The focus group discussion also centered on exploring solutions for how we can increase SOGI data collection, increase staff comfortability for asking patients for this information, and discussed possible interventions.

Some of the common themes we garnered was the frequency of missing data across clinic and health plan systems. And challenges with collecting the information because of the sensitivity of the questions, back-logs in data entry due to paper format questionnaires and delays in digitizing the responses into internal systems. Challenges with Staff and Provider hesitancy to ask SOGI questions and vice versa patient hesitancy to provide SOGI responses environmental factors that can also play a role in data collection, and lack of administrative buy-in.

We also discussed best practices and potential interventions, including offering patients access to answer these sensitive questions via an iPad at check in, in the waiting room, bi-directional data sharing between medical groups and health plan systems, development of an incentive program encouraging members to update their SOGI information using trusted messaging, and partnering with patient facing campaigns.

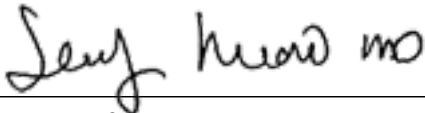
The Promise Health Equity Office shared tools and resources with the workgroup, gender affirming care training that's available on our public training website and exploring solutions for bi-directional data sharing. Additionally, we were able to meet with Family Health Centers and our internal IT partners to talk through some potential solutions for bi-directional data sharing and potential supplemental data sharing pilot.

Community Health Worker (CHW) Request

Brigitte Lamberson asked the committee for any recommendations for representation from our Community Health Workers and advised emailing the Health Equity Office as well for any recommendations.

Closing and Adjournment

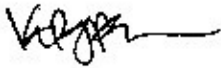
Dr. Jennifer Nuovo thanked the committee for their time and feedback. The next QIHEC meeting will be held March 20, 2024.



Dr. Jennifer Nuovo
Chief Medical Officer
Chair

3/20/2025

Date



Valerie Martinez, DrPH(c), MPH
Chief Health Equity Officer
Co-Chair

3/20/2025

Date