

Quality Improvement Health Equity Committee Quarter 1, 2025 Summary Report

Background

The purpose of this report is to summarize Blue Shield of California Promise Health Plan (BSCPHP, BSC Promise, or Blue Shield Promise) Quality Improvement Health Equity Committee (QIHEC) activities, findings, recommendations, and actions that is prepared after each meeting. The QIHEC reports to the Medi-Cal Committee who reports to the Blue Shield of California Board of Directors via consent agenda, and to DHCS upon request. A written summary of the QIHEC activities is made publicly available on the Plan's website at least on a quarterly basis.

Summary of QIHEC Activities

The Blue Shield Promise QIHEC meeting was called to order on Thursday, March 20, 2025, by the Chairperson, Valerie Martinez, Chief Health Equity Officer (CHEO) via telephone conference.

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 meeting. The following documents were approved by voting committee members:

- QIHEC Charter
- BSC Promise QIHEC Meeting Minutes Q4 2024
- 2025 BSC Promise QIHEC Work Plan (Q1)
- 2025 QIHET Program Description
- Diversity, Equity, and Inclusion (DEI) Training Program Requirements Policy and Procedures
- HEART Measure Set 03.20.2025

Health Equity 2024 and 2025 Performance Dashboard

Valerie Martinez presented on the 2024 Health Equity Performance Dashboard and accomplishments in 2024 that spanned governance, technology, a member-centric approach and influential leadership (Figure 1). In 2025, Blue Shield Promise Health Equity Dashboard will focus on maintaining NCQA Health Equity Accreditation, ensuring contract compliance is met, and will continue to build on building and integrating a culture of equity.

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Figure 1. 2024 Health Equity Performance Dashboard

Goal	Objective	Quarterly Report	Q1	Q2	Q3	Q4
Obtain Health Equity Accreditation	Complete survey by 12/31/2024	Rate of standards met	29%	74%*	82%	100%
	100% of health equity related contract deliverables will be compliant by 12/31/2024	Rate of deliverables met	73%	88%	92%	99%
Ensure contract compliance	Publish at least 3 health equity assessment reports by 12/31/2024	Number of reports published	1	1	2	3
	Identify at least 3 interventions targeting disparities experienced by subpopulations by 12/31/2025	Number of interventions planned for 2025	1	3	3	3
	Launch Diversity Equity and Inclusion training program by 1/1/2026 with submission to regulator by 10/15/2024	Percent of milestones completed to submit plan to regulator	50%	55%	60%	65%
	At least 7 health equity integration plans finalized by 12/31/2024	Rate of integration plans finalized	0	0	0	5**
Build and Integrate a Culture of Equity	Integration plan partners will ensure 90% of staff complete 2024 Advancing Health Equity: Training to Support Member Interactions Course	Rate of staff completing Advancing Health Equity Course	N/A released 5/6/2024	85%	92%	99%
	H.E.A.R.T. advocate program launch by 10/1/2024	Status of launch	Cohort ends 3/31/24	Planning; post-survey 100% satisfaction	Work Plan – human centered design approach	Socialized; 36 Advocates signed up

Regulatory Updates

Brigitte Lamberson, Health Equity Principal Program Manager, presented an update regarding the mandatory DEI Medi-Cal training entitled the 2024 Advancing Health Equity training. The training was softly launched in Quarter 2, 2024 to meet regulatory requirements. Blue Shield Promise has reached a 99% completion rate.

Blue Shield Promise officially launched the 2025 Advancing Health Equity training to all Promise staff. The Plan is also launching the external Provider facing training on the new Blue Shield of California Provider Learning Center platform.

Lastly, the HEO is collaborating with our Promise Health Education Cultural and Linguistic team, Health Equity Classic Partners, and several enterprise-wide subject matter experts to launch the new Transgender, Gender Diverse or Intersex (TGI) Cultural Competency Training as set forth by All Plan Letter 24-017 and Senate Bill 923.

The organization is experiencing a delayed launch due to some issues encountered with contracting, onboarding the vendor, timely review of the curriculum across a cross-functional SME matrix, and an aggressive timeline for launch since the release of the All Plan Letter. Our Promise Health Education and Cultural and Linguistics team have provided a brief root cause analysis of the issues encountered and mitigation plan for each issue, keeping the Plan on track and accountable for our Medi-Cal product. The goal is to launch the training by April 11th.

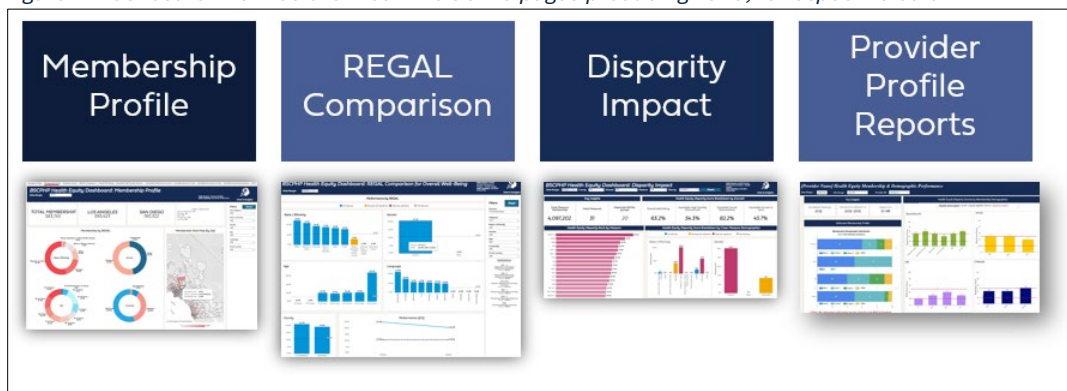
Health Equity Data Dashboard

Eduardo Delgado, Health Equity Principal Program Manager presented the health equity data dashboard to the committee. Providing an overview of the dashboard, exploring its capabilities and outputs, discussion on actionable insights, and finalizing with a summary and next steps.

The dashboard meets the requirements as set forth by the DHCS All Plan Letter 24-016, DEI training program requirements and supports our oversight process. Key milestones were achieved in this 18-month project, combining health equity and IT expertise. Validating and automating 54 health equity metrics, pulling data from over 12 sources, and capabilities to stratify data at the member, provider, and county levels by Race, Ethnicity, Gender, Age, and Language, allowing for equity-focused analysis. This REGAL stratification is crucial for uncovering disparities within specific subpopulations.

Key insights include statistical analyses using Z-scores, drill-down capabilities across demographics, geo-mapping with area deprivation analytics, and customizable views tailored for different audiences. The dashboard architecture includes four interactive pages: the Membership Profile, REGAL Comparison, Disparity Impact, and Provider Profile Reports, each producing valid, retrospective data.

Figure 2. Dashboard Architecture: Four interactive pages producing valid, retrospective data



Eduardo provided the committee with a brief dashboard demonstration navigating through the four interactive pages depicted in Figure 2, and an example of actionable insights drawn from the dashboard data results.

The HEO will take the lead in maintaining disparity analysis work using the dashboard, socialize the dashboard internally to ensure everyone can leverage its capabilities, initiate in-depth disparity analyses, and prepare a quarterly report

template. A comprehensive report will be presented to the QIHEC in June 2025. The report will incorporate the feedback provided for summary report preferences.

Health Equity Spotlight: HEART Advocate Assessment Report

Valerie Martinez presented on the I have HEART Advocate program launched in 2024 to help support the advancement of Blue Shield Promise' Health Equity Transformation Program. The Advocate program supports our Blue Shield Promise' HEART program goals and 5 tenets to transform, build, heal, partner, and champion health equity. The key driver to meet one of our program goals of cultivating a culture of equity.

This is a volunteer program for employees who support Promise where they participate in a six-month long program where we talk about health equity, have some deep dive training, and featured some guest speakers. Program participants worked on some actual health equity projects together as a team. Staff comprised a vertical and horizontal spread. The program is a great opportunity to get together, build subject matter expertise, and continual use of a health equity lens approach.

The HEART Program accomplishments included drafting a program charter describing goals, responsibilities, and logistical program details; facilitated a tour and focus group for Advocates at the Pomona Community Resource Center; facilitated training opportunities; spearheaded coffee chats; Advocates were invited to attend QIHEC meetings where a representative would present on program updates; developed a Framework and presented the Framework to Promise's QIHEC. This was used to codify planning and operations for subsequent cohorts

Valerie Martinez shared the program ran from September 2023 through March 2024. A total of 45 participants completed the program. Overall, the Cohort 1 formal study published indicated knowledge increase, program satisfaction, and opportunity to continue and expand externally to provider staff. As a result of much success in the first cohort, a second cohort has launched and will run for 6 months. A total of 62 participants have already signed up to the program. The Advocates will support our HEART program leading activities to integrate health equity.

Health Equity Spotlight: CalAIM Homelessness

Jessica Delaney, CalAIM Program Manager, presented on Blue Shield Promise' Housing and Homeless Incentive Plan (HHIP) Investment, the Flexible Housing pool and a cost saving analysis.

The **\$3M** Investment in the **Flexible Housing Pool** will provide **guaranteed housing units** for Promise Members **enrolled in Housing Related Community Supports (CS)**

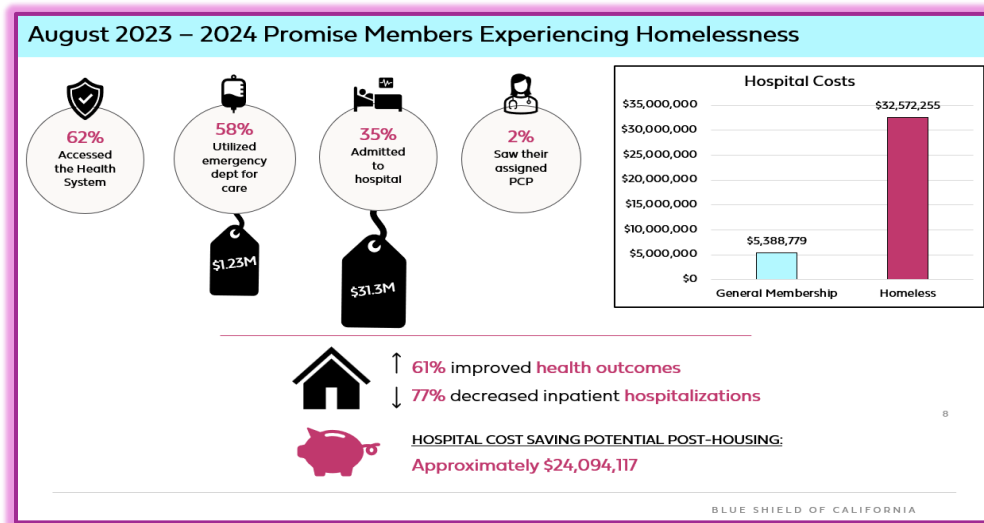
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in San Diego including, housing transition and/or navigation, housing deposits, and transitional rent – a new CS to be mandated benefit by January 1, 2026. Eligibility is determined by their housing status; the member must be homeless and need housing.

Jessica provided a recap of the California Statewide Study of People Experiencing Homelessness (CASPEH), conducted by The University of California, San Francisco (UCSF) Benioff Homelessness and Housing Initiative (BHII), the largest representative study of homelessness in the United States since the mid-1990s. The study provides a comprehensive look at the causes and consequences of homelessness in California and recommends policy changes to shape programs in response.

Blue Shield Promise staff conducted internal research and analyzed our membership experiencing homelessness for comparison. Findings indicated that our members that are experiencing homelessness aligns with the UCSF statewide study. Results indicated our homeless population had greater hospital costs compared to our general membership, and notable disparities as it related to accessing their assigned Primary Care Provider (PCP).

Figure 3. Blue Shield Promise Members Experiencing Homelessness

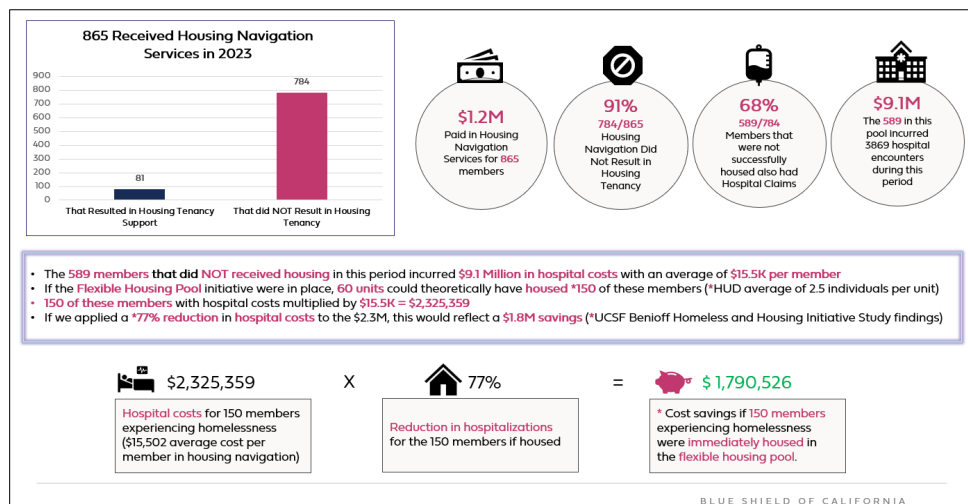


Further, Jessica provided a brief overview of 2023 Blue Shield Promise housing related community supports and housing outcomes achieved. Blue Shield Promise provided housing navigation to 865 members throughout 2023. Of these members, 81 individuals received in housing tenancy support and 784 individuals did not. The Cost of the housing navigation services paid for in 2023 was \$1.2 million, compared to \$9.1 million in hospital costs incurred among 589 members who did not result in

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housing tenancy. Overall results indicate that if the flexible housing pool initiative were in place during this timeframe, we could have theoretically housed 150 of those members and saved \$1.8 million in hospital costs.

Figure 4. Housing Related Community Supports Administered in 2023



Blue Shield Promise staff will continue to track housing related community supports for successful outcomes.

Health Equity Integration Plan Updates

Alexis Duke, Health Equity Business Analyst, presented on Blue Shield Promise Medi-Cal contract requirements to maintain a Health Equity Transformation Program (HETP) which includes at a minimum integration of health equity activities across a wide range of functional areas including: 1) Health Education and Cultural and Linguistic Services; 2) Growth, Community Engagement, and Marketing; 3) Provider Network; 4) Population Health Management; 5) Grievances and Appeals; 6) Utilization Management; 7) Quality; and 8) Medical Services including Case management and Maternal Health.

Blue Shield Promise will maintain an integration plan, document planned activities and outcomes to integrate health equity. This work focuses on interventions and identifying opportunities. Integration plan activities span across the health plan and align with Health Equity program tenets.

To highlight a few key operations, the HEO will support disparity analysis, research, continuous quality improvement cycle, monitoring; draft narrative reports; and maintain an Integration Plan across all teams, packaging one complete program summary, and present quarterly reports to various committees.



The CHEO will present to the QIHEC, and a summary report will be provided to the Medi-Cal Committee in June 2025.

Actions

The committee will continue to present QIHETP Workplan updates, present HEART Measure Set Monitoring Report rates and disparity analysis and identify quarterly Health Equity Spotlight reports. The HEO will track the action items and bring updates forward at the next QIHEC meeting held Thursday, June 26, 2025.