



AGENDA

Provider Advisory Group

March 25, 2024-Qtr. 1

12:00 P.M.

512 W. Aten Rd.

Imperial, CA 92251

All supporting documentation is available for public review at <https://chpiv.org>

Committee Members	Representing	Present
Dr. Hamid Zadeh	OB/Gyn	
Dr. John Harper	El Centro Regional Medical Center	
Dr. Jennifer Cohen	Whole Person Care Clinic	
Dr. Bushra Ahmad	Imperial County Behavioral Health	
Arnold Perreras	Unicare	
John Teague, PharmD	Pioneers Memorial Healthcare District	
Kenia Arredondo	MedZed	
Dr. Gordon Arakawa	CHAIR-Community Health Plan of Imperial Valley	

I. CALL TO ORDER

- A. Roll Call

*Dr. Gordon Arakawa, Chair
Donna Ponce, Commission Clerk*

II. CONSENT CALENDAR

All items appearing on the consent calendar are recommended for approval and will be acted upon by one motion, without discussion. Should any Commissioner or other person express their preference to consider an item separately, that item will be addressed at a time as determined by the Chair.

- A. Approval of Minutes: *None*

III. INFORMATION

- A. Introductions
- B. Roles and Responsibilities
- C. Review of 2023 Community Health & Wellness Data
- D. Introduction to CalAIM

Adjournment:



**Community
Health Plan**
OF IMPERIAL VALLEY

Providers Advisory Group Introductions

Gordon Arakawa, MD PhD

03-25-2024

Gordon Arakawa MD PhD

Board Certified in Diagnostic
Radiology & Nuclear Medicine

PhD in Advanced Data Analytics

Gordon Arakawa MD PhD

Tertiary Medicine

Public Health

Medi-Cal Managed Care

Gordon Arakawa MD PhD

Central California Alliance for Health
Medical Director

CHPIV
CMO
Chief Health Equity Officer

Gordon Arakawa MD PhD

Care Management

Population Health

Advanced Data Analytics



**Community
Health Plan**
OF IMPERIAL VALLEY

CHPIV Provider Advisory Committee Roles & Responsibilities

Gordon Arakawa, MD PhD

03-25-2024

Roles & Responsibilities

Represent Providers regarding care of Imperial County's Medi-Cal Members

Review Health Net's QIHEC meetings and make recommendations to CHPIV QIHEC

Review and make recommendations regarding delegate oversight of Health Net activities

Health Net QIHEC

Appeals & Grievances
Quality of Service/Quality of Care/PQI
Provider Credentialing
Facility Site Review
Utilization Management
Care Management
Population Health
Health Equity

Health Net QIHEC

Quality Improvement
Member Services
Clinical Policies
Behavioral Health
Pharmacy
LTC/CBAS
Vendor Oversight

PAC Housekeeping

Meeting Attendance/Length

Consider assignment of alternates

Review of Materials

Use of Consent Agenda

Questions ???



**Community
Health Plan**
OF IMPERIAL VALLEY

Q4 2023 Community Health & Wellness Data

Gordon Arakawa, MD PhD

03-25-2024

Q4 2023 Data

On Jan 2024, CHW and Molina
“exited” Imperial County

And CHPIV, along with Health Net,
entered Imperial County

Q4 2023 Data

Under normal (steady state) circumstances, the Q1 committees review prior year's Q4 data

However, CHPIV did not "exist" in Q4, 2023

Q4 2023 Data

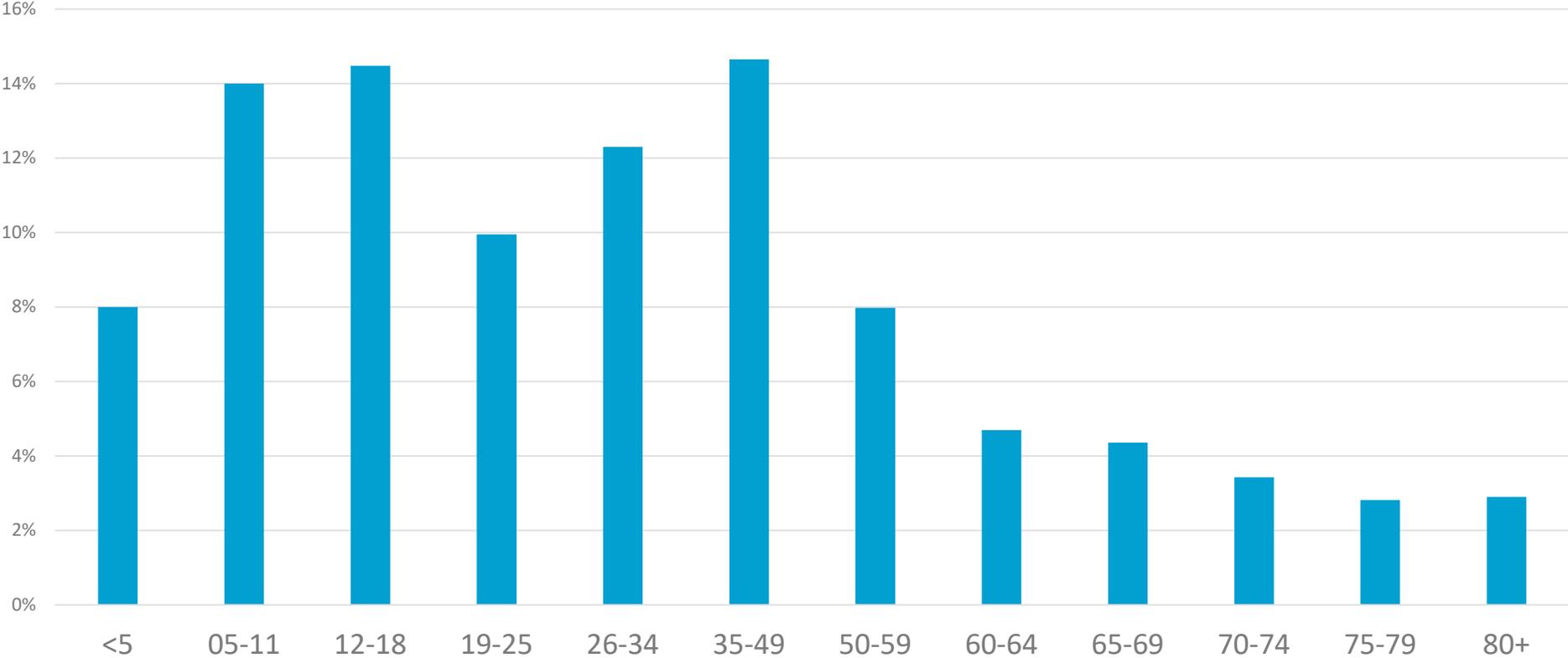
Review 2023 CHW data

Caveat 1: CHW can account for 85% of Medi-Cal Members

Caveat 2: 2023 Member Data from Molina is not accessible

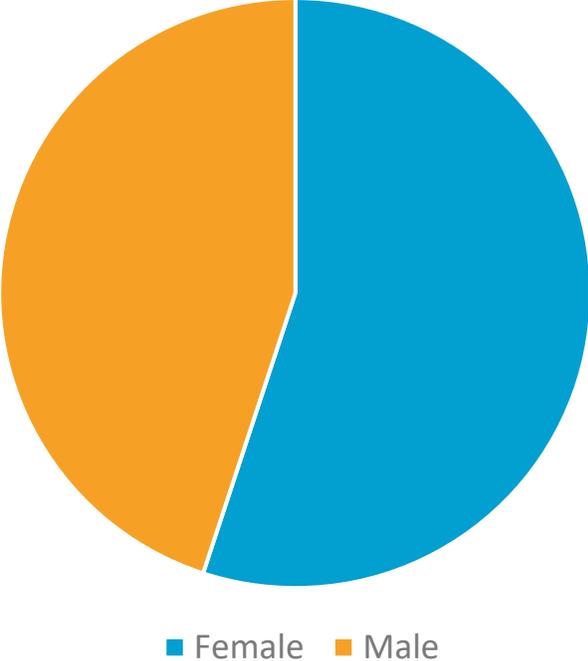
Q4 2023 Demographics

CHW Demography Age



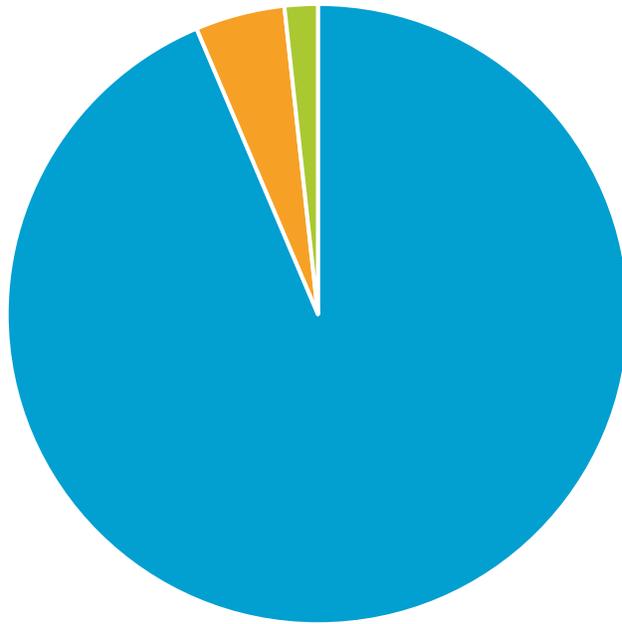
Q4 2023 Demographics

CHPIV Demography
Sex



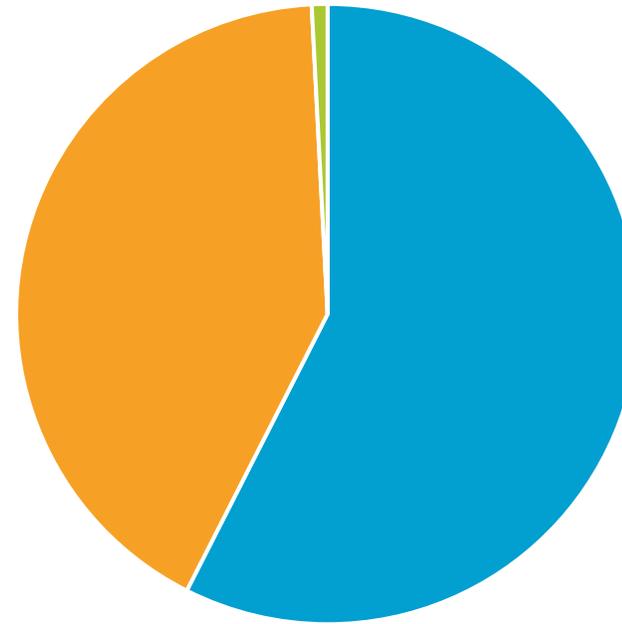
Q4 2023 Demographics

CHPIV Demography
Race/Ethnicity



■ Hispanic/Latino ■ White ■ Other

CHPIV Demography
Language



■ Spanish ■ English ■ Other

Q4 2023 Quality Data

	AMR	BCSE	CBP	CCS	CHL	CIS	IMA	PPC	PPC	W30	W30	WCV	FUA	FUM	HBD	LSC	CDEV	TFLCH
Asthma Medication Ratio																		
Breast Cancer Screening																		
Controlling Blood Pressure																		
Cervical Cancer Screening																		
Chlamydia Screening (Women)																		
Immunizations - Combo 10																		
Immunizations - Combo 2																		
Postpartum Care																		
Timeliness of Prenatal Care																		
First 15 months																		
15-30 months																		
Child & Adolescent Well Visit																		
Follow-up after ED visit for Substance Abuse																		
Follow-up visit after ED visit for Mental Illness																		
HbA1c Poor Control																		
Lead Screening in Children																		
Developmental Screening first 3 years of life																		
Topical Fluoride for Children																		
National 50th%	65.6	52.2	61.3	57.1	56	30.9	34.3	78.1	84.2	58.4	66.8	48.1	36.3	54.9	38	62.8	35.6	20
CHW Rate	61.8	59.2	52.8	56.1	52.8	34.3	34.8	67.4	75	53.5	70	43.2	28	12.1	62.2	76	45	6.9
Denominator	1500	3761	4500	15500	2070	1239	1637	1021	1020	450	1195	28500	310	131	4300	1245	3070	30784
NN 50th%	57	0	383	155	66	0	0	109	94	22	0	1397	26	56	1041	0	0	4033



Q4 2023 Quality Data

	AMR	BCSE	CBP	CCS	CHL	CIS	IMA	PPC	PPC	W30	W30	WCV	FUA	FUM	HBD	LSC	CDEV	TFLCH
	Asthma Medication Ratio	Breast Cancer Screening	Controlling Blood Pressure	Cervical Cancer Screening	Chlamydia Screening (Women)	Immunizations - Combo 10	Immunizations - Combo 2	Postpartum Care	Timeliness of Prenatal Care	First 15 months	15-30 months	Child & Adolescent Well Visit	Follow-up after ED visit for Substance Abuse	Follow-up visit after ED visit for Mental Illness	HbA1c Poor Control	Lead Screening in Children	Developmental Screening first 3 years of life	Topical Fluoride for Children
National 50th%	65.6	52.2	61.3	57.1	56	30.9	34.3	78.1	84.2	58.4	66.8	48.1	36.3	54.9	38	62.8	35.6	20
CHW Rate %	61.8	59.2	52.8	56.1	52.8	34.3	34.8	67.4	75	53.5	70	43.2	28	12.1	62.2	76	45	6.9
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NN 50th%	57	0	383	155	66	0	0	109	94	22	0	1397	26	56	1041	0	0	4033



Q4 2023 Quality Data

Several Measures > 50%tile

Several Measures are close to 50%tile

Few Measures that require additional effort

Questions ???



**Community
Health Plan**
OF IMPERIAL VALLEY

Medi-Cal & CalAIM

Gordon Arakawa, MD PhD

12-12-2023

Topics

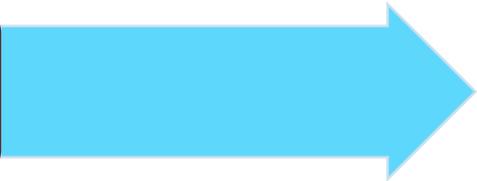


Medi-Cal Basics



CalAIM

Medi-Cal



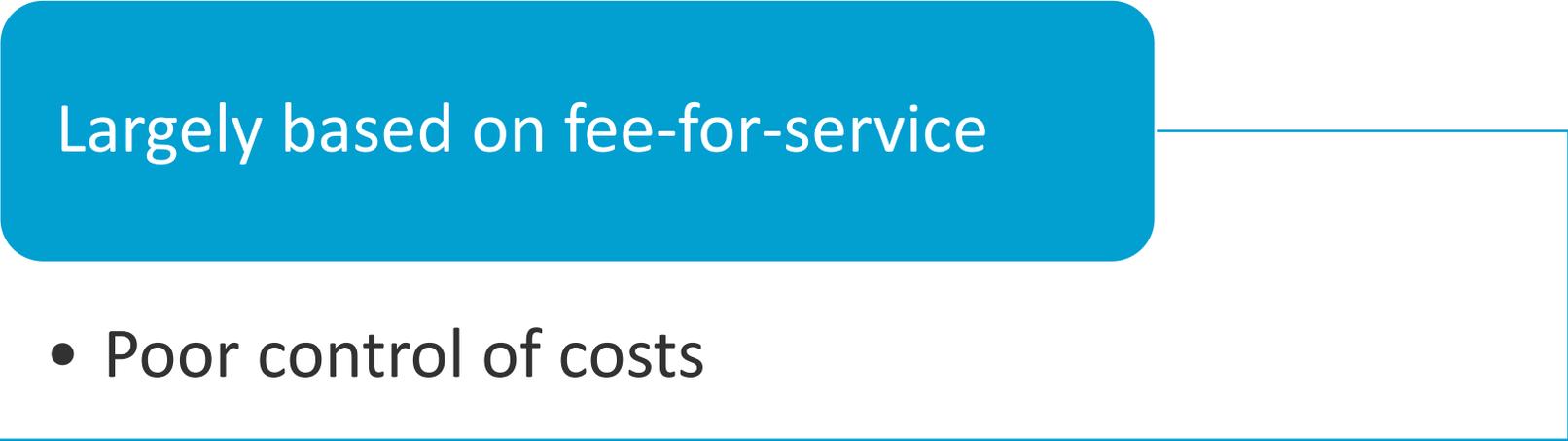
Largely focused on medical interventions

- Uneven distribution of BH, SUD, and social drivers of health (SDOH) interventions
- Suboptimal coordination of care

Medi-Cal



Largely based on fee-for-service

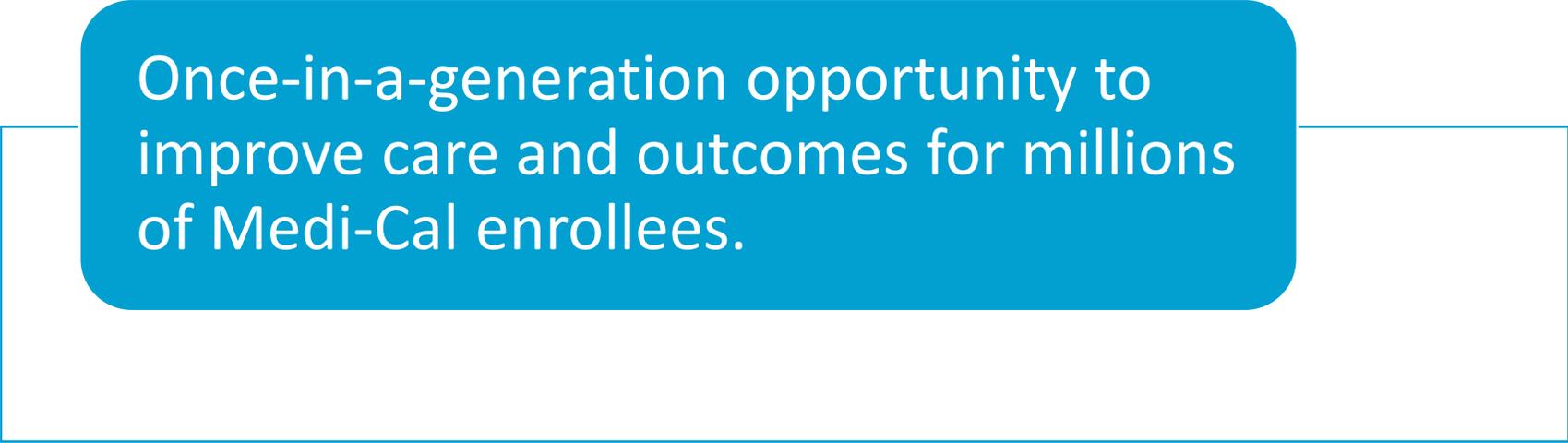


- Poor control of costs

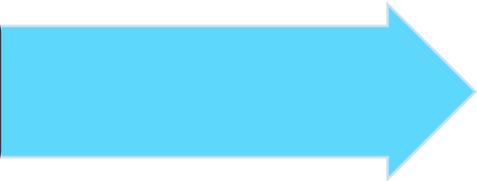
CaAIM



Once-in-a-generation opportunity to improve care and outcomes for millions of Medi-Cal enrollees.



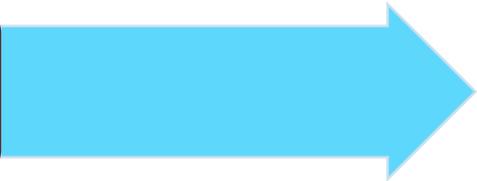
CaAIM



Over a span of five years, CaAIM introduces a myriad of new programs and make important reforms to many existing programs.

Create a more coordinated, person-centered, and equitable health system

CaAIM



Drive quality of care improvements

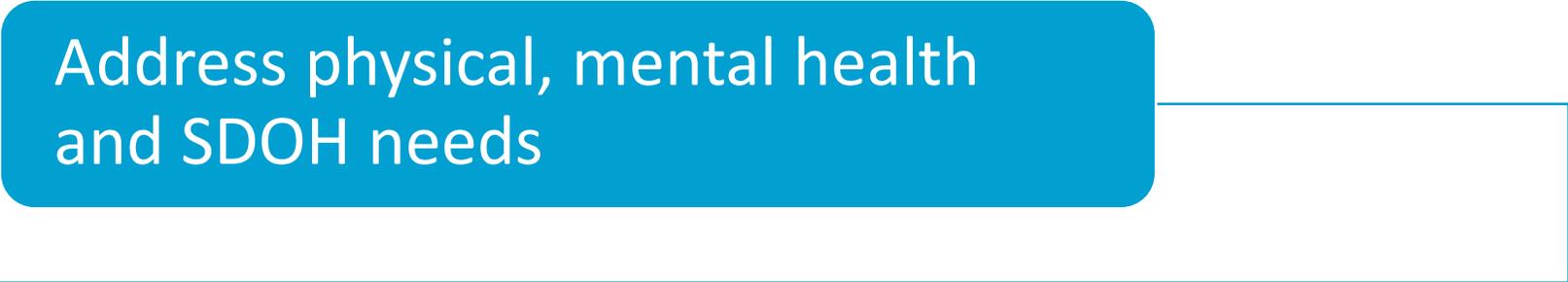
Streamline and reduce complexity

Build equity-focused and data-driven whole person care

CaAIM



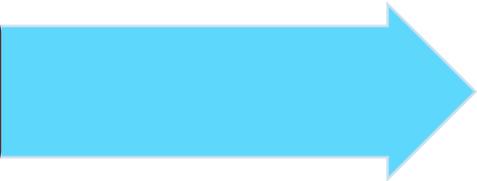
Address physical, mental health
and SDOH needs



Improve and integrate care



CaAIM



Population Health Management
(PHM)

Risk Stratification

Health Equity

CaAIM



Enhanced Care Management



Community Supports



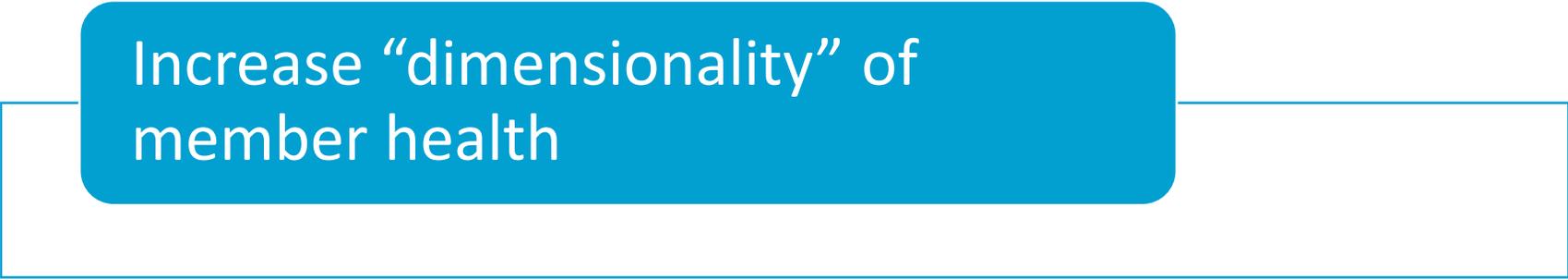
Community Health Workers



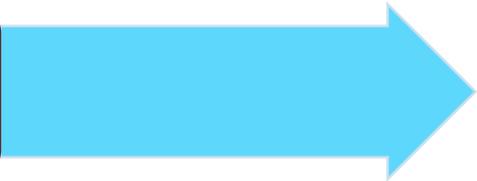
CaAIM



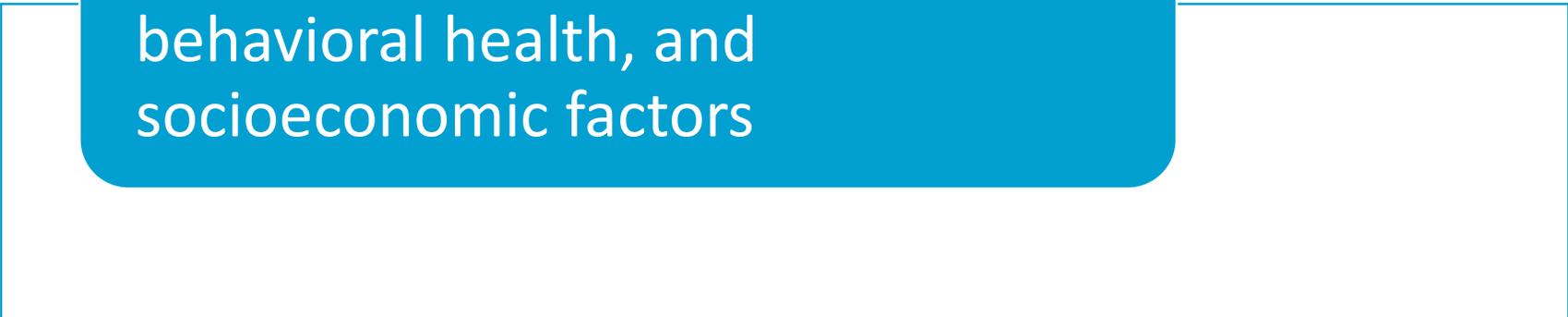
Increase “dimensionality” of
member health



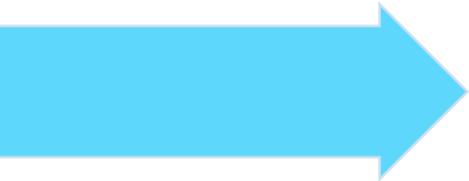
Health “Dimensionality”



Health depends on physical health,
behavioral health, and
socioeconomic factors



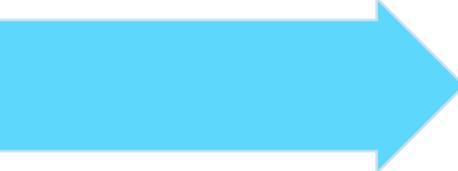
CaAIM



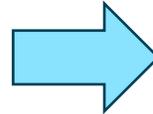
Medical



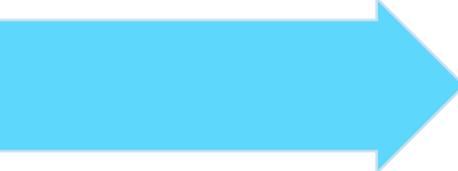
CaAIM



Medical



CaAIM



Medical

Behavioral
Health

SUD

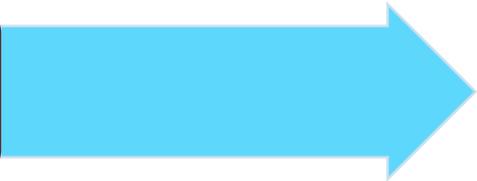
Housing Status

Food Security

Transportation



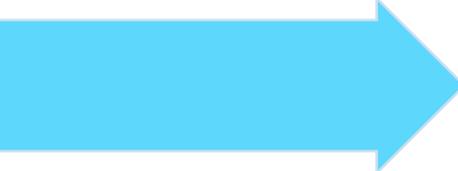
Health “Dimensionality”



Interventions must address
medical, behavioral health, and
socioeconomic factors



CaAIM



Medical

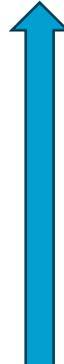
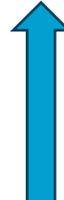
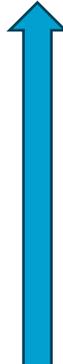
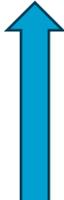
Behavioral Health

SUD

Housing Status

Food Security

Transportation



INTERVENTION

INTERVENTION

INTERVENTION

INTERVENTION

INTERVENTION

INTERVENTION



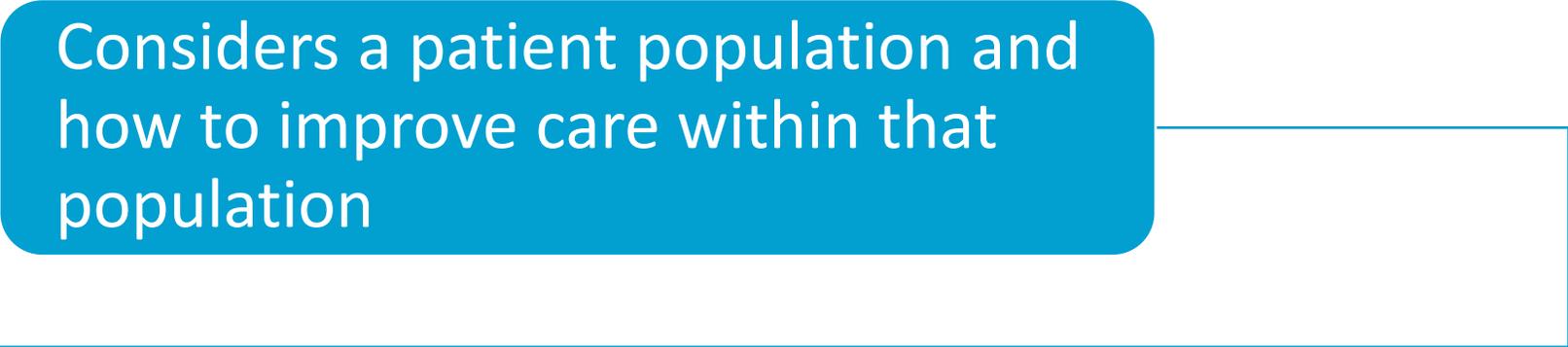
PHM



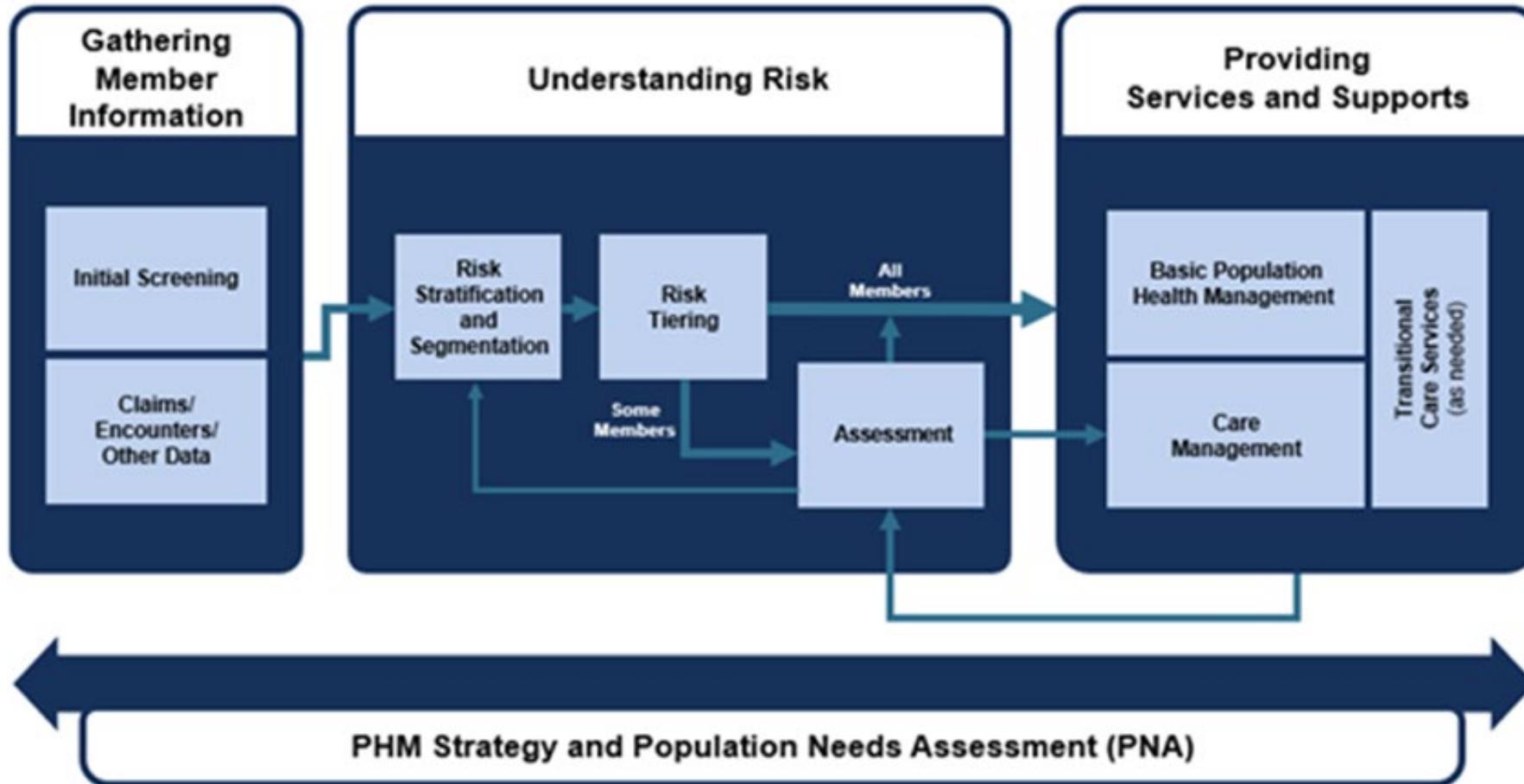
Population Health Management
(PHM)



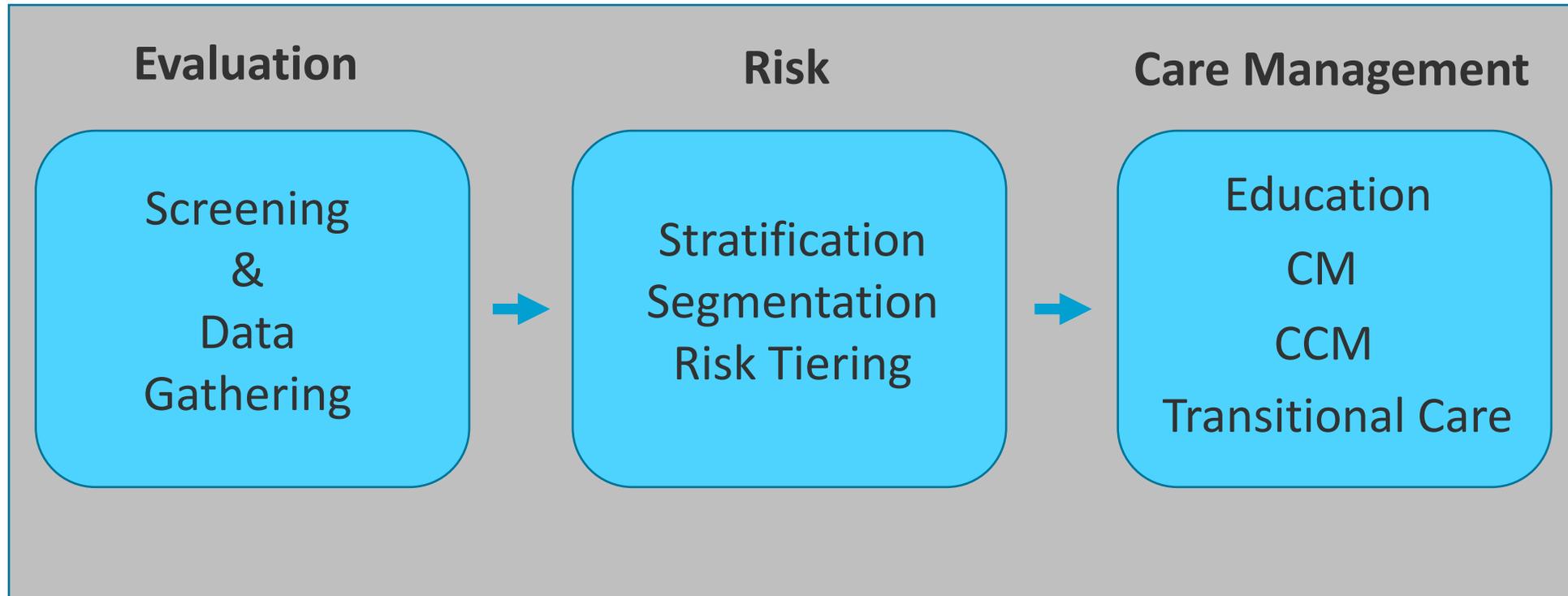
Considers a patient population and
how to improve care within that
population



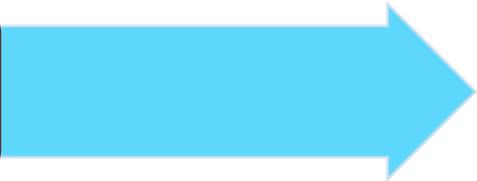
PHM



PHM



PHM

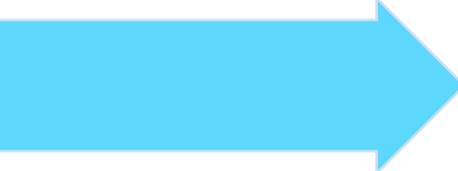


Evaluation of patient health & wellbeing

Establish (Health) Risk Score and Tier level

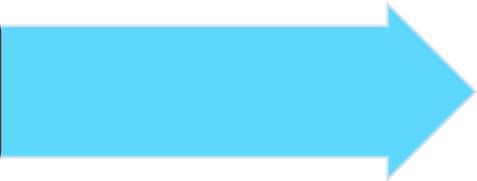
Assigns patient to Care Management

CaAIM



Risk Stratification

Risk Stratification

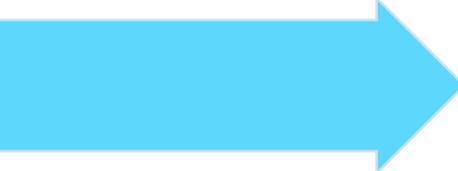


Process of differentiating Members into separate risk groups

Categorization of Members according to care and needs at all levels and intensities

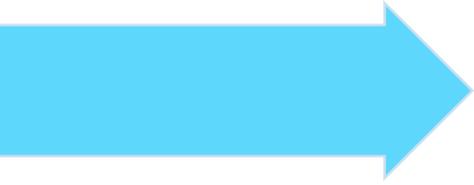
Should account for physical, behavioral health, and SDOH issues

CaAIM



Health Equity

Health Equity

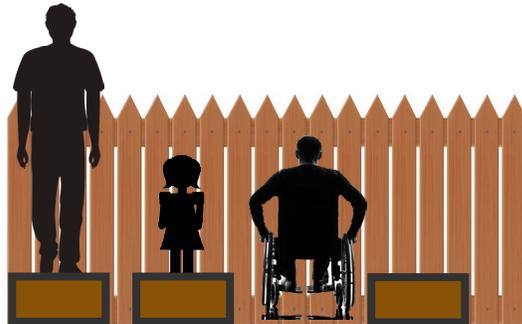
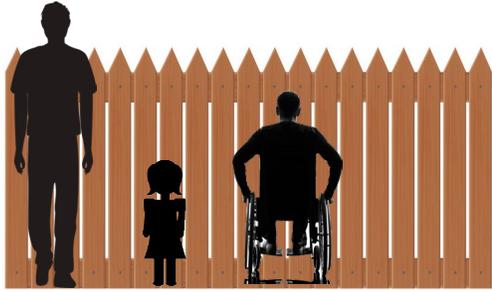
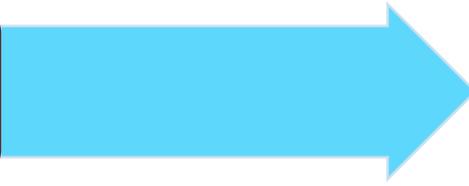


Identify health disparities

Identify root causes

Design interventions to address the health disparities

Health Equity

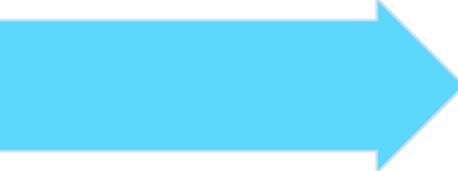


Health
Equality



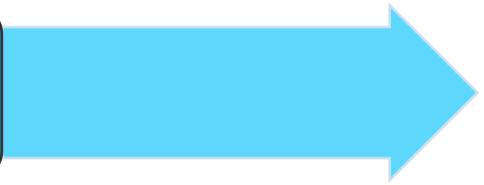
Health
Equity

CaAIM



Care Management

Care Management



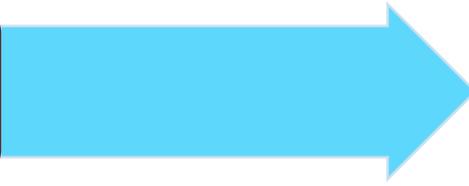
Complex Care Management



Enhanced Care Management (ECM)



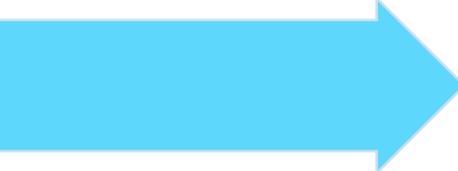
Care Management



Transitional Care Services

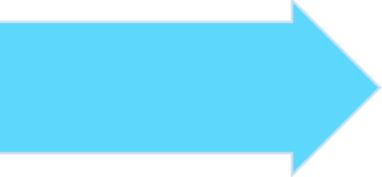
Basic Care Management & Health Education

CaAIM



Community Supports

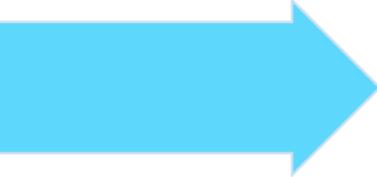
Community Supports



Community-based programs that support SDOH needs

Currently, there are 14 Community Supports programs

Community Supports

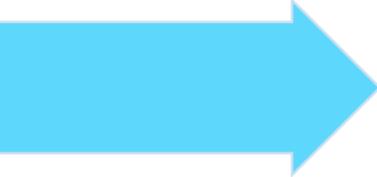


Housing Supports

Post-Hospitalization Care

Day Habilitation/Respite Care

Community Supports

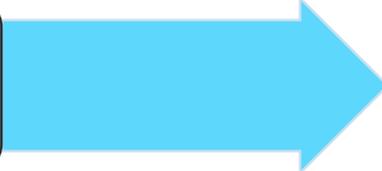


Nursing Facility Transitions

Personal Care Services

Environmental Accessibility Adaptations

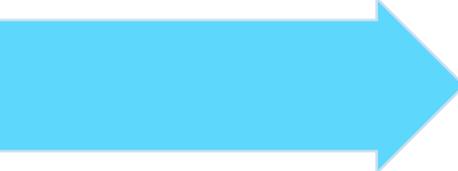
Community Supports



Food support services

Sobering centers

CaAIM



Community Health Workers (CHW)

CHW



Health navigator, recovery specialist, *promotores*



Medi-Cal Benefit



CHW



Meeting patients in the community



Linking patients to community resources



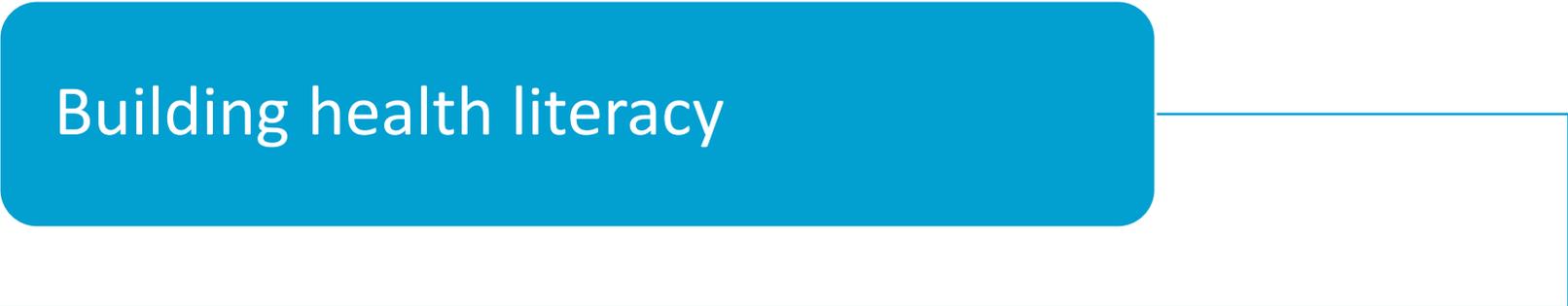
CHW



Enhancing care transitions



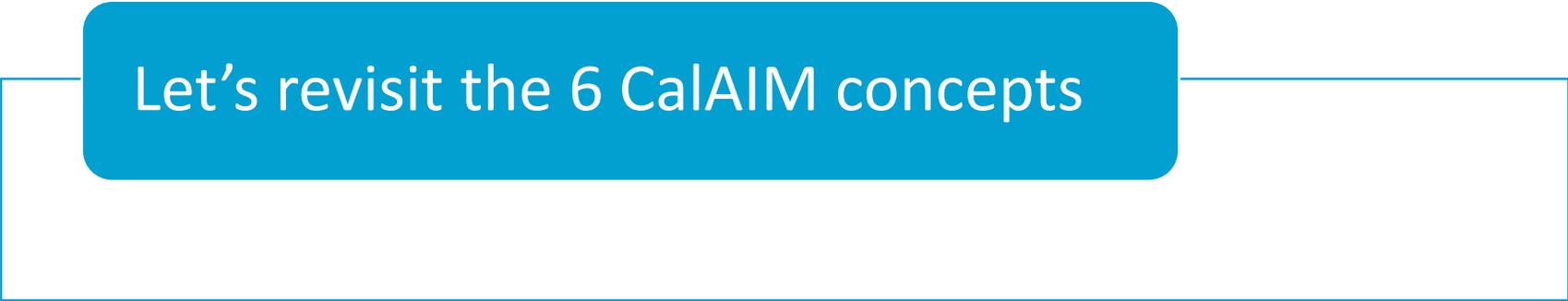
Building health literacy



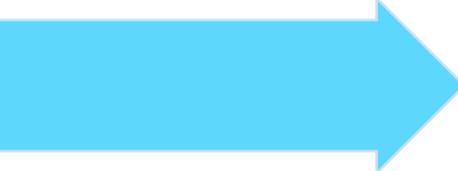
CaAIM



Let's revisit the 6 CaAIM concepts

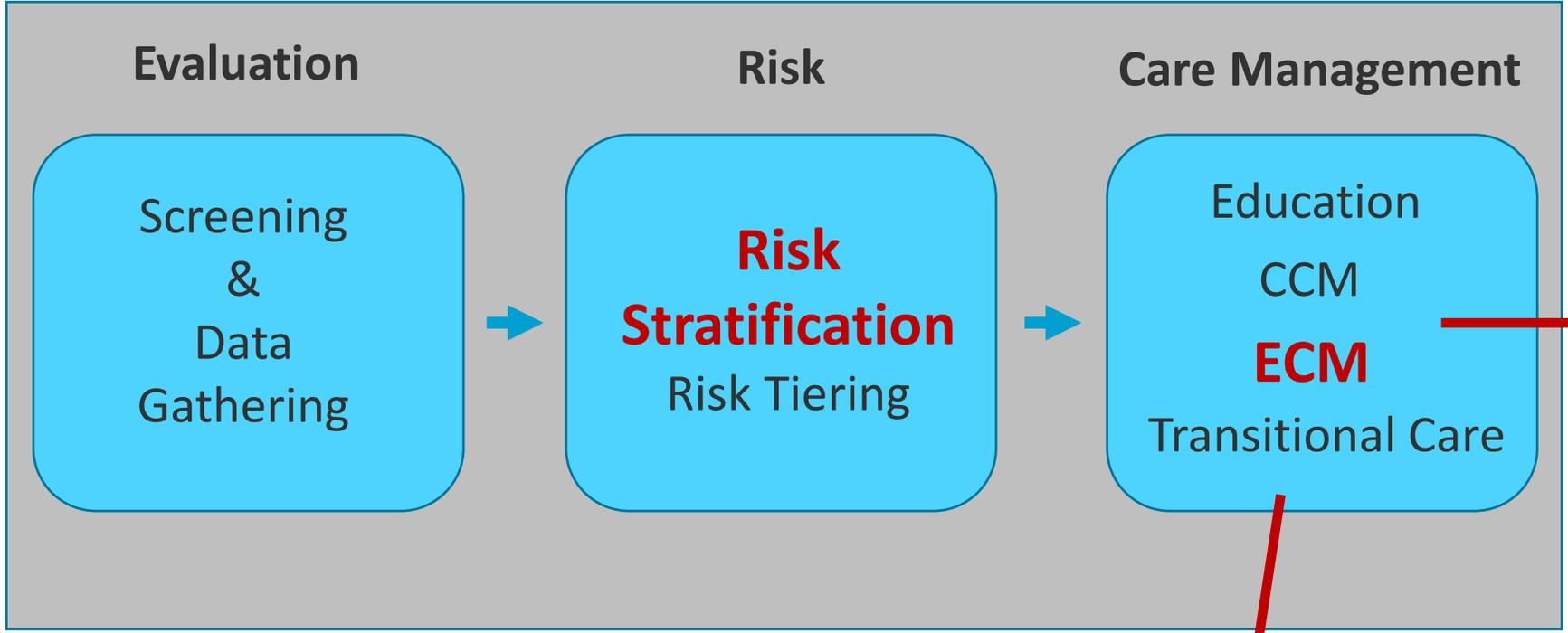


CaAIM

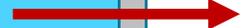


PHM

Health Equity



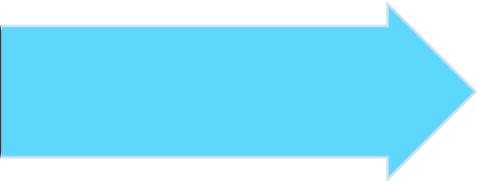
Community Health Workers



Community Supports



CaAIM



Exciting time to be involved in
Medi-Cal

Fulfilling journey ahead

Questions ???