

Hilary Haycock:

Good morning, everyone. We're going to go ahead and get started. So welcome to the quarterly coordinated care initiative, stakeholder update webinar. We are delighted to have you all with us today. And we have some great speakers who are joining us as well. We are joined by Anastasia Dodson, Associate Director for Policy and the DHCS Director's Office, Jacqueline Lang, from the Managed Care Quality Division at DHCS, Yana Paulson, the Chief Pharmacy Officer at L.A. Care and Dr. Eddy Ang, who is the Medical Director at Blue Shield Promise. So, we've got some great presentations today. Before we dive in, just a few meeting management items to note, all participants will be on mute during the presentations. Please feel free to submit any questions or comments you might have in the chat. We will be monitoring that actively. And during the question-and-answer portion at the end of the webinar, if you'd like to ask a question to provide comment or feedback, raise your hand and we will unmute you.

Hilary Haycock:

But of course, you can continue to provide questions and comments in the chat throughout our time together today. So, here's the agenda for today's meeting. We'll be kicking off with some DHCS updates from Anastasia Dodson. We'll move on to a brief review of our kind of March dashboard. And then we're very excited to have L.A. Care and Blue Shield Promise on to make a presentation on their COVID-19 efforts to support dual eligible beneficiaries in the CCI counties. And we'll make sure to leave questions on all of those topics for time at the end. And so with that, I will hand it over to Anastasia Dodson to provide DHCS updates.

Anastasia Dodson:

Good morning everyone, really pleased to be here. As you know, this is our webinar that talks about what's currently happening with Cal MediConnect and coordinated care initiative. And even though we've all been focused and thinking a lot about CalAIM and once the head, we also want to stay grounded in the hard work that everyone has been doing and continues to do around serving beneficiaries, providing coordinated care and especially in light of the continuing pandemic and all those significant impacts that, that has had on our health care delivery system, beneficiaries, caregivers, providers and just frankly, all of us. So, with that, we're excited about today's agenda because it is focusing on the present. It's focusing on the dashboard and the work that health plans are doing. Wanted to keep you all updated there. I also want to mention that we have another series you're all well aware of a stakeholder work group to talk about future efforts we'll be taking in CalAIM.

Anastasia Dodson:

And so, I understand maybe there could be some questions that might come up today about the future topics and just so we can keep ourselves organized, we're going to, any of those questions, we'll note, but having those discussions in the MLTSS and Duals Integration Workgroup so that we can be clear on what topics and people can all be prepared for presenting and answering questions there. So, no question is off the table here, but just, we

may not necessarily be prepared to respond to CalAIM questions on this particular webinar. Again, but we're really excited and appreciative of all the hard work that the whole delivery system has been making around response to COVID and also on health disparities inequity. We know that that is an important issue and we really try to keep it squarely in mind for all of these efforts as we come up on just that the reminders of the times that we're in. So, I want to emphasize that DHCS and plans, et cetera, are mindful of that as well. So, with that, and I also... Sorry for the logistics here, but there's actually a budget hearing that's going to be starting shortly that I will need to transition to, but yeah, Autumn Boylan and Michelle Retke as well as Hilary Haycock, too. So, any questions, and thank you again for dialing in.

Hilary Haycock:

Thank you so much, Anastasia. All right. We will transition now to Jacqueline Lang to walk us through the Cal MediConnect dashboard and thank you and take it away Jacqueline.

Jacqueline Lang:

Alright, thanks Hilary. So good morning, everyone. Again, my name is Jacqueline Lang and I am the Data Reporting Unit Chief, I mean Data Analytics, branch of the Managed Care Quality and Monitoring Division, sort of a mouthful. My team works closely with the program analysis unit. That unit is led by Eugene Stevenson and we're currently in a long phase training on the development of this dashboard. And as we continue to learn, my team we'll do our best to maintain the very high standards that you would have set for this dashboard. So, I'll go ahead and get into the updates for this dashboard. So, it is updated quarterly and what I'll be talking about are just some of the findings from the most recent update that we published in early March. So, we can go ahead and go to the next slide, please. Thank you. So, figures one through six of the CMC dashboard are concerning enrollment and demographics, and this slide depicts statewide enrollment in Cal MediConnect. And it has continued to increase steadily from 109,746 members in June of 2020 to 111,980 in September of 2020. So, this follows a trend of again, steadily increasing enrollment beginning in January of 2020. So, you can go to the next slide, please.

Jacqueline Lang:

Thank you. Okay. So, figure eight shows that the quarterly rolling statewide percentage of members who are willing to participate in a health risk assessment who the plan was able to locate and had assessment completed within 90 days of enrollment, has held a steady at 94% between Q2 of 2020 and Q3 of 2020.

Jacqueline Lang:

Next slide please. Thank you. So here figure 10 shows individual care plan measures. This indicates the percentage of members with an ICP completed within 90 days of enrollment. It has decreased slightly from 88% in Q2 of 2020 to 83% in Q3 of 2020. However, this is after an increase from 63% in quarter three of 2019 to 88% in quarter two of 2020. And so individualized care plan performance will continue to be a focus of DHCS program

improvements in the coming year including potentially enhancing or modifying the quality measures and also addressing low performance through plans, specific performance improvement plans. Next slide please.

Jacqueline Lang:

So, this is our last slide I'll be sharing out on today. So, figure 20 shows the overall trend of Cal MediConnect members seeking care in the emergency room for behavioral health services. It has decreased from 20.8 visits per 10,000 member months in quarter one of 2019 to 18.4 visits per 10,000 member months in quarter four of 2019. Lastly, one thing to note is that admitted 2017 plans began to receive additional and more accurate behavioral health data that may have affected how plans report. And so DHCS and CMS are both monitoring the effects of this change. That wraps it up for me. Thank you so much for your time and I will hand it back over to Hilary Haycock. Thank you.

Hilary Haycock:

Great. Thank you so much, Jacqueline Lang. Now we will hand it over to Yana Paulson, the chief pharmacy officer for L.A. Care health plan, to talk about their work on distributing COVID-19 vaccines for the Cal MediConnect numbers. Thank you, Yana.

Yana Paulson:

Yeah. Can you all hear me okay?

Hilary Haycock:

Loud and clear. Thanks.

Yana Paulson:

Okay, great. Well, thank you for inviting me to your meeting. I'm very happy to be here to share with you what we have been doing at L.A. Care to try to reach our beneficiaries, keep them informed about what's going on with the COVID-19 vaccine and all the other pertinent information. Can I have the next slide please? Okay. So, when this pandemic first started, we got together to try to determine what to do. How do we make sure that proper information, correct information, accurate information is communicated effectively to our membership or to our partners, to our provider network public, our community centers and so on. So, we thought about it and we decided on these two points here.

Yana Paulson:

So, number one, we wanted to make sure that our position, L.A. Care, as a reliable source for accurate information about the COVID-19 vaccine, as well as the COVID-19 infection in general, and do it in a respectful and sensitive manner. So, the communities that we serve would be listening to us and would identify us as a valuable source of information. And a number two strategy was to have messaging and tactics rolled out in phases that would align with the

guidance that we were getting from the various public health departments that we were monitoring. Next slide please.

Yana Paulson:

Okay. So here is just a schematic of basically what our communication strategy is. We created in the middle of the blue circle has a small number of individuals representing healthcare services, our communications department, and our product team. And then as you can see all the other departments contribute to the knowledge of this small group of people in the middle who then creates a communication thesis. And as you can see, we have pharmacy, health services and education, compliance, the public health departments marketing. AAL stands for advanced analytics lab in case we need any analysis so we can target our messaging more precisely. Next slide.

Yana Paulson:

Okay. So, who were going to be our audience? That's the next question that we wanted to answer. So obviously the number one group will be our members. Also, providers obviously are important. Our employees – L.A. Care has over 2000 employees and they all have questions about the vaccine and about the infection, what to do. And so on. The next group that would be another one of our audiences is our CRC guests. CRC is what we call community resource centers. Those are basically locations, spread throughout LA County, where we provide services in the areas that most of our membership live. We have eight and we are working on expanding that number to believe it's 14 now.

Yana Paulson:

We have made a partnership with Blue Shield Promise. And so, we are funding those community resource centers together with the Blue Shield Promise, and we are very, very grateful for their partnership and we are happy to be able to provide more services given their partnership, but that's an important group. We also communicate with the media and we have had many requests from the media to communicate, to tell them what we are doing, and we have done. And then last is public at large, we do publish editorial articles various other publications and try to spread information out to the public as best as we can.

Yana Paulson:

Next slide please. Okay. So, what did we do to get ready for all this communications that we were going to do? So, we first established a core toolkit, as you can see here, number one, as the key messages. What are the messages that we want to communicate out? Obviously, they needed to focus on the key messages and I'm not going to lose them all here by basically what are the public health agents is recommending, who is eligible now and who will be eligible in the future. What are the vaccines that are currently approved for use in the United States and what are the ones that may be coming up for approval? The fact that the vaccine supply is limited, and appointments are required, which is maybe new for certain sites of care, like

pharmacies, where typically appointments are not required for patients to go to pharmacies, but if they want to go to a pharmacy to get vaccinated, they must make an appointment.

Yana Paulson:

How do I schedule an appointment? So, we wanted to make sure they get access to the appointment making tool and again, who's eligible and so on. So those are basically most of the key messages that we've been focusing on. So, we use the key messages to develop a member FAQs and then IVR menu items. So, when members call our call center, they will get a message will allow them to make a selection or to hear the latest update on the vaccines. So, if they choose that menu items, they bypass the call center, or they're taken directly to the recording. The recording is updated every week, so that we have the latest information about eligibility, about how to make an appointment about where the members can go to get vaccinated and other questions. We have been able to, I think if I remember correctly, we have up to over 20,000 members take advantage of this menu item, and we have been able to decrease our call volume to our call center significantly since a lot of the calls had to do with questions about the vaccine.

Yana Paulson:

We are doing at – our webpage update, social media and employee updates. We did a member survey to try to figure out what is important to our members, which questions are the most commonly asked and so on. And we are in the process of developing a Q&A and myth-busting video. Next slide please.

Yana Paulson:

Okay. So, what is the member outreach look like? We are very happy to have developed an algorithm that basically allows us to assign a risk score to every one of our members. The risk score has to do with, what is the risk score for being hospitalized this COVID-19? We have in this algorithm, we've included many different variables, including the California health index, which has in it zip codes and where members live and other demographic information. And so we have been able to identify the highest risk groups and we can use those groups to target our messaging to them. Another thing that we have done for members is partnered with other organizations to help schedule appointments for them if those organizations have vaccines available. So, we did one with Martin Luther King Hospital.

Yana Paulson:

They called us and they said, "We have vaccine left over from what was allocated to us for our health care workers. And we want to make sure that the riskiest patients, the patients who have difficulty getting vaccinated can get those from us." And we were able to make that happen. Same thing with Dignity Health. Dignity Health is one of our medical groups that we work with. And they also had extra vaccine and they called us, and we would need it the same thing. We reached out to our members and we made sure that we scheduled them to the dignity event so they could take advantage of getting vaccinated. And same thing happened

with Hollywood Presbyterian Hospital. We have also done robocalls as well as live calls, informing members, when they become eligible. So as the first just had health care workers and long-term care facility residents and staff. That was followed by those over 65 years old. And that was followed by members in specific occupation and in groups specific chronic conditions.

Yana Paulson:

We have trained our community health care workers that work with our members, and we have made vaccination easier. I'm sorry, transportation to the vaccination appointments, easier for our members to get by waiving the today requirement from appointment making and also allowing our vendor who provides transportation to drop off our members at the vaccination site and pick them up again once they are finished. Next slide.

Yana Paulson:

Provider outreach. So, this provider outreach in addition to our website and FAQs and so on, we are also planning on a CME program, which will be on April 15th, and we will provide 1.5 CME hours for providers and presenters. There will be Dr. Muntu Davis, I believe he from the Department of Public Health, Dr. Hector Flores, and Dr. Peter Szilagyi. I believe he is an expert on vaccination and professor at UCLA.

Yana Paulson:

Let's see. We will also have a web page for providers as well as encourage providers and staff to get vaccinated. Next slide. Employee outreach. So, as I said, we have over 2000 employees and they all have questions and they're all anxious to get vaccinated. So, we have a significant effort out to keep them informed and to that. And we have a weekly Q and a session with our chief medical officer. He has a session every Friday morning and those sessions have been very well attended at times over 200 people have been on the calls and he solicits questions ahead of time so he can answer them, or they can be submitted during the presentation and discuss there. So those sessions are very popular. We have also dedicated internet pages answers to cure, FAQ, links to blogs, staff, following educational videos that are coming through, excuse me. We have town hall meetings, which are meetings presented by our CEO.

Yana Paulson:

Those are quarterly for all staff and we provide regular updates about what's new with the COVID 19 infection, as well as the vaccination efforts at those as well. We have regular updates from our CEO who sends us an email every day and he'll update us on any new information about COVID-19 and the vaccine. And we are in the process of putting together a selfie campaign and that's coming soon.

Yana Paulson:

Next slide, please. This particular effort has to do with L.A. Care putting on our old vaccination clinics. So right now, we are in the process of setting up 16 different vaccination clinics. We will be vaccinating 1,000 members per each clinic, and we will be using the Johnson & Johnson

vaccine. We spoke with the departments VPA, just so it's the county. And they've promised to provide the J&J vaccine to us for these events. The first event is scheduled for April 7th. And so, we are in the planning stages, as well as our member outreach stages to get people scheduled for those clinics. As I said before, we have an algorithm to identify the riskiest members. And so, we will be outreaching to those folks first. We will be helping them schedule appointments with their transportation, if that's needed, they will have both drive through as well as walk up. So those who need transportation can be dropped off. They walk up, get vaccinated, and then get picked up again. We will be doing robocalls as well as live calls and on the robocalls, if a member picks up and then they need help with making an appointment they can then choose a menu item and are transferred to a live person who can help them make an appointment on the left side.

Yana Paulson:

Next slide, please. We have been focusing on health equity as well and do that. And we are using the algorithm that we developed to identify the neediest members and make sure that the clinics that we set up are in those neighborhoods. So, it's easily accessible to them. We have done other things advocating in the advocacy area in the LA chamber blog account, CalMatters OpED, Associated Press article Los Angeles Business Journal advertorial, support letter for site-based vaccination strategy for homeless shelters. And we also have been able to identify some funds that we can provide to the federal qualified health centers to help them increase the number of COVID vaccinations that they're doing.

Yana Paulson:

Next slide, please. Addressing vaccine hesitancy. So, this is an important issue because we know that we have members who don't have a lot of confidence in the vaccine. At this point, we are seeing still a lot of demand for the vaccine. So, we have not done a huge amount in addressing vaccine hesitancy other than just reassure members about the vaccine safety and the effort that's been made to develop safe vaccines, but we be plan to have educational videos, we plan to have social media campaign. We will be training community to health care workers. We will have a website and call center FAQs, Facebook Live series, member ambassador campaign. And... I can't see this last one there, that ask, excuse me, ask the doc video series, that's in the works. Okay. Next slide please. And that's it for my presentation. Thank you very much for listening and I'll be happy to answer any questions. Okay. Let me see. I see some of these questions. Can you read them for me, Hilary?

Hilary Haycock:

Sure. We can just do a couple L.A. Care questions then we'll move on. So, folks are interested in finding out where they can access your Q&A and myth-busting videos to help get that information out to their clients.

Yana Paulson:

Yeah, I'll get that out to you. We don't have the myth-busting video yet. That's in development. We do have the FAQ that's on our website and I just have to make sure that it's a public way facing website. If not, I can send it to you Hilary Haycock, and can distribute it.

Hilary Haycock:

Great, we'll send that out to folks on the call. There's a question about whether your members are being contacted directly by letter, email or text.

Yana Paulson:

What we are doing is we are using an IVR type of robocall initially. So, the robocalls they'll go out to the riskiest members and if a member picks up, there will be a menu selection for them. And if they select that, they want to talk to a live person, they can do that. And it will be transferred to our call center, who will have them make an appointment, or they're going to be able to make an appointment themselves, some information that's going to be provided in the IVR robocalls. We will also support this robocall effort with live calls. So, after three days of robocalls, they look to see how many appointments are still available. And then we will scrub our list of the people who have already made an appointment and make a live outreach effort towards the riskiest members to try to get them scheduled.

Hilary Haycock:

Great. There's a question about folks, particularly the common population folks that might be home bound or lack transportation, is L.A. Care trying to think through how to help support that population in accessing the vaccine?

Yana Paulson:

Yes, absolutely. So that is a big barrier, transportation is. And we do have a vendor that we work with. They're called Call the Car, and we can schedule appointment with Call the Car to go pick up our members, drop them off and pick them up and then take them home after the vaccination has been done. So, we will support them through our vaccination benefit. I'm sorry, transportation benefit.

Hilary Haycock:

Okay, great. All right. So, I think most of the questions. We want to make sure that we'll come back to questions at the end but thank you very much for the presentation and for everything that L.A. Care is doing to support this effort. And we will turn now to Dr. Eddy Ang, Blue Shield Promise. Take it away, Dr. Ang.

Dr. Eddy Ang:

Hi, everyone. Can you hear me?

Hilary Haycock:

Yep. You sound great.



Dr. Eddy Ang:

Good morning, everyone. My name is Eddy Ang, and I'm the Medical Director with Blue Shield Promise Health Plan. So, thank you so much for inviting me to be part of this session today, and I'm really delighted to be here and share with you how it is for our members during a pandemic. Next slide please. So just a quick introduction for those of you who may not be familiar with Blue Shield Promise. We are a California-based health plan, with a mission to ensure that all Californians have access to high-quality healthcare at an affordable price. We proudly partnered with CMS and DHCS to participate in Cal MediConnect in Los Angeles and San Diego counties. Currently we have about 5200 Cal MediConnect members in both counties. Our Cal MediConnect plan aims to provide comprehensive care and coordinate Medicare and Medi-Cal benefits for dually eligible members. As we all know, the duals population is especially susceptible to the complications of COVID-19, due to a set of unique challenges such as complex hunger issues, chronic conditions, and additional risk factors which explain our efforts that we put into supporting Cal MediConnect members over the past year. Next please.

Dr. Eddy Ang:

So, I just briefly spoke about, for the members who were hospitalized for COVID-19, we discussed their needs and [inaudible 00:31:44] in daily interdisciplinary care rounds. During the rounds, the team formulates individualized care plans based upon input from physicians, nurses, social workers, and pharmacists. Essentially, the overarching goal is to streamline the entire care coordination process, uncover any key gaps as well as connect members with the right resources. And we do it daily. In addition, we also work with our hospital partners on discharge planning in order to optimize the overall health outcomes for our members. For example, we provide pulse oximeters to the emergency department of some of the hospitals most impacted by COVID.

Dr. Eddy Ang:

So, pulse oximeters are these small portable devices that measure the level of oxygen in the blood, which is an important indicator of severity of disease. So, a patient discharged from the hospital with a pulse oximeter could then track their oxygen levels at home and potentially avoid the emergency department. So, it allows the members to monitor their conditions at home safely. As of January 2021, over 500 pulse oximeters have been distributed to the hospitals, which were at capacity due to COVID, by our team. Next slide, please.

Dr. Eddy Ang:

Okay. So, over the past year, COVID has really heightened the fact that the dually eligible population is disproportionately impacted by the pandemic and also highlighted the rising needs for more support around housing, food, and transportation, which is why our case managers and social workers are making targeted outreach efforts to focus on these social determinants of health. First and foremost, housing continues to be a pressing challenge to some of our most vulnerable members. During the course of the pandemic, our social service team has been ramping up our partnerships with local community helping partners, as well as

recuperative care providers, in order to provide a safe space for homeless members to recover from an acute illness after they're discharged from the hospital. Recuperative care, also known as medical respite, is particularly important to the unsheltered homeless members, because it allows members to focus on getting better and not have to worry about basic needs following a hospitalization.

Dr. Eddy Ang:

Second, during the outreach calls, our case managers would also identify members who lack adequate access to nutrition or those who need food delivery. Starting in May 2020, last year, we've been providing meal delivery service to COVID members who experienced food insecurity as well as their household members. If they're also Blue Shield Promise members. Additionally, a growing body of research has shown that mental health needs have been especially exacerbated by the pandemic over the past year. Conditions such as depression, anxiety, you name it, frequently occur in tandem with loneliness and social isolation. As such our case managers and social workers are paying more attention to those members with such needs and linking them with tele-behavioral health services and supports in addition to long-term services and supports whenever appropriate. One thing worth mentioning is that tele-behavioral health services are available to our members at no cost. So, we're really striving to meet our members' needs at home.

Dr. Eddy Ang:

Next slide, please. In terms of the vaccine rollout, we remained closely aligned with the state county and city guidance. We're updating a member and provider communication plans as quickly as possible whenever new information rises, to ensure that our members and providers receive the most accurate real-time information about the vaccination effort. Members are also kept informed about the vaccine rollout phases, as they're educated about COVID through a multi-cloud strategy you know, such as email direct mail, phone outreach, et cetera. Updated information is available on our member website and also provide it through high touch outreach. That being said, members are at least contacted once a month via their preferred method and in their preferred language. In terms of promoting the COVID vaccine, CMS and DHCS are placing a lot of emphasis on ensuring that beneficiaries have equitable access to the vaccine.

Dr. Eddy Ang:

To that end, we strive to stay current with the vaccination rates of our members by leveraging data from CMS, DHCS, and internal CalAIM to check important information such as the vaccine brand, or dose number, the date of vaccine administration. And we also continue to tailor our strategies based on the CMS and state recommendations. As previously mentioned by Yana Paulson, we are very excited about our partnership with L.A. Care, on the work related to the resource centers, vaccination clinics, as a way to make the vaccine even more accessible to our members. Lastly, our members who lack means of transportation are provided with rights to their vaccination appointments.

Dr. Eddy Ang:

Next slide, please. So lastly, the slide provides an example of how we utilize data and risk stratification and member segmentation. That slide may look a little busy, but basically what we do is we use predictive modeling to identify members who are at high risk for severe illness or deaths secondary to COVID complications. This algorithm was developed based upon historical CalAIM, combined with medical literature and clinical expertise. Now some of the criteria that you might be interested in finding out include, limited English proficiency, low income, chronic conditions prone to COVID-19, as well as the diagnosis of COVID. This data driven approach allows us to be more proactive and engaging with the members who are most vulnerable to COVID-19. And it also gives us a snapshot of what our membership looks like and where the gaps are and, what are some of the areas that we can improve and really continue to better support our members. With that, I'd like to thank all of you for the opportunity for us to share our Cal MediConnect COVID-19 responses. Thank you.

Hilary Haycock:

Great. Well, thank you to all of our panelists for the great presentations today. And now we would like to open it up. If there are additional questions or comments, you can raise your hand and we will unmute you, or you can type a comment or question into the chat box.

Hilary Haycock:

So, a follow-up question around the great news that transportation is available to get folks to vaccine clinics. There's a question about folks that are home-bound, bed-bound, unable to access that transportation, not due to lack of transportation, but just unable to leave their homes. And if there's maybe work on our way, thinking about how to try to support that population as well. So, to anybody who has that response.

Autumn Boylan:

Hi, this is Autumn Boylan from the Department of Health Care Services. There is some work under way at the state level to figure out how to make the vaccine available to individuals who are unable to leave their home. And there will be some guidance that will be coming out from the state on that very topic in the next couple of days. However, one of the strategies that are as being set up as folks can contact the call center through MyTurn.ca.gov and get information about how to arrange for a vaccine to be administered in the beneficiary's home. So, there's, like I said, going to be more information coming out about that in the next couple of days from the state level. And I don't know if any of our plan partners have any thoughts on that, but we are giving some thought to that.

Hilary Haycock:

Great. Yeah.

Yana Paulson:

Well, thank you, Autumn. This sounds great. We are looking forward to that guidance. We are definitely focusing on that group as well. We have, in the process of developing a strategy and how to address that through home health or some other way. So, if home health nurses are going to the home anyway, they may as well vaccinate their clients also have the community health care workers who may be able to help. So, any help that you can provide in terms of guidance or experience other plants have, would be helpful to us.

Hilary Haycock:

Great. Let's stay tuned on that. Thank you so much, Autumn, and Yana. There's a question on the tele behavioral health service, and whether that was available to members before the pandemic or initiated in response to the pandemic. We know there was a lot of tele-health that was made available. We're getting some nods from panelists. Lots of new flexibilities over the last year. I'm not sure if anybody wants to expand on that.

Yana Paulson:

I can take that. Yeah, go ahead, Dr. Ang.

Dr. Eddy Ang:

No, go ahead.

Yana Paulson:

All right. I just want to just say that, yeah, obviously after the pandemic, telehealth just took off and we were really happy to be able to provide the telehealth services we contracted with a telehealth company to provide that. I don't think I can answer the question of what was available before versus what's available now. Obviously, what's available now is much larger and much bigger and much more taken on by the members than ever before.

Hilary Haycock:

Great.

Dr. Eddy Ang:

Yeah. So, I'll follow up on that. Behavioral health was already available to our members prior to the pandemic, but we have really expanded the service that made it much easier for us to, during the pandemic. And, as I mentioned before, that COVID-19 has really highlighted the needs for us to make services more accessible, more readily available to the members. So I hope I answered your question.

Hilary Haycock:

Yeah, that's fantastic. Thank you. So, the question on what has been your best success on vaccination hesitancy? Definitely a big issue that we're tackling with any populations.

Yana Paulson:

Yeah, so we have done a survey of our members and we have identified some very interesting key findings. Top concerns that our members had was, they want to wait to see how the vaccine affects others, will the vaccine hurt my arm, the speed at which the vaccine was created, is it safe or was it too hastily created, and then is the vaccine going to cause me to get COVID-19. So those were the top concerns. Top information sources for our members were the doctors. So obviously provider information is definitely extremely important because members trust their doctors. Public health agencies. So whatever public has can do to make it as easy to understand as possible any information, it sounds like it's a very highly trusted source. L.A. Care website and L.A. Care social media. So those are the top information sources.

Yana Paulson:

I'm least likely to agree with this statement, which is I will take the vaccine if government agencies or government representatives recommend it. So, for you folks in government... And it sounds like, that's least likely to agree with. So, the information needs to be passed down to the plan, needs to go to the pharmacist as well as the patient's providers. Looks like those are the areas that they trust the most. Most likely to agree with was I will take the vaccine if my health plan commends it, or if my doctor recommends it. So, it sounds like they trust the health plan and they trust their doctor. So those are the two big sources of information that the members stress. So that's where the focus should be to provide information that's easy to understand, that's frequently updated, that's up to date and accurate all the time, so that the credibility of that information doesn't split.

Hilary Haycock:

Right. Sounds like the doctors are a trusted source. Yeah, Dr. Ang do you have other findings from L.A. Care or from Blue Shield?

Dr. Eddy Ang:

Yeah. So, thanks Hilary. So yeah, I agree that vaccine hesitancy and misinformation is a huge thing. I'm currently on across the nation to death. And we do plan to really partner with a trusted community leader, such as these community-based organizations. We embed it in the community and have a reputation and history of addressing community needs. So, we were hoping that through these various community-based grassroots organizations, that we're able to share accurate trusted information, and have a wider reach and the entire community to address the concerns related to the safety and the efficacy of various vaccine brands.

Hilary Haycock:

Great. All right. So, a follow-on question to people trusting their doctors, are there efforts at the plan level to showcase providers that are fully vaccinated to try to leverage the provider take up of the vaccine to show members and patients that it's safe?

Yana Paulson:

Yeah. I see that question from Jennifer Schlesinger. Thank you, Jennifer. Actually, that's a very good idea to showcase what percentage of our providers has been fully vaccinated. We have not done a survey to find out, but they'll do one and try to figure out how we can leverage that information to try to address vaccine hesitancy.

Hilary Haycock:

Great. All right. There's a question for Blue Shield, on whether your plan provided meals pre-COVID or if that's a COVID-19 response?

Dr. Eddy Ang:

Yeah, so certainly prior to the COVID-19 pandemic, we did have various meal programs. They were available to different subsets of the membership. The one that I just mentioned during my presentation was new program for the members who have been affected by COVID-19 as well as their household members who also, happened to be Lucia Thomas members. So, this is separate from our other new programs such as, medically tailored meals and all other meal benefits following to hospitalizations.

Hilary Haycock:

Great. Thank you. We haven't seen any other questions come into the chat, but I think we've had a really good discussion today. And so, I think we'll wrap things up. We're almost at time. So just thanks again to our presenters and to the DHCS staff. Thank you, Autumn Boylan, for being on to provide great information about DHCS efforts as well. So, thanks again for everyone's time and for participating in today's CCI stakeholder webinar, and I hope you have a great rest of your day.

Yana Paulson:

Thank you very much. Bye-Bye.