AGENDA
WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE

DATE: Thursday, September 17, 2020

TIME: Noon – 12:10 p.m.: Call to Order
      12:10 – 1:00 p.m.: Meeting of the Committee

PLACE: Pursuant to Governor Newsom’s Executive Order N-29-20 to minimize the spread of COVID-19, this will be a teleconference meeting and we will not be offering physical location.

Join the meeting via the GoToMeeting information provided below:

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Meeting Participant:
• Limit the background noise (i.e. shuffling of paper, cell phone calls, etc.)
• Mute your phone when you are not speaking to eliminate background noise.
• If joining after the meeting has started, wait for the conference leader to ask who joined.
• When speaking, please state your name and your organization, followed by your comment and or question.

********************************************************************************************************************

1. Call to Order by Chairperson Bishop. 12:00 p.m.
   A. Roll call.
   B. Supplements and deletions to the agenda.
2. **Oral Communications. 12:10 p.m.**
   A. Members of the public may address the Committee on items not listed on today’s agenda that are within the jurisdiction of the Committee. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.
   B. If any member of the public wishes to address the Committee on any item that is listed on today’s agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

**Consent Agenda Items: 12:15 p.m.**
3. **Approve WCMCAC meeting minutes of June 18, 2020.**
   A. Reference materials: Minutes as above.
   B. Grievance Update S. Sanders

**Regular Agenda Items: 12:20 p.m.**
4. **Old Business**
   A. COVID Discussion D. Bishop, MD

**New Business**
   A. CCS Eligibility & Case Management Program D. Diallo, MD, M. Brusuelas, RN, T. Brass, RN
   B. Wildfire Outreach M. Heinert, MD, M. Brusuelas, RN, T. Brass, RN

5. **Open Discussion**
   A. Committee may discuss any urgent items. All

6. **Adjourn: 12:50 pm**

   The next Whole Child Model Clinical Advisory Committee meeting will take place on Thursday, December 17, 2020, from 12:00 – 1:00 p.m.
   Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas, and Merced.

   Members of the public interested in attending should call the Alliance at (831) 430-5556 to verify meeting dates and locations prior to the meetings.
Meeting Minutes  
Thursday, June 18, 2020  
12:00 p.m. 1:00 p.m.

In Santa Cruz County:  
Central California Alliance for Health  
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:  
Central California Alliance for Health  
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:  
Central California Alliance for Health  
530 West 16th Street, Suite B, Merced, California

Committee Members Present:
Liz Falade, MD  
Provider Representative
Robert Dimand, MD  
Provider Representative
Gary Gray, DO  
Board Representative
John Mark, MD  
Provider Representative
Patrick Clyne, MD  
Provider Representative
Jennie Jet, MD  
Provider Representative

Committee Members Absent:
Amanda Jackson, MD  
Provider Representative
Karen Dahl, MD  
Provider Representative
Salem Magarian, MD  
Provider Representative

Staff Present:
Dale Bishop, MD  
Chief Medical Officer
Maya Heinert, MD  
Medical Director
Lilia Chagolla  
Regional Operations Director
Mary Bruselas, RN  
UM & Complex Case Management Director
Michelle Stott, RN  
Quality Improvement & Population Health Director
Hillary Gillette-Walch, RN, MPH  
Clinical Decision Quality Manager
Sarah Sanders  
Grievance and Quality Manager
Tammy Brass, RN  
UM Manager - Prior Authorizations
Tracy Neves  
Clerk of the Committee

Hospital Representatives Present:
Sherrie Sager  
Hospital Representative

1. Call to Order by Chairperson Bishop.

Chairperson Dr. Dale Bishop called the meeting to order at 12:05 p.m.
Roll call was taken.
2. **Oral Communications.**

   Chairperson Dr. Dale Bishop opened the floor for any members of the public to address the Committee on items not listed on the agenda.

   No members of the public addressed the Committee.

3. **Consent Agenda Items.**

   A. **Approval of WCMCAC Minutes**
      Minutes from the March 19, 2020 meeting were reviewed.

   B. **Grievance Update**
      Sarah Sanders, Grievance and Quality Manager, provided a brief Grievance update. Noted was a decline in grievances.

   M/S/A Consent agenda items approved.

4. **Old Business**

   A. **Alliance Whole Child Model (WCM) Program Optimization**
      Mary Brusuelas, UM Director & Tammy Brass, UM Manager, provided a WCM Program update. Mary noted that since the last meeting pediatrics has integrated into the UM department and there has been a tremendous amount of work into the WCM optimization with input from Dr. Diallo & Dr. Dimand as well as others. Moving forward, there may be changes and topics that will be brought to this committee for discussion as the program evolves. Mary noted Tammy has put together a strong team.

      Tammy shared that the team includes Mary, Tammy, two supervisors, a registered nurse (RN) team, and care coordination team. Work began long before the March go-live date. There are five areas below that have been the main focus in building the program:
      - Risk Stratification
      - Individualized Care Plan
      - Eligibility
      - Age Out Process
      - Communication

      Risk stratification helps to identify CCS eligible members and follow them closely and appropriately. A tool was developed to better define high risk. High Risk is increased risk of adverse health outcome or worsening health status if member does not have an individualized care management plan.

      **High Risk Examples:**
      - Member has no UM or claims data on record, unable to contact.
      - Hospitalizations in last 90 days or 3+ in the past year.
      - Inpatient meals or lodging requests.
      - 3 or more ER visits in the past year.
      - Behavioral Health diagnosis or Developmental Disability + chronic medical diagnosis or social concern.
• End stage renal disease, transplant, cancer, AIDS, pregnancy, on oxygen past 90 days, polypharmacy, antipsychotic medication.

Low risk members are followed by the care coordination team and high risk by the RN team.

The Age Out process was previously initiated at 3 months but now is done at 6 months.
• Report identifying members 6 months in advance.
• Cases are assigned out to the team monthly.
• Age Out Assessment Tool Developed
  • PCP, prescriptions, DME, food/housing/resources, apt scheduling, assess. specialists/needs, transportation. Conservatorship if needed.
• Hand off to internal Adult CM.
• 3 year tracking.

The team works with the member to transition into the adult world.

Early improvements include:
• 100% of staff completed self-audits using our comprehensive audit tool.
• Care Plan (ICP) rates are over 90% for our high risk members; approximately 500 ICPs as of this week.
• Inpatient Report utilized to identify high risk members and demonstrates early identification and awareness of these members (1-2 new referrals per week).
• Cross training and ongoing training is provided at regular frequency to the team.

An overview of the team’s internal and external communication was provided to the committee. A provider noted that communication has improved. Dr. Bishop thanked Tammy & Mary for all their work and efforts and to the WCMCAC for communicating gaps in care.

5. New Business
A. COVID-19

Dr. Bishop noted that within the first few weeks of shelter-in-place, the pediatric team began calling members to inquire about any difficulties they were experiencing; there were issues regarding testing and food insecurity.

Tammy noted the requests were in regard to durable medical equipment (DME), food, masks and household items. Feedback from members has been positive regarding telehealth visits. There was testing that was being directed to Stanford and the team worked to obtain testing locally for members. Provider noted they are conducting video visits and it is going well. Other providers noted they have been conducting COVID testing in office prior to the member’s operations/procedures. There have been some issues around technology and telehealth so some of the providers are checking in with members the day before their visits. It was also noted many classes for members have been moved to online and it has been working well.
B. **Resuming Care**
   Dr. Bishop noted the Alliance has encouraged members to seek care and the pediatric team began working on outreach early. The Alliance received feedback that some members were afraid to seek care.

   There has been a big effort to reach out to vulnerable members and pediatrics. The Alliance is working with Scripps on a resuming care program that is going to begin shortly.

6. **Open Discussion**
   Chairperson Bishop opened the floor for Committee to have open discussion.

   No further discussion.

   The meeting adjourned at 1:00 p.m.

   Respectfully submitted,

   Ms. Tracy Neves
   Clerk of the Advisory Committee

   The Whole Child Model Clinical Advisory Committee is a public meeting.
WCM GRIEVANCE RATE: Per thousand WCM/CCS Members Per Month (PKPM)

Number Rec'd

RATE
Q2 WCM GRIEVANCES by LOCATION

WCM Grievances By County

Santa Cruz | Monterey | Merced

<table>
<thead>
<tr>
<th>Year</th>
<th>County</th>
<th>2020 Q2</th>
<th>2020 Q1</th>
<th>2019 Q4</th>
<th>2019 Q3</th>
<th>2019 Q2</th>
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<td></td>
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<td>1</td>
<td>2</td>
<td>5</td>
<td>7</td>
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<tr>
<td>2019 Q2</td>
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Q2 TRENDS

REVIEW and TRENDS:

1. WCM Grievances closely monitored and trended by the Staff Grievance Review Committee (SGRC)
2. WCM Grievances appear stabilized
3. Recurring themes include:
   - Genetic Testing
   - Provider Billing
WCM GRIEVANCE CASE REVIEW

WCM Case Review #1
- Provider billing error as they did not bill CCS nor CCAH correctly.
- Provider agreed to remove account from patient responsibility and sent along for adjustment.

WCM Case Review #2
- Member upset due to providers failure/delay to request authorization and justification for nebulizer
- CM support and intervention occurred during the Grievance
- PQI also initiated due to possible auth delay

WCM Case Review #3
- Vendor assigned Lyft for MBR appt OOA at Stanford.
- No drivers arrived for 5am pick up; MBR located an alternate ride.
- Requested to avoid future pairings b/w MBR and Lyft
- Member added to vendor Case Monitoring and trip tracking
WCM GRIEVANCE Next Steps

- Monitor Emerging issues
- Aim to intervene quickly to prevent adverse events
- Proactively connect during COVID-19 and environmental impact (wildfire/evacuation/power outages) to support WCM Members
Questions?
Alliance Member Outreach Efforts

Maya Heinert, MD
Whole Child Model Clinical Advisory Committee
September 17, 2020
**Wildfire Response 2020**

Alliance outreach to vulnerable members as well as evacuated members.

- Wildfires: SC & Monterey Counties: 8/20/20
- Air Quality Hazards: Merced County: 8/28/20

<table>
<thead>
<tr>
<th>Outreach Campaign Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Member Count</th>
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</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>4/1/2020</td>
<td>On-going</td>
<td>8,866</td>
</tr>
<tr>
<td>COVID-19 Resuming Care</td>
<td>7/1/2020</td>
<td>On-going</td>
<td>3,659</td>
</tr>
<tr>
<td>Wildfires: SC &amp; Monterey Counties Tier 1-2</td>
<td>8/20/2020</td>
<td>On-going</td>
<td>508</td>
</tr>
<tr>
<td>Air Quality Hazards: Merced County Tier 3</td>
<td>8/28/2020</td>
<td>On-going</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>13,132</strong></td>
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</tbody>
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*Note: data as of September 6, 2020*
Targeted Outreach Based on Risk

- Vulnerable age bands: > 65 years, 0-3 years
- Chronic diseases, particularly DM
- Respiratory conditions, Respiratory DME
- Cardiovascular conditions
- Zip Code: Evacuation warning or Order
- Local AQI
- Rural or isolated members
- No care received within last 6 months
- Pregnant or post-partum
- Polypharmacy or Denied Pharmacy claims
Resources Offered

- Emergency Information
- Assistance for prescription medications
- Mental Health Hotline, including abusive situation & suicide hotlines
- Community resources*
- Basic information/education
- Housing alternatives
- Case management connection
- Public health assistance
- Testing locations
- Closed provider alternatives
Questions & Discussion
### WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE
### MEETING CALENDAR FOR 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Thursday, March 19</td>
<td>12:00 PM to 1:00 PM</td>
</tr>
<tr>
<td>Thursday, June 18</td>
<td>12:00 PM to 1:00 PM</td>
</tr>
<tr>
<td>Thursday, September 17</td>
<td>12:00 PM to 1:00 PM</td>
</tr>
<tr>
<td>Thursday, December 17</td>
<td>12:00 PM to 1:00 PM</td>
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</tbody>
</table>

All meetings will be held via GoToMeeting