

#VoicesForChange2021

February 9-11, 2021 | 10 am to 1 pm |
<https://bit.ly/34FS2tP>



IGNATIUS BAU

Moderator



PETER LONG

Blue Shield of California



THU QUACH

Asian Health Services



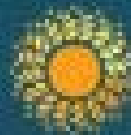
**ANDIE MARTINEZ
PATTERSON**

California Primary Care Association



**DR. WILL
LIGHTBOURNE**

DHCS



California Presidio
HEALTH NETWORK

DAY 2 TRACK: HEALTH CARE DELIVERY SYSTEM
TRANSFORMATION

CENTERING EQUITY IN PAYMENT AND DELIVERY REFORM

DESPITE A STATED COMMITMENT BY MEDICAL AND OUR PUBLIC HEALTH SYSTEMS TO ADDRESSING HEALTH INEQUITIES, VERY FEW PAYMENT AND DELIVERY REFORM EFFORTS HAVE RESULTED IN MEASURABLE REDUCTIONS. THE NEXT CHAPTER OF HEALTH CARE DELIVERY AND PAYMENT REFORM IN CALIFORNIA OFFERS BOTH A SIGNIFICANT OPPORTUNITY TO ADDRESS DISPARITIES AND POTENTIAL CHALLENGES AS WE CONTINUE TO PUSH THE ENVELOPE. HEAR FROM CONSUMERS, STATE POLICYMAKERS, HEALTH SYSTEMS AND PROVIDERS ABOUT STRATEGIES AND APPROACHES TO HEALTH SYSTEM TRANSFORMATION THAT ARE CENTERED IN EQUITY AND RESPONSIVE TO THE NEEDS OF CONSUMERS.

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Silver Leaders



Bronze Leaders

California Community Foundation
L.A. Care
Health Net
NextGen Policy

Copper Leaders

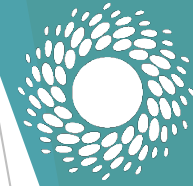
Lucile Packard Foundation for Children's Health
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Justice in Aging

Community Partner

The Children's Partnership
Latino Coalition for a Healthy California
Southeast Asia Resource Action Center
Vision y Compromiso



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Housekeeping

- ▶ All sessions will be recorded and recordings and slides will be available after the conference
- ▶ You will be on mute. Please use the chat & Q&A features. CPEHN staff will be monitoring the chat and Q&A.
- ▶ If you need technology help
 - ▶ Use the Zoom links on the event home page
 - ▶ Day 1: <https://zoom.us/j/97211570956?pwd=MzVNRjFtQkdyV1JZcmdkTkVFbWFUUT09>
 - ▶ Day 2: <https://zoom.us/j/97748180307?pwd=emFBYjJNZFJ0T2k3VUM1NW92ZjU3UT09>
 - ▶ Day 3: <https://zoom.us/j/96150407381?pwd=dUtmRVpoOEJHTndoWG9PNnlGeERHZz09>
 - ▶ Call **(510) 832-1160 ext. 308**
 - ▶ Post in the "Ask Organizers Anything" community board.
- ▶ At the end of the session, click "like session" under the video screen to complete an evaluation!

#VoicesForChange2021

Centering Equity in Health Care Delivery and Payment Reform:

A Guide for California
Policymakers



California Pan-Ethnic
HEALTH NETWORK





Centering Equity

- Policies...the need for intentionality and “lens”
- Defining health...clinical v whole person
- System design...FFS v Managed Care
- Contracting...what we are paying for
- How we pay...cost/volume or VBP (and caveats)
- Workforce...identity and bias

Health equity 2021 and beyond

We believe that

The healthcare system should be worthy of all our family and friends and sustainably affordable.

The reality is

California's diverse population continues to face persistent and unjustifiable health inequities that result in health disparities.

Our pillars are

- Get rooted
- Get and use meaningful data & analytics
- Solicit and integrate diverse perspectives
- Reduce inequities
- Tell the/our story

We'll partner with

- Those who are closest to the problem with lived experience and expertise
- Intermediate partners who are impacted by the problem or by the solutions
- Subject matter experts

The vision is

A healthcare system where everyone has fair and just opportunities to be as healthy as possible, free from bias, racism and discrimination.

Drivers of health equity

Historical realities to contemporary health injustices



SYSTEMIC (Macro)

Social, economic, and political context
Assigns social position

COMMUNITY (Meso)

Distribution of resources
Differential exposure and vulnerability

INDIVIDUAL (Micro)

Responsive exposure, behaviors, and impact on health and wellbeing
Differential consequence

Health equity advances our strategy



Create a personal, high-quality experience:

Principles of health equity integrated throughout member, provider, and community initiatives for measurable impact.



Serve more people:

Harness the power of timely and actionable data to inform strategic direction to ensure relevant and appropriate services are available.



Be financially responsible:

Reduce excess cost burdens of inequities.



Be a great place to do meaningful work:

Our workforce, reflective of communities we serve, comprises purpose-driven individuals who bring wisdom and insight as their authentic selves. We have the ability and agency to embed equity principles in our work & to hold each other accountable for doing so.



Stand for what's right:

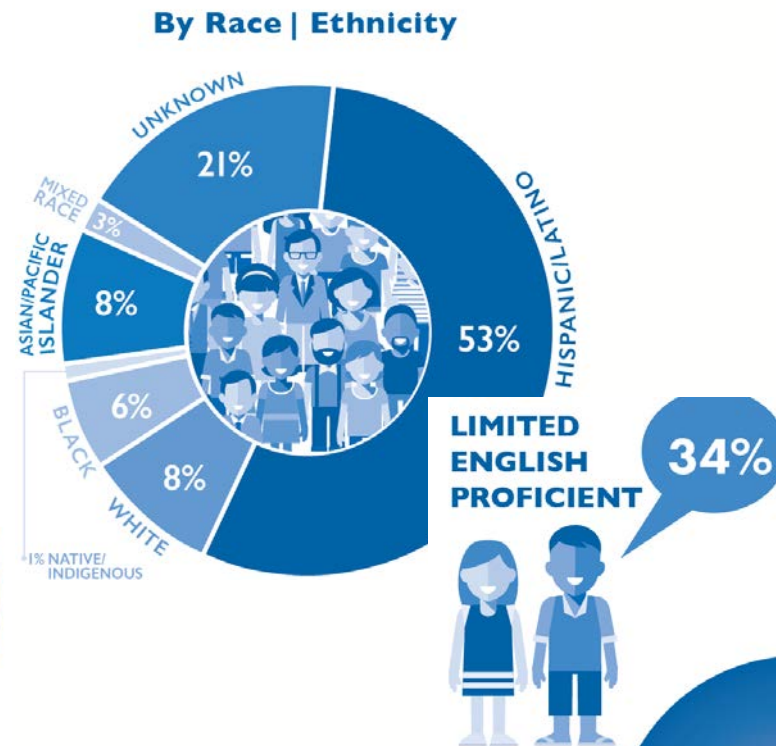
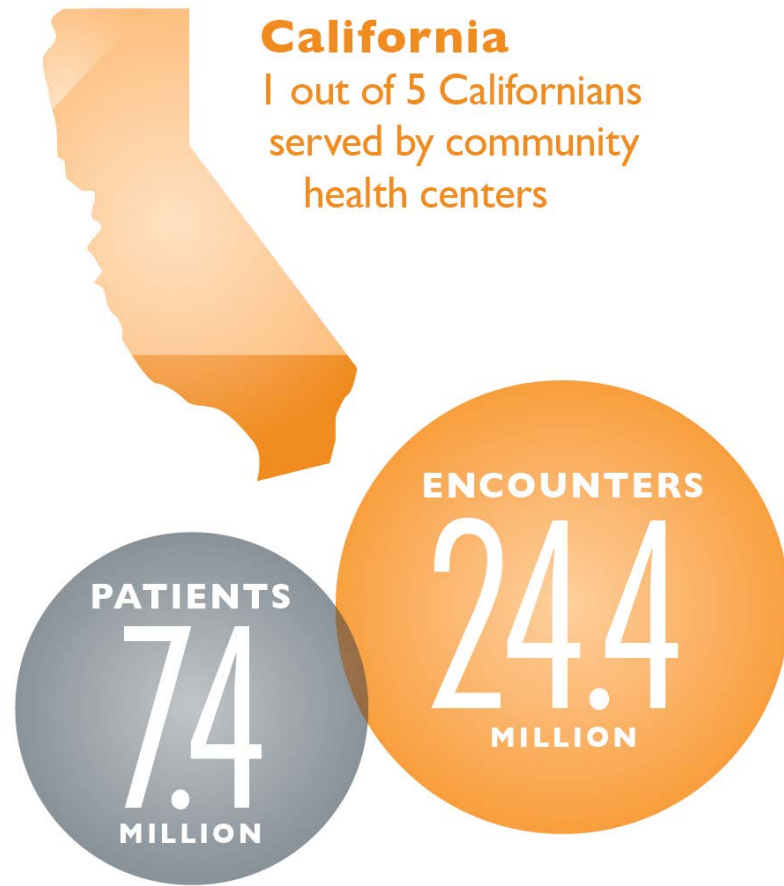
Passionately deliver on the moral imperative to battle inequities.



Center Equity in Payment and Delivery Reform

February 10, 2021

Community Health Centers



Today vs Tomorrow

Today

- Focus on visits
- Focus on volume
- Trying to get to outcomes but with wrong incentives

Tomorrow

- Focus is on patient experience
- Focus is on patient driven needs
- Easier to achieve outcomes when CHC can look holistically at what patients need to be healthy



Where we are today

Stars have aligned

- HHS/DHCS, CPCA, Health Plans- at the leadership level all agree we need to do this
- Impetus was COVID
 - Had we had an **APM**, we wouldn't have lost so much revenue and would have had stable revenue and the necessary flexibilities to deliver care
 - Health centers got the opportunity to do **virtual care** which is proving to be a great delivery mechanism
- Foundation support- CHCF providing the support to help everyone prioritize the work

What is the driving force for CHC payment reform?

State

- Behavioral health access and integration
- Improve quality (as measured by HEDIS)
- Flexible care delivery
- Larger delivery reform needs CHCs because they are 1/3 of the Medi-Cal system

Plans

- Behavioral health access and integration
- Improve quality
- Flexible care delivery
- CHCs are a strong and reliable partner

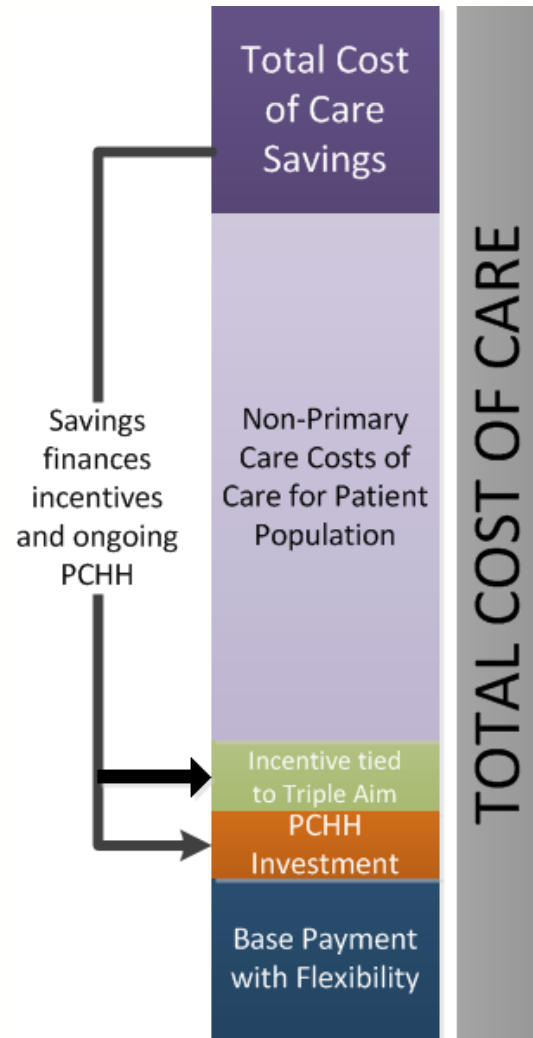
CPCA

- Behavioral health access and integration
- Improve quality
- Flexible care delivery
- AND....
 - Stable payment
 - Workforce solutions
 - Stronger positioning for shared savings
 - Wellness and ease for patients

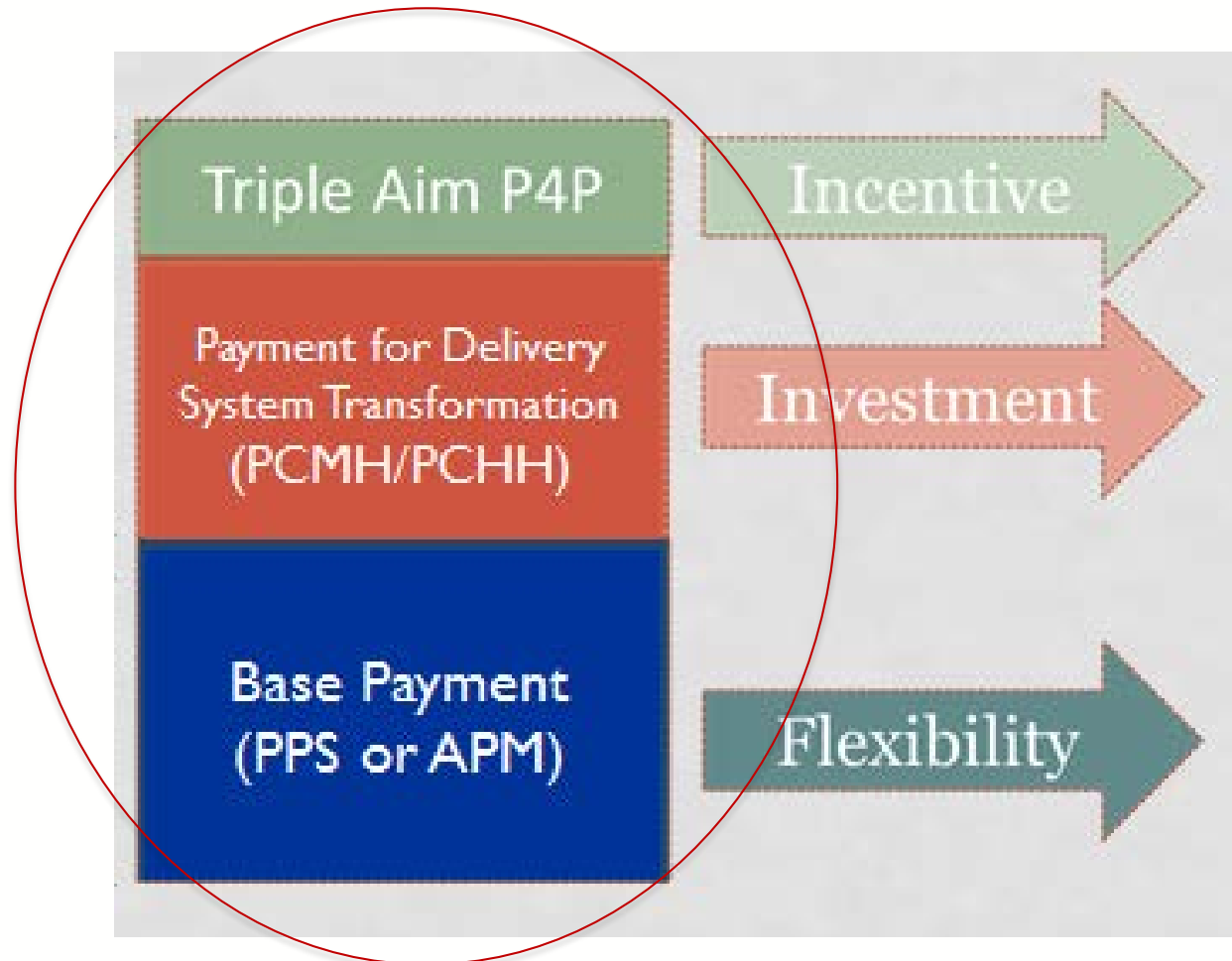
Why now?

- CHCs came of and from the **Civil Rights Movement**
- **CHCs proved to be a tremendous model** with amazing people leading the way
- **PPS was instrumental in growing the CHC industry** in California and delivering access and quality to millions
- But it is not the panacea - it is **FFS and its limitations** we feel severely
- **It's no longer just about access. It's about equity and justice.**
- The health care system and our communities demand that **we lead the charge again** and demonstrate how powerful the CHC model is
- **This is our opportunity to create the reality we know is right**

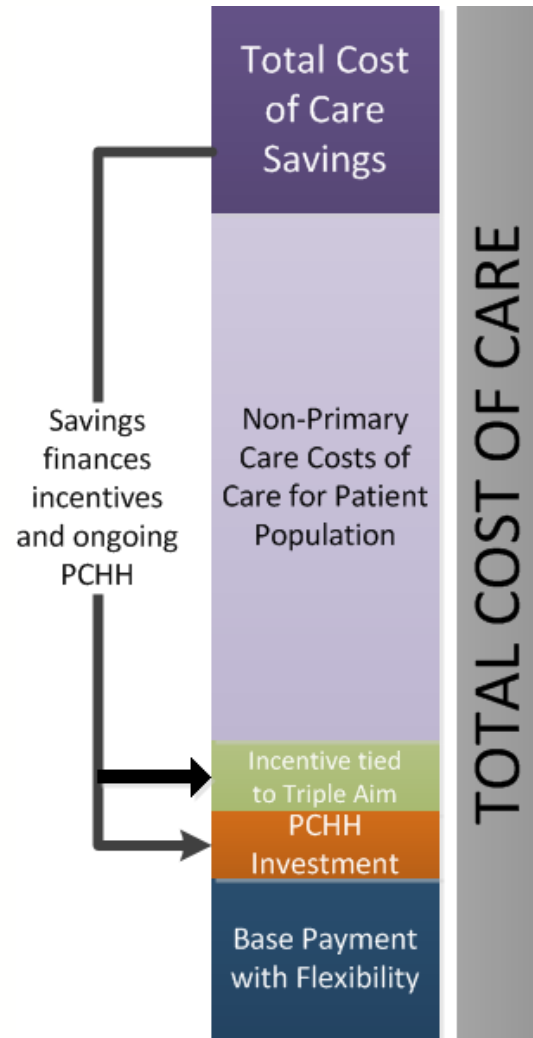
The model in 2011



Trying to secure all 3 layers

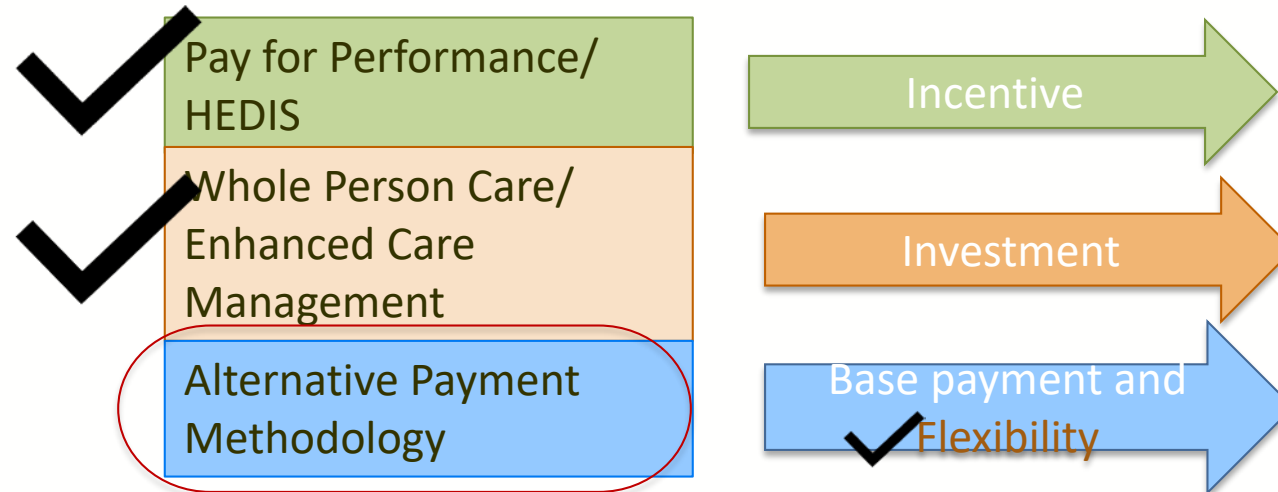


The model in 2023



We have P4P,
we have WPC/ECM,
and we have telehealth
(flexibility)

Now we just need the APM

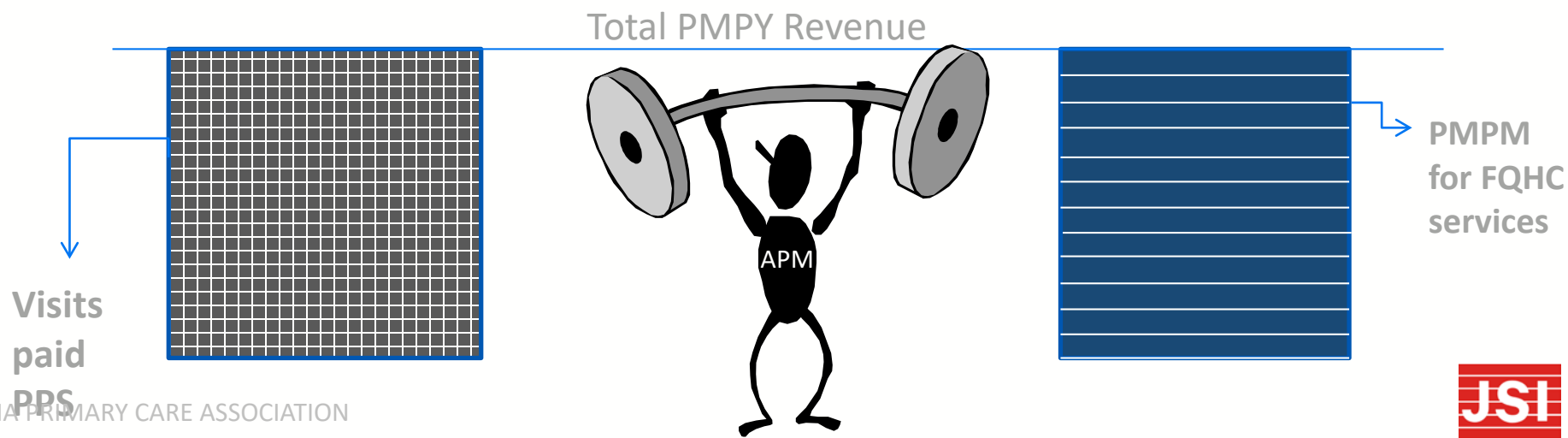


Today vs Tomorrow

Payer driven value

Consumer driven value

Today: Volume-based PPS	PPS-Equivalent Capitation
<ul style="list-style-type: none">• Volume-based payment• Face-to-face visits• Billable providers	<ul style="list-style-type: none">• Monthly payment per member• Some visits converted to new modes of care (phone, email, group visits)• Care teams (including non-billable providers)





ASIAN HEALTH SERVICES

Health Equity in the Times of COVID



Asian Health Services



- Founded in 1974 by students focused on language and cultural barriers to health care in Oakland Chinatown
- Federally qualified community health center with two pillars of **service** and **advocacy**
- Provides primary care, dental, behavioral health care to nearly 50,000 patients
- Cultural competency: 14 Asian languages, bicultural staff from communities we serve: *Cantonese, Mandarin, Vietnamese, Korean, Cambodian, Mien, Hmong, Lao, Mongolian, Tagalog, Burmese, Karen, Karenni, and Thai*

Rooted in the Patients and Communities We Serve



“Our measure of success is not only in how many patients we see, but also in how many are empowered to assert their right to health care.” -Sherry Hirota, CEO

Dual Pandemic – COVID and Racism

The Perfect Storm

Anti-Asian Attacks

Public Charge chilling effects

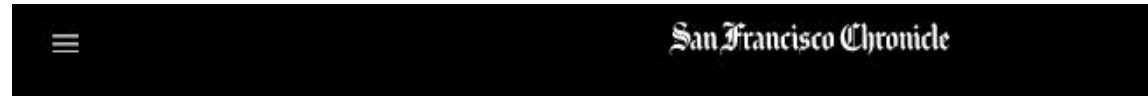
Chinatown restaurants closed;
economic loss

AAPIs went underground

Invisible and suffering in silence



National Asian American COVID-19 Research & Policy Team – Disparities in Case Fatality



HEALTH

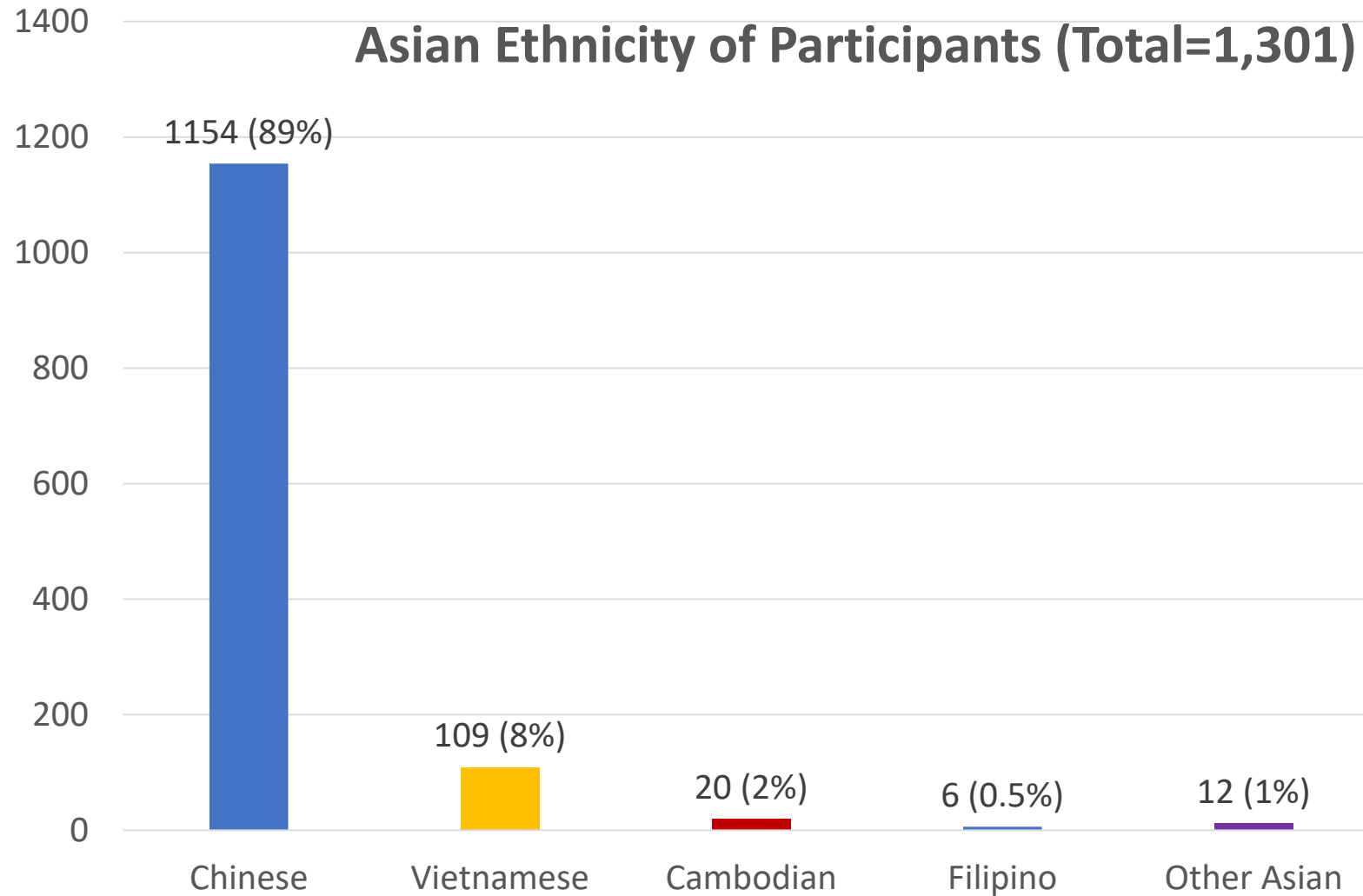
Why has coronavirus taken such a toll on SF's Asian American community? Experts perplexed over high death rate



Joaquin Palomino | May 20, 2020 | Updated: May 21, 2020 9:17 a.m.

State/County	Case Fatality (Asian)	Case Fatality (Overall)
California	8.1%	3.9%
New Jersey	13.8%	7.3%
Washington	8.5%	5.2%
Nevada	9.4%	4.9%
Illinois	7.4%	4.5%
Santa Clara County, CA	8.6%	5.2%
San Francisco County, CA	5.9%	1.6%
Los Angeles County, CA	12.3%	4.3%
Chicago, IL	10.5%	4.7%
New York City	17.7%	10.8%

AHS COVID Community Survey June 2020



English proficiency

Not Fluent: 56%

Fluent: 44%

Immigrant Status

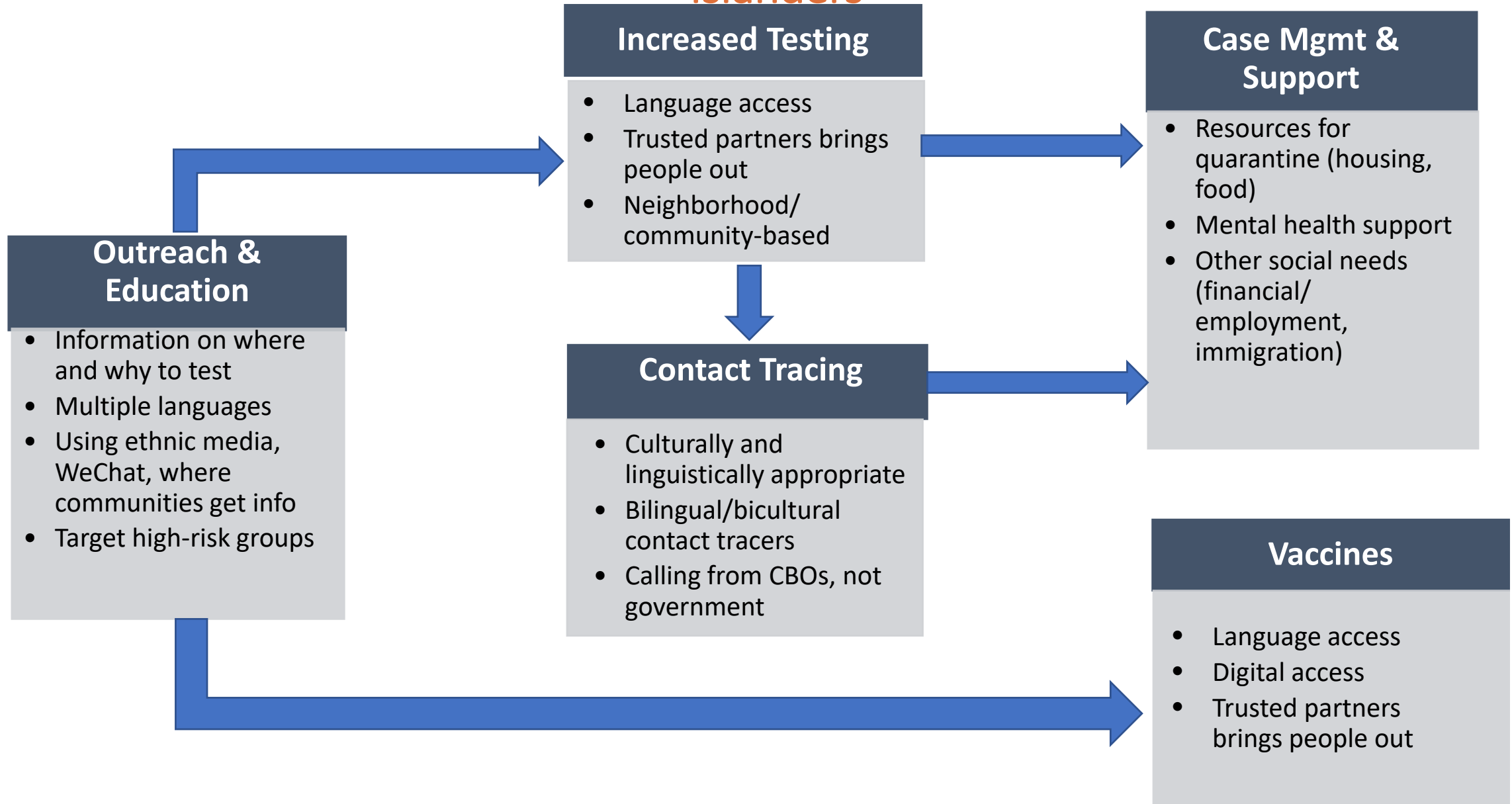
US-born: 20%

Foreign-born: 80%

COVID Impacts

	No.	%
How many have gotten tested for COVID? (n=1,304)	40	3%
How many could not find a place for COVID Testing? (n=816)	396	49%
How many have experienced discrimination/ violence due to race? (n=1,302)	72	6%
How many have lost their regular job (n=689)	246	36%
How many have had a reduction in hours, or a reduction in income (n=689)	173	25%

COVID Comprehensive Response for Asian Americans & Pacific Islanders



COVID Community Testing and Contact Tracing

- Established first Asian American and Pacific Islander Multi-lingual and Multi-cultural **COVID community testing sites** in Alameda County
- Launched first Asian American and Pacific Islander Multilingual **Contact Tracing Team** in Alameda County
October 2020



Vaccines for our Community!



CA Healthy Places Index leaves out important factors

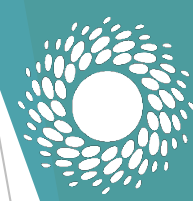
Currently In the Index	What's missing
<ul style="list-style-type: none">• Economic (poverty, median income, employed)• Education (higher education, high school and pre-school environment)• Transportation (automobile, active commuting)• Social (two parent household, voting)• Housing (retail, tree canopy...)• Healthcare Access (insured adults)• Neighborhood (alcohol availability, park access...)• Clean Environment (clean air, drinking water,...)	<ul style="list-style-type: none">• Language access/Linguistic Isolation• Foreign Born/Immigrant Density• Cultural competence• Income to poverty ratio to account for household size

The Challenge and Goal

To prevent being simultaneously
BLAMED and **OVERLOOKED** for COVID19



ASIAN HEALTH SERVICES



California Pan-Ethnic
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Q&A

Closing

Next Up:

- ▶ **Data Office Hours, 12:30-1pm**
- ▶ **Check out the Virtual Exhibit Hall to connect with our sponsors**
- ▶ **Please click “Rate Session” to complete a quick evaluation of this session!**
- ▶ **Come back tomorrow for Day 3 of the CPEHN Voices for Change Conference!**