



## Quality Improvement Health Equity Committee Quarter 4, 2024 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 and submitted to the Board Quality Improvement Committee (BQIC). In addition, for the remainder of 2024, the QIHEC will report 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 will be made available publicly 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, December 12, 2024, by the Chairperson, Valerie Martinez, Chief Health Equity Officer (CHEO) via telephone conference.

### Introductions and Welcome

Valerie Martinez welcomed committee members, called the meeting to order, and previewed the meeting agenda.

### Old Business

Brigitte Lamberson, Health Equity Principal Program Manager, Blue Shield Promise Medi-Cal Health Equity Office, reviewed old business and provided an update on the following action items:

- A workgroup was formed on October 14, 2024, with committee members to share and develop strategies and tools that support asking members for demographic information. Actionable next steps are in progress including gender affirming care training and exploring solutions for bi-directional data sharing.



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- The Institute for Healthcare Improvement excerpt on anti-racism considerations within the Health Equity Integration Plan and Framework was included as suggested by committee members at the QIHEC Quarter (Q) 3 meeting.

### 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 QIHEC Q4, meeting. The following documents were approved by voting committee members:

- BSC Promise QIHEC Meeting Minutes Q3 2024
- 2024 BSC Promise QIHEC Work Plan

### Regulatory Updates

#### National Committee for Quality Assurance (NCQA): Health Equity Accreditation (HEA) Updates

Brigitte Lamberson informed the committee that the NCQA HEA Survey was submitted in November 2024 and pending formal results following survey review of all documents submitted.

The Health Equity Office monitors disparities and inequities to identify opportunities to increase access to care, improve quality of care, structures of care, increase member satisfaction, and overall wellbeing.

### Culturally and Linguistically Appropriate Services or CLAS Report

Mary Katherine Waters, Senior Manager, NCQA Health Plan and Health Equity Accreditation, Quality Management Department, provided a brief overview of the CLAS report.

The CLAS report assesses the provider network to determine if the members' needs and preferences are being met for the measurement areas below:

- Race/ethnicity
- Language
- Sexual orientation



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- Gender identity
- Cultural & linguistic grievances, and
- Plan CLAS trainings and resources offered to providers

The table below describes CLAS report findings, interventions, and outcomes:

Table 1. Culturally and Linguistically Appropriate Services (CLAS) Report Findings, Interventions and Outcomes

Report	Finding	Intervention(s)	Outcomes
<b>Culturally and Linguistically Appropriate Services (CLAS) Report</b>	Member self-reported race and ethnicity data captured: 95.5% Los Angeles; 82.8% San Diego  Goal: 80%	1) Sent reminders to all members regarding privacy and protections of their race, ethnicity, and language, sexual orientation, and gender identity data and shared the process for how to update member profiles (COMPLETED) 2) Focus on data integration from external sources to increase the amount of self-reported member demographic data available to us (ONGOING)	Will report 2025 CLAS report
<b>Culturally and Linguistically Appropriate Services (CLAS) Report</b>	NCQA requires health plans to develop race and ethnicity ratio and assess the provider network against those thresholds.  All targeted threshold ratios were met except for <i>Some Other Race</i> for Promise San Diego. 97% of providers do not self-report race and ethnicity data.	1) Leverage additional provider sources to encourage providers to self-identify race, ethnicity and language data. Promise to partner with Violet Health and leverage their Health Equity provider training and other resources (Q1 2025). 2) Send reminders to all providers about the importance of updating their provider profile, which includes, but not limited to race, ethnicity, and spoke4n languages including office staff (COMPLETED) 3) Develop cross-department workgroup to review provider network language data that did not meet goal, examine current outreach activities, determine best practices approach to increase the network in these areas, and develop a timeline. Additionally, this team will examine our internal process for collecting and displaying English and develop an action plan based on their findings (COMPLETED) 4) Violet Health pilot (IN PROGRESS)	Will report 2025 CLAS report
<b>Culturally and Linguistically Appropriate Services (CLAS) Report</b>	Examined cultural and linguistic grievances to assess how the network meets the members' cultural needs and preferences  Total grievances received: 53 (Los Angeles); 51 (San Diego). No threshold as cultural grievances are reviewed	1) Obtain feedback from Consumer Advisory Committee for preferred communication of language assistance resources (COMPLETED) 2) Released member notification with instructions to access language assistance services (COMPLETED) 3) Develop provider letter noting resources and language assistance services available (IN PROGRESS) 4) Grievance case review (PLANNED) 5) Facilitate training to transportation vendor given high volume cases (PLANNED)	Will report 2025 CLAS report
<b>Culturally and Linguistically Appropriate Services (CLAS) Report</b>	Blue Shield has low response rates (1%) for sexual orientation and gender identity data  Goal: 20% by 2028	1) Socialize process for updating member profile 2) Training performed to improve staff comfort in broaching topic with members (COMPLETED) 3) Focus group with Federally Qualified Health Centers to understand barriers for collection (COMPLETED) 4) Explore process for data sharing with Federally Quality Health Center (IN PROGRESS)	Will report 2025 CLAS report

**Health Disparities Report**

Amie Eng, Principal Program Manager, Medi-Cal Quality Improvement Department, provided a brief overview of the Health Disparities Report.

The Health Disparity Report identifies and address disparities in healthcare outcomes among different population groups by analyzing member race, ethnicity, language, sexual orientation and gender identity data

The table below describes Health Disparities report findings, interventions, and outcomes:

Table 2. Health Disparities Report Findings, Interventions and Outcomes

Report	Finding	Intervention(s)	Outcomes
Health Disparities Report	<p>Inequities by race/ethnicity for poor diabetes control for members in Los Angeles County</p> <p>Hispanic/Latino members in Los Angeles County accounted for a large proportion of the denominator and had the highest number of members demonstrating HbA1c Poor Control (&gt;9.0%)</p>	<p>1) Partner with our Health Education department to host a parallel Spanish speaking class series at the same time as the English-speaking class in August</p> <p>2) Employ heat maps to identify Hispanic or Latino members who reside near the Community Resource Centers to encourage attendance through mailed letters</p> <p>3) Among Hispanic/Latino members who are assigned to a provider group with Health Navigators, encourage attendance through live calls. Members can also bring family members or care givers</p>	<p>Will report 2025 Health Disparities Report</p> <p>Quarterly analysis using Health Equity Dashboard</p>
Health Disparities Report	<p>Inequities by race/ethnicity for Child and Adolescent Well Care Visits among Promise members in both San Diego and Los Angeles County</p> <p>Target goals for both counties were not achieved when stratifying performance by race</p>	<p>Intervention strategy will focus on reducing inequities for Black/African American, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native, and white members as these groups showed the highest preventive care visit gaps among Promise members.</p> <p>1) Increase access to well-care visits by offering the service in the member's community and offering flexibility for scheduling and attending the visit (PLANNED)</p> <p>2) Connect members to a usual source of care as well clinic days can help members identify their primary care provider and connect them to other Blue Shield Promise resources (PLANNED)</p> <p>3) Share results from the well-care visit with the members' assigned provider and connect members to Blue Shield Promise resources (PLANNED)</p>	<p>Will report 2025 Health Disparities Report</p> <p>Quarterly analysis using Health Equity Dashboard</p>

Brigitte Lamberson presented the proposed oversight model and transition plan for the NCQA HEA reports. Blue Shield Promise will continue to track progress over time and conduct an annual report evaluating program effectiveness for each, CLAS and Health Disparities Reports. Quarterly updates will be presented to the committee.

### Department of Health Care Services (DHCS) Updates

#### Senate Bill (SB) 1019: Medi-Cal Managed Care Mental Health Benefits *Mental Health Outreach and Education*

Mimi Nguyen, Program Manager, Consultant, Office of the CMO, Behavioral health Services provided an overview of SB1019, a plan, and project updates. SB1019 requires Medi-Cal managed care plans (MCP) to develop a DHCS approved outreach and education plan based on the MCP's population needs assessment (PNA) and a utilization assessment. MCPs then must use the outreach and educational plan to conduct annual outreach and education to enrollees and primary care physicians (PCPs) regarding covered mental health benefits.

Mimi Nguyen provided an overview of existing Provider Materials and Resources and recently launched Violet Health Pilot to acquire Race, Ethnicity, and Language



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(REaL) and Sexual Orientation and Gender Identity (SOGI) information. REaL and SOGI data will be acquired from selected providers to enable the identification of diversity gaps and strengths within the network. The Pilot is aiming to create a mechanism to increase inclusivity scores through training and improve the ability to collect REaL and SOGI data. We will use the data collected by Violet to identify gaps.

Mimi Nguyen asked the committee for feedback regarding available Provider facing behavioral health services program webpage, the plan to conduct annual outreach and education to PCPs regarding covered mental health services, and stakeholder and tribal partner engagement influencing outreach and education plan elements. Mimi Nguyen will follow up offline for additional information and feedback.

### Medi-Cal Trainings

Brigitte Lamberson presented an update regarding the mandatory Diversity, Equity, and Inclusion (DEI) Medi-Cal training entitled the 2024 Advancing Health Equity training that was softly launched earlier this year, in Quarter 2, to meet regulatory requirements for NCQA, DMHC, and DHCS Medi-Cal contract.

As of last quarter, we have soft-launched the 2024 Advancing Health Equity training to our Promise and Blue Shield of California Member Facing and Customer Care teams. The data presented here represent assigned Promise employees. As of September 2024, 89% of our staff have completed training; 6% of staff are in progress, 5% are past due. Efforts have been made to email staff members who have not completed their training, those whose status is in progress or past due. Overall, we have garnered 92% positive feedback on the training content.

We will continue to bring updates to the committee next quarter.

### Health Equity Spotlight: Sexual Orientation and Gender Identity (SOGI) Data Collection Focus Group

Brigitte Lamberson presented a Health Equity Spotlight on a recently formed SOGI Data collection focus group held in October with committee member participation from AltaMed Health Services, Family Health Centers, and San Ysidro Health.

During the focus group, we talked through the problem statement and challenges of collecting SOGI data. The focus group discussion also centered on exploring



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solutions for how we can increase SOGI data collection, increase staff comfortability for asking patients for this information, and discussed possible interventions.

Some of the common themes we garnered was the frequency of missing data across clinic and health plan systems. And challenges with collecting the information because of the sensitivity of the questions, back-logs in data entry due to paper format questionnaires and delays in digitizing the responses into internal systems. Challenges with Staff and Provider hesitancy to ask SOGI questions and vice versa patient hesitancy to provide SOGI responses environmental factors that can also play a role in data collection, and lack of administrative buy-in.

We also discussed best practices and potential interventions, including offering patients access to answer these sensitive questions via an iPad at check in, in the waiting room, bi-directional data sharing between medical groups and health plan systems, development of an incentive program encouraging members to update their SOGI information using trusted messaging, and partnering with patient facing campaigns.

The Promise Health Equity Office shared tools and resources with the workgroup, gender affirming care training that's available on our public training website and exploring solutions for bi-directional data sharing. Additionally, we were able to meet with Family Health Centers and our internal IT partners to talk through some potential solutions for bi-directional data sharing and potential supplemental data sharing pilot we could do.

### Community Health Worker (CHW) Request

Brigitte Lamberson asked the committee for any recommendations for representation from our Community Health Workers and advised emailing the Health Equity Office.

### 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 Health Equity Office will track the action items and bring updates forward at the next QIHEC meeting.



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### Closing and Adjournment

Brigitte Lamberson thanked the committee for their time and feedback. The next QIHEC meeting will be held Thursday, March 20, 2025.

### Appendices

- Regulatory Updates
- Health Equity External Engagement
- Health Equity Internal Engagement
- HEART Measure Set Updates
- Bold Goals Updates
- Member and Family Engagement Strategy Updates