



# Innovating Within Medi-Cal

KEY FINDINGS & RECOMMENDATIONS TO IMPROVE ACCESS TO QUALITY CARE & DRIVE HEALTH EQUITY



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# Introduction

Health Net was founded more than 40 years ago in California and is one of the state's longest serving and most experienced Medi-Cal partners. With more than 25 years of experience caring for California's most vulnerable residents, Health Net has worked hand-in-hand with the state to help build Medi-Cal and serve those who depend on its healthcare safety net.

Our approach rests on the foundation that achieving health equity starts first and foremost with access to quality care. That's why Health Net invests in innovative approaches with local partners to meet members where they are. In this way, we help drive improved and more equitable health outcomes for our Medi-Cal members.

The state's CalAIM initiative has brought these efforts into even greater focus as we collectively work to enhance our state's safety net. Health Net has launched the initial phase of CalAIM throughout our entire footprint and is on track for subsequent phased launches set by the state. As we implement this multi-year initiative, Health Net will continue to collaborate with our partners across California to help transform Medi-Cal.

However, driving innovation and transformation isn't easy. From workforce shortages to technology issues, social determinants of health and more, our industry faces a variety of critical challenges. Taken together, these **challenges** are **opportunities** that require multi-faceted solutions.

After investing millions into innovative programs with local partners to boost access to quality care and reduce inequities, we're sharing what we've learned in the following 'key findings report.'

### Report Objectives

- Identify the most meaningful innovations that have improved access to quality care.
- Illustrate how these key findings can help drive higher quality care and ultimately, improve health outcomes for Medi-Cal patients.

Share recommendations and best practices that can be applied across the healthcare system.

## **Executive Summary**

### **KEY FINDINGS**

At Health Net, we know better health outcomes begin with access to quality care. Today, quality care requires that we and our partners consider the needs of our members holistically. Thus, our multi-faceted solutions, many built on innovation, help promote **whole-person health.** Alongside CalAIM, our model helps deliver seamless, coordinated care for our members at every stage of life.

In fact, since 2017, Health Net has invested more than \$100 million to support more than 500 innovative community-based initiatives. In this report, we've gathered the lessons learned, best practices and innovative solutions that drove increased access to care and better health outcomes.

### Overall Key Findings to Improve Access to Quality Care & Drive Health Equity



### Invest in data & leverage insights to ground interventions in human connection

With improved analytics and multiple data sources, identify patients and populations who face one or more barriers to care – and then design interventions that are based on human connections.



### Solutions shouldn't be complex – simplicity is key

Innovations should strive to reduce complexity. The simplest solutions are often the most effective for both patients and providers within Medi-Cal.



### Meet patients where they are by identifying channels they trust

Proactively find ways to reach and support patients in ways that make them feel most comfortable. Engage and activate the right local partners to meet patients where they are and deliver care in a manner that's familiar and trusted.



## The Challenge: Overcome Key Barriers to Boost Access to **Quality Care & Health Equity**

California rapidly expanded its Medi-Cal program over the last ten years. The safety net now covers 14 million Californians. These are among the state's most vulnerable residents.

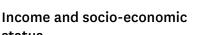
To boost access to quality care and better health outcomes, health plans must tackle barriers to care that many members face, including:



Lack of transportation

status

**Food insecurity** 



Health literacy

Cultural and language issues



And many other factors

Together with CalAIM, Health Net's innovations work within Medi-Cal to develop solutions to overcome these barriers to care. Our work demonstrates that transforming the system to better meet patient needs and deliver better care is a collective, statewide priority.

### **Overall Key Findings**



## Invest in data & leverage its insights to ground interventions in human connection

**Key Finding:** Informing all of our efforts and activities, and essential to removing disparities, is data. Accurate patient data allows stakeholders across the continuum of care to understand how Medi-Cal members seek and navigate their healthcare. These insights can help us design initiatives that deliver personalized care, grounded in human connection.

**Lesson Learned:** The timely reporting of accurate patient data is key for the delivery of equitable care. Data and metrics reveal interventions that work and those that don't. Insights from data also help coordinate a patient's care across multiple providers to develop the best treatment plans. Investing in infrastructure that improves the collection of data can change the way Medi-Cal patients experience and navigate care. In addition, qualitative data helps practitioners uncover additional insights that help them understand and address patients' experiences.



### Solutions shouldn't be complex - simplicity is key

**Key Finding:** Managing care, especially for members with complex needs, can be difficult. When we coordinate care and offer simple solutions, members can better leverage their care plans, which improves health outcomes.

**Lesson Learned:** The most streamlined and often lowest-tech solution should be our default when designing interventions to increase access and equity of care. Providers also shouldn't have to reinvent the wheel – refining and coordinating existing strategies can help ensure that Medi-Cal members receive quality care.



## Meet patients where they are by identifying channels they trust

**Key Finding:** Members are best able to access care when interventions are the least disruptive. The key is to identify channels that are local and that they trust. We need to meet members where they are and deploy a collaborative approach to care.

**Lesson Learned:** Our investments to break down barriers to care have shown that meeting members where they are doesn't always mean designing something new. For example, we've invested heavily in driving culturally competent care and partnerships with communitybased organizations. We can often amplify positive outcomes when we leverage the expertise and relationships of local partners who know their communities best. The experiences and voices of the communities we serve are critical.

### Recommended Strategies to Boost Access to Quality Care & Health Equity

Continue to invest in patient data infrastructure & coordination

Accurate patient data is key to improving quality care

**The Challenge:** Without accurate and complete information about how our most vulnerable patients access healthcare, we are limited in our ability to reduce inequities and increase quality of care for those most in need. In managed care settings where there is no standard claim submission process, providers collect "encounter data" – information that details patient visits or interactions with the healthcare system. This information helps track health care quality and costs, monitors population health trends and is key to identifying gaps in care. However, the data has also been historically fragmented and inconsistent due to the complexity, administrative burden and a lack of standardization.

The Response: Health Net collaborated with the Department of Managed Health Care and invested \$50 million to overcome the barriers to timely, complete and accurate encounter data and inform real solutions to remedy our fragmented data infrastructure. Accurate data will allow us to better understand and address why certain patient populations suffer from higher rates of illness, injury, disability and mortality, better track health care quality and costs, and ultimately uncover and help close gaps in access to care.

In addition, we also worked with community partners to understand community challenges from a qualitative perspective. These insights informed our programming and investments. For example, in Kern County we collectively identified COVID-19 vaccination uptake disparities among pregnant members of color. In response, we deployed our "Ready for Baby" project, a COVID-19 vaccine educational campaign that targeted pregnant persons and new mothers of color. Our partner, **Black Wellness and Prosperity Center (BWPC)** hosted a baby shower and listening circle to understand the concerns these local mothers had about COVID-19 vaccinations.

**The Result:** The multi-year, multi-phased <u>"Encounter Data Improvement Program"</u> targets the need for a more unified effort to clarify, standardize and monitor the collection and reporting of encounter data statewide. This investment will strengthen our data infrastructure and enable healthcare providers, stakeholders and state legislators to analyze trends in healthcare and identify best practices that improve health outcomes for patients enrolled in Medi-Cal.

Using the listening model, BWPC created a culturally resonating health education campaign. They conducted outreach and a media campaign around positive personal vaccine experiences to encourage critical thinking about vaccine hesitancy, mitigate misinformation and increase vaccination rates. As a result of our collaboration, BWPC successfully canvassed 291 households in Kern and San Joaquin Counties.



Understanding population health trends enables delivery of more direct and personal care

Population health management program identifies disparities to deliver better care

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**The Challenge:** Care management plans and care delivery that are based on individual healthcare experiences can often lead to poorer health outcomes for the patient, higher costs, gaps in care and a lack of care coordination. Understanding how groups and populations access and navigate care can facilitate care delivery for disease management.

The Response: Health Net developed a comprehensive Population Health Management (PHM) program. Our PHM program includes multiple teams: clinical pharmacy, care management, social work, medical management and non-clinical resources to coordinate all aspects of a member's care.

The PHM teams leverage available member data to better understand the challenges members may be facing. Examples of this data include where/how our members access care, their housing situation, additional safety net benefits and more. Equipped with that data, Health Net provides education, care coordination and support to our members emerging as high risk.

**The Result:** Health equity is a driving force in our PHM program. Our PHM program recognizes and incorporates disparities identified through the Health Equity Index Model to develop interventions and improve health outcomes. Integrating PHM analytics into program development yields more tailored and comprehensive care to achieve better health outcomes, better care for our members, better clinical experience and better value.

Leverage patient analytics as a tool to build human connection

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### Wellframe offers immediate care for members

- **The Challenge:** Patients can face large burdens in managing their health on their own between healthcare encounters. Forgetting post-discharge instructions, medications, follow-up appointments or program adherence can all lead to worse health outcomes.
- The Response: In March 2020, Health Net launched Wellframe, a digital health management application designed to treat the whole person. It facilitates high-touch communication between members and their care teams through texting in the app. The app also gives the member day-to-day health information and educational content to allow members to become active in their own care. Wellframe was particularly helpful for maternity members who could quickly communicate with their case managers to provide updates after a doctor's appointment, ask if a hospital visit was necessary or if active labor had begun.
  - **The Result:** Maternity case managers experienced an 88% onboarding rate when offering Wellframe to their patients. As a result, 639 members used the Wellframe app, scoring the service an 8.5/10 for the ease of communication and additional flexibility to accommodate busy schedules.



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Reject dated assumptions about technology adoption

Expanding telehealth services delivers care to more members

- **The Challenge:** Even before the extraordinary circumstances of the COVID-19 pandemic, barriers in access to care made in-person appointments difficult. The pandemic exacerbated the urgent need to provide safe access to medical care, especially for members in remote areas, older members and members with chronic conditions.
- The Response: Long before COVID-19, our innovation-first approach to access brought virtual services to patients statewide. This same mindset drove our pandemic response. <u>Health Net launched a fast-action plan</u> in the Spring of 2020 to expand access to telehealth services. The company awarded cash grants to 138 Medi-Cal providers across California, totaling \$13.4 million. The funds were dedicated to building or expanding telehealth practices, which became even more key to providing safe access and continuity of care for patients at home.
  - The Result: Telehealth use increased from 2% of visits prior to the pandemic to 45% at the end of the first year of the pandemic, representing a more than 20x increase. Expanded telehealth capacity bolstered providers' ability to offer remote care options to patients. Providers reported the following results:
    - **Preventive Care:** 31% of provider survey respondents were able to conduct routine checkups or wellness checks for their patients using telehealth.
    - Health Screenings: 42% of provider survey respondents identified telehealth as an important tool for patient screenings, including chronic diseases such as diabetes.
    - Health Education: 17% of provider survey respondents provided health education, including nutrition and physical activity counseling, diabetes education and smoking cessation using telehealth.
    - Mental Health: 16% of provider survey respondents provided counseling and other mental health services using telehealth.

For some access issues, there's not an app for that

Mobile health vans deliver care directly where members are

**The Challenge:** Medi-Cal members often face barriers to accessing basic health services like health screenings, health education and preventive care. Seeking care outside of one's community also presents a challenge, which can leave members alienated from safety nets.

The Response: Partnering with the Martin Luther King Jr. Community Hospital (MLKCH), Health Net funded the MLKCH Know Your Basics van – now formally called the "Healthy Moves" van – to increase community access to health screenings and health education. Using nest data, Health Net and MLKCH could strategically place the mobile clinic throughout South Los Angeles to deliver care directly to patient communities.

**The Result:** The Healthy Moves van delivered care through an innovative format – leveraging data to identify communities most in need and providing full health screenings for 689 community members, enabling an 82% increase in impact from the previous year. Healthy Moves also increased its network of trusted community partners through whom it is using the mobile clinic to increase community access to health screenings and health education.



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Prioritize local solutions that reduce complexity

Vouchers 4 Veggies Builds Hyper Local Healthy Food System

**The Challenge:** Studies show a strong relationship between food insecurity and negative health outcomes. We also know Medi-Cal enrollees are more likely to experience food insecurity. Children who struggle with food insecurity can be affected both cognitively and physically, often impacting their education. In adults, food insecurity is linked to serious health problems, including Type 2 Diabetes, hypertension, heart disease and obesity.

The Response: Health Net partnered with the University of California at San Francisco to pilot "Vouchers 4 Veggies." This is a transformative program aimed at increasing access to and affordability of healthy foods in our most vulnerable communities with a focus on families with young children. After partnering with local grocers and farmer's markets, we provided \$40 vouchers that families can use at their local stores to purchase produce on a weekly basis for 3 months to decrease diet-related health disparities. We did this in partnership with an early childhood development center to honein on this support for families with young children.

**The Result:** The Vouchers 4 Veggies pilot established a vendor network of local grocers, making produce more accessible for low-income patient populations. 128 members enrolled in the program with regular users spending almost the full amount allotted to them each week at participating local food stores (\$35-\$39).



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Think outside the doctor's office to meet patients where they are

### Hazel Health brings healthcare to schools

**The Challenge:** School-aged children coming from low-income families often face barriers to accessing quality physical and behavioral healthcare – this results in children experiencing health disparities at a higher rate. Children cannot learn until they are healthy and without access to care, children end up missing school because of health issues.

The Response: <u>Health Net partnered with Hazel Health</u>, the national leader in school-based telehealth to further our wraparound approach to caring for our youngest members. Leveraging Health Net's three-million-dollar grant, Hazel Health will expand access to physical and behavioral health care for students at 200 K-12 schools in several California counties, allowing students to connect directly with licensed medical professionals for on-demand care, whether at school or at home.

**The Result:** Since the beginning of the 2021-22 school year, Hazel Health's physical and mental health services have helped in over 130 schools across California where Health Net has members. At these schools, students who had an in-school physical health visit with Hazel were able to safely return to class 85% of the time. That return rate has resulted in about 2,300 additional hours of class time for California students who would have otherwise been sent home. The grant will expand access to high quality physical and mental health care for students at 200 K-12 schools in ten California counties.

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### Design interventions that require less behavior change

### Bright Heart Health provides substance abuse treatment at home

The Challenge: Non-medical use of prescription medications is a growing health problem in the United States. Annually, more people die from prescribed opioids than all illegal drugs combined, and the opioid epidemic worsened significantly during the pandemic – overdose deaths in the 12 months leading up to April 2021 were up 28.5%. The misuse of and addiction to opioids affects public health as well as social and economic welfare.

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The Response: Health Net created innovative ways to curtail the opioid epidemic using early identification, engagement and risk stratification. A key component to the opioid and substance use disorder program is facilitating seamless referrals to Medication-Assisted Treatment (MAT) to our trusted partner, **Bright Heart Health,** for substance use disorder and pain management. Bright Heart Health is the first nationwide opioid use disorder treatment program via telemedicine, allowing individuals to meet with medical staff and counselors via video conferencing.

**The Result:** Members are able to meet with counselors and medical staff in their own homes, identifying and developing strategies to deal with the issues and disorders that may have contributed to or been impacted by opioid abuse. For Health Net members, in 2020, our opioid and substance use disorder program reduced high dose opioids and discontinued 2 and 3 dangerous drug combinations by 30-40% and are seeing a reduction in ED/inpatient utilization.





## Conclusion

California's incredible diversity is reflected and magnified in its Medi-Cal population. Health Net understands the needs of Medi-Cal patients are as diverse as the population itself. That's why we've built teams, invested in programs, and developed models and innovative approaches that work within the Medi-Cal system to break down barriers, improve access and reduce health disparities.

As Health Net and our partners continue to build on proven programs and deliver new innovations while implementing CalAIM, members will continue to experience better, more coordinated, and more equitable care. We are committed to sharing our findings and recommendations to ensure stakeholders across the system can benefit from the exchange of knowledge.

Together, we'll embrace the **challenges** we face as the **opportunities** they are and work every day to transform the health of our communities, one person at a time.

