.

Population Needs Assessment Report

Contra Costa Heath Plan

2022

Cultural and Linguistics/ Health Education/Quality Improvement Oversight Staff

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1. Population Needs Assessment Overview

Contra Costa Health Plan's (CCHP) Population Needs Assessment (PNA) aims to identify member health status and behaviors, member health education and cultural/linguistic needs, health disparities, and gaps in services related to these issues. The PNA was conducted with a variety of data sources including the Healthcare Effectiveness Data and Information Set (HEDIS), Integrated ccLink reporting system to access claims and encounter data, Member and Provider Satisfaction surveys, Timely Access survey data, Department of Health Care Services (DHCS) Health Disparities data, Heath Plan Health Risk Assessment data, and Language Access Program data. The data were stratified by age, gender, race/ethnicity, primary language, geographic distribution, and other factors to identify where disparities exist in services. Key findings informed CCHP's 2022-2024 priorities in the areas of Health Education, Cultural and Linguistics services, and Quality Improvement projects. 2022-2024 Objectives include:

2022 – 2024 Objectives:

New Objectives

1. Increase antidepressant medication adherence for African Americans and Hispanic/Latino members. In the acute phase, increase African American adherence from 55% to 60%. In the continuation phase, increase the adherence of African American members from 31% to 40% and the Hispanic/Latino adherence from 35% to 40% by December 2024.
2. Increase Health Education resources available to members by 20% in top 4 requested areas of healthy eating, exercise, healthy teeth, and high blood pressure by 2024.
3. By 2024, decrease the number of members who are unaware of how to access mental health/behavioral health services from 33% to 28%, as measured by the member satisfaction survey.

Continuing Objectives

4. To decrease the percentage of members with obesity and an A1c >9 who reside in East and West counties from 22.65% to 20.00% by December 2022.
5. To increase the percentage of 3- to 6-year-old African American members assigned to CCRMC who attend an annual Well Child Visit, from 50.6% to 58.0% by December 2022.

2. Data Sources

Data sources used for this Population Needs Assessment included: CCHP claims (2021) and encounter data on disease prevalence; membership trend data (May, 2022); patient demographics data obtained from enrollment (May 2022); HEDIS data (RY 2020 - 2021); DHCS disparities data (2022) CCHP Report to identified differences between health plan and DHCS classification of members into racial/ethnic groups ; CAHPS Consumer Assessment Health Plan Survey data (2021/2022) and CCHP member experience satisfaction surveys (2021); provider access survey results (2021); population health dashboard data and language access data. The population health dashboard is an internal platform which integrates data from various sources and displays CCHP member demographic information obtained from enrollment data in May, 2022, health related behaviors, social determinants of health, health conditions, health disparities, member disability information, and health risk assessment data.

Healthcare Effectiveness Data and Information Set (HEDIS) – HEDIS is a comprehensive set of standardized performance measures established by the National Committee of Quality Assurance and designed to provide information for reliable comparison of health plan performance. The methodology for each HEDIS measure is described in the annual HEDIS Technical Specifications with respect to study year.

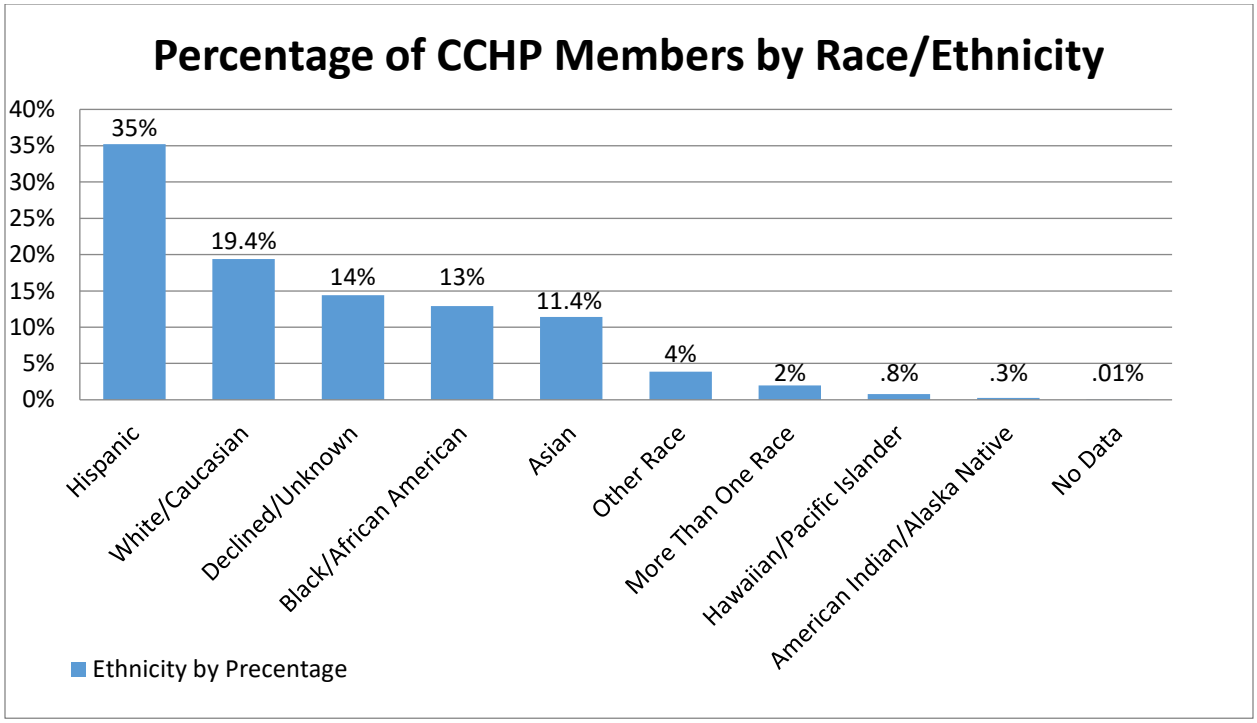
2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, 2021 CCHP Member Satisfaction survey, 2021 CCHP Provider Access Satisfaction survey, RY 2021 DHCS Health Disparities Report, Contra Costa Health Services Population Health Dashboard (2021/2022), and Managed Care Commission – Community Advisory Committee input were also incorporated into this assessment.

3. Key Data Assessment Findings

CCHP Medi-Cal Member Group Profile

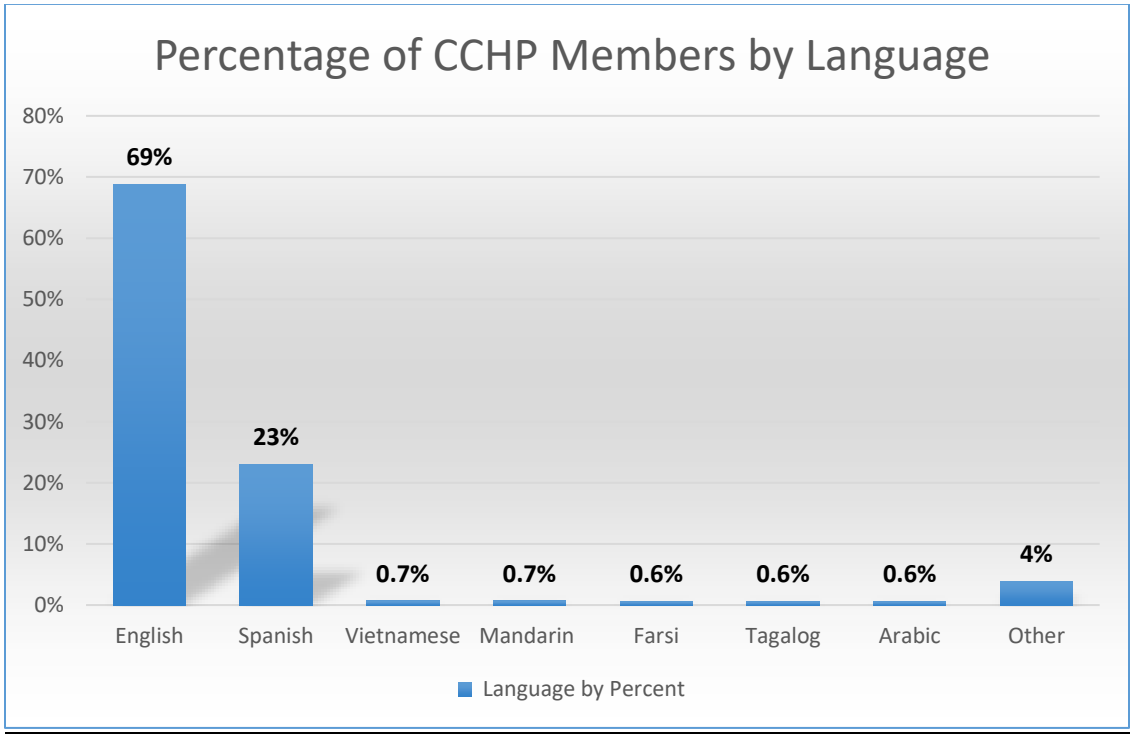
As of May 2022, Contra Costa Health Plan serves approximately 220,000 Medi-Cal members. Our membership is comprised of 35% Hispanics, 19% Whites (2.4% increase since 2020) 13% African Americans, 11% Asians, 0.8% Hawaiian/Pacific Islander, 4% selected “other race”, 15% unknown/decline to state (2% decrease since 2020), and 2% mixed race. The preferred language breakdown of the members is 68% English (2% increase since 2020), 23% Spanish (1% decrease since 2021); Vietnamese, Mandarin, Farsi, Tagalog, Arabic, and Punjabi are all under 1%. 59% of our Medi-Cal members access our county provider network, 23% access our community provider network (private offices and community clinics), and 18% access the Kaiser contracted network. The membership breakdown remained stable from last year with minor fluctuations as described above.

Figure 1



Source: 2022 CCHP Enrollment Data

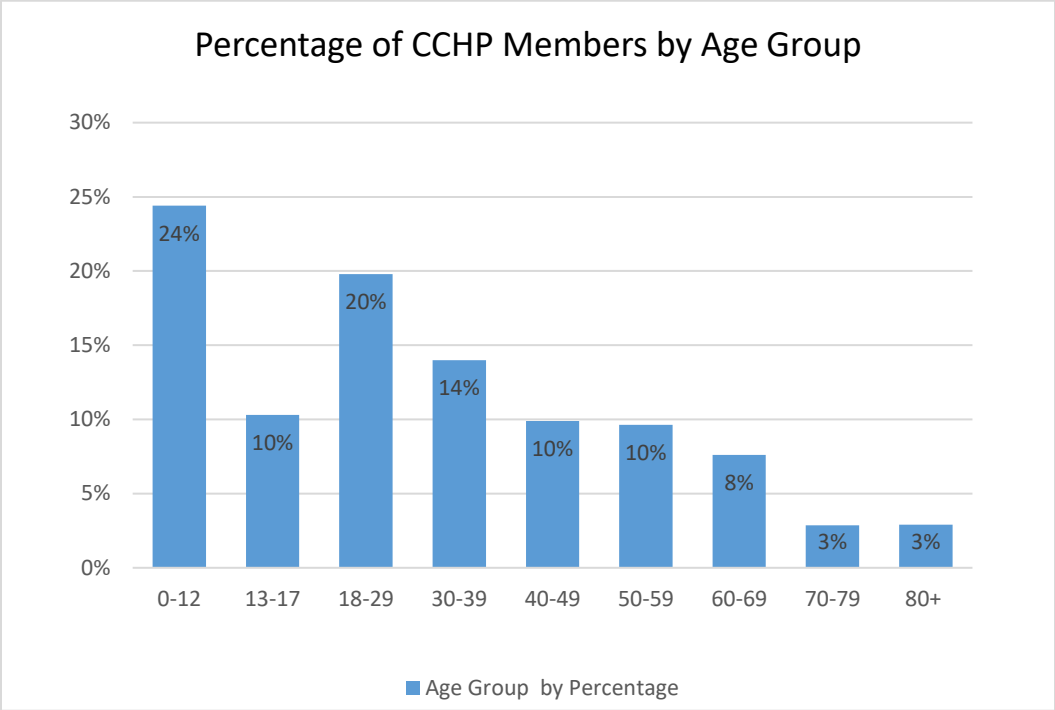
Figure 2



Languages represented under "Other" are Cantonese, Punjabi, Dari, Portuguese, Russian, etc. and make up under 0.5% each.

Source: 2022 CCHP Enrollment Data

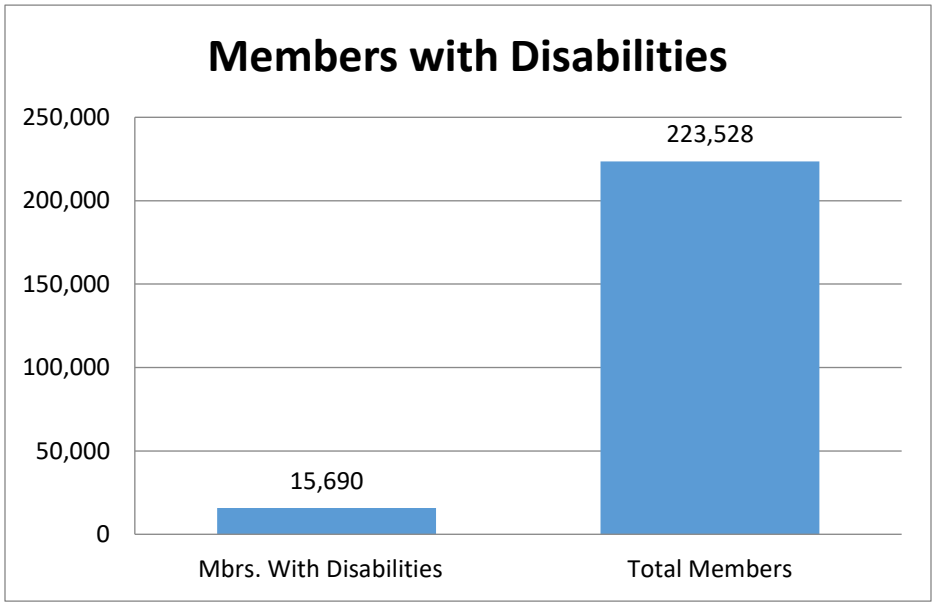
Figure 3



Age breakdown of the population remains consistent to 2021. CCHP has a young population with 54% under the age of 30 and 78 % under the age of 50. We have a small senior population with 8% of 60-69 yrs. of age and 6% over 70 years of age.

Source: 2022 CCHP Enrollment Data

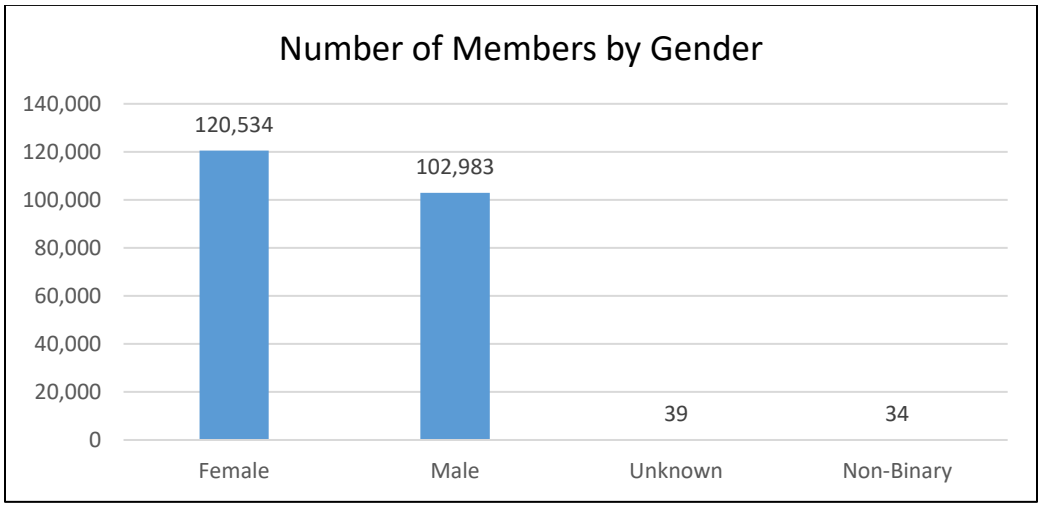
Figure 4



In the month of May 2022, we show 7% of members identified as having a disability, this is consistent to 2021.

Source: 2022 CCHP Enrollment Data

Figure 5



54% of CCHP members are Female and 46% Male. 34 individuals identify as non-binary and 39 are unknown. These numbers are stable compared to

Source: 2022 CCHP Membership Data

Table 1

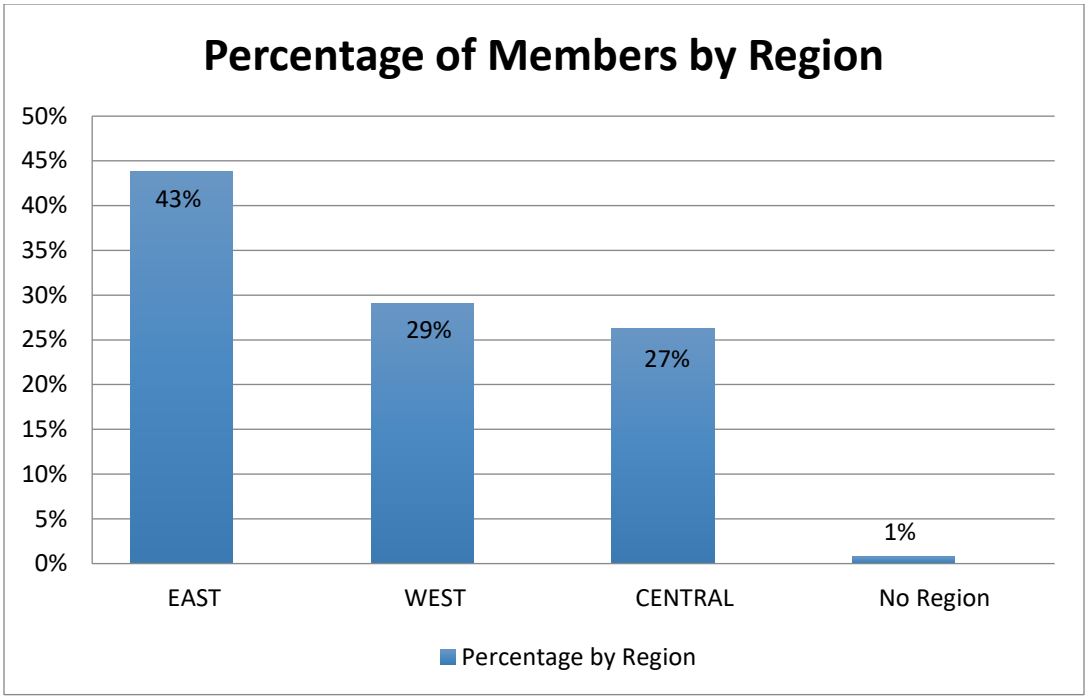
Sexual Orientation & Gender Identity		
LGBTQ	1,438	2.3%
Don't Know	698	1%
Choose not to disclose	5,523	9%
Something else	291	0.5%
Straight	53,076	87%
Unable to obtain	202	0.3%

Source: 2022 CCRMC Population Health Dashboard

The Contra Costa County Provider Network clinics have SOGI data for 66,579 CCHP Medi-Cal members. 2.5% identify as LGBTQ.

We have 8.7% increase in SOGI data collection over the last year.

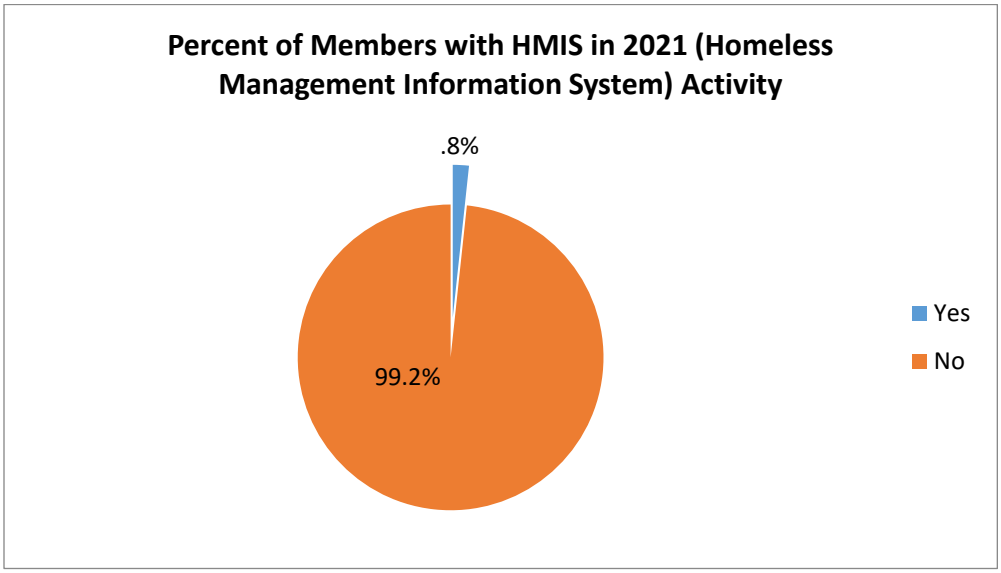
Figure 6



These numbers remained stable in the last 2 years.

Source: 2022 CCHP Population Health Dashboard

Figure 7



As of April 2022, data from County Housing Authority indicates that 0.8% of our members faced housing insecurity and homelessness. This is a slight 0.2% increase from 2021 which was at 0.5%.

Source: 2022 CCHP Population Health Dashboard

Education Level

According to 2020 US Census Bureau data, in Contra Costa County, 81.4% of students receive their high school diploma within four years. This is slightly less than the Healthy People 2020 target of 82.4%. High school graduate or higher education level of persons ages 25 is at 89% and a bachelor's degree or higher for the same age range is 39%. In Contra Costa County, 50% of the county's population aged 25 and older have obtained an Associate's level degree or higher. These indicators are relevant because research suggests education is one the strongest predictors of health.

Health Status and Disease Prevalence

Mental Health

According to 2021 administrative claims data for Medi-Cal members, the top 5 mental health diagnoses were autistic disorder, anxiety disorders, and major and recurrent depression.

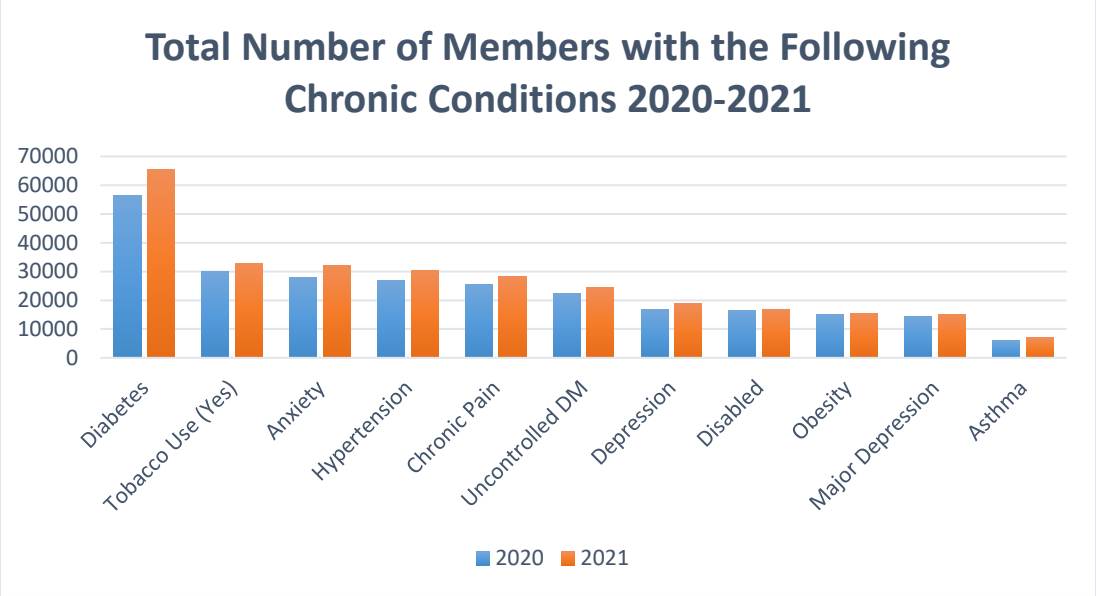
Table 2

Contra Costa 2020 - 2021: Mental Health Medi-Cal			
	2020		**2021**
1	Generalized anxiety disorder	**1**	Autistic disorder
2	Post-traumatic stress disorder, unspecified	**2**	Anxiety disorder
3	Major depressive disorder, recurrent, moderate	**3**	Major depressive disorder, single episode
4	Adjustment disorder with mixed anxiety and depressed mood	**4**	Generalized anxiety disorder
5	Anxiety disorder, unspecified	**5**	Major depressive disorder, recurrent, moderate
6	Dysthymic disorder	**6**	Post-traumatic stress disorder
7	Major depressive disorder	**7**	Opioid dependence, in remission
8	Encounter for observation for other suspected diseases and conditions ruled out	**8**	Opioid dependence, uncomplicated
9	Panic disorder, (episodic paroxysmal anxiety)	**9**	Developmental disorder of speech and language
10	Attention-deficit hyperactivity disorder, combined type	**10**	Adjustment disorder with mixed anxiety and depressed mood

Source: 2021 CCHP Claims

Disease Prevalence was also assessed by looking at chronic conditions. Top conditions, in order of prevalence, are Diabetes (31%), Tobacco use (15%), Anxiety (15%), followed by Hypertension (14%) and Chronic Pain (13%) were in top 5 as described in the table below. Diabetes increased by 1.2% since 2020, Tobacco use decreased 1%, Anxiety, Hypertension and Chronic Pain stayed the same in 2020-2021.

Figure 8



Source: 2021-2022 CCHP Population Health Dashboard

Table 3

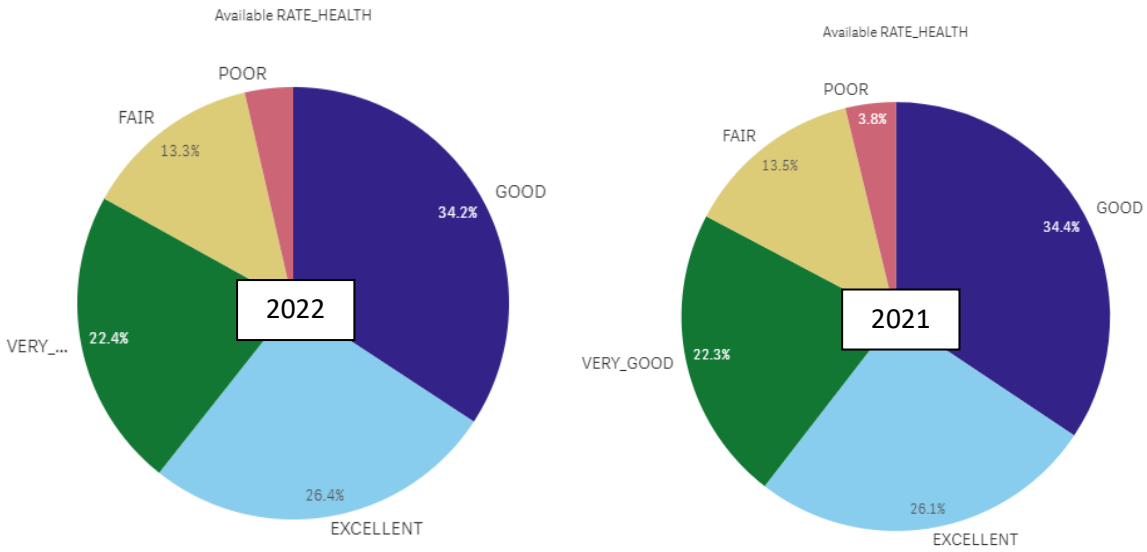
Condition	2020%	2021%	% Change
Diabetes	29%	31%	1.2%
Anxiety	15%	15%	0.5%
Asthma	3%	3%	0.1%
Hypertension	14%	14%	0.2%
Depression	9%	9%	0.1%
Chronic Pain	13%	13%	0.0%
Tobacco Use (Yes)	16%	15%	-0.1%
Uncontrolled DM	12%	11%	-0.1%
Major Depression	7%	7%	-0.3%
Obesity	8%	7%	-0.7%
Disabled	9%	8%	-0.8%

Source: 2021-2022 CCHP Population Health Dashboard

Perceived Health Status

As part of the Health Information Form and Health Risk Assessment for new members, CCHP collects data on how members rate their own health. As of March 2022, we collected data on 64,635 compared to 54,272 members June 2021. In 2022, 83% of SPD members rated their health as excellent, very good or good. 2021 percentage was the same.

Figure 9



Source: 2021-2022 CCHP Population Health Dashboard

Seniors and Members with Disabilities (SPD's)

Table 4

2020 - 2021: Top 10 Diagnosis for Seniors and Persons with Disabilities – Claims Data			
	2020		**2021**
1	Autistic Disorder	1	Autistic disorder
2	End Stage Renal Disease	2	Encounter for general adult medical examination
3	Hypertension	3	Hypertension
4	Type 2 diabetes	4	Type 2 diabetes
5	Obstructive sleep apnea	5	End Stage Renal Disease
6	Chronic obstructive pulmonary disease	6	Obstructive sleep apnea
7	Encounter for other preprocedural examination	7	Low back pain
8	Chest pain, unspecified	8	Contact with and (suspected) exposure to covid-19
9	Shortness of breath	9	COVID-19
10	Low back pain	10	Chronic obstructive pulmonary disease

Source: 2021 CCHP Claims

In 2021 the top diagnoses were autistic disorder, followed by hypertension, type 2 diabetes, and end stage renal disease. In 2020 we saw similar diagnoses, but renal disease was #2 and sleep apnea was #5.

As of January 2022, CCHP has 15,518 members with disabilities. Our case management department supports seniors and persons with disabilities with a variety of services including help with making medical appointments; referrals to transportation services, food services, and housing as well as referrals to health education resources such as smoking cessation, weight management, managing anxiety and more. They also send a health risk assessment to our new members which gives the health plan more insight into the needs of our SPD population. On January 1, 2022, CCHP began providing a new benefit called Enhanced Care Management (ECM). ECM will be offered to CCHP members experiencing homelessness and comorbidity, high utilizers, and those with severe and persistent mental illnesses and/or substance use disorders. Additionally, CCHP members can receive Community Supports, or programs that are not direct medical care but impact member health, such as home remediation services for asthma control and medically tailored meals for members with diabetes. These new programs are intended to provide holistic care of CCHP members to ensure positive health outcomes for our most vulnerable populations.

Contra Costa Health Plan refers members to California Children's Services (CCS) in Public Health. As of April 2022, there are 4,153 CCHP Medi-Cal children followed by CCS (87 more since 2021). Most children have more than one diagnosis.

Among the top 10 diagnoses/services rendered are developmental delays, hearing loss, respiratory failure of newborns, diabetes type 1 and 2, ventricular septal defect, hypothyroidism, respiratory distress in newborns, cerebral palsy, and patent ductus arteriosus.

Most families with children in CCS speak English 65% (2,537), followed by Spanish 30% (1,187).

CCHP meets with CCS quarterly to collaborate on our members' needs to ensure smooth coordination of services.

2021 HEDIS Results

CCHP participates in the Healthcare Effectiveness Data Information Set reporting initiative. CCHP performed at the 90th percentile in post-partum care and performed below the 50th percentile in three measures: Breast cancer screening (BCS), HbA1c>9% (CDC-H9), and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD). There was greater variation in performance at the provider network level, with Kaiser outperforming CPN and CCRMC in most measures.

CCHP and the individual networks declined in performance across several measures with the largest declines in measures requiring in person visits such as breast cancer screening, cervical cancer screening, weight assessment and counseling, and immunizations. There were increases in a few measures, mainly those related to medication management.

Table 5 Measures at the Highest Performance Level (HPL) – 90th Percentile

Measures	CCHP	RMC	CPN	KSR
Antidepressant Medication Management (AMM) - Acute Phase*				●
Asthma Medication Ratio (AMR)*				●
Breast Cancer Screening (BCS)*				●
Cervical Cancer Screening (CCS)				●
Childhood Immunization Status (CIS) - Combo 10		●		
Immunizations for Adolescents (IMA) - Combo 2				●
Prenatal and Postpartum Care (PPC) - Postpartum Care	●	●	●	●
*Administrative Measure which calculates rates on the entire population versus a statistically valid sample of members for the hybrid measures. Teal represents measures at HPL.				

Source: HEDIS 2021 data

Table 6 shows the measures performing below the 50th National Medicaid Percentile. Kaiser has three measures below the 50th percentile, CCHP overall has three measures, CCRMC has four, and CPN has five measures.

Table 6 Measures Below the Minimum Performance Level (MPL) – 50th Percentile

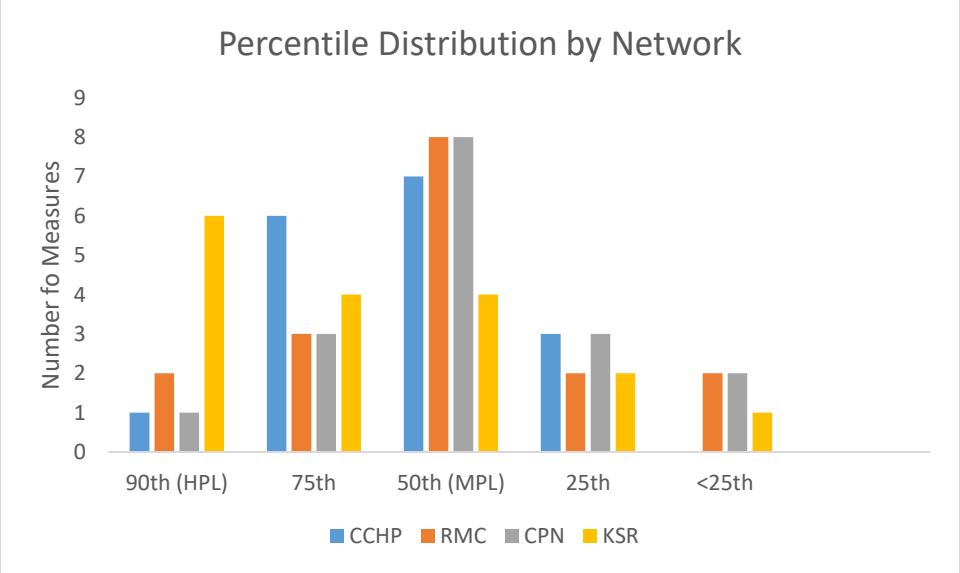
Measures	CCHP	RMC	CPN	KSR
Asthma Medication Ratio (AMR)*		●		
Breast Cancer Screening (BCS)*	●	●	●	
Cervical Cancer Screening (CCS)			●	
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9%)	●		●	
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)*	●			●

Controlling High Blood Pressure (CBP)			●	●
Immunizations for Adolescents (IMA) - Combo 2		●		
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) - Blood Glucose and Cholesterol (BC)*		●	●	
Weight Assessment and Counseling for Nutrition & Physical Activity (WCC) - BMI				●

Source: HEDIS 2021 data

Overall and Network Distribution of Measures by Percentile Ranking

Figure 10



Source: HEDIS 2021 data

Figure 10 above shows the number of measures performing at the percentile rankings by network as determined by the National Medicaid Percentiles. Kaiser has six measures (out of 17) in the 90th percentile, CCRMC has two, CPN has one, and CCHP overall has one measure.

Member Health Status, Disease/Condition Prevalence, Statistics and Utilization of Services

A review of 2021 outpatient administrative claims data indicates that most Medi-Cal members are seen for hypertension, exposure to and screening for covid, type 2 diabetes, and low back pain. In 2020 the top 5 reasons for outpatient visits were type 2 diabetes, anxiety, autism, back pain, and viral screening. The top five inpatient claims data for 2021 shows Covid-19, acute respiratory failure, acute kidney failure, sepsis, and end stage renal disease. In addition, the 2021 ER data shows that chest pain, Covid-19, abdominal pain, headaches, vomiting, and nausea comprised the majority of visits.

Table 7

Administrative Claims			
Outpatient –Medi-Cal			
	2020	**2021**	
1	Type 2 diabetes mellitus without complications	Hypertension	
2	Generalized anxiety disorder	Suspected exposure to covid-19	
3	Autistic disorder	Screening for COVID-19	
4	Low back pain	Type 2 diabetes	
5	Screening for other viral diseases	Low back pain	
Inpatient –Medi-Cal			
	2020	**2021**	
1	Covid-19	Covid-19	
2	Sepsis, unspecified organism	Acute respiratory failure with hypoxia	
3	Acute kidney failure	Acute kidney failure	
4	Acute respiratory failure with hypoxia	Sepsis, unspecified organism	
5	Shortness of breath	End stage renal disease	
Emergency Care – Medi-Cal			
	2020	**2021**	
1	Chest pain	**1**	Chest pain
2	Acute respiratory infection, unspecified	**2**	Covid-19
3	Unspecified abdominal pain	**3**	Abdominal pain
4	Shortness of breath	**4**	Headache

5	Cough	**5**	Nausea with vomiting

Source: 2021 CCHP Claims

Access to Care

When reviewing the most recent CCHP child and adult CAHPS surveys (MY 2020 conducted in 2021) we found the following:

- 97% child and 96% of adult members said that their health care provider treated them with respect.
- 75% child and 75% of adult members were able to get an appointment for needed care right away.
- 85% child and 87% of adult respondents reported it was easy to get care, tests, or treatment.
- 96% child and 93% of adult members felt that doctor explained things in an easy-to-understand manner.
- Positive rating (rating of 8, 9, 10) of overall healthcare for children was 88% and for adults was 79%.
- 95% of child and 93% of adult reported their provider listened carefully.
- In both the child and adult survey, 91% said their personal doctor spends enough time with them.
- 97% of child and adult survey respondents reported that health plan forms were easy to fill out.

In the 2021 we also sent out a CCHP Member Satisfaction Survey.

- We asked members if they know that the health plan has medical interpreters available at no cost to them. Of all respondents, Spanish speaking members rated this question with 84% saying “Yes” in 2021 (compared to 90% in 2020). 90% of Chinese speaking members also said “Yes”.
- About 71% of members said that their PCP or staff speaks their language, compared to 77% in 2020.
- 94% of total respondents said they were satisfied with training and competency of interpreters.
- We also asked several questions about language access in our Timely Access Provider Survey. 97% stated that they know how to access interpreter services vs. 77% in 2020. 93% are very satisfied or satisfied with the competency of the interpreters. Of those providers who responded that they used an interpreter in the last 12 months, 88% found the interpreting services helpful always or almost always. 86% providers found it easy or very easy to access interpreting services vs. 84% in 2020. 98% received an interpreter in the language they requested.
- 94% of members were satisfied or very satisfied with training and competency of interpreters.

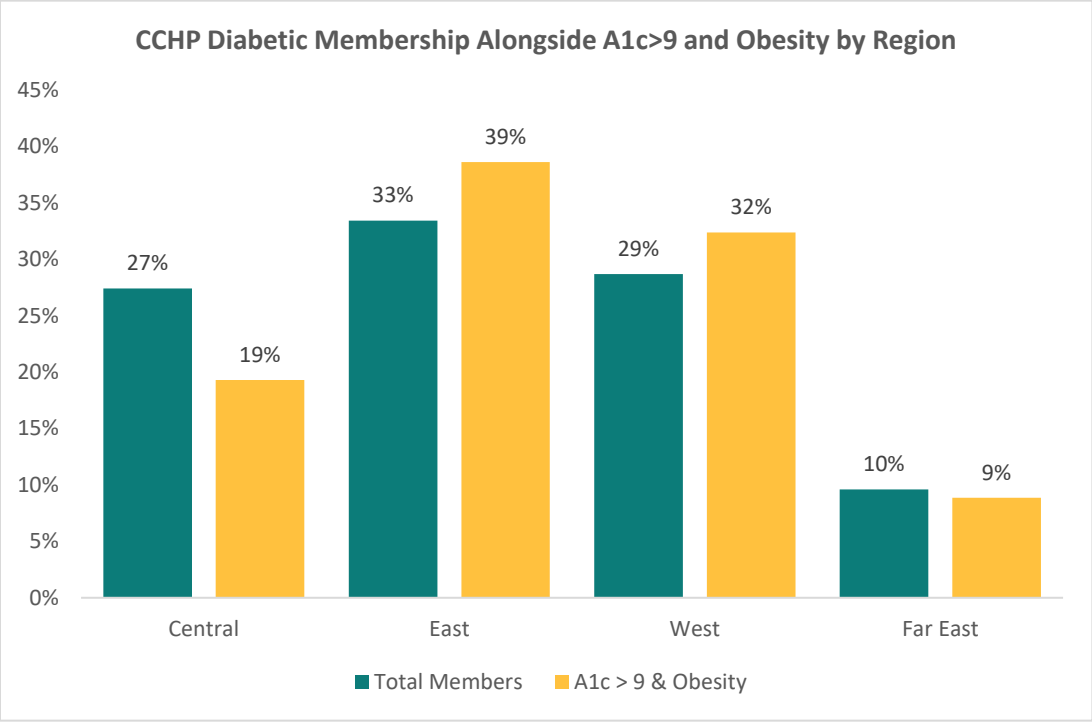
- Among members who did not receive Mental Health or Behavioral Health services, the number one reason (33%) is they did not know where to call.
- Members are most interested in learning about the following health topics: healthy eating, healthy teeth, exercise, high blood pressure, and weight loss.
- 61% of members prefer correspondence by mail sent to their home, 40% prefer text messages, 37% prefer email.

Health Disparities

According to the Health Resources and Services Administration, health disparities are defined as "population-specific differences in the presence of disease, health outcomes, or access to healthcare." Health disparities can exist by race/ethnicity, income, educational attainment, geography, sexual orientation and gender identity, and occupation. Root causes of disparities are often the result of systemic barriers including but not limited to racism, environmental injustices, mistrust in institutions, and a lack of culturally sensitive care delivery.

When looking at disparities within health conditions, CCHP found a disparity in diabetes performance rates in our East and West region for members with an A1c>9 and an obesity diagnosis. We know that Central County has higher income levels and resources that are absent in the East and West counties. These areas represent lower income levels and more socioeconomic barriers. The data table below shows the larger proportion of patients with A1c >9 and with a co-diagnosis of obesity residing in East and West Counties.

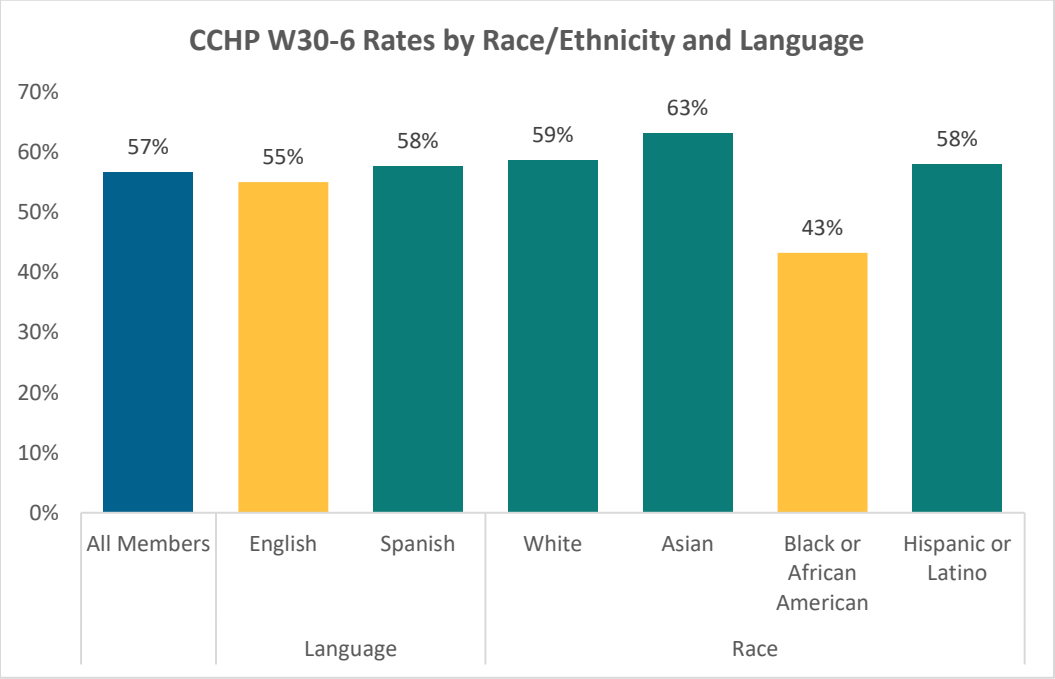
Figure 11



Source: 2021 CCHP Claims, Lab Data & Demographic Data

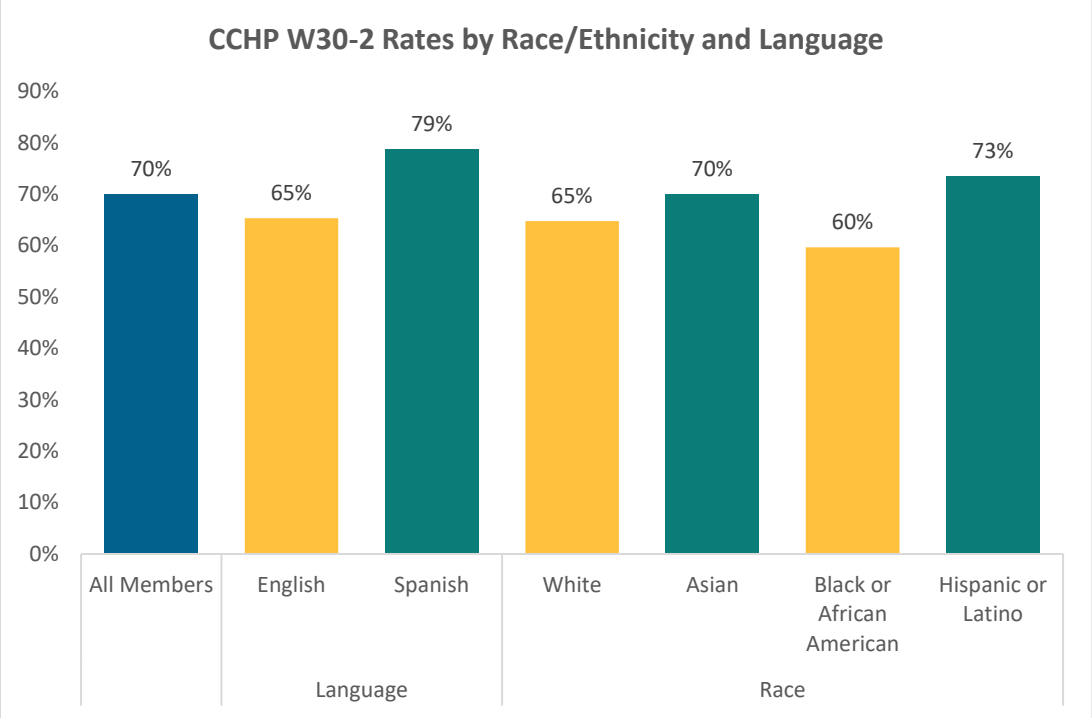
CCHP evaluated the 2021 DHCS disparities report and identified disparities in preventative measures W30-2 and W30-6 well child visits in the first 30 months of life. In W30-6 well child visits, the Asian and Spanish speaking members outperformed English speaking members. In the W30-2 group, Spanish-speaking members outperformed English-speaking members. Hispanic/Latino and Asian members also outperformed White and Black/African American members across both measures.

Figure 12



Source: 2021 DHCS Disparities Report

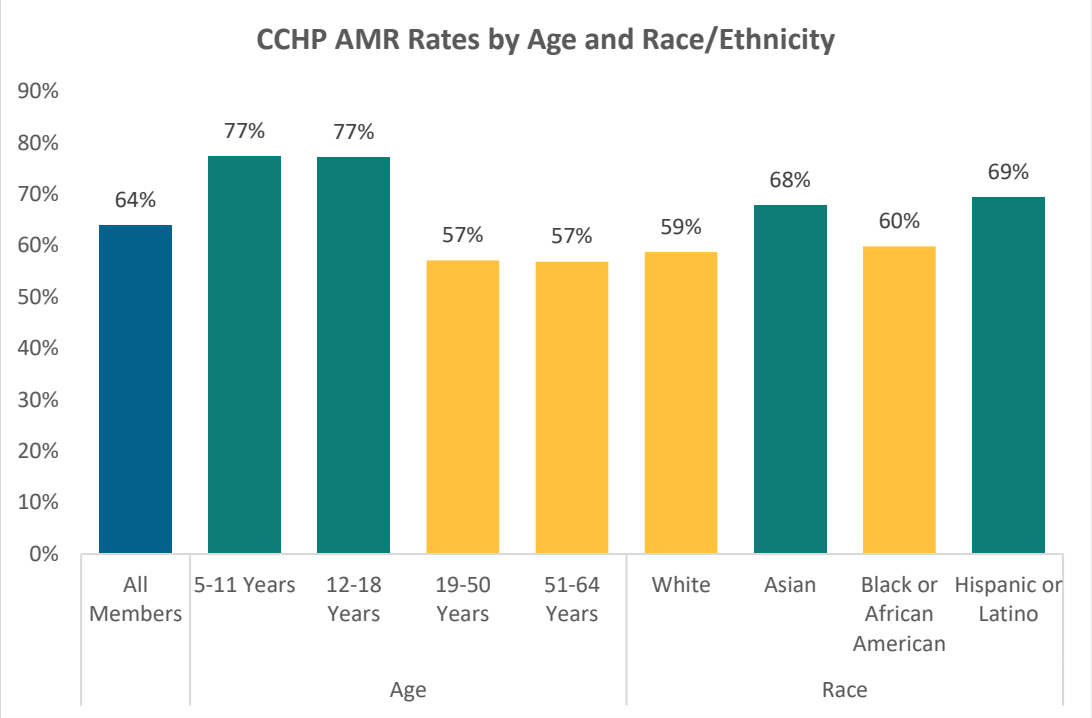
Figure 1313



Source: 2021 DHCS Disparities Report

CCHP evaluated the RY 2021 rate sheets provided by DHCS. For the Asthma Medication Ratio (AMR), CCHP found disparities based on age group and based on Race/Ethnicity. When broken down by age, members between 5-18 years of age outperformed 19–64-year-olds. This disparity also exists when the child and adult cohorts are broken down further. Regarding AMR ratios by Race/Ethnicity, the Hispanic/Latino and Asian population is outperforming all other groups.

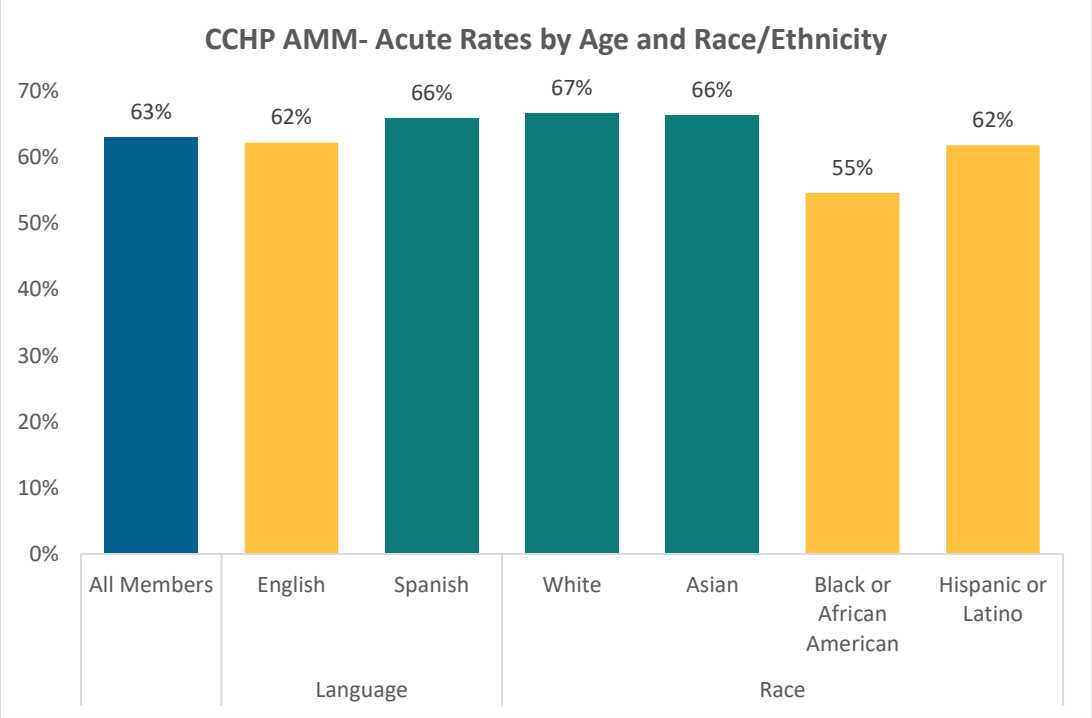
Figure 14



Source: 2021 DHCS Disparities Report

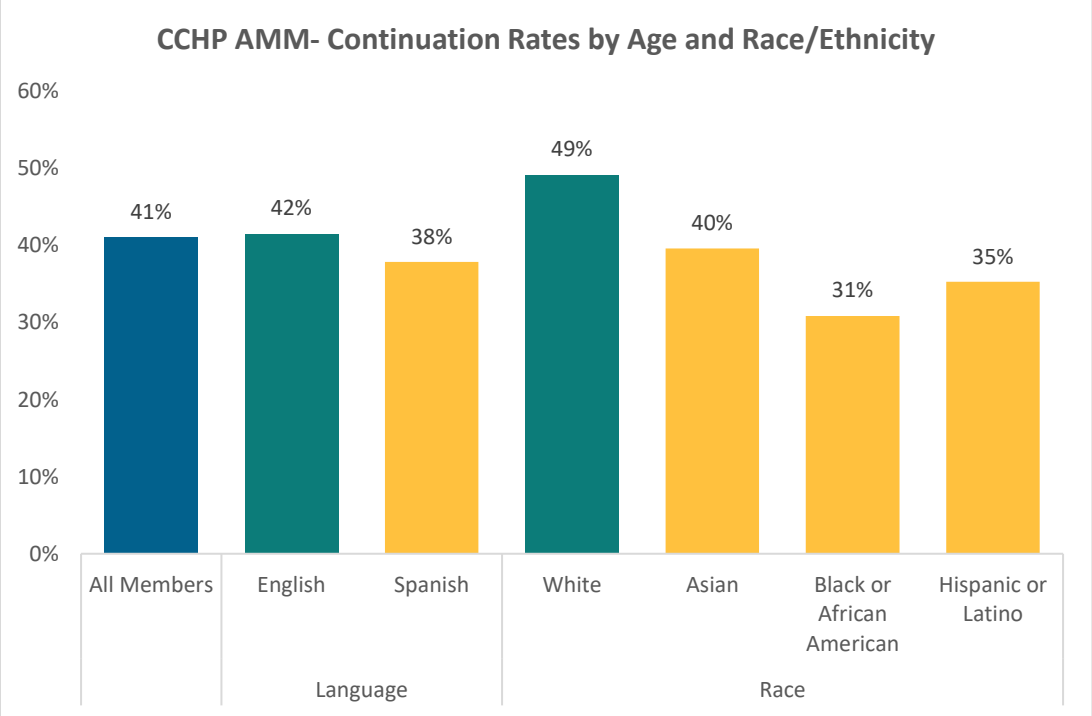
CCHP also identified disparities based on race/ethnicity in the Antidepressant Medication Management (AMM) metric. Black/African American members were much less likely to remain on antidepressant medication for 84 days (acute phase). The disparities are even more pronounced in the continuation phase (>180 days) where White members are much more likely to continue their antidepressant medications and Asian, Hispanic/Latino, and Black/African American are much less likely to continue medication treatment. Interestingly, Spanish speakers are more likely to remain on medication through the acute phase but far less likely than English speakers to remain on medication through the continued phase.

Figure 15



Source: 2021 DHCS Disparities Report

Figure 16



Source: 2021 DHCS Disparities Report

Health Education, C&L, and/or Quality Improvement Program Gap Analysis

Based on the analysis performed, several gaps were identified regarding CCHP's Heath Education, Cultural and Linguistic, and Quality Improvement projects.

Key gaps identified through the analysis of our data include:

Cultural and Linguistic Services:
For Fiscal Year 2021-2022 language services usage and satisfaction level indicates:

- Language assistance services offered are meeting the current needs of CCHP members.
- Language assistance services will continue to be monitored.

Health Education

- Need to increase and promote health education resources in the areas of healthy eating, exercise, healthy teeth, and high blood pressure.
- Need to improve members knowledge on how to access Mental Health/Behavioral Health services.

Quality Improvement

- Poorly controlled diabetes – A1c>9 and obesity disproportionately impact members in our East and West counties compared to members living in central county.
- Access to well visits impact African Americans more than Whites and Asians.
- Disparate antidepressant medication adherence in both the acute and continuation phase for African American and Hispanic/Latino members.

4. Action Plan Table

Objective 1: Increase antidepressant medication adherence for African Americans and Hispanic/Latino members. In the acute phase, increase African American adherence from 55% to 60%. In the continuation phase, increase the adherence of African American members from 31% to 40% and the Hispanic/Latino adherence from 35% to 40% by December 2024. **Data Source:** HEDIS Data 2022/2023 ***This is a Disparities Objective***
Strategies
1.) Use MY 2021 HEDIS rates to determine areas of focus for interventions, e.g., clinic locations, regional differences, network differences, access to mental health services
2.) Partner with Contra Costa Behavioral Health Services to further develop coordination of care opportunities.
Objective 2: Increase Health Education resources available to members on CCHP website Health Education page by 20% in top 4 requested areas of healthy eating, exercise, healthy teeth, and high blood pressure by 2024. **Data Source:** Member Satisfaction Survey, Health Education related questions.
Strategies

1.) Increase resources that reflect these topics by 20 % on the website.
2.) Include 1-2 of the requested topics in newsletter 2 times a year.
3.) Promote resources to members and providers through member newsletter, provider meetings, provider bulletin, health education resource guide.
Objective 3. By 2024, decrease the number of members who are unaware of how to access mental health/behavioral health services from 33% to 28%, as measured by the member satisfaction survey. **Data Source:** Member satisfaction survey 2022/2023.
Strategies
1.) Feature the mental health information more prominently on the health plan website.
2.) Partner with Behavioral Health and PCPs to promote Mental Health awareness month in May 2023.

5. Action Plan Review and Update Table

Objective 1. To decrease the percentage of members with obesity and an A1c >9 who reside in East and West counties from 22.65% to 20.00% by December 2022. Data source: 2020, 2021, 2022, Claims, Lab Data & Demographic Data ***This is a Disparities Objective***	**Progress Measure:** Contra Costa Health Plan decreased the percentage of members with obesity and an A1c >9 who reside in East and West County from 22.65% to 21.1% as of May 2022. **Data source:** 2020, 2021, 2022 Claims, Lab Data & Demographic Data
	Progress Toward Objective: CCHP has achieved some progress toward the goal of only 20.0% of obese and diabetic members having an A1c>9 but has not achieved the goal. We will continue to work on this goal.
Strategy 1. Diabetes Nurse coordinates with primary care providers and conducts member-specific diabetes education.	**Progress Discussion:** The Diabetes Nurse worked with 80 CCHP providers and members to provide member-specific diabetes education.
Strategy 2. Members receive cellular enabled blood glucose meters to allow remote monitoring of blood sugar and to guide education and medication adjustment through CCHP case management services.	**Progress Discussion:** 48 CCHP members have received a cellular enabled glucometer and CCHP Disease Management Services with the CDCES RN. In June 2022 CCHP expanded the program with the glucometer manufacturer, Gojji, with the goal to serve more CCHP members. CCHP members with an A1c between 9 and 11 will receive clinical monitoring services with Gojji.

Strategy 3. Health Educator will do a targeted mailing to members with diabetes and an A1c >9 to promote west county diabetes program called Inspiring Communities.	**Progress Discussion:** The Health Educator position is currently vacant. CCHP is working to fill the position. Our Diabetes Nurse and PCPs has been promoting services available at Inspiring Communities.
Strategy 4. Monitor Claims, Lab Data & Demographic Data in 2022	**Progress Discussion:** Claims, lab data, and demographic data were monitored via the Qlik Population Health Dashboard.
Objective 2. (Revised Baseline) To increase the percentage of 3- to 6-year-old African American members from 69% to 90% assigned to at CCRMC North Richmond clinic who attend an annual Well Child Visit, and from 50.6% to 58.0% for all ages by December 2022. Data source: 2020, 2021, 2022 Claims & Demographic Data. ***This is a Disparities Objective***	**Progress Toward Objective:** The rate of Well Child Visits at North Richmond Clinic for African American children aged 3 to 6 increased to 80.0%. We did not reach the 90% initial goal. For all ages, the percent has increased to 64.6% as of May 2022. This exceeds the goal of 58% percent for all ages. The objective was revised to align with the Smart Aim from current PIP addressing this topic for all ages. The work on this objective will continue until December 2022. **Data source:** 2020, 2021, 2022 Claims & Demographic Data
Strategy 1. Member outreach to educate parents and guardians on the importance of well visits, address key questions they have and schedule a visit with their provider.	**Progress Discussion:** Member outreach was conducted at the North Richmond clinic due to low rates of completed visits. The rate of completed WCV for African American youth aged 3 to 6 increased to 80%.
Strategy 2. Offer member incentives for members who successfully complete a well-child visit during the calendar year.	**Progress Discussion:** Member incentives were distributed to 41 members at the North Richmond clinic.
Strategy 3. Collect information during member outreach calls and, potentially a focus group, to better understand and respond to member barriers to getting care.	**Progress Discussion:** CCHP is in the process of conducting outreach calls to caregivers of non-compliant members to determine barriers to getting care.
Strategy 4. Monitor Claims Data in 2022	**Program Discussion:** Claims Data has been monitored in 2022 via a Qlik Dashboard.
Objective 3. **(Not Continuing)** Increase the number of providers who talk to members regarding ways to prevent	**Progress Measure**: This objective has been retired as the specific questions used from Child CAHPS 2019 survey is not available.

illness from 71% to 76% by December 2022 as represented by completion of the Staying Healthy Assessment (SHA). **Data source:** CAHPS Child Survey 2019.	**Data source:** CAHPS Child Surveys not available for 2022 reporting year. **Progress Toward Objective**: We have observed improvement in IHA compliance from 11% in June 2020 to 22% in December 2021. Provider completion of Staying Healthy Assessment was affected in the past two years by Covid-19 challenges.
Strategy 1. Encourage Providers to discuss preventive care with members during routine visits at Provider Network Trainings.	**Progress Discussion:** In the 2021-2022 Quarterly Provider Network Trainings, CCHP discussed SHA completion rates and encouraged Providers to improve completion rates of the IHEBA forms during the October 2021 training.
Strategy 2. Develop articles in Provider Newsletter regarding Staying Healthy Assessment.	**Progress Discussion:** Article regarding SHA completion was submitted and published in Provider Bulletin in Summer 2021 issue.
Strategy 3. Address providers' challenges and barriers to the lack of discussion with members regarding illness prevention.	**Progress Discussion:** Discussed this topic in providers' trainings and encouraged providers to utilize educational materials available to them. Provider Network Trainings: October 2021.
Strategy 4. Provide monthly reports to providers identifying new members assigned to them and encourage completion of the IHA which includes the SHA.	Progress Reports have been distributed monthly. We've observed improvement in IHA compliance from 11% in June 2020 to 21% in December 2021. Providers have been responsive to this monthly member list and one network has used this to do member text outreach.
Strategy 5. Monitor CAHPS Child Survey in 2021, 2022.	**Progress Discussion:** CAHPS Child Survey not available in 2022
Objective 4. (Revised) **(Original objective):** Reduce emergency room visits for anxiety by 10% by 2022 (from 83% to 73%). **(Revised new objective):** Increase health education resources for managing	**Progress Measure:** Revised goal from ER visits on anxiety to anxiety being top overall Mental Health top diagnosis. Revised objective has been met. Will continue to promote health education resources on managing anxiety naturally on an on-going basis.

anxiety in member newsletter, website, and class offerings by June 30th, 2022. **Objective was revised due to errors found in ER claims data, anxiety was not in top 5 ER visits but it was #1 in overall mental health claims in 2020.** Data source: 2019, 2020, 2021, 2022 Mental Health claims data.	**Data source:** 2021 Mental health claims data. **Progress Toward Objective:** Reviewed Mental Health 2021 Claims Data, offered 4 classes on managing anxiety naturally, offered articles in provider newsletter, provider meetings and posted anxiety resources on plan website.
Strategies	
Strategy 1. Develop 2 newsletter articles in the 2021 – 2022-Member Newsletter on managing anxiety by June 2022.	Included anxiety article in June 2022 member newsletter.
Strategy 2. Develop educational content on website on managing anxiety by June 2022.	Developed content for 4 online sessions in January 2022. Posted video recordings on website in April 2022.
Strategy 3. Develop an anxiety management class and offer it to members 4 times a year by June 2023.	Developed online class with recorded videos, offered 4 classes in February/March 2022. Will offer another on-line anxiety class in Fall 2022.
Strategy 4. Monitor claims data during 2022.	Progress Discussion: 2022 Claims data will be reviewed 6 months post class completion, in September 2022.
Objective 5. (Not continuing) Increase Providers' knowledge on how to access interpreter services. Increase provider access survey rating from 78% by 5 percentage points to 83% by 2022. Data source: Yearly Provider Access Survey **Data source**: 2020, 2021, Provider Access Survey	**Progress Measure:** The rate of providers knowledge how to access interpreter services increased to 97% in 2021. This goal has been met. **Data source:** 2021 Provider Access Survey **Progress Toward Objective:** Promoted interpreter services at provider meetings, on website and through articles in the provider newsletter. Increase rate to 97%. Objective has been met.

Strategies 1. Write articles in provider newsletter at least annually.	Progress Discussion: Posted articles in October 2020, January 2021, April 2021, April 2022.
Strategy 2. Present to relevant provider meetings at least annually.	Progress Discussion: Presented on October 2020 and December 2020. Conducted provider training to new ECM providers and community partners in March 2022.
Strategy 3. Monitor Yearly Provider Access Survey 2020, 2021. Review survey again in 2022.	Progress Discussion: Reviewed 2020 Provider Access Survey results, June 2021, June 2022.
Objective 6. (Not continuing) Decrease the number of members who are not aware of the Nurse Advice Line from 14% to 12% and increase access to Advice Nurse from 22% to 24% by 2022. Data source: 2019, 2022: CAHPS Child survey.	**Progress Measure:** This objective is being discontinued as Child CAHPS survey is not available. **Data source: Child** CAHPS Survey. New Child CAHPS survey with the same questions has not been available from HSAG to measure progress.
Strategy 1**.** Promote Advice Nurse Line in member newsletter.	Progress Discussion: Contra Costa Health Plan (CCHP) has a bi-lingual newsletter that is published twice a year. An article regarding the Advice Nurse Line was published in Fall 2021 & Summer 2022.
Strategy 2. Quality Improvement will collaborate with Marketing Department and Member Services department to identify additional methods to promote the nurse advice line.	Progress Discussion: Quality Improvement, Member Services and Marketing Departments updated materials that are shared with members that include information regarding the Advice Nurse Line. Refrigerator magnets were not implemented due to cost constraints.
Strategy 3. Create an educational message to play when members are on hold when calling into CCHP.	Progress Discussion: Updated recording to educate members while on hold about what the Advice Nurse line can offer them and how to access the advice nurses, January 2022.
Strategy 4. Monitor CAHPS Child Survey	Progress Discussion: New Child CAHPS survey has been available to measure progress.
Objective 7. Increase the rate of health education services and materials that meet our members' needs by 5% by 2022. **Data source:** CCHP 2019 Member Satisfaction Survey	**Progress Measure:** Contra Costa Health Plan Increased the rate of services and materials that met our member's needs by 51%. Objective was met. Will continue to monitor in 2022 by reviewing 2022-member satisfaction survey results in December 2022.

	Data source: CCHP 2021, 2022 Member Satisfaction Survey
Strategy 1. Research Contra Costa agencies regarding health education services at low cost or free for members.	Progress Discussion: A Health Education Resource Guide has been developed and uploaded on CCHP website in April 2022.
Strategy 2. Develop a list for providers and for members with available classes and promote twice a year in newsletter and on website by December 2021.	Progress Discussion: Contacted community agencies and gathered information. New list has been loaded on member and provider sections of the website, April 2022.
Strategy 3. Distribute resources to CCHP members	Progress Discussion: Developed a resource list for providers and members, posted on Health Education section of website in April 2022.
Strategy 4. Monitory member surveys result in 2021, 2022	Reviewed 2021 Member Satisfaction survey. Objective was met.
Objective 8. (Not continuing) Improve CCHP's screening for depression and follow-up from 15% in 2020 to 45% in 2022. Objective suspended. Data source: HEDIS 2020, 2021	**Progress Toward Objective:** This objective has been suspended. Two key staff, Health Educator and Quality Director who chose to work on this topic left the organization and have not been replaced yet. Since this measure is not held to the MPL HEDIS measures we had to prioritize resources and focus on the rest of the objectives. **Data source: NA**
Strategy 1. Meet with providers with high scores on this measure to identify best practices to share with our provider network	**NA**
Strategy 2. Share the data at the Winter quarterly provider meeting and solicit input on key challenges with screening in primary care	**NA**

Strategy 3 Implement best practices gleaned from the two strategies and measure their impact through 2022.	

6. Stakeholder Engagement

The PNA findings and recommendations were presented to several committees including the Managed Care Commission which serves as the CAC committee for CCHP, Joint Conference Committee, Quality Council, Provider Committee meetings, as well as at RMC and CPN Provider network meetings. The committee members were engaged, and several follow up meetings occurred. Commissioners shared suggestions for expanding community resources for mental health education, diabetes enrolled in our reducing disparities diabetes project and partnering with other county health education programs. Providers also suggested to make more on-line resources available and pilot health education virtual classes. In 2022, CCHP piloted 2 virtual programs on Managing Anxiety Naturally and Weight Management.

Contra Costa Health Plan collaborated with county clinics and a variety of community agencies to expand our Health Education Resource Guide that includes a variety of on-line and in person health education resources which are updated regularly.

Key new findings and recommendations, along with the final PNA report, will be shared with the Quality Council, the Managed Care Commission, and CCHP's provider network through the provider newsletter and provider meetings.

MCC meeting 12/21/2022

Recommendations to look at depression and anxiety for subset of the population (pregnant members)

Co-relation between sleep apnea and obesity