

# 2025 California Quality Collaborative Network Convening Burbank, CA

**Fostering Strong Partnerships:** 

**Collaboration Between Care Teams and Community Organizations** 

March 4, 2025



### **Panelists**



**Kitty Bailey**Chief Executive Officer,
San Diego Wellness Collaborative



Evette De Luca
Director,
LA CHW/P/R Consortium,
El Sol Neighborhood
Educational Center



**Kathleen Lang, MD**Vice President,
Medi-Cal Regional Lead, Health
Net



**Tarek Mahdi, MD**President,
Riverside Family Physicians



Moderator:

Kristina Mody

Director,

Practice Transformation





## HISTORY

Since 1991, El Sol NEC has served vulnerable communities in Southern California, with an emphasis on mono-lingual Spanish speakers, immigrants, and residents with limited-english proficiency.

## **MISSION**

To empower vulnerable communities to lead healthy lives with access to health care; safe, affordable housing; opportunities for education; and the leadership skills to eliminate disparities.





## **SERVICES**



We deploy 100+ CHWs across the Inland Empire and L.A. County, providing health education/promotion, healthcare access, Medi-Cal CHW, ECM, and CS services, advocacy and policy development.



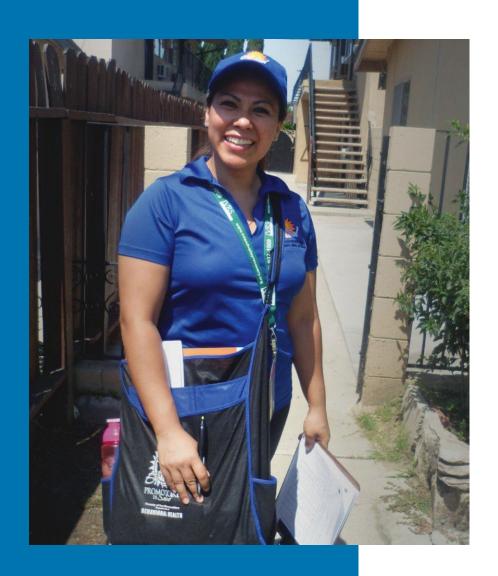
As a leader in CHW and promotores training, El Sol founded the El Sol NEC CHW Training Center.



We provide technical assistance to managed care plans, healthcare systems, and CBOs on CHW program development, training, and community health interventions.



We lead consortia and coalitions to advance health equity, foster collaborative partnerships and pilot innovation.



### THE CHW MODEL

Community health workers are catalyst for sustainable individual and community change. The CHWs model follows specific principles and operational guidelines that govern the identification, training and technical assistance, support and development, and evaluation of CHWs and promotores. It is not enough to merely hire outreach workers.

- While our CHWs collaborate with healthcare providers, their work is not solely clinical.
- Over-medicalizing the role could strip away the community-based, prevention-focused, and advocacy-driven aspects that make CHW's unique.

## INITIATIVES



- 1. Health Promotion & Disease Prevention
- 2. Strengthening Families
- 3. Advancing Prosperity
- 4. Mental Health
- 5. Outreach & Social Connection
- 6. CHW Competence & Transformation
- 7. Provision of Healthcare Services
- 8. Community Action Engagement
- 9. Integrated Health Tech Solutions



## MISSION

To empower vulnerable communities to lead healthy lives with access to health care; safe, affordable housing; opportunities for education; and the leadership skills to eliminate disparities.

- 80 CBOs, CHWs, health systems, clinic associations, CHW academies, government, and colleges
- 5 work groups
- Strategic plan (collaboration, financing innovations, data alignment, policy)







## **CONTACT**

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# San Diego Spice Wellness Collaborative

## **OUR MISSION**

San Diego Wellness Collaborative works to improve health equity and community health in San Diego through collaborative initiatives.

## **ABOUT US**



### Goal

Improved community health and health equity in San Diego County

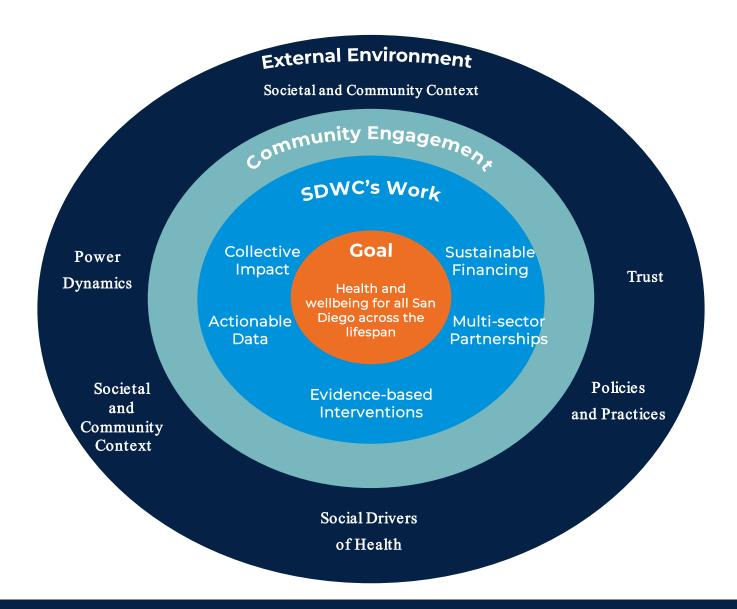
### What

Partnership development and collaboration across three unique initiatives

### Who

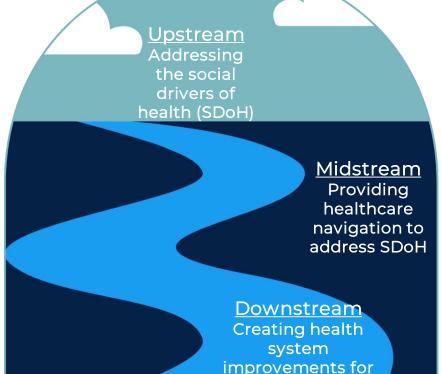
Community-based organizations + healthcare organizations

## **OUR APPROACH**



## THREE CORE INITIATIVES

Working across the population health continuum



chronic disease management

Initiative	Approach	Tactics
SAN DIEGO ACCOUNTABLE COMMUNITY FOR HEALTH	Upstream	Creating community-clinical linkages to improve community health conditions
NEIGHBORHOOD NETWORKS	Midstream	Connecting healthcare and CBOs to meet the health and social needs of community members
BE THERE SAN DIEGO Preventing Heart Attacks & Strokes	Downstream	Adopting best practices to address health disparities and improve outcomes



# Medi-Cal Partnership & CalAIM Implementation

Dr. Kathleen Lang Vice President, Regional MediCal Lead

### **DHCS** Vision

The bold transformation of Medi-Cal requires the commitment of a broad network of partners, including health plants, clinical and nonclinical providers, and community-based organizations.

### **CalAIM Goals**



Implement a whole-person care approach and address social drivers of health.



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

"MCPs are responsible for administering both ECM and CS in close collaboration with their network of community-based Providers...ECM and CS are anchored in the community, where services can be delivered in an in-person manner by community-based ECM and CS Providers, to the greatest extent possible."

Department of Health Care Services, CalAIM Enhanced Care Management Policy Guide



# Our Approach to Delivering on the Promise of CalAIM

**Health Equity Lens** 

**Local Presence and Performance Management** 

Transparency and Data Exchange across the Ecosystem

**Invest in our Communities** 

### Commitment to Addressing Health Equity

## Health Net has pioneered an innovative and multipronged approach to advance health equity

- Led by a dedicated health equity team that ensures the diverse cultures and languages of members and providers are understood and addressed.
- Based on meaningful engagement with members, providers and community organizations.
- Scaled our equity model as a national best practice by Centene.
- Health Net was invited by NCQA to participate in development of health equity standards. One of only nine plans nationally to receive an invitation. Health Net is also the only plan to receive NCQA recognition for all lines of business.

Our dedication to advance health equity has earned accolades from:



National Committee for Quality Assurance (NCQA) Multicultural Health Care Distinction



Department of Health Care Services



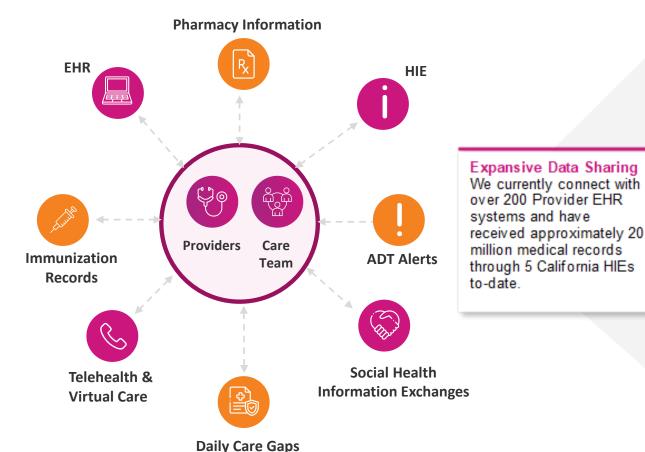
National Business Group on Health

### **A Multipronged Approach**





# Data Infrastructure and Sharing: Holistic Member Information



through Cozeva

Functions enabled by **Health Net team of 42 employees** focused on data sharing, HIE/EDT/EMR connectivity, Cozeva and encounter analytics/engagement supported further by Centene's national expertise and resources:

#### **Providers, Specialists, & IPA:**

- Data: ADT, RX, Care Gaps, etc.
- Channel: Cozeva, EMRs, or Portal
- Action: Engage Members, Coordinate Care, Close Care Gaps, Review Care Plan, Improve Quality

#### **Internal Care Management:**

- Data: HIE, EHR, Telehealth, SHIE
- Channel: TruCare Cloud
- Action: Inform care management outreach and pop health programming

#### **Telehealth**

- Data: HIE, EHR, Telehealth, SHIE
- Channel: SFTP & Secure Provider Portal
- Action: Improve access, coordinate with PCP, address health needs and improve quality

#### **CBOs**

- Data: SHIE
- Channel: Secure Web Portal, SHIE
- · Action: Address social needs in the context of full health



### Services/Approach to Care: Local Leadership and Community Engagement Model



We have deepened our county engagement and leadership to be responsive to local needs and align our work with local and state priorities

- Gather local feedback to improve performance, through mechanisms such as stakeholder interviews, advisory committees, and member and provider surveys
- increase our impact in the community
- Deliver on our **purpose** to transform the health of the community one person at a time
- O Deploy community facing team members and leaders
- Strengthen our local presence and the quality of our partnerships
- Inform local communities of Health Net initiatives, programs and investments to address community needs and develop joint county level SMART goals



### Community Investments: Assessing for Future Needs



**Optimize Local Efforts** 

Utilize local Community Needs Assessments, population health analytics, partner insights, and provider surveys to prioritize and optimize investments **that build local infrastructure and capacity** to support needs of the community while engaging in direct member & provider feedback.



**Impact Health Equity** 

Make investments with organizations committed to advancing health equity, who know their communities best, and that can operate in a way that effectively meets community needs.



**Drive Quality and Access** 

**Routinely invest** in provider incentives, provider infrastructure and community partners to improves access and improve quality. (Practice transformation, CHW workforce, \$65M incentives in 2023, etc.)



**Future DHCS Funding** 

Emerging experience, significant changes in covered populations, policy decisions and market dynamics all critical to consider in setting funding to maintain the integrity of the program and deliver sustainability. We routinely offer insights to DHCS finance and program teams.



**Streamline Across Funders** 

Given the cascade of funding streams, **community coordination is** paramount. **Launched** quarterly CalAIM Roundtables to coordinate investments in infrastructure and service delivery across MCPs and the County and will continue additional engagement, as necessary.



### **Additional Resources**

- Accountable Health Communities (AHC) Model Evaluation
- California Accountable Communities for Health Initiative Website
- <u>California Health Care Foundation Exploring Emerging Medi-Cal</u>
   <u>Community Care Hubs</u>
- Collective Impact Model
- Medicare Community Health Integration Services
- Vital Conditions Framework