CALIFORNIA HEALTH CARE
SAFETY NET INSTITUTE

Vaccine Equity Roundtable: Promising Approaches to Engage Medi-Cal Populations

Tuesday, August 24, 2021
1-2pm

Recording Link

Housekeeping

Please mute yourself (We'll have to mute lines if there is background noise)

At any time, feel free to chat your question & we will read out

Webinar will be recorded and saved on SNI Link

Please complete our pop-up survey

Agenda

Time	Topic	Lead(s)
5 min	**Welcome & Housekeeping**	Giovanna Giuliani, SNI
15 min	**Background & Results from Data Request**	David Lown, SNI Giovanna
25 min	**Roundtable Discussion: Promising Approaches to Engage Medi-Cal Populations**	All
5 min	**Wrap-up & Announcements** • Upcoming Events • Post-Survey	Giovanna

Background & Results from Data Request

Background – DHCS efforts

- DHCS is focused on disparities in COVID vaccination rates between individuals with Medi-Cal coverage and all Californians
- DHCS recently began publicly reporting Medi-Cal COVID-19 Vaccination Rates at the county level
- DHCS announced the Medi-Cal COVID-19 Vaccination Incentive Plan
  - $250M to be earned in incentive payments
  - $100M for direct member incentives (e.g., $50 gift cards)
- DHCS reached out to CAPH/SNI to ask how public health care systems are addressing disparities and how they might support these efforts
  - Also mentioned several times an interest in creating a QIP modification measure for closing the vaccination gap between Medi-Cal beneficiaries and all Californians

Received at least one dose as of August 8, 2021
Comparing Medi-Cal Beneficiaries to all residents

County	All Californians	Medi-Cal Beneficiaries	Difference
STATEWIDE	**73.7%**	**48.7%**	**-25.0%**
Alameda	82.9%	58.5%	-24.4%
Alpine	78.5%	28.0%	-50.4%
Amador	62.8%	38.9%	-23.8%
Butte	51.5%	38.2%	-13.3%
Calaveras	56.5%	32.9%	-23.6%
Colusa	54.7%	36.1%	-18.6%
Contra Costa	81.0%	56.7%	-24.3%
Del Norte	47.0%	31.7%	-15.4%
El Dorado	63.0%	38.5%	-24.4%
Fresno	60.4%	42.4%	-18.0%
Glenn	51.4%	36.2%	-15.2%
Humboldt	67.4%	46.5%	-20.8%
Imperial	85.4%	53.5%	-31.9%
Inyo	59.3%	33.6%	-25.7%
Kern	50.7%	35.4%	-15.4%
Kings	42.9%	34.5%	-8.3%

County	All Californians	Medi-Cal Beneficiaries	Difference
Lake	56.3%	35.6%	-20.7%
Lassen	25.9%	21.4%	-4.5%
Los Angeles	73.4%	52.3%	-21.1%
Madera	53.2%	36.7%	-16.5%
Marin	89.7%	64.2%	-25.4%
Mariposa	52.5%	33.0%	-19.6%
Mendocino	70.0%	43.2%	-26.7%
Merced	51.7%	37.4%	-14.4%
Modoc	39.0%	29.3%	-9.7%
Mono	74.7%	51.3%	-23.4%
Monterey	73.2%	51.8%	-21.3%
Napa	81.5%	57.0%	-24.5%
Nevada	65.2%	38.9%	-26.3%
Orange	74.1%	54.5%	-19.6%
Placer	65.8%	43.4%	-22.5%
Plumas	54.0%	34.4%	-19.6%
Riverside	59.4%	40.7%	-18.7%

Source: https://www.dhcs.ca.gov/Documents/COVID-19/DHCS-COVID-19-Vaccine-Stats.pdf

Received at least one dose as of August 8, 2021
Comparing Medi-Cal Beneficiaries to all residents

County	All Californians	Medi-Cal Beneficiaries	Difference
Sacramento	66.9%	43.5%	-23.5%
San Benito	71.4%	48.8%	-22.6%
San Bernardino	56.5%	37.8%	-18.7%
San Diego	91.0%	51.4%	-39.6%
San Francisco	85.8%	67.4%	-18.4%
San Joaquin	61.9%	40.8%	-21.1%
San Luis Obispo	66.6%	45.5%	-21.2%
San Mateo	86.5%	63.9%	-22.6%
Santa Barbara	71.9%	47.1%	-24.7%
Santa Clara	87.1%	62.7%	-24.4%
Santa Cruz	76.5%	57.7%	-18.7%
Shasta	47.5%	29.3%	-18.2%
Sierra	52.9%	37.2%	-15.7%
Siskiyou	49.4%	28.2%	-21.2%
Solano	69.6%	45.6%	-23.9%
Sonoma	78.3%	56.1%	-22.2%
Stanislaus	60.3%	37.7%	-22.6%

County	All Californians	Medi-Cal Beneficiaries	Difference
Sutter	57.8%	42.7%	-15.2%
Tehama	41.2%	26.8%	-14.3%
Trinity	45.8%	29.4%	-16.4%
Tulare	51.3%	35.8%	-15.5%
Tuolumne	55.8%	35.8%	-19.9%
Ventura	73.9%	51.1%	-22.8%
Yolo	69.5%	51.1%	-18.4%
Yuba	47.0%	32.2%	-14.9%

Source: https://www.dhcs.ca.gov/Documents/COVID-19/DHCS-COVID-19-Vaccine-Stats.pdf

Percent of Medi-Cal Beneficiaries administered at least one dose as of August 8, 2021 by Managed Care Parent Plan and Fee For Service

Managed Care Parent Plan	Percent of Medi-Cal Beneficiaries Administered at Least One Dose
San Francisco Health Plan	65.2%
Santa Clara Family Health Plan	63.1%
Health Plan of San Mateo	61.7%
Alameda Alliance for Health	57.7%
Contra Costa Health Plan	54.6%
CalOptima	53.2%
Kaiser Permanente	52.2%
Blue Shield of California Promise	51.3%
L.A. Care Health Plan	51.2%
Gold Coast Health Plan	50.3%
Community Health Group	50.0%
Health Net Community Solutions	47.0%

Managed Care Parent Plan	Percent of Medi-Cal Beneficiaries Administered at Least One Dose
Central California Alliance for Health	46.7%
CenCal Health	46.2%
Partnership Health Plan of California	45.4%
United Healthcare Community Plan	44.2%
Molina Healthcare of California	43.1%
Anthem Blue Cross	41.1%
CalViva Health	39.0%
Aetna Better Health of California	38.8%
California Health and Wellness Plan	38.4%
Inland Empire Health Plan	38.2%
Health Plan of San Joaquin	37.8%
Kern Health Systems	33.4%
Fee For Service	55.2%

Source: https://www.dhcs.ca.gov/Documents/COVID-19/DHCS-COVID-19-Vaccine-Stats.pdf

Background – SNI efforts

- In August, CAPH/SNI asked each system to share with SNI the vaccination rates for Medi-Cal assigned lives to understand how public health care systems are contributing to the vaccination rates of individuals with Medi-Cal coverage
- The differences in vaccination rates across the membership highlighted the different levels of access to and/or integration of CAIR2 data
- SNI followed up with several members and discussed CAIR2 data on the Cerner and EPIC user group meetings

Purpose of today's webinar…

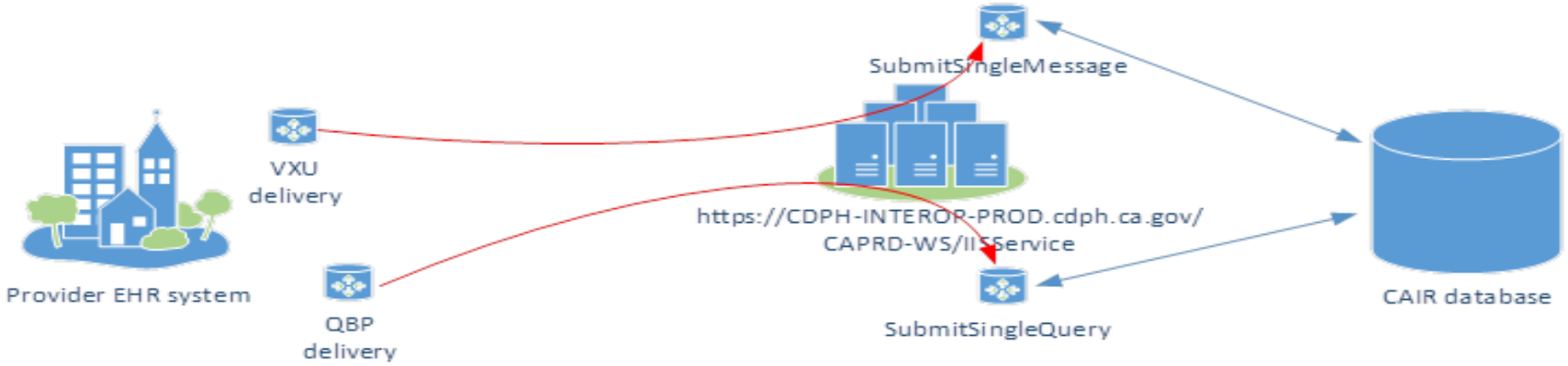
- Validate and add to SNI's understanding of CAIR data access and integration
  - Determine if public health care systems (you) have an "ask" of DHCS as it relates to CAIR2 data
- Make connections for and among systems seeking to improve their CAIR2 data processes
- Begin to explore outreach and in-reach strategies to increase vaccination rates among individuals with Medi-Cal coverage
- Determine next steps

Steps Towards Full COVID-19 Vaccine Data Set & Outreach Lists

Recommended Process Steps

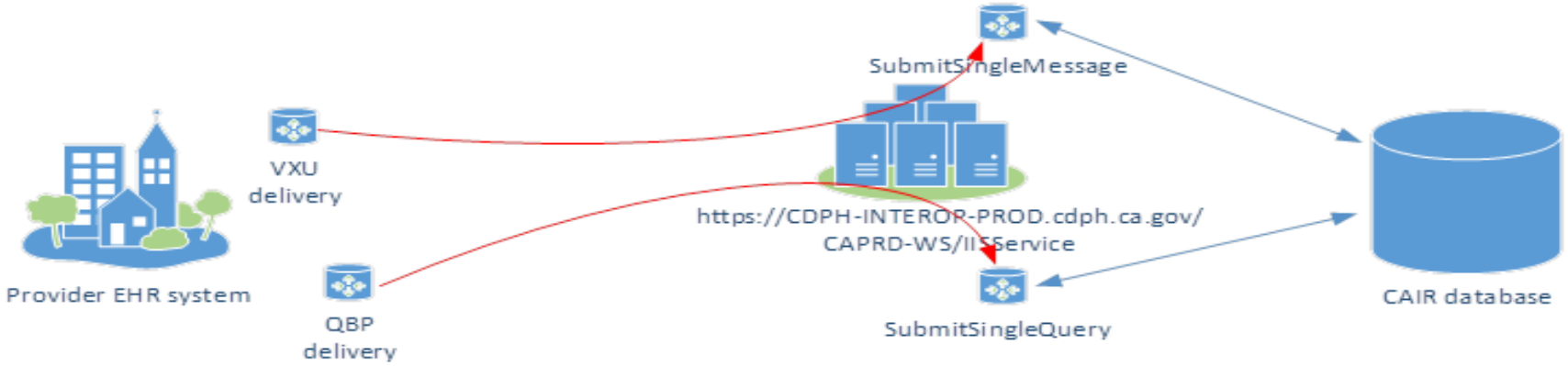
1. Establish routine process for obtaining full CAIR2 COVID-19 vaccination data
   - CAIR2/EHR Bidirectional Interface for Point of Service reconciliation and Batch queries
   - Health Plan Assigned Lives Data from Snowflake
   - Snowflake full CAIR2 COVID-19 vax data for Local Health Jurisdictions (LHJ)
2. Establish Patient Matching Process
   - Auto or manual reconciliation with data flowing into EHR
   - Alternative: Match outside of EHR via Pop Health Tool
   - Fields: Name, DOB; If needed: Phone, Address, Sex (CIN if using Health Plan data)
   - Automate once acceptable mismatch rate achieved
3. Establish unvaccinated patient list and in-reach and outreach processes
   - Keep track of:
     - % with erroneous contact info (phone, snail/email address)
     - % are unreachable (but not wrong #s)

Data Systems: CAIR2/EHR Interfaces



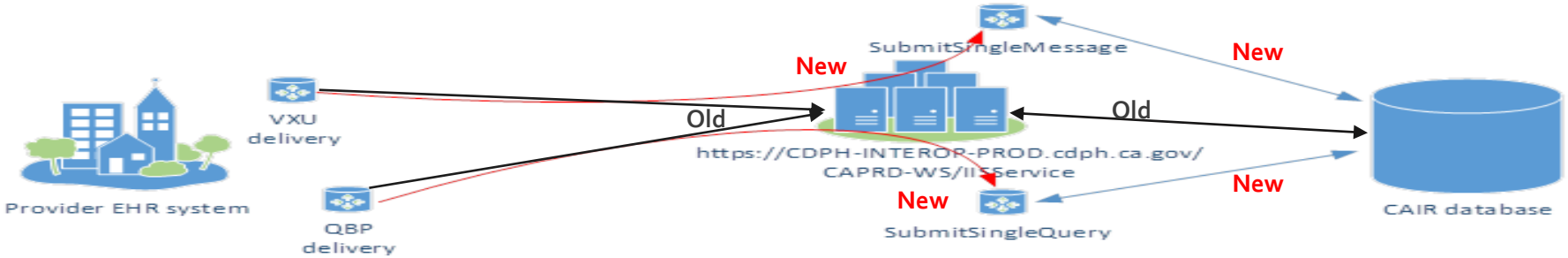
- **Bi-directional Point of Service Interface**
  - Individual: Submit vax data or check vax status (Most PHS have in place)
  - Epic Auto-Reconciliation Interfaces for patients with next day appts
    - Per SCVMC: Epic auto-recon has a high matching threshold to match with CAIR2
      - Requires exact match on name, address, and 1-2 other parameters
  - Cerner interface: Auto-recon or manual?
    - Requires exact match on name/DOB. Can change search parameters, but resets each time
    - Can run a "loop batch" using lists, but which queries 1 patient at a time (VCHS)

Data Systems: CAIR2/EHR Interfaces



- **Batch Queries**
  - Must use new endpoints/operations (slide 15)
  - A few PHS are running queries of up to 20,000 patients/batch
    - 20k per UCI. Other PHS to confirm if it is possible to do more/batch?
  - Once above Epic Auto-recon turned on, can run batch process for retrospective auto-recon in background
    - SCVMC in process of implementing, but requires manual review for match-rejections

Data Systems: New CAIR2 HL7 Endpoints



- Required: All users must change their submission endpoint by 8/31/21 (see link for details). It's used for both submitting vaccine data and queries
  - Verification of uploaded vaccine data:
    - Provides real-time acknowledgment (ACK) messages indicating whether your vaccination info successfully imported into CAIR2. Old endpoint acknowledged receipt but not importation.
  - Improved query response time: Use new SOAP Operations (see below)
  - CDPH will stop support for old endpoint after 8/31/21
- Optional (strongly recommended): New SOAP Operations
  - Separates vaccine data submissions (VXU) from queries (QBP), speeding up response time
  - EHR vendor must incorporate the new WSDL, cloud endpoint, and VXU and QBP operations into your EHR messaging (above link includes specifics)

Data Systems: Snowflake, other

- Snowflake COVID-19 Vaccination Data Repository
  - Get data from your LHJ
    - CAIR2 COVID-19 data available for download by LHJs
    - Raw data only; SQL knowledge required
    - Must then run patient match process
  - Get data from your Health Plan
    - Plans eligible to run HEDIS Match Reports can run COVID-19 match reports & receive CAIR2 COVID-19 vaccine doses received by their members (details in Snowflake link)
    - Matching should be cleaner using Medi-Cal CIN in the data
    - PHS strongly encouraged to work with their MCPs to access this data for their assigned lives (CCHS, SFHN, UCSF, VCHS successful)
- Epic Auto-Recon with CareEverywhere (SFHN, UCSF, UCI)
- Cerner interface with CAIR2 via HIE (LANES in process - LAC DHS)

CAIR Data: Making Data Actionable

- Direct CAIR2 interfaces allow for integration of Vax data directly into EHR
- Patient Matching – barrier to overcome for usability
  - Needed for Snowflake, MCP data (for batch CAIR2 queries also?)
  - Name, DOB; ±sex, phone, address, CIN
  - Some PHS using pop health tool (e.g., HealtheIntent, HealtheAnalytics) outside of EHR to match patient and then use info to run outreach efforts
- Errors/Data missing from CAIR2 (variable % of overall data):
  - Mass vax sites/Prep Mod submitted incorrect data or not showing up (yet) in CAIR2
    - E.g., First name and middle initial merged into one field
  - Vaccine admin dates <21 days apart (0.5% VCHS). Multiple vax on same day (1% VCHS)
  - Only 1 of 2 doses found in Snowflake (?%)
  - CAIR2 query responses speeding up but error correction still takes a long time
- Where are others running the matching process, in order to use for outreach efforts?

Roundtable Discussion: Promising Approaches to Engage Medi-Cal Populations

Discussion: Data Challenges & Solutions

- What help do you need to achieve the following:
  - Establishing new CAIR2 HL7 Endpoints to submit data & queries
  - Accessing Medi-Cal Managed Care data from Plans
  - Accessing LHJ Snowflake Data
  - Establishing an automated and reliable patient matching process for above data sets
  - Creating outreach lists
- What questions or suggestions do you have for the State or CDPH (CAIR2) that we can relay?

Discussion: Promising Outreach Practices

- **Public health care system led approaches** - For systems that have been able to integrate CAIR2 data at some level:
  - Many systems initiating discussions at point of care
    - What messaging or approaches are promising?
  - A few systems have employed targeted multi-modal outreach to unvaccinated assigned lives (live phone calls, automated calls, text, email)
    - Are any approaches promising?
    - Are phone calls by health care providers effective?
  - What other outreach or in-reach approaches by the health care system have been tested and/or shown to be promising?
- **Collaboration with health plans**
  - Have systems collaborated with health plans to reach out to unvaccinated assigned lives?
    - In what ways? Which approaches been successful?
- **Community-based approaches**
  - To date, community-based approaches have generally been broad-based to reach large populations
  - Are there ways to use community-based approaches specifically for unvaccinated assigned lives, such as geo-mapping, targeted community health worker engagement, etc?

Next Steps

- Interest in continued peer sharing regarding community-based or health system-based patient engagement approaches?
- SNI will summarize public health care system efforts (and any questions/requests) to date and share with DHCS
  - Will also need to understand and share progress moving forward with DHCS

Resources

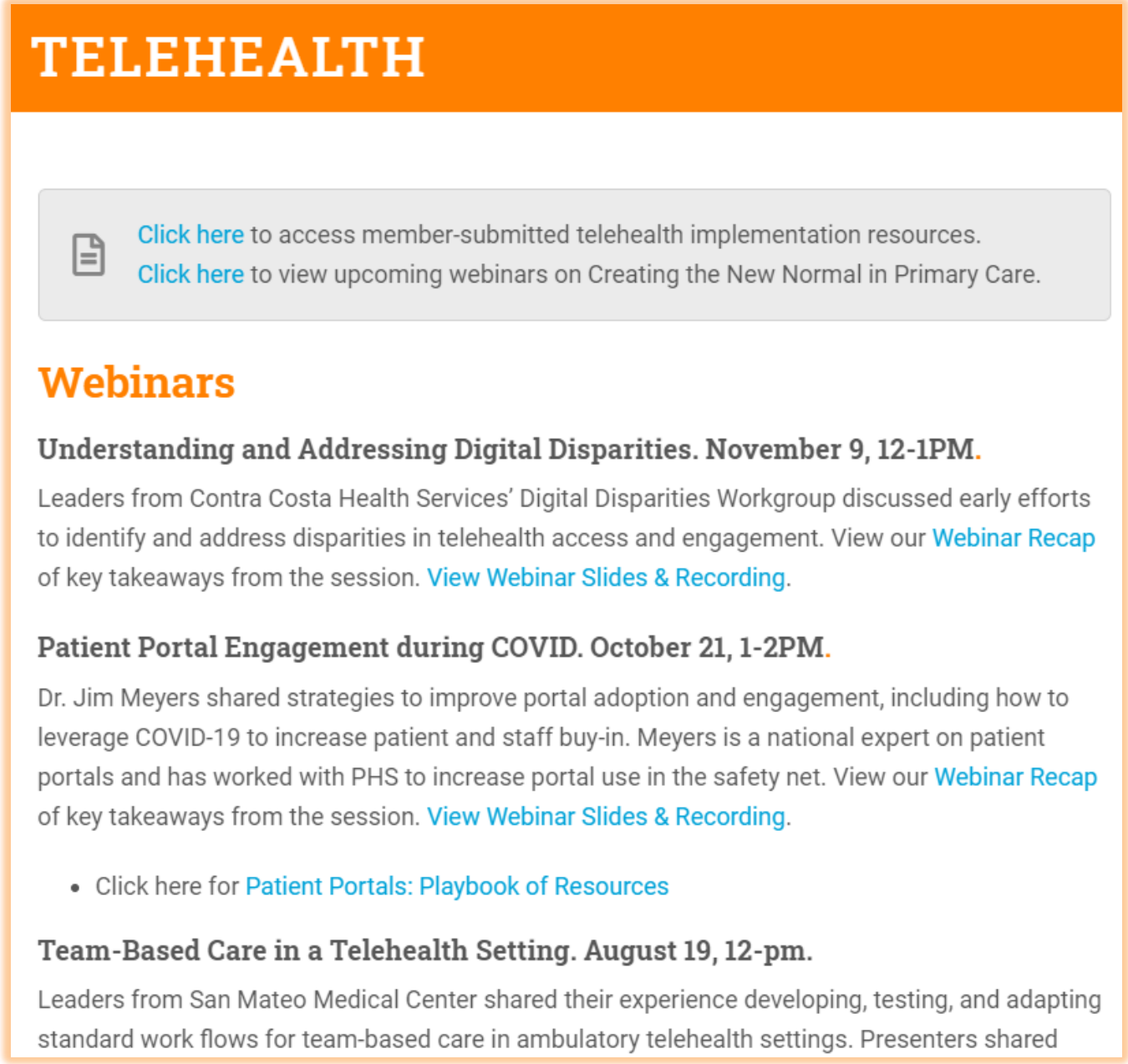
- Equitable Distribution of the COVID-19 Vaccine: Recommended Practices – CAPH/SNI
- Slides and webinar recording from today will be posted on SNI Link/Coronavirus Resources

Wrap-Up

SNI Link

safetynetinstitute.org/member-portal/

Webinar slides and recording will be posted on SNI Link/Coronavirus Resources



TELEHEALTH

Click here to access member-submitted telehealth implementation resources.
Click here to view upcoming webinars on Creating the New Normal in Primary Care.

Webinars

Understanding and Addressing Digital Disparities. November 9, 12-1PM.

Leaders from Contra Costa Health Services' Digital Disparities Workgroup discussed early efforts to identify and address disparities in telehealth access and engagement. View our Webinar Recap of key takeaways from the session. View Webinar Slides & Recording.

Patient Portal Engagement during COVID. October 21, 1-2PM.

Dr. Jim Meyers shared strategies to improve portal adoption and engagement, including how to leverage COVID-19 to increase patient and staff buy-in. Meyers is a national expert on patient portals and has worked with PHS to increase portal use in the safety net. View our Webinar Recap of key takeaways from the session. View Webinar Slides & Recording.

- Click here for Patient Portals: Playbook of Resources

Team-Based Care in a Telehealth Setting. August 19, 12-pm.

Leaders from San Mateo Medical Center shared their experience developing, testing, and adapting standard work flows for team-based care in ambulatory telehealth settings. Presenters shared

Tell us how we did

Please fill out our post-event survey

Let us know what suggestions you have for future content!

Appendix

Please send updated information to Zoe So - zso@caph.org

DRAFT - PHS Vaccination Data & Data Sources

System	Vaccination Rates (% with at least 1 dose)			Data Sources			Additional notes on data source:
	% of MC assigned lives	% of MC lives in county	% of all in county	CAIR (encounter-level interface)	CAIR (auto-reconciled population data)	Vaccination status data from plans	
Alameda	44	55.5	80.5	Yes, but not great	No	No	
Arrowhead	35.77	35.5	54.2	Yes	No	Yes - IEHP	
Contra Costa	55*	54.3	79.2	Yes	No	No	Match empaneled patients against CAIR/SnowFlake daily to pull this information and update Epic. *Data is for 16+ y/o and not limited to Medi-Cal
Kern	29.31	32.7	47.9	Yes	No	Yes – KHS, HealthNet	Manually added historical data
Los Angeles	39	48.8	70.1	Yes	Yes, but not into EHR		Working on a "pre-fetch" function to query HIE (and as a result, CAIR) but still requires manual add to patient record. Pull batch data from Snowflake regularly and compare with population health tool to inform outreach lists (but data doesn't go into EHR)
Natividad	60.6	48.3	70.1				
Riverside	14*	37.5	56.1	Yes	No		*Data has not been fully reconciled with CAIR. IEHP shares data on assigned lives, which RUHS reconciles with Epic
San Joaquin	2.49	38.1	59	No	No		Challenges reconciling with patient data between RIDE (regional registry) and Cerner. Other sources: field outreach spreadsheet and HPSJ claims data
San Mateo	63.9	61.8	85.1				

Please send updated information to Zoe So - zso@caph.org

DRAFT - PHS Vaccination Data & Data Sources (cont'd)

System	Vaccination Rates (% with at least 1 dose)			Data Sources			Additional notes on data source:
	% of MC assigned lives	% of MC lives in county	% of all in county	CAIR (encounter-level interface)	CAIR (auto-reconciled population data)	Vaccination status data from plans	
Santa Clara	62.5	59.8	84.7	Yes	Yes		Retrospective batch auto-reconciliation with CAIR using a high matching threshold. Developed a custom interface with new CAIR endpoints to regularly run entire panel
UCD	42*	40.5	63.9	Yes	Yes		Two-way interface with CAIR with auto-reconciliation in Epic feeding into reporting and health maintenance care gaps. *Rate is 33% if it includes sub-capitated beneficiaries
UCI	8	51.2	71.2	Yes	Almost		Epic EMR system immunization records, supplemented by CalOptima claims information for assigned lives, and limited CAIR2 registry integration (only live for 2-3 days of scheduled patients). Unknown degree of patient matching in Epic for immunizations delivered via CAIR2/MyTurn or other external systems.
UCSD	42	48.3	86.4	Yes			EHR. San Diego has a unique immunization registry (SDIR) that feeds into CAIR. Initially there was some challenge in the SDIR and CAIR interface but believe that has been corrected
UCSF	67	65	84	Yes		Yes - SFHP	Manually reconcile data from Care Everywhere, but recently began auto-reconciliation in Epic
Ventura	36.2	48.1	71.2	Yes	No	Yes - GCHP	Get data from Public Health, pulling data from Snowflake (but data doesn't go into Cerner). Switching to new CAIR endpoints soon
San Francisco				Yes	Yes	Yes - SFHN	Receive weekly data extracts of every person with a visit in the last couple years from CAIR as a local health jurisdiction and patient matching using demographic data. Auto-reconcile Care Everywhere and CAIR as a part of Epic Storyboard.