

**NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
ONECARE CONNECT CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE**

**THURSDAY, OCTOBER 26, 2017
3:00 P.M.**

**CALOPTIMA
505 CITY PARKWAY WEST, SUITE 109-N
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

- A. Approve Minutes of the July 27, 2017 Regular Meeting of the OneCare Connect Member Advisory Committee (OCC MAC)

IV. PUBLIC COMMENT

At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the OneCare Connect MAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

V. REPORTS

- A. Consider Recommendation of Agency-Appointed Representatives from Social Services Agency and Orange County In-Home Supportive Services Public Authority

- B. Consider Recommendation of OneCare Connect Member/Family Member Representative
- C. Recommend Board Approval of Amendment to the OneCare Connect Member Advisory Committee Meeting Schedule for Remainder of Fiscal Year 2017-18

VI. PRESENTATION

- A. Presentation on Orange County's Older Adult Health Improvement Plan

VII. CEO AND MANAGEMENT REPORTS

- A. Chief Executive Officer (CEO) Update
- B. Chief Medical Officer Update
- C. Federal and State Legislative Update

VIII. INFORMATION ITEMS

- A. OneCare Connect MAC Member Updates
- B. OCC MAC Member Presentation on Physician Orders for Life-Sustaining Treatment (POLST) in Orange County: Challenges and Best Practices
- C. Cultural and Linguistic Services Overview

IX. COMMITTEE MEMBER COMMENTS

X. ADJOURNMENT

MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' ONECARE CONNECT CALMEDICONNECT PLAN (MEDICARE-MEDICAID PLAN) MEMBER ADVISORY COMMITTEE

July 27, 2017

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on July 27, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Gio Corzo called the meeting to order at 3:09 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Gio Corzo, Chair; Patty Mouton, Vice Chair; Ted Chigaros, Christine Chow, Josefina Diaz, Sandy Finestone, Sara Lee, Richard Santana, Erin Ulibarri (non-voting)

Members Absent: John Dupies, Adam Crits, M.D. (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Tracy Hitzeman, Executive Director, Clinical Operations; Dr. Donald Sharps, Medical Director; Dr. Fonda, Medical Director; Caryn Ireland, Executive Director, Quality Analytics; Sesha Mudunuri, Executive Director, Operations; Customer Service; Belinda Abeyta, Director, Customer Service; Becki Melli, Customer Service; Eva Garcia, Administrative Assistant

Chair Corzo welcomed new OCC MAC member Richard Santana, In-Home Supportive Services (IHSS)/Union Provider Representative.

MINUTES

Approve the Minutes of the June 22, 2017 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

Action: On motion of Member Patty Mouton, seconded and carried, the OCC MAC approved the minutes as submitted.

PUBLIC COMMENT

There were no requests for public comment.

CEO AND MANAGEMENT TEAM DISCUSSION

Federal and State Budget and Legislative Update

Phil Tsunoda, Executive Director, Public Affairs, reported on the Congressional health care reform efforts. The Senate approved a “Motion to Proceed” on the Better Care Reconciliation Act (BCRA). Subsequently, the Senate rejected BCRA and related amendments by Sens. Cruz and Portman by a 43–57 vote, and then rejected the “Repeal Now, Replace Later” amendment by Sen. Paul 45–55.

INFORMATION ITEMS

OCC MAC Member Updates

Chair Corzo announced that the recruitment for the OneCare Connect member/family member representative ends on July 28, 2017. Members Sandy Finestone, Ted Chigaros and Christine Chow agreed to serve on the Nominations Ad Hoc Subcommittee to review the applications.

Member Sara Lee will present the Quarterly Ombudsman update at the August 24, 2017 meeting. Member Patty Mouton will present the OCC MAC presentation at the September 28, 2017 meeting.

OCC MAC Member Presentation – Post Acute 101

Member Ted Chigaros, Rockport Healthcare Services, presented an overview on post-acute care and skilled nursing facilities (SNFs), and the process that an OneCare Connect member undergoes to be admitted to and discharged from a SNF.

Member Chigaros brought up end-of-life matters in SNFs, which elicited discussion from OCC MAC members. Vice Chair Mouton asked about the use of Physician Orders for Life-Sustaining Treatment (POLST) forms within SNF’s and by CalOptima providers. CalOptima staff will provide information on advance directives for discussion at a future OCC MAC meeting.

Behavioral Health and Geropsychiatric Bed Update

Donald Sharps, M.D., Medical Director, Behavioral Health, presented an update on how to access behavioral health benefits for Medi-Cal and OneCare Connect members. In addition, he provided an overview on access to geropsychiatric beds in Orange County, which is a psychiatric unit that specializes in treating seniors with psychiatric conditions as well as managing concurrent medical conditions. Following a robust discussion about accessing behavioral health services, CalOptima staff agreed to provide additional information at a future meeting.

Community Engagement

Cheryl Meronk, Strategic Development Director, provided an overview on CalOptima’s approach to community engagement. CalOptima’s community engagement efforts seek to create and maintain a positive influence and impact in the community by strengthening our community

partnerships, which includes approximately 350 community organizations. In addition, CalOptima attends approximately 130 community meetings and collaborative events and provides more than \$45,000 in community sponsorships annually.

CalOptima OneCare Connect (OCC) New Member Orientation (NMO)

Cynthia Valencia, Supervisor, Customer Service, presented an overview of the New Member Orientation (NMO) for new and existing OCC members. Ms. Valencia explained the purpose of the NMO includes the following: 1) to provide CalOptima members with an overview of their benefits; 2) to select a primary care provider; 3) to learn how to access services; and 4) to learn about member rights. In addition, OCC members have an opportunity to receive one-on-one assistance at the NMO.

ADJOURNMENT

Chair announced that the next OCC MAC Meeting is Thursday, August 24, 2017.

Hearing no further business, the meeting adjourned at 4:56 p.m.

/s/ Eva Garcia
Eva Garcia
Administrative Assistant

Approved: October 26, 2017



Cal MediConnect Plan (Medicare-Medicaid Plan)

**Revised
OneCare Connect Member Advisory Committee
FY 2017-2018 Meeting Schedule**

November

Thursday, November 16, 2017*

December

Thursday, December 14, 2017*

February

Thursday, February 22, 2018

April

Thursday, April 26, 2018

June

Thursday, June 28, 2018

Regular Meeting Location and Time

CalOptima
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
3:00 p.m. – 5:00 p.m.
www.caloptima.org

All meetings are open to the public. Interested parties are encouraged to attend.

*Revised meeting date due to holiday.

Orange County's Older Adult Health Improvement Plan

Helene M. Calvet, MD

Orange County Deputy Health Officer

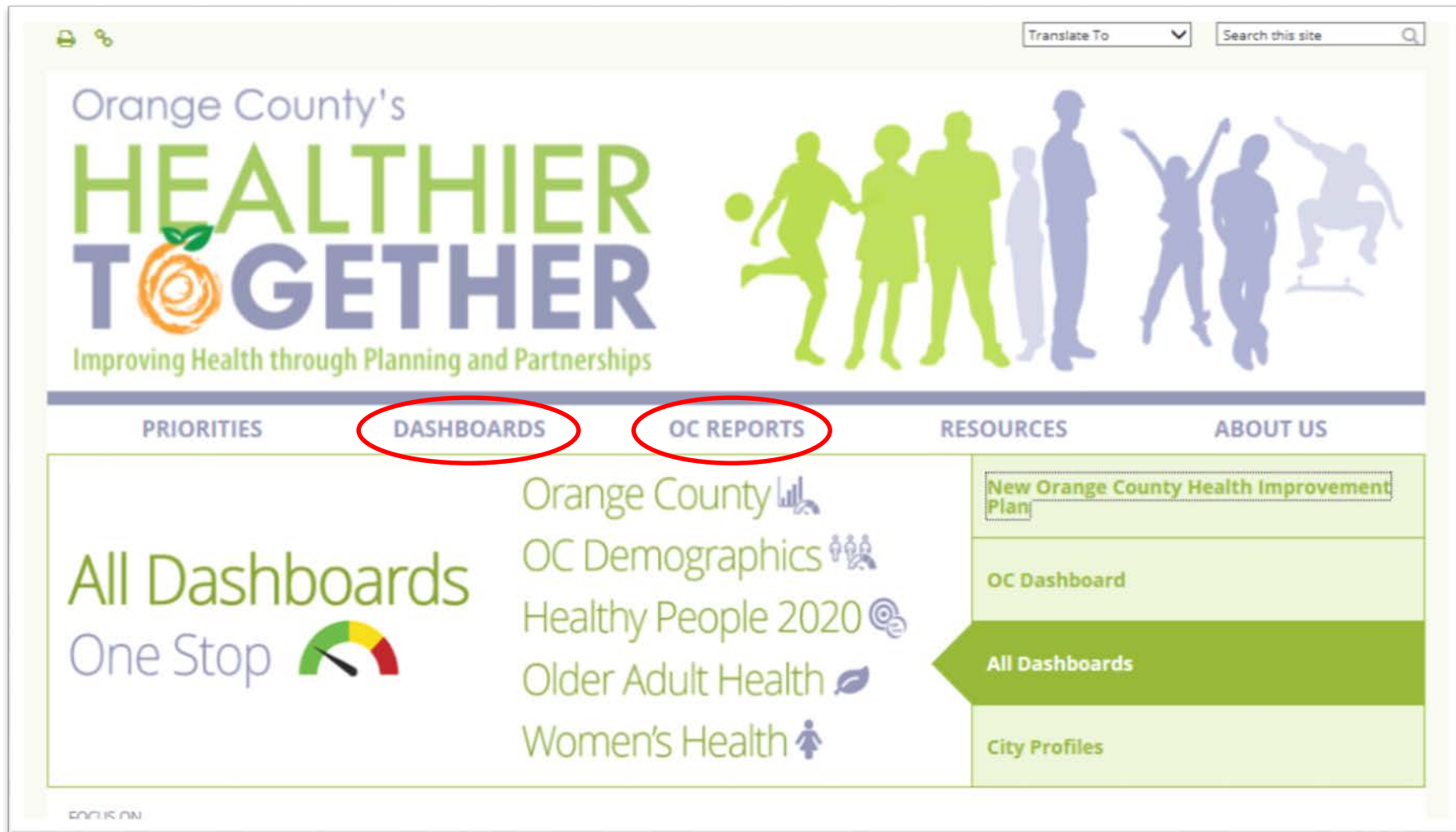
Co-Chair, Orange County Healthy Aging Initiative
(OCHAI)



OCHAI: Who We Are

- Formed in early 2013 by staff of OC Health Care Agency (OCHCA) and Cal State Fullerton (CSUF)
- Representatives from County agencies, universities, healthcare and NGOs
- Now a subcommittee of the Orange County Aging Services Collaborative (OCASC)
- Developed some data resources on older adult health and act as lead for Older Adult Health Improvement Plan

Data Resources



Older Adult Data Resources

Orange County's
HEALTHIER TOGETHER
Improving Health through Planning and Partnerships

Translate To [v] Search this site [Q]

Priorities OC Data Tools Resources Ab...

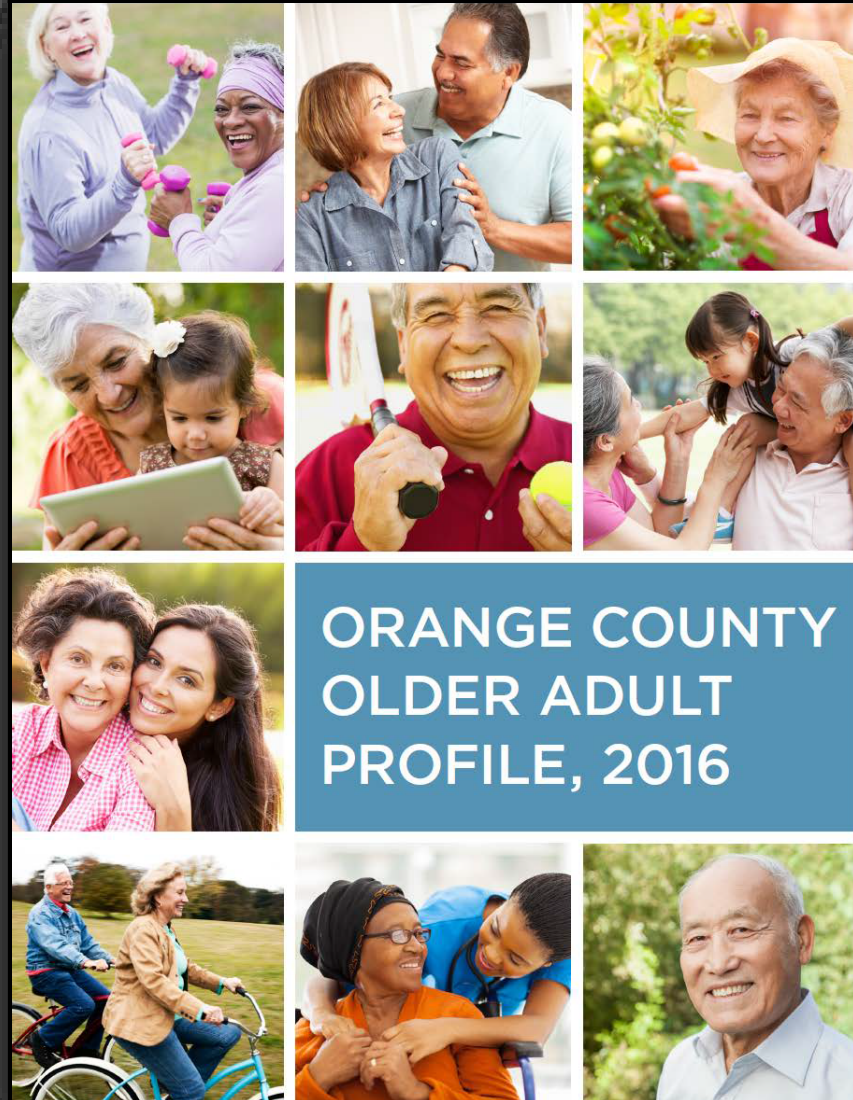
OC Older Adult Dashboard

Scroll below for over 70 health, social, and economic indicators for Orange County's older adults. Find over 200 indicators for all Orange County (of all ages) on the OC Health Dashboard.

The following indicators are available for Orange County older adults at the Zip Code and/or City levels:
Population Living Below Poverty Level Living Alone Voter Turnout Hospitalization Rate due to Hip Fractures Among Females and











Tracker for County: Orange

Indicator	Current Value
Demographics	







<http://www.ochealthiertogether.org/>

Selected Chronic Diseases, OC 65+

Disease	Prevalence	Comparison
Heart Disease	27.7%	 CA Counties  CA Value (26.2%)
Hypertension	55.9%	 CA Counties  CA Value (53.1%)
Diabetes	26.5%	 CA Counties  CA Value (26.0%)
Dementia	11.7%	 CA Counties  CA Value (10.7%)
Arthritis	32.4%	 CA Counties  CA Value (28.8%)

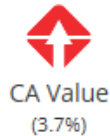
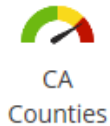
Selected Morbidities, OC 65+

- ER Visits
- Hospitalizations

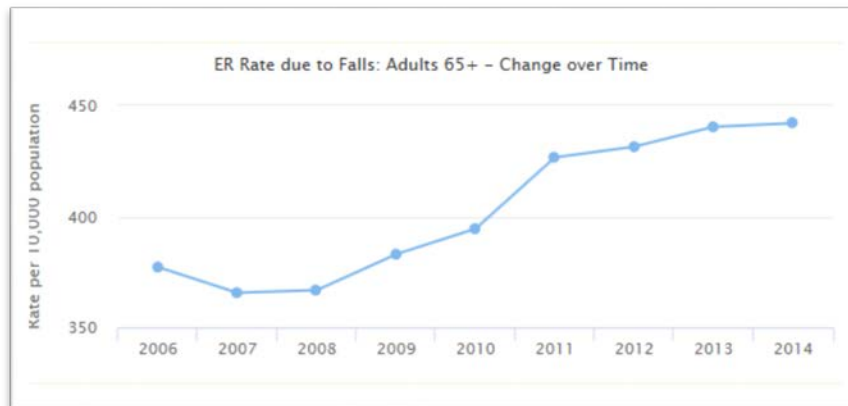
Disease	ER Visits*	Hospitalized*
Diabetes	1.5 	28.1 
Hypertension	59.9 	7.8 

*Rates per 10,000

- Stroke 5%



- Falls



So what are
we doing
about all this?



Executive Summary

Priority Area 1: Infant and Child Health



Key Findings: In 2014, 86.1% of mothers received early prenatal care, with lower rates among racial/ethnic minorities. Despite benefits to the mother and infant, only 1 in 4 women exclusively breastfed their babies through the first 3 months.

Goal 1: Improve birth outcomes in Orange County

Objectives: 1) Increase rate of pregnant women who receive early prenatal care to 90%; 2) Increase rates of early prenatal care of groups with disparities by 2%.

→ **Highlighted Strategy:** Create targeted interventions that address barriers to prenatal care based on identified barriers for women less likely to receive early prenatal care.

Goal 2: Improve infant and child health outcomes in Orange County.

Objective: Increase the proportion of mothers exclusively breastfeeding at 3 months.

→ **Highlighted Strategy:** Promote and support policies increasing the number of hospitals with infant feeding policy supporting breastfeeding and 'baby friendly' designation.

Priority Area 2: Older Adult Health



Key Findings: By 2040, 1 in 4 residents of Orange County will be 65 or older. The public health system is challenged to meet the needs of this growing population.

Goal 1: Improve wellness and quality of life of older adults in Orange County.

Objective: Increase early identification of conditions that commonly affect older adults by increasing utilization of the Annual Wellness Visits by 5% each year.

→ **Highlighted Strategy:** Increase consumer outreach and education about the Annual Wellness Visit.

Objective: Reduce complications of chronic disease by increasing completion rates in chronic disease self-management program by 10%.

→ **Highlighted Strategy:** Develop a lay leader recruitment program among senior/health providers.

Priority Area 3: Obesity and Diabetes



Key Findings: Almost 1 in 6 fifth-grade students in Orange County is obese, with the highest rates in Anaheim, Buena Park, La Habra, and Santa Ana. Rates of diabetes have increased by 22.4% between 2005 and 2014.

Goal 1: Increase the proportion of residents who are in a healthy weight category.

Objectives: Increase proportion of children and adolescents who are in the healthy weight category 1) by 5% in all Orange County; and 2) by 10% in Anaheim, Buena Park, La Habra, and Santa Ana.

→ **Highlighted Strategy:** Support community specific coalitions to implement collective impact approaches that includes multi-sector interventions.

Community-Based Efforts to Address Older Adult Health

- OC Community Health Improvement Plan (CHIP), Older Adult Health
- Goal: Improve wellness and quality of life of older adults in Orange County
 - Objective 1: Increase early identification of conditions and safety risks that commonly affect older adults by promoting Annual Wellness Visit (AWV)
 - Objective 2: Reduce complications of chronic diseases by promoting chronic disease self-management

Objective 1

- Increase early identification of conditions and safety risks that commonly affect older adults by promoting Annual Wellness Visit (AWV)
- Activities:
 - AWV Toolkit launched end of 2014; aim is to help providers perform the visit
 - New version just posted!
 - Increase efforts to promote the visits among providers, as well as to educate consumers about it

What Is an AWW?

- **Not** an annual physical exam
- Aims are to promote wellness & prevent illness
- Will check for:
 - High blood pressure and obesity
 - Cognitive (mental) function
 - Fall risk
 - Depression
 - Other risks to health
- Review preventive services needed
 - Vaccinations
 - Tests (screenings)
 - Counseling
- Counsel/educate and make referrals as needed to reduce risks to health
- Create personalized plan
- Covered by Medicare

It's a chance to talk to your medical provider about being/staying well, not about being sick!

<http://www.ocagingservicescollaborative.org/annual-wellness-visit-toolkit>

- On OC Aging Services Collaborative (OCASC) website
- Several items available in multiple languages
- Short video demonstrating how to perform visit
- Can download full toolkit, individual sections, or individual documents

ANNUAL WELLNESS VISIT TOOLKIT



The Annual Wellness Visit (AWV) is a Medicare covered benefit that focuses on prevention. During the visit, the provider and patient develop or prevent disease and disability; the AWV is not an annual physical exam. The Orange County Healthy Aging Initiative (OCHAI) developed this toolkit for practitioners in the AWW components and provide tools and local resources for implementing prevention strategies. Note that the resource list is for services available to Orange County seniors. Several documents are available in MS Word and can be modified.

This toolkit is provided as a guideline only; Medicare specifies the AWW components and providers should use their clinical judgment in their practice. We hope you find the information useful. We welcome any questions or comments you may have about this toolkit; please e-mail us with any feedback at OCHAI@ocagingservicescollaborative.org.

Watch this video for a brief overview of the Toolkit and a demonstration of the AWW
Click here to download the complete AWW Toolkit (*Warning: File size is 50 MB*)

Please click on the links below to download individual pdfs:

Information for Providers

- AWW Provider Letter
- AWW Toolkit Table of Contents
- AWW OCHAI Committee 2017

Section 1: Introductory Materials

- Section 1 Introduction
- IPPE AWW comparison
- AWW Component Overview
- AWW Process Map

Section 5: Resources and Referrals

- Section 5 Introduction
- HRA Actions/Referrals
- Information, Assistance Resources
 - Spanish, Vietnamese
- Office on Aging Information Line
- Senior Community Center List
- Adult Day Services Fact Sheet
- CBAS Locations in OC and adjacent areas

Section 7: Elder Abuse

- Section 7 Introduction
- Elder Abuse Recognition
 - Spanish, Vietnamese
- Adult Protective Services
- Financial Exploitation
- Financial Exploitation
- Mandated Reporting
- Protect Yourself

AWV Toolkit (1)

- Section 1, Introduction to the AWV: for providers
- Section 2, Pre-Visit Materials for Patient: health risk assessment (HRA), fall risk assessment and home safety checklist
- Section 3, During-Visit Assessments: tests for fall risk, depression and cognitive impairment
- Section 4, Preventive Services and Plans: table of covered preventive services and template for preventive health plan

AWV Toolkit (2)

- Section 5, Resources and Referrals: local resources to assist older adults on issues identified in AWV
- Section 6, Patient Education Materials
- Section 7, Elder Abuse Information: warning signs, how to report
- Section 8, Other Information: advance directive
- Appendix: documents in other languages


Health Risk Assessment (HRA)

Name: _____ Date: _____

Date of Birth: _____ Preferred language: _____

Form completed by: ☐ Self ☐ Friend/family ☐ Office staff ☐ Other _____

How do you rate your overall health? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

 On how many days during the week do you...? (Circle the appropriate answer below)

1) Engage in physical activity (e.g. walking, cycling, etc.) for at least 20 to 30 minutes?	0	1 - 2	3 - 4	≥5
2) Include strength exercises (weights or resistance bands) in your physical activity routine?	0	1 - 2	3 - 4	≥5
3) Eat 5 or more servings of fruits and vegetables (one serving equals ½ cup)?	0	1 - 2	3 - 4	≥5
4) Eat 5 or more servings of grains (one serving equals one slice of bread, ½ cup of cereal, etc.)?	0	1 - 2	3 - 4	≥5
5) Eat 2 or more servings of dairy products (milk, yogurt or cheese)?	0	1 - 2	3 - 4	≥5
6) Eat fast food?	0	1 - 2	3 - 4	≥5
7) Cut the size of your meals or skip meals because you don't have enough food (not enough money or enough help to shop or cook)?	0	1 - 2	3 - 4	≥5
8) Have more than one drink of alcohol (beer, liquor, wine) per day?	0	1 - 2	3 - 4	≥5
9) Get at least 7 hours of sleep?	0	1 - 2	3 - 4	≥5
10) Use tobacco or nicotine products (cigarettes, e-cigarettes, smokeless tobacco, cigars, or pipes) or are close to others who do?	0	1 - 2	3 - 4	≥5
11) Leave your home to run errands, go to work, go to meetings, classes, church, social functions, etc. (not counting doctor's visits)?	0	1 - 2	3 - 4	≥5
12) Have physical pain that affects your activities?	0	1 - 2	3 - 4	≥5

Covered Screening

Abdominal Aortic Aneurysm	Depression
Alcohol misuse	Diabetes
Bone mass density measurement	Glaucoma
Breast cancer (mammogram)	HCV
Cardiovascular (cholesterol test)	HIV/STD
Cervical cancer (Pap smear)	Prostate cancer
Colorectal cancer (several options)	

See table in Section 4 for more information on indications and frequencies for these preventive services

Prevention Plan

WOMEN'S PERSONAL PREVENTIVE PLAN for _____ Date: _____

Preventive Service	Most Recent Date / Result (if indicated)	Date Next Due or Not Indicated (N/I)
Blood Pressure (BP)	Date _____ BP ____/____ <input type="checkbox"/> Normal <input type="checkbox"/> High <input type="checkbox"/> Low	Next Due _____ <input type="checkbox"/> N/I
Height/Weight and Body Mass Index (BMI)	Date _____ Ht _____ Wt _____ BMI _____ <input type="checkbox"/> Underweight <input type="checkbox"/> Normal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese	Next Due _____ <input type="checkbox"/> N/I
Colon cancer screening	Date _____ Procedure _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Lung cancer screening	Date _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Mammogram	Date _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Pap Smear	Date _____ Result _____	Next Due _____ <input type="checkbox"/> N/I
Blood sugar (diabetes check)	Date _____ Results _____ <input type="checkbox"/> Normal <input type="checkbox"/> Pre-diabetes <input type="checkbox"/> Diabetes	Next Due _____ <input type="checkbox"/> N/I
Bone density test (DEXA)	Date _____ <input type="checkbox"/> Normal <input type="checkbox"/> Osteopenia <input type="checkbox"/> Osteoporosis	Next Due _____ <input type="checkbox"/> N/I
Cholesterol test	Date _____ Total _____ LDL _____ HDL _____	Next Due _____ <input type="checkbox"/> N/I
Hepatitis C Virus test	Date _____	Next Due _____ <input type="checkbox"/> N/I
Sexually Transmitted Infection tests	Date _____	Next Due _____ <input type="checkbox"/> N/I
Vision/Glaucoma test	Date _____	Next Due _____ <input type="checkbox"/> N/I
Influenza (flu) vaccine	Date _____	Next Due _____ <input type="checkbox"/> N/I
Pneumonia vaccine	Polysaccharide Vaccine (PPSV23) Date _____ Conjugate Vaccine (PCV13) Date _____	Next Due _____ <input type="checkbox"/> N/I
Tetanus vaccine (recommended but not covered by Part B)	Date _____ Tetanus /diphtheria _____ Tetanus/ diphtheria/ pertussis _____	Next Due _____ <input type="checkbox"/> N/I
Shingles vaccine (recommended but not covered by Part B)	Date _____	Next Due _____ <input type="checkbox"/> N/I

Covered Counseling* and Vaccinations

- Counseling (partial list):
 - Diabetes Self-Management Training
 - Nutrition
 - Intensive behavioral therapy for heart disease or obesity
 - Tobacco cessation
- Vaccinations:
 - Flu shot
 - Pneumonia shot
 - Hepatitis B

AWV Key Points

- Medicare benefit; can be done once every 12 months
- Opportunity to focus on prevention
 - Screen for conditions early
 - Promote use of covered preventive services
 - Counsel regarding health risks and conditions
- Currently underutilized in Orange County (< 20%)

Objective 2

- Reduce complications of chronic diseases by promoting evidence-based programs (EBP) for chronic disease self-management
- Activities
 - Expanding access to programs
 - Marketing plan for outreach to consumers
 - Increase outreach to providers

What Are Evidence-Based Programs (EBPs)?

- Rigorous **study of the effects or outcomes** of specific interventions or model programs
- Demonstrate **reliable and significantly positive changes** in important health-related and functional measures
- Effectiveness **demonstrated in large studies with diverse populations** or through multiple replications

EBP for Chronic Disease Control

- Chronic Disease Self-Management Program (CDSMP)/Diabetes Self Management Program (DSMP)
 - Developed by Stanford University
 - Workshops are 2.5 hr long, held for six consecutive weeks
- Diabetes Empowerment Education Program (DEEP)
 - Developed by Univ. of Illinois, Chicago for use in low-income, racial and ethnic minority populations
 - 6 consecutive weekly workshops, 2 hours each

Program Effectiveness

- CDSMP¹:
 - Increased physical activity
 - Better coping strategies, symptom management and communication with physicians
 - Improved self-rated health, disability and health distress
 - Fewer ED visits and hospitalizations
 - Cost savings
- DEEP²:
 - Improved A₁C and systolic blood pressure
 - Increased physical activity
 - Improved diet and medication adherence

CDSMP: Local Project Outcomes

- Pilot project: 2012-2014 in LA and OC with Unite Here Health (union for food service and hospitality workers)
- 667 completed program: participants mostly low income and Spanish speaking (86%)
- Findings:
 - Significant increases in self-reported good, very good or excellent health at program completion, 6 and 12 months post
 - Self-reported improved diet, exercise and communication with provider at completion, 6 and 12 months
 - For those with abnormal tests at start, significant improvement at 6 and 12 months seen in weight, cholesterol, blood sugar control and blood pressure

Classes Offered in OC

- CDSMP (called “Healthier Living with Chronic Disease”): offered in English, Spanish and Chinese
- DSMP (called “Healthier Living with Diabetes”): offered in English; soon in Spanish
- DEEP: offered in Chinese (Mandarin and Cantonese), Vietnamese and Korean

Finding a Program

HEALTHIER LIVING

with Chronic Conditions



Join us for a **FREE** 6 week workshop!

About Healthier Living

- Great for **ANY ADULT** ages 18+, with an ongoing health condition
- Family and friends are welcomed
- Small group workshop on gaining control and managing your own health
- Meets 2½ hours per week for 6 weeks

You Will Learn...

- Tips to better manage your health
- Ways to control pain, stress, and anxiety
- How to talk to doctors, family, and friends

Workshop Benefits

- Helps you feel well and be well
- Feel more energy and less tired
- Increased exercise and reduced pain
- Meet new people and get support from new friends
- And much more!

For More Information

Call Office on Aging at:
1-800-510-2020

www.cahealthierliving.org/orange

Call 1-800-510-2020

or check website

[www.cahealthierliving.org/
orange](http://www.cahealthierliving.org/orange)

Who Should Go to These Programs?

- Not indicated for everybody
 - Six week commitment
 - Interactive group setting (not one-on-one)
- Consider it if having difficulty controlling disease(s), such as:
 - Blood sugar or blood pressure always running high, even if taking medications correctly
 - Having to go to ER or hospital frequently for diabetes, hypertension or heart failure out of control
 - Are stressed about disease or don't have confidence in managing disease
 - Have multiple chronic diseases

Disease Self-Management Programs

Key Points

- Chronic conditions are common in older adults in OC, and control is not optimal
- EBPs for chronic disease self-management programs can improve self-rated health, utilization of medical resources and patient outcomes
- Local resources for disease self-management programs increasing – take advantage of these free programs!

Thanks for your attention!

Any Questions?

CalOptima Community Grant Initiatives (*IGTs 6 and 7*) Request for Letters of Interest

CalOptima is requesting Letters of Interest (LOIs) from organizations that are seeking funding to address community needs in one or more of the following three Priority Areas approved by the CalOptima Board of Directors: *Opioid and Other Substance Overuse, Homeless Health, and Children's Mental Health*. Information from the LOIs will help determine grant funding allocation amounts for the three Priority Areas.

How to Submit a LOI

Each LOI should be no more than 1,600 words and must identify the Priority Area you plan to address. Please include the following information in your LOI:

- Organization name and address, along with:
 - » Brief description and mission of the organization
 - » Contact name, phone and email address
- Statement of need that describes the specific issue or problem to be addressed, including the number of CalOptima members impacted
- Brief description of your proposed or existing program/solution to address the issue, including any evidence-based model(s) being proposed
- Estimated cost of proposed or existing program/solution

Organizations may submit up to three LOIs, one per Priority Area. You may include one additional PDF attachment per Priority Area with your LOI, such as a fact sheet, program brochure, report to the community, annual report, or other description of your program or organization.

Submit your LOI and optional attachment in PDF format to:

strategicdevelopment@caloptima.org

Subject line: Letter of Interest

Attachment size must be no larger than 3 MB.

All LOIs must be received by 5 p.m., Monday, November 13, 2017.

Requests for Proposal (RFPs)/Grant Applications for award of funds will be released in early 2018. LOIs are encouraged but are not required to be eligible to submit grant applications.

Community Advance Care Planning: ***It Does Take a Village***

Vincent Nguyen, DO
Palliative Program Director
HOAG Hospital

Orange County

POLST



Coalition

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT



CALIFORNIA
HEALTHCARE
FOUNDATION

Healthcare Wishes

- Most do not have an Advance HealthCare Directive (AHCD)
- Many not spoken with their Doctors
- <25% committed their wishes in writing

Why Does Advance Care Planning Seem So Difficult?

Healthcare Costs at The End of Life

- ~30% of Medicare expenditures attributed to 5% of beneficiaries who die each year
 - 1/3 of that cost incurred in last month of life
- Kaiser Family Foundation. *10 FAQs: Medicare's Role in End of Life Care*. Nov 05, 2015.
- Barnato AE, McClellan MB, Kagay CR, Garber AM. *Trends in Inpatient Treatment Intensity among Medicare Beneficiaries at the End of Life*. *Health Services Research*. 2004;39(2):363-376.

POLST is effective in reducing unwanted hospitalization & medical intervention

EMPA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order. When taken on the patient's current medical condition and wishes, they reflect the patient's medical and personal goals. Everyone should be treated with dignity and respect.

Last Name: _____
 First Middle Name: _____
 Date of Birth: _____ Date Form Prepared: _____

EMPA 0011-01
 (Revised 10/2009)

A CARDIOPULMONARY RESUSCITATION (CPR): *Person has no pulse and is not breathing.*
☐ Attempt Resuscitation/CPR ☐ Do Not Attempt Resuscitation/DNR *(Give Natural Death)*
 (Section B: Full Treatment required)
 When not in cardiopulmonary arrest, follow orders in B and C.

B MEDICAL INTERVENTIONS: *Person has pulse and/or is breathing.*
☐ Comfort Measures Only: Use medication to ease pain, discomfort, anxiety and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. *Transfer if comfort needs cannot be met in current location.*
☐ Limited Additional Interventions: Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
☐ Do Not Transfer to hospital for medical interventions. *Transfer if comfort needs cannot be met in current location.*
☐ Full Treatment: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/arrhythmia as indicated. *Transfer to hospital if indicated.*
 Additional Orders: _____

C ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*
☐ No artificial nutrition by tube ☐ Discontinue oral period of artificial nutrition by tube
☐ Long-term artificial nutrition by tube
 Additional Orders: _____

D SIGNATURES AND SUMMARY OF MEDICAL CONDITION:
 Discussed with:
☐ Patient ☐ Health Care Decisionmaker ☐ Parent of Minor ☐ Court Appointed Conservator ☐ Other: _____
 Signature of Physician
 My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.
 Print Physician Name: _____ Physician Phone Number: _____ Date: _____
 Physician Signature (required): _____ Physician License #: _____
 Signature of Patient, Decisionmaker, Parent of Minor or Conservator
 By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known wishes of, and with the best interest of, the individual who is the subject of the form.
 Signature (required): _____ Name (print): _____ Relationship to patient and if patient: _____
 Summary of Medical Condition: _____ Other Use Only: _____

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

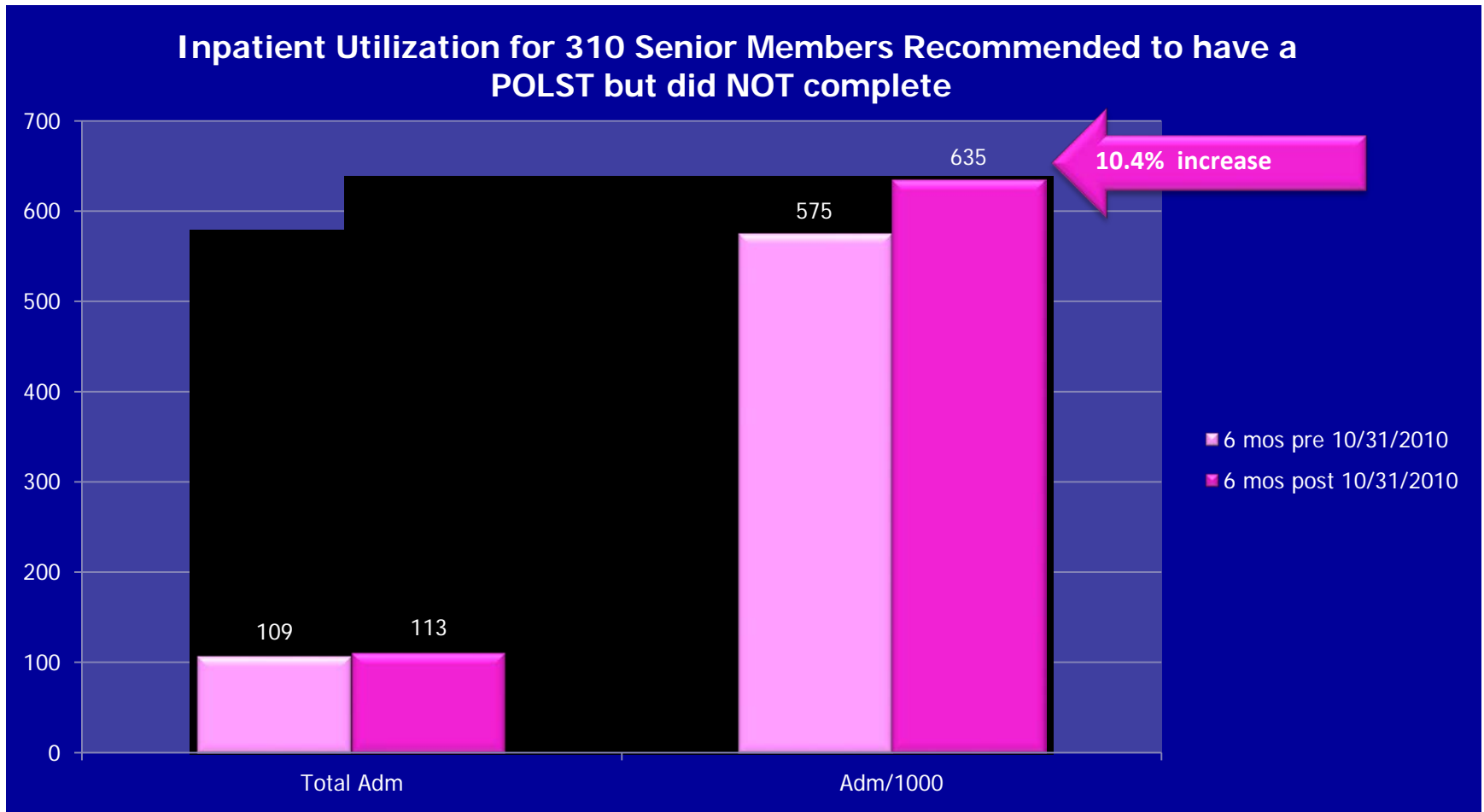
Journal of the American Geriatrics Society,
 Volume 58, Issue 7, 2010. Pages: 1241–1248.

**How effective is POLST in decreasing
hospital utilization for IPA members?**

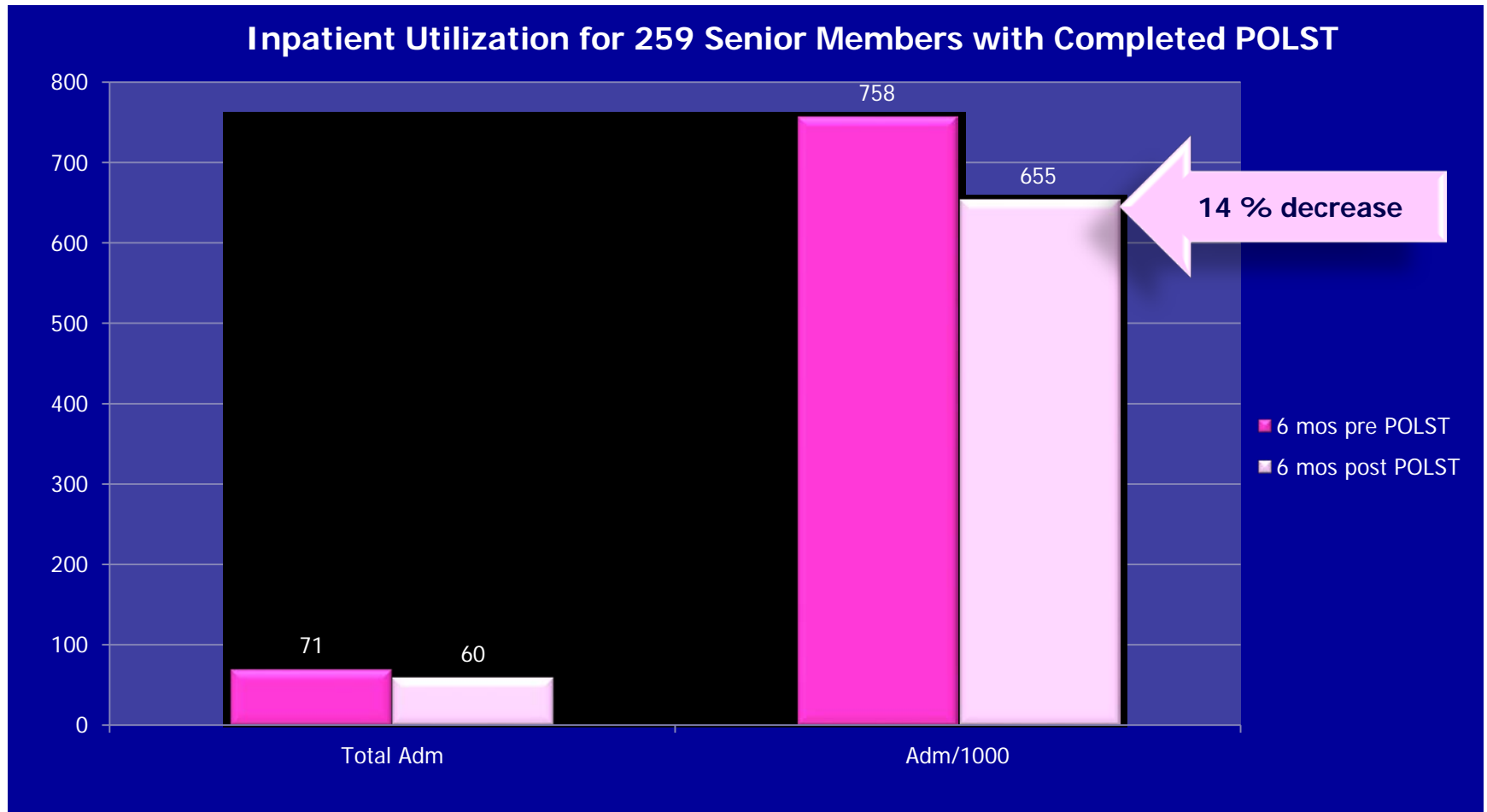
PCP-POLST Pilot Project

5/10/2009 - 10/31/2010

POLST Incompletion and Hospital Admissions



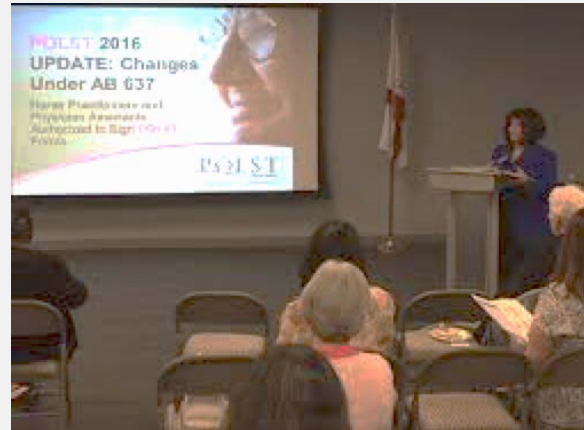
POLST Completion and Hospital Admissions



Proposed Solution

Community Education Conversation





Objectives

July 1, 2015 - June 30 2016

- ① 25 events, 1000+ participants
- ② Surveys: Pre- and immediate post- event with commitment to carry out 4 action plans
 - a. Talk with a loved one regarding EOL wishes
 - b. Identify/appoint a healthcare decision maker
 - c. Complete AHCD/POLST
 - d. Discuss with healthcare provider re: EOL wishes
- ③ Phone/email follow-up 4-12 weeks post event on 1/3 of participants who submitted surveys
 - a. \geq 40% completion on each of the 4 action plans

Goals Achieved!

July 2015 - June 2016	Number of Events	Number of Attendees	Number of Surveys Collected
<i>Being Mortal</i> Screening & Conversation Café™	13	709	263
<i>Advance Care Planning</i> Workshop	16	464	156
TOTAL	29	1173	419

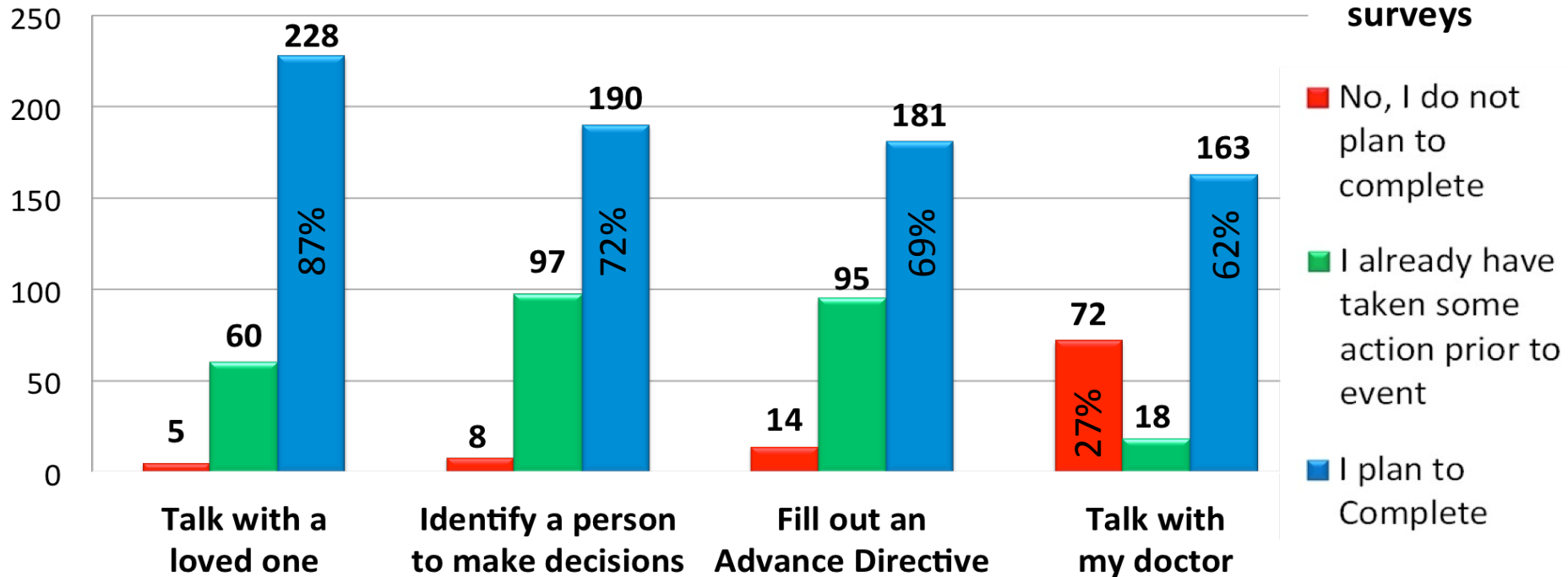
Participants' Engagement and Planned Action

Being Mortal Screening

July 2015 to June 2016

N = 263

surveys



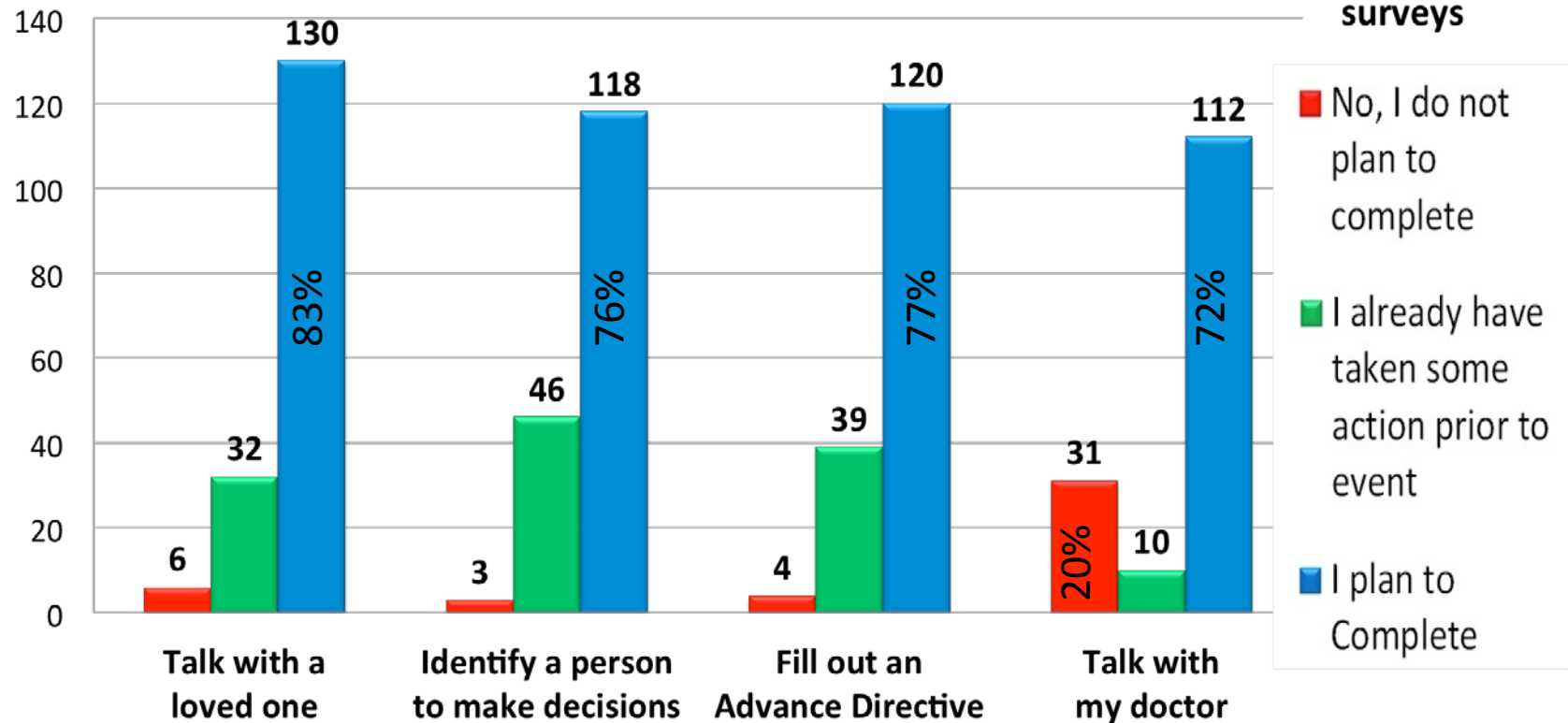
Participants' Engagement and Planned Action

Advance Care Planning Workshop

July 2015 to June 2016

N = 156

surveys



Being Mortal Screening

July 2015 to June 2016

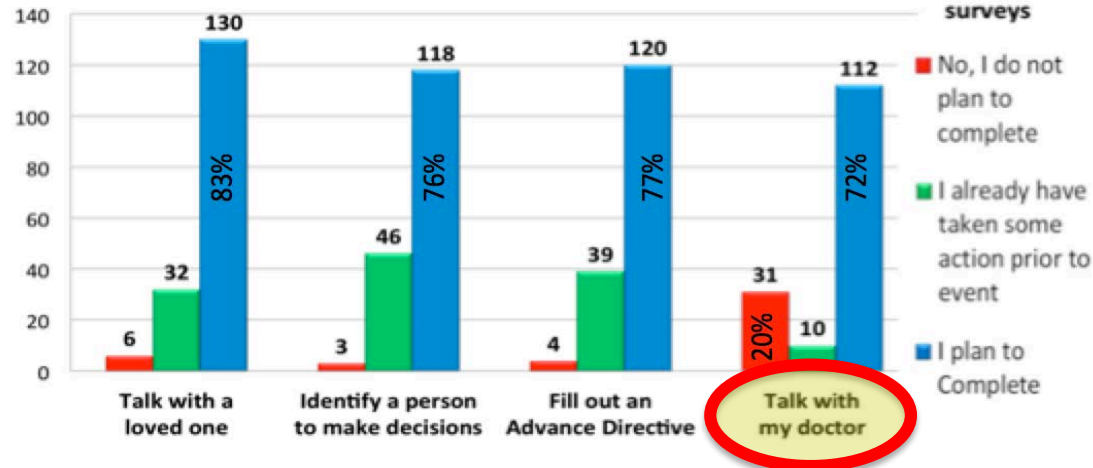
N = 263
surveys



Advance Care Planning Workshop

July 2015 to June 2016

N = 156
surveys



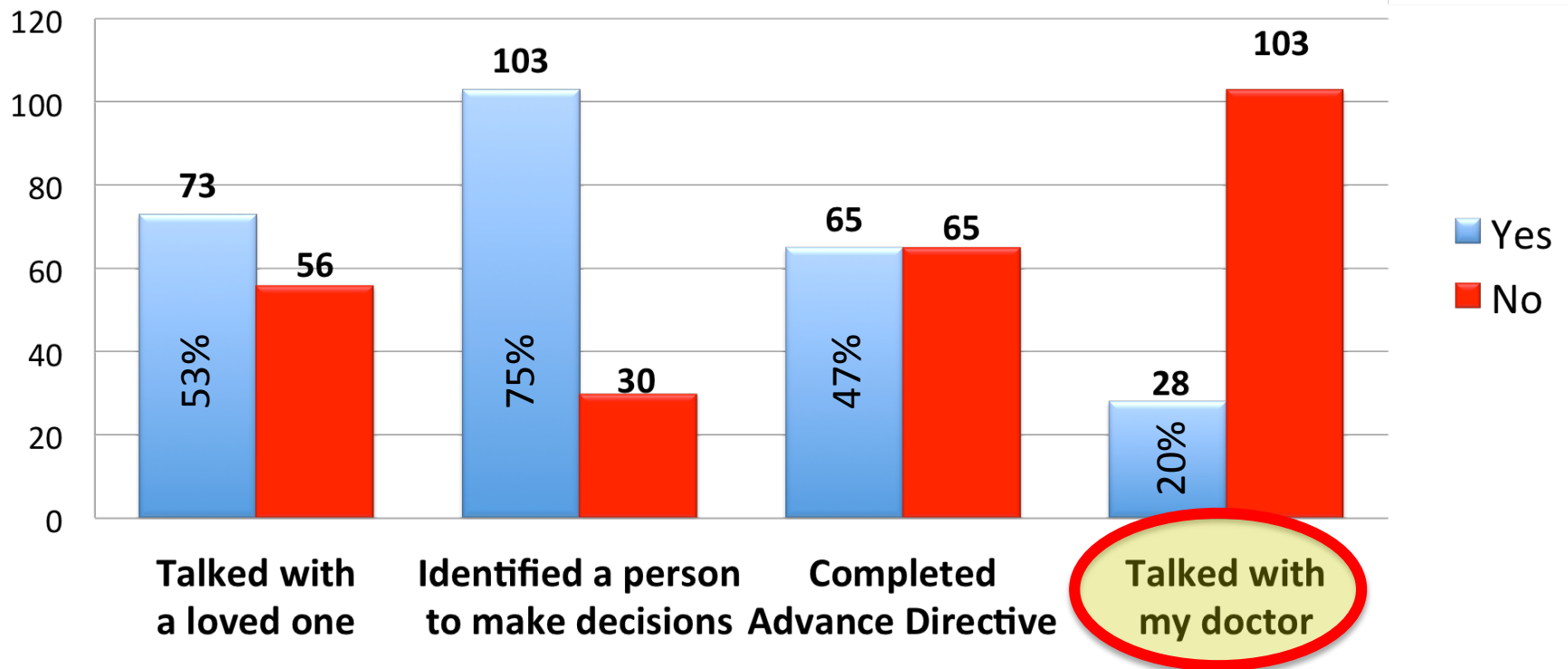
Phone/E-mail Follow-up Outcome

Participants' Executed Action

Actions taken as reported 4 - 12 weeks post event

July 2015 to June 2016

n= 137
Participants



Lessons Learned

- Advance care planning is a continuous process;
- Gaps in successful engagement can be narrowed through education, motivation and empowerment;
- Support from healthcare systems, health leaders and community advocates are essential.

If you want to walk fast,
walk alone.

If you want to walk far,
walk together!

- African Proverb -

Thank you





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Cultural & Linguistic Services Overview

Carlos Soto

Manager, Cultural & Linguistic Services

Cultural & Linguistic Services

- No-Cost Translation Services
 - Member materials translated in CalOptima's threshold languages
 - Alternate formats, including Braille, large font or audio
- No-Cost Interpreter Services
 - Telephonic interpreter services
 - Face-to-face interpreter services
 - California Relay and Telecommunication Device for the Deaf (TDD) for members with hearing and speech impairments

Cultural & Linguistic Services

- **Member Communications**

- Coordinate the print, fulfillment and mailing of member facing materials
- Member Facing Materials including Daily, Monthly and Annual Packets, Newsletters and Ad-hoc notices and mailings
- Address and resolve Member mailing issues such as member not receiving ID Card, Handbooks, Directories or newsletters

Cultural & Linguistic Services

- Importance of C&L Services Program
 - C&L addresses the linguistic and cultural barriers that Limited English Proficient (LEP) members face
 - Supports CalOptima's mission to provide access to quality health care services
 - Helps meet regulatory requirement for health plans and health providers



C&L Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

GOALS AND OBJECTIVES				
GOALS	OBJECTIVES	PERFORMANCE	IMPLEMENTATION TIMETABLE	ACCOMPLISHMENTS
I. Conduct Awareness and Education Seminar (AES)	<ul style="list-style-type: none"> Provide information and education on the cultural concerns and needs of CalOptima's Member population Awareness and Education Seminar (AES), are be conducted on a quarterly basis 	<ul style="list-style-type: none"> Conduct Awareness and Education Seminar (AES) for CalOptima staff, health networks and providers, to inform and educate staff, health networks and providers on the cultural concerns and needs of CalOptima's Member population. Attendees are asked to provide feedback regarding the seminar by completing an evaluation form 	<p>Qtr 1 AES - Completed: February 2017</p> <p>Qtr 2 AES - Completed: April 2017</p> <p>Qtr 3 AES - scheduled for August 2017</p> <p>Qtr 4 AES - scheduled for November 2017</p>	<p>Qtr 1 - February 9, 2017; Women's Health Topic: March of Dimes Healthy Birth Spacing. Evaluation was positive with an average of 98% satisfaction rate</p> <p>Qtr 2 - April 2017; HIV among the Latino population. Evaluation was positive with an average 99% satisfaction rate,</p> <p>Qtr 3 - TBD</p> <p>Qtr 4 - TBD</p>
II. CalOptima Staff Cultural & Linguistic In-Service Training	<ul style="list-style-type: none"> Provide information, tips and resources regarding cultural needs and concerns -that will allow the CalOptima staff members to assist with 	<ul style="list-style-type: none"> Conduct annual Cultural & Linguistic (C&) annual In-Service trainings to CalOptima staff 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> As of Q1/Q2 2017 C&L presented the following in-service trainings: <ul style="list-style-type: none"> Customer Service: April 13, 2017 & May 4, 2017 Member Liaison: June 2, 2017 Health Education: June 21, 2017

Updated 8/02/2017

C&L Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

	the cultural needs of CalOptima Members.			
III. CalOptima New Hire Cultural & Linguistic Services Training	<ul style="list-style-type: none"> Provide new employees with an overview of CalOptima's Cultural & Linguistics Program. The overview includes information on the cultural concerns and needs of CalOptima's Member population 	<ul style="list-style-type: none"> Present C&L services at CalOptima Boot Camp trainings for new CalOptima staff. Educate and provide information, tips and resources for new staff on the cultural needs of CalOptima's diverse Member population 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> As of Q1/Q2 2017 C&L presented the following new hire training: <ul style="list-style-type: none"> January 19, 2017 February 15, 2017 March 16, 2017 April 13, 2017 May 11, 2017 June 8, 2017 July 6, 2017
IV. Translation of written member informing material & review documents for consistency	<ul style="list-style-type: none"> Comply with regulatory mandated threshold language requirements by providing translation of written informing documents and materials in the member's preferred language at no cost to the member. 	<ul style="list-style-type: none"> Translate CalOptima Member informing materials in the required threshold languages. Written informing documents provide essential information regarding access and usage of Covered Services. Ensure that informational or educational materials are available at in the required threshold languages at no-cost to members in alternative formats, such as large-print, audio format, or Braille upon request 	<ul style="list-style-type: none"> Daily Glossaries are updated twice a year, January and July 	<ul style="list-style-type: none"> As of Q1/Q2 2017 C&L received 1,031 translation requests: <ul style="list-style-type: none"> Spanish 609 Vietnamese 176 Farsi 113 Korean 83 Arabic 20 Chinese 30 The C&L glossaries have been updated on:

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C&L Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

	<ul style="list-style-type: none"> Update CalOptima's multilingual glossaries 	update CalOptima's multilingual glossaries to ensure consistency in the usage of translated terms by CalOptima staff and translation vendors.		<ul style="list-style-type: none"> January 27, 2017 July 20, 2017
V. Translation of Annual Notice of Change member materials	<ul style="list-style-type: none"> Comply with regulatory requirements of translating all Annual Notice of change materials in the threshold languages and ensure that all member materials are in the member's hands by September 30th of each year as required by the Center for Medicare and Medicaid Services (CMS). 	<ul style="list-style-type: none"> OneCare and OneCare Connect Annual notice Of Change (ANOC) documents consist of: <ul style="list-style-type: none"> Annual Notice of Change Summary of Benefits Provider Directory Insert Notice of Privacy Practices Non-Discrimination Insert 	<ul style="list-style-type: none"> Annually 	<ul style="list-style-type: none"> CalOptima has consistently met this requirement
VI. Interpretative Services	<ul style="list-style-type: none"> Comply and adhere to regulatory requirements to provide culturally and linguistically appropriate services to Members Provide, at no-cost to the 	<ul style="list-style-type: none"> CalOptima provides at no cost to the Member, twenty-four (24)-hour access to interpreter services at Key Points of Contact. Such services include: <ul style="list-style-type: none"> Linguistic interpreter services, American Sign Language (ASL) interpreter services, and information about the California Relay 	<ul style="list-style-type: none"> Daily 	<ul style="list-style-type: none"> As of Q1/Q2 2017 C&L received 53 Face to Face interpreter requests, which were successfully completed: <ul style="list-style-type: none"> Chinese 32 Farsi 17 Russian 3 Arabic 1

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C&L Goals and Objectives



Cultural and Linguistic Services

2017 Goals and Objectives

	<p>Member, twenty-four (24) hour access to interpreter services at Key Points of Contact</p>	<p>Service (CRS) to members with hearing or speech impairments, and auxiliary aids for Members with visual impairments, as necessary.</p> <ul style="list-style-type: none"> - CalOptima informs Members of the no cost interpreter services through the CalOptima Member Handbook, Customer Service and other communications, including, but not limited to posters and flyers distributed at sites where Members receive Covered Services, Member Newsletters, New Member orientation sessions. - In addition to Face-to-Face interpreting, CalOptima utilizes a vendor for telephone and video interpreting services for Urgent Care and Emergency Services or as needed at Key Points of Contact. 	<ul style="list-style-type: none"> • As of Q1/Q2 2017 C&L received 714 telephonic interpreting requests, which were provided by an outside vendor. The following is a percentage breakdown of telephonic interpreting services which were fulfilled by the interpreting vendor: <ul style="list-style-type: none"> - Spanish 252 - Vietnamese 137 - Arabic 106 - Russian 83 - Iranian Persian 68 - Korean 32 - Bengali 7 - Romanian 7 - Mandarin Chinese 7 - Yue Chinese 4 - Central Khmer 5 - Gujarati 6 • As of Q1/Q2 2017 C&L received 48 video interpreting requests, which were provided by an outside vendor. The following is a percentage breakdown of video interpreting services which were
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Updated 8/02/2017

C&L Goals and Objectives



Cultural and Linguistic Services 2017 Goals and Objectives

				fulfilled by the interpreting vendor: - Spanish 2 - Vietnamese 1 - American Sign Language 45
VI. Publish standing articles in the Medi-Cal, OneCare and OneCare Connect newsletters	<ul style="list-style-type: none"> • Inform members of the availability of no-cost language assistance services • Encourage members to contact CalOptima to provide their preferred spoken languages • Promote awareness and acceptance of cultural diversity 	<ul style="list-style-type: none"> - The Medi-Cal, OneCare and OneCare Connect Newsletters are published to inform member of the following: <ul style="list-style-type: none"> - The availability of no-cost language assistance services - Encourage members to contact CalOptima to provide their preferred spoken languages - Promote health awareness - Promote awareness and acceptance of cultural diversity - Convey member rights and other notices 	<ul style="list-style-type: none"> - Medi-Cal Newsletter are mailed quarterly and available on CalOptima.org after publication - OneCare Newsletter are mailed annually and available on CalOptima.org after publication - OneCare Connect Newsletter are mailed quarterly and available on CalOptima.org after publication 	<ul style="list-style-type: none"> - Medi-Cal Newsletter: <ul style="list-style-type: none"> - Qtr 1 - February 2017 - Qtr 2 - July 2017 - Qtr 3 - TBD - Qtr 4 - TBD - OneCare Newsletter is published annually TBD - OneCare Connect: <ul style="list-style-type: none"> - Qtr 1 - April 2017 - Qtr 2 - June 2017 - Qtr 3 - TBD - Qtr 4 - TBD

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Cultural & Linguistic Team

Contact C&L Services: culturallinguistic@caloptima.org

Carlos Soto, Manager

Anita Garcia, Supervisor

TRANSLATIONS TEAM

- Fabiola Benitez-Rios
- Maria Oseguera
- Samira Zahedi
- Shannon Jun
- Amy Tran
- Treyna Tran
- Lu Valmidiano
- Elizabeth Mikhail

MEMBER COMMUNICATIONS TEAM

- Denise Alcantar
- Olga Garcia





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QUESTIONS?

OneCare Connect Enrollment Update

Enrollment by Health Network

Counts for OneCare Connect

Report for: October 2017

Health Network	Membership
AMVI Care - OCC	472
ARTA Western Health Network - OCC	528
Alta Med Health Services - OCC	519
CalOptima Community Network - OCC	1,735
Family Choice Physician Group - OCC	1,869
HPN - Regal Medical Group, OCC	226
Monarch Family HealthCare, OCC	4,882
Noble Mid-Orange County - OCC	449
OC Advantage - OCC	108
Prospect Medical Group - OCC	2,848
Talbert Physician Group - OCC	1,132
United Care Medical Group - OCC	524
Health Network Total:	15,292

Enrollment/Disenrollment by Month for 2017

Month	Voluntary Enrollment	Re-Enrolled Enrollment	Total Enrollment	Disenrollment - Involuntary**	Disenrollment - Voluntary
January 2017	162	43	205	240	153
February 2017	190	41	231	200	147
March 2017	164	49	213	192	144
April 2017	189	43	232	310	122
May 2017	145	46	191	286	154
June 2017	179	47	226	250	160
July 2017	194	52	246	158	133
August 2017	164	44	208	132	146
September 2017	200	54	254	131	113
October 2017	193	49	242	16	75

**Death, Disenrollment - No Part A/B/C, Disenrollment – Out of Area

OCC Deeming for 2017

Deeming Period	In Deeming	Regained OCC at the end of Deeming	Termed OCC at the end of Deeming	Regained Medi-Cal 1 Month	Regained Medi-Cal 2 Month	Has not regained Eligibility
01/2017	210	68	142	1	59	82
02/2017	180	57	123	3	63	57
03/2017	189	73	116	2	54	60
04/2017	274	102	172	2	74	96
05/2017	287	98	189	2	70	117
06/2017	286	101	185	0	53	132
07/2017	198	95	103	3	26	74
08/2017	169	152	17	0	1	16
09/2017	172	166	6	1	0	5
10/2017	193	0	0	0	0	0

If you have, any question related to OCC enrollment please contact Albert Cardenas, Director, Customer Service at 714-246-8878 or acardenas@calptima.org