Medi-Cal and Health Care

What We’ve Learned During COVID-19
and How We Can Move Forward

Wednesday, October 7, 2020
12:30 - 1:30 pm
Cathy Senderling-McDonald, CWDA, Moderator
Panelists

► Jacey Cooper
  CA State Medicaid Director
  Chief Deputy Director, Health Care Programs
  California Department of Health Care Services

► Andie Patterson
  Vice President of Government Affairs
  California Primary Care Association

► Mimi Hall, MPH
  Director
  Santa Cruz County Health Services Agency
Medi-Cal and Health Care – What We’ve Learned During COVID-19 and How We Can Move Forward

Jacey Cooper
CA State Medicaid Director
Waivers & Flexibilities

- CMS Blanket Medicare Waivers
- Request for Federal Flexibilities
  - 1135 Waiver Requests
  - Home and Community-Based Services (HCBS) Appendix K Requests
  - 1115 Waiver Request
  - Disaster SPA Requests
  - Implemented provisions of Children’s Health Insurance Program (CHIP) SPA
- Governor’s Executive Order
Phone Call Away

Medi-Nurse Line

Medi-Nurse Line: (877) 409-9052

Hope will persevere

(833) 317-HOPE

calhope.dhcs.ca.gov
Challenges

Even beyond the lifetime of the Public Health Emergency, COVID-19 will have a long-term impact on the Medi-Cal program and its health care delivery systems

- Exacerbated pre-existing health disparities and inequities
- Financial impact to providers
- Program Oversight: Quality reporting and network adequacy
- Adverse effects the pandemic is having on the behavioral health of Californians
- Resuming regular care – impact to well-child visits and immunization rates
- Unwinding the federal and state waivers and flexibilities
- CA budget deficit
Community Health Centers and COVID-19

October 2020
Community Health Center Profile: 2019

The Patients
- California: 1 out of 6 Californians served by community health centers
- Patients: 7.2 million
- Encounters: 23.9 million

Special Populations
- Non-English Speaking: 35%
- Migrant Workers: 486,628
- Homeless: 246,268

By Age
- 45+: 504,350
- 45-64: 1,550,094
- 35-44: 987,518
- 20-34: 1,479,530
- 15-19: 599,891
- 13-14: 217,401
- 9-12: 902,786
- 5-8: 898,542
- 1-4: 704,894
- 0-1: 221,952

By Gender
- Men: 2,802,956
- Women: 4,652,037

By Race/Ethnicity
- Asian: 18%
- Black: 9%
- Hispanic: 54%
- Unknown: 6%
- Native American: 9%

Community Health Centers
- 929 Total Licensed CCHCs
- 403 Federally Qualified Health Centers (FQHCs)
- 38 Community Clinics & Free Sites
- 61% Medical
- 14% Behavioral Health
- 14% Telehealth
- 11% Other

Clinical Services
COVID-19: Response and Obstacles

**Response**
- Protecting and ensuring public health
- Testing
- Securing PPE
- Having to close sites, reduce hours and execute furloughs

**Obstacles**
- FQHC payment is fee for service (volume oriented)
  - FFS comes with many restrictions- types of providers, locations, services provided
- Staff health concerns/ family dynamics (kids at home)
- Federated State/County public health model

CALIFORNIA PRIMARY CARE ASSOCIATION
**COVID-19: CHC August Response**

- **Ability to Test for COVID-19:** 96%
- **COVID-19 drive-up/walk-up testing capacity:** 75%

**Average turnaround time for COVID-19 test results:**
- **42%** at more than 5 days

**Patients Tested for Virus Detection**

<table>
<thead>
<tr>
<th>Patients Tested</th>
<th>78,935</th>
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<tbody>
<tr>
<td>Patients Tested Positive</td>
<td>12,581</td>
</tr>
<tr>
<td>% of Patients Tested of Racial / Ethnic Minority</td>
<td>72%</td>
</tr>
<tr>
<td>% of Patients Tested Positive of Racial / Ethnic Minority</td>
<td>81%</td>
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</tbody>
</table>

**Patients Tested for Antibody Detection**

<table>
<thead>
<tr>
<th>Patients Tested</th>
<th>2,984</th>
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</thead>
<tbody>
<tr>
<td>Patients Tested Positive</td>
<td>531</td>
</tr>
<tr>
<td>% of Patients Tested of Racial / Ethnic Minority</td>
<td>53%</td>
</tr>
<tr>
<td>% of Patients Tested Positive of Racial / Ethnic Minority</td>
<td>69%</td>
</tr>
</tbody>
</table>
COVID-19: CHC August Response

- **84%** Health center weekly visits compared to pre-COVID-19 weekly visits
- **52%** Health centers conducting telehealth / virtual visits
- **30%** Health Centers temporarily closed at least one site

**Staff Impact**
- **8%** Health center staff are unable to work due to site/service closure, exposure, family/home obligations, lack of PPE, etc.

**% of CHCs who identified a need for Personal Protective Equipment (PPE) (n=29)**
- Gowns: 68%
- N95/PPR Masks: 58%
- Face Masks/Goggles: 47%
- Surgical Masks: 42%
- Gloves: 26%

*Data Source: HRSA Health Center COVID-19 Data Collection Survey administered on August 7, August 14, August 21, and August 28. Data reflects 158 FQHCs and Look Alike Clinics. Data represents information provided by health centers from a single, specified reporting date.*
COVID-19: Opportunities

Opportunities

• Virtual care FOREVER!!!!
  – Decreases no show rates
  – More equitable for patients (easier access/ less time consuming)
  – Telephonic flexibilities/payment must be kept
• Health centers realizing how quickly they can change delivery
• Value based payment
• Deeper connections and best practices with public health
Why telephonic access is so important

1 in 8 CA households lack Internet access due to the high costs of broadband services and/or computing devices, resulting in heavy reliance on cell phones.

COST INHIBITS INTERNET ACCESS FOR MORE THAN 1 in 5 Californians

COVID-19 DIGITAL INEQUITIES IMPACTING ACCESS

| 2 out of 3 patients rely on cell phones to receive virtual care |
| 1 out of 4 patients rely on non-mobile devices to receive virtual care |

91% of patients are most comfortable using phones for care

PATIENT ACCESS TO VIRTUAL CARE DEVICES

- 91% Calling
- 76% Texting
- 29% Video Chat

CALIFORNIA PRIMARY CARE ASSOCIATION
COVID-19: Lessons for Local Health Jurisdictions

Mimi Hall, Director
County of Santa Cruz
Health Services Agency

CWDA Annual Conference
October 7, 2020
Ten Essential Public Health Services

• This framework underscored by COVID-19
• Equity at the core
• Opportunity to demonstrate the use of epidemiological data to inform pandemic response
• Allocation of diverse resources to populations most impacted and at risk
Challenge

The changing landscape of COVID created adaptability in the service delivery system

Chronically underfunded public health infrastructure resulted in strengthened public/private partnerships

Lack of coordinated national, state and local strategies required reliance on local systems innovations and resources

Polarization and politicizing of public health science and practice
“Injustice anywhere is a threat to justice everywhere”

Dr. Martin Luther King, Jr.
Questions?

Please type your questions into the Q&A Box on your screen.

We will answer as many questions as possible.