

February 17, 2023

Department of Health Care Services (DHCS)

Via email: PHMSection@dhcs.ca.gov

RE: Comments on the Draft DHCS PHM Monitoring Approach for MCPs

Dear DHCS staff,

The undersigned organizations appreciate the opportunity to comment on DHCS's proposed monitoring approach for Managed Care Plans' (MCPs') implementation of Population Health Management (PHM). The PHM Initiative represents an important effort to strengthen the Medi-Cal program to improve health outcomes and promote health equity.

Based on the information shared at the CalAIM Population Health Management (PHM) Advisory Group Meeting on February 8th, we request that DHCS update the monitoring approach to better address asthma, which continues to be a common chronic disease and public health concern with significant inequitable impacts. According to the California Breathing program at the California Department of Public Health, approximately one in seven Californians has asthma, and every year asthma causes 164,000 emergency department visits, 17,000 hospitalizations and 400 deaths. Compared to adults, children (0-17 years old) are more likely to have severe asthma, with two times the rate of emergency department visits. Black Californians are more likely to suffer from severe asthma and die from asthma; they visit the emergency department for asthma at rates that are five times higher compared to White Californians.ⁱ

Strengthening the asthma component is consistent with DHCS's own Comprehensive Quality Strategy, which notes that managing chronic conditions, including asthma, is critical for preserving health and quality of life among Medi-Cal members.ⁱⁱ The inclusion of asthma in the monitoring plan would also align with the recommendation to include the AMR metric in health equity and quality measures, made by DHCS's Health Equity and Quality Committee, convened by the Department of Managed Health Care.ⁱⁱⁱ

Asthma can be well-managed through proper use of asthma medications with an emphasis on controller medications (which can be measured through the AMR); asthma self-management education (provided through the Asthma Preventive Services benefit); and remediation of environmental asthma triggers (provided through Asthma Remediation under Community Supports). When asthma is well-managed, we can prevent avoidable hospitalizations and emergency department visits. Therefore, we recommend indicators that measure whether these three components are in place for Medi-Cal beneficiaries.

We have two specific requests:

- For the quality measures, DHCS should adopt the practice of reporting the Asthma Medication Ratio (AMR) MCAS measure disaggregated by age in the measure specifications (5-11, 12-18, 19-50, & 51-64 years) and race/ethnicity in order to provide a more complete understanding of the impact of asthma and interventions on different populations.
- For the Key Performance Indicators (KPIs), DHCS should develop a KPI that captures how MCPs are leveraging the Asthma Remediation option under the Community Supports program as well the Asthma Preventive Services benefit. Asthma Remediation is one of the most widely selected options under Community Supports, and asthma self-management education is available to all Medi-Cal beneficiaries with a diagnosis of asthma. As such, the two services can work together to significantly reduce the impact of asthma, and a KPI would be a valuable assessment and accountability tool.

Thank you for your consideration of these important issues. If you need additional information, please contact Joel Ervice, Regional Asthma Management and Prevention's Associate Director, at joel@rampasthma.org.

Sincerely,

Regional Asthma Management and Prevention
Children Now
El Sol Neighborhood Educational Center
Breathe California of the Bay Area, Golden Gate, and Central Coast
Public Health Advocates
Breathe Southern California
Sigma Beta Xi
Little Manila Rising
Central California Asthma Collaborative
St. John's Community Health
LifeLong Medical Care
Comite Civico del Valle
Esperanza Community Housing
California Pan Ethnic Health Network
Asthma and Allergy Foundation of America

ⁱ For these and other examples, please see these data sets from California Breathing, CA Department of Public Health:

Asthma in California Infographic,
https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/CDPH%20Document%20Library/CA_Asthma_2021-Infographic.pdf

Asthma Inequities in California Children Infographic,

https://www.cdph.ca.gov/Programs/CCDC/DEOD/EDD/DIV/Pages/PDF/CA_Asthma_Inequities_Children_2021-Infographic.pdf

Asthma Racial Inequities in California Infographic,

https://www.cdph.ca.gov/Programs/CCDC/DEOD/EDD/DIV/Pages/PDF/CA_Asthma_Racial_Inequities_2021-Infographic.pdf

ⁱⁱ DHCS's Comprehensive Quality Strategy, <https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf>, page 62. Accessed 2/14/2023.

ⁱⁱⁱ 2022 Health Equity and Quality Committee Recommendations Report, <https://www.dhcs.ca.gov/Portals/0/Docs/DO/HealthEquityAndQualityCommittee/DMHCHealthEquityAndQualityCommitteeReport.pdf?ver=N8fNT7rr6clgixFI0me9w%3d%3d>, page 2. Accessed 2/16/2023.