*Originally submitted as email to Ellen Beck, Chair, Medi-Cal Children's Health Advisory Panel (MCHAP)*

Thanks Ellen for putting this thoughtful document together.

Your job as Chair is tricky for a lot of reasons. Not the least of which is trying to balance the breadth and depth of the MCHAP work/focus.

Since joining, I've given a lot of thought to this balance, and how to best make use of the very limited time we have together. I certainly don't pretend to have the answer figured out, but here are some of my thoughts.

First, I just want to underscore the limited time issue. I doubt this can be changed, but it would seem that the panel would be more effective if it met more frequently, and/or did more work in between meetings. Of course that would be asking more of the volunteer panel members, so this has very real practical limitations.

In the absence of having more meeting time, the question becomes how to make better use of our meeting time. I'm struck by the fact that the majority of the meetings I've been at are spent with the panel receiving information, not giving information (advising). Of course I agree the information we receive is very useful, but it feels like the reverse of what an advisory panel might be doing. Maybe this balance of information exchange just happened to be the case the last few meetings. Again though, with such limited time to address such an enormous topic, I'm wondering if we should be trying to do more of the delivery of information to the panel in email form, for the panel members to review prior to the meetings. Then in the meetings have a more abbreviated time to clarify questions on the materials, then have more time to actually get the full panel's input on the issue at hand.

This brings me to how the panel interacts with Director Kent. It's amazing that she is there at all, it's quite special. And yes, the information she brings to us is quite valuable. With that said, it's again a question of maximizing our time and impact with her. It seems to me that she is extremely competent, and already understands many of these issues quite well. That doesn't mean there aren't important differences of opinion that the panel might have with her, or important perspectives the panel can and should share with her. I think that's the point- how best to share our perspective with her? Would it be more efficient/more impactful for her to come to us with more questions for us to help answer for her, rather than her coming with mostly information to deliver? I don't mean to suggest that she would then singularly dictate the agenda and direction of the panel, but I think it might serve the Panel to have a better sense of what she really wants/needs. What are her questions? Where can she benefit from our perspective?

So that brings me back to your document on vison and priorities. As I stated above, I worry about how to be the most impactful given our very limited time on such broad topics. All of the topics listed have merit, but indeed I think we must be realistic in our focus. So with all that said, I'd say the section "Continuing to Address Challenging Topics" would be

my top recommendation for our focus. Second would be "Maintain Coverage." I see particular overlap in addressing serious illness and the maintenance of coverage. In other words, I think that we could be providing a lot more perspective and advice on how to prioritize resources and how to address Utilization Management. UM doesn't always come across as advocating, but I think it's critical for the MCHAP to have it's voice heard on how these critical resources are administered. This will be all the more important if we are faced with major budget changes/constraints, as could be the case given the chaos in Washington.

As a smaller, more focused aside, an example of something we could perhaps do a more focused learning and eventual recommendation on could be the issue of unintended pregnancy. I don't have to tell you about it's importance, and while we have made progress with LARCs, particularly since Nexplanon came to market, I think there is tremendous good we could do in championing a more prominent approach to increased use of LARCs.

A great example that you may already be familiar with is Colorado's recent great success: https://www.colorado.gov/pacific/sites/default/files/PSD_TitleX3_CFPI-Report.pdf

So that's a lot of thoughts, big and small, that I hope you find helpful. I love thinking and discussing these important issues, so please always feel free to reach out to me to chat about any of this.

Keep up the great work!

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Immunization Champion

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*Originally submitted as email to MCHAP mailbox*

Hello, Morgan,

Thank you for the opportunity to suggest some topics for future MCHAP meetings. My suggestions, naturally, are going to revolve upon the Med-Cal Dental Program. First, a commendation to the DHCS for the excellent materials now compiled and readily available to the public through the Medi-Cal Children's Health Dashboard (http://www.dhcs.ca.gov/services/Documents/September2017PediatricDashboard.pdf), the Medi-Cal Dental Fee-For-Service website (http://www.dhcs.ca.gov/services/Pages/DentalFeeforService.aspx), and the Medi-Cal Dental Managed Care website (http://www.dhcs.ca.gov/services/Pages/DentalManagedCare.aspx). These provide a high level of transparency and accountability long sought after by policy makers, beneficiaries,

and providers.

Along these lines I am going to suggest an ongoing public accounting by the DHCS that reports-out on a regular basis the impact (access to providers, actual services delivered, ages of patients served, improvements in provider networks, etc.) as we observe the infusion of funds from the Dental Transformation Initiative and Proposition 56. I am not looking for a “final report” (that will come later). I am looking for trends, initial outcomes, and preliminary hard data and what that suggests. We can discuss with the DHCS at an MCHAP meeting the breadth and depth of reportable information available and the format to report-out that data.

Another suggestion centers around the Maternal and Child Health Bureau grant-funded *Perinatal and Infant Oral Health Quality Improvement (PIOHQI) Initiative* housed in the California Department of Public Health. The goal of the initiative is a reduced prevalence of oral disease in infants and young children through improved access and utilization of preventive services, restorative treatments, and education of infants and pregnant women. The deliverables are defined evidence-informed models which successfully integrate high-quality oral health care into statewide perinatal and infant primary-care-delivery systems. The MCHAP could be helpful by analyzing the policy recommendations and best practices identified by the grantee and making recommendations to the DHCS on programmatic implementation which bring pregnant women and their new infants into the state’s dental care delivery structure.

Respectfully submitted,

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*Originally submitted as email to MCHAP mailbox*

## MCHAP Chair's Reflections and Vision for Potential Topics to Explore

| Topic | Details |
|---|---|
| **Baseline Standard for Comprehensive Statewide Care** | Ensure there are enough providers and that quality of care to children and families throughout the state is excellent. Identify care gaps, how to address the gaps, and the process of monitoring coverage and outcomes. Ensure every child receives comprehensive timely care. |
| **School-Based Health Care** | Advocate for school-based health care. Increase care in school-based settings. Reduce barriers to comprehensive care including building relationships between Departments of Education and Health. Address issues of confidentiality. Incentivize care in schools with reimbursement models. Support school partnerships with FQHCs, practices, and plans for onsite physical, mental and oral health care to children and families. Recognize parental health is vital to child health and success. |
| **Adolescent Health Care** | Improve health care access, prevention, and services. Focus on innovative outreach efforts. Identify solutions to barriers of care. Seize opportunities to provide counselling and prevention, including STI's, sport-related injuries and concussions, mental health and substance abuse, and increasing self-efficacy, self-worth, knowledge, and literacy. |
| **Single-Payer or Other Coverage Options** | Learn about single-payer and the details of how it would be implemented in California, as a cost-effective comprehensive care model. Advocate for coverage models will cover children and families throughout life. |
| **Social Determinants of Health Care** | Address social determinants of health care as part of care: including: food insecurity, transportation, housing, education, and language and literacy issues. Ensure that these elements are addressed and covered. |
| **Extend Care under SB 75** | Ensure that the population aging out of SB 75, especially those with chronic illnesses, continue to receive care. |
| **Continuing to Address Challenging Topics** | Continue to address the more challenging areas of children's health: mental health services and parity, oral health, serious chronic illnesses. |
| **Maintain Coverage: Political Landscape and Outcomes** | Maintaining services in the face of possible cuts, and identifying priorities for care and potential cost savings (e.g. medication price controls, procedure price controls, etc.). |
| **Access to a Humanistic Model of Care** | Ensure healthcare that is humanistic, empowering, and transdisciplinary. Ensure this approach is taught, modeled, reimbursed, and expected. |